

Overview of Scheme 2009

Improvements

- 45 to 112 labs
- 4 EQAs increased to 10 plus MRA and pilot EQAs
- Multidisciplinary EQAs
- Accredited scheme with QM
- Submissions all online and some analysis
- Sample distribution
- Performance criteria – additional EQAs
- Marking criteria available
- Improved lab quality

EQA in 2009

- **116** Laboratories registered in the 2009
- **22** Different countries
- **10** EQAs and one pilot offered

Amniotic Fluid	ALL
Bloods	CML
CVS	LPD
MRA	MDS
Solid Tissues	Solid Tumours
Pilot in microarrays	

EQA in 2009

- 4 Non-submissions
- 58 Appeals (36 UK), 16 upheld, 16 partially, 21 not upheld
- 45 Labs received a poor performance (13 UK labs)
- Poor performance in the all the EQAs
- 2 non-UK persistent poor performance
- 3 non-UK continued persistent poor performance

Finances

- Finances healthy
- Subscriptions:
 - There no increase in haem-oncology subscriptions in 2010
 - £5 increase for Constitutional plus CVS inc.
- Pilot EQAs free of charge
- Assessors fees paid
- Laboratory fees for 2009 – credited to 2010 invoice.
- Laboratories credited for validating DNA samples.

Changes for 2010

- Thanks To Tony Parkin, Paul Roberts
- **New Chair SC and SC members:** Lorraine Gaunt; Kate Martin; Ingrid Simonic and Nick Bown
- **NQAAP :** Tony Parkin & Kim Smith
- **New assessors:** Steve Chatters; Marianne Grantham; Richard Hall; Kathy Mann; Kate Martin; Ingrid Simonic; Heather Ward; Jerome Evans and David Delmege
- **Still recruiting new staff member (part-time 8a/b)**

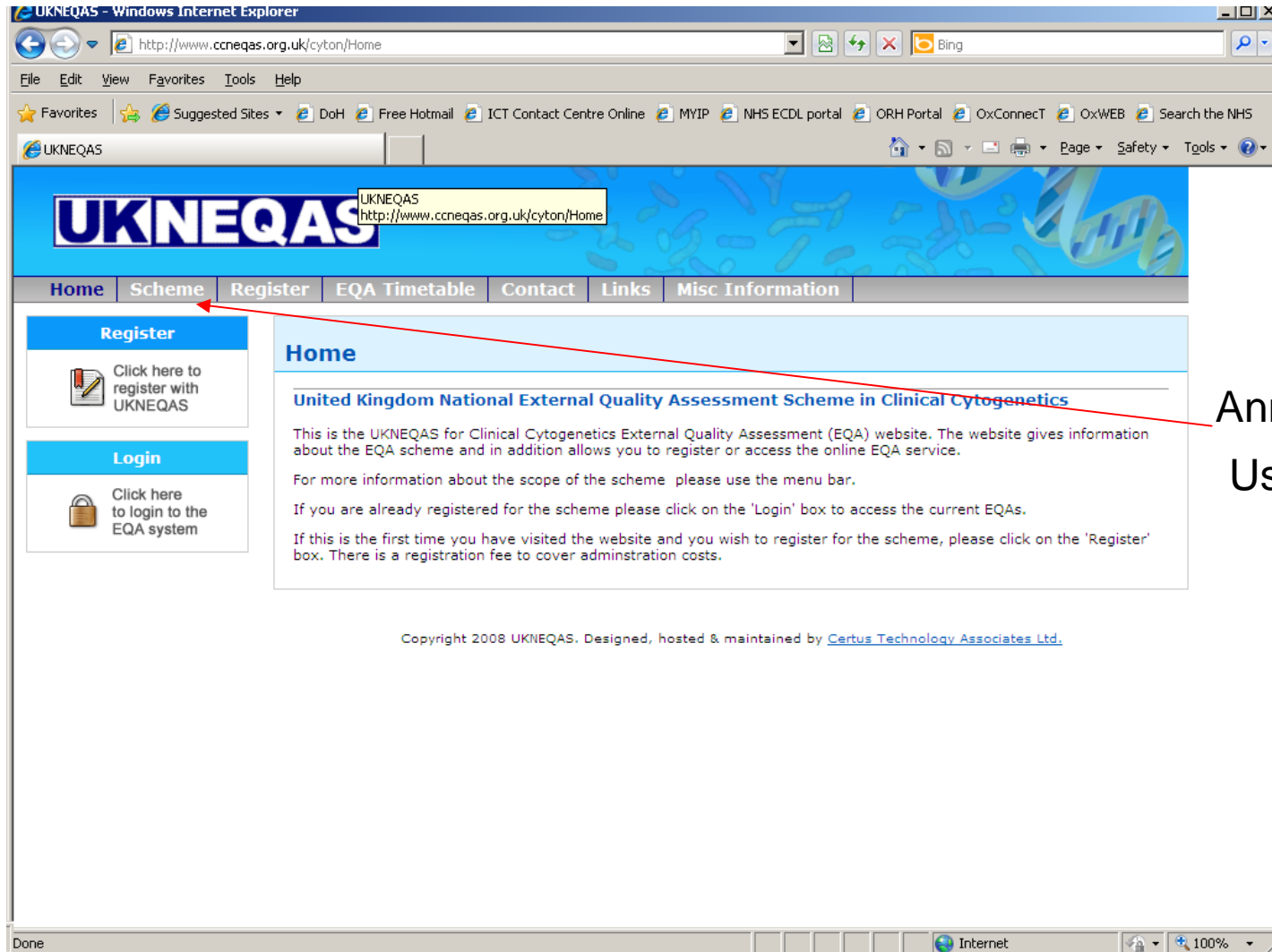
Changes for 2010

EQAs

- Marking criteria agreed by SC prior to assessment
- ISCN 2009
- UK and non-UK separation on scores ceased
- AML replaced MDS; urgent blood replaced solid tissues
- Pilot for Fanconi's anaemia
- No MRA template

Website

- Static website



Annual report
User Manual

Fanconi Anaemia pilot

Fanconi Anaemia pilot

14 participants

2 labs had to request their data sheets

Observations for BP:

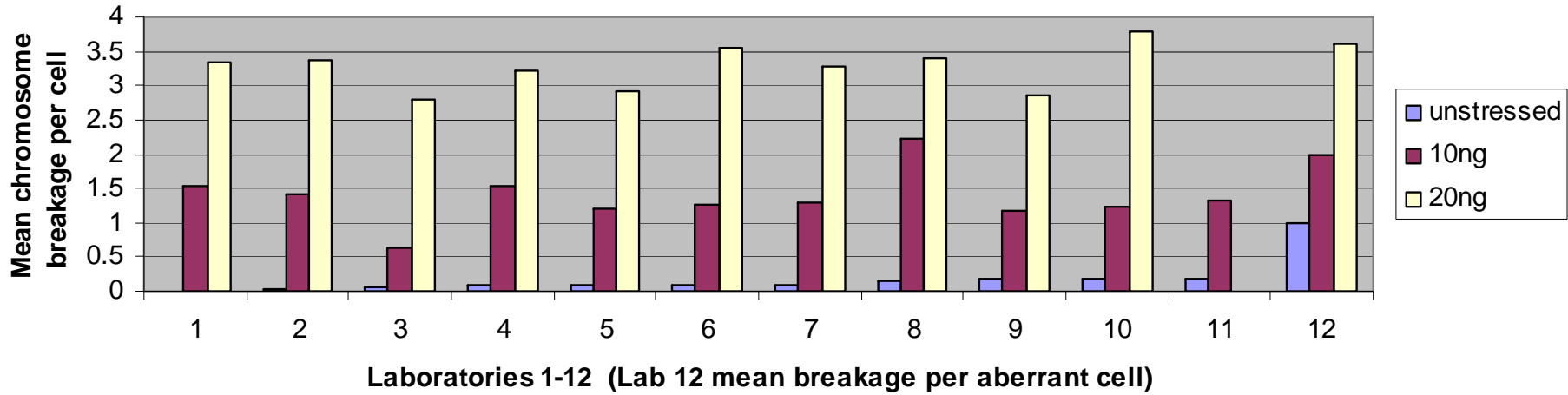
- Not always clear how many metaphases analysed
- Level of breakage include gaps?
- Level of breakage how calculate - one or two breaks?
- Mean break/cell or mean break per aberrant cell
- Would it make a difference? ?Somatic mosaicism
- Should SCE's be looked at for an apparently normal case?
- Follow up positive cases with a second technique
- GC essential??

Fanconi Anaemia pilot

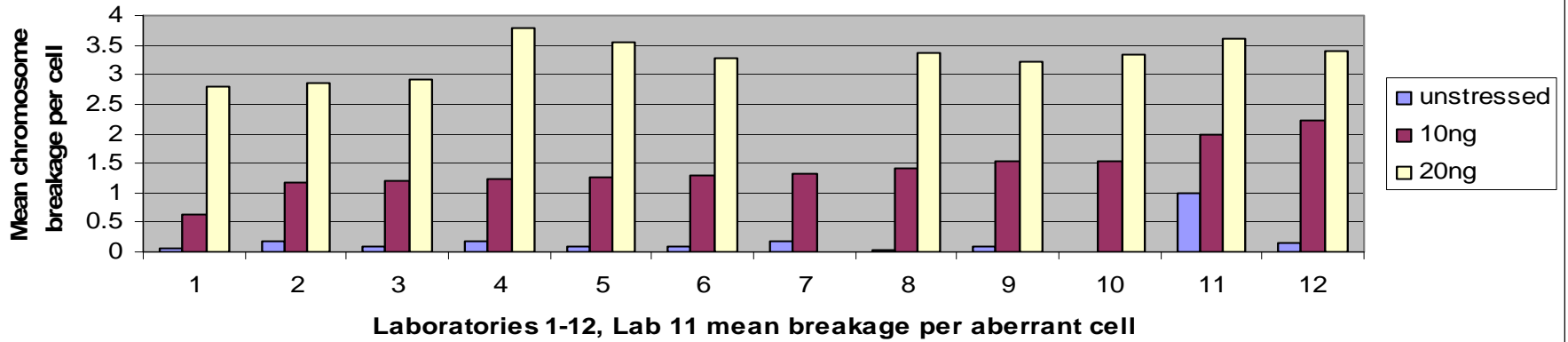
Analysis:

- Spontaneous breakage varied
- Variation in breakage across different doses
- Recording specific metaphases with breakage for checking, discordant result or audit?

Mean chromosome breakage



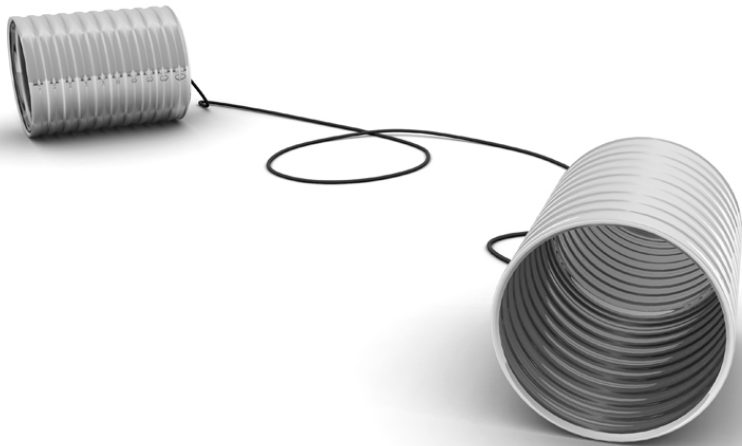
Mean chromosome breakage



EQA distribution timing

- 10 EQAs
 - Avoiding December, July and August
 - No EQAs between Dec- Mar
 - Spring and Autumn to remain.
- A. Prefer staggered with 4 weeks to complete (3 distributions with 2 EQAs)
- B. Two submission dates and 6 weeks to complete (2 distributions with 3 EQAs)

Open Forum



Questions

- Why is there poor performance for non-participation? Could a penalty not suffice as is done by other pathology disciplines?

Questions

- Can the amount of NEQAS cases be reduced e.g. it should not be necessary to undertake 2 cases for each referral category in oncology, two postnatal (standard blood) cases, CVS & AF cases every year

Questions

- Can NEQAS review the workload in the context of the current financial situation (nationally) particularly as the range of NEQAS has expanded (therefore impact increased) e.g. Her2, Breakage, array

Questions

- Could there be a reduction in the amount for lab's who are performing satisfactorily; only increase amount of evaluation if performance is sub-standard. This is the sort of model now being introduced for OFSTED in schools

Questions

- EQA is assessing the diagnostic service to the patient. LPD EQA: The information provided included morphology pictures and immunophenotype data, as well as cytogenetic data. We would like guidance on how far the report should formally integrate all these results.