

Weekend RUSH Biopsy Protocol

Background: While many cases are labelled “RUSH” in Beaker, not all are clinically *rush* cases, and may have just received that label due to protocols (ie most biopsy specimens). These protocols help ensure that cases are processed as swiftly, efficiently and accurately as possible by all anatomic pathology staff who encounter the case. During the week, in most cases this distinction is not as significant. However, for cases accessioned on Fridays, it is important to make the distinction between cases that are truly rush and those that are not. True rush cases need to be looked at by a pathologist the following day (Saturday), and a preliminary result may need to be communicated to the clinicians if indicated. Cases that are not truly rush do not need to be looked at over the weekend. True rush cases can be scanned by histology Saturday morning, and available for digital review.

How do I tell if a case is a true rush?

- Is the case flagged as rush?
- Check the protocol assigned to the case.
 - Some protocols are commonly associated with a true rush status (ie: Kidney, Biopsy)
 - Some protocols are rarely associated with a true rush status: (ie: Breast, Core Biopsy)
- Check the clinical context.
 - In broad terms, some clinical questions are a rush and some are not, even if the tissue that was collected may seem like it (i.e. a biopsy specimen)
 - Examples:
 - Tumor diagnoses generally are not a rush
 - I.e.: biopsies of the breast, cervix, liver for tumor, lymph nodes, etc
 - One exception could be if the patient in the hospital, requiring diagnosis for immediate treatment. Checking inpatient vs outpatient status and clinical notes on these cases can be helpful.
 - Things that require more immediate medical management are rush
 - I.e.: rule out infection/rejection
 - Even this is not a steadfast rule. Many transplant patients undergo protocol/routine biopsies to rule out infection/rejection. Even though you may have a transplant biopsy with a requisition that asks to rule out rejection or infection, it is helpful to read the clinical note to see if this was a protocol biopsy or if the patient has clinical concern for these entities. (See Dr. G. Fishbein’s bulletin regarding transplant *lung* biopsies – On Call Pathologist Resources website/Box Folder)
- *USE YOUR CLINICAL JUDGEMENT*
 - This is the hardest skill to explain and takes the longest to hone as a trainee. It is an amalgam of all of the above and more.
 - If you are uncertain, you can communicate with your weekend attending, as well as the ordering clinical team to ascertain their clinical needs/urgency.

How do I have a rush case scanned by histology?

1. After you have identified your list of truly rush cases on Friday which require a pathologist review on Saturday morning, email your attending with the list by 8 pm on Friday. After review, the attending can identify *if and which* cases they would like to be scanned.
2. Forward the final list of cases for scanning to histology with the following information:
 - a. Email Address: HistologyStaff@mednet.ucla.edu
 - b. Case Number
 - c. If the histology protocol calls for more than one H&E level, indicate how many need to be scanned (I.e.: the middle level on cases with three H&Es) or all levels*
 - d. Scanning magnification: 40x
 - e. Please email histology by midnight.
 - i. Histotechs arrive at 2 am and can prioritize cutting the cases that require scanning

Specimen	# of H&E Levels Per Part	Scanning Magnification
Renal Biopsy	All (3/3)	40x
Heart	All (3/3)	40x
Lung	All (3/3)	40x
Skin	All	40x
Liver, Non-Tumor	Middle H&E only (i.e. A1-3)	40x
GI Biopsy	All (1/1)	40x

*These guidelines for the numbers of H&E levels as well as scanning magnification were reviewed by the chiefs of service.

3. The histology staff will scan the slides once they are processed.
4. RUSH slides will be delivered to the weekend rush location (JA-WW shelf). (Of note, histology will also process and deliver the cases labelled rush, but not true rush to this location as well)
 - a. Non-scanned rush slides will be delivered by 8 AM.
 - b. Scanned slides will be delivered later, approximately 10 am, once scanning is completed**
 - i. If there are any issues related to scanning which will cause delays, histology will communicate with the on-call resident via email/page

****NOTE:** The slide scanning timeline is multifactorial particularly as we continue to develop and refine this workflow. While there is no exact deadline by which scanned slides will be available, on most occasions, the scanned slides will be available by approximately 10 am, however this may vary. Please communicate this with your attending Friday evening when discussing a time to meet Saturday morning. If you decide to forego scanning biopsies Saturday morning, they can always be submitted for scanning on Monday.