Goals and Objectives for the FAD report

To be effective, autopsy reports must be 1) timely, 2) easy to read, 3) convey the results of the autopsy, and 4) address the questions asked by the ordering physician and/or next of kin. The report must include a description of all postmortem ancillary tests (e.g. cultures, IHC, etc…), an interpretation of their results, and a clinicopathologic correlation (CPC) that at a minimum conveys the immediate cause of death, and more importantly, the underlying cause of death.

Generally, short reports are preferred over long reports. Below is framework for creating a minimal report that satisfies the above criteria. **This is not a template.** Every case is different, and you will need to use judgement when drafting each report.

Remember, this is a clinical report and not a research manuscript or review article. Focus on the most relevant details, and do not make the report overly didactic. Timely reporting is a priority, so be efficient. Keep in mind that the final report will not only go into the patient's chart but will be mailed to the next of kin; please ensure it is grammatically correct and free of typos.

FAD *<enumerated list>*

The first line of the FAD should be a "one-liner"—~1-2 sentences that describe the case, not a full clinical summary. The clinical summary has its own place in the report. Below the one-liner is a numbered list of diagnoses found at autopsy, beginning with the underlying diagnosis. Gross descriptors and other findings, such as "heavy lungs", have no role in the FAD list, as they are not diagnoses.

Clinical Summary *<past tense narrative, 2-3 paragraphs>*

The clinical summary should be concise and relevant. It is the written version of what you present to your attending before beginning the case. You will need to review clinical notes, laboratory values, and imaging findings, but only include pertinent details in your report.

Paragraph 1: past medical history

Example: "The decedent was an 85-year-old male with type II diabetes mellitus, essential hypertension, and coronary artery disease status post coronary artery bypass graft surgery in 2015."

Paragraph 2: history of present illness, including the circumstances surrounding his/her death.

Example: "On October 3rd, in his usual state health, he took his dog for a walk and was found unresponsive by a neighbor three blocks from his home. The neighbor performed cardiopulmonary resuscitation, but when the paramedics arrived, they found the patient in asystole."

Postmortem Examination *<past tense narrative>*

Pertinent gross and microscopic findings are summarized here. Here you report "just the facts." The interpretation of these facts belongs in the CPC. As a general rule, if the finding is not present in the FAD list, it does not need to be described in this section (don't write "the gall bladder was unremarkable").

Example: "The heart was enlarged (650 g; normal = 200-350 g). There were three coronary artery bypass grafts—a left internal mammary artery (LIMA) graft to the left anterior descending (LAD) artery, a saphenous vein graft (SVG) to a diagonal branch of the LAD, and an SVG to an obtuse marginal branch. All grafts were patent. The major coronary arteries exhibited severe atherosclerosis. The LAD and circumflex arteries showed stenosis up to 80%. The proximal right coronary artery (RCA) was focally completely occluded. Histologic sections of RCA lesion showed a ruptured atherosclerotic plaque with occlusive unorganized thrombus. The myocardium showed subendocardial fibrosis in the anteroseptal and anterior left ventricle. There was focal hemorrhage in the posterior left ventricle (LV) wall. Triphenyl tetrazolium chloride (TTC) staining showed decreased uptake in these regions. Histologic sections of the posterior LV showed a transmural acute myocardial infarction.

Additional postmortem findings included…."

Clinicopathologic Correlation <*past tense narrative*>

At a minimum, this section should include the immediate and underlying causes of death, and an interpretation of the most pertinent postmortem findings.

Example: "The underlying cause of death in this case was severe atherosclerotic coronary artery disease, complicated by acute myocardial infarction. The autopsy revealed a ruptured atherosclerotic plaque and thrombosis in the right coronary artery, which led to decreased blood flow to the posterior wall of the LV and myocardial infarction, resulting in sudden death. The patient had several risk factors for developing coronary artery disease, such as diabetes and hypertension."

NOTE: The clinical summary, autopsy findings, and clinicopathologic correlation sections <u>together</u> should typically not exceed one page in length. This is section should not be overly didactic; references are not required for every case.

Gross Examination <*present tense narrative*>

The completed gross examination template goes here. Don't just include something you don't understand or recognize. If you are unsure what something means, ask your attending. Use the template is a guide. If certain gross findings do not easily fit into the standard verbiage, use your own words. Furthermore, if you don't actually examine a structure (e.g. parotid gland), don't simply state that it is normal.

Be careful with gall bladders, uteruses, ovaries, prostates, appendices—if you did not see them, do not describe them as normal. The patient may have had them surgically removed. If anatomic structures/organs are not identified, don't just omit them from the report. Either state that they are surgically absent, or if you don't have that history and/or are uncertain, simply state that they are not identified.

Workflow tips: Following the organ review, it is your responsibility to ensure the report is sent to your attending in a timely manner. Cases without special workup (>90% of cases) <u>must</u> be completed within 30 business days, but most can be completed within a couple weeks. <u>Stay on top of it!</u> The final autopsy

report is much easier to write while the case is fresh in your mind. Also keep in mind that the attending will need time to review/revise the written before it is finalized.

1. The Case Summary is essentially what you will be presenting to the attending before starting the autopsy; get it done before starting the case.
    a. Do not use undefined acronyms or jargon; define acronyms at first use.
    b. Avoid unnecessary lab values. If the number doesn't mean anything to you (or to the attending) please don't include it in the summary. Consider being descriptive, instead (i.e. "serum troponin was elevated" rather than "serum troponin was 14").
    c. If you do not know what the meaning of a word or procedure name, don't write it without looking it up (that seems obvious, but you'd be surprised).
2. With a few small exceptions (e.g. decalcified coronary arteries), the Gross Examination should be completed after organ review. Review and edit it before working on the PAD to ensure nothing is missed (e.g. abnormal organ weights).
3. It is your responsibility to complete these reports in a timely manner. Reach out to your attending ASAP to review the slides. Remember, you may need to order special stains and/or show cases to other services in consultation. Don't wait until the last minute.
4. Cases deemed complicated have a 60-business-day CAP deadline; this is decided at the discretion of the attending. If you think you require additional time to complete the case, you must discuss it with your attending first.

Timeline: Following the timeline below will allow you to complete each part of the final report at the appropriate intervals. This will not only keep the report timely but will allow you to solicit feedback from your attending as you go.