

# NTP Study PFOA Chronic Toxicity and Carcinogenicity with and without Perinatal Exposure

## **Pathology Peer Review Process**

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#### Phases of the Pathology Review

- Step 1 Study Pathologist Review
- Step 2 Pathology Peer Review
  - -Multi-step process
  - Directed by an NTP pathologist



#### Society of Toxicologic Pathology Guideline

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#### **Best Practices Guideline: Toxicologic Histopathology**

James W. Crissman, Dawn G. Goodman, Paul K. Hildebrandt, Robert R. Maronpot, Donald A. Prater, Julia H. Riley, William J. Seaman, And Daryl C. Thake



## **Step 1 - Study Pathologist Review**

- Performed at the study laboratory.
- Supervises necropsies.
- Performs the initial, independent, microscopic evaluation of all tissues.
- Prepares report of pathology findings that is included in the final study laboratory report.
- Data is locked, i.e. no additional changes can be made.
- Pathology materials and data sent to the NTP Archives.



## **Step 2 - NTP Pathology Peer Review**

#### **Multi-step Process**

- Directed by an NTP Pathologist
  - Pathology Data Review
  - Audit of Pathology Specimens
  - Pathology Quality Assessment Review
  - Pathology Working Group (PWG) Review
    - PWG Pathologist Review
    - PWG Panel Review
  - Pathology Data Audits

## **Objectives**

- Re-evaluate all diagnoses in the suspected target organs/tissues.
- Evaluate the precision of the pathology data.
- Ensure that treatment-related effects are:
  - Properly identified
  - Consistently diagnosed
  - Correctly interpreted
- Identify pathology issues to address before the pathology data are reported.
- Establish confidence in the pathology data.



#### Pathology Data Review (PDR)

- Independent review by a second pathologist Quality Assessment Pathologist (QAP).
- Detailed review of microscopic diagnoses listed in the summary incidence tables to:
  - Confirm suspected target organs and treatment-related effects
  - Identify terminology problems
    - Inconsistent use
    - Errors
    - Duplications
  - Concurrent control tumor incidences that vary from historical controls

#### Also review:

In-life/clinical signs
 Body weights tables

Necropsy records
 Organ weight tables

Macroscopic findings
 Clinical pathology records

#### PDR Report

- List subset of organs/lesions for review
- Guide for the Quality Assessment and Pathology Working Group reviews



## **Audit of Pathology Specimens (APS)**

- Quality control step.
- Specimens from a random 10% of animals examined.
  - All organs/tissues were properly sampled at necropsy
  - All potential lesions observed at necropsy were collected
  - Correctness of animal identifiers
  - Accounting of tissue blocks and histology slides
  - Tissue blocks and histologic slides
    - Accurately labeled
    - Properly prepared
- Results of the audit documented in the PDR report.



#### PDR Recommendations for PFOA QA Review

- All tumors (all animals/groups)
- Organs reviewed for all diagnoses (target organs; all animals/groups)

<u>Male</u> <u>Female</u>

Liver Liver

Pancreas, acinus Pancreas

Pancreas, Islets Pancreas, Islet

Kidney Kidney Testes Uterus

Stomach, forestomach Stomach, glandular Thyroid Gland

Organs reviewed for specific diagnoses (all animals/groups)

Male Female

Thyroid Gland – Hyperplasia Lymph node, Mandibular – Atrophy Prostate Gland – Inflammation Lymph node, Mesenteric – Atrophy

Adrenal Medulla – Hyperplasia Spleen – Atrophy

Bone marrow – Atrophy

Pituitary Gland – Hyperplasia Mammary Gland – Hyperplasia

- Specific diagnoses for review (only when lesion diagnosed)
  - Possible diagnostic duplications
  - Questionable terminology
  - Unusual incidences



#### **Pathology Quality Assessment Review**

- Selective review of the Study Pathologist's findings by the Quality Assessment Pathologist (QAP).
- Review guided by the recommendations of the PDR.
- Independent review of the slides by the QAP.
- Confirm/identify suspected treatment-related effects.
- Verify the accuracy of the diagnoses.
- Ensure terminology consistent within the study and compared to previous NTP studies.
- NTP pathologist resolves most diagnostic differences between the SP and the QAP.
- Unresolved differences resolved during the Pathology Working Group review.



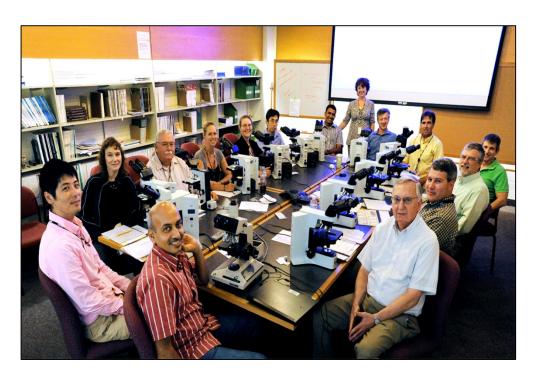
## Pathology Working Group (PWG) Review

- Two-stage review:

   PWG Pathologist/Coordinator Review
   PWG Panel Review
- Independent review by a third pathologist (Pathology Working Group Pathologist/Coordinator).
- Reviews same slide set reviewed by the QAP.
- Confirm the treatment effects and diagnoses.
- Resolve remaining diagnostic differences between the SP and the QAP.
- Select examples of lesions for reviewed by the PWG panel of pathologists.



#### **Pathology PWG Panel Review**



PWG Coordinator
Study Pathologist
QA Pathologist
NTP Study Pathologist
Toxicologic Pathologists

#### **PWG Panel Review**

- Final confirmation of pathology findings.
- Review slides of representative lesions.
- By consensus vote:
  - Confirm suspected treatment-related effects
  - Resolve diagnostic and terminology differences between the SP, QAP and the NTP pathologists
  - Agree or disagree on:
    - New diagnoses recommended for addition
    - Diagnoses recommended for deletion



#### **Finalization of Data**

- Pathology data updated to reflect changes identified during QA and PWG reviews.
- Independent audit of all (100%) updated pathology data to verify changes made.
- Pathology data updated based on the audit results.
- Final pathology incidence and statistical are tables generated.
- Data posted to the NTP website.



## Questions