

Placental Reporting Task Force Proposal – From the Perinatal Committee of the SPP

Background: Placental pathology reports are read and interpreted by a diverse audience, including obstetricians, neonatologists, primary care physicians, patients and other pathologists. While the Amsterdam consensus provided an overall framework for categorizing placental pathology, and standardized definitions, there is currently no standardization in reporting of placental pathology. Several methods of synoptic reporting have been proposed.¹⁻³ Others likely exist at the individual institutional level. However, none have achieved widespread adoption.

In addition, the reality of the practice of placental pathology in the United States is such that the majority of placentas are signed out by general pathologists or gynecologic pathologists. There is an insufficient number of subspecialty trained perinatal pathologists for the number and geographic breadth of placental pathology that exists. There is also a dichotomy between the quality and degree of detail that is found in reports from subspecialty trained perinatal pathologists and non-subspecialty trained pathologists⁴. There is a tendency for the subspecialists to exist in an echo chamber, with continuing argument and refinement of details of diagnostic criteria, while the majority of placentas fail to accurately report even basic, well agreed upon diagnoses in a clear, meaningful and clinically useful way. This tendency has been noted by patient advocacy groups, and there is a concerted desire and push by these groups to improve the quality of placental pathology reporting. Much of this push has its roots in the reporting of stillbirth, but can be widely applied to all placenta reporting.

Mission: We propose to form an *SPP placental pathology reporting task force* with the following charges:

- 1) Formulate a recommendation for standardized placental pathology reporting. This standardized report should be:
 - a. Comprehensive and detailed enough to capture the nuances of placental pathology and its clinical contexts
 - b. Highlight findings that are clinically relevant or actionable
 - c. Translate findings into language that is able to be widely understood by clinicians, and serve as a basis for discussions between clinicians and their patients
- 2) Implement this recommendation in the pathology community at large, including not only subspecialty trained perinatal pathologists, but also gynecologic and general surgical pathologists. The method of this implementation is to be determined, but proposed methods include a consensus publication, an online tool³, and/or a formal EMR integrated checklist (similar to oncologic checklists).
- 3) Spearhead an educational effort, aimed at helping to ensure understanding of the Amsterdam diagnostic criteria in the broader pathology community, and integrate this understanding with an informed, accurate reporting method.

Timeline: 1-2 years, with an ongoing educational effort.

Budget: We anticipate some monetary needs for formation and posting of the standardized pathology report on the SPP website. We also will likely want to meet as a group, but can potentially plan those meetings over zoom or hold them at regular SPP/USCAP meeting times. We can work with our executive director to estimate these costs of support of this project.

Proposed members (from the perinatal committee of the SPP and beyond):

Subspecialty trained perinatal pathologists: Sanjita Ravishankar, Mana Parast, Drucilla Roberts, Katte Carreon, Eumenia Castro, Linda Ernst, Virginia Duncan, Charlotte Kim

General surgical pathologists: Francois Cady

Obstetricians/clinicians: TBD

Patient advocates: TBD

References:

1. Dancey SR, Benton SJ, Lafreniere AJ, Leckie M, McLeod B, Sim J, El-Demellawy D, Gynspan D, Bainbridge SA. Synoptic Reporting in Clinical Placental Pathology: A Preliminary Investigation Into Report Findings and Interobserver Agreement. *Pediatr Dev Pathol.* 2023 Jul-Aug;26(4):333-344. doi: 10.1177/10935266231164446. Epub 2023 Apr 21. PMID: 37082923; PMCID: PMC10559645.
2. Benton SJ, Lafreniere AJ, Gynspan D, Bainbridge SA. A synoptic framework and future directions for placental pathology reporting. *Placenta.* 2019 Feb;77:46-57. doi: 10.1016/j.placenta.2019.01.009. Epub 2019 Jan 11. PMID: 30827355.
3. Freedman AA, Keenan-Devlin LS, Borders A, Miller GE, Ernst LM. Formulating a Meaningful and Comprehensive Placental Phenotypic Classification. *Pediatr Dev Pathol.* 2021 Jul-Aug;24(4):337-350. doi: 10.1177/10935266211008444. Epub 2021 Apr 19. PMID: 33872108; PMCID: PMC8277726.
4. Ernst LM, Basic E, Freedman AA, Price E, Suresh S. Comparison of Placental Pathology Reports From Spontaneous Preterm Births Finalized by General Surgical Pathologists Versus Perinatal Pathologist: A Call to Action. *Am J Surg Pathol.* 2023 Oct 1;47(10):1116-1121. doi: 10.1097/PAS.0000000000002111. Epub 2023 Aug 7. PMID: 37545349.