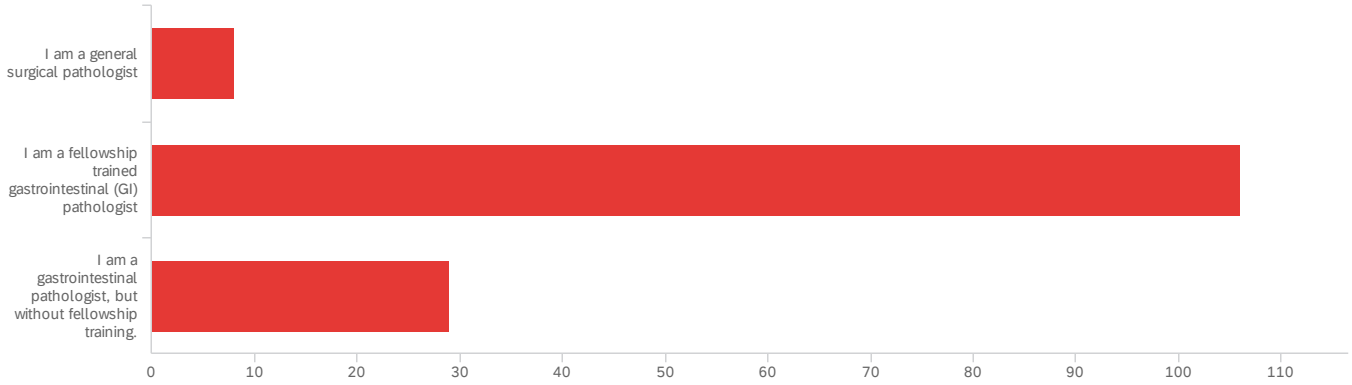
Default Report

GI Pathology Society

October 3, 2023 2:09 PM MDT

Q1 - 1.Please indicate.

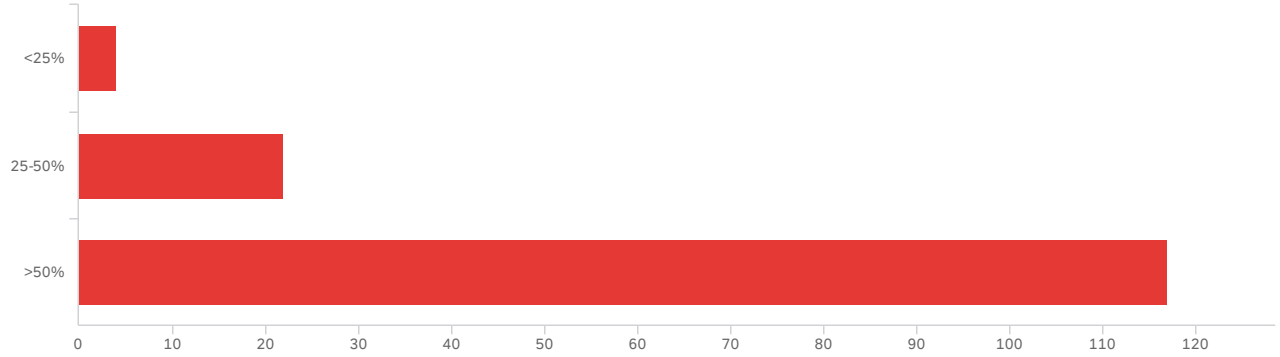


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	1.Please indicate.	1.00	3.00	2.15	0.49	0.24	143

#	Field		Choice Count
1	I am a general surgical pathologist	5.59%	8
2	I am a fellowship trained gastrointestinal (GI) pathologist	74.13%	106
3	I am a gastrointestinal pathologist, but without fellowship training.	20.28%	29
			143

Showing rows 1 - 4 of 4

Q2 - 2. What percentage of your individual practice volume consists of GI specimens?

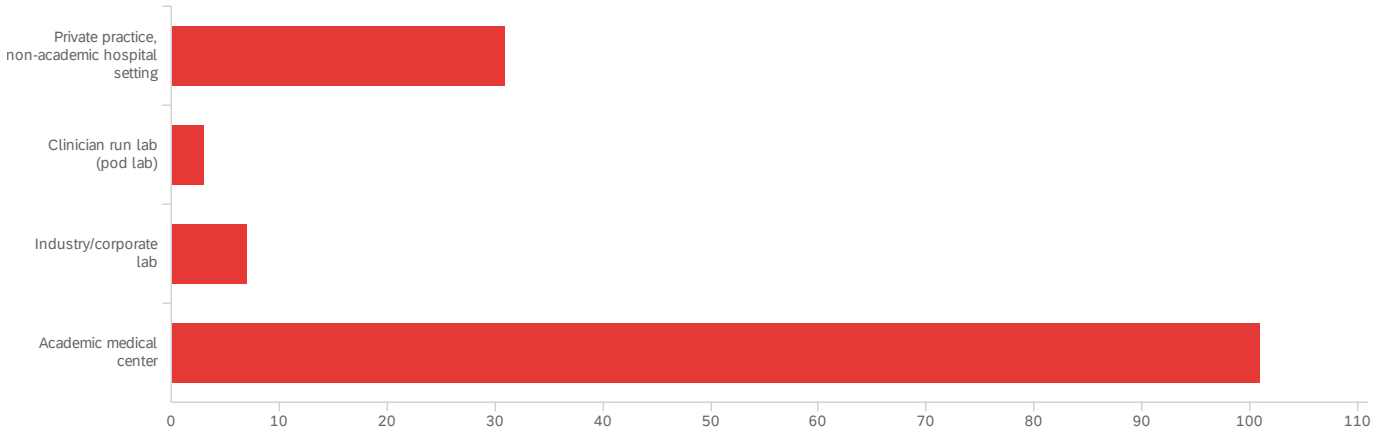


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	2. What percentage of your individual practice volume consists of GI specimens?	1.00	3.00	2.79	0.47	0.22	143

#	Field		Choice Count
1	<25%	2.80%	4
2	25-50%	15.38%	22
3	>50%	81.82%	117
			143

Showing rows 1 - 4 of 4

Q3 - 3. In which environment do you practice?

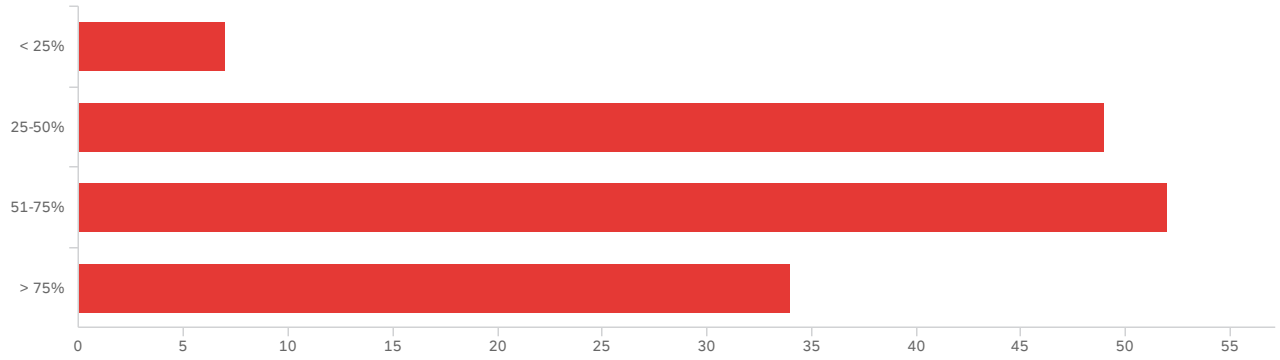


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	3. In which environment do you practice?	1.00	4.00	3.25	1.24	1.54	142

#	Field	Choice Count	
1	Private practice, non-academic hospital setting	21.83%	31
2	Clinician run lab (pod lab)	2.11%	3
3	Industry/corporate lab	4.93%	7
4	Academic medical center	71.13%	101
			142

Showing rows 1 - 5 of 5

Q4 - 4. What percentage of GI mucosal biopsies that you sign out are obtained to evaluate inflammatory conditions (as opposed to neoplastic conditions)?

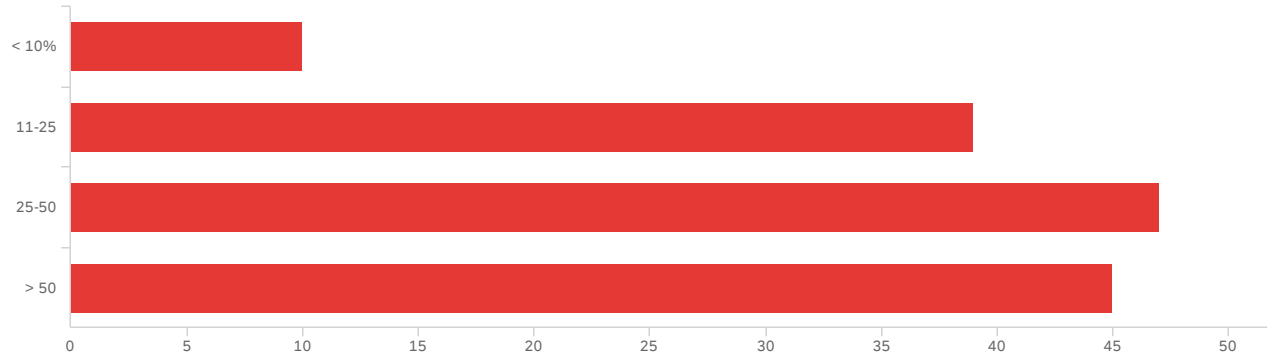


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	4. What percentage of GI mucosal biopsies that you sign out are obtained to evaluate inflammatory conditions (as opposed to neoplastic conditions)?	1.00	4.00	2.80	0.86	0.74	142

#	Field		Choice Count
1	< 25%	4.93%	7
2	25-50%	34.51%	49
3	51-75%	36.62%	52
4	> 75%	23.94%	34
			142

Showing rows 1 - 5 of 5

Q5 - 5. When on service, roughly how many duodenal biopsies do you evaluate per week?

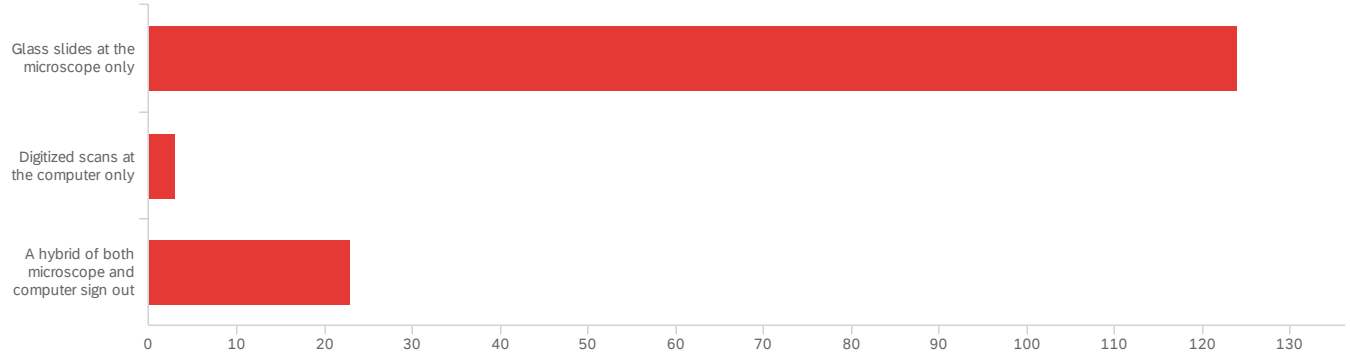


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	5. When on service, roughly how many duodenal biopsies do you evaluate per week?	1.00	4.00	2.90	0.93	0.87	141

#	Field		Choice Count
1	< 10%	7.09%	10
2	11-25	27.66%	39
3	25-50	33.33%	47
4	> 50	31.91%	45
			141

Showing rows 1 - 5 of 5

Q6 - 6. Do you sign out GI mucosal biopsies using:

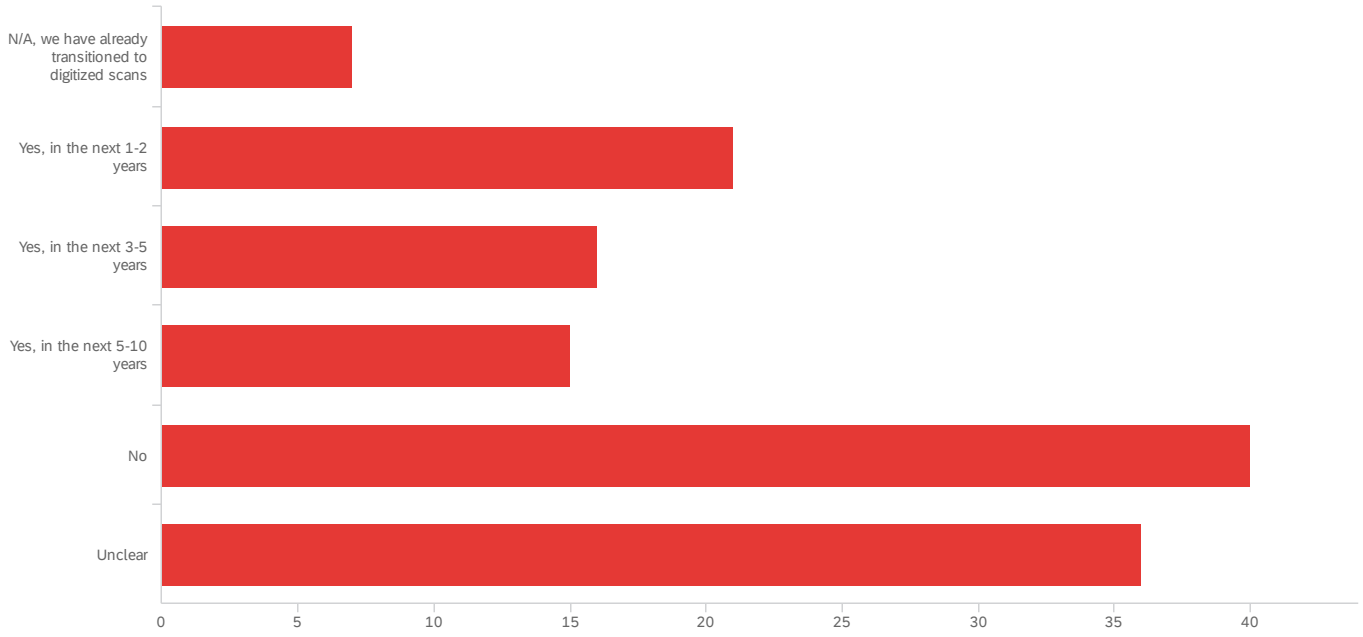


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	6. Do you sign out GI mucosal biopsies using:	1.00	3.00	1.33	0.73	0.53	150

#	Field		Choice Count
1	Glass slides at the microscope only	82.67%	124
2	Digitized scans at the computer only	2.00%	3
3	A hybrid of both microscope and computer sign out	15.33%	23
			150

Showing rows 1 - 4 of 4

Q7 - 7. Does your practice plan to transition to sign out via digitized scans for GI mucosal biopsies?

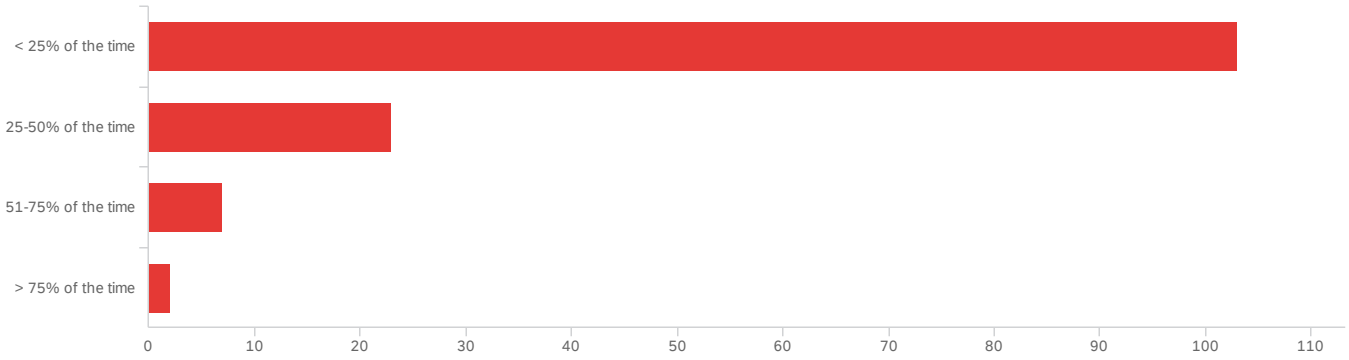


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	7. Does your practice plan to transition to sign out via digitized scans for GI mucosal biopsies?	1.00	6.00	4.24	1.58	2.51	135

#	Field	Choice Count	
1	N/A, we have already transitioned to digitized scans	5.19%	7
2	Yes, in the next 1-2 years	15.56%	21
3	Yes, in the next 3-5 years	11.85%	16
4	Yes, in the next 5-10 years	11.11%	15
5	No	29.63%	40
6	Unclear	26.67%	36
			135

Showing rows 1 - 7 of 7

Q8 - 8. How often do initial duodenal mucosa tissue sections show poorly oriented mucosa (less than 3 well oriented villous/crypt units)

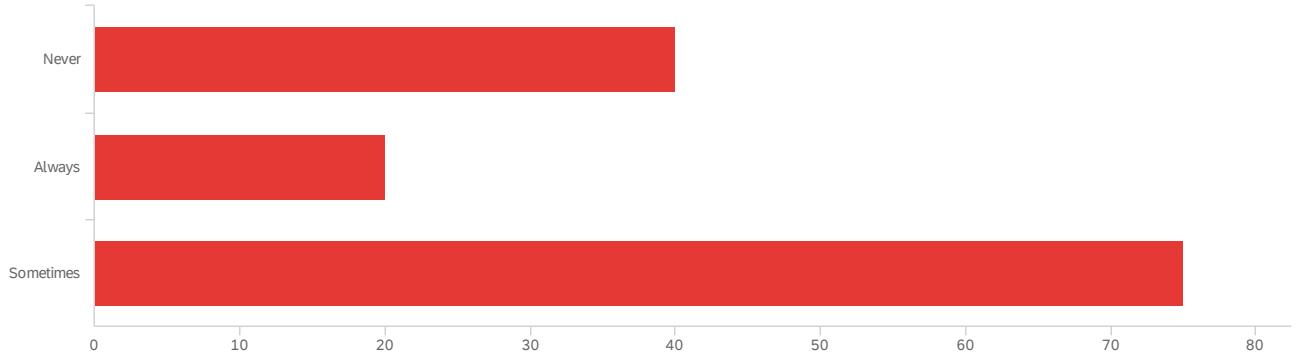


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	8. How often do initial duodenal mucosa tissue sections show poorly oriented mucosa (less than 3 well oriented villous/crypt units)	1.00	4.00	1.32	0.64	0.41	135

#	Field		Choice Count
1	< 25% of the time	76.30%	103
2	25-50% of the time	17.04%	23
3	51-75% of the time	5.19%	7
4	> 75% of the time	1.48%	2
			135

Showing rows 1 - 5 of 5

Q9 - 9. When initial duodenal mucosa tissue sections show poorly oriented mucosa (less than 3 well oriented villous/crypt units), how often do you order level sections to achieve better oriented regions for evaluation of mucosal architecture?

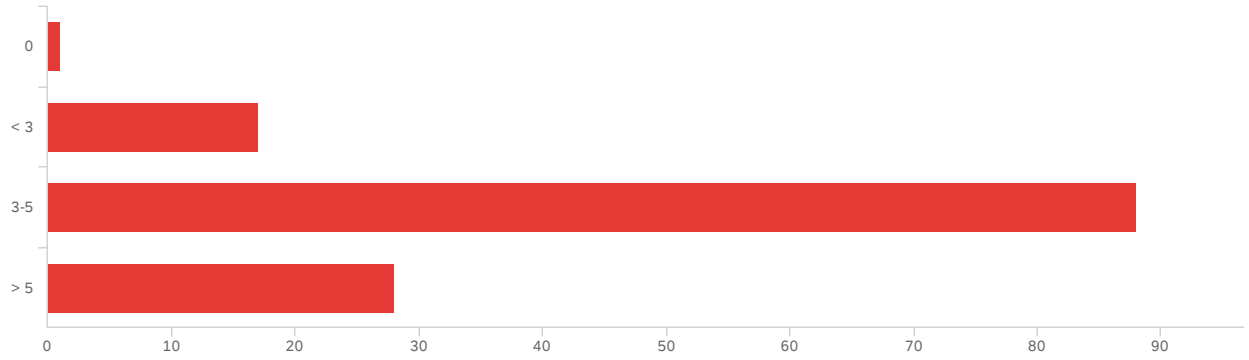


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	9. When initial duodenal mucosa tissue sections show poorly oriented mucosa (less than 3 well oriented villous/crypt units), how often do you order level sections to achieve better oriented regions for evaluation of mucosal architecture?	1.00	3.00	2.26	0.89	0.78	135

#	Field	Choice Count	
1	Never	29.63%	40
2	Always	14.81%	20
3	Sometimes	55.56%	75
			135

Showing rows 1 - 4 of 4

Q10 - 10. How many well oriented crypt/villous axes in a biopsy do you need to observe to be confident in making an assessment of mucosal architecture?

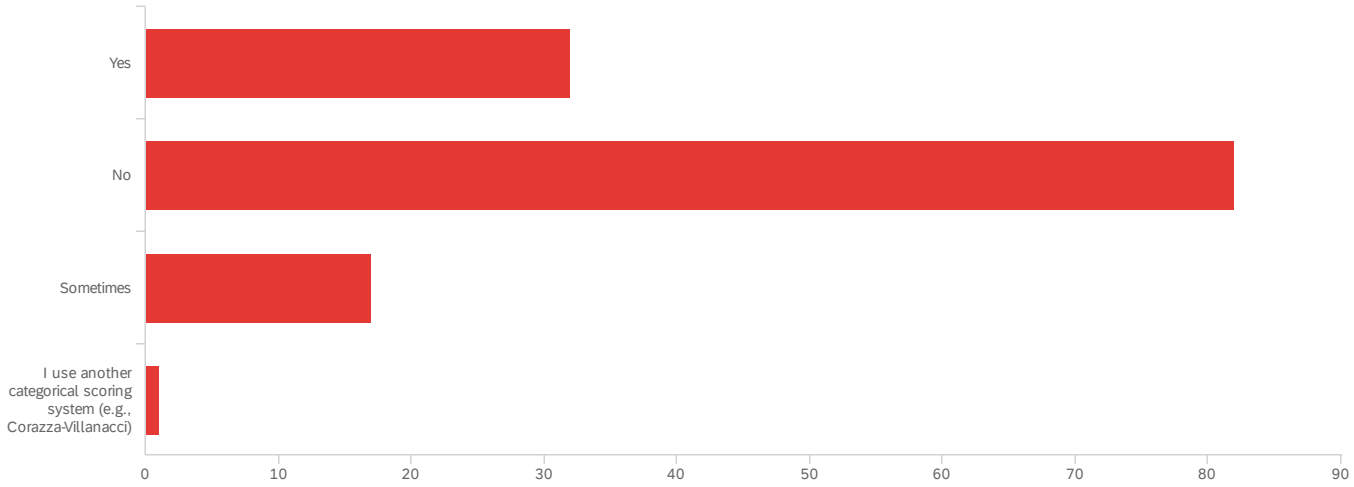


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	10. How many well oriented crypt/villous axes in a biopsy do you need to observe to be confident in making an assessment of mucosal architecture?	1.00	4.00	3.07	0.60	0.36	134

#	Field		Choice Count
1	0	0.75%	1
2	< 3	12.69%	17
3	3-5	65.67%	88
4	> 5	20.90%	28
			134

Showing rows 1 - 5 of 5

Q11 (a) - 11(a). Do you use the Marsh-Oberhuber classification in reports, with or without additional descriptive language?

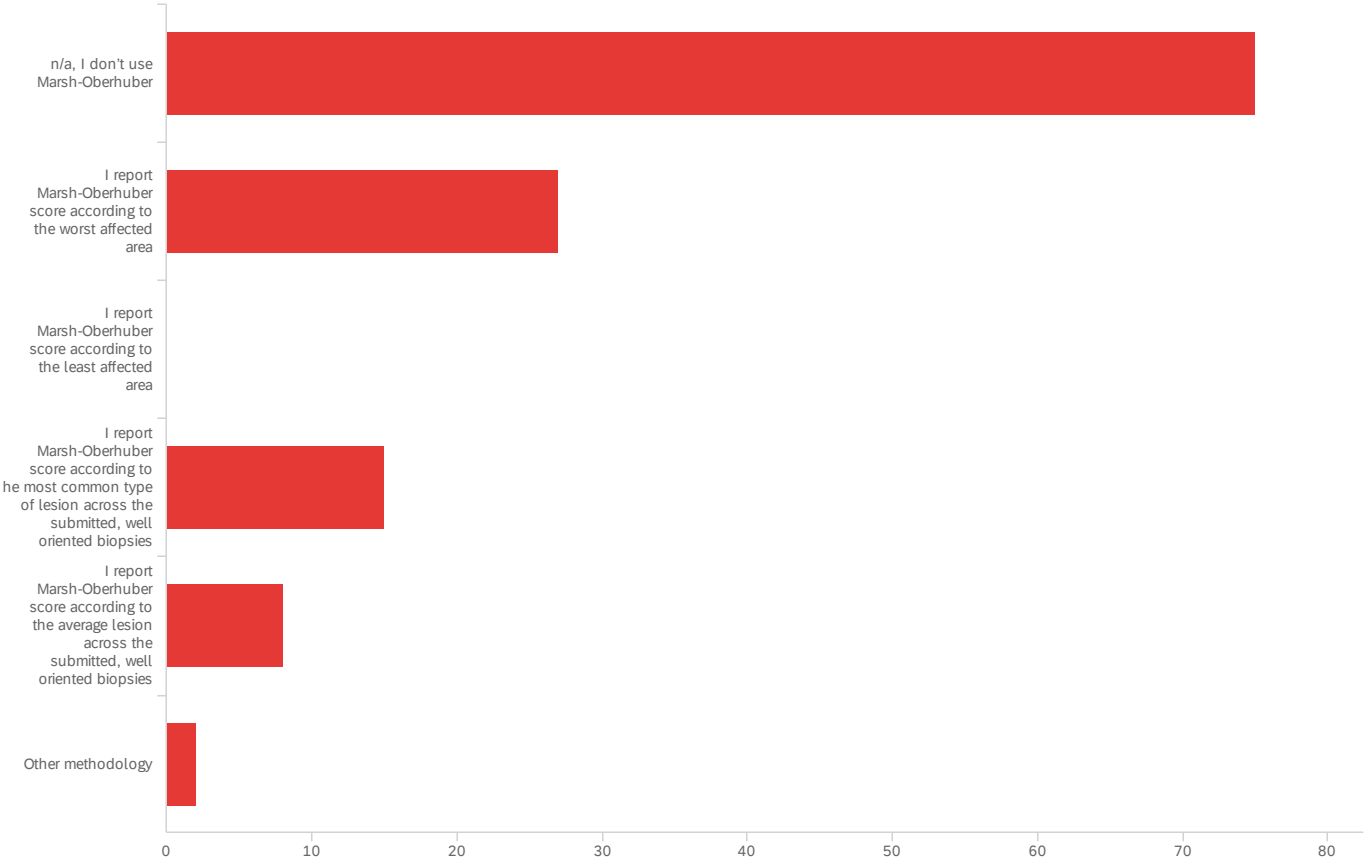


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	11(a). Do you use the Marsh-Oberhuber classification in reports, with or without additional descriptive language?	1.00	4.00	1.90	0.63	0.39	132

#	Field		Choice Count
1	Yes	24.24%	32
2	No	62.12%	82
3	Sometimes	12.88%	17
4	I use another categorical scoring system (e.g., Corazza-Villanacci)	0.76%	1
			132

Showing rows 1 - 5 of 5

Q15 - 11(b). If you do report Marsh-Oberhuber classification, how do you score?

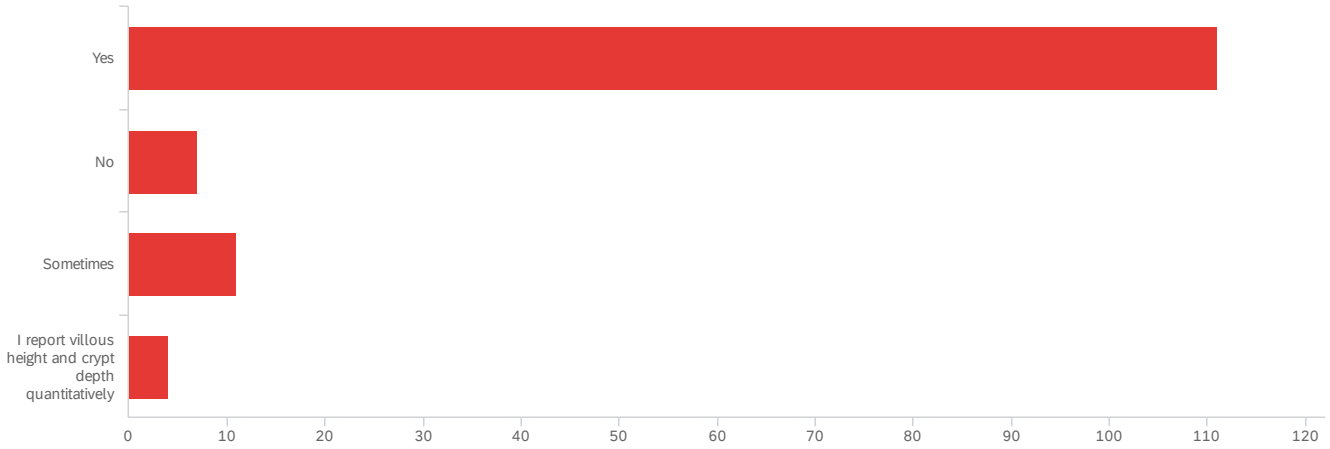


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	11(b). If you do report Marsh-Oberhuber classification, how do you score?	1.00	6.00	1.90	1.37	1.87	127

#	Field	Choice Count	
1	n/a, I don't use Marsh-Oberhuber	59.06%	75
6	Other methodology	1.57%	2
2	I report Marsh-Oberhuber score according to the worst affected area	21.26%	27
4	I report Marsh-Oberhuber score according to the most common type of lesion across the submitted, well oriented biopsies	11.81%	15
3	I report Marsh-Oberhuber score according to the least affected area	0.00%	0
5	I report Marsh-Oberhuber score according to the average lesion across the submitted, well oriented biopsies	6.30%	8
			127

Showing rows 1 - 7 of 7

Q16 - 11(c). Do you use only descriptive language (e.g., moderate villous blunting with increased intraepithelial lymphocytes (IELs), or other descriptive language?)

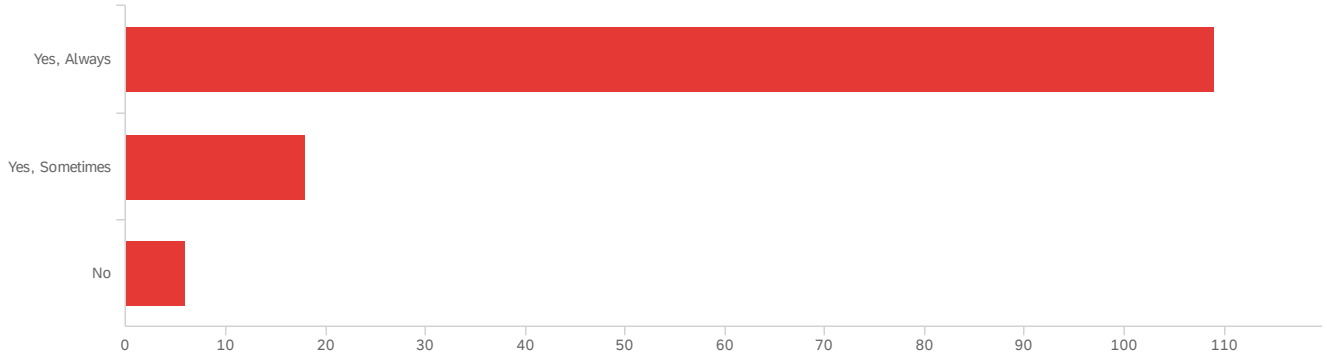


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	11(c). Do you use only descriptive language (e.g., moderate villous blunting with increased intraepithelial lymphocytes (IELs), or other descriptive language?)	1.00	4.00	1.31	0.75	0.56	133

#	Field		Choice Count
1	Yes	83.46%	111
2	No	5.26%	7
3	Sometimes	8.27%	11
4	I report villous height and crypt depth quantitatively	3.01%	4
			133

Showing rows 1 - 5 of 5

Q20 - 11(d).When duodenal inflammatory changes suggestive of celiac disease are present, do you write a note listing the differential diagnosis and/or need to correlate findings with clinical and serological data?

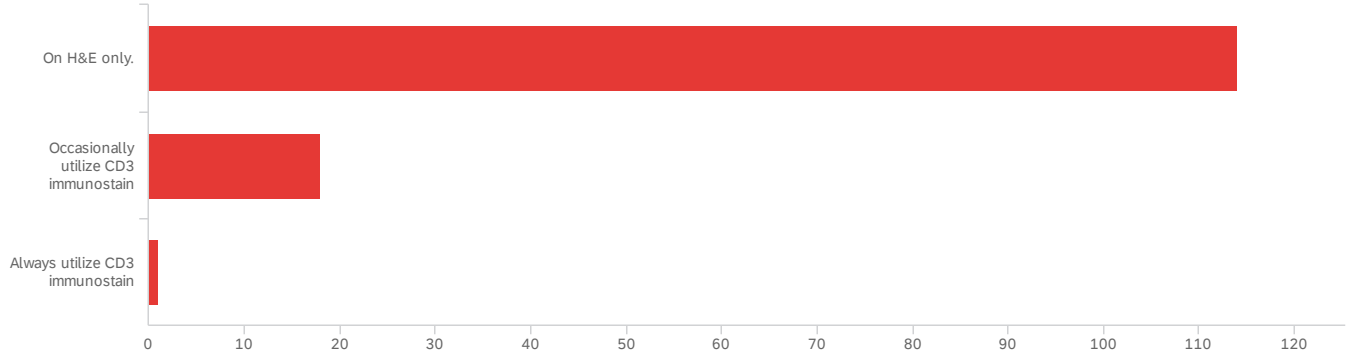


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	11(d).When duodenal inflammatory changes suggestive of celiac disease are present, do you write a note listing the differential diagnosis and/or need to correlate findings with clinical and serological data?	1.00	3.00	1.23	0.51	0.26	133

#	Field		Choice Count
1	Yes, Always	81.95%	109
2	Yes, Sometimes	13.53%	18
3	No	4.51%	6
			133

Showing rows 1 - 4 of 4

Q19 - 12. How do you assess IELs in duodenal mucosal biopsies?.

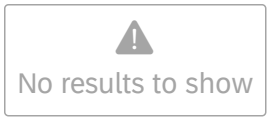


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	12. How do you assess IELs in duodenal mucosal biopsies?.	1.00	3.00	1.15	0.38	0.14	133

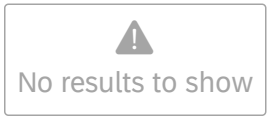
#	Field		Choice Count
1	On H&E only.	85.71%	114
2	Occasionally utilize CD3 immunostain	13.53%	18
3	Always utilize CD3 immunostain	0.75%	1
			133

Showing rows 1 - 4 of 4

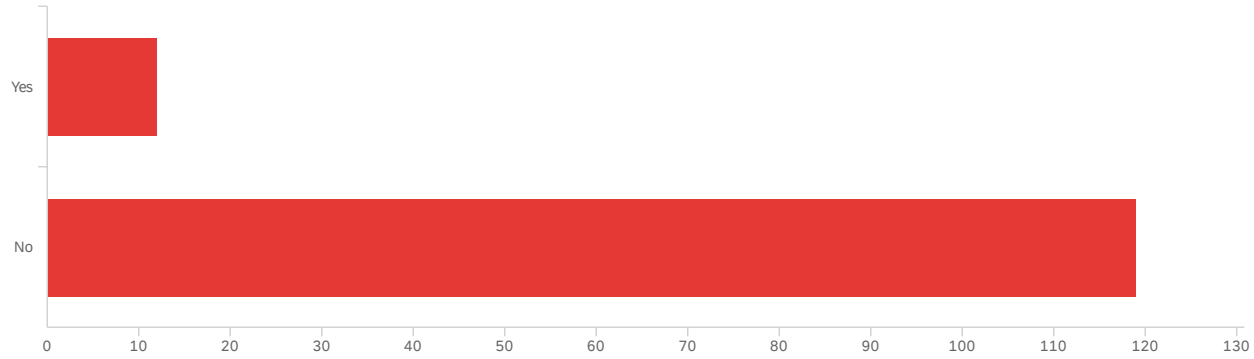
Q39 - 13. In what settings do you count IELs at the microscope (either on H&E or CD3 stain)?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	13. In what settings do you count IELs at the microscope (either on H&E or CD3 stain)?	0.00	0.00	0.00	0.00	0.00	0



Q40 - 13(a). Always.

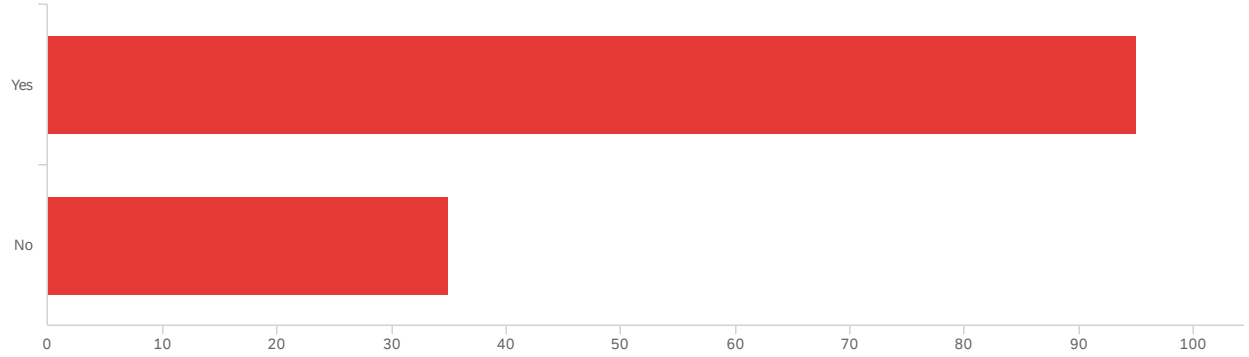


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	13(a). Always.	1.00	24.00	21.89	6.63	44.02	131

#	Field		Choice Count
1	Yes	9.16%	12
24	No	90.84%	119
			131

Showing rows 1 - 3 of 3

Q41 - 13(b).When equivocally increased or patchy in distribution

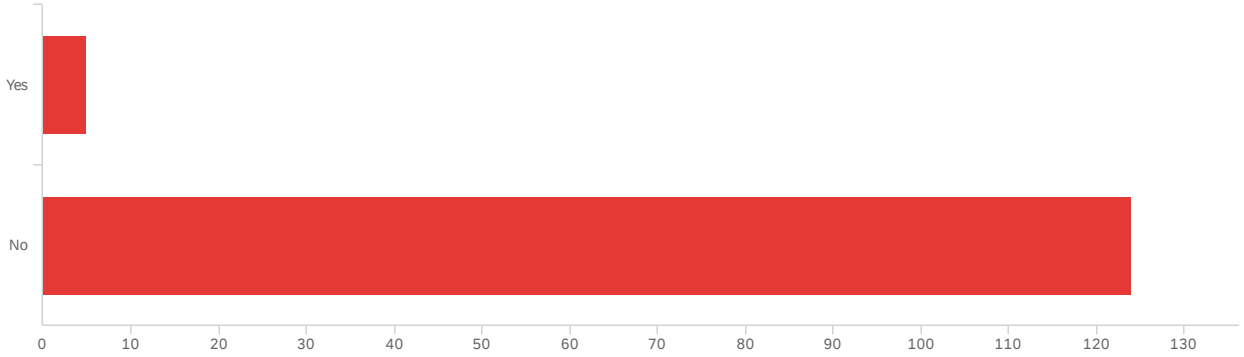


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	13(b).When equivocally increased or patchy in distribution	1.00	2.00	1.27	0.44	0.20	130

#	Field		Choice Count
1	Yes	73.08%	95
2	No	26.92%	35
			130

Showing rows 1 - 3 of 3

Q42 - 13(c). When obviously normal

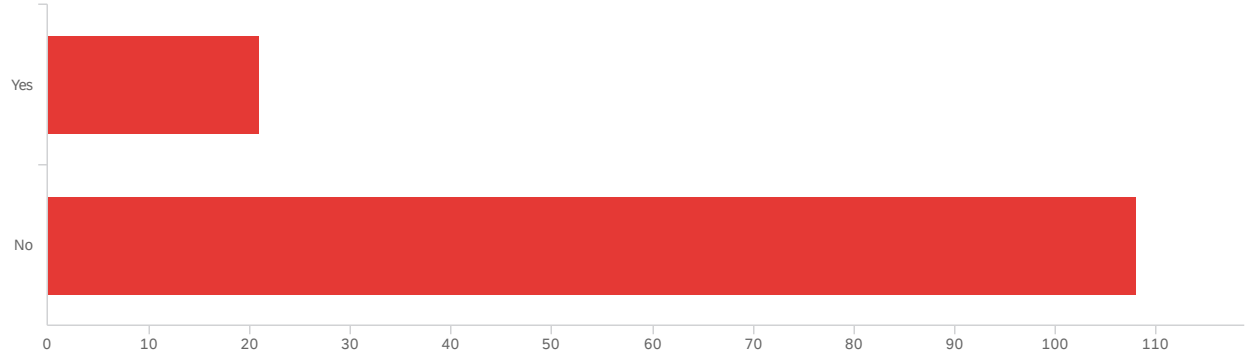


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	13(c). When obviously normal	1.00	20.00	19.26	3.67	13.45	129

#	Field		Choice Count
1	Yes	3.88%	5
20	No	96.12%	124
			129

Showing rows 1 - 3 of 3

Q43 - 13(d). When obviously diffusely increased

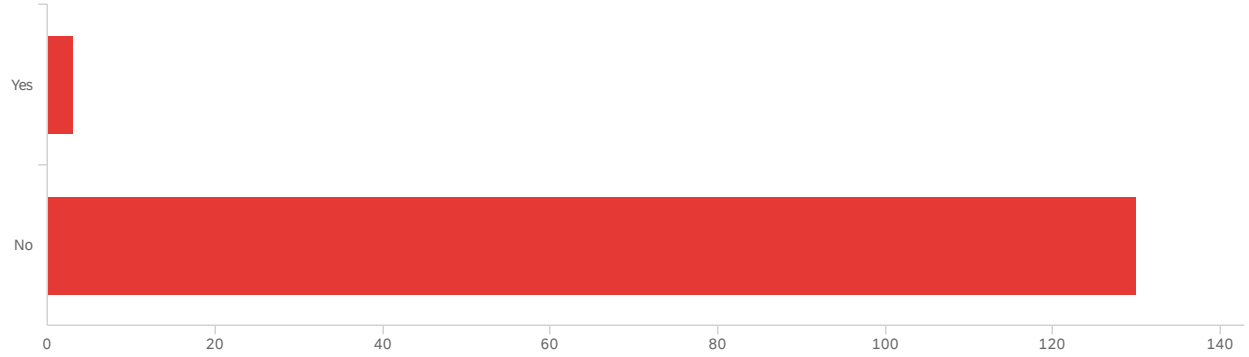


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	13(d). When obviously diffusely increased	1.00	2.00	1.84	0.37	0.14	129

#	Field		Choice Count
1	Yes	16.28%	21
2	No	83.72%	108
			129

Showing rows 1 - 3 of 3

Q29 - 14. Do you use software on digitized scans to count IELs

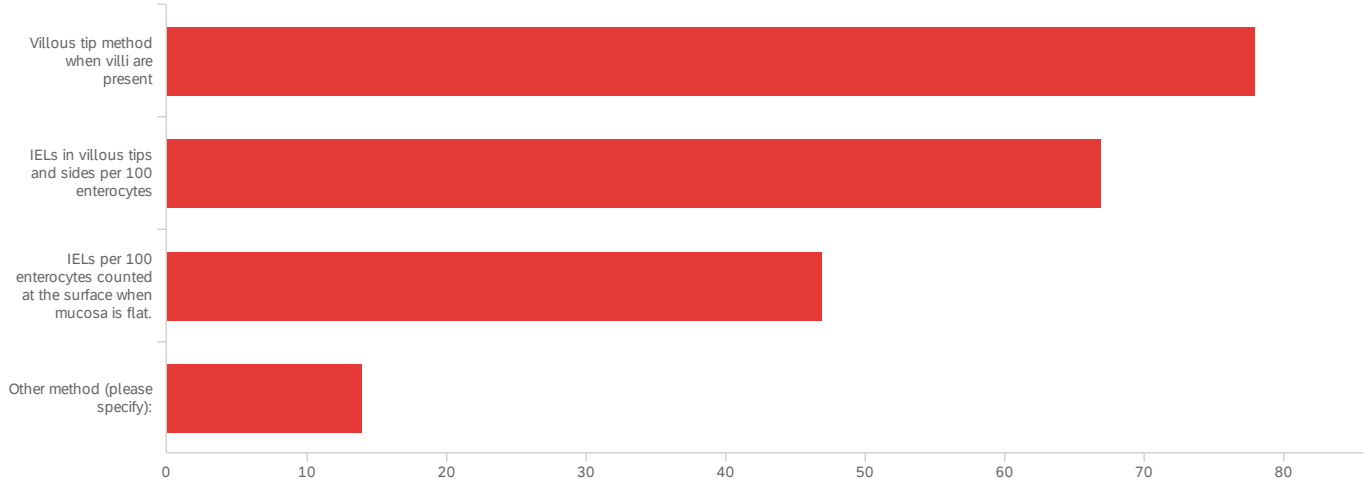


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	14. Do you use software on digitized scans to count IELs	1.00	2.00	1.98	0.15	0.02	133

#	Field		Choice Count
1	Yes	2.26%	3
2	No	97.74%	130
			133

Showing rows 1 - 3 of 3

Q30 - 15. By what method do you count IELs (check all that apply)?



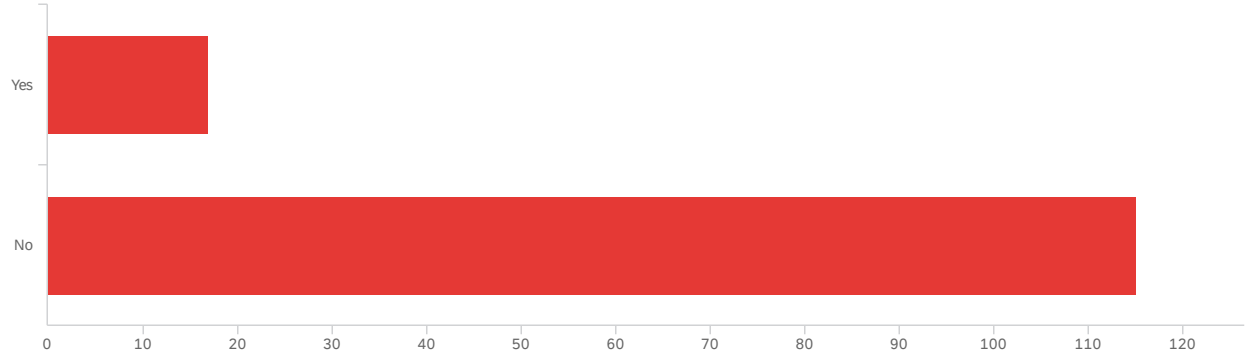
#	Field	Choice Count	
1	Villous tip method when villi are present	37.86%	78
2	IELs in villous tips and sides per 100 enterocytes	32.52%	67
3	IELs per 100 enterocytes counted at the surface when mucosa is flat.	22.82%	47
4	Other method (please specify):	6.80%	14
			206

Showing rows 1 - 5 of 5

Q32 - Other method (please specify):

Other method (please specify):
I never count
I don’t count IELs.
I don't count
eyebell estimate
never
I only report diffuse increases of IEL's, not focal which I consider normal. I don't ever count.
.
don't count
lsfjip
ldjglkdf
lksxfjsdkljf

Q33 - 16. Do you provide an exact number of IELs/100 enterocytes in reports

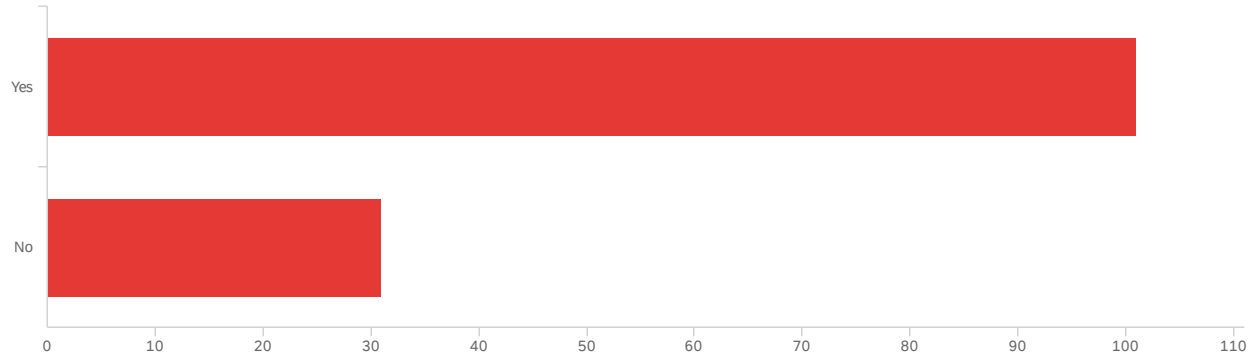


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	16. Do you provide an exact number of IELs/100 enterocytes in reports	1.00	2.00	1.87	0.33	0.11	132

#	Field		Choice Count
1	Yes	12.88%	17
2	No	87.12%	115
			132

Showing rows 1 - 3 of 3

Q34 - 17. Do you describe the range of villous blunting/IELs and uniformity or patchiness of changes in report?

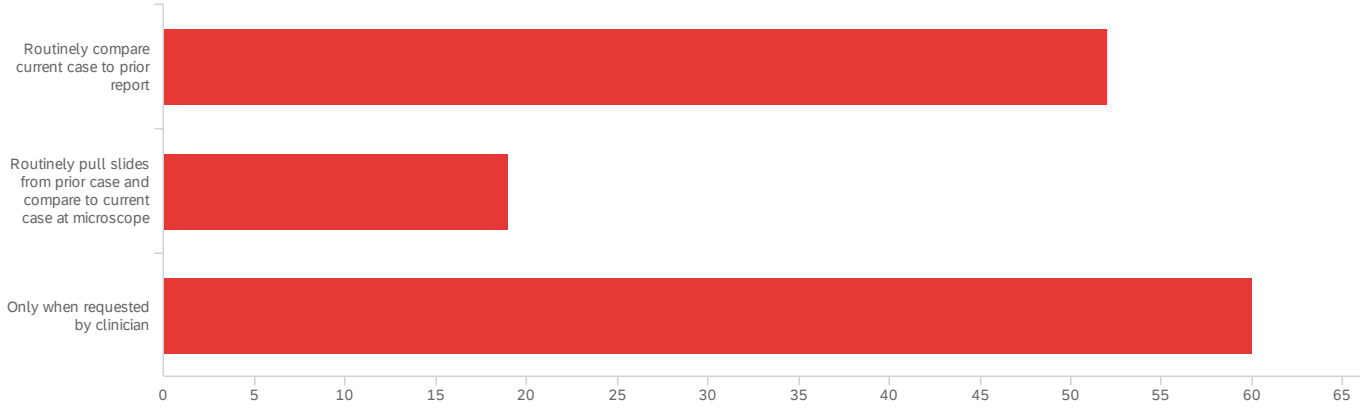


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	17. Do you describe the range of villous blunting/IELs and uniformity or patchiness of changes in report?	1.00	2.00	1.23	0.42	0.18	132

#	Field		Choice Count
1	Yes	76.52%	101
2	No	23.48%	31
			132

Showing rows 1 - 3 of 3

Q35 - 18. Do you compare current to prior celiac biopsies when available?

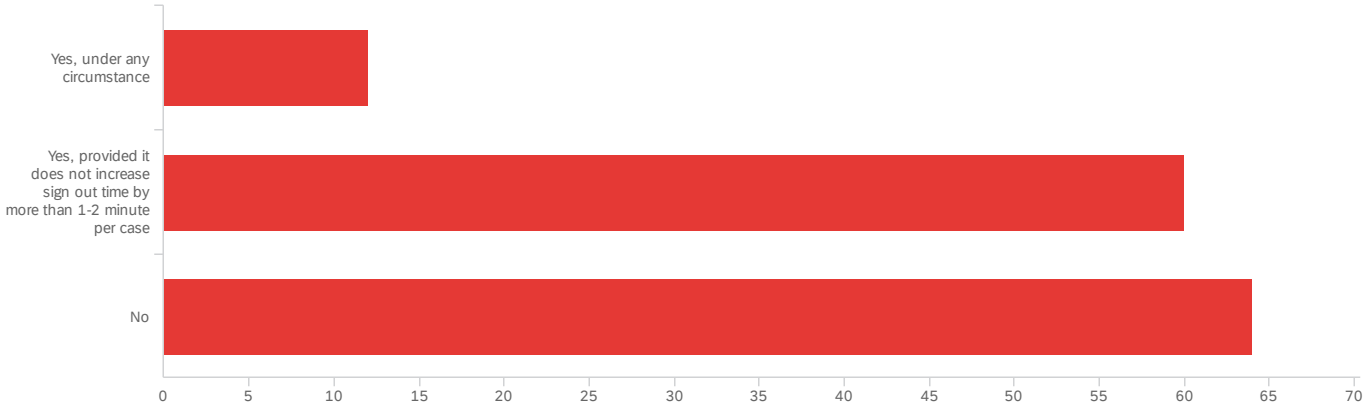


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	18. Do you compare current to prior celiac biopsies when available?	1.00	3.00	2.06	0.92	0.85	131

#	Field	Choice Count	
1	Routinely compare current case to prior report	39.69%	52
2	Routinely pull slides from prior case and compare to current case at microscope	14.50%	19
3	Only when requested by clinician	45.80%	60
			131

Showing rows 1 - 4 of 4

Q22 - 19. If your institution scans slides for digital diagnosis, would you welcome software that allows quick measuring of villous height/crypt depth ratios as a replacement for subjective assessments of mucosal architecture?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	19. If your institution scans slides for digital diagnosis, would you welcome software that allows quick measuring of villous height/crypt depth ratios as a replacement for subjective assessments of mucosal architecture?	1.00	3.00	2.38	0.64	0.41	136

#	Field		Choice Count
1	Yes, under any circumstance	8.82%	12
2	Yes, provided it does not increase sign out time by more than 1-2 minute per case	44.12%	60
3	No	47.06%	64
			136

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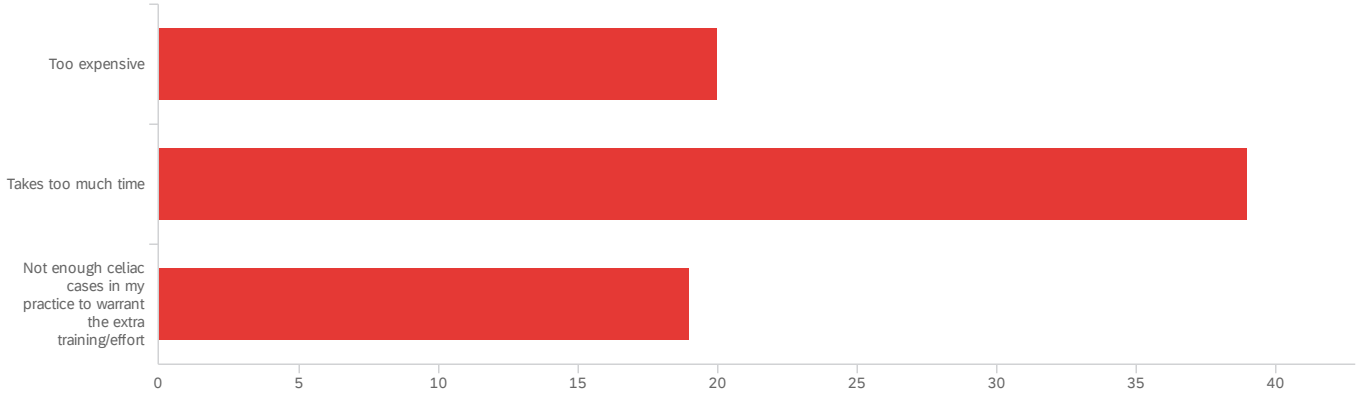
Q23 - Explain why not (select all that apply)



#	Field		Choice Count
1	Too expensive	25.64%	20
2	Takes too much time	50.00%	39
3	Not enough celiac cases in my practice to warrant the extra training/effort	24.36%	19
			78

Showing rows 1 - 4 of 4

End of Report