



## **ASC Rapid On-Site Evaluation (ROSE) Position Statement**

Rapid On-Site Evaluation (ROSE) is a clinical service provided for patients where a pathologist, or in certain settings, an experienced and appropriately qualified cytotechnologist provides immediate real-time evaluation of a fine needle aspiration (FNA) biopsy or touch imprints of a core biopsy. This is an interactive and consultative process between the professional evaluating the biopsy material and the clinician performing the procedure where the aim is to provide optimal clinical care for pediatric and adult patients having either a superficial or deep seated FNA or core biopsy.

ROSE can provide a variety of significant benefits for patients and clinicians. It can provide an immediate assurance of adequacy for the minimally invasive FNA biopsy procedure. It increases the sensitivity, accuracy and utility of biopsies, thereby improving patient care. When a clinician performs a biopsy without ROSE, he/she cannot be certain that the material obtained is diagnostic. Providing immediate feedback and communication during an FNA biopsy gives the performing clinician the opportunity to adapt and modify the biopsy in order to obtain an adequate, diagnostic specimen. If the immediate evaluation determines that the sample is inadequate, then the performing clinician may modify the procedure to improve the chances of adequacy and then have the opportunity to immediately assess the impact of those adjustments.

ROSE can help to minimize the likelihood of an inadequate FNA biopsy and consequently, this can result in avoiding a repeat biopsy, the necessity for additional more invasive diagnostic procedures, and a delay in diagnosis. Providing immediate feedback can result in fewer passes and consequently fewer complications, optimizing utilization of imaging facilities, improvement of operator skills based on feedback and increased adequacy of concurrent core biopsy.

Apart from the valuable aspect of specimen adequacy, there are other significant advantages of ROSE. There are many clinical circumstances where evaluation and biopsy triaging can be critically important, help provide more precise diagnostic information and guide necessary patient specific time-sensitive ancillary studies. Examples would include a lymphoproliferative process where flow cytometry can contribute to the diagnosis, infectious processes with microbiology cultures, undifferentiated neoplasm with immunohistochemistry and the evaluation of malignancies for molecular testing for crucial theranostic information. With the growing focus on accurate and specific diagnoses in this era of personalized medicine, the use of ancillary and molecular studies will continue to grow. With cytopathology at the forefront of cellular procurement, ROSE will be critical to assuring the clinically appropriate collection and triage of patient biopsy material.

Where ROSE is provided, the number of direct invasive aspirate passes performed can be decreased and the overall number of slides reduced. In turn, this can shorten the length of procedures for patients, decrease potential complications that may be associated with increasing numbers of passes, and improve laboratory resource utilization. Where multiple lesions are present, ROSE can help to decrease the number of lesions biopsied. Having pathologists and cytotechnologists as active members of the medical team during the biopsy can improve specimen processing and quality of the slides which impacts their final interpretation. By participating directly with the procedure at the point of care, communication with the clinician can provide valuable medical history and perspective that is not always available or provided on a written requisition. Digital imaging technologies such as



telecytopathology can provide new, emerging tools to help improve access and efficiency of a ROSE service. In an academic setting, supervised pathology fellows can provide ROSE service.

Providing a ROSE service is not without difficulties. There are recognized personnel staffing, work flow, resource and infrastructure impediments which can make providing a ROSE service challenging in selected health care environments. Reimbursement is suboptimal and undervalued in the current environment. Currently non-pathologist physicians are not able to charge a professional fee because CMS has ruled that ROSE is a laboratory test that must be performed in accordance with the mandates of CLIA. The scope of practice for a ROSE service is dependent on the needs of the individual health care environment and best determined by the physicians and health care providers in each unique practice setting. When specifying experienced cytotechnologists, these would be trained and certified cytotechnologists with knowledge and supervision in ROSE service.

The advantages of ROSE service are primarily driven by goals of improved personalized care and better outcomes for patients. Therefore, in the appropriate clinical circumstance, the American Society of Cytopathology supports the availability and use of a rapid on-site evaluation (ROSE) service provided by pathologists and experienced cytotechnologists for FNA and selected core biopsy.

### *References*

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