

**THE ROLE OF THE SYSTEMATIC
DATABASE IN HISTOPATHOLOGY
AND CLINICOPATHOLOGY
RESEARCH**

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INTRODUCTION

Good medical practice can only be guaranteed for each patient when the variables that modify the response of each patient to different choices of treatment are noted in routine practice.

Every patient deserves the right diagnosis in view of the standard of practice worldwide

Beyond that each patient needs precise care. No two patients are exactly similar

WHY A DATABASE? 1

- The need for home based data relevant to the care of indigenous patients
- The challenges of research funding in the third world: generally poor funding
- The pressure of future prospects: academic promotion, international relevance, gold standard practice & collaboration with other centres to keep abreast with current practice in the world

WHY A DATABASE? 2

- Ready tool for auditing
- Standard practice helps to avoid
Medicolegal problems

THE DATABASE: WHAT IS IT?

The database is a systematic/serial deliberate documentation of variables of a disease entity (entities) in such a way that statistical analysis will be possible to make replicable scientific deductions

BENEFITS AND ADVANTAGES OF THE DATABASE 1

- Cheap on the long run
- Data always available
- Research works and collaborative studies can be carried without undue pressure and falsifications of data

BENEFITS AND ADVANTAGES OF THE DATABASE 2

- Enough data can be generated over time and publications can be on going and trends watched over time (changing or status quo)
- Detailed documentation of cases once those variables are imputed
- Every clinical case becomes a potential tool for research with fulfilled practice

BENEFITS AND ADVANTAGES OF THE DATABASE 3

- Better service to patients, better standard of medical care culminating in patient responsive therapies
- Helps in proper follow up of cases
- Progressive acquisition of specialist status in one's environment having interacted with disease variables that are peculiar to that environment over time.

DEVELOPING THE DATABASE 1

- Better done at a departmental level: all stakeholder's involved
- Proper training in registering cases and imputing data for all staff
- Developing a critical/meticulous checklist
- A monitoring/audit officer to ensure quality control and assurance

DEVELOPING THE DATABASE 2

- Reporting specimens along systems
- Reviewing the checklist and improving
- Patients/clients could fill questionnaire
- Seek ethical approval of institutions where and when necessary

EXAMPLE OF THE DATABASE

Prostate diseases:

- Noting biodata
- Noting nature/extent of biopsies (incisional or excisional biopsies)
- Documenting the severity of prostatitis comparing with duration of symptoms of prostatic disease
- Grading Prostatic Intraepithelial Neoplasia

EXAMPLE OF THE DATABASE

Prostatic cancer:

- Document the importance of assessable/measurable prognostic factors in prostatic carcinomas e.g Gleason's grading/score
- Exploring the checklist on diagnosis of prostatic cancer

ANALYSIS OF DATA

The variables are tabulated and subjected to statistical analysis with various considerations in mind

PROBLEMS

- Lack of corporation from co-workers)
(clinicians and departmental staff)
- Ego driven practice that blocks out others
- Inconsistency (loss of crucial data)

STRENGTHENING THE DATABASE

- Readiness to share data (remember the more the merrier)
- Openness to corrections so as to modify and improve on current practice
- Readiness to collaborate with others (the more the number of centres/patients involved; the more authentic the data and more useful the deductions/conclusions)

CONCLUSION

- The database is a simple approach to data collection and improving research work
- Creates opportunities for young researchers
- Allows generated data to inspire other studies
- Resourceful: allows many variables to be analyzed in a single disease entity

APPRECIATION

THANKS FOR LISTENING