

# Structured Pathology Reporting of Cancer Newsletter

September 2011. Issue 7.

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PDF versions of this newsletter are available from the structured pathology website.

Welcome to the September 2011 edition of the Structured Pathology Reporting of Cancer newsletter.

This newsletter is intended to provide information on the project to expand and promote the use of structured pathology reporting of cancer.

## ICCR in HELSINKI

As reported previously, the signing in February 2011 of a formal "Agreement to Collaborate" between the RCPA, Royal College of Pathologists UK (RCPATH), College of American Pathologists (CAP) and the Canadian Partnership Against Cancer (CPAC) (*referred to as the International Collaboration on Cancer Reporting (ICCR)*) has resulted in work on international cancer datasets for Prostate (Radical Prostatectomy), Endometrium, Melanoma and Lung cancers.

Work on all four cancers commenced in June 2011 with each country taking on the leadership of an international team working on the development of one cancer. Progress was assessed at a meeting of the ICCR at the recent European Society of Pathologists (ESP) meeting in Helsinki. The priority for each cancer specific team was to agree the elements which are CORE. CORE elements were defined as those elements which are essential for the clinical management, staging or prognosis of the cancer. Secondary to this aim was for each team to review and propose the value list or responses to the CORE elements eg "present", "not indicated" and then to establish a list of NON-CORE elements.

The International Collaboration on Cancer Reporting (ICCR) leadership team met early on the Sunday morning of the ESP conference to cover a packed agenda covering a wide range of topics. A/Prof David Ellis, Chair of the meeting, reported the meeting a 'great success'. Not only had all teams made significant progress but a number of important decisions were made as to how to proceed and a clear set of action items was developed including:

- Preparation of a brief communiqué with key points to be used in communications, newsletters etc.
- Preparation of a detailed report of the project (following normalisation of each approach)
- Establishing a preferred and simplified process for further protocol development
- Abstract submissions to USCAP, and to UICC 2012.
- Submission of 4 cancer specific papers and one generic paper to lead clinical journals,
- Further investigating and progressing engagement with key International Cancer Organisations.

One of the key results was to use the Melanoma dataset as the initial 'model' to standardise the other 3 cancer datasets and develop a guide similar to the guides used by Australia.

Following the success of the meeting in Helsinki and after normalisation of terminology and formatting of the international cancer datasets, the 2nd editions of the RCPA protocols for Prostate (Radical Prostatectomy), Lung and Melanoma will include the agreed CORE elements from the international process.



**ICCR Meeting Aug 28th in Helsinki.** From left: Dr Victor Prieto (USA), Prof John Srigley (Canada), Dr Lynn Hirschowitz (UK), Dr Kay Washington (USA), Prof Michael Wells (UK, seated), Meagan Judge (Australia), A/Prof David Ellis (Australia) Aug 28<sup>th</sup> in Helsinki.

## Thank you!

The Structured Pathology Reporting team would like to extend a very warm thank you to two of our Cancer Committees chairs who have stepped down in recent months.

Firstly, a very big thank you to Prof Michael Bilous, chair of the breast cancer committee and member of the Structured Pathology Reporting Project Group who was instrumental in the transition of

the National Breast and Ovarian Cancer Centre's (NBOCC) 3rd edition of "The pathology reporting of breast cancer A guide for pathologists, surgeons, radiologists and oncologists" to our breast cancer protocol format; a formidable project.

Also many thanks go to our retiring chair of the Gynaecological Cancer Committee, Dr Nick Mulvany. Nick took on the role of lead author of the Endometrial Cancer Protocol which was published to the RCPA website earlier this year.

## Guides PLUS

To enable quick and easy access to the wealth of knowledge in our protocols without the need to 'trawl' through the long document, we have included hyperlinks to the relevant sections of the protocol from our guides. When viewing the guide with a valid internet connection, clicking on the standard or guideline number within the guide will pop open the text relating to that element from the protocols, including diagrams and referenced information.

**A guide to Gastric Cancer Histopathology Reporting**

| Clinical details     |  |
|----------------------|--|
| S1.02                | Pathology accession number Text  |
| S1.03                | Principal clinician Text   |
| S1.04                | Surgeon/proceduralist name and contact details Text  |
| S1.05                | Tumour site (location) proximal 1/3<br>middle 1/3<br>distal 1/3  |
| S1.06                | Type of operation See p2   |
| S1.07                | Preoperative therapy Nil<br>Pre-op chemo.<br>Pre-op radiother.<br>Pre-op chemo/rad<br>Not stated   |
| S1.08                | Involvement of adjacent organs Not stated<br>Absent<br>Present<br><br>If present, it is ... Pancreas<br>Spleen<br>Liver<br>Other (specify)                                 |
| S1.09                | Distant metastases Not stated<br>Absent<br>Present<br><br>If present, specify sites Text   |
| S1.10                | Surgeon's opinion - residual tumour Not stated<br>Text   |
| G1.02                | Comments Text  |
| Microscopic findings |  |
| S2.03                | Type of resection See p2   |
| S2.05                | Specimen dimensions: Length of stomach greater curve ___ mm<br>Length of stomach lesser curve ___ mm<br>Length of oesophagus ___ mm<br>Length of duodenum ___ mm           |
| S2.06                | Macroscopic tumour site (location) (tick all that apply) Cardia<br>Fundus<br>Antrum<br>Body<br>Pylorus<br>Greater curve<br>Lesser curve<br>Anterior wall<br>Posterior wall |
| S2.07                | Maximum tumour diameter ___ mm   |
| S2.08                | Macroscopic tumour type See p2   |
| S2.09                | Distance from tumour to nearest proximal or distal margin (cut end) ___ mm   |

| Microscopic findings |   |
|----------------------|---|
| S3.01                | Tumour site (location) Cardia<br>Fundus<br>Antrum<br>Body<br>Pylorus<br>Greater curve<br>Lesser curve |
| S3.02                | WHO Histologic type   |
| S3.03                | Lauren Histologic type  |
| S3.04                | Histologic type   |
| S3.05                | Growth pattern  |
| S3.06                | Maximal depth of invasion   |
| S3.07                | Level of invasion   |
| S3.08                | Serosal surface involvement   |
| S3.09                | Vascular space invasion   |
| S3.10                | Perineural invasion   |
| S3.11                | Degree of preoperative resection  |
| S3.12                | Distance of margins: From proximal<br>From distal<br>From radial (cross-sectional)                    |
| S3.13                | Number of nodes / total number of regional nodes (pN)   |
| S3.14                | Number of involved non-regional lymph nodes / total number of non-regional lymph nodes (pN)           |

CS2.08b Advanced gastric cancer growth patterns are classified using the Borrmann criteria, into polypoid, fungating, ulcerated and infiltrative. Infiltrative type is associated with a poorer prognosis<sup>4</sup> (refer to figure S2.08b below).

**Figure S2.08b Growth patterns of advanced gastric cancer according to the Borrmann classification.**

Copyright Professor G Lauwers. Reproduced with permission.

Clicking on S2.08 on the guide pops open the information from the protocol!

Guides with hyperlinked help are available for each of the following cancers:

- Colorectal cancer
- Prostate (Radical Prostatectomy) cancer
- Lung cancer
- Primary Cutaneous Melanoma
- Haematopoietic & Lymphoid Tumours
- Endometrium cancer
- Gastric cancer

- Renal parenchymal malignancy
- Central Nervous System tumours
- Thyroid cancer
- Soft tissue tumour resections

Visit the link below and view a guide online!

[www.rcpa.edu.au/Publications/StructuredReporting/cancerprotocols.htm](http://www.rcpa.edu.au/Publications/StructuredReporting/cancerprotocols.htm)

## Looking for a new LIS?

If your organisation is planning on a new Laboratory Information System (LIS) then there are some things to consider:

### Functional Requirements

It is always difficult to come up with a list of requirements to start the process of LIS acquisition.

To direct the type of development needed in our LIS to support structured reporting we have produced two documents:

- a) a SPR LIS Functional Requirements document which provides a background and discussion of general principles in relation to structured reporting eg standards and guidelines; and also describes specific functionality requirements eg "The pathologist must be notified and asked to complete those standards (mandatory fields) that have not been completed when attempting to verify the report (signout)". The functional requirements are divided into mandatory and recommended items.
- b) a Universal Design Requirements document which contains a set of design principles which should govern all LIS development eg "Nothing should ever require human entry, which the computer should be capable of synthesizing from known information."

These documents will help you with your acquisition process by ensuring you include the requirements necessary in your LIS to move ahead with structured pathology reporting and transition through the levels of compliance.

The documents are posted to:

[www.rcpa.edu.au/Publications/StructuredReporting/LISfunctionalrequirements.htm](http://www.rcpa.edu.au/Publications/StructuredReporting/LISfunctionalrequirements.htm)

### Compliance

In 2007 at the National Roundtable on Structured Pathology Reporting of Pathology the consensus statement was that "cancer care in Australia will benefit from the development, publication and adoption of a series of voluntary, national structured reporting standards for each cancer type."

With 12 protocols published and another 11 in varying stages of development it is time to move forward to the 'adoption' phase of our directive.

The following compliance matrix describes the significant stages of development that laboratories must transit to achieve a fully structured model. A request to National Pathology Accreditation Advisory Council (NPAAC) has been submitted to develop a standard on the reporting of cancer against which laboratories would be accredited at Level 3 by 2013. Level 3 requires that cancer reports comply with the available RCPA published protocols and that a structured format is used (though not necessarily using advanced data entry tools).

Compliance at level 3 will enable laboratories to gain the benefits of improved completeness of cancer reports but will not require investment in new technology. However many sites might find it more advantageous to implement with appropriate electronic data entry tools (Level 4 compliance).

Higher levels of compliance will be sought as our Laboratory Information System (LIS) systems advance. If you are planning to update your LIS then this compliance matrix might help you to plan ahead and maximize your investment.

**Structured Pathology Reporting Compliance Matrix\***

|              | ENTRY LEVEL <span style="float: right;">GOAL STATE</span>                                  |                                 |                            |   |   |         |
|--------------|--|---------------------------------|----------------------------|---|---|---------|
|              | Level 1  | Level 2                         | Level 3                    | Level 4   | Level 5   | Level 6 |
| DATA ENTRY   | Narrative only   |                                 | Use of a structured format | Structured data entry using data entry tools eg drop down lists, multi/single select, conditional logic enabled | Level 4 plus full compliance with mandatory LIS Functional Requirements |         |
| CONTENT      | Non-RCPA protocol compliant  | RCPA protocol content compliant |                            |   |   |         |
| DATA STORAGE | Data stored as a single text field or as a text field per reporting segment eg macroscopic |                                 |                            |   | Individual data elements stored in discrete data fields                 |         |
| CODING       | No coding  |                                 |                            |   | SNOMED CT or other coding enabled                                       |         |
| MESSAGING    | Discrete data elements are not sent via HL7 <sup>®</sup> messaging                         |                                 |                            |   | Discrete data elements sent via HL7 <sup>®</sup> messaging              |         |

\*Adapted from Srigley JR, McGowan T, Maclean A et al "Standardized Synoptic Cancer Pathology Reporting: A Population-Based Approach". Journal of Surgical Oncology 2009;99:517-524

<sup>®</sup>Health Level 7 is a not-for-profit organisation defining interoperability and standards in healthcare information technology

Click on the following link to access the diagram from the RCPA website:

[www.rcpa.edu.au/Publications/StructuredReporting/Compliancematix.htm](http://www.rcpa.edu.au/Publications/StructuredReporting/Compliancematix.htm)

## Volunteer still required!

**Consulting Anatomical Pathologist or Trainee Required!**  
**Part-time Casual, Structured Pathology Reporting project**

**Project Description:**

The University of Sydney has been awarded a research project grant from the QUPC to explore mechanisms for automatically populating structured reports from prose-based reports.

The project involves identifying in reports the content required to fill the fields in an equivalent structured report. In this process, several hundred reports are annotated for examples of the information to be extracted and then algorithms are developed that use the examples to compute a more general model of the desired content. The model is evaluated and the algorithm revised in a feedback process to produce a more accurate result. This is continued over a series of experiments until an optimal model is identified.

**Role description:**

This work requires a pathologist or trainee to assist in identifying the text that needs to be extracted to fill the structured report. As the annotations of the texts will be completed by linguists, the role of the pathologist in the early phases of the project will be to train the linguists to identify the correct portions of the texts. The work requires engagement in the earlier stages of the project to define a set of guidelines as to the appropriate content for the fields of a structured report. Ongoing work throughout the project involves quality assurance of the annotated content. During the experimental phase the pathologist will need to give advice on the appropriateness of extracted content and comment on the formats for its presentation. This work includes a research aspect and it is expected that peer reviewed papers in various disciplinary contexts will be part of the project outcomes.

The position is part-time with casual hours depending on the stage of the project.

**Contact:**

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## WEBINARS Coming up!

Webinars are online meetings or presentations which you can attend from the comfort of your office or home using a phone and internet connection.

We are planning a series of webinars in the near future on some of the new protocols and some of the updates coming to the older protocols. Stay tuned!

# Example reports!

You may see a request from QAP to submit a recent de-identified colorectal cancer report. The purpose is to accumulate a reasonable bundle of reports to undertake an audit on the use of Structured Pathology Reporting and the completeness of those reports as compared to the published protocols.

At this stage the reports submitted are to establish an Australasian baseline against which we can assess progress in the future. We are not measuring performance or use at an individual laboratory level. It would be most helpful if you could send in a de-identified colorectal cancer report to include in the audit.

Send your reports to Meagan Judge at [MeaganJ@RCPA.EDU.AU](mailto:MeaganJ@RCPA.EDU.AU).

## Protocol Update

The protocol for testicular tumours is now open for public consultation. Please take the time to visit the link below and provide your valuable feedback:

[www.rcpa.edu.au/Publications/StructuredReporting/publicconsultation.htm](http://www.rcpa.edu.au/Publications/StructuredReporting/publicconsultation.htm)

The oral cancer protocol will be published in the very near future.

Protocols that are under way or in the planning stage are:

- Prostate cancer – Core biopsy
- Vulvar cancer
- Gastrointestinal Stromal Tumours (GIST)
- Cervical cancer
- Bladder cancer
- Adrenal gland tumours
- Oesophageal cancer
- Neuroblastoma (Paediatrics)
- Squamous cell carcinoma of the conjunctiva

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You have received this message because you are listed  
as a stakeholder of the national structured pathology reporting project.

If you do not want to receive this newsletter in the future, please email: [MeaganJ@RCPA.EDU.AU](mailto:MeaganJ@RCPA.EDU.AU)