Welcome to the 14th 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.

Protocol update

Good progress is being made on the Cervical Cancer protocol, a protocol on Salivary Gland Neoplasms, and the Colon Polypectomy protocol. All 3 are expected to be completed and be posted for a period of open consultation in the next few months.

2nd editions of Melanoma, Lung and Prostate (Radical Prostatectomy), which will include the international dataset elements, will be finalised shortly and thereafter be posted for a period of open consultation. Feedback from our local review process will be dealt with as follows:

- Comments on any local element will be referred to the Australasian expert panel for review.
- Comment on any element with the ICCR logo will be referred to the relevant international expert panel. Comments on the international elements will be considered in the next update and will therefore not result in an immediate change.
**ICCR progress**

For more details on the work of the INTERNATIONAL COLLABORATION ON CANCER REPORTING – read the ICCR newsletters at:


The four existing cancer datasets produced by the pilot of the ICCR - Prostate (Radical Prostatectomy), Endometrium, Melanoma and Lung – are now in the final stage of review prior to publication. The final versions of the datasets will be posted to the above website in 3 formats:

- Hyperlinked guides are designed to be viewed when connected to the internet. When online, clicking on any book icon will open the explanatory text on that element.
- Bookmarked guides are designed to be printed or viewed on screen. When viewed on a screen the notes are bookmarked so that clicking on “Note n” will take you to the relevant note, then clicking on “back” will return you to where you were in the guide.
- A MS Word document which includes each element, values, commentary and references and implementation notes. This version is ideal to cut and paste into local datasets or Laboratory Information Systems.

Peer reviewed journal articles on all four datasets have been written:

Integration with the WHO 'Blue Book' Classification of Neoplasms.

As reported previously The International Agency for Cancer Research (IARC) an agency of the World Health Organisation, was identified as a potential partner with the ICCR, due to its work on the tumour classifications ("Blue Books"). A closer relationship between the parties is being developed via a Memorandum of Understanding and the inclusion of the ICCR cancer datasets in the WHO publications has been a focus of discussion for a number of months. Recent communications with Prof Fred Bosman, editor of Virchows Archives and Series Editor for the 4th edition of the WHO Classification of Neoplastic Diseases, has confirmed that it is the Editors intention to include the ICCR datasets in upcoming editions.

As A/Prof David Ellis, Chair of ICCR says, “This is a significant milestone for the ICCR and dataset development will be synchronized with the publication of WHO Classification series from 2014.”

Presentation to the ILPP

A/Prof David Ellis recently gave a presentation on the ICCR and its plans for incorporation as a not-for-profit organisation to the International Liaison of Pathology Presidents (ILPP). The ILPP has representatives of the initial quadripartite membership (CAP, CPAC RCPath and RCPA) but also includes Presidents from the American Society of Clinical Pathology, Ireland, South Africa, Malaysia, and Hong Kong.

The response was both enthusiastic and interested.

The representatives of the quadripartite, the Canadian Partnership Against Cancer (CPAC) and the US (CAP), UK (RCPath) and Australasian (RCPA) Colleges of Pathology are now reviewing the proposed ICCR constitution and business model with a view to completion in time for the European Congress of Pathology in Lisbon.

New cancer datasets in progress

The international team producing the ICCR renal cancer dataset is making good progress with the second conference call held early this month and the 3rd and final call scheduled for early in July. Once finalized, this dataset will be posted for a period of global public consultation for 8 weeks.

The recommendations from the International Society of Urological Pathology meeting in Vancouver are being utilised, making the discussion and agreement process much easier.

A similar process is being followed with the new Ovarian/Fallopian tube/Peritoneal dataset. The expert panel is being convened but finalization of the proposed elements and subsequent discussion will be postponed until the revised International Federation of Gynecology and Obstetrics (FIGO) staging of ovarian carcinoma is published in Sept/Oct. The revised staging system is expected to include primary fallopian tube carcinoma and primary peritoneal carcinoma.
To facilitate the process, RCPA members are asked to forward any Ovarian/Fallopian tube/Peritoneal datasets/checklists or protocols they may be using locally so that the expert panel can consider these in the development of the new dataset. Any datasets can be sent to Meagan Judge – contact details below.

2nd edition corrections

The 2nd edition of the colorectal cancer protocol was published to the RCPA website in November 2012. It has been used in the electronic checklist development process with College of American Pathologists (CAP) and also as the first protocol to be implemented with an electronic web-based form in New Zealand. As a result it has been well scrutinised and there are a few minor changes which have been recently included and which users of the protocol and implementation guides may like to note:

1. S3.04 Involvement of the proximal or distal resection (‘cut-end’) margins. The microscopic clearance had values of Numeric: ___mm (if the margin is less than 10 mm) OR Clearance is >10mm which left a gap of value =10mm. Therefore the value for this element has been updated to Clearance is ≥10mm (ie greater than or equal to).

2. S3.09 Relevant coexistent pathological abnormalities - as this is a standard it requires a response but there was no value which allowed a pathologists to report ‘NONE NOTED’ so this value has been added.

3. S3.11 Response to neoadjuvant therapy. This is a standard so requires a response but does not include one where the patient has had no prior treatment. A value of ‘NO PRIOR TREATMENT’ has been added.

If you have any questions regarding any of the above corrections, please contact Meagan Judge - details below.

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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