

Structured Pathology Reporting of Cancer Newsletter

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

Welcome to the 13th 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

The RCPA Council has recently endorsed three new structured pathology reporting protocols:

- Tumours of the oesophagus and gastro-oesophageal Junction
- Endoscopic resection (ER) of the oesophagus and gastro-oesophageal Junction and
- Vulva cancer

They have been posted to the website this week with their hyperlinked guides and macroscopic.

Good progress is being made on the Cervical Cancer protocol, a Salivary Gland Neoplasms protocol, a Polypectomy protocol and the Prostate Core Biopsy protocol is nearing completion!

ICCR update!

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

www.rcpa.edu.au/Publications/StructuredReporting/ICCR.htm

Public consultation

The four existing cancer datasets produced by the pilot of the ICCR - Prostate (Radical Prostatectomy), Endometrium, Melanoma and Lung – are currently posted for worldwide review until the end of this month (March 2013). If you have yet to review and comment please click on the link below and provide feedback.

www.rcpa.edu.au/Publications/StructuredReporting/ICCR_cancer_datasets.htm

Comments have been received from all over the world so far – Guatemala, USA, Ireland, Sweden, and Belgium to name a few. Feedback has been extremely positive.

US and UK adopt the ICCR Datasets

Along with Australia, the USA and the UK are taking advantage of the opportunity offered by the availability of the ICCR datasets and are planning to incorporate these elements in their own national cancer datasets and protocols.

Dr Kay Washington, the College of American Pathologists (CAP) stated “the ICCR required elements will form the backbone of the CAP cancer checklists”. Dr Lynn Hirschowitz, representing the Royal College of Pathologists UK, concurred, “As the ICCR datasets are developed by world leading experts using a proven, evidence-based process which incorporates a period of international review we feel that we can incorporate the ICCR elements into our national development process with confidence”.

ESP joins the ICCR

Following on from the presentation A/Prof David Ellis made to the Advisory Council and Chairs of the Working Groups of the European Society of Pathology Congress in Prague last September, Prof Mike Wells, an ICCR member, and past President of the European Society of Pathology (ESP) and current Vice President of RCPATH conveyed a request from the ESP for a closer working relationship with the ICCR. This request met with enthusiasm from the ICCR and it is proposed that when the ICCR embarks on a new organ site in future, a member of the relevant ESP Working Group will be included in the membership of the panel of experts. “The ESP brings 63 additional countries to the ICCR to work collaboratively on cancer dataset development. Our goal to use the world’s best expertise to develop evidence based datasets for use throughout the world is becoming a reality” said A/Prof David Ellis.

Renal cancer dataset

The international team producing the ICCR renal cancer dataset is currently reviewing a set of proposed elements in anticipation of a conference call in early May 2013.

The document that has been circulated puts forward proposed elements following review and consideration of the mandatory/required elements from the various cancer datasets submitted from around the world and how they have approached a

particular topic eg extent of invasion, in as simple a manner as possible. This allows the team to review how others have approached the topic and the evidence they have provided, allowing them to form an opinion before the conference call.

Organising a web/call with people from around the globe - Canada, UK, France, Switzerland, Italy, New Zealand, Brazil and USA is a challenge and the intent is to make the best use of that time by ensuring focus is on those areas requiring detailed discussion.

Improving CRC reporting

A recent article in *Archives of Pathology and Laboratory Medicine*, has reported that the use of 'synoptic reporting' results in improvements in completeness of reporting among general pathologists, enabling them to attain a level of report completeness comparable to that of specialist gastrointestinal pathologists. While reports showed that *before* use of a synoptic reporting there was considerable difference between the completeness of reports by the non-specialist gastrointestinal pathologist and the specialist pathologists, the results of the study show that there was no difference once a synoptic report was adopted.

Read the full article: Messenger DE, McLeod RS, and Kirsch R. What Impact Has the Introduction of a Synoptic Report for Rectal Cancer Had on Reporting Outcomes for Specialist Gastrointestinal and Nongastrointestinal Pathologists? (2011) *Arch Pathol Lab Med*,135: 1471-5.

eCC's for implementation

One of the challenges we face with structured reporting is the implementation of the structured templates in Laboratory Information Systems (LIS). In March 2012 A/Prof David Ellis met with the College of American Pathologists – SNOMED Technology Solutions (CAP STS) to see how they had progressed their implementation options in the USA and Canada. CAP STS use a very simple tool to edit from the paper checklist to an electronic checklist (eCC). From this, XML templates are created. XML files or templates are a way of representing the cancer checklists which can be used by LIS vendors to facilitate implementation. The XML templates contain additional information (metadata) to assist LIS vendors and implementers to develop a computerised data entry form.

Using the XML templates promotes consistent presentation, conformance with the datasets and interoperability. XML files streamline the delivery of the protocol content and make updating of the protocols a much simpler and efficient process.

Following several discussions with CAP STS a proposal was developed to have CAP STS develop XML's based on the Australia cancer datasets. Recent approval by the Department of Health and Ageing has allowed the project to pursue this proposal.

The proposal includes the development of 3 of the RCPA cancer protocols into eCC format. The project kicked off in early February with the 2nd edition of the colorectal cancer protocol being used as the initial 'test' case. Weekly calls are held to discuss progress, issues and plan next steps.

We hope that this will offer a rapid method of LIS implementation of structured reporting in the near future.

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