

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 33rd 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.

Implementing SPRC

In 2007, at the National Roundtable on Structured Pathology Reporting of Cancer (SPRC) 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."

Our recent SPRC survey indicated that many laboratories are now using some form of structured reporting despite limitations in Laboratory Information Systems (LIS). While this is encouraging, laboratories should be considering the structure and format of pathology reports, particularly considering that the anticipated revised NPAAC Information and Communication Requirements is expected to include minimum requirements for pathology reports as part of the strategic direction of the pathology sector to move towards standardised terminology and reporting

Laboratories are encouraged to consider the implementation of SPRC protocols to Level 3 as a minimum, that 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).

The RCPA has a policy statement on implementation of SPRC and the requirements of level 3 – this can be viewed at:
<http://www.rcpa.edu.au/Library/College-Policies/Position-Statements/Structured-Pathology-Reporting-of-Cancer>

If you have any questions regarding the implementation of Level 3 SPRC please contact Meagan Judge.

Cervical webinar

A webinar titled: "Topical issues in cervical histopathology reporting", was presented recently by Dr Marsali Newman and A/Prof Kerry Ireland-Jenkin. The webinar was well received and further topics will be scheduled.

The recent webinar was recorded and has been posted to the RCPA website, along with a copy of the presentation and Q&A:

<http://www.rcpa.edu.au/Education/Disciplines/Anatomical/SRW>

(You will need your RCPA member login to access the recording, and as it is a large file it may take a few seconds to start).

GU's upcoming for comment!

With renewed funding from the federal Department of Health, 7 new and 5 updated protocols are in progress:

- Prostate - Radical Prostatectomy (update)
- Prostate - Core Bx (update)
- Prostate - TUR (new)
- Renal parenchymal malignancy (update)
- Renal biopsy (new)
- Penile resections (new)
- Testicular tumours (update)
- Testicular cancer – RPLND (new)
- Bladder cancer (update)
- Ureterectomy and Nephroureterectomy (new)
- Bladder – TUR/Bx (new)
- Urethrectomy (new)

The first eight of these protocols i.e. those for prostate, kidney, testes and penile resections, are planned to be posted for open consultation in April and your feedback on those drafts will be very much appreciated.

Drafting of the four protocols for the urinary tract will be finished shortly and posted in June for your comments.

International terminology

Very recently an international project to develop SNOMED CT terminology for data elements in cancer datasets was initiated. This project is led by Scott Campbell from University of Nebraska Medical Center (UNMC) under the auspice of the International Pathology and

Laboratory Medicine Special Interest Group (IPaLM SIG) of the International Health Terminology Standards Development Organisation (IHTSDO), an international non-profit organisation that owns SNOMED CT.

The International Collaboration on Cancer Reporting (ICCR) of which RCPA is a sustaining member, has agreed to collaborate to ensure terminology is developed for cancer reporting such that it meets the needs of the clinical care teams, national registrars and cancer researchers around the world. The international group includes the colleges of the USA, UK and Canada as well as many other interested parties around the world such as Sweden, New Zealand, Malaysia, Spain, and The Netherlands. The project aims to align terminology development and cancer dataset development efforts to truly create computable, interoperable cancer reporting tools for use by all participating nations and therefore it will be important for RCPA to be engaged in this process. If you have an interest in participating please email MeaganJ@RCPA.edu.au.

IARC update

As noted in previous editions, IARC has appointed Prof Ian Cree, a molecular pathologist from the UK, to oversee the development of the 5th series of the WHO Classification of Tumours.

Prof Cree's first focus was the setting up of an international editorial Board. Nominations from Pathology colleges and organisations from around the world, including RCPA and separately, the ICCR, were sought and the RCPA was very fortunate to have Dr Sunil Lakhani, Dr Anthony J Gill, and Dr Puay Hoon Tan included in the standing committee.

The development schedule proposed by Prof Cree is significantly accelerated with drafts of the Gastrointestinal suite due mid-year and the Breast volume only a few months thereafter. At this stage IARC plan to publish the 5th series volumes in both a web based form as well as the traditional paper version.

"The accelerated development schedule for the 5th series is very welcome" stated James Kench, "as the 4th series took over a decade and is still underway. In addition, the web version will allow faster updates as advances in sciences, particularly biomarkers, change the way in which tumours are classified."

ICCR progress

With the accelerated development schedule proposed by IARC for the 5th series of the WHO Classification of Tumours, the ICCR has reprioritised its development schedule and has proposed the following for 2018:

1. Endocrine Tumours (4th series of the WHO), with Prof Anthony Gill, as Series Champion to undertake 4 datasets:
 - Thyroid
 - Parathyroid
 - Adrenal cortical gland
 - Adrenal medulla/ Paraganglioma/ Pheochromocytoma/Carotid body
2. High priority datasets in the Gastrointestinal series (5th series of the WHO) i.e. Colorectal. Colorectal will most likely be undertaken in conjunction with Anus and Appendix. While Appendix would not be considered high priority, a single Dataset Authoring Committee is likely to undertake all 'lower intestinal' datasets. Datasets for "upper GI" such as stomach and oesophagus will be undertaken as soon as resources allow.
3. Breast (5th series of the WHO) – divided into Invasive Breast, DCIS and Lymph node dissection/Sentinel Node Biopsy
4. Skin (4th series of the WHO) – an update to primary cutaneous melanoma is planned as is a new Merkel Cell dataset.

4th series developments for the Ophthalmic suite of datasets has been deferred until the IARC undertake updates for the 5th series.

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WEBSITE: www.rcpa.edu.au/Library/Practising-Pathology/Structured-Pathology-Reporting-of-Cancer

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as a stakeholder of the national structured pathology reporting project.

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