

# 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 9th 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.

## NZ forging the way

Cancer Control New Zealand (CCNZ) is forging new ground in the world of structured pathology reporting of cancer. A recent visit to Wellington enabled A/Prof David Ellis and Meagan Judge to gain an understanding of the exciting steps CCNZ are planning.

A detailed review of their Cancer Registry system and processes has brought forth a series of recommendations including the capture of TNM stage from clinicians and mandating the use of the RCPA cancer data checklists. This second goal is accompanied by a detailed plan to undertake a rapid implementation with development of a web-based form. After meeting with CCNZ in Feb 2012 A/Prof David Ellis felt the planned approach was "groundbreaking".

"The RCPA published protocols define the detailed pathology and staging data essential for patient management and prognostication ensuring it is complete, concise, reproducible and in line with the best international standards and current knowledge. Implementation of the cancer datasets and the subsequent capture of the wealth of information the pathology reports contain will facilitate cancer monitoring, service planning and projection enabling better and more economic care in New Zealand." A/Prof Ellis.

The work of the CCNZ offers many opportunities for Australian laboratories as well. After some very productive discussions the SPR project team will be working with CCNZ and their software solutions team to facilitate progress.

# ICCR and IARC collaborate

The International Collaboration on Cancer Reporting (ICCR) comprising representatives from Royal College of Pathologists UK (RCPATH), College of American Pathologists (CAP) and the Canadian Partnership Against Cancer (CPAC) met again recently in Vancouver to review progress. Having successfully delivered internationally agreed datasets for Melanoma, Lung, Endometrium and Prostate (Radical Prostatectomy), the ICCR has been working on publication of the findings; harmonisation of terminology and the development of a presentation model for the datasets. Of particular focus has been the effort to associate with an organisation that can provide an appropriate governance structure, one that is truly international and which can provide both the support and influence to assist the project in its future efforts.

The International Agency for Cancer Research (IARC) an agency of the World Health Organisation, was identified as a potential partner due to its work on the tumour classifications (Blue Books) and its oversight of the International Association of Cancer Registries (IACR). Introductory discussions in October and November 2011 established a dialogue which culminated in a video conference early on the 19th March 2012 between the ICCR committee and Dr Chris Wild, Director of IARC, and others in Lyon.

The discussion was a resounding success and IARC have agreed to partner in the second phase of work by the ICCR which includes:

1. Development of a multilingual dataset for renal cancer with engagement of additional experts from Europe and elsewhere as well as the existing quadripartite ICCR,
2. Open international review of the 4 datasets produced in 2011,
3. Translation of these datasets into other languages eg French, German and Spanish,
4. Publication of the findings of each expert committee in peer reviewed journals and a generic paper reviewing the impact of structured pathology data on epidemiological research and cancer management at the public health level.

This initial partnership will provide IARC and ICCR with useful knowledge which will enable the formulation of a plan to define the needs of an ongoing, sustained project in the longer term.

To support the expansion of the ICCR into Europe, Prof Mike Wells, an ICCR member, and past President of the European Society of Pathology (ESP) and current Vice President of RCPATH has organised for the ICCR to make a presentation to the Board and Chairs of the Working Groups of the European Society of Pathology Congress in Prague in September this year.



From left: Lynn Hirschowitz (RCPATH); Mike Wells (RCPATH); John Srigley (CPAC); George Birdsong (CAP), Kay Washington (CAP), David Ellis (RCPA), Beth Chmara (CAP), Meagan Judge (RCPA)

## Streamlining implementation

Implementation of structured reporting in Laboratory Information Systems (LIS) is one of the major challenges faced in Australia. In order to progress this issue, discussions were held 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) which includes the construct of a simple information model. 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. XML files streamline the delivery of the protocol content and make updating of the protocols a much simpler and efficient process.

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. The XMLs developed by CAP STS also include terminology enablement via a unique key system which can be externally mapped to other terminologies such as LOINC, ICD-O and SNOMED CT which will provide the foundation for querying data elements, collecting data for research and provision of data to cancer registries.

Following several discussions with CAP STS to investigate how they use and develop their XML process, the possibility of using CAP STS to develop XML's based on the Australia cancer datasets is being explored. A recent meeting in Chicago proved very informative and productive as we worked through possibilities. We hope that this will offer a rapid method of LIS implementation of structured reporting in the near future.



From left to right: Jeffery Karp, (CAP) Project Manager; Greg Gleason, (CAP) Senior Managing Director & Acting Vice President; Dr Samantha Spencer, (CAP) Physician Terminology Manager; Dr Richard Moldwin, (CAP) Clinical Informatics Specialist; A/Prof David Ellis, (RCPA); Holli Curtis, (CAP) Senior Account Manager; Dr Jaleh Mirza, (CAP) Physician Terminology Manager.

## New protocol format!

Chapter 1 and Appendix 1 of the structured pathology reporting protocols have recently been significantly revised in response to concerns that pathologists may be held responsible for seeking and recording clinical information which is not otherwise provided by the clinician.

Standards are defined as information that **MUST** be included in the report however the burden for providing clinical information should lie with the requesting clinician rather than the pathologist to whom the Standards apply. Therefore a redesign was recently approved by the Cancer Services Advisory Committee (CanSAC) in which the Standards and Guidelines in Chapter 1 only apply to information which the pathologist is able to record from the request form.

The list of other relevant clinical information pertinent to each cancer has been fully retained but is now listed in Appendix 1, with emphasis on improved requesting. There are no Standards, Guidelines or numbering but bold and non-bold formatting is used for emphasis.

Similarly, surgical handling is now in Appendix 1 of the protocols. In conjunction, Specimen Handling elements in Chapter 2 have been changed to un-numbered points to differentiate them from information which is to be recorded. Thus, the numbered Standards and Guidelines now refer only to data to be reported.

## Thank you!

The Structured Pathology Reporting team would like to extend a very warm thank you to the chair of our Gastrointestinal Cancer Committee, A/Professor Robert Eckstein who is retiring from his role.

Prof Eckstein was a founding member of the structured reporting project being the author of one of our very first protocols on Colorectal Cancer. Thank you Bob, for all your hard work and support of the project.

## Protocol update

The Bladder cancer protocol has very recently completed its round of public consultation. Feedback is compiled and under review by the lead author. We hope to publish this protocol within the next 2 months.

Visit the RCPA website and download a protocol or perhaps a hyperlinked guide. Remember the guides are the easiest way to access the information in the protocols!

Other protocols that are under way or in the planning stage are:

- Oesophageal and Gastro-oesophageal Junction cancer (both the Endoscopic resection (ER) and the Oesophagectomy and oesophago-gastrectomy specimens will be published as two separate protocols)
- Vulvar cancer
- Cervical cancer
- Adrenal gland tumours
- Salivary gland tumours
- Gastrointestinal Stromal Tumours (GIST)
- Neuroblastoma (Paediatrics)
- Squamous cell carcinoma of the conjunctiva

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