

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 27th 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.

New cervical screening project

The RCPA has been recently awarded a contract from the Department of Health to develop a protocol for the structured pathology reporting of small biopsies taken at colposcopy, such as targeted punch biopsies, and cervical resections performed for diagnosis and treatment of cervical dysplasia, such as loop excisions (LLETZ and LEEP), laser excisions and cold knife cone excisions.

This is to coincide with the planned changes to the National Cervical Screening Program (NCSP) from mid next year in which the current Pap test every 2 years, will change to an HPV screening test every 5 years.

Our existing published cervical protocol caters for the reporting of cervical carcinoma in cone biopsy, radical trachelectomy and hysterectomy specimens (and can be used for LLETZ specimens in the event that unexpected carcinoma is detected in the specimen). It specifically excludes smaller biopsies such as target cervical biopsies. This new scope of work will address these small biopsies, LOOP and LLETZ specimens and provide a structure around reporting of Squamous Intraepithelial Lesions and glandular abnormalities etc.

The protocol will support consistency of reporting and adequate data capture for histology specimens and is directly aligned with the terminology and data required for implementation of the NCSP.

A working party has been convened to assist in the development of the protocol and is composed of members from our existing gynaecological cancer committee (to ensure synchrony with our existing cervical cancer protocol) as well as members with specific expertise in colposcopy, microbiology/virology, cytology and the cervical screening program.

The timeframe for the project is quite short with a delivery of February 2017. Look out for the public consultation phase on this new protocol towards the end of the year!

New protocols!

The RCPA Board has recently endorsed four new Structured Pathology Reporting Protocols:

1. Carcinoma of the Ovary, Fallopian Tube and Primary Peritoneal Site,
2. Mesothelioma of the pleura and peritoneum,
3. Thymic Epithelial Tumours
4. Tumours of the Heart, Pericardium and Great Vessels

These four protocols were developed from the recently published ICCR datasets. Our local expert committees reviewed the ICCR elements, responses and commentary, then added in additional elements and commentary as deemed necessary for the Australasian context and incorporated the standard inclusions of our local protocols – example reports, request information sheets etc.

To download the protocols, or the implementation aids such as a hyperlinked guide, please visit:

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

Macroscopic dictation templates for the applicable specimens for these protocols have been updated and are published to:

www.rcpa.edu.au/Library/Practising-Pathology/Macroscopic-Cut-Up/Home.aspx

New tissue fixation guidelines

The Macroscopic Cut-up Manual Project in conjunction with the Cancer Services Advisory Committee (CanSAC) and the Anatomical Pathology Advisory Committee (APAC) have recently published a set of guidelines for optimal tissue fixation.

Originally, optimal morphological preservation was the sole requirement of tissue fixation, however, in more recent times, with the advent of immunohistochemical typing, reliable antigenic preservation is also required. Poor fixation technique, particularly in relation to follow up molecular testing, has been increasingly noted across Australian laboratories prompting the development of these guidelines.

The guidelines have been published to the following page of the Macroscopic Cut-up Manual:

www.rcpa.edu.au/Library/Practising-Pathology/Macroscopic-Cut-Up/General-information/Fixation

ICCR update



Public consultation for a further five datasets in the ICCR Genitourinary (GU) Series has just completed:

Invasive Carcinoma of Renal Tubular Origin. This dataset has been developed for excision specimens of the kidney. Urothelial carcinoma arising from the upper renal tract, Wilms tumours and other nephroblastic and mesenchymal tumours are not included. This dataset is designed for the reporting of a single laterality of specimen ie left or right. If both lateralities are submitted then separate datasets should be completed.

Renal Core/Wedge Biopsy for Tumour. This dataset has been developed for core or wedge biopsy specimens for tumour of the kidney. Excision specimens are not included.

Prostate Cancer - Radical Prostatectomy Specimen. This dataset has been developed for radical prostatectomy specimens for prostate carcinoma.

Prostate Cancer – Transurethral Resection and Enucleation. This dataset has been developed for the examination of transurethral resection and enucleation (suprapubic/simple/open prostatectomy) specimens of the prostate. The dataset applies to invasive carcinomas of the prostate gland. Rare urothelial carcinomas arising within the prostate are also included.

Prostate - Core Needle Biopsy. This dataset has been developed for the examination of prostate core needle biopsies. The dataset applies to invasive carcinomas of the prostate gland. Rare urothelial carcinomas arising within the prostate are also included.

Note: For ease of reporting this dataset has been divided into 3 sections - the Clinical/Specimen Receipt, Specimen Level Reporting and Case Level Reporting. The intention is to use Part 1 Clinical Information/Specimen Receipt in conjunction with either or both of the Part 2 guides.

In addition, a dataset for **Intrahepatic, and perihilar cholangiocarcinoma and hepatocellular carcinoma** has also been recently available for comment. This dataset has been developed for resection specimens of the liver with intrahepatic, and perihilar cholangiocarcinoma and hepatocellular carcinoma. It does not apply to neuroendocrine carcinomas, hepatoblastoma, carcinomas of the extrahepatic bile ducts, gall bladder and benign lesions such as adenomas.

A further 4 urinary tract dataset in the GU series are nearing completion and will be posted for comment in the near future.

Dataset development of the Head & Neck Tumour Series has now commenced. There are 8 datasets in this series:

- Nasal cavity and paranasal sinuses (Chair: Alessandro Franchi)
- Nasopharynx and oropharynx (Chair: Jim Lewis)
- Larynx, hypopharynx and trachea (Chair: Tim Helliwell)
- Oral cavity (Chair: Susan Muller)
- Salivary glands (Chair: Raja Seethala)
- Odontogenic tumours (Chair: Edward Odell)
- Ear (Chair: Lester Thompson)
- Nodal excisions and neck dissection (Chair: Martin Bullock)

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as a stakeholder of the national structured pathology reporting project.

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