

# 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 twenty third 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.

## RCPA and the ICCR



With the incorporation of the International Collaboration on Cancer Reporting (ICCR) in September 2014, it is important to reflect on the major role that the RCPA and A/Prof David Ellis in particular have played in its genesis.

The Structured Pathology Reporting (SPR) of Cancer Project commenced in 2009 and while work progressed on the development of local protocols, it was recognised that the United States, United Kingdom and others had been engaged in the same process for several years. All these protocols/datasets were developed using the same peer-reviewed evidence, however, each is constructed differently, used different terminology and similar elements may be based on different methodologies. These differences meant that each country expended enormous effort to develop each protocol/dataset and while having local benefit, achieved nothing towards international interoperability, comparison and research.

To bridge this gap, in 2010, the SPR project manager Meagan Judge with A/Prof David Ellis, clinical lead for the SPR project, and A/Prof Paul McKenzie, then President of the RCPA, engaged in discussion with the Royal College of Pathologists UK (RCPATH), the College of American Pathologists (CAP) and the Canadian Partnership Against Cancer (CPAC) about forming a closer collaboration. A teleconference between all four parties in October 2010 discussed the benefits of collaboration and led to a face to face meeting on Nov 14th 2010 in Chicago.

Based on the enthusiasm of these meetings, the RCPA team developed an "Agreement to Collaborate" to put forward at the next meeting which was held in Feb 2011 at the United States & Canadian Academy of Pathology (USCAP) meeting, in San Antonio, Texas. The result was a very significant step towards formal collaboration with all four parties signing the agreement which proposed work on a pilot to develop four internationally agreed cancer datasets beginning with prostate, endometrium, melanoma and lung.

Since then, the RCPA SPR team has pushed the process forward by developing standards, development methodologies and harmonized terminologies to ensure that the datasets developed are acceptable to all collaborators.

The RCPA also took the lead in taking the final step to incorporation, by developing a constitution, a financial plan and undertaking the sometimes convoluted steps necessary to achieving agreement between five international organizations.

In recognition of the significant effort and leadership shown by A/Prof David Ellis in the process, he was elected as President of the newly incorporated ICCR late last year.

*"This is an outstanding achievement and a real testament to the exceptional vision and drive that David has brought to this project. His leadership has ensured that the Australian pathology community is a key stakeholder at the forefront of this global initiative," Prof James Kench, clinical lead, SPR Project.*

The RCPA wish to express its thanks to A/Prof David Ellis for his unflagging enthusiasm and tireless efforts to improve cancer reporting worldwide through the formation of the ICCR.

## **Datasets**

The following datasets are now available for public comment:

- Mesothelioma in the pleura and peritoneum (biopsy and resection specimens)
- Thymic epithelial tumours (resection specimens of the thymus ie thymoma, neuroendocrine tumours of the thymus and thymic carcinoma but excluding germ cell tumours and other primary thymic neoplasms)
- Neoplasms of the heart, peritoneum and great vessels (biopsy and resection specimens. Includes primary tumours of the heart, pericardium and great vessels, both benign and malignant entities, but excludes haematolymphoid neoplasms and mesothelioma)

Your feedback on the draft datasets is very important as these datasets will form the foundation of local Australasian structured reporting protocols on these topics.

<http://www.iccr-cancer.org/datasets/datasets-under-consultation>

The datasets will be available for comment until 23rd October 2015. Feedback on the documents will be via an electronic form posted on the website or you can email any comments to: MeaganJ@RCPA.EDU.AU

## Strategic partnerships

The WHO “Blue Books” on tumour classification play a fundamental role in the development of ICCR datasets and the International Agency for Research in Cancer (IARC), as publisher of the “Blue Books”, is therefore a key strategic relationship for the ICCR. A Memorandum of Understanding (MOU) between IARC and the ICCR has recently been signed to formalise this relationship.

*“This is an important relationship for the ICCR; the MOU establishes how both parties will work together in the future”* says A/Prof David Ellis, president of the ICCR.

Development of a MOU with the European Organisation for Research and Treatment of Cancer (EORTC) is also progressing. EORTC develops, conducts, coordinates, and initiates translational and clinical research in Europe to improve the management of cancer. Common, internationally agreed-upon and harmonised histological reporting for cancer is especially important for multicentre sites, international and inter-trial comparability in clinical research and also contributes to more robust data and a more meaningful exchange of information.

## Website

The ICCR has recently launched its new website. The new website will allow the ICCR to establish a unique identity, extend its reach internationally and expand the information it provides. Please take the time to have a look and bookmark the url for reference:

[www.iccr-cancer.org](http://www.iccr-cancer.org)

# Funding

The Department of Health and Ageing has kindly extended funding for the Structured Pathology Reporting Project for a further 12 months. This will provide an opportunity to:

1. revamp the development process of the local RCPA protocols. With the advent of the ICCR, the development of the core components of the RCPA protocols will shift to the international expert panels via the ICCR. The local expert groups’ role for new protocols will be to review and provide feedback during the ICCR development and once published review and add any additional information needed for the local protocol format;
2. pilot an educational webinar series based on a single RCPA protocol/ICCR dataset; and
3. explore implementation tools and opportunities.

# Macro information update

To date, each Structured Reporting Protocol includes the elements to be reported during cut-up, as well as providing detailed specimen

handling procedures. As part of the publication process the Structured reporting macroscopic reporting elements have been extracted and expanded to create a dictation template which is published at:

<https://www.rcpa.edu.au/Library/Practising-Pathology/Structured-Pathology-Reporting-of-Cancer/Macroscopic-reporting>

### Macroscopic Reporting

 Adrenal gland	 Bladder	 Breast	 Bone marrow trephine biopsy	 Cervix	 CNS Tumours
 Colon	 Endometrium	 Gastric	 Kidney	 Lung	 Lymphoma
 Melanoma	 Endoscopic resection Oesophagus & GOJ	 Oesophagus & GOJ	 Oral	 Exocrine Pancreas, Ampulla of Vater & Distal Common Bile Duct	 Polypectomy and local resections colorectum
 Prostate Radical Prostatectomy	 Prostate Core/Needle Biopsy	 Rectum	 Salivary glands	 Soft Tissue	 Testis
 Thyroid	 Vulva				

This initiative by the SPR Project highlighted a need for comprehensive, readily accessible macroscopic and specimen handling information and ultimately led to advocacy for the online Macroscopic Cut-Up Manual which has now been successfully launched:

[www.rcpa.edu.au/Library/Practising-Pathology/Macroscopic-Cut-Up](http://www.rcpa.edu.au/Library/Practising-Pathology/Macroscopic-Cut-Up)

The goal of the online Macroscopic Cut-Up Manual project is to provide an application that allows easy dissemination of cut-up information to pathologists, trainees and scientists. It provides standardised cut-up procedures with an emphasis placed on the capture of structured macroscopic information.

Now that the online Macroscopic Cut-Up Manual is well established, plans are being discussed to synchronise the information across the two projects; remove any duplicated 'specimen handling' information, and provide a single resource for macroscopic dictation information.

## Publications

As noted in our March newsletter, the ICCR dataset for carcinoma of the Ovary, Fallopian Tube and Primary Peritoneal Site has now been published:

<http://www.iccr-cancer.org/datasets/published-datasets/female-reproductive-organs>

As part of the ICCR development process, a journal article has also been written by the expert panel and has recently been published by Modern Pathology:

*McCluggage WG, Judge MJ, Clarke BA, Davidson B, Gilks CB, Hollema H, Ledermann J, Matias-Guiu X, Mikami Y, Stewart CJR, Vang R and Hirschowitz L (2015). Dataset for reporting of ovary, fallopian tube and primary peritoneal carcinoma: Recommendations from the International Collaboration on Cancer Reporting (ICCR). Mod Path 28(8): 1101-1122. PMID: 26089092*

The article describes and discusses the process of development and the evidence behind the elements in the ICCR dataset. Amongst many interesting aspects of the article are the recommendations from the expert panel on the assignment of primary site for high-grade serous carcinomas.

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You have received this message because you are listed  
as a stakeholder of the national structured pathology reporting project.

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