

Structured Pathology Reporting of Cancer Newsletter

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Index:

(click on a title below to go directly to that story)

- [SPRC survey 2018](#)
- [HER2 for Breast Guidelines](#)
- [International terminology](#)
- [PITUS project continues](#)
- [ICCR progress](#)

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

Welcome to the 35th 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.

SPRC survey 2018!

Anatomical Pathology Fellows of the College will shortly be sent a survey similar to that sent in 2017. This yearly survey provides key information on the implementation of SPRC in relation to laboratory information system capability as well as the extent to which cancer reporting checklists are currently used in Australasia. As we move closer to mandating Structured Pathology Reporting of Cancer (SPRC), it is essential that we understand the current situation and functional capability of our laboratories.

We would greatly appreciate your completing the survey when it arrives. The survey will take no more than a couple of minutes to complete.

HER2 for Breast Guidelines

The ASCO/CAP guidelines for HER2 testing in breast cancer were initially published in 2013 and adopted in the USA, UK and other parts of the world. However, in Australia, there were a number of issues in adopting these 2013 guidelines 'as is', so a working party with specific HER2 expertise, representing various jurisdictions, was convened to draft consensus HER2 guidelines for Australasia.

As this process was underway, ASCO/CAP commenced an update to their 2013 guidelines and therefore the decision was made to wait for the revised guidelines to be published so as to incorporate the latest recommendations. These revised ASCO/CAP guidelines for HER2 testing in breast cancer are now published.

The Australian working party was reconvened to evaluate the implications of these changes for our practice in Australasia. A summary document, intended to be read in conjunction with the ASCO CAP 2018 guidelines, has now been drafted and is available for comment.

We would greatly appreciate your review and feedback on the guidelines:

<http://www.rcpa.edu.au/Library/Practising-Pathology/Structured-Pathology-Reporting-of-Cancer/public-consultation>

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 organization 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 create truly 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. The Project Officers from the Structured Pathology Reporting and PITUS Projects are involved, however input from pathologists is also needed to provide advice on specific content.

The project involves reviewing and providing feedback on specific concepts and questions. As the project's goal is to define a fully specified name (FSN) for each concept, the process is about gathering information regarding what a concept means to all the different participants and agreeing a final definition. For example, a recent question involved the definition of tumour type – proposed was the definition "histologic type of neoplasm of excised tissue from the XXXXX". Input from pathologists is important to consider the different scenarios eg this definition combines tumour location with tumour type – metastasis of the kidney may be tissue from the lung; does 'excised tissue' include biopsies? etc. There are terminologists involved to deal with the structure and process of defining these concepts, however pathologists' input is required to ensure the meaning is correct.

If you are interested in contributing to this international project, please contact [Meagan Judge](#).

PITUS project continues

Further funding has been established for the continuation of the Pathology Information, Terminology and Units Standardisation Program (PITUS). The project is under the leadership of Prof Michael Legg and a new PITUS Project Officer – Vanessa Cameron.

Five working groups are being established to address a comprehensive scope of work:

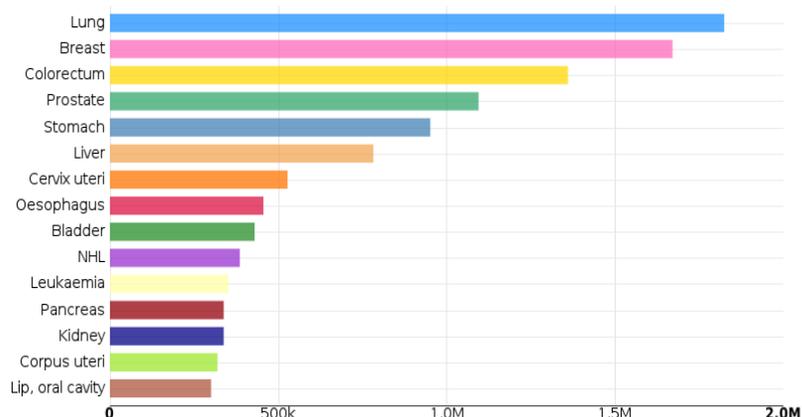
1. PITUS evaluation and promotion
 - Audit Standards for Pathology Informatics in Australia (SPIA) conformance in reports
 - Educate and promote uptake of informatics standards
2. Terminology development
 - Maintain and expand pathology terminology reference sets
 - Provide advice to the National Clinical Terminology Service on pathology reference sets
3. Systems design and compliance
 - Specify systems for maintenance and publication of SPIA artefacts by National Clinical Terminology Service (NCTS)
 - Develop FHIR extension to record terminology related knowledge from SPIA
 - Devise system for linkage of terminology to knowledge in Manual and Labtests On-line
4. Structured Pathology Reporting of Cancer (SPRC) infostructure and conformance
 - Develop model and terminology for four protocols
 - IEQA trial for one protocol
5. Report standardisation
 - Develop policy for flagging of results
 - Develop policy for grouping tests in reports

ICCR progress

The WHO 'Bluebooks' are integral to all cancer datasets and as such the ICCR is committed to developing harmonized international datasets in synchrony with IARC/WHO.

The top ten solid tumours according to GLOBOCAN 2018 are lung, breast, colorectal, prostate, stomach, liver, cervix, oesophagus, bladder and pancreas.

Estimated number of incident cases, both sexes, worldwide (top 15 cancer sites) in 2012



These cancers account for ~67% of all cancers worldwide. Currently there are ICCR datasets for only 5 of these 10 cancers, with those missing from these top ten coinciding with Bluebook chapters undergoing revision in 2018, ie the digestive tract and breast malignancies. ICCR has prioritised development of datasets for breast, colorectal, stomach, oesophagus and pancreas in 2018/19. Series Champions have now been appointed.

The Series Champion role is important as it engages with all of the ICCR Dataset Authoring Committees in the series to promote harmonisation, as well as providing advice and support to the ICCR Dataset Steering Committee on matters relating to the specific anatomical series under development. Puay Hoon Tan, from Singapore, who is on the IARC/WHO editorial board and also an author of the breast volume of the Bluebooks, is the Series Champion for the ICCR Breast Cancer datasets. This series will include 3 datasets – 1 for invasive cancer, one for DCIS and the third for sentinel lymph node specimens.

Mary Kay Washington, of Nashville USA, has accepted the role of Series Champion for hepatobiliary datasets which will include the exocrine pancreas and an update to the ICCR liver cancer dataset. Iris Nagtegaal of the Netherlands, an ICCR DSC member has accepted the role of Series Champion for datasets of the digestive tube ie colorectal, stomach and oesophagus. Drs Washington and Nagtegaal are IARC/WHO Bluebooks authors for the digestive tract.

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

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If you do not want to receive this newsletter in the future, please email: MeaganJ@RCPA.EDU.AU