

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 first 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 Protocols

With 25 cancer protocols now published on the RCPA website the development process for new protocols is entering a new era.

The datasets currently being produced by the International Collaboration on Cancer Reporting (ICCR) do not have a local RCPA equivalent and as such our development process will be changing accordingly.

The ICCR has very recently published its latest dataset for carcinoma of the Ovary, Fallopian Tube and Primary Peritoneal Site, this will form the basis of a new local protocol. The development process starts well before publication however. To ensure the best possible foundation for our local protocol, a local expert committee/authoring group will be convened prior to the public consultation period of the ICCR Dataset.

Prof James Kench " by having the group convened and ready to review the ICCR Dataset we ensure that we have the opportunity to contribute before it is finalised". The local Gynaecological Cancer Committee, including the nominated co-chairs for this protocol, Marsali Newman and Kerryn Ireland-Jenkins from Austin Hospital, had the opportunity to review the ICCR dataset late last year and provided valuable feedback.

Now that the ICCR dataset for carcinoma of the Ovary, Fallopian Tube and Primary peritoneal site has been published, a draft SPR protocol template has been developed using the ICCR Dataset as the core.

Over the coming months, the local expert committee will review, add in additional elements, values and commentary as deemed necessary and

incorporate the standard inclusions of our local protocols – specimen handling, example reports, request information sheets etc.

Once complete, the protocol, following our standard process, will be posted for a period of public consultation across Australasia.

As with any of our protocols which include the ICCR dataset elements – feedback pertaining to the ICCR will be posted for review by the international group, and any feedback on local inclusions to the protocol will be dealt with by the local expert committee.

If you have any questions regarding this process or the international datasets or local protocols please contact Meagan Judge at MeaganJ@RCPA.EDU.AU.

ICCR progress



The ICCR Dataset Steering Committee (DSC) had its most recent meeting at USCAP in Boston. The DSC has responsibility for the with the following key progress points reported:

- The datasets on the Thoracic suite – Mesothelioma, Thymus, and Heart are all progressing well with a period of public consultation planned for the 3rd quarter 2015.
- A dataset on intrahepatic and hilar hepatocellular-cholangiocarcinoma and hepatocellular carcinoma is progressing well and is also expected to go out for public consultation later this year.
- Work on a suite of Genitourinary (GU) dataset in synchrony with the upcoming WHO GU update is well underway. Chairs have been selected and inducted into the development process, expert panels have been nominated; and draft datasets are being developed by the ICCR Project Manager.
- Planning has commenced for datasets covering the upcoming WHO releases on Head and Neck and Endocrine cancers.

For more details on the datasets in progress or the work of the INTERNATIONAL COLLABORATION ON CANCER REPORTING – read the ICCR newsletters at: www.rcpa.edu.au/Library/Practising-pathology/ICCR

If you have any questions regarding the international datasets or local protocols please contact Meagan Judge at MeaganJ@rcpa.edu.au

Primary site – Ovary or FT?

As noted above, the ICCR dataset for carcinoma of the Ovary, Fallopian Tube and Primary Peritoneal Site has now been published. One of the more interesting aspects of the dataset is the recommendations from the expert panel on the assignment of primary site.

The commentary in the ICCR dataset (and which will be included in our local protocol) indicates that while site assignment (tube versus ovary versus peritoneum) for clear cell, endometrioid, low-grade serous and mucinous carcinomas is generally not problematic, the same is not true for high-grade serous carcinomas (HGSCs).

There is compelling evidence that the precursors of HGSC originate in the fallopian tube in patients with germline BRCA1 mutations, and accumulating evidence that this is also true for sporadic HGSC. Therefore, in the presence of serous tubal intraepithelial carcinoma (STIC) or invasive HGSC in the tubal mucosa, assignment of a fallopian tube origin is recommended by the expert panel. Suggested criteria are discussed in more detail in the commentary which can be viewed from the published dataset:

www.rcpa.edu.au/Library/Practising-pathology/ICCR/Cancer-Datasets

Using the published criteria to assign the site of origin of HGSC has obvious implications for cancer registration as the datasets are more widely adopted, with an inevitable increase in fallopian tube cancers and corresponding decrease in ovarian cancers.

As part of the ICCR development process, a journal article has been written by the expert panel which describes and discusses the evidence behind this and other elements in the ICCR dataset. The article has recently been accepted by Modern Pathology and will be available later in 2015.

Macroscopic Cut-up Manual

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

The Anatomical Pathology Macroscopic Cut-Up Manual has been updated with the addition of haematolymphoid, soft tissue and bone, head and neck specimen protocols. Additional videos are now included demonstrating breast wide local excision, sentinel lymph node and skin lesion cut-up.

The manual now contains sections providing guidance for the macroscopic assessment of most specimens encountered in routine laboratory practice. Dictation templates aligned with the Structured Reporting of Cancer Protocols are provided on each specimen page. Remaining protocols for more specialised areas of Anatomical Pathology such as neuropathology and cardiovascular specimens will be added as the project is completed.

The Lead Pathologist on the project is Dr Simon King and the Project Manager is Margaret Dimech. Margaret can be contacted by email at margaretd@rcpa.edu.au for further information.

New WHO for Thoracic

The World Health Organisation (WHO) Classification of Tumours of Lung, Pleura, Thymus and Heart fourth edition has now been published and is available at:

<http://apps.who.int/bookorders/anglais/detart1.jsp?codlan=1&codcol=70&codcch=4007>

This new edition will be incorporated into the Thoracic suite of datasets currently being developed by the International Collaboration on Cancer Reporting (ICCR).

Publications

As reported in September, a new Structured Pathology Reporting Protocol for Thyroid Cytology was endorsed and published to:

www.rcpa.edu.au/library/practising-pathology/structured-pathology-reporting-of-cancer/cancer-protocols

This protocol discusses the key recommendations in regard to the use of the Bethesda classification system in the Australian context, as well as comprehensively describing the appropriate collection and preparation of FNA material to ensure the best opportunity for accurate reporting.

The expert committee for the development of the protocol has recently submitted an editorial to Pathology discussing their approach and why this protocol was needed for Australia. The editorial has been accepted and is planned for publication in June 15.

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as a stakeholder of the national structured pathology reporting project.

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