

Structured Pathology Reporting of Cancer Newsletter

March 2011. Issue 5.

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

Welcome to the first edition of the Structured Pathology Reporting of Cancer newsletter for 2011.

This newsletter is intended to provide information on the project to expand and promote the use of structured pathology reporting of cancer.

More protocols published!

The RCPA Council has recently endorsed the following structured pathology reporting protocols:

- Endometrium cancer
- Gastric cancer
- Renal parenchymal malignancy
- Central Nervous System tumours
- Thyroid cancer
- Soft tissue tumour resections

Visit the link below and download a protocol or perhaps an implementation aid such as a guide or form.

www.rcpa.edu.au/Publications/StructuredReporting/cancerprotocols.htm

Feedback is very important to improving the protocols so if you have any thoughts or comments on these new protocols or any of our original 6 protocols please visit the following link below and send in your feedback.

www.rcpa.edu.au/Publications/StructuredReporting/feedback.htm

Other protocols also coming up this year are Oral Cancer, Vulval cancer, Prostate (Core Biopsy), Testicular cancer, Cervical cancer and many more.

International datasets underway

As reported previously, the RCPA has been engaged in discussions with Royal College of Pathologists UK (RCPATH), College of American Pathologists (CAP) and the Canadian Partnership Against Cancer (CPAC) about closer collaboration. Last year the RCPA signed a Memorandum of Understanding (MOU) with CAP as did the Canadians. The RCPA then brokered an initial discussion with all four international parties on a teleconference in October, followed by a face to face meeting on Nov 14th 2010 in Chicago.

On February 27th 2011, a meeting of all four international parties was held in conjunction with the United States & Canadian Academy of Pathology (USCAP) meeting, in San Antonio, Texas. A/Prof David Ellis representing Australasia, put forward an "Agreement to Collaborate" which in simple terms outlined the goals and steps that the RCPA felt was needed to drive the collaboration. The result was a very significant step forward with all four sides agreeing to sign the Agreement. A/Prof Paul McKenzie reported this meeting as "a major breakthrough....establishing the agreement on harmonising cancer reporting internationally". The outcome from the meeting is agreement to work towards the standardisation of cancer core data, metadata, naming conventions and value lists for all cancers, focusing on an initial suite of work on the Prostate (Radical Prostatectomy), Endometrium, Melanoma and Lung Cancer datasets.

Plans for this collaboration project are already progressing with each represented country taking on one cancer. Australia will chair the group for the development of international standards for Melanoma, Prostate will be chaired by Canada, Lung by the United States and Endometrium by the UK. Each participating country will nominate 2 experts to each cancer specific international group. Assessment of evidence by the expert groups will be undertaken against the recently published extended NH&MRC guidelines for evidence assessment. (See story below).

A/Prof David Ellis reported that "The ultimate goal of this collaboration is that cancer reports for all patients in the English speaking world will be of the same high quality content and format, underpinning cancer management at all levels, from individual patient care to international benchmarking and national cancer strategy." A follow-up meeting is planned for August 2011 in Helsinki (in conjunction with the European Society Meeting).

*"It is exciting to see global cancer reporting standards take shape" -
Dr Paul Valenstein, College of American Pathologists*

Progress in Canada

Dr John Srigley, our newly inducted honorary fellow and Chair of the National Pathology Standards Committee, Canadian Partnership Against Cancer (CPAC) provided an update to the Cancer Services Advisory Committee (CanSAC) on the progress being made with the implementation of synoptic reporting during the Pathology Update conference in Melbourne in March 2011.



Canada adopted the College of American Pathologists (CAP) cancer checklists as a national content standard in 2009 and have since made remarkable progress implementing them across Canada. Ontario started much earlier (2004) and over the subsequent 6 years John and his large interdisciplinary team at Cancer Care Ontario have achieved a >82% implementation of the CAP checklists at Level 5 & 6 reporting levels in Ontario. This means that sites are not only entering data in a structured format (Level 4) but they are storing and messaging it discretely (Level 5) and some sites are sending it to the Cancer Registry fully encoded as well using SNOMED CT (Level 6). Electronic implementations of structured pathology reporting are also taking place in Newfoundland and New Brunswick with the strong support of CPAC.

As a result, valuable almost-real time data is available to the Cancer Registry in Ontario. This is particularly exciting as it has increased the data available for evaluation and reporting. Important quality assurance indicators are now available for John and his team to assess eg Percentage and number of colon cancer resection reports with 12 or more nodes examined or Stage capture rate for the 4 most common cancers – breast, lung, CRC, prostate by site. One area of particular focus has been the evaluation of radical prostatectomy reports with positive pT2 margin status. The true value of having this information available has been demonstrated by improved clearance rates - a result of feeding back information to the surgeons in conjunction with knowledge transfer sessions.

For more information on the progress of CPAC and the implementation of synoptic reporting – go to the following links:

www.partnershipagainstcancer.ca

www.cancerview.ca/pathology

Information session for LIS vendors

Many laboratories in Australasia are operating with dated Laboratory Information Systems (LIS), particularly so in the area of Anatomical Pathology, where functionality is often based upon narrative reports using variations of word processing software. This presents an issue for laboratories implementing Structured Pathology Reporting of cancer.

To assist the medical software industry in bridging this gap, an information session for LIS vendors and information system managers was held on March 15th to walk through the functional requirements necessary for LIS to support structured pathology reporting. The session was well attended by most of the leading LIS vendors and some other interested parties.



Enjoying refreshments after the information session.

A draft functional requirements document was also handed out and discussed during the meeting. This draft document is available for review and comment from:

www.rcpa.edu.au/Publications/StructuredReporting/LISfunctionalrequirements.htm

A second session is to be scheduled to complete the review of functional requirements. For more information or to comment on the functional requirements or find out more on the information sessions please contact Meagan Judge (contact details below).

Levels of evidence

Recently the Cancer Services Advisory Committee (CanSAC) endorsed the revised National Health and Medical Research Council (NHMRC) levels of evidence published in 2009.

In 1999 a four-level hierarchy of evidence was developed and promoted by the NHMRC in Australia. Its primary purpose was to assist with clinical practice guideline development, although it has since been co-opted for use in systematic literature reviews and health technology assessments. In 2009, a working party was convened to review the NHMRC hierarchy with the aim of increasing the relevance of the four-level hierarchy for assessing the quality of individual diagnostic accuracy, prognostic, aetiologic and screening studies. It is this revised NHMRC levels of evidence which has been reviewed and endorsed by CanSAC for use in cancer dataset development.

To review the revised NHMRC levels of evidence click on the following link:

www.rcpa.edu.au/Publications/StructuredReporting/levelsofevidence.htm

In 2010, this revised level of evidence table was submitted to the international group (see "International datasets underway" story above) and it was agreed to be the tool used to assess levels of evidence in the development of international cancer datasets.

Structured versus narrative

A common misconception is that structured reports do not include or 'allow' text/narrative. This is not true. Structured reporting uses text or narrative *strategically*. While the protocols include text or narrative based responses to certain items, *any* item (standard or guideline), of any response type (numeric, value list), may require additional comment to be added. It is extremely important that nuance and uncertainty is captured in context. Comments like this need to be inserted at the point in which they are required and the link between the response and comment needs to be established to avoid any possibility that the two are disassociated through formatting or messaging of the report.

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WEBSITE: www.rcpa.edu.au/Publications/StructuredReporting.htm

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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