

# Structured Pathology Reporting of Cancer Newsletter

December 2014. Issue 20.

## Index :

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

- > [New Protocol – Bone marrow](#)
- > [ICCR progress](#)
- > [“Changing of the guard”](#)
- > [Melanoma protocol update](#)
- > [Brain teaser](#)

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

Welcome to the last edition of the Structured Pathology Reporting of Cancer newsletter for 2014.

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



*Season's Greetings*

Wishing you all the very best for this holiday season and a very HAPPY NEW YEAR!

## New protocol – Bone marrow

The RCPA Board has recently endorsed a new Structured Pathology Reporting Protocol for Bone Marrow Specimens and it is now posted for download to:

[www.rcpa.edu.au/Library/Practising-Pathology/Structured-Pathology-Reporting-of-Cancer/Cancer-Protocols](http://www.rcpa.edu.au/Library/Practising-Pathology/Structured-Pathology-Reporting-of-Cancer/Cancer-Protocols)

The protocol covers both aspirate and trephine reporting. A macroscopic dictation template for the trephine biopsy has also been published to:

[www.rcpa.edu.au/Library/Practising-Pathology/Structured-Pathology-Reporting-of-Cancer/Macroscopic-reporting](http://www.rcpa.edu.au/Library/Practising-Pathology/Structured-Pathology-Reporting-of-Cancer/Macroscopic-reporting)

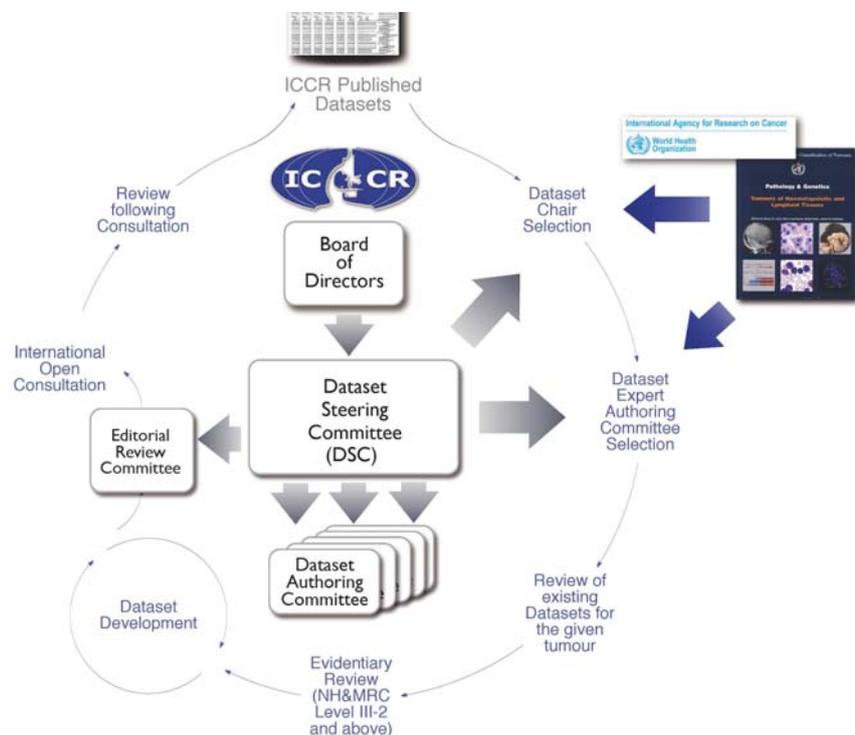
# ICCR progress



## Incorporation

The incorporation, as a not-for-profit organisation, of the International Collaboration on Cancer Reporting (ICCR) is now complete. The ICCR has been convened with the following foundation members: European Society of Pathology (ESP), the Royal College of Pathologists UK, the College of American Pathologists (CAP), the Royal College of Pathologists of Australasia (RCPA) and the Canadian Association of Pathologists (CAP-ACP) in association with the Canadian Partnership Against Cancer (CPAC).

An organisational structure has been agreed as follows:



**Board of Directors:** The ICCR BoD has strategic oversight of all ICCR operations and financial and legal responsibility for the running of the ICCR. Each foundation member has nominated directors as follows:

- James Bishop and David Ellis for the Royal College of Pathologists of Australasia (RCPA)\*
- Mike Wells for the European Society of Pathology (ESP)
- Mary K Washington for the College of American Pathologists (CAP)
- Lynn Hirschowitz for The Royal College of Pathologists UK (RCPATH)
- John Srigley for the Canadian Association of Pathologists - Association Canadienne des Pathologistes (CAP-ACP) in association with the Canadian Partnership Against Cancer (CPAC)

\*Note it is a requirement of Australian law that companies incorporating in Australia have 2 Australian resident directors.

Dataset Steering Committee: The ICCR DSC has responsibility for all activities relating to the development of ICCR cancer datasets. The DSC includes all Board members, in addition to invited strategic partners such as the International Agency for Research on Cancer (IARC), and successors to the Foundation member directors.

Editorial/Quality Committee: The purpose of the ICCR EQ is to provide an independent review of each ICCR dataset prior to public consultation to ensure it adheres to ICCR standards. Currently this committee's function is undertaken by the DSC.

Dataset Authoring Committees: DACs are convened as needed for the development of specific datasets. Members are selected by the DSC for their expertise in the given discipline in conjunction with input from the Series and Volume Editors of the IARC / WHO Blue Book publications.

**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](http://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](mailto:MeaganJ@rcpa.edu.au)

## “Changing of the guard”

With the incorporation of the International Collaboration on Cancer Reporting (ICCR) as a separate legal entity in September this year, a review of the RCPA leadership of the local Structured Reporting Project was timely.

The ICCR Dataset Steering Committee (DSC) described above, was thought to be best supported by those individuals involved in a similar role in their own organisations, therefore an ICCR succession plan was proposed in which these individuals serve initially on the DSC and then as their term on their national committee expires, or as agreed by the organising body, they move to serve on the ICCR Board of Directors (BoD). This ensures that the ICCR datasets are coordinated by those most actively involved in each country/organisation, whilst retaining corporate knowledge and experience on the BoD.

Therefore, Lynn Hirschowitz from RCPATH UK is now joined by Brian Rous, current chair of the UK college cancer committee; Kay Washington, from CAP, is joined by Jean Simpson, chair of the US CAP Cancer Committee and Michael Wells representing the European Society of Pathology, is joined by Cord Langner from Austria on the DSC.

David Ellis, who represents the RCPA on the ICCR and was also serving as the clinical lead on the National Structured Reporting of Cancer Project in Australasia (NSPRC), has recently handed national responsibility to James Kench.

Prof Kench, Head of the Department of Tissue Pathology and Diagnostic Oncology at the Royal Prince Alfred Hospital in NSW, as head of the NSPRC Project, will also join A/Prof Ellis on the ICCR DSC.

Prof Kench is eminently qualified to take on the position of clinical lead of the national project having been involved in the development of 5 structured reporting protocols; in 2 of which he was lead author. He has also served on the international expert committee for the development of the ICCR Dataset on Prostate Cancer (Radical Prostatectomy).

"I am delighted to know that the national project, now 6 years old, is in such good hands" - David Ellis, who remains as chair of the ICCR.

## Melanoma protocol update

There has been a recent small but significant update to the 2<sup>nd</sup> edition of the Melanoma Structured reporting protocol, published to:

[www.rcpa.edu.au/Library/Practising-Pathology/Structured-Pathology-Reporting-of-Cancer/Cancer-Protocols](http://www.rcpa.edu.au/Library/Practising-Pathology/Structured-Pathology-Reporting-of-Cancer/Cancer-Protocols)

Following a recent query, the expert committee discussed and agreed that the section discussing the limitations of certain biopsies in Appendix 1, should be expanded to include the following:

"If a partial/incomplete biopsy (such as a punch, incisional or shave biopsy) taken from a melanocytic lesion does not show diagnostic evidence of melanoma this may not rule out melanoma. A partial biopsy may be falsely negative for sampling and interpretive reasons and in this situation clinical correlation is very important. Interpretative issues may occur because of difficulty in assessing some of the features that might suggest malignancy in a small sample such overall architecture or subtle clues from the rest of the lesion. In many such instances when a partial biopsy of a melanocytic tumour does not show diagnostic evidence of melanoma, it would be appropriate to add a comment to highlight these issues in the pathology report such as: "Where a partial biopsy includes only part of a suspected melanocytic neoplasm, the biopsy may not be fully representative and melanoma cannot be excluded. Clinicopathological correlation is indicated to determine the need for lesion follow-up versus complete excision. If clinically indeterminate, complete narrow margin tumour excision is advised".

In a similar vein, the October 2014 issue of Common Sense Pathology, a joint initiative of Australian Doctor and the Royal College of Pathologists of Australasia, includes an article on "Sampling suspicious pigmented lesions" which includes some practical advice on dealing with suspicious lesions.

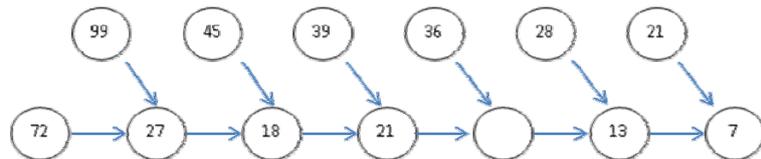
For an electronic version of this article visit [www.australiandoctor.com.au](http://www.australiandoctor.com.au) or download an ebook version from [www.australiandoctor.com.au/ebooks](http://www.australiandoctor.com.au/ebooks). You can also visit the Royal College of Pathologists of Australasia's web site at [www.rcpa.edu.au](http://www.rcpa.edu.au), Click on Library and Publications, then Common Sense Pathology.

# Brain teaser

Here's something to relax with over the holidays.....

1. You have to make dinner and have to boil pasta for exactly 9 minutes. However, you only have 2 hourglasses. One of them measures 7 minutes and the other measures 4 minutes. How can you use the hourglasses to time exactly 9 minutes?

2. What's the missing number....



3. Can you change 100 into CAT by moving just two of the matchsticks....



Good luck!

(To find out the answers email Meagan at [MeaganJ@RCPA.EDU.AU](mailto:MeaganJ@RCPA.EDU.AU)).

## Structured Pathology Reporting Project Manager:

**Meagan Judge**

The Royal College of Pathologists of Australasia

Phone: +61 2 8356 5854

Mobile: 0402 891031

Fax: +61 2 8356 5808

Address: 207 Albion Street, Surry Hills, NSW 2010, Australia

**WEBSITE:** [www.rcpa.edu.au/Library/Practising-Pathology/Structured-Pathology-Reporting-of-Cancer](http://www.rcpa.edu.au/Library/Practising-Pathology/Structured-Pathology-Reporting-of-Cancer)

You have received this message because you are listed  
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](mailto:MeaganJ@RCPA.EDU.AU)