

Structured Pathology Reporting of Cancer Newsletter

December 2010. Issue 4.

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This newsletter is also available from
the structured pathology website.



Season's Greetings

Welcome to the last edition of the Structured Pathology Reporting of Cancer newsletter for 2010.

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

Quadripartite meeting - Chicago

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 a closer collaboration.

Earlier this 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 in Chicago. Dr John Srigley from the Canadian Partnership Against Cancer noted that the attendees to the Chicago meeting represented 450million people between them.

The group started with a discussion of the progress and issues that each face in developing and promoting a structured approach to Surgical Pathology reporting of cancer. Many common themes emerged during this discussion. A comparison of lung protocols was used as a focus of discussion to contrast and compare the different approaches used.

A key point discussed by the group and a foundation to future collaboration was the agreement of a definition of 'standard' or 'mandatory' items. The group agreed that a standard or mandatory

item was that which related to patient care (eg prognosis, treatment etc). It was acknowledged however, that there may be a need to add additional standards and in this case it was agreed that evidence needed to be offered to support its inclusion as a mandatory item. This led to a discussion of the levels of evidence used by each group in the development of their protocols. A pivotal agreement to use the Australian NHMRC expanded levels of evidence^a will assist greatly in future discussions.

A/Prof David Ellis (RCPA) commented that there was a strong sense of cooperation between all parties and it is likely that the 4 colleges will proceed in forming an international consortium to achieve the above aims.

The next meeting is scheduled for February 2011 in conjunction with the USCAP meeting in San Antonio.

^a Merlin T, Weston A and Tooher R (2009). Extending an evidence hierarchy to include topics other than treatment: revising the Australian 'levels of evidence'. BMC Medical Research Methodology 9(34).

More protocols coming up!

Coming up for publication early in the New Year will be protocols for:

- Endometrium cancer
- Gastric cancer
- Renal parenchymal malignancy
- CNS tumours
- Thyroid cancer
- Soft tissue sarcoma

While protocols for Renal Parenchymal Malignancy (Renal Cell Carcinoma) and Endometrial Cancer have completed their period of public consultation, you still have an opportunity to comment on the following protocols by the nominated date:

- Gastric cancer - 20th Dec
- CNS tumours - 10th Jan
- Thyroid cancer - 10th Jan
- Soft tissue sarcoma - 10th Jan

Visit the link below and download the protocol – your feedback is very important to the process to ensure we have the best protocol possible for publication.

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

Other protocols also coming up in the New Year are Oral Cancer, Vulva, Prostate (Core Biopsy), Prostate (TUR), Testis, and Cervix.

Education update

A/Prof David Ellis and Meagan Judge the Project Manager for Structured Pathology Reporting have been travelling to different states in Australia and to New Zealand over the last several months to update people on structured reporting. The meetings cover topics such as the structure of the protocols, a review of implementation aids and international liaison amongst many other topics.

Our meeting in Hobart on 2nd Oct 2010 unfortunately clashed with the rerunning of the AFL Grand Final so well done to the Hobartites for turning up! David did an excellent job of interweaving regular score updates during his presentation!



Dr Peter Jessup, A/Prof Paul McKenzie and A/Prof David Ellis – Collingwood wins!

Most recently we set up in a booth at the Clinical Oncology Society of Australia (COSA) conference in Melbourne to raise awareness with the oncologists and other clinicians about the work of the project. The booth provided an opportunity to explain structured reporting and how this will impact on clinicians.

An evening presentation in Perth at St John of God at Subiaco on 2nd December concluded this year's presentations.

Coming up in the New Year, is an evening meeting in Sydney on Feb 10th – venue to be determined. If you are interested in attending – please let Meagan know (contact details below).



Bendat Family Comprehensive Cancer Centre, Subiaco, WA

Structured not synoptic!

One of the points made during the presentations on structured reporting is why we use the word **structured** rather than *synoptic*. People tend to use the words synonymously but there is a significant difference.

The use of the term synoptic reporting has been used with respect to Anatomical Pathology reporting for many years. The College of American Pathologists refer to the use of their checklists in reporting as 'synoptic' reporting. In essence, synoptic reporting refers to a *synopsis* of key points from an essentially narrative report usually contained in the conclusion or 'diagnosis' section of the report. The synoptic components are generally comprised of short responses often from a value lists such as present/absent, a list of tumour types, or list of sites for example.

A structured report is one in which the data is also primarily comprised of short responses from value lists but instead of summarizing the key elements, the structured format captures **all** of the elements across all sections of the report eg clinical, macro and microscopic, and uses narrative where ever necessary to expand or explain those elements. A structured report is wholistic in its approach – the protocols including all the elements (mandatory and optional) which may be reported for a particular cancer.

The advantage of a structured report is that in the longer term, all of the data is available for data mining, research and reporting not just the subset of elements included in the synopsis. A structured approach better supports the national e-health strategy but more importantly for pathologists, it enables decision support and more efficient, timely reporting.

LIS vendor update

As you will know, most laboratories in Australasia are operating with dated Laboratory Information Systems (LIS) particularly in the area of Anatomical Pathology where the functionality is often based upon narrative reports using variations of word processing software with limited formatting capability.

At this stage the vast majority of LIS do not provide functionality to support entering data in a structured format nor support storing this data atomically for reporting purposes or sending this data in atomic format to registries. Therefore, we are planning an information session for LIS vendors and laboratory system managers in 2011 to inform the Australian Medical Software Industry about what

functionality will be required of our anatomical pathology laboratory systems to comply fully with structured reporting. In addition to dealing with the discrete data elements generated by the protocols, the LIS will also require improvements to the user interface and report formatting or rendering capabilities.

For more information on the LIS Information Session meeting please contact Meagan Judge (contact details below).

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