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 19th 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 Protocol - FNA cytology of the thyroid

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

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

This is the first RCPA structured reporting protocol to branch into the area of cytology and it has endeavoured to deliver on three goals:
1. As with all the Structured Reporting Protocols this one outlines the elements and structure needed for a report on FNA cytology of the thyroid;
2. It comprehensively describes the appropriate collection and preparation of FNA material to ensure the best opportunity for accurate reporting, and
3. While not restricting the classification system to be used, it does take the most commonly used Bethesda classification system and offers guidelines and recommendations on its use in the Australasian context.

The table below summarises the key recommendations in regard to the use of the Bethesda classification system in the Australian context:

Australasian Recommendations	Bethesda	Category number	Comments and recommendations *

Non-diagnostic	Non-diagnostic/Unsatisfactory	1	
Benign	Benign	2	
Indeterminate OR Follicular lesion of undetermined significance	Atypia of undetermined significance/ Follicular lesion of undetermined significance	3	1. The use of the term atypia in the general diagnostic category is discouraged. 2. The word atypia is used to describe a cellular or architectural feature. 3. Includes follicular and non follicular lesions. 4. Most cases will have a benign follow up. 5. The choice of recommended term is dependent on the circumstances.
Suggestive of a follicular neoplasm	Follicular neoplasm or Suspicious for FN	4	The use of the term suspicious is not recommended
Suspicious of malignancy	Suspicious of malignancy	5	
Malignant	Malignant	6	

ICCR progress

Incorporation

The incorporation, as a not-for-profit organisation, of the International Collaboration on Cancer Reporting (ICCR) is being finalised this month with signatures from all foundation partners obtained and registration of the company with ASIC now complete. The 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) are founding partners and a Board of Directors has been established:

- 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
- David Ellis and James Bishop for the RCPA

Datasets

From 2013, the ICCR has been developing a closer relationship with IARC/WHO, which produces the Classification of Tumours 'Blue books'. This has resulted in an agreement to develop datasets in synchrony with Blue book updates and formal representation of IARC on the ICCR dataset steering committee. Currently 4 datasets covering lung, pleura, thymus and heart are being produced to coincide with the WHO thoracic blue book and publication is expected in the first half of 2015.

IARC/WHO is updating the genitourinary (GU) tumour classification in 2014-2015 and a suite of ICCR datasets will be produced in synchrony:

- Prostate gland – needle biopsy
- Prostate gland – transurethral resection and simple prostatectomy
- Urethra – urethrectomy
- Urinary bladder – cystectomy
- Upper urothelial tract – nephroureterectomy and ureterectomy
- Kidney – partial and radical nephrectomy for renal cell carcinoma
- Kidney – biopsy and resection for Wilms and related tumours
- Testis – orchidectomy
- Testis – retroperitoneal lymph node dissection
- Penis – excisional biopsy, circumcision, penectomy

In addition, the ICCR Prostate cancer – radical prostatectomy dataset which was originally published in 2013 will be updated to reflect the new WHO classification and published as a 2nd edition.

The combined dataset for Ovarian, Fallopian tube and Primary peritoneum site (chair: Glenn McCluggage UK), incorporating the new FIGO and WHO classifications, has been completed and will shortly be posted for a period of open consultation. RCPA fellows will be notified and your feedback is invited.

For more details on 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

Structured Reporting of the Macro

One of the key issues in the implementation of structured reporting is the accurate and efficient capture of macroscopic data. Traditionally macroscopic data is dictated during cut-up and recognising this the SPR project have provided dictation templates for the reporting of macroscopic data for a series of cancers: (http://www.rcpa.edu.au//Library/Practising-Pathology/Structured-Pathology-Reporting-of-Cancer/Macroscopic-reporting)

Progress is also being made in areas of speech recognition to populate a structured reporting template, however, the lack of appropriate equipment in the cut-up area currently impedes progress.

In many cancers the macroscopic component provides key information for staging – tumour size, multi-focality etc and its capture as

structured information is vital. Without a structured checklist, narrative macroscopic reports may be incomplete and difficult to read. Moreover, structured macroscopic data entry offers significant improvements in laboratory accuracy, efficiency and cost. Laboratories are therefore encouraged to use the structured data entry templates or checklists provided by the RCPA. The Macroscopic Cut Up Manual produced by the RCPA also lists identical data elements:

http://www.rcpa.edu.au/Library/Practising-Pathology/Macroscopic-Cut-Up/Home.aspx

Any future mandate of structured reporting via the National Pathology Accreditation Advisory Council (NPAAC) will take this into account until such time as functionality in our laboratories moves ahead to adequately support appropriate data entry for the macroscopic information. However, it should be noted that the content of any macroscopic should include all required information according to the structured pathology reporting checklists:

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

Recent publications

The expert committee for the development of the protocol on the endoscopic resection of the oesophagus has recently published an article in *Pathology*. Endoscopic resection (ER) is considered the therapy of choice for intraepithelial neoplasia associated with visible lesions and T1a adenocarcinoma, and this article outlines recommendations for specimen handling and grossing and also discusses the essential features that should be recorded if invasive carcinoma is found.⌗

Read the full article: Kumarasinghe MP, Brown I, Raftopoulos S, Bourke MJ, Charlton A, de Boer WB, Eckstein R, Epari K, Gill AJ, Lam AK, Price T, Streutker C, Lauwers GY. Standardised reporting protocol for endoscopic resection for Barrett oesophagus associated neoplasia: expert consensus recommendations. (2014) Pathology 46(6) p473-480.