

Structured Pathology Reporting of Cancer Newsletter

June 2012. Issue 10.

Index :

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

- [Macroscopic portal](#)
- [ICCR update](#)
- [Expressions of interest!](#)
- [New cancer chairs](#)
- [Protocol update](#)

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

Welcome to the 10th 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.

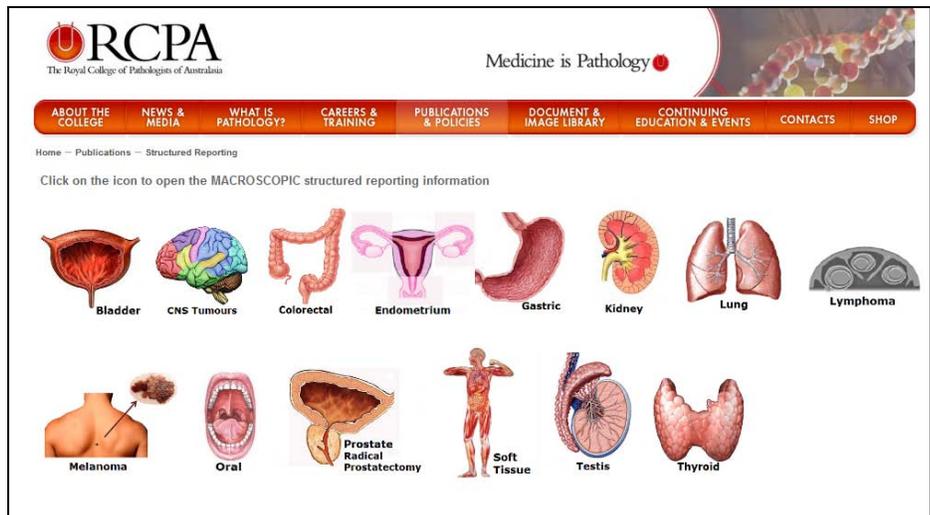
Macroscopic portal

Most macroscopic sections of a pathology report are dictated. This presents a challenge in getting the macroscopic recorded as structured information ie as discrete data items and not a long narrative. Even with the advent of smarter and slicker Laboratory Information Systems (LIS) in the future, the conditions at the cut-up bench still favour a dictated approach.

To facilitate structured entry via dictation, a webpage has been designed:

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

The person undertaking the macro, accesses the macroscopic webpage or portal via PC/laptop or iPad and then clicks/touches on the cancer protocol they are interested in.



Macroscopic portal webpage.

The checklist for the macroscopic from the specific structured pathology reporting protocol will open – displayed as 1 full page (no scrolling required). The checklist provides all the information the pathologist needs to record via dictation during cutup.

Standards and Guidelines for the Macroscopic Reporting of Colorectal Cancer

Specimen handling information...?

S/G	Element	Response type/Values	Need more info?
G2.02	Images of the gross specimen	Include if available	
S2.04	Specimen length	___ mm	
S2.05	Tumour site	Caecum Ascending colon Hepatic flexure Transverse colon Splenic flexure Descending colon Sigmoid colon Rectosigmoid junction Rectum Not stated	?
S2.06	Maximum tumour diameter	___ mm	?
S2.07	Distance of tumour to the nearer proximal or distal 'cut end' margin	___ mm	?
S2.08	Distance of tumour to the nonperitonealised circumferential margin	___ mm	?
S2.09	Tumour perforation	Absent Present	?
S2.10	Relationship to anterior peritoneal reflection (rectal tumours)	Entirely above Astride Entirely below	?
S2.11	Intactness of mesorectum (rectal resections)	Incomplete Near complete Complete	?
S2.12	Macroscopic comments	Text	?
S2.02	Nature and site of blocks	Text	

Structured reporting elements for the reporting of colorectal cancer.

Help, in the form of information from the protocols, is available from the checklist via the question mark symbol (?) including specimen handling information.

The availability of waterproof membranes for iPads and wireless connectivity in the laboratory are enablers to really make this work in the cut-up area.

Importantly, there are complimentary MS word templates for use in the LIS by the typist for each of the published protocols (except for the breast protocol which is being revised). The word templates are available from the main cancer protocol webpage:

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

The macroscopic component of pathology reports is often incomplete and it is intended that this portal will provide an avenue to improve the completeness of reporting in a structured manner whilst streamlining the process and saving time.

With easy access from the cut-up bench, the macro portal also offers an opportunity to provide college sponsored detailed cut-up information – in effect an electronic RCPA cut up manual. A project to add this cut up manual via the portal, has been funded and is about to commence.

If you have any feedback on the macro portal please email the SPR project manager, details below.

ICCR update

The International Collaboration on Cancer Reporting (ICCR) comprising representatives from Royal College of Pathologists UK (RCPATH), College of American Pathologists (CAP) and the Canadian Partnership Against Cancer (CPAC), having successfully delivered internationally agreed datasets for Melanoma, Lung, Endometrium and Prostate (Radical Prostatectomy), has been working towards:

- publication of findings
- harmonisation of terminology
- seeking an international governance structure
- public ratification of the agreed datasets, and
- continued development of additional cancer datasets

Articles for all four of the developed cancer datasets are underway with the article on endometrium cancer having been recently accepted for publication in the *International Journal of Gynecological Pathology* (IJGP).

The International Agency for Cancer Research (IARC) an agency of the World Health Organisation, was identified as a potential partner with the ICCR, due to its work on the tumour classifications (Blue Books) and its oversight of the International Association of Cancer Registries (IACR). Since the first contact in October 2012, much progress has been made and proposals for an ongoing, sustained project in the longer term discussed. A meeting between ICCR's chair A/Prof David Ellis and the IARC director Dr Chris Wild to further this relationship is scheduled for July 2012 in Lyon.

Work on a fifth cancer dataset has commenced. Renal cancer has been selected by the committee. Recent focus on renal cancer by the *International Society of Urological Pathology* (ISUP) at their Vancouver meeting in March made this an obvious choice. For this cancer dataset development the international committee will be comprised of representation from the ICCR countries as well as several other nationalities from around the globe.

Membership of the committee has focussed on expert knowledge but also on geographical and linguistic spread. A comparative study of published renal cancer datasets is underway and will provide the foundation for discussion by the committee.

The ICCR plans to undertake a public consultation phase for each of the developed datasets and to translate them into a wide variety of languages.

What will be the impact of the ICCR on local protocols?

As mentioned above there are four developed international cancer datasets – Melanoma, Lung, Prostate and Endometrium. These datasets will undergo a period of international public review, we hope in the later part of 2012. Once the feedback from this period of public consultation has been received, reviewed and datasets updated, the 2nd editions of the lung, melanoma, colorectal and endometrium will be updated to include these agreed ICCR reporting elements.

The approved ICCR elements will be clearly indicated in the protocols.

Expressions of interest!

As reported previously, the Structured Pathology Reporting project has approached the College of American Pathologists - SNOMED Technology Solutions (CAP STS) regarding the development of electronic versions of our checklists in XML. XML templates are a way of representing the cancer checklists from the protocols electronically which can be used by laboratory system (LIS) vendors to facilitate implementation. Electronic cancer checklists (eCC's) streamline the delivery of the protocol content and make updating of the protocols a much simpler and efficient process.

The eCC templates contain additional information (metadata) to assist LIS vendors and implementers to develop a computerised data entry form, this includes value lists, conditional logic etc. Using the eCC templates promotes consistent presentation, conformance with the datasets and interoperability. The eCC's include terminology enablement via a unique key system which can be externally mapped to other terminologies such as LOINC, ICD-O and SNOMED CT which will provide the foundation for querying data elements, collecting data for research and provision of data to cancer registries.

A proposal, which includes the development of 3 of the RCPA cancer protocols into eCC format has been submitted by CAP-STS and funding for this is being sought. A 'proof of concept' implementation of the 3 electronic cancer checklists into a LIS is included in the proposal. In anticipation of the proposal being funded and in the interest of time, the SPR project team is seeking expressions of interest from laboratories to undertake the implementation and provide feedback on the quality of the eCC's and the process of implementation.

As this is a process which is currently in use in the US and Canada, it is expected that US developed LIS vendors will have previous

experience in downloading and implementing eCC's. However, the expression of interest for laboratories to participate in the 'proof of concept' implementation is not limited to any LIS or laboratory. If you are interested in participating please contact the SPR Project Manager, details below.

New cancer chairs

Over the last year, 3 of our Cancer committee chairman have stepped down from their roles:

- A/Professor Michael Bilous, Breast cancer committee
- Dr Nick Mulvany, Gynaecological Cancer Committee
- A/Professor Robert Eckstein, Gastrointestinal Cancer Committee

We have been fortunate to be able to replace them with 3 very talented new chairs:

- The Breast cancer committee will now be chaired by A/Prof Gelareh Farshid who is Clinical Director at BreastScreen South Australia.
- The Gynaecological cancer committee will now be chaired by A/Prof Jane Armes who is the current Director of Anatomical Pathology at Mater Health Services, Brisbane, and Senior Clinical Fellow at Mater Medical Research Institute.
- The Gastrointestinal cancer committee will now be chaired by Dr Ian Brown from Envoi Pathology and Royal Brisbane and Women's Hospital in Brisbane as his replacement. Ian has been an active member of the authoring committees for the gastric cancer protocol which has been published and the oesophageal cancer protocols which are in development.

Welcome to Gelarah, Jane and Ian!

Protocol update

The Bladder cancer protocol is now published to the RCPA website.

Protocols that are coming up for public consultation in the next few months are:

- Vulvar cancer
- 2nd edition Colorectal Cancer
- 2nd edition Tumours of Haematopoietic and Lymphoid tissue.

Visit the RCPA website and download one of the published protocols or perhaps a hyperlinked guide. Remember the guides are the easiest way to access the information in the protocols!

Other protocols that are under way or in the planning stage are:

- Oesophageal and Gastro-oesophageal Junction cancer (both the Endoscopic resection (ER) and the Oesophagectomy and oesophago-gastrectomy specimens will be published as two separate protocols)
- Prostate Core Biopsies
- Local resections of the colorectum
- Cervical cancer
- Adrenal gland tumours
- Salivary gland tumours
- Gastrointestinal Stromal Tumours (GIST)
- Neuroblastoma (Paediatrics)
- Bone Marrow biopsies
- Squamous cell carcinoma of the conjunctiva
- Pancreatic cancer

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/Publications/StructuredReporting.htm

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