

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 twenty sixth 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.

Open consultation

The following structured pathology reporting protocols are now posted for comment:

1. Carcinoma of the Ovary, Fallopian Tube and Primary Peritoneal Site,
2. Mesothelioma of the pleura and peritoneum,
3. Thymic Epithelial Tumours
4. Tumours of the Heart, Pericardium and Great Vessels

Each has been developed based on the recently published ICCR datasets. Our local expert committees reviewed the ICCR elements, responses and commentary, then added in additional elements and commentary as deemed necessary for the Australasian context and incorporated the standard inclusions of our local protocols – example reports, request information sheets etc.

Public comment closes soon so please take the time to access the link and provide your feedback:

<http://www.rcpa.edu.au/Library/Practising-Pathology/Structured-Pathology-Reporting-of-Cancer/public-consultation>

If you have any questions regarding this process or the international datasets or local protocols please contact Meagan Judge at MeaganJ@RCPA.EDU.AU.

Webinar success

A webinar by Professor James Kench, titled: "Structured reporting, Prostate cancer and the end of Gleason grading", was held on 26th April 2016, with great success.

This was a pilot webinar to define the process, identify any issues, obtain feedback from pathologists on the webinar content, method of delivery, duration and any future areas of interest. It was met with excellent feedback and some very useful suggestions for improvements in process and future content.

"As the webinar process went very smoothly and the feedback has been very encouraging, the SPRC project will definitely plan on conducting further webinars", said Prof Kench.

The session on the 26th April was recorded and has been posted to the RCPA website:

<http://www.rcpa.edu.au/Education/Disciplines/Anatomical/SRW>

(You will need your RCPA member login to access the recording, and as it is a large file it may take a few seconds to start).

Update to CRC protocol

There has been a recent update to the Colorectal Structured Pathology Reporting Protocol to encompass changes to the Medical Benefits Schedule (MBS) on reimbursement of extended RAS testing.

The change to MBS item 73338 was approved in December 2014, and has expanded the scope of genetic testing for all RAS mutations rather than just KRAS mutations. The original scope was deemed too restrictive.

The Colorectal protocol, specifically chapter 4, "ancillary testing", was updated to reflect expanded RAS testing. The protocol and associated guides, forms etc have been posted to the RCPA website:

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

MBS Funding for SPR

The RCPA has established a project to support applications for additional pathology tests to be included in the MBS.

Applications for public funding are made to the Medical Services Advisory Committee (MSAC), an independent expert committee that provides advice to the Minister for Health on the strength of evidence relating to the comparative safety, clinical effectiveness and cost-effectiveness of medical services.

A list of the most important pathology tests currently unsupported by any public funding was formulated from a survey of RCPA Fellows through the RCPA Council, Board of Professional Practice and Quality (BPPQ), and Discipline Advisory Committees.

A Steering Committee representing the major stakeholders; RCPA, Pathology Australia and Public Pathology Australia, met recently to determine the highest priority tests for upcoming applications. A short list (below) was finalised with the aim of submitting six MSAC applications this year.

Structured Pathology Reporting (SPR) of Cancer emerged as the number one priority for an application to MSAC. A SPR Working Group has been formed with Prof James Kench, A/Prof David Ellis, A/Prof Wendy Raymond and Meagan Judge all volunteering for a role. A SPR application is being prepared and the working group expects to make a submission in coming weeks.

The MSAC application process is lengthy and demanding, with strict criteria for successful progress through several stages before approval and implementation. The MSAC Project Manager, Margaret Dimech, will be responsible for co-ordination with expert groups to prepare applications and adhere to the MSAC schedule. The first step is to obtain feedback from the Dept. of Health through the Health Technology Assessment team on whether SPR is suitable for consideration. If this initial feedback is positive, the application will progress through to a MSAC meeting towards the end of the year. However, a full independent economic analysis is required for further consideration by the MSAC Evaluation Sub-committee (ESC) and quick approval for MBS funding should not be expected. More information on the MSAC process can be found on the [MSAC website](#).

Letters of support from professional bodies and consumer groups interested in the application are welcomed by MSAC. Please contact the Project Manager, Margaret Dimech, via [email](#) if you would like to contribute or require further information on the project.

Planned applications to MSAC

Priority	Test
1	Structured pathology reporting of cancer
2	Somatic gene rearrangements, copy number aberrations and/or mutations for the diagnosis and classification of tumours (F/ISH, NGS & PCR etc.)
3	Non invasive prenatal genetic testing (NIPT)
4	Somatic tumour gene panel test
5	Hereditary bowel cancer genetic testing
6	Procalcitonin
7	Familial Hypercholesterolaemia genetic testing
8	Cardiomyopathy genetic testing
9	EPO (Erythropoietin)
10	Anti-Müllerian Hormone

Please note that Calprotectin is included in an application part way through the MSAC process, B-type natriuretic peptide (BNP) in a non-emergency setting and Chromogranin-A have been referred for consideration as part of the MBS review.

ICCR update



Public consultation for the first three datasets of the ICCR Genitourinary (GU) Series is now underway and your feedback is very important:

- **Carcinoma of the Penis.** The dataset has been developed for the reporting of specimens from patients with carcinoma of the penis, including resection, biopsy and lymphadenectomy. The protocol applies to primary carcinoma of the penis, as well as distal urethral squamous carcinomas. Proximal urethral tumours of the prostatic and bulbar urethra, which are usually of urothelial origin, are covered in a separate urethrectomy dataset (under development). Skin cancer of the penile shaft, appendage tumours, melanomas and proximal/prostatic urethral carcinomas are not included in the scope of the dataset.
- **Neoplasia of the Testis – Retroperitoneal Lymphadenectomy.** The dataset has been developed for the reporting of retroperitoneal and other lymphadenectomy specimens as well as visceral metastasis excision specimens from patients with malignant tumours of the testis. The protocol applies to all malignant germ cell and sex cord-stromal tumours of the testis. Paratesticular malignancies are excluded.
- **Neoplasia of the Testis – Orchidectomy.** The dataset has been developed for the reporting of both partial and radical orchidectomy specimens from patients with neoplasia of the

testis. The protocol applies to all germ cell and sex cord-stromal tumours of the testis. Paratesticular malignancies are excluded. This dataset does not include information on the excision of residual masses after chemotherapy.

The draft datasets are posted to:

<http://www.iccr-cancer.org/datasets/datasets-under-consultation>

The ICCR datasets will be available for comment until **Friday 17 June 2016**.

The other 9 GU datasets - prostate (3), urinary tract (4) and kidney (2) datasets - are nearing completion and will be posted to the same site in coming weeks. The ICCR Dataset for intrahepatic and perihilar cholangiocarcinoma, and hepatocellular carcinoma is also nearing completion and will also be posted for comment shortly.

Detailed planning is now underway for the next WHO series – Head & Neck Tumours. To facilitate the development, the ICCR has created a 'Series Champion' role. The Series Champion role was trialed through the GU series with Dr John Srigley, a long term ICCR founding member and GU specialist, in the role. This was particularly successful in providing support to the 5 Dataset Authoring Committee Chairs, promoting harmonisation across the dataset suite and providing a conduit of communication to the Dataset Steering Committee (DSC).

With this success, the ICCR have chosen to formalise the position and institute it as part of the development structure whenever a Dataset Series is undertaken. "It will streamline the process and ensure harmonisation across a dataset series", said A/Prof David Ellis, "the Series Champion is an important role and the person will be specifically chosen for their expertise and leadership in the specific anatomical area to be developed." Dr Lester Thompson, a pathologist from Woodland Hills, California, has extensive expertise in Head and Neck Pathology and has been invited to be the Series Champion for this ICCR series.

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

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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