Structured Pathology Reporting of Cancer Newsletter

Welcome to the September 2010 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.

Protocols - implementation aids

The protocols for the six most common cancers- Lung, Melanoma, Breast, Colorectal, Lymphoma and Prostate - are published on the RCPA website. Three supporting implementation aids are being developed:

- **Forms** that are designed to provide a paper version of the checklist in Chapter 6 of the protocol, with response values and spaces for notes,
- **Guides** that are designed to be an 'aide de memoire' when reporting and contain a condensed version of the standards and guidelines detailed in the protocol, and
- An **electronic form (e-form)** that will allow you to enter the data on screen and then email, print, or copy and paste to an LIS system. See more on the e-form below.

Forms and guides for - Lung, Melanoma, Colorectal, Lymphoma and Prostate are already available from the RCPA website. These forms and guides are provided for educational purposes and to support the implementation of structured pathology reporting of cancer. They can be used in the absence of existing local structured reporting forms and guides or to provide guidance on what should be included in local structured pathology reporting forms and guides for these cancers. They are optional to use.

To view or download the protocols, guides and forms please go to:

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

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

E-forms – coming soon!

As mentioned above one of the implementation aids is an electronic form. This e-form has been developed in Filemaker Pro as a free, cross-platform runtime application designed to reside on the pathologist's desktop. It allows the user to complete the required information using drop-down boxes, radio buttons etc. The user will then be able to print, email or cut and paste the information to a Laboratory Information System. The prototype for Melanoma has been done and is in final beta testing. An example screen from the application is shown below:
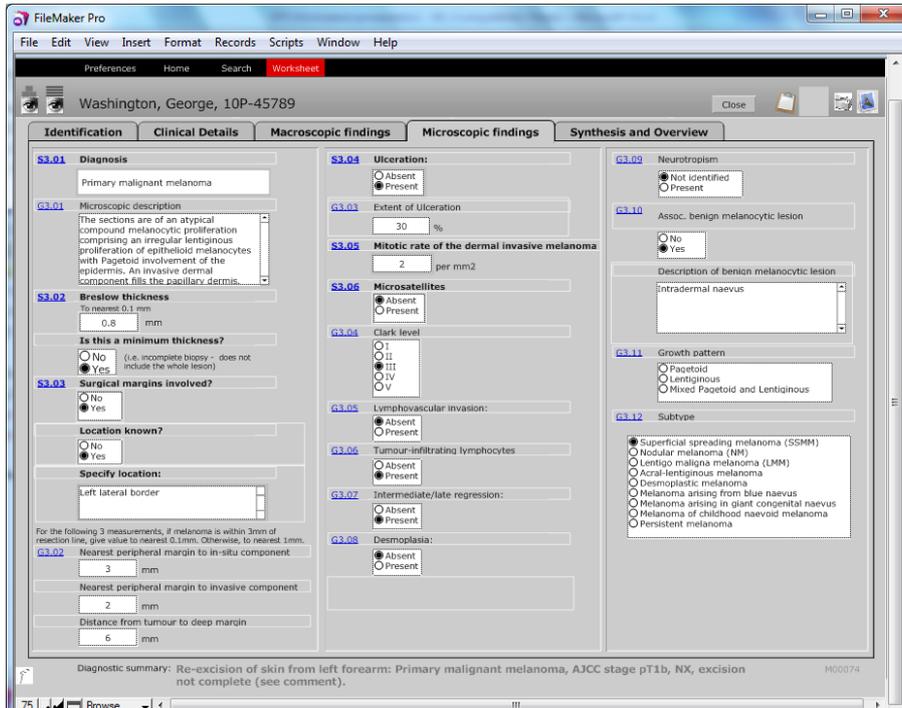
The application also provides easy access to the commentary on individual standards and guidelines from the protocol through hyperlinks.

The purpose of the application is threefold, to
   a) provide a working representation on how data entry can be optimized through the use of value lists, check boxes etc, to create a structured report,
   b) demonstrate the types of functionality required to implement structured reporting in local LIS, and
   c) provide an interim solution for pathologists to use until changes are able to be incorporated into local LIS's.

Use of the e-form is not mandatory and is not intended to replace any Laboratory Information System (LIS). The e–form is intended to be used as an adjunct to normal laboratory systems and is subject to the clinician's judgement in each individual case.
The application will be made available through a CD, with updates available via website downloads.

Education update

Meetings and presentations are being held in each state and in New Zealand to promote the use of structured reporting. The events are intended for Anatomical Pathologists and Haematologists, relevant Registrars and any other scientists interested in learning more on structured pathology reporting including:

- discussion on issues related to the implementation of the published protocols for the 6 most common cancers: Prostate, Breast, Lung, Melanoma, Lymphoma and Colorectal, including the use of implementation aids – guides, forms and e-forms.

- the importance of feedback from RCPA Fellows and clinicians during the current 3 year cycle, and methods for achieving this.

- the review of other protocols currently under development, and

- where the RCPA Protocols sit in the National and International context:
    - RCPA Expert Groups and CanSAC
    - NPAAC
    - Cancer Australia's National Cancer Data Strategy for Australia
    - National eHealth Transition Authority (NeHTA)
    - International collaboration with American, British and Canadian Colleges

The first of these meetings were held on 2nd July in Queensland and 18th August in Adelaide with other meetings and promotional activities scheduled as follows:

- New Zealand ASM – 24– 26th September - Roll into Rotorua! www.rcpa.edu.au/Continuing/NZASM2010.htm for more details.
- Tasmania – 2nd October – at the Annual General Meeting of Tasmanian Fellows
- Victoria – 21st October – evening presentation at Peter MacCallum Cancer Centre.
- Sydney – *Trends* - 3rd November – demonstration of the e-form and guides.
- COSA - 9-11th November – come and visit the booth and try out the e-form.
- Western Australia – 2nd December - evening presentation at St John of God Subiaco.

For more details on the protocols or implementation aids or any of the education events, please contact Meagan (details below).

Report formats

Currently there are many pathology report formats (layouts) in use. The protocols describe the information that should be included in the pathology report but not how the information should be presented.

Key information such as the diagnostic summary may be included at the top of the report, bottom of the report or not included at all. It is not known at this time what format best promotes understanding and comprehension of the information provided. Accurate comprehension by clinicians of critical information in pathology reports on cancer is essential for patient safety.

As noted by Valenstein in his paper[1] "Beginning in the early 1990s, a number of pathology professional societies began issuing recommendations — variously called guidelines, protocols, templates, practice parameters, or checklists—specifying a minimum set of data elements that should be included in pathology reports for particular tissue types or pathologic diagnoses.… Comparatively little attention has been focused on the format of pathology reports—the arrangement and configuration of headings, text blocks, and graphic elements on paper or computer screens to optimize communication."

A recommended report format would provide a useful adjunct to the protocols and increase their effectiveness. As part of the structured pathology reporting project we are intending to pursue the investigation of a series of report format features governing the presentation of structured cancer reports, ultimately establishing a suite of guidelines for the most appropriate pathology report format for understanding and readability.

To assist with the process we need examples of pathology reports. In particular we need those report examples which pathologists feel are effective at communicating the information clearly. If you are familiar with any useful report examples, please de-identify them and then send them in to Meagan (details below).

1. Valenstein PN (2008). Formatting pathology reports: applying four design principles to improve communication and patient safety. Archives of Pathology and Laboratory Medicine 132(1):84–94.

International collaboration

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) (Canada is adopting the CAP protocols) and all parties are interested in closer collaboration. Following the signing of the Memorandum of Understanding (MOU) between CAP and the RCPA further discussions were held at a visit by A/Prof David Ellis to Chicago in August to meet with the CAP team.

Following this, all four international groups are planning to meet for the first time as an adjunct to the CAP Cancer Committee meeting in Chicago in November. This is a first critical step in standardising cancer data sets for pathology across the English speaking world.

Stayed tuned for more developments in this area!

Visit CAP Today for more information from the College of American Pathologists:

www.cap.org/apps/cap.portal?_nfpb=true&cntvwrPtlt_actionOverride=%2Fportlets%2FcontentViewer%2Fshow&_windowLabel=cntvwrPtlt&cntvwrPtlt%7BactionForm.contentReference%7D=cap_today%2Fctarchive_2010.html&_state=maximized&_pageLabel=cntvwr#Aug10

More protocols coming up!

As we have previously reported we have a number of protocols under development in 2010:

- Gynaecology – vulva and endometrium
- Gastrointestinal – gastric
- Genitourinary - kidney
- Neurological - brain
- Head, neck and Endocrine – thyroid and oral cancer
- Bone and soft tissue – soft tissue sarcoma
- Prostate – Core biopsy and TUR

The Renal Parenchymal Malignancy (Renal Cell Carcinoma) protocol is first cab off the rank this year and is out for public comment now until the 26th September 10. 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

"Endometrial Cancer" and "Tumours of the CNS" protocols are nearing completion so will be posted for comment soon.

If you have a particular interest in one or more of the developing protocols – contact Meagan (details below) to be notified of their publication on the website for comment.

Pathology Protocol Review Group

The structured pathology reporting protocols for cancer are developed by a multidisciplinary expert committee.   This means we have the best information and knowledge of the latest research to add to the protocols to achieve a very high quality document. However, international experience in the development of these types of protocols shows that early involvement by non-specialist pathologists can add significant value to the process by ensuring that the developed protocol is realistic and the reporting elements are achievable in the workplace. Therefore we are forming a group of practising pathologists who can devote time to the review of draft protocols and provide feedback on their content to the expert committee.

If you are an Anatomical Pathologist and have an active interest in structured reporting and would like to participate, then please send in your details to Meagan (details below).

Updates of protocols

Each published protocol is described by a bipart version number e.g. V1.1. The first number indicates the *edition* and the second indicates a specific *update* to that version.

Version updates V1.2, V1.3 etc represent minor formatting updates only and do not substantially change the content of the protocol in anyway. They are reported only through this newsletter.

New editions are created when major changes such as updates to cancer staging, or changes to the meaning of any standards and guidelines, are made. New editions will be notified through our normal stakeholder notification emails as well as through this newsletter. No new editions have been developed to date.

To review the update process in more detail, please refer to the release strategy document on the website.

<u>Updates</u>

Recent updates to the protocols include:

Lung
- a fine tune on the checklist formatting of S3.08

Lymphoma
- the clarification of terms in S1.05 both in the body of protocol as well as in the checklist

Colorectal
- commentary added on synchronous tumours in S1.05
- Clarification of values for S2.05 to the checklist in Chapter 6
- "Isolated extra- mural tumour deposits" - present/absent was added to S3.07 in the checklist
- "nonperitoneal" was added to the description in S2.08 in the checklist
- S3.04 was restructured in the checklist to make it clearer.