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 second 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.

RCPA Position Statement - SPR

In 2007, the Cancer Institute NSW convened a National Round Table meeting on structured pathology reporting (SPR). At that meeting the value of a national approach to SPR was clearly recognised and it was agreed that "cancer care in Australia would benefit from the development, publication and adoption of a series of national structured reporting standards for each cancer type".

Over the last 6 years, with 26 cancer datasets available on the RCPA website, implementation of SPR remains voluntary and ad hoc. In order for Australasia to start reaping the benefits of structured reporting of cancer, widespread compliance with the published protocols in accordance with the Roundtable recommendation is needed.

The following compliance matrix describes the significant stages of development that laboratories must transit to achieve a fully structured model.

Structured Pathology Reporting Compliance Matrix*

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
DATA ENTRY	Narrative only		Use of a structured format	Structured data entry using data entry tools eg drop down lists, multi/single select, conditional logic enabled	Level 4 plus full compliance with mandatory LIS Functional Requirements	
CONTENT	Non-RCPA protocol compliant	RCPA protocol content compliant				
DATA STORAGE	Data stored as a single text field or as a text field per reporting segment eg macroscopic				Individual data elements stored in discrete data fields	
CODING	No coding					SNOMED CT or other coding enabled
MESSAGING	Discrete data elements are not sent via HL7# messaging					Discrete data elements sent via HL7# messaging

*Adapted from Srigley JR, McGowan T, Maclean A et al "Standardized Synoptic Cancer Pathology Reporting: A Population-Based Approach". Journal of Surgical Oncology 2009;99:517–524

Health Level 7 is a not-for-profit organisation defining interoperability and standards in healthcare information technology

Given the status of Laboratory Information Systems in Australia, compliance at Level 3 on the Structured Reporting Compliance Matrix achieves the benefits of improved completeness of cancer reports without the need for investment in new technology. Level 3 requires that cancer reports comply with the available published protocols and that a structured format is used (though not necessarily using advanced data entry tools).

To encourage adoption, the RCPA has now formally recommended implementation of SPR to at least Level 3 via the development of a position statement and implementation guide. The implementation guide includes a set of simple guidelines against which laboratories and assessors are able to measure compliance with the structured reporting standards.

Please take the time to review the position statement which is now published to the RCPA website:

http://www.rcpa.edu.au/Library/College-Policies/Position-Statements/Structured-Pathology-Reporting-of-Cancer

ICCR progress

Datasets

Thoracic suite

The World Health Organisation (WHO) Classification of Tumours of Lung, Pleura, Thymus and Heart fourth edition was published in March this year. Datasets covering the thoracic sites are well under way and nearing public consultation phase which is expect in the third quarter this year. Fellows of the college will be invited to review and provide comment on these datasets. As the ICCR Datasets will be the foundation of all new local SPR Protocols, feedback by Australian pathologists in this review stage is critical.

Genitourinary suite

The WHO is in the process of revising the genitourinary (GU) tumour classification and in parallel, the ICCR have commenced work on a series of GU datasets. In order to streamline the process of development, the following expert panels have been convened:

1. Prostate: which covers core/needle biopsy, TURP and includes an update to the existing radical prostatectomy dataset (co-chairs: James Kench, Australia and Lars Egevad, Sweden)

2. External genitalia: this covers testis, penis and includes a dataset for retroperitoneal lymphadenectomy (chair: Dan Berney, UK)

3. Urothelial: this includes ureter, bladder and urethra as well as a dataset covering TUR and biopsy specimens (chair: David Grignon, USA), and

4. Renal: this covers both nephrectomy and renal biopsy specimens (chairs: John Srigley, Canada and Brett Delahunt, New Zealand).

The close alignment with the WHO "Blue Book" updates and also with the International Society of Urological Pathology (ISUP) in the development process will mean that the ICCR GU datasets will reflect the most up-to-date information and evidence.

All 12 GU datasets are progressing very well, with a public consultation period expected in late 2015/ early 2016.   The datasets will be published as soon after the WHO GU "Blue Book" as possible.

Planning

Planning has commenced for datasets covering the upcoming WHO releases on Head & Neck and Endocrine cancers.

In addition, a dataset for the cervix will commence shortly in conjunction with the International Society of Gynaecological Pathologists (ISGyP).

A Central Nervous System (CNS) dataset is also being planned in response to recent updates to the molecular characterisation of CNS tumours.

Strategic partnerships

The Dataset Steering Committee (DSC) of the ICCR which has responsibility for all activities relating to the development of ICCR cancer datasets, has recently invited the International Association of Cancer Registries (IACR) to join its membership. With its overarching view of cancer registration across the globe and as secondary users of cancer data, the IACR and its members are uniquely placed to provide a significant contribution to the ICCR.

An MOU with the European Organisation for Research and Treatment of Cancer (EORTC) is also progressing. EORTC develop, conduct, coordinate, and stimulate translational and clinical research in Europe to improve the management of cancer. Common, internationally harmonised histological reporting for cancer is especially important for inter-site, international and inter-trial comparability in clinical research and also contributes to a higher level of comparability and better exchange of information.

A/Prof David Ellis, as President of ICCR, and previously clinical lead of our local Structured Reporting project, represented the ICCR at the UICC TNM Core Group Committee in Geneva. The TNM classification is the Internationally accepted standard for cancer staging and is fundamental to all datasets, both national and international. Knowledge of the cancer stage enables physicians and patients to make informed decisions about treatment. It is essential for cancer research, cancer control and surveillance activities, and for evaluating the outcomes of clinical practice guidelines and cancer control programs. The UICC TNM Core Group organise and liaise with a wide range of national/ regional TNM Committees from around the world to promote the adoption and use of TNM staging.

The WHO "Blue Books" on tumour classification also play a fundamental role in the development of ICCR datasets and the International Agency for Research in Cancer (IARC), as publisher of the "Blue Books" is therefore a key strategic relationship for the ICCR. Following ICCR incorporation, A/Prof David Ellis recently met with Dr Chris Wild, Director of IARC, in Lyon, to progress a Memorandum of Understanding (MOU) between IARC and the ICCR.

Website

The RCPA has very generously hosted the ICCR datasets over the last 3 years, however following incorporation, the ICCR will be moving to a new website in mid 2015. You may like to bookmark the following url for future reference: www.iccr-cancer.org
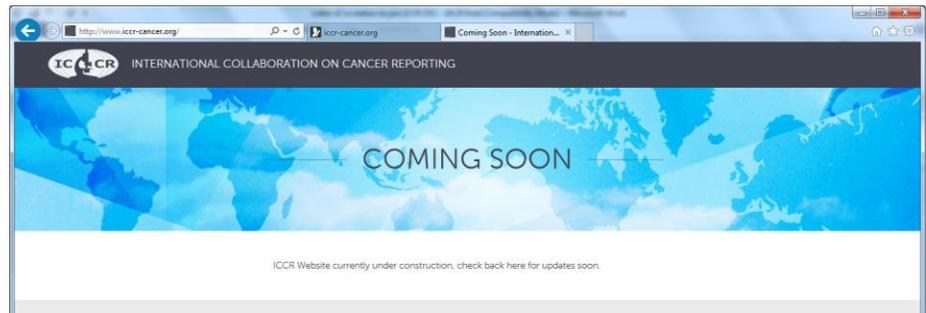
Publications

In *Pathology* this month, is the editorial on the recently published Structured Pathology Reporting Protocol for Thyroid Cytology:

Approach to thyroid cytology: rationale for standardisation.

Kumarasinghe MP, Cummings MC, Raymond W, Shield P, Judge M, Beaty A, Bethwaite P, Braye S, Carter CD, Chong G, Downey P, Frost F, Loo C, Nga ME, Nguyen H, Panicker V, Parker AJ, Phillips G, Salisbury E, Twin J, Papadimos D. Pathology. 2015 Jun;47(4):285-8.

The SPR protocol describes the key recommendations in regard to the use of the Bethesda classification system in the Australian context, as well as comprehensively describing the appropriate collection and preparation of FNA material to ensure the best opportunity for accurate reporting. The editorial discussed their approach and why this protocol was needed for Australia.

The SPR protocol for thyroid cytology is published to:

www.rcpa.edu.au/library/practising-pathology/structured-pathology-reporting-of-cancer/cancer-protocols