

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 36th 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.



Season's Greetings

Wishing you all the very best for this holiday season and a very HAPPY NEW YEAR!

New face for SPR!!

Tina Selinger has recently joined the RCPA as the new Project Officer for Structured Reporting of Cancer, as Meagan Judge will be moving into her new role with the ICCR in the new year.



Tina has a doctorate in molecular biology, and a background in cancer research. She completed a postdoctoral position at the Garvan Institute of Medical Research in 2009 and worked for 8 years at Royal Prince Alfred Hospital in the department of anatomical pathology as the head scientist for molecular pathology. Tina has authored more than 40 peer reviewed publications with over 1000 citations and reviewed papers for Cancer Biomarkers, Future Medicine, Annals of Oncology and the Journal of Thoracic Disease. In her spare time, Tina likes to pursue her interest in scientific illustration and enjoys cycling.

Tina is excited to have the opportunity to build upon the immense success of the Structured Reporting of Pathology in Cancer project to advocate the highest standards of evidence-based pathology reporting.

The RCPA cannot let Meagan Judge move on to her new role with ICCR without acknowledging her role since 2009 as Project Officer for Structural Reporting of Cancer. Meagan was there at the start of the journey and her efforts and contributions have been such that the project has been able to grow ever so smoothly. Meagan has become a valued staff member at the RCPA, quite a feat for someone who mostly works externally to the College office. Meagan has at all times maintained excellent rapport with the committee and her pleasant manner and solid understanding of the work have been greatly valued, in particular by the committee chairs. Meagan leaves with our warmest wishes for her new role and heartfelt thanks and appreciation for all her achievements.

HER2 for Breast Guidelines

The first set of Australian HER2 testing guidelines has been developed by the HER2 Testing for Breast Cancer Working Party. These guidelines address important issues that were resolved in the 2018 ASCO/CAP focused update and summarise considerable valuable input from Australian experts in breast pathology.

Key features include the recommendation to now perform routine ISH testing only on cases showing 2+ or 3+ HER2 IHC, adoption of five subgroups of dual probe HER2 ISH classifications, standardisation of pre-analytical factors, clarification of the IHC 2+ 'equivocal' category and discretionary repeat HER2 testing.

IC3R-harmonising cancer data

Cancer research, aided by rapid technological advances in genomics, is producing more information than ever. The amount of digital data produced from clinical investigations for each cancer patient also continues to grow at an exponential rate, generated on individual patients by hospitals from digital histopathology, radiology, and endoscopy, as well as molecular pathology and genetics. This mass of data is increasingly relevant to individual patient treatment as well as cancer classification and research. Yet only a few large organisations have managed to link all these data sources, and to begin to make sense of them. The data are held in a plethora of in-house and commercial databases, many of which are excellent. However, translating the information through to transformation of clinical care and cancer prevention is proving a slow process with many barriers.

The International Agency for Research on Cancer (IARC) has considerable expertise in coordinating research across countries and organizations with its independent role as an international organization facilitating these activities. It runs the WHO Classification of Tumours (the 'WHO Blue Books') which act as the main conduit for the

implementation of research data for cancer diagnosis, and the Global Cancer Observatory which provides the world with information about the changes in cancer incidence and mortality. It is therefore uniquely placed to provide a forum for high level collaboration between the large number of organisations now involved in translating cancer research for patient benefit.

IARC are therefore setting up a collaboration framework termed the "International Collaboration for Cancer Classification and Research (IC3R)". IC3R will be tasked with harmonising cancer-related data generated by IC3R members, standard-setting for analytical procedures, and identification of critical gaps (e.g. non-uniform annotations, classifications, bioinformatics). Both RCPA and ICCR have been invited to attend the inaugural meeting of IC3R in Lyon in February 2019.

ICCR progress

Datasets

ICCR are well underway with planning for the development of 8 new datasets:

- Breast – invasive
- Breast – DCIS
- Breast – Lymph node excisions
- Stomach
- Oesophagus
- Colorectum
- Polypectomy/local resections of the colon
- Exocrine Pancreas

The ICCR Dataset Steering Committee and Series Champions for Breast and the Digestive Tract are currently reviewing nominees for Chair positions for each of the 8 expert committees. Work is expected to commence early in the new year.

These 8 datasets are of very high priority as, once developed, they complete the suite of top ten solid tumours worldwide. This is a very critical step for ICCR, these datasets are some of the most commonly reported cancers and it is essential that ICCR have these available.

Promotion

'The Pathologist' is a widely distributed online paper and in October it published an excellent interview with ICCR's President, John Srigley:

<https://thepathologist.com/issues/1018/a-question-of-cancers/>

This year on International Pathology Day, November 14, ASCP, a member of the ICCR, highlighted the importance of working together as a global community to improve patient care worldwide – specifically through a joint effort with the ICCR. As reported previously, ASCP and the ICCR are piloting translations of ICCR datasets, which allow for standardized cancer reporting, into Spanish, French, and Portuguese.

These public datasets are freely available at www.iccr-cancer.org/datasets

Read more on this global collaboration by reading "Cancer in Any Language" by ASCP Chief Medical Officer Danny A. Milner:

<https://academic.oup.com/criticalvalues/article/11/4/32/5094626>

SPRC survey 2018!

The Structured Pathology Reporting of Cancer survey for 2018 is now complete.

A big thank you to those who participated.

This information is critical to our understanding the extent to which Structured Reporting of Cancer is used across Australasia.

Brain teaser

Here's something to relax with over the holidays.....

You are one of 20 prisoners on death row with the execution date set for tomorrow. Your king is a ruthless man who likes to toy with his people's miseries. He comes to your cell today and tells you:

"I'm going to give you a chance to go free tomorrow. You will all stand in a queue, one behind the other, before the executioner and we will put a hat on your head, either a red or a black one.

You will not be able to see the colour of your own hat; you will only be able to see the prisoners in front of you with their hats on; you will not be allowed to look back or communicate together in any way (talking, touching.....).

The prisoner in the back will be able to see the 19 prisoners in front of him. The one in front of him will be able to see 18...etc

Starting with the person at the back of the queue, the one who can see everybody in front of him, I will ask a simple question: WHAT IS THE COLOR OF YOUR HAT?

You will be only allowed to answer "BLACK" or "RED". If you say anything else you will ALL be executed.

If you guess the right colour of the hat on your head you will be set free, otherwise you will be executed. Then we move on to the next prisoner at the end of the queue and ask them the same question and so on..."

Now since all the prisoners can communicate freely during the night, can you find a way to guarantee the freedom of some prisoners tomorrow? How many?

Good luck!

(To find out the answer, email Tina at TinaS@RCPA.EDU.AU).

Structured Pathology Reporting Project Manager:

Tina Selinger

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/Library/Practising-Pathology/Structured-Pathology-Reporting-of-Cancer

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