Structured Pathology Reporting of Cancer Newsletter

June 2011. Issue 6.

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

Welcome to the June 2011 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.

International cancer datasets

As reported previously, 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) about closer collaboration on cancer reporting. In February, a meeting of all four international parties was held in conjunction with United States & Canadian Academy of Pathology (USCAP) meeting, in San Antonio, Texas. A formal "Agreement to Collaborate" document was put to the international team, which in simple terms outlined the goals and steps required to deliver an outcome from the collaboration. The result was a very significant step forward with all four parties signing the agreement and agreeing to work towards the standardisation of core data beginning with prostate, endometrium, melanoma and lung cancers.

Since the meeting in February, the International Committee on Cancer Reporting (ICCR) with representatives from all four countries, drafted the 'rules of the road' and a methodology around the development of the four initial cancer datasets. In parallel, two representatives per country per cancer were nominated and the four cancer specific groups convened as follows: .

Melanoma

Name	Role/Country
David Ellis	Pathologist and Australian Team Lead
Richard Scolyer	Pathologist, Chair, ICCR melanoma group, Aust.
John Thompson	Surgical Oncologist, Australia
Maureen Walsh	Pathologist RCPath, UK
Alan Evans	Pathologist RCPath, UK
David Frishberg	Pathologist CAP, USA
Victor Prieto	Pathologist CAP, USA

| Martin Trotter | Pathologist CAP-ACP, Canada |
| Noreen Walsh | Pathologist CAP-ACP, Canada |

Lung
Name	Role/Country
Kay Washington	Pathologist and US Team Lead, CAP
Jenny Ma Wyatt	Pathologist, RCPA, Australia
Douglas Henderson	Pathologist, RCPA, Australia
Jan von der Thüsen	Pathologist, RCPath, UK
Andrew Nicholson	Pathologist, RCPath, UK
Kelly Butnor	Pathologist, CAP, USA
Kirk Jones	Pathologist, CAP, USA
Andrew Churg	Pathologist, CAP-ACP, Canada
David Hwang	Pathologist, CAP-ACP, Canada

Prostate
Name	Role/Country
John Srigley	Pathologist and Canadian Team Lead, CAP-ACP
James Kench	Pathologist, RCPA, Australia
Brett Delahunt	Pathologist, RCPA, Australia
David Griffiths	Pathologist, RCPath, UK
Murali Varma	Pathologist, RCPath, UK
Thomas Wheeler	Pathologist, CAP, USA
Peter Humphrey	Pathologist, CAP, USA
Kiril Trpkov	Pathologist, CAP-ACP, Canada
Tom McGowan	Pathologist, CAP-ACP, Canada

Endometrium
Name	Role/Country
Lynne Hirschowitz	Pathologist and UK Team Lead,RCPath
Nick Mulvany	Pathologist, RCPA, Australia
Neville Hacker	Gynaecological Oncologist, Australia
Glenn McCluggage	Pathologist, RCPath, UK
Nafisa Wilkinson	Pathologist, RCPath, UK
Christopher Otis	Pathologist, CAP, USA
Richard Zaino	Pathologist, CAP, USA
Terence J. Colgan	Pathologist, CAP-ACP, Canada
Maire A. Duggan	Pathologist, CAP-ACP, Canada

The priority for each cancer specific team is to agree the elements which are CORE.   CORE elements are those which are essential for the clinical management, staging or prognosis of the cancer. Evidentiary support at Level III-2 or above (based on prognostic factors in the NHMRC levels of evidence document – posted to the RCPA website) is sought in support of this.

If no evidence exists, an element may be deemed a CORE item by consensus provided the expert committee is in agreement and the reasons (clinical management, staging or prognosis) are provided. CORE elements are MANDATORY reporting items, as are the standards in our published protocols. Secondary to this aim the international expert teams will review and propose the value list or responses to the CORE elements eg "present", "not indicated".

The Melanoma team, chaired by Prof Richard Scolyer, has kicked off and are currently reviewing a document which includes elements from each of the CAP, RCPath and RCPA cancer protocols/proformas, compiled under a chapter or topic eg Breslow thickness, mitotic rate,

surgical margins. Only those elements which one or more country has deemed a CORE (required/mandatory) element (or are conditional on a CORE element) are included as the focus of this initial work is CORE/mandatory reporting elements only. In addition, the document includes a proposed response under each topic, which the group can consider and feedback on. Each of the other international teams is also underway, though the approach they are taking to review and discuss the CORE elements are slightly different.

The aim is to review the progress of each team at the European Society meeting in Helsinki in August/September. This review will help iron out any issues and establish the processes which will inform future international cancer dataset development efforts.

Request Information Sheets

To assist provide guidance for clinicians requesting surgical pathology for specific cancers, Request Information Sheets have been designed which describe the types of information required by the pathologist to adequately assess the specimen. The request information sheets are available for each of the following cancers:

- Colorectal cancer
- Prostate (Radical Prostatectomy) cancer
- Lung cancer
- Primary Cutaneous Melanoma
- Haematopoietic & Lymphoid Tumours
- Endometrium cancer
- Gastric cancer
- Renal parenchymal malignancy
- Central Nervous System tumours
- Thyroid cancer
- Soft tissue tumour resections

Visit the link below and download a request information sheet!

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

RCPA website: worth a visit!

LIS Functional Requirements

At this stage the vast majority of Laboratory Information Systems (LIS) do not provide functionality to support entering data in a structured format nor support storing this data atomically for reporting purposes or sending this data in atomic format to registries. To direct the type of development needed in our LIS to support structured reporting we have produced two documents:

a) a SPR LIS Functional Requirements document which provides a background and discussion of general principles in relation to structured reporting eg standards and guidelines; and also describes specific functionality requirements eg "The pathologist must be notified and asked to complete those standards (mandatory fields) that have not been completed when attempting to verify the report (signout)". The functional requirements are divided into mandatory and recommended items.

b) a Universal Design Requirements document which contains a set of design principles which should govern all LIS development eg "Nothing should ever require human entry, which the computer should be capable of synthesizing from known information."

The documents were discussed with LIS software vendors and information system managers as well as other interested parties at a series of meetings. The purpose of the meeting was to explain what functionality will be required of our anatomical pathology laboratory systems to comply fully with structured reporting but also to gain valuable feedback from the vendors on the requirements in order to ensure they were drafted in such a way as to provide opportunity for innovation.

The revised SPR LIS Functional Requirements document and the Universal Design Requirements document are now out for final review and comment at:

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

Please take the time to review and provide feedback on these important documents which in the longer term will drive LIS development for anatomical pathology reporting.

Volunteer required!

Consulting Anatomical Pathologist or Trainee Required!
Part-time Casual
Structured Pathology Reporting project

Project Description:
The University of Sydney has been awarded a research project grant from the QUPC to explore mechanisms for automatically populating structured reports from prose-based reports.

The project involves identifying in reports the content required to fill the fields in an equivalent structured report. In this process, several

hundred reports are annotated for examples of the information to be extracted and then algorithms are developed that use the examples to compute a more general model of the desired content. The model is evaluated and the algorithm revised in a feedback process to produce a more accurate result. This is continued over a series of experiments until an optimal model is identified.

Role description:
This work requires a pathologist or trainee to assist in identifying the text that needs to be extracted to fill the structured report. As the annotations of the texts will be completed by linguists, the role of the pathologist in the early phases of the project will be to train the linguists to identify the correct portions of the texts. The work requires engagement in the earlier stages of the project to define a set of guidelines as to the appropriate content for the fields of a structured report. Ongoing work throughout the project involves quality assurance of the annotated content. During the experimental phase the pathologist will need to give advice on the appropriateness of extracted content and comment on the formats for its presentation. This work includes a research aspect and it is expected that peer reviewed papers in various disciplinary contexts will be part of the project outcomes.

The position is part-time with casual hours depending on the stage of the project.

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Protocol Update

Next protocol to be published will be the oral cancer protocol in the very near future. Having completed its round of open consultation, updates are being made following the excellent feedback received.

Coming up for open consultation in the next few months will be protocols for:

- Testicular cancer
- Vulvar cancer
- Prostate cancer – Core biopsy

Keep an eye out for the notification emails then 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

Other protocols under way or in the planning are:

- Gastrointestinal Stromal Tumours (GIST)
- Bladder tumours
- Bone tumours
- Adrenal gland tumours
- Oesophageal tumours
- Squamous cell carcinoma of the Conjunctiva

'What's happening with the Breast protocol?'

The breast protocol had a different start in life from the other protocols. At the time that the Cancer Institute NSW, Cancer Australia and RCPA commenced the Structured Pathology Reporting project and decided to progress the development of six protocols the National Breast and Ovarian Cancer Centre (NBOCC) was undertaking development of the 3rd edition of "*The pathology reporting of breast cancer. A guide for pathologists, surgeons, radiologists and oncologists*".   This document was reformatted into the SPR protocol style but it resulted in a very long protocol. Feedback from pathologists has indicated it is not very 'user friendly'.

Prof Gelareh Farshid has recently taken over as chair of the Breast Cancer work for the Structured Pathology Reporting Project from Prof Michael Bilous. She will undertake a review of the breast protocol with an aim of revamping it into a more useable, and user friendly style.

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