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This newsletter is intended to provide information on the project to develop internationally standardised, evidence-based datasets for the pathology reporting of major cancers

International Collaboration on Cancer Reporting

Newsletter

In this issue

Steps to incorporation

Padrao dos Descobrimentos Lisboa.

In recent months the ICCR has focused on the steps necessary to establishing a separate, independent not-for-profit organisation in order to best support an expanded membership and the development of quality cancer datasets for users around the globe.

In May 2013, A/Prof David Ellis gave a presentation to the International Liaison of Pathology Presidents (ILPP) meeting in Sydney, Australia. The Colleges of Pathology of the US (CAP), UK (RCPath) and Australasian (RCPA) were represented and in follow up correspondence the initial collaborative quadripartite were asked to support the establishment of an incorporated ICCR as foundation members.

The 25th European Congress of Pathology in sunny Lisbon in August 2013 was the setting which heralded the first major step towards incorporation with the confirmation that all four quadripartite members - the RCPA, the CAP, CAP-ACP (with support from the Canadian Partnership Against Cancer (CPAC)) and the RCPath UK had agreed to become foundation members of the ICCR. The European Society of Pathology (ESP), an enthusiastic supporter of the ICCR was also invited to be a foundation member and the ICCR was delighted to have this confirmed during the meeting in Lisbon. A/Prof David Ellis commented: "having the ESP as a foundation member confirms the new organisation as truly international and ensures that the ICCR maintains its focus on producing datasets applicable to all countries."

At the third bi-annual meeting of the ICCR held in San Diego, California during the recent USCAP meeting, all five foundation members agreed to the final constitution of the ICCR and signatures are expected shortly.

From left standing: Beth Chmara (CAP); David Ellis (ICCR chair); George Birdsong (CAP); Mike Wells (ESP); Kay Washington (CAP); Lynn Hirschowitz (RCPath UK).
From left seated: Meagan Judge (RCPA); Jean Simpson (CAP); John Srigley (CAP-ACP and CPAC)

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Open consultation – under the spotlight

The first four cancer datasets – Lung, Melanoma, Prostate (Radical Prostatectomy), and Endometrium, developed as part of the pilot project of the ICCR in 2011, were posted in January 2013 for a period of 2 months public consultation.

Comments were received from all over the world – Guatemala, USA, Ireland, Sweden, and Belgium to name a few, and feedback was extremely positive: "well prepared and very clear" "very concise and straightforward". Nearly 100 individual comments were received with the Prostate dataset proving the most popular!

Each expert panel considered the comments received and a response to each was formulated. The comments and responses will be anonymised and posted to the ICCR website soon. The four datasets have now been finalised and are available on the ICCR website.

One of the most common suggested changes was to make an element "required" where the expert panel had only included it as "recommended". In these cases, the expert panel reviewed the evidence and in most cases confirmed their original position. This is primarily due to insufficient evidence being available at Level III-2 or above* which defines "required" elements. However, it is important to note that while the expert panel has designated elements as required or recommended, national standard-setting bodies may modify this at their discretion.

The second most common suggestion received across the datasets were requests for additional elements. While these may not have been included in the ICCR datasets due to lack of evidence or unanimous agreement by the expert panel (as for recommended elements), this does not preclude any individual pathologist or national standard setting body from including them locally. Dr Lynn Hirschowitz, ICCR representative from the Royal College of Pathologists UK, "it is not our intention to restrict pathologists; there will be many reasons why people may want to add additional elements, for example to support local practices or conventions". Meagan Judge, Project Manager, ICCR says "the ICCR datasets are not meant to be all inclusive, we limit the required elements to those where there is level III-2 evidence or above, and those which the expert panel unanimously agreed should be recommended elements. Implementation of the datasets may include other elements that are deemed appropriate by the pathologist or by the standard setting body in the country of implementation."

*NHMRC Levels of evidence prognostic factors defined as "Analysis of prognostic factors amongst persons in a single arm of a randomised controlled trial". *Merlin T, Weston A and Tooher R (2009). Extending an evidence hierarchy to include topics other than treatment: revising the Australian 'levels of evidence'. BMC Med Res Methodol 9(34).*

What's next?

The ICCR is very keen to ensure its cancer dataset development is in line with updates to key reference publications such as the AJCC staging manual and the WHO Classification of Tumours. Recently, the International Agency for Cancer Research (IARC), producers of the monographs on tumour classification ("Blue Books") agreed to be formally represented on the ICCR Dataset Steering Committee which will greatly facilitate communication between the organisations. A/Prof David Ellis, Chair of ICCR, stated "this is an ideal situation and will greatly streamline our dataset development process". Prof Fred Bosman, editor of Virchows Archives and one of four Series Editors for the 4th edition of the WHO Classification of Neoplastic Diseases, has been appointed as the IARC representative.

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The fourth edition of the WHO Classification of Tumours of the Lung, Pleura, Thymus and Heart is scheduled for 2014; therefore to align development schedules, the ICCR has commenced development on datasets for:

1. Heart (chair: Dylan Miller, USA)
2. Mesothelioma of the pleura (chair: Andrew Churg, Canada)
3. Thymus (chair: Andrew Nicholson, UK)

(The classification of lung tumours is also scheduled for revision this year, however, as a lung dataset was one of the original pilot projects tackled by the ICCR in 2011, it is expected that a 2nd edition will be produced but include only minor updates).

The ICCR has nominated expert chairs for these three new datasets as above and panels for these new datasets are being convened.

A dataset for intrahepatic hepatocellular-cholangiocarcinoma and hepatocellular carcinoma is also commencing with Alastair Burt, Editor of Histopathology and Dean at Adelaide University, as chair.

In addition to the datasets listed above, the ICCR will also continue its work on a renal cancer dataset and a dataset for carcinoma of the Ovary, Fallopian tube and Primary peritoneal site (see below).

New Gynae cancer dataset

Work on a dataset for carcinoma of the ovary, fallopian tube, and primary peritoneal site is well under way, with an expert panel as follows:

- Prof Glenn McCluggage, Pathologist, UK, chair of the expert panel
- Dr Lynn Hirschowitz, Pathologist, UK, ICCR Dataset Steering Committee representative
- Prof Jonathan Lederman, Medical Oncologist, UK
- Dr Colin Stewart, Pathologist, Australia
- Dr Yoshiki Mikami, Pathologist, Japan
- Prof Harry Hollema, Pathologist, Netherlands
- Prof Xavier Matias-Guiu, Pathologist, Spain
- Dr Ben Davidson, Pathologist, Norway
- Dr Blake Gilks, Pathologist, Canada
- Dr Blaise Clarke, Pathologist, Canada
- Dr Russell Vang, Pathologist, USA

Dr Lynn Hirschowitz, RCPath UK and ICCR Dataset Steering Committee representative

A comparison of existing datasets from around the world provided a foundation for the development of a draft proposal that was circulated for the expert panel to consider. Conference calls are in progress to discuss each of the proposed elements, Dr Lynn Hirschowitz, ICCR representative on the expert panel noted "it is challenging to organise conference calls with such an geographically dispersed expert panel but the results are proving very interesting and constructive. A further challenge is that this dataset needs to align with the new International Federation of Gynecology and Obstetrics (FIGO) staging of these tumours, as well as the new WHO classification of gynaecological tumours, which is due to be published imminently. The liaison with IARC will prove to be of great assistance here."

The ICCR expects to form further strategic partnerships with staging organisations in the future

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In the news…

An important part of the ICCR dataset development process is for the expert panels to write a peer reviewed journal article which describes and discusses the evidence behind the elements in the ICCR dataset.

Articles on all four initial datasets have been written:

1. *McCluggage WG, Colgan T, Duggan M, Hacker NF, Mulvany N, Otis C, Wilkinson N, Zaino RJ and Hirschowitz L (2012). Data Set for Reporting of Endometrial Carcinomas: Recommendations From the International Collaboration on Cancer Reporting (ICCR) Between United Kingdom, United States, Canada, and Australasia. International Journal of Gynecological Pathology 32:45-65.*
2. *Kench, JG, Delahunt B, Griffiths DF, Humphrey PA, McGowan T, Trpkov K, Varma M, Wheeler TM, Srigley JR. (2013) Dataset for reporting of prostate carcinoma in radical prostatectomy specimens: recommendations from the International Collaboration on Cancer Reporting. Histopathology 62:203–218.*
3. *Scolyer RA, Judge MJ, Evans A, Frishberg DP, Prieto VG, Thompson JF, Trotter MJ, Walsh MY, Walsh NMG, Ellis DW. (2013) Data Set for Pathology Reporting of Cutaneous Invasive Melanoma Recommendations From the International Collaboration on Cancer Reporting (ICCR). Am J Surg Pathol. 37(12):1797-814*
4. *Jones K, Churg A, Henderson D, Hwang DM, Ma Wyatt J, Nicholson A, Rice A, Washington MK, Butnor KJ Dataset for the Reporting of Lung Carcinomas: Recommendations from the International Collaboration on Cancer Reporting (ICCR). Arch Pathol Lab Med. 137(8): 1054-1062*.

Other recent publications from Canada are proving the value of structured reporting of cancer through the achievements of the Ontario implementation: *Srigley J, Lankshear S, Brierley J, McGowan T, Divaris D, Yurcan M, Rossi R, Yardley T, King MJ, Ross J, Irish J, McLeod R, and Sawka C. Closing the Quality Loop: Facilitating Improvement in Oncology Practice Through Timely Access to Clinical Performance Indicators. J Oncol Pract. 2013 9(5):e255-61*

In this article, Prof Srigley reports on the successes of the Ontario project, reporting an increase in colorectal lymph node retrieval rates from 76% to 87%, and a reduction in pT2 prostatectomy margin positivity rates from 37% to 21%. These results were only able to be achieved by the implementation of standardised structured reporting of cancer. "Without the standardised data to evaluate we would not have been able to feed back to the surgeons and start to improve the outcomes" says Prof Srigley, Canadian Partnership Against Cancer (CPAC).

Prof John Srigley, CPAC

Another article by the Canadian group : *Brierley J, Srigley J, Yurcan M, Li B, Rahal R, Ross J, King ML, Sherar M, Skinner R and Sawka C. (2013) The Value of Collecting Population- Based Cancer Stage Data to Support Decision-Making at Organizational, Regional and Population Levels. Healthcare Quarterly 16(3) 27-33*, discusses the value of capturing stage data and how it can be used to assess the value of screening programs, inform resource allocation, evaluate compliance with treatment guidelines, compare survival trends and enhance the spectrum of cancer control. activities.