



## International Collaboration on Cancer Reporting

**Communiqué 1, October 2011**

In recent years, pathology organisations in a number of advanced countries have published pathology checklists which define datasets for the pathology reporting of each of the major cancers. Whilst there are substantial similarities between the datasets produced in each country, there has been no previous attempt at international harmonization or reconciliation of datasets between the proponents.

Recognising that standardised cancer datasets are a prerequisite for national and international benchmarking in cancer monitoring and management, and that pathology reports provide key information on tumour class, staging and prognostic and predictive data, a quadripartite alliance has been established to examine the practicability of developing international, evidence informed pathology datasets for all major cancers.

### Project Report

The quadripartite alliance of the College of American Pathologists (USA), The Royal College of Pathologists (UK), The Canadian Association of Pathologists in association with the Canadian Partnership Against Cancer (Canada) and The Royal College of Pathologists of Australia are individually engaged in cancer dataset development but after some discussion it was anticipated that a co-ordinated effort would offer synergies and have more far-reaching benefits for those involved as well as for those countries that are not in a position to develop their own datasets and therefore convened the International Collaboration on Cancer Reporting (ICCR).

An initial agreement to collaborate was signed in February 2011 and represented a significant step forward with all four parties agreeing to work towards the standardisation of core data beginning with prostate, endometrium, melanoma and lung cancers. Two representatives per country per cancer were nominated and the four cancer specific groups were convened with work starting in June 2011.

The priorities for each cancer specific team were to agree those elements which are **REQUIRED**, to review those which are **RECOMMENDED** and to propose the respective **VALUE LISTS** or responses.

- **REQUIRED** 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<sup>1</sup> document) was sought in support of this.
- **RECOMMENDED** elements may be clinically important and good practice but are not yet validated or required for patient management.

- **VALUE LISTS** or **RESPONSES** for each data element are defined to reduce ambiguity and to provide consistency in datasets.

1 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 Medical Research Methodology* 9(34).

## Achievements

Progress was assessed by the ICCR at a recent meeting of the European Society of Pathology (ESP) in Helsinki. The project was judged to be a success with the following achievements:

- Each group was able to agree on a set of “*Required*” and “*Recommended*” elements for each cancer, including responses.
- The expert committees, comprising many world-leading experts, were often able to simplify or improve the datasets and exclude outdated data elements.
- By using different processes for collaboration in each of the 4 expert groups, methods for international dataset development have been optimized for future collaboration.

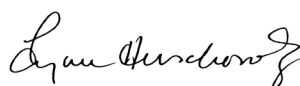
## Next steps

The success of this pilot is such that the ICCR are now investigating:

- Harmonisation of generic responses
- Publication of internationally agreed datasets for Melanoma, Lung, Prostate (Radical Prostatectomy) and Endometrial cancer
- Seeking funding and a governance model to support continuing efforts
- Expansion to include other countries. An invitation has been extended to the European Society of Pathology (ESP) to include interested countries many of whom already have active programs of their own.



A/Prof David Ellis  
(Australia)



Dr Lynn Hirschowitz  
(UK)



Dr John R. Srigley  
(Canada)



Dr Mary K. Washington  
(USA)