



COLLEGE of AMERICAN
PATHOLOGISTS

Cancer Reporting

**The CAP Cancer Protocols:
From under the microscope to making a difference**

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Did you hear the one about.....

The Past, Present, and Future walked into a bar.



It was tense.



Change is necessary, but hard.

The Past, Present, and Future walked into a bar.



Then they took a walk on the beach together.

Cancer care begins with the pathology report.

- The cancer pathology report is critical to providing the cancer diagnosis and setting the stage for treatment and ongoing clinical patient care.
- Pathologists feel a strong sense of responsibility to produce a clear, concise, well-formatted report that will best help guide clinical care.
- The CAP Cancer Protocols, developed in 1986 by the CAP Cancer Committee, are produced as a guide to help pathologists produce complete and accurate cancer reports.



CAP Cancer Protocols

The CAP Cancer Protocols are a resource guide for pathologists to help deliver information and report data necessary for patient care.

- Provide guidelines for collecting the essential data elements for cancer reporting
- Protocols consist of cover page, case summaries, explanatory notes, and references
 - ✓ 100 CAP Cancer Protocols & electronic Cancer Checklists (eCCs)
 - ✓ Includes 11 Biomarker templates
- Compilation of AJCC, WHO, FIGO, ICDO standards
- Includes core elements mandated for CoC accreditation

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Cancer Protocol Templates

The CAP Cancer Reporting Protocols provide guidelines for collecting the essential data elements for complete reporting of malignant tumors and optimal patient care.

The CAP Biomarker Reporting Protocols are intended to provide reporting guidance for commonly ordered biomarkers and are not required for accreditation purposes.

Latest News

April 2020

The College of American Pathologists April 2020 agile release includes 3 revised cancer protocols. Highlights include:

- Changed conditional questions in Margins section of Anus Excision protocol to non-core (optional) elements.
- Required status of certain elements in the Melanoma of the Skin: Excision, Re-excision and Biopsy protocols Margins sections were changed from conditionally reported to non-core (optional).

March 2020

- Effective March 9, 2020 version 4.1.0.0 of the Prostate, Resection protocol has been removed and replaced with version 4.1.0.1 to correct a typographical error in Explanatory Note C.

CAP Approved

Breast • Invasive Carcinoma • Resection • 4.4.0.0

Surgical Pathology Cancer Case Summary

Protocol posting date: February 2020

INVASIVE CARCINOMA OF THE BREAST: Resection

Select a single response unless otherwise indicated.

Procedure, Laterality, and Site may be listed separately or on 1 line.

Procedure (Note A)

- ___ Excision (less than total mastectomy)
- ___ Total mastectomy (including nipple-sparing and skin-sparing mastectomy)
- ___ Other (specify): _____
- ___ Not specified

Specimen Laterality

- ___ Right
- ___ Left
- ___ Not specified

+ Tumor Site (select all that apply, as appropriate) (Note B)

- + ___ Upper outer quadrant
- + ___ Lower outer quadrant
- + ___ Upper inner quadrant
- + ___ Lower inner quadrant
- + ___ Central
- + ___ Nipple
- + ___ Clock position (specify): _____ o'clock
- + ___ Distance from nipple (centimeters): _____ cm
- + ___ Other (specify): _____
- + ___ Not specified

Tumor Size (Note C)

- ___ Microinvasion only (≤ 1 mm)
- ___ Greatest dimension of largest invasive focus > 1 mm (specify exact measurement) (millimeters): _____ mm
- + Additional dimensions: _____ x _____ mm
- ___ No residual invasive carcinoma
- ___ Size of largest invasive focus cannot be determined (explain): _____

5

What is the CAP eCC, who uses it, and why?

- Pathologists use the CAP electronic Cancer Checklists (eCC) in EHRs to report on definitive cancer resections, as well as some biopsies

A screenshot of the CAP eCC data entry form. It is a complex form with multiple sections for data entry, including patient information, specimen details, and clinical findings. The form is titled "Herbarium Specimen Data Entry Form" and includes fields for accession number, date, and various specimen characteristics.A screenshot of a CAP eCC report. It displays structured data for a specimen, including specimen type, procedure, tumor size, and histologic findings. The report is organized into sections for specimen, tumor, and histology.

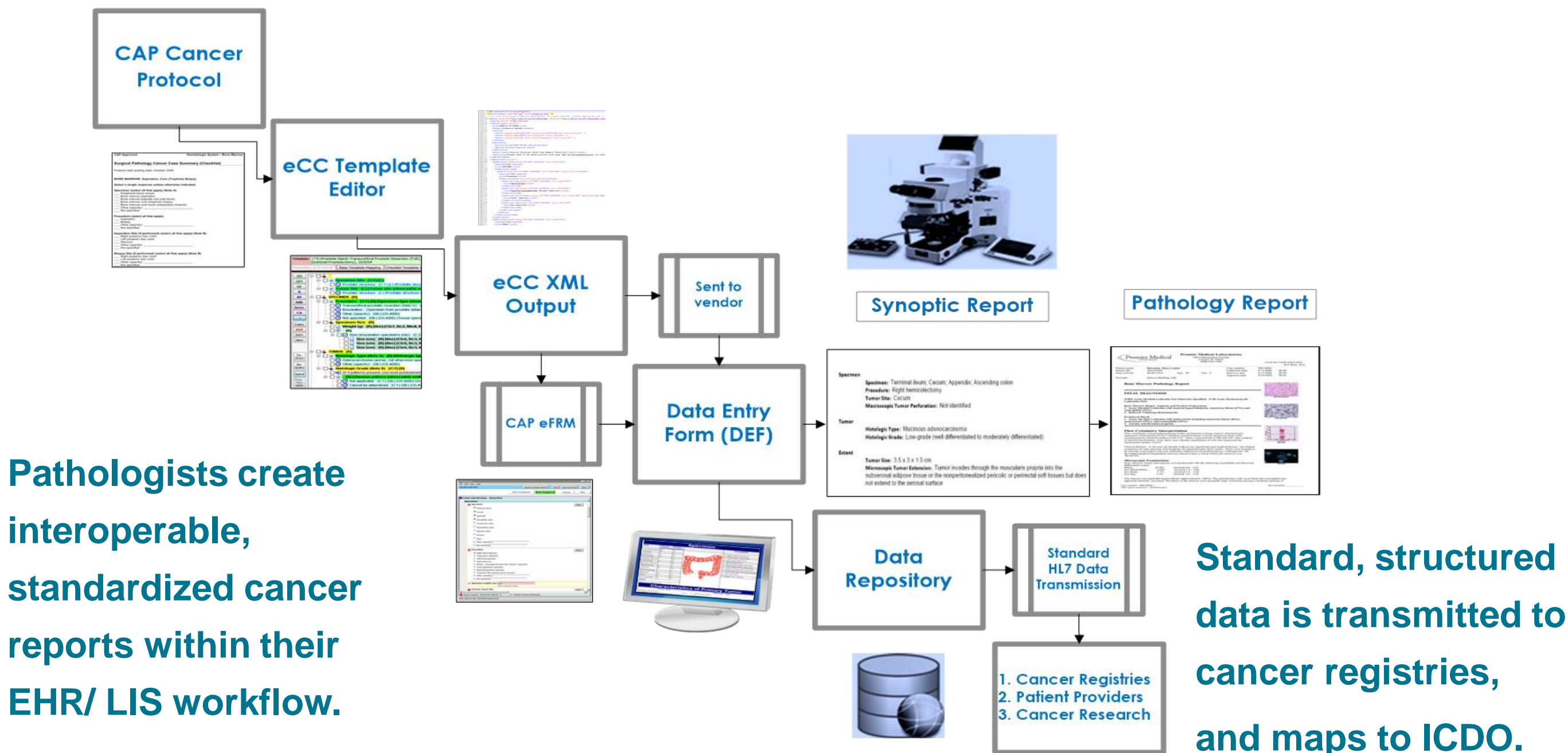
Data entry form integrates into pathologist workflow within AP-LIS system or middleware = **one-stop shopping**

eCC acts as a “**smart**” form, with **auto-updates**, **CDS**, and a **completeness checker**, aiding in **accreditation compliance**

Synoptic report goal is to make it easy for the clinician to find the **key pieces** of data needed for patient care

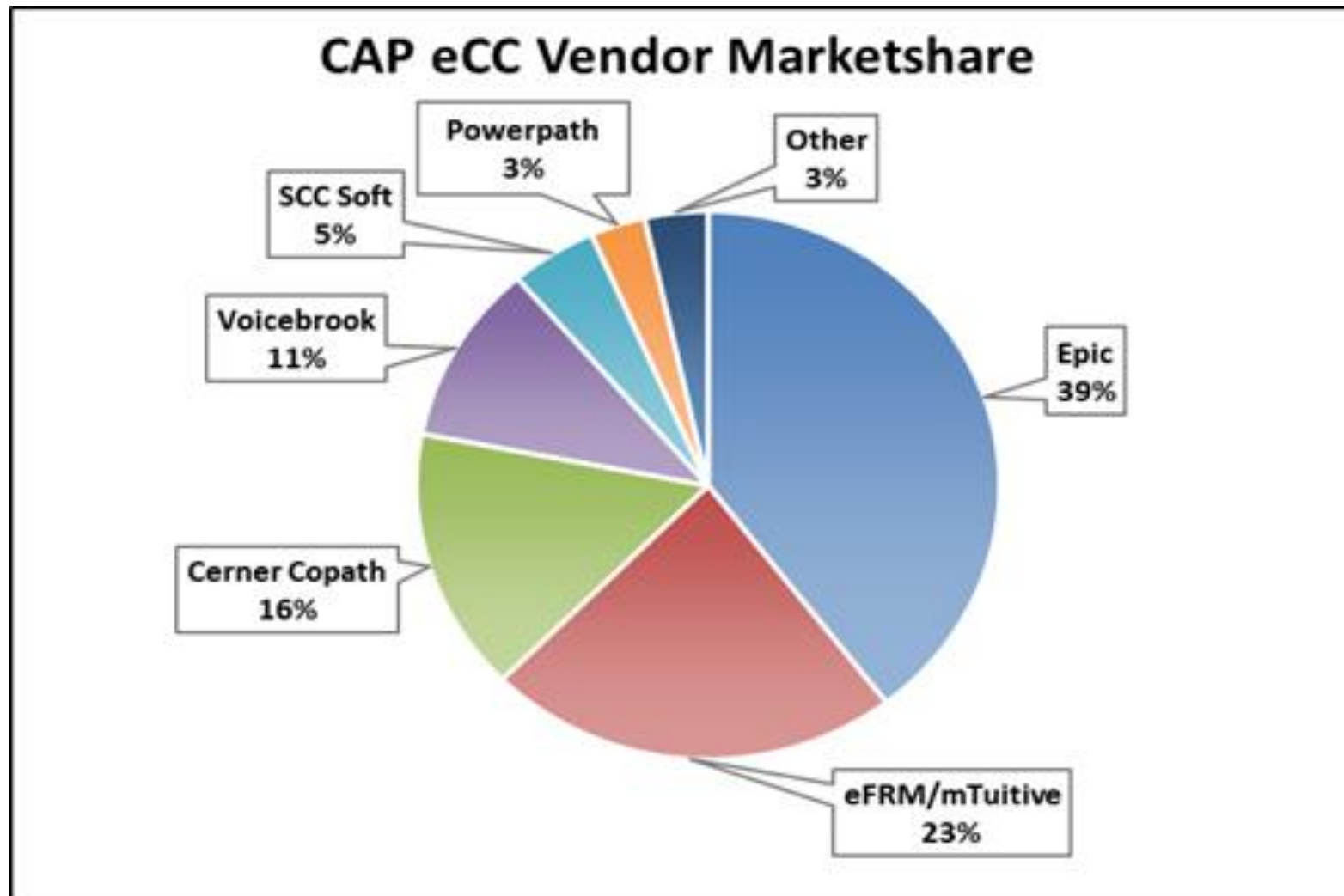
eCC generates structured data for **cancer surveillance, research, analytics & quality assurance**, helping track cases, investigate new treatments, and improve processes and **patient care**

How do we develop and use protocols/ eCCs?



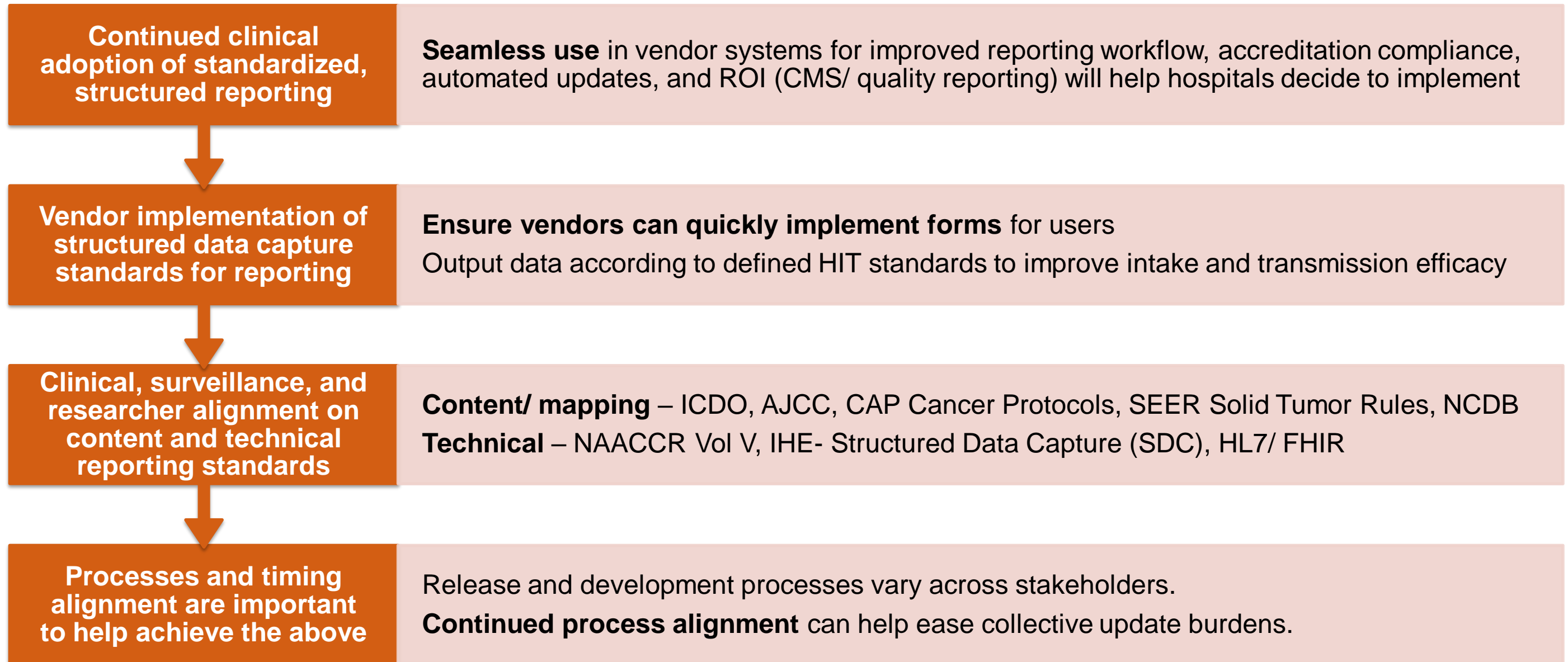
CAP eCC user landscape: June 2020

- Number of licensed pathologist users has grown over 6 years from **<1000** to **>6300**



- This represents about **35- 40%** of all AP practicing pathologists in the US & Canada.
- **45%** of hospitals with **>400** beds in the US are licensed to use the eCC.
- **49/50** states have labs using the eCC.

Great, we are standardizing cancer reporting. What else do we need to do?



OK, how do we get there?

- **Establish close relationships with stakeholders in the cancer reporting domain, including hospitals and health systems**
 - Understand all stakeholder current landscape and needs
 - Identify shared goals around modernization and improvement
 - Identify areas of strengths and build on this
 - Identify areas of opportunity and where there are defined gaps
 - Develop solutions ensuring a win-win for all parties

Sounds great, but we are already doing a lot of this, and we have differing needs and established processes that we need to support as well.

- **That's true. It takes a lot to keep the wheels turning, and we have to serve existing needs in each of our specialty areas. We are already stretched thin.**
- **Asking how we can do more is a fair question.**

Starting small, thinking big

Current CAP efforts include collaboration with:

CDC-NPCR, advancing standardized reporting, structured data capture, transmission, and alignment with the registry case record

California Cancer Registry (CCR) to streamline cancer reporting

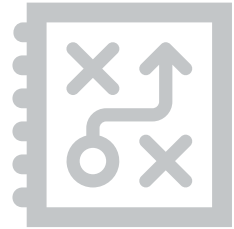
NCI-SEER and other stakeholders exploring ICDO encoding harmonization

AJCC evolving content, processes, technical capabilities, and distribution

NAACCR via ongoing leadership discussions and educational activities

WHO/ IARC to incorporate content into the Cancer Protocols

Tell me more about CAP reporting activities.



California (CCR)

2013- present, work with CCR to automate lab reporting to the registry
2020 efforts focused on metric development to determine baseline to measure changes in reporting capabilities, and a pilot to implement trigger-based eCC reporting to CCR



CDC-NPCR cooperative grant (with NAACCR, AJCC)

Advance data standardization and structured data capture via collaborative efforts, promote understanding and bilateral education, align SDC and Vol V transmission capabilities, and support informatics efforts and solutions
Includes work to enable our content editing tools to be utilized by registries



Vendor implementation collaboration (VIC)

F2F full-day sessions

- Presentations
- Case review
- Validation through test scripts
- Reporting output
- Capability assessment

SDC is the technical foundation of the eCC.



vparekh | [Help](#) | [Logout](#)

Structured Data Capture (SDC)

Home [Form Manager](#) Form Filler ▼ Form Receiver Configuration Transaction Log

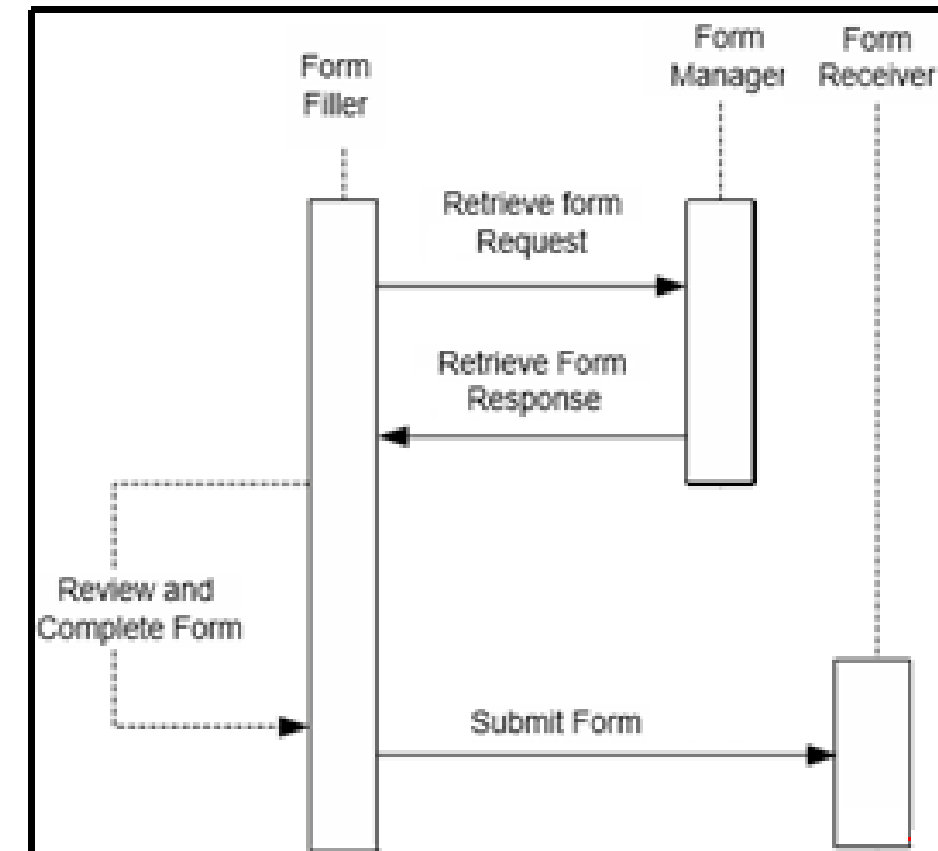
What am I looking for?

UPLOAD NEW PACKAGE

Available Packages (10)

Package ID ▲	Package Name	Form ID	Form Name	Agency Name	Validation Path	Transform Path	Date Updated	Files
PKG_Adrenal	PKG_Adrenal	Adrenal.Bx.Res.129_3.002.011.RC1_sdcFDF	ADRENAL GLAND	CAP	Schema12019	Working	1/16/2019 at 05:45 PM	XML HTML
PKG_Adrenal_Demog	PKG_Adrenal_Demog	Adrenal.Bx.Res.Demog_129_3.002.011.RC1_sdcFDF	ADRENAL GLAND	CAP	Schema12019	Working	1/21/2019 at 08:56 PM	XML HTML
PKG_Breast_Bmk	PKG_Breast_Bmk	Breast.Bmk.169_1.003.001.CTP3_sdcFDF	Breast Biomarker Reporting Template	CAP	Schema12019	Working	1/16/2019 at 05:42 PM	XML HTML
PKG_Breast_Bmk_Demog	PKG_Breast_Bmk_Demog	Breast.Bmk.Demog_169_1.003.001.CTP3_sdcFDF	Breast Biomarker Reporting Template	CAP	Schema12019	Working	1/21/2019 at 08:57 PM	XML HTML
PKG_LDCT_Lung	PKG_LDCT_Lung	FORM_LDCT_Lung	Lung Cancer Screening Template	CCO	Schema12019	Ver4	7/10/2019 at 02:03 PM	XML HTML
PKG_Lung_Surgery	PKG_Lung_Surgery	LungSurgCCO.357_1.0.0.DRAFT_sdcFDF	Lung Surgery CCO	CCO	Schema12019	Working	1/17/2019 at 02:40 PM	XML HTML
PKG_ThyroidNoduleUS2b	PKG_ThyroidNoduleUS2b	US_Thyroid_CCO.359_2.1.2.DRAFT_sdcFDF	CCO Synoptic Template for Thyroid US	CCO	Schema12019	Working	2/19/2019 at 05:45 PM	XML HTML
PKG_WA_OOR	Washington State OPIOID	FORM_OOR	OOR	CDC	Schema12019	Working	1/15/2019 at 09:04 PM	XML HTML

© 2020 SDC Application

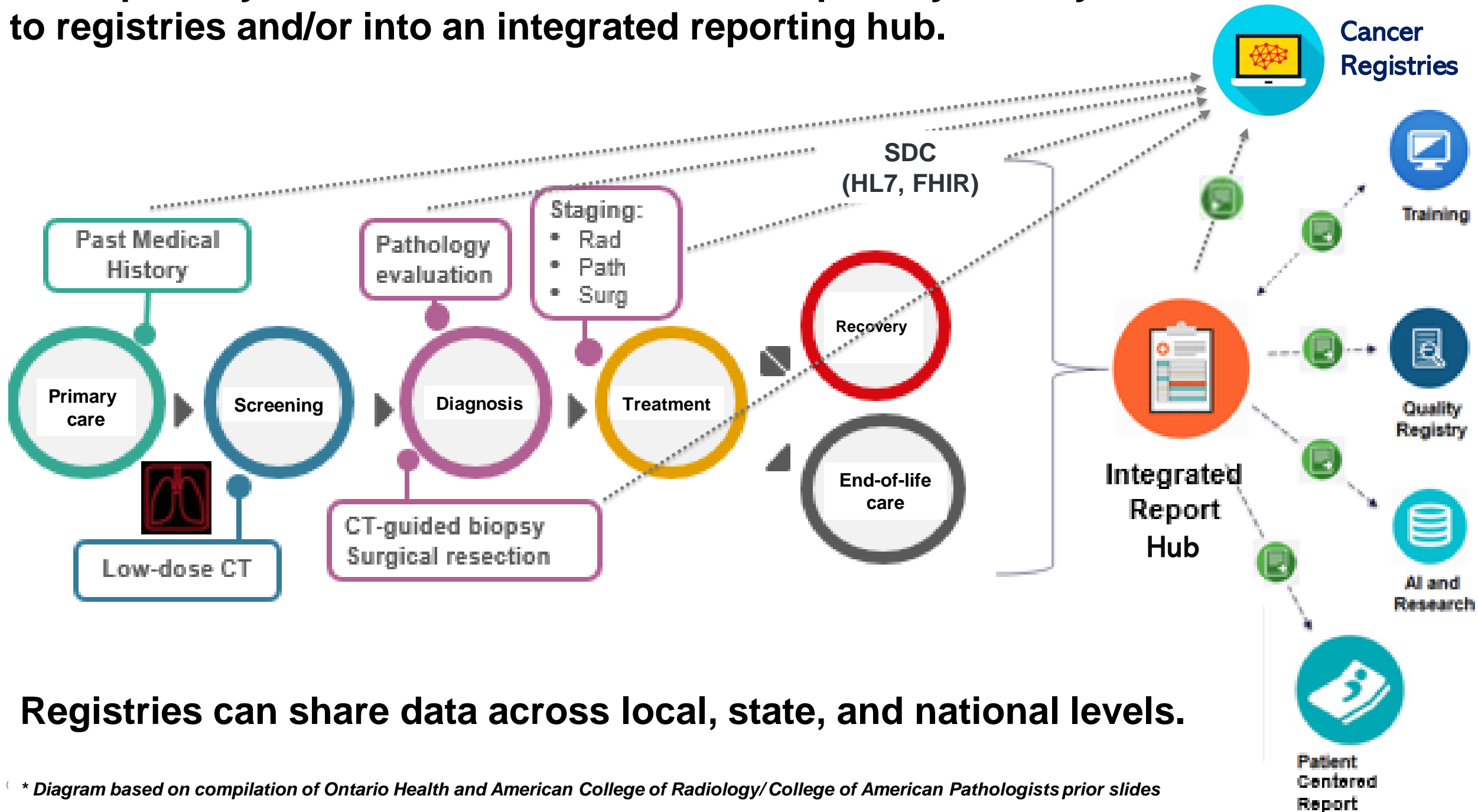


SDC enables systems to retrieve, display, fill, and submit structured forms to a receiver.

- SDC is interoperable and specialty agnostic
- We can capture and reuse structured data within EHRs for other purposes such as:
 - ✓ Public health reporting
 - ✓ Patient safety event reporting and adverse event reporting
 - ✓ Clinical research

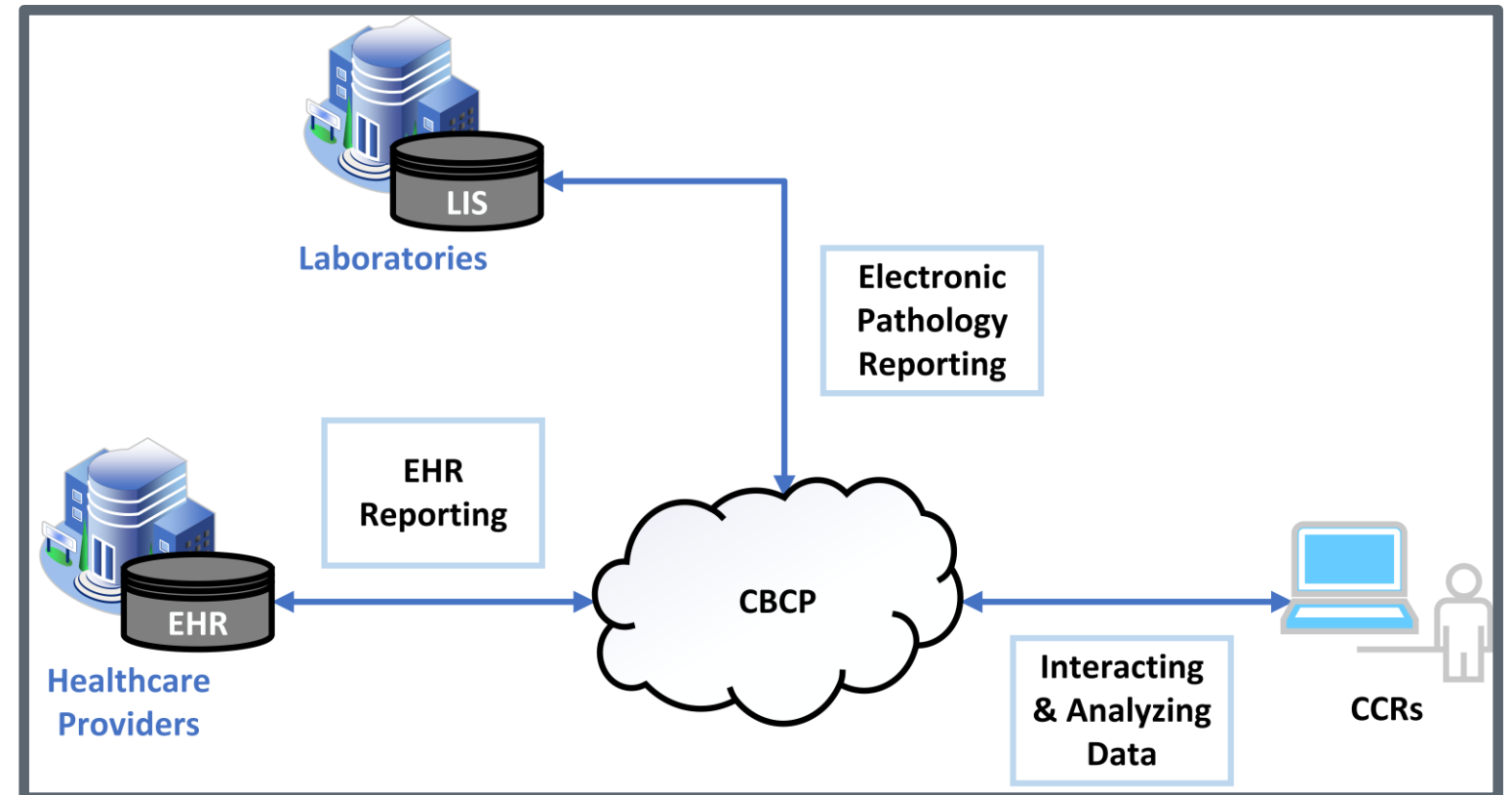
What are our goals for future reporting?

Multispecialty standardized data feeds interoperably directly to registries and/or into an integrated reporting hub.



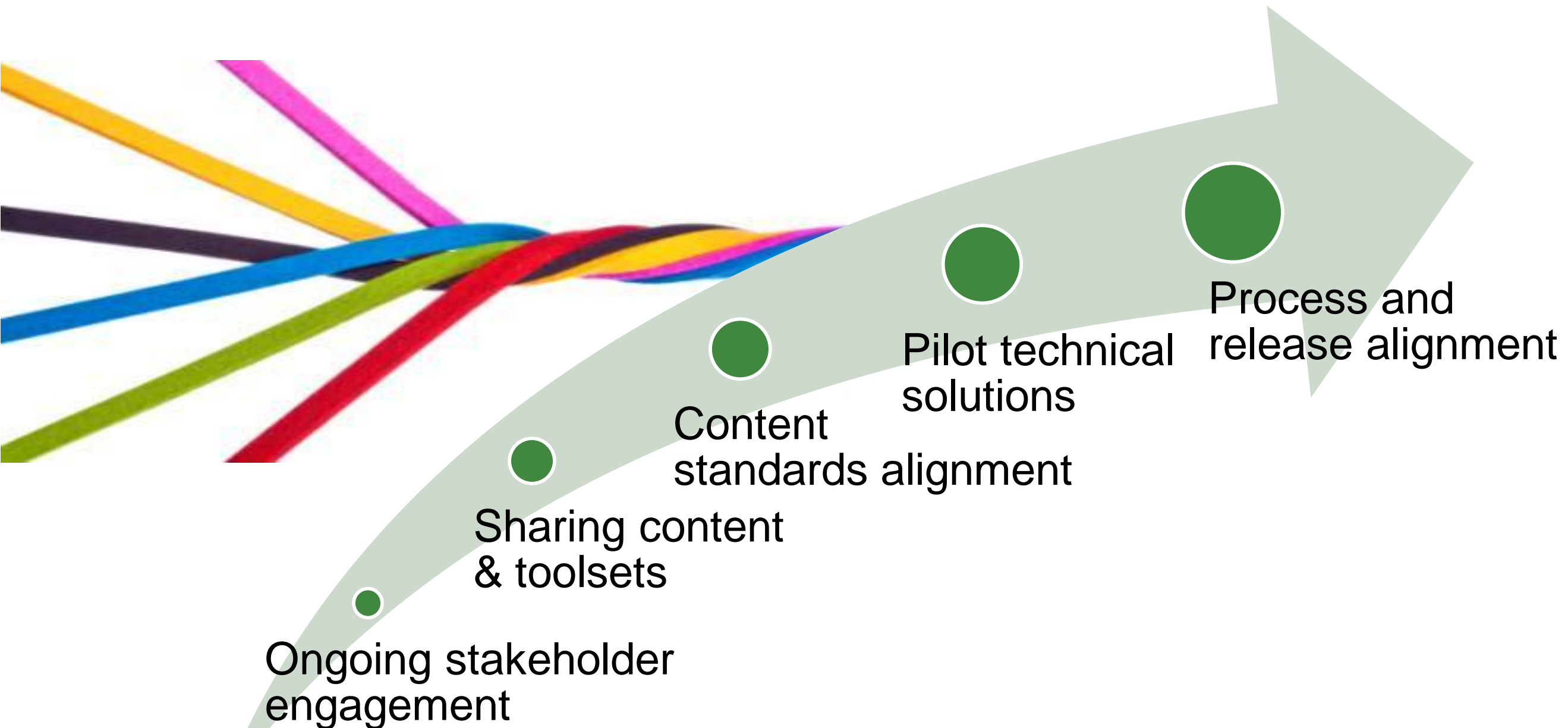
Leveraging SDC for registry reporting

- Establish electronic data exchange for the Cancer Surveillance Cloud-Based Computing Platform (CBCP) with laboratories and healthcare providers
- Use Structured Data Capture (SDC) to allow for a variety of data exchange methods (FHIR, HL7 v2.x, etc.)



* Slide courtesy of the CDC NPCR

Where would we like to be in 5 years?





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