The Royal College of Pathologists
Pathology: the science behind the cure

02 December 2019

# Working Group on Cancer Services

A meeting of the Working Group on Cancer Services was held on 26 November 2019 at 11am, at The Royal College of Pathologists, 6 Alie Street, London E1 8QT.

Dr Lance Sandle
Registrar

## Minutes

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| **Present:** | Dr Michael Eden (ME)<br>Dr Jon Oxley (JO)<br>Dr Sebastian Brandner (SB)<br>Dr Roger Hunt (RH)<br>Prof Keith Hunter (KH)<br>Dr Muhammad Shafiq Gill (MSG)<br>Prof Tim Helliwell (TH) | In the Chair<br>Cellular Pathologist RCPath (by t/c)<br>Cellular Pathologist RCPath<br>ACP representative<br>Cellular Pathologist RCPath (by t/c)<br>Cellular Pathologist RCPath (by t/c)<br><br>ICCR representative (by t/c) |
| **In attendance:** | Maria Marrero (MM)<br>Maja Laxdal (ML) | CE Manager<br>Administrative Assistant - Professionalism<br>BDIAP representative |
| **Apologies for absence:** | Dr Naveena Singh (NS) | |
| ME welcomed SB to the group.<br><br>**Declaration of conflict of interest** – No declarations of interest were made. | | |

**WG.09/19** **Minutes of the meeting held on 13th June 2019**

The minutes were accepted as a correct record of the meeting.

**WG.10/19** **Matters arising from the meeting of 13th June 2019**

**i)** **Registration document of cancer cases when equivocal coding/terminology is used**

The group agreed that there was not much appetite for this. It was stated that this has been going around for 5 years now and has not moved on. ME does not think the group should take this forward.

**ii)** **Survey of histopathology members on datasets/tissue pathways**

MMF presented the latest draft of the members' survey questions. MSG said that the survey looks comprehensive and suggested that we send out the survey to see how people respond and then add any new questions if need be. MMF suggested that in order to gather as many responses as possible, CE will inform our members of the survey via bulk email, e-newsletter and the website. RH suggested we put this out asap as it's been going on for so long. ME mentioned that the survey is quite long

and suggested we cut some questions out. SB suggested we add a question asking for guidelines that are not covered i.e. 'Do you think all relevant pathways are covered? Do you have any suggestion for new guidelines?'.

***Actions:***

***1) SB to send suggested question(s) to MMF.***

***2) ML/MMF to create the survey on survey monkey and send out to members.***

**iii) MDT Workshop**

It was discussed that Bridget Wilkins raised the idea of an MDT workshop to improve effectiveness at meetings but there has been no College support for it. MMF reported that the reason this item was included for discussion again was because Paul Barrett stated at the previous meeting that this was an issue related to patient safety and may be important to Berenice Lopez, the Clinical Director of Safety and Quality. MMF mentioned that Berenice agreed that there is a patient safety implication in the document and she suggested that the scope of MDT include mortality and morbidity. KH mentioned that there is an existing MDT document that was sent around to the Cellular Pathology SAC and it was decided that there was no use in updating it. MMF mentioned that that document belongs to the publishing department and is therefore not our responsibility. The SAC are responsible for reviewing this document.

***Actions: MMF to inform Mike Osborn of Berenice's suggestions and that this is a publishing document.***

**iv) WGCS membership –end of term**

MMF reported that NS term of office is officially over. She also discussed that someone needs to replace Paul Barrett in his ICCR role. SB expressed an interest in taking over from PB and asked what the requirements are. ME explained his role in the ICCR and what that involves. The group discussed the composition of the group and the role of each member and they agreed that TH doesn't need to be involved in the group as there is already enough representation in place from the College in the ICCR. It was agreed that TH can send any questions or information to the Chair to report back to the group.

***Actions:***

1) ***MMF to contact the BDIAP to ask them to nominate a new representative to take over NS.***
2) ***MMF to send information to SB about ICCR representation.***
3) ***ME to email TH***

**v) Urothelial cancer working group**

ME said the group has finished their draft document which will now go to the ENCR steering committee. It may go on to international adoption but shouldn't change anything in reporting.

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**vi) Integrated reporting meeting**

***Action: MMF to remind TH to review the 'Standards for integrated reporting in cellular pathology'***

**vii) LogicNets co-sponsored synoptic reporting concept for RCPath**

ME gave a bit of background information about LogicNets to SB and how we got involved with this organisation. MMF informed SB that the College didn't seem to understand the benefits of such a system as we needed to put more work into it. SB suggested that we should get involved and pursue this work. MMF suggested that if we are going to pursue this, we need to be fully committed and have somebody that can lead the work.

***Action:***
***1) MMF to give LogicNets minutes from the meeting to ME.***
***2) MMF to send the LogicNets information to SB.***

**viii) Discuss amendments to pancreas dataset**

It was stated that the new version of TNM8 has not been incorporated.

***Action: MMF to look up and get back to the group on this.***

**ix) Group work contribution**

MMF reported that responses were good as we haven't had many new documents for review since last June.

**WG.11/19 COSD report**

ME reported that he and Andrew Murphy went through the pathology data items and amended the issues that COSD made for the LIMS suppliers. COSD was changed to align with RCPath data items and non-core data items were removed. Implementation is set for April 2020.

**WG.12/19 Report on ICCR activity**

TH provided following summary to the group:

ICCR's global presence is growing, Singapore Society of Pathology is now on board and Japan is on its way. The current situation regarding datasets is as follows: Melanoma dataset is being published, Merkel cell carcinoma is in the final stages of approval with a publish date for the beginning of December. There are four endocrine datasets with consultation comments with the authors, these should be published by the end of the year. There are seven digestive disease datasets that are planned to go to open consultation in January and, lastly, there are four breast datasets going to open consultation in March.

TH mentioned there is a proposal to restructure the ICCR and that the decision currently lies with council. The aim would be to generate a larger public profile with a stronger commitment to the international process.

TH provided information on the IC3R document that was circulated to the group. He informed the group that if the WGCS wants to become more closely aligned with and more involved in the ICCR then the opportunity is there. ME said he can't see the benefits of the College being an affiliate member at this time. TH explained that the ICCR are looking to develop frameworks and asked SB if he would like a framework or if he thinks the College should be closely involved with the ICCR. SB questioned which direction the flow of information should go and what we are trying to achieve.

After discussing the use of ICCR text in College datasets ME said that it has the potential to make datasets rather long so there needs to be a balance between what benefits this has for the reader. The issue of copyrights was also brought up and it was questioned what the College is paying the ICCR for if the College can't use the text freely. TH commented that he thinks Australasia doesn't pay for copyrights in their datasets. ME said that this would save time/grief concerning evidence base. TH suggested that all text in a dastaset inside a box could be ICCR text and anything outside a box would be RCPath text. ME suggested that the College may want to integrate text in a different fashion so that the ICCR text is not just dropped in. KH agreed that using a block of text dropped in is not a good idea. TH said for the group to check out Australasia prostate dataset for an example of an approach to integrating texts. TH said that Daniel needs to be involved in this conversation from a legal/copyright point of view. He suggested there be an email exchange detailing what it is that the WGCS ideally want.

TH also explained that the ICCR are currently looking at creating a new committee. The ICCR want to be vendor neutral. SB stated that single vendor leaves no contingency.

***Action: ME to email Jo Martin about the status of the ICCR.***

**WG.13/19 Progress on datasets**

ML reported on the status of the datasets.

**a. Dataset revisions**

- Surgical excision breast – Rahul Deb wanted a face to face meeting. MMF reported that we don't have a budget to cover meetings for each document we produce. The group agreed this is not necessary and that this may lead to other guideline authors to request meetings.

***Action: MMF to inform Dr Deb that face to face meeting is not possible at the College.***

- Non-op breast – ML sent guideline back to Dr Lee to finish responding to WGCS comments
- Primary bone tumours – with KH for first pass
- CNS– this is currently in open consultation

***Action: ML to follow up.***

- Endocrine system – MMF reported that the SAC chair emailed the authors to inform them that the College will need to produce datasets for the reasons stated in ME's letter. The authors have not responded to this and the reviews of the datasets are stalled. The working group stated that the ICCR is poor value for money compared to RCPath guidelines. ML had an email query concerning the adrenal dataset scoring scale point sum.

***Action:***

***1) ME to email authors of the adrenal dataset (Dr Moonim and Dr Johnson) concerning email query***

***2) MMF to send ME the correspondence that the SAC chair sent to the authors.***

***3) ME to ask the endocrine people to step down if they do not want to continue writing RCPath guidelines. ME to find authors who are willing to author.***

- Liver – the lead author plans to submit this once the liver tissue pathway has been completed (TP planned for early 2020)

- Gastrointestinal stromal tumours– Consultation comments with authors.

- Cervix – with ME for final approval. It was stated that it could be useful to have a mapping table to input COSD codes. Brian Rous had a mapping sheet that may be appropriate to input codes.

- Conjunctival Melanoma – no further updates on this dataset

- Head and Neck series – KH informed that Carcinomas of the nasopharynx and oropharynx has been started.

***Action: ML to follow up.***

- Lymphoma – Dr Dojcinov not replied to ML emails

***Action: ML to forward emails to ME.***

- Urinary collecting system – Dr Murali Varma questioned if he could use the ICCR approach to core and non-core data items where each element is discussed in entirety. The group agreed this method looked much clearer for this dataset.

***Action: ML to follow up and tell Dr Varma the ICCR method is fine.***

- Penile – CE team have received no further updates on this dataset

- Testis – with publishing team

**b. New datasets**

- Appendiceal tumours – Dr Manuel Rodriguez-Justo and Prof Norman Carr are close to having first draft finished.

- Cutaneous lymphomas – Dr Eduardo Calonje has agreed to lead on the development of this guideline, expected March 2020

***Action: ML to follow up.***

- Germ cell tumours – the CE team has received no further updates on this dataset.

***Action: ML to follow up and email Dr Hook cc'ing ME.***

SB stated that there is very little guidance given to authors in terms of writing a guideline especially in terms of a literature review and what is required in terms of referencing a systematic review. The current document that CE sends to authors concerning literature review is unclear, specifically where it asks for 'dates: to- from'. This should be made more clear as to what the authors should fill out i.e. which dates are we referring to? SB suggested that we give examples of 'good' datasets to give to authors to highlight what kind of information we want in a guideline. JO mentioned that it may be useful to give authors specific

copy as a standard text to put in the foreword where the authors can then fill in the blanks. It could include 'the scope of this dataset is…', 'this is what we reviewed…', 'this includes sources from…', 'we included searches from…'. ME suggested it may be worth adding in the general guidance given to authors that they can email the Chair with any questions. MMF reported that we have a template that we sent to authors that indicates what is required in the guideline, SB suggested that as part of the author guidance template we should add text in each subsection about what to include or not to include in that section.

***Action:***
***1) ML/MMF to re-write guidance to be clearer and more comprehensive***
***2)JO to send sample copy for the foreword***

**WG.14/19 Progress on tissue pathways**

ML reported on the status of the tissue pathways.

**a. Tissue pathway revisions**

- Liver – Judy Wyatt said to expect this early 2020.
- Thoracic – In open consultation.
- Non –neoplastic neuropathology – With ME for final approval.
- Non- neoplastic ophthalmic pathology – With NS for first pass, NS said to expect this by 02/12.
- Gynaecological – Raji Ganesan confirming co-authors.

***Action: ML to follow up.***

**b. New tissue pathways**

- Renal transplant biopsies – the development of this guideline is ongoing, the authors should be sending a first draft soon.

***Action: ML to follow up.***

**WG.15/19 Any other business**

**i) Carcinoma of the eyelid**

ME reported that he received an email from Brian Rous and David Slater suggesting the development of a dataset covering carcinomas of the eyelid. The working group suggested that we may not need a new dataset, but that carcinomas of the eyelid could be considered when the current skin datasets are up for review. However, as the skin datasets are not due for review anytime soon, it was then suggested that this topic be included in one of the eye datasets.

***Action:***
***1) ML to contact the ophthalmic advisor and ask if this could be included in the review of an eye dataset.***

***2)ME to contact Slater to query how the dataset would be different to the skin datasets and if it does indeed require its own dataset.***

**ii) COSD data item**

Ki- 67 is a measure of proliferation in cells expressed as a percentage (0-100).

***Action: ME to raise with the breast authors.***

**WG.16/19 Date and time of next meeting**

The next meeting will take place on 11th June 2020 with a starting time of 11.00am.