



Q#	Question	Response
Q4	<p>Q: What do you think about ICCR data sets quality? They do not contradict with CAP protocols although. In Ukraine, we are going to use ICCR protocols for cancer reporting, because we don't have our own national data sets. What do you think about a single one data set for cancer reporting? Is CAP protocol the best candidate for this purpose. Or ICCR is better?</p>	<p>The CAP is a founding member and participant in ICCR, whose datasets purposely share many common elements with the corresponding CAP Cancer Reporting Protocols. CAP currently has broader coverage of different organ systems with their protocols than ICCR, as well as additional protocols for biomarker reporting.</p> <p>The CAP protocols are recognized as the standard for cancer pathology reporting across North America and are reviewed and updated quarterly according to World Health Organization (WHO) and the American Joint Committee on Cancer (AJCC). The user should determine for themselves what should be the standard for patient care in their country given what may be more limited resources for molecular and other testing in their laboratory settings.</p>



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Q5	Q: How to report depth of invasion in a exophytic squamous cell carcinoma in head and neck region ?	<p>SMEs reviewed your question, and below is their response.</p> <p>This topic remains unresolved and problematic. Theoretically, you can end up with a 0 or negative result depending on how it is done. Even the process of applying the plumb line method for DOI, as indicated by AJCC 8th, is subject to variability and does not take exophytic tumors into account.</p> <ul style="list-style-type: none"> <li>•Methods of measurement should follow the recommendations from these studies {PMID: 29700721; 33112422}. In other words, drawing the plumb line from the tangent at the epicenter of a tumor based on a curve or arcuate vector.</li> <li>•Report as &lt;1mm if it is purely exophytic and only invades into the stalk, though this is somewhat debatable and not data-driven.</li> <li>•Thickness should be reported as well (non-core recommendation) but not used to assign the T category.</li> </ul>
Q8	Q: Hi, good morning, excellent presentation. Do the CAP has a special branch for other countries to report Cancer, using this protocols? thank you	<p>The collection or aggregation of data may occur at the country level. The CAP does not collect the report data, we provide the templates to help ensure it is collected consistently and completely to help facilitate treatment and improve patient outcomes.</p>
Q10	Q: Is there an alert system (like an email blast or social media announcement) whenever a new version of a protocol comes out?	<p>Update information along with previous release information is stored on the website for each protocol so that you can tell if it was recently updated. The CAP sends out an email announcement to all members when new protocols are released. Additionally, we post update information on social media and the CAP website. In general, CAP has quarterly releases of new or updated protocols each year in March, June, September, and December.</p>



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**June 7, 2023**  
**Submitted Questions with Responses**

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Q13	Q: will there be an app available for download in android and iphones in the future like in ajcc staging?	<p>The MyCAP app is currently available for download from the App Store and the Google Play store. The app is free to all pathologists.</p> <p>CAP Members, and junior members including medical students and international residents can access the Cancer Protocols templates and explanatory notes right from their phone or tablet on MyCAP, which allows for easy access during tumor boards or by the microscope.</p> <p>Additionally, the MyCAP app can help you reference information to ensure reports are comprehensive and in compliance with accreditation standards. The app also allows you to save most used Cancer Protocols for quick access.</p>
Q15	Q: great summaries! does the CAP have protocols for other conditions like Hirschsprungs disease?	CAP protocols are currently limited to reporting cancer from biopsy and resection specimens. I'm afraid that Hirschsprung disease does not fall into this category, but we can send your request to the Surgical Pathology committee for future consideration as we begin to develop non-cancer reporting templates.



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Q16	Q: I believe you have a software for CAP protocols? Can we subsidise software for LMICs? Fred, University of Zambia.	<p>The Cancer Protocols are available for free on our website for pathologists around the world. The electronic Cancer Protocols are a licensed product which integrates into or works along side your AP-LIS system.</p> <p>The licenses are priced based on the number of full time equivalent pathologists in your organization. We do not currently have a discount on the licenses or a program to subsidize for LMICs, however, we are open to working with sites based on their individual needs. You can contact us at <a href="mailto:cancerprotocols@cap.org">cancerprotocols@cap.org</a> for additional information or pricing.</p>
Q17	Q: The optional points u find + sign beside it right !?	You are correct. Question and answer sets as well as questions with fill-ins for users to enter their own answers are designated as optional with a plus (+) sign in front of them.
Q18	Q: Is the electronic report software free? Where can we find the link?	<p>The CAP electronic Cancer Protocols (eCP) are licensed. There is a yearly license fee based on the number of full time equivalents (FTE) who will be using the system. Our eCP can be integrated directly into the AP-LIS or can operate as a standalone system.</p> <p>You can learn more about eCP at <a href="https://www.cap.org/protocols-and-guidelines/electronic-cancer-protocols">https://www.cap.org/protocols-and-guidelines/electronic-cancer-protocols</a>. Please email us at <a href="mailto:cancerprotocols@cap.org">cancerprotocols@cap.org</a> with any further questions and one of our staff members will help you.</p>



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Q20	Q: I am using CAP protocol for regular reporting, it is very useful. May I know is there any particular reason why skin squamous cell carcinoma protocol is not there in CAP protocol?	We retired the skin squamous carcinoma protocol several years ago. The Cancer Committee may consider implementing a new skin squamous carcinoma protocol in the future but there are no immediate plans to do so.
Q24	Q: can we translate the protocols and use them for our lab?	The CAP does not translate the protocols into other languages. Should you opt to translate for use in your laboratory, you will assume responsibility for quality assurance and validation. Translations would only be for use in your laboratory; they could not be sold or given away to others. For any external use of cancer protocol translations outside of an individual's practice setting, must get written permission from the CAP.
Q25	Q: What's the role of oncologists and surgeons in the development of these protocols ?	Oncologists and surgeons are part of the expert review panel for protocols and have a chance to comment on the protocols and provide feedback.
Q27	Q: Do you recommend that we still use the cancer protocols when reporting carcinomas at metastatic sites e.g. a lymph node that has been biopsied and it is found to have a metastatic carcinoma?	SMEs reviewed your question, and below is their response.  Reporting lymph node status or metastatic sites is recommended when resected with the primary tumor resection. For example, if there is a resection of the urinary bladder for carcinoma with accompanying pelvic lymph nodes, the lymph nodes should be reported in the same cancer protocol.  If the lymph nodes are submitted separately without the primary tumor, the cancer protocol is optional. Specific cancer protocols such as testicular lymphadenectomy add value and are recommended.



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Q32	Q: Why don't we have a protocol for ocular squamous cell carcinoma?	The decision to create a Cancer Protocol template is driven primarily by the tumor type incidence and available staging standards identified for protocol development.