COLLEGE of AMERICAN PATHOLOGISTS

August 2019 CAP Cancer Protocols and electronic Cancer Checklist (eCCs) Highlights: Ease of use, innovation, and crowdsourcing

In working on the latest updates of the CAP Cancer Protocols and electronic Cancer Checklists (eCCs) released August 28, the CAP continues to focus on: ease of use, innovation, and crowdsourcing.

Ease of use

Ease of use has been a top objective since the CAP released the first cancer reporting protocols more than 20 years ago. As CAP Cancer Committee Chair Thomas P. Baker, MD, FCAP, points out, the protocols have been constructed for ease of use by end user pathologists as well as to yield maximum patient benefit across the cancer journey.

Two changes in the August 2019 release, one revising how to report the margins of melanoma specimens and another to simplify reporting of multiple (or synchronous) tumors in lung cancer, will simplify data entry by pathologists.

The CAP Cancer and Pathology Electronic Reporting (PERT) Committees (PERT creates the eCCs) pay significant attention to clarify language describing essential elements so that each patient's pathology report will be useful and interoperable across the continuum of care – for every surgeon, oncologist, radiation therapist, and nurse practitioner who may have a role in the patient's future.

Twelve years ago, to help with ease of use in laboratory information systems (LIS), the CAP released the first eCCs to a handful of early adopters and subscriptions have only increased since. Today, according to PERT Chair Michael A. Berman, MD, FCAP, more than 5,800 pathologists are licensed to use the electronic checklists to record findings using a discrete lexicon that makes the content accessible and clear to colleagues across specialties and disciplines, from clinicians to cancer researchers to tumor registrars.

Innovation

The CAP Cancer and PERT Committees constantly review medical content and technology to advance the protocols and eCCs to reflect the latest in cancer care and electronic use of cancer data. Further, they look at new ways to expand the protocols' application. For example, the committees are issuing two site-neutral templates with this release that will make it possible for pathologists to report cancers that are not covered by the currently available protocols.

Pathologists can now select one of the generic protocols to report out anything that does not fit within a current template—such as presurgical biopsies—yet may have substantial value later in the patient's cancer journey. The new generic protocols can be adapted to record findings whose significance is not yet clear in a format that will make them widely accessible and easily understood.

Crowdsourcing

Crowdsourcing is not as technical or complex as efforts to ease use and innovate, but it does represent a significant advancement to improve cancer reporting.

Members of the Cancer and PERT Committees, along with committee staff, have regularly engaged end users, LIS vendors, and other medical and technical organizations to solicit feedback on ways to improve the cancer protocols and eCCs. Public open comment periods and surveys are also regularly used.

Another important group has more recently been added to crowdsourcing efforts – the CAP House of Delegates.

The House of Delegates had been exploring ways to more tightly integrate with other groups within the CAP. As a heterogeneous group of practicing pathologists, their expertise is ideal for objective and qualified public comment. Today, the CAP circulates draft protocols to the House of Delegates and solicits comment on considerations such as scope and ease of use.

This review has already paid significant benefits to the end product. Efforts to crowdsource do not stop here. Seeking feedback is ingrained in the development of the cancer protocols and eCCs. Please share yours at either cprotoc@cap.org or capecc@cap.org.