

**NAACCR Interoperability Ad Hoc Committee/Pathology Data Work Group  
Statement on Cancer Pathology Checklist Reports  
May 2008**

**NAACCR Data Standards for Cancer Registries**

Please send questions to [Lori Havener](#),  
Program Manager of Standards.

**[Data Exchange Standards and Record Description](#)** (Vol. I)

- Record layout/specifications for data exchange, includes correction and analysis formats intended for programmers

**[Data Standards and Data Dictionary](#)** (Vol. II)

- Detailed specifications/codes for each data item in the data exchange record layout.
- Documentation files grouped by NAACCR version numbers

**[Standards for Completeness, Quality, Analysis, and Management of Data](#)** (Vol. III)

- Operation guidelines edited by the NAACCR Registry Operations Committee
- [Request to Revise Current Standards/Add New Standards to Volume III](#)

**[Standard Data Edits](#)** (Vol. IV)

- Standard computerized edits for data corresponding to the data standards in Volume II
- Current and previous metafiles and GenEDITS software and instructions

**[Pathology Laboratory Electronic Reporting](#)** (Vol. V)

- Statement on Cancer Pathology Checklist Reports - Plans

**Statement on Cancer Pathology Checklist Reports - Plans**

Typically, anatomical pathology reports are in free-form narrative text. NAACCR Standards Volume V focuses primarily on the transmission of these free-form narrative text reports. Over the past several years, there has been an emphasis in the pathology community on standardized checklists or synoptic reports for different anatomical sites.

The College of American Pathologists (CAP) published<sup>1</sup> the CAP cancer protocols and checklists in order to “aid the surgical pathologist with completeness, accuracy, and uniformity in the reporting of malignant tumor specimens and with quality assurance issues related to such specimens. They may be used as a framework for full narrative reporting, alternative reporting formats, or clinical research protocols.”

<http://www.cap.org/cancerprotocols>

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<sup>1</sup> *Reporting on Cancer Specimens Protocols and Case Summaries*. The protocols p. 7

Below is an example of a section from one of the Colon and Rectum Cancer Checklists.

Tumor Site

- Cecum
- Right (ascending) colon
- Hepatic flexure
- Transverse colon
- Splenic flexure
- Left (descending) colon
- Sigmoid colon
- Rectum
- Not specified

Polyp Size

- Greatest dimension: \_\_\_ cm  
\*Additional dimensions: \_\_\_ x \_\_\_ cm  
\_\_\_ Cannot be determined (see Comment)

Starting with cancers diagnosed on or after January 1, 2004, pathologists practicing in Commission on Cancer (CoC) accredited treatment centers are required to incorporate the CAP Cancer Protocol and Checklist essential data elements into their reports. As Standard 4.6 notes, “The CoC requires that 90 percent of pathology reports that include a cancer diagnosis will contain the scientifically validated data elements outlined on the surgical case summary checklist of the College of American Pathologists (CAP) publication, reporting on Cancer Specimens.<sup>2</sup>” At the May 2004 CoC meeting, additional clarification was added, “inspections are limited to cancer-directed surgical resection specimens only. Cytologic specimens, diagnostic biopsies, and palliative resection specimens are excluded.<sup>3</sup>” Many pathology laboratories and associated cancer software developers have created electronic versions of the CAP Cancer Checklists. The potential exists to transmit discrete data items, as well as associated text, from the cancer pathology report directly to the cancer registry.

CAP has developed these “Checklists” as part of cancer protocols for numerous cancer types. Although the major sections of the reports are similar, there is a considerable amount of variation in detail amongst the various Cancer Checklists. The CAP Cancer Committee reviews the Checklists on a continuous basis as needed. In light of this, in 2007, the CAP has undertaken efforts to address known issues and to facilitate vendor implementations of the CAP Electronic Cancer Checklists (eCC). Implementation of the CAP Checklists is being tested with synoptic reporting pilot projects sponsored by the CDC-NPCR and is referred to as the Reporting Pathology Protocols (RPP) Projects. As a result of these pilot projects, a “CAP Cancer Checklist – Implementation Guide Questions and Answers” document (see section 2.12) is being maintained by the NAACCR Pathology Data Work Group. This document provides some practical guidelines for implementing Synoptic Reporting transmissions using the HL7 2.3.1 standard as defined in the most recent version of NAACCR Standards Volume V, Version 2.1.

<sup>2</sup> Commission on Cancer, *Cancer Program Standards 2004*, p. 38

<sup>3</sup> *CAP Today*, June 2004, Vol. 18, No. 6, p. 58

In an effort to standardize the electronic templating, presentation and transmission of the Checklists, the CAP has formed a new committee, the Pathology Electronic Reporting Committee (PERC). Several individuals are present on both PERC and the NAACCR Pathology Data Work Group, providing the necessary feedback to ensure the development of NAACCR-compatible products and specifications based on the CAP Cancer Protocols. In addition, the NAACCR Pathology Data Workgroup has been asked to provide the HL7 message format specification for the upcoming PERC template specifications. In the near future, the CAP Laboratory Accreditation Program (LAP) will likely be requiring use of the CAP Cancer Protocols for laboratory accreditation purposes. Details of the program have not yet been developed.

The NAACCR Pathology Data Work Group plans to continue to monitor this area of cancer pathology checklist reports and develop additional message transmission guidance for pathology laboratories and cancer registries, as needed.