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NAACCR 2011  
Annual Meeting



# Highlights of Valuable CAP eCC Features for Cancer Registries

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[www.cap.org](http://www.cap.org)

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# Overview

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- **Background:** CAP Cancer Protocols (CCP) and CAP electronic Cancer Checklists (CAP eCC)
- **Two Problems:** Multiple versions of CCP and eCC; and reporting multiple primaries
- **Solutions:** Versioning (CCP & CAP eCC) and errata; multiple primary changes
- **Results & Conclusions:** Features improving interoperability for cancer reporting to registries

# Background: CAP Cancer Protocols (CCP)

- Developed by CAP Cancer Committee
- [www.cap.org/cancerprotocols](http://www.cap.org/cancerprotocols)
- Freely available online in Word & PDF formats for paper based reporting

CAP Approved

Gastrointestinal • Colon and Rectum  
ColonRectum 3.1.0.0

## Surgical Pathology Cancer Case Summary (Checklist)

Protocol web posting date: February 1, 2011

### COLON AND RECTUM: Excisional Biopsy (Polypectomy)

Select a single response unless otherwise indicated.

#### Tumor Site (Note A)

- Cecum
- Right (ascending) colon
- Hepatic flexure
- Transverse colon
- Splenic flexure
- Left (descending) colon
- Sigmoid colon
- Rectum
- Other (specify): \_\_\_\_\_
- Not specified

#### \*Specimen Integrity

- \*  Intact
- \*  Fragmented

#### \*Polyp Size

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

#### \*Polyp Configuration

- \*  Pedunculated with stalk
  - \*Stalk length: \_\_\_ cm
- \*  Sessile

# Background: CAP electronic Cancer Checklists (CAP eCC)

- Developed by CAP STS eCC team
- [www.cap.org/diit](http://www.cap.org/diit)
- Available via license from CAP STS in XML format for electronic reporting

COLON AND RECTUM - Digestive System

CAP Approved

## Surgical Pathology Cancer Case Summary (Checklist)

Protocol web posting date: 2011-02-01

Protocol revision date:

Well-differentiated neuroendocrine neoplasms (carcinoid tumors) are not included.

Based on AJCC/UICC TNM, 7th Edition

### COLON AND RECTUM: Resection, Including Transanal Disk Excision of Rectal Neoplasms

Patient Name:

Surgical pathology number:

\*Comment(s)

SPECIMEN	
<p><i>Specimen (Note A)</i></p> <p><input type="checkbox"/> Terminal ileum</p> <p><input type="checkbox"/> Cecum</p> <p><input type="checkbox"/> Appendix</p> <p><input type="checkbox"/> Ascending colon</p> <p><input type="checkbox"/> Transverse colon</p> <p><input type="checkbox"/> Descending colon</p> <p><input type="checkbox"/> Sigmoid colon</p> <p><input type="checkbox"/> Rectum</p> <p><input type="checkbox"/> Anus</p> <p><input type="checkbox"/> Other (specify) <input type="text"/></p> <p><input type="checkbox"/> Not specified <input type="text"/></p>	<p><i>Procedure</i> <span style="float: right;">(reset)</span></p> <p><input type="radio"/> Right hemicolectomy</p> <p><input type="radio"/> Transverse colectomy</p> <p><input type="radio"/> Left hemicolectomy</p> <p><input type="radio"/> Sigmoidectomy</p> <p><input type="radio"/> Rectal / rectosigmoid colon (low anterior resection)</p> <p><input type="radio"/> Total abdominal colectomy</p> <p><input type="radio"/> Abdominoperineal resection</p> <p><input type="radio"/> Transanal disk excision (local excision)</p> <p><input type="radio"/> Other (specify) <input type="text"/></p> <p><input type="radio"/> Not specified <input type="text"/></p> <p>*Specify Specimen Length (cm) (if applicable)</p> <p><input type="text"/></p>

# Background: Cancer Protocols & eCC Releases

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## Cancer Protocols

- Jul. 2006 (existing)
- Oct. 2009 (all new)
- Feb./Mar. 2010 (10 new)
- Jul. 2010 (1 new)
- Feb. 2011 (updates)

## CAP eCC (XML)

- Jan. 2009 (existing)
- Dec. 2009 (all new)
- Feb. 2010 (technical updates)
- May 2010 (10 new & technical updates)
- Feb. 2011 (1 new, 57 updated, 22 still under revision)

## Problem I: Multiple versions of CCP & eCC

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- How do all end users (vendors, pathologists, cancer registrars, etc) keep abreast of changes in versions?
- How do end users know which versions are implemented & utilized for cancer reporting?
- How do registries know which version(s) are utilized in the cancer reports they receive?
  - Which version(s) have the registries implemented?
  - How many different version(s) are implemented by the hospital and pathology practices reporting?

# Solution I: CCP Versioning

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- **Version\_Code\_Description.doc on CCP website**

Version codes are assigned to the Cancer Protocols, eCC, and Work Aids according to the format and algorithm below:

NameOfProtocol.A.B.C.D[.Provisional]

“A” through “D” represent integers.

“A” corresponds to the CAP Cancer Protocol release number. Version 3.0.0.0 is the version for all protocols released on October 2009, because these protocols represent the third major release

- **In each protocol**

Gastrointestinal • Colon and Rectum  
ColonRectum **3.1.0.0**

## CAP Colon and Rectum Protocol Revision History

### Version Code

The definition of the version code can be found at [www.cap.org/cancerprotocols](http://www.cap.org/cancerprotocols).

**Version: ColonRectum 3.1.0.0**

# Solution I: CAP eCC Versioning

- CAP eCC releases include:
  - Cancer Protocol Version Control (same as CCP)
  - CCPs Versioned List

Protocol	Version ID	Posted Date	Previous Version(s)
Colon and Rectum	3.1.0.0	1-Feb-2011	2008, Oct 2009
Colon NET	3.1.0.0	1-Feb-2011	Feb-10

- XDT (CAP eCC) Version Control
  - Includes encoding/component changes
- Cancer Protocol and XDT Versions

<u>Checklist Name</u>	<u>XDT Version</u>	<u>CAP Protocol Website Name</u>	<u>CAP Protocol Version</u>
COLON AND RECTUM: Excisional Biopsy (Polypectomy)	2.000.021	Colon and Rectum	3.1.0.0
COLON AND RECTUM: Resection, Including Transanal Disk Excision of Rectal Neoplasms	2.001.001	Colon and Rectum	3.1.0.0



# Solution I: CCP & eCC Changes/Errata

- Summary of Revisions on CCP website

Cancer Protocol Revision History  
February 1, 2011

Anatomic Subgroup	Protocol	Date of most recent posting	Type of Revision*	Revision Details
Gastrointestinal	Colon NET	Feb-11	LN	Regional Lymph Nodes (pN) Specify: Number examined / Number involved, has been changed to: ___ No nodes submitted or found Number of Lymph Nodes Examined Specify: ___ ___ Number cannot be determined (explain): _____ Number of Lymph Nodes Involved Specify: ___ ___ Number cannot be determined (explain): _____

- Table of Changes in Release Documentation

Checklist Name	Checklist Item Ckey	Checklist Item Text	Comment Text	Item Comment Type Code	Comment Type
Colon and Rectum Neuroendocrine Tumors (Carcinoid Tumors): Resection, Including Transanal Disk Excision of Rectal Neoplasms	15779.1000043	Additional Sites Involved by Tumor (Note B)	Added for compatibility with AJCC 7th ed. and Collaborative Staging	12.1000043	Added item
Colon and Rectum: Resection, including Transanal Disk Excision of Rectal Neoplasms, 10/9/09	15781.1000043	Additional Sites Involved by Tumor (Note A)	Added for compatibility with AJCC 7th ed. and Collaborative Staging	12.1000043	Added item

# Problem II: Reporting on Multiple Primary Tumors

- For Multiple Primary Tumors, the CCP or eCC has lacked a means to indicate another primary, other than via a comment.

COLON AND RECTUM - Digestive System

CAP Approved

## Surgical Pathology Cancer Case Summary (Checklist)

Protocol web posting date: 2009-10-09

Protocol revision date:

Well-differentiated neuroendocrine neoplasms (carcinoid tumors) are not included.

Based on AJCC/UICC TNM, 7th Edition

### COLON AND RECTUM: Resection, Including Transanal Disk Excision of Rectal Neoplasms

Patient Name:

Surgical pathology number:

**\*Comment(s)**

SPECIMEN	
<p><b>Specimen (Note A)</b></p> <p><input type="checkbox"/> Terminal ileum</p> <p><input type="checkbox"/> Cecum</p> <p><input type="checkbox"/> Appendix</p> <p><input type="checkbox"/> Ascending colon</p> <p><input type="checkbox"/> Transverse colon</p> <p><input type="checkbox"/> Descending colon</p> <p><input type="checkbox"/> Sigmoid colon</p> <p><input type="checkbox"/> Rectum</p> <p><input type="checkbox"/> Anus</p> <p><input type="checkbox"/> Other (specify) <input type="text"/></p> <p><input type="checkbox"/> Not specified</p>	<p style="text-align: right;"><a href="#">(reset)</a></p> <p><b>Procedure</b></p> <p><input type="radio"/> Right hemicolectomy</p> <p><input type="radio"/> Transverse colectomy</p> <p><input type="radio"/> Left hemicolectomy</p> <p><input type="radio"/> Sigmoidectomy</p> <p><input type="radio"/> Rectal / rectosigmoid colon (low anterior resection)</p> <p><input type="radio"/> Total abdominal colectomy</p> <p><input type="radio"/> Abdominoperineal resection</p> <p><input type="radio"/> Transanal disk excision (local excision)</p> <p><input type="radio"/> Other (specify) <input type="text"/></p> <p><input type="radio"/> Not specified</p> <p><b>*Specify Specimen Length (cm) (if applicable)</b></p> <p><input type="text"/></p> <p style="background-color: #ffff00;"><b>Tumor Site (Note A)</b></p> <p><input type="checkbox"/> Cecum</p> <p><input type="checkbox"/> Right (ascending) colon</p> <p><input type="checkbox"/> Hepatic flexure</p> <p><input type="checkbox"/> Transverse colon</p> <p><input type="checkbox"/> Splenic flexure</p> <p><input type="checkbox"/> Left (descending) colon</p> <p><input type="checkbox"/> Sigmoid colon</p> <p><input type="checkbox"/> Rectosigmoid</p> <p><input type="checkbox"/> Rectum</p> <p><input type="checkbox"/> Colon, not otherwise specified</p> <p><input type="checkbox"/> Cannot be determined (explain) <input type="text"/></p>

# Solution II: Reporting on Multiple Primary Tumors

- Tumor Site changed to Primary Tumor Site
- Additional Sites Involved by Tumor
  - Added section
  - Multiselect
  - Added “None identified”

**COLON AND RECTUM: Resection, Including Transanal Disk Excision of Rectal Neoplasms**

Patient Name: \_\_\_\_\_  
Surgical pathology number: \_\_\_\_\_

\*Comment(s)  
\_\_\_\_\_

SPECIMEN	
<b>Specimen (Note A)</b>	<b>Procedure</b> <span style="float: right;"><a href="#">(reset)</a></span>
<input type="checkbox"/> Terminal ileum <input type="checkbox"/> Cecum <input type="checkbox"/> Appendix <input type="checkbox"/> Ascending colon <input type="checkbox"/> Transverse colon <input type="checkbox"/> Descending colon <input type="checkbox"/> Sigmoid colon <input type="checkbox"/> Rectum <input type="checkbox"/> Anus <input type="checkbox"/> Other (specify) <input type="text"/> <input type="checkbox"/> Not specified <input type="text"/>	<input type="radio"/> Right hemicolectomy <input type="radio"/> Transverse colectomy <input type="radio"/> Left hemicolectomy <input type="radio"/> Sigmoidectomy <input type="radio"/> Rectal / rectosigmoid colon (low anterior resection) <input type="radio"/> Total abdominal colectomy <input type="radio"/> Abdominoperineal resection <input type="radio"/> Transanal disk excision (local excision) <input type="radio"/> Other (specify) <input type="text"/> <input type="radio"/> Not specified <input type="text"/>
	<b>*Specify Specimen Length (cm) (if applicable)</b> _____
<b>Primary Tumor Site (Note A)</b>	<b>Additional Sites Involved by Tumor (Note A)</b> <span style="float: right;"><a href="#">(reset)</a></span>
<input checked="" type="radio"/> Cecum <input checked="" type="radio"/> Right (ascending) colon <input checked="" type="radio"/> Hepatic flexure <input checked="" type="radio"/> Transverse colon <input checked="" type="radio"/> Splenic flexure <input checked="" type="radio"/> Left (descending) colon <input checked="" type="radio"/> Sigmoid colon <input checked="" type="radio"/> Rectosigmoid <input checked="" type="radio"/> Rectum <input checked="" type="radio"/> Colon, not otherwise specified <input checked="" type="radio"/> Cannot be determined (explain) <input type="text"/>	<input type="checkbox"/> Cecum <input type="checkbox"/> Right (ascending) colon <input type="checkbox"/> Hepatic flexure <input type="checkbox"/> Transverse colon <input type="checkbox"/> Splenic flexure <input type="checkbox"/> Left (descending) colon <input type="checkbox"/> Sigmoid colon <input type="checkbox"/> Rectosigmoid <input type="checkbox"/> Rectum <input type="checkbox"/> Colon, not otherwise specified <input type="checkbox"/> Cannot be determined (explain) <input type="text"/> <input checked="" type="checkbox"/> <b>None identified</b>

## Solution II: Reporting on Multiple Primary Tumors

- **Primary & Multiple Tumor Sites added to:**

•	Brain
•	Colon and Rectum
•	Colon NET
•	Esophagus
•	Gallbladder
•	GIST (biopsy and resection)
•	Pancreas (Endocrine)
•	Pancreas (Exocrine)
•	Small Intestine NET
•	Larynx
•	Lip and Oral Cavity*
•	Major Salivary Glands*
•	Nasal Cavity and Paranasal Sinuses*
•	Pharynx
•	Uveal Melanoma

\* Not released in Feb 2011

- **Primary Tumor Site responses added for CS to:**

•	Soft Tissue (biopsy and resection) *
•	Bone (biopsy and resection) *
•	PNET/Ewing (biopsy and resection) *
•	Merkel Cell
•	Squamous Cell
•	Melanoma

\* Not released in Feb 2011

- **Correspond to CS V2 schemas in most cases**

## Solution III: Additional CAP eCC Enhancements

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- **Include maps to:**
  - **SNOMED CT for Tumor Site and Histologies (~1400)**
  - **ICD-O3 codes**
- **Change Summaries for:**
  - **SNOMED CT body structure code changes**
  - **SNOMED CT morphology code changes**

# Results and Conclusions: How Solutions Aid Cancer Registries

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- **Versioning ensures registries know from which release(s) data elements are being collected**
- **Change Summaries ensure registries**
  - **Have the latest data elements**
  - **Keep abreast of the changes in each version**
- **Multiple Primary changes guide users in the collection and transmission of these data for registries**
- **Better data enhance cancer surveillance activities**

## For More Information Regarding,

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- **CAP eCC questions, licensing and feedback**
- **Education programs and expert consulting**
- **Customization of the CAP eCC tailored to your needs**
- **Contact us at:**
  - **(847)-832-7700**
  - **[capecc@cap.org](mailto:capecc@cap.org)**





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