Introduction

The New Brunswick Cancer Network (NBCN) began its journey into the world of cancer informatics in July 2008 when CPAC – the federally funded organization leading the implementation of Canada’s cancer control strategy – began working with provinces, territories and national partners on the National Staging Initiative (NSI). The intent was to achieve national population-based Collaborative Stage (CS) capture for cases of Canada’s four most common cancers (breast, prostate, lung and colorectal) diagnosed on or after Jan. 1, 2010.

With project funding provided by CPAC, NBCN embarked on a plan to enhance CS capture in New Brunswick by purchasing laboratory tools that can use the College of American Pathology Cancer Checklist Protocols (CAP – CCPs). The radical prostatectomy and the invasive breast, lung and colorectal resections CCPs were selected because they provided the most complete staging information for these four leading cancers in New Brunswick.

Project objectives 2008-12

1. Implement synoptic pathology reporting tools in all eight hospital laboratory information systems in New Brunswick that can use the computerized versions of the four CAP – CCPs (i.e. electronic cancer checklists or eCCs);
2. Bring all pathology reports into the interoperable Provincial Electronic Health Record (EHR). The EHR in New Brunswick integrates patient clinical data from all hospital systems in the province into the “One Patient, One Record” so that there is a single point of web-based viewing; and,
3. Provide registry access to the EHR so staff can view diagnostic imaging, blood laboratory and pathology reports required to assign accurate CS capture.

Project approach

Between January and February 2010, CPAC sponsored pathology education sessions by WebEx for all Canadian pathologists with the lead American authors of the breast, prostate, colorectal and lung cancer CCPs. The goals were to review and understand the changes in the new 7th edition of CAP – CCPs.

Project results

In July 2009, the Canadian Association of Pathology and the New Brunswick Association of Laboratory Physicians endorsed the 7th edition of CAP – CCPs as a pan-Canadian and New Brunswick content standard for reporting cancer specimens. In July 2011, cancer registry was added as the first secondary user group to the EHR, and staff began accessing laboratory and diagnostic imaging exam reports from one source at their desktops.

A software application known as the New Brunswick Cancer Registry Work List was developed that works in conjunction with the EHR. The software gives registry staff a list of reportable pathology cases that have been delivered to the EHR repository for viewing (Figure 2).

Conclusion

The National Staging Initiative and Pathology Synoptic Reporting Project in New Brunswick is a cancer informatics project because it has involved collaboration between computer and information science and health care. It will optimize the way the registry and the multidisciplinary oncology community acquire, store and retrieve real time pathology reports in the future using existing EHR infrastructure. This is also expected to help improve CS capture and standardize cancer pathology reporting in New Brunswick.