

### Role of the Cancer Registry and Pathology Informatics in the Cancer Center



NAACCR Cancer Informatics Symposium: Essential Technologies & Methodologies for Registries Toronto, Canada; Sunday, June 9th, 2002

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http://www.upci.upmc.edu/internet/benedum/index.html
Advancing Pathology Informatics, Imaging and the Internet (APIII) 
<a href="http://apiii.upmc.edu">http://apiii.upmc.edu</a>

Association for Pathology Informatics (API) -

http://www.pathologyinformatics.org









- Introduction to Oncology & Pathology Informatics
   Research at Hillman Cancer Center
- Linkages Between Pathology and Cancer Registries
- Research Use of Pathology Data and Cancer Registries
  - Comprehensive Prostate Cancer Tissue Resource (CPCTR) and Tissue Bank Information Systems
     [Clinical, Pathology & Cancer Registry Data]
  - The Shared Pathology Informatics Network (SPIN) Cancer Registry and Anatomic Pathology Data
- Conclusions
- Future Directions The Need for Electronic
   Communication Strategies







#### Hillman Cancer Center



- University of Pittsburgh Cancer Institute and UPMC Cancer Centers
  - Comprehensive Cancer Center
  - 12 patient care centers, each focusing on a specific type or treatment of cancer
  - Nationally and Regionally Competitive
- Institution size
  - 600+ physicians/researchers
  - Number of new cancer patients per year: 10,000+
- Participation in clinical trials
  - Number of open protocols by sponsor type
    - 247 active protocols (48 pharmaceutical, 28 cooperative group, 45 internal)
- Number of patients accrued in 2001: 1028







#### Hillman Cancer Center



- Pathology Informatics
  - 18 hospitals one anatomic laboratory information system (LIS)
  - 12 of 18 hospitals on one clinical pathology LIS
  - One tissue banking plan (5 major tissue banks) and now linked to our Organ Specific Database program
- Oncology Informatics
  - 14 of 18 hospital on one Cancer Registry (ImPath, formerly MRS)
    - Number of new index cancer patients per year: 10,000+
  - Clinical Trials Information System (developed in house)
  - Organ Specific Databases (research information systems)









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### Pathology Informatics



University of Pittsburgh School of Medicine

Progression
PSA
Therapy
Type
Demographics
Pathology
Clinical
Genetic
Morphologic
Anatomy
Phenotype
Time

Grade

- Seventy percent of the data in the UPMC Electronic Medical Record is Pathology Data
- Eighty percent of the data used by the UPMC decision support system is Pathology Data
  - Seventy-plus percent of the queries against the UPMC EMR involve Pathology Data
- Pathologists analyze blood and tissue for the presence and nature of disease
- Much of this analysis is based or relies on morphology



Benedum Oncology Informatics Center / Center for Pathology Informatics





## Merging Pathology & Oncology Data for Value Creation



- Pathology & Oncology Data and Value Creation:
  - Tissue In Based Archives
    - » Paraffin Tumor classification, staging & grading (stored in anatomic pathology lab info system or APLIS) are critical to the Molecular ReClassification (NCI Director's Challenge)
    - » Cancer Registry (CR) records treatment, progression and outcomes critical to research efforts (SPIN grant)
    - » Importance of research materials (tissues) for genomics
    - » Pathology + Outcomes + Tissue = unprecedented new value
  - Clinical Data (and Serum) Archives
    - » Chemistry profiles and tumor markers many times qualify a patient or define success or failure of therapeutic intervention in clinical trials (clinical pathology lab info system or CPLIS)
    - » Aggregates of longitudinal medical records in Oncology and for hospital systems (clinical information systems or CIS) has new perceived value for benchmarking change Department of Pathology





### Component Technology – Pathology & Oncology Informatics



- Pathology Informatics
  - Anatomic Pathology
  - Clinical Pathology
  - He matopathology &Molecular Diagnostics
  - LIMS for Genomics and Proteomics
  - Tissue Banking
  - Telepathology
  - Web Site Support

- Oncology Informatics
  - Cancer Registry
  - Clinical Trials
  - Organ SpecificProgram Support
    - Prostate,Melanoma, etc..
  - Telemedicine (for oncology)
  - Web Site Support
  - E-Health







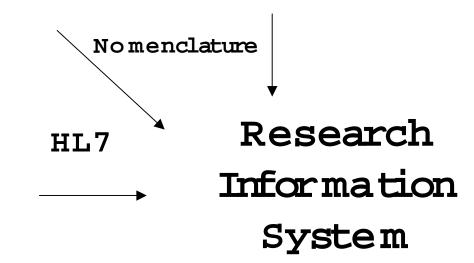
# Proposed Information Relationships



Version 1.0

Synoptic Forms

Cancer Registry Pathology LIS



Tissue Bank

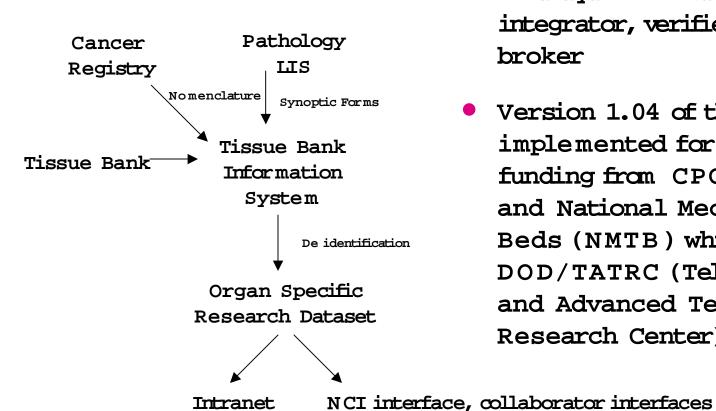






### Research Information System

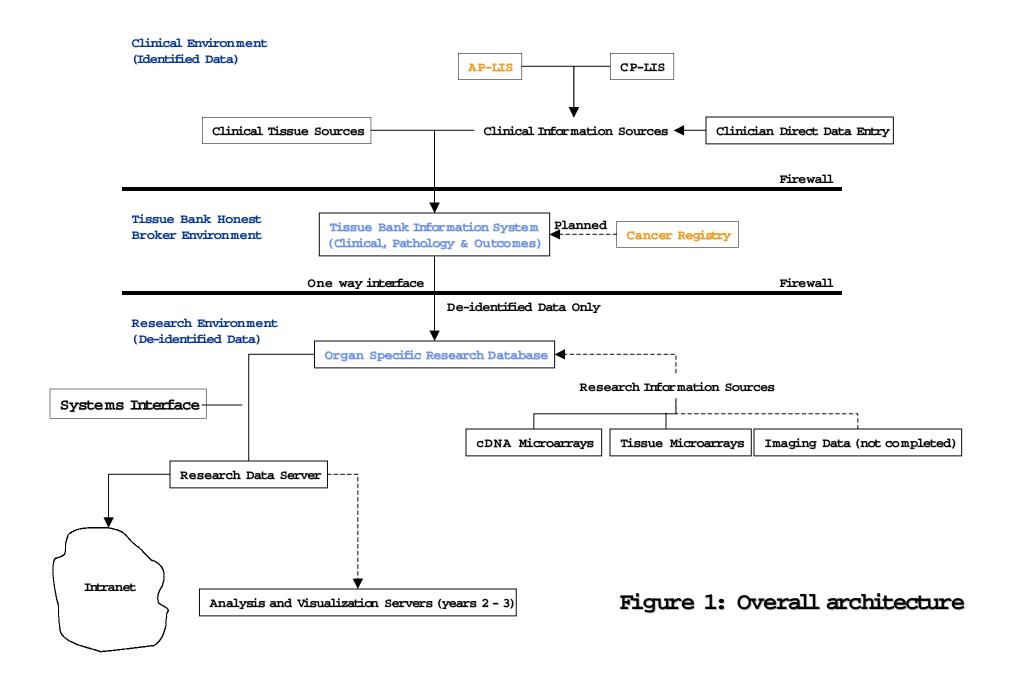




- This system acts as an integrator, verifier and honest broker
- Version 1.04 of this system is implemented for prostate with funding from CPCTR, CaPCURE and National Medical Test Beds (NMTB) which is a DOD/TATRC (Telemedicine and Advanced Technology Research Center) funded effort.







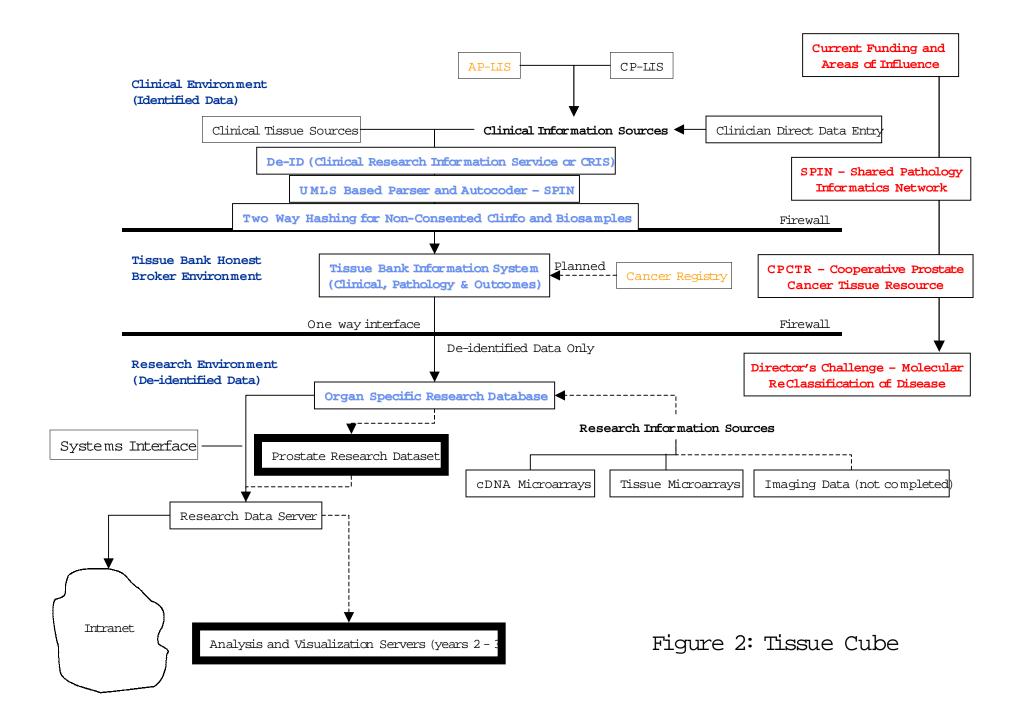




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### Director's Challenge - Molecular ReClassification of Cancer



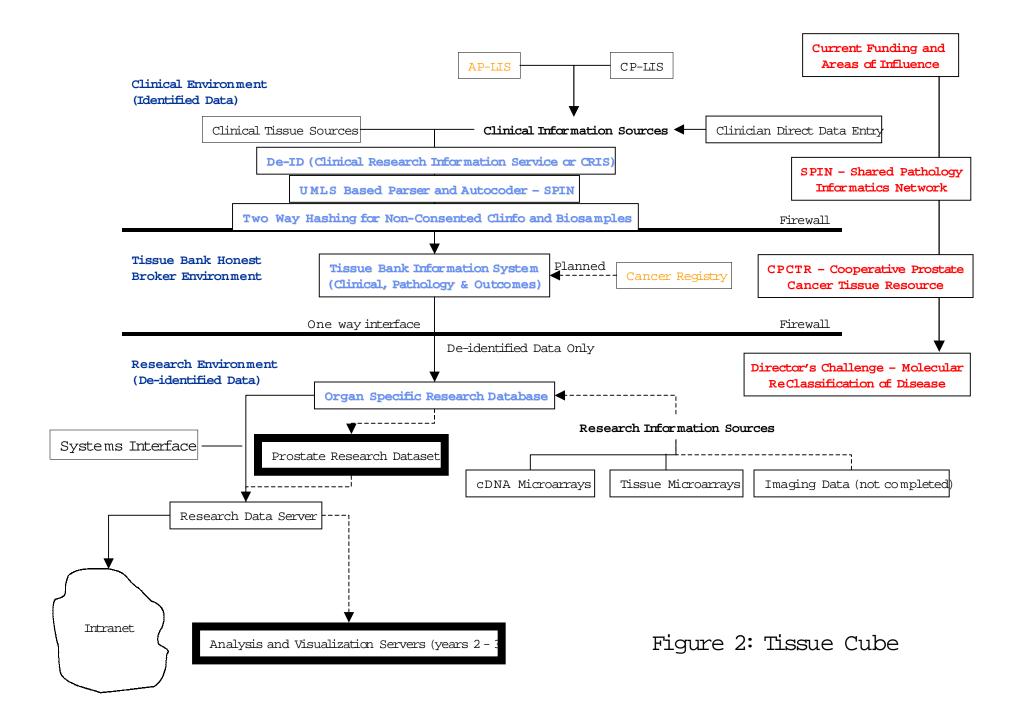
- NCI Sponsored U01 (Collaborative Consortium)
- See <a href="http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-98-027.html">http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-98-027.html</a>
  - Grand Genomic and Proteomic "Fishing Expeditions" funded by NCI
  - Ours is focused on (you guessed it) Prostate Cancer
  - Requirement: High level of clinical annotation on tissue samples and interesting clinical cohorts (age, race, aggressiveness, etc...)
  - Affymetrix platform RNA expression data
  - Collaborations with Ken Buetow to share data
     publicly at NCICB's (NCI Center for Bioinformatics)
     Gene Expression Data Portal

http://gedp.nci.nih.gov/dc/

Basis for our Organ Specific Datal

go back

Department of Pathology University of Pittsburgh School of Medicine







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# Tissue Banking Information System (TBIS)



Table 5. Total Paraffin Archived Prostate Specimens Available from the PA GU TB to the Resource

Banked Specimen Type	Actual	Projected Accrual at UPMC-HS						
	1991-8/99	9/99-12/99	2000	2001	2002	2003	2004	Totals
Universal Consent PUH Prostates	736	31	92	92	92	92	92	1227
Universal Consent PUH Prostate Biopsies	1000	41	125	125	125	125	125	1666
Routine PUH Surgical Prostate Biopsies	1100	277	553	553	553	553	553	4142
Outreach Prostates			148	148	148	148	148	740
Outreach Prostate Biopsies			495	495	495	495	495	2475
1982-98 PUH Archived Prostates	1760							1760
1982-98 PUH Archived Prostate Biopsies	8800							8800
1982-98 Outreach Prostate Archives	2368							2368
1982-98 Outreach Prostate Biopsy Archives	9472							9472
Total Prostates	4864	31	240	240	240	240	240	6095
Total Prostate Biopsies	20372	318	1173	1173	1173	1173	1173	26555
Total Prostate Specimens	25236	348	1413	1413	1413	1413	1413	32649

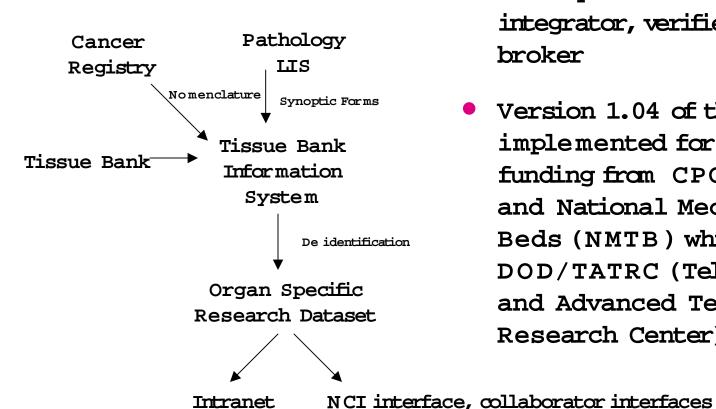






### Research Information System

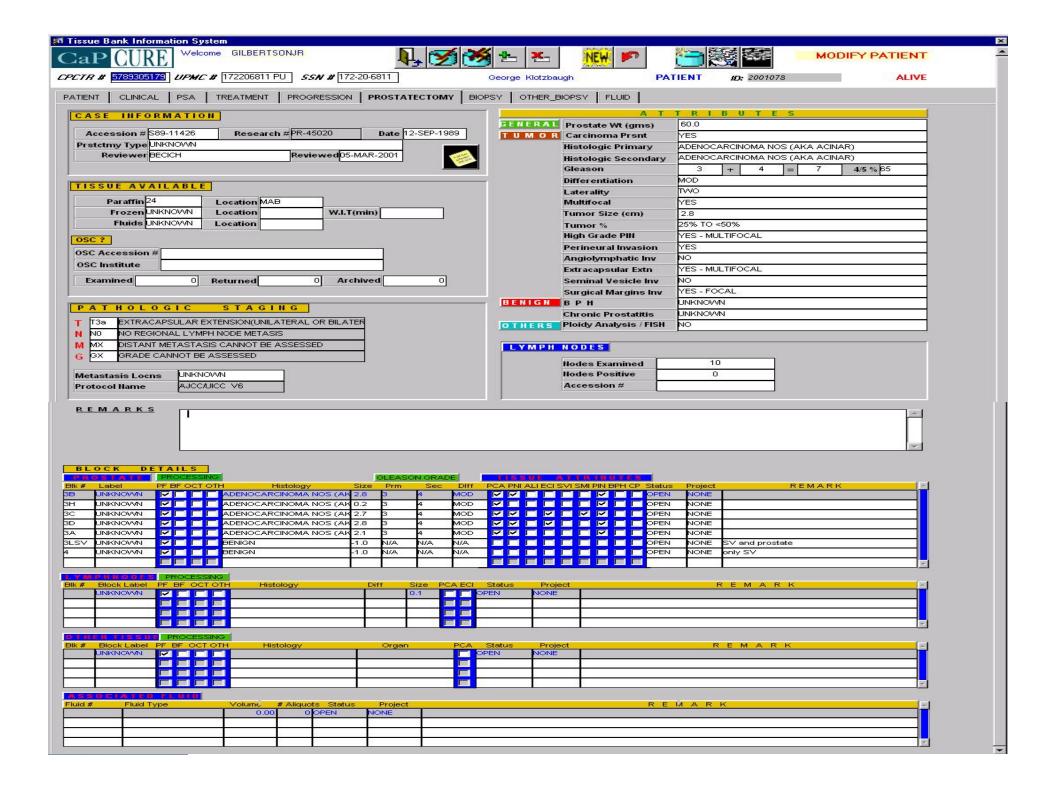




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#### 🌃 Tissue Bank Information System



Welcome GILBERTSONJR





CPCTR # 5789305179 UPMC # 172206811 PU SSN # 172-20-6811

	CLINICAL	PSA	TREATMENT	PROGRESSION	PROSTATECTOMY
CASE	INFORM	MATIO	N	**	127
Acce	ssion # 589-	-11426	Research	#PR-45020	Date 12-SEP-1989
000000000000000000000000000000000000000	my Type UNK				
	eviewer BEC			Reviewed05-M	1AR-2001
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TISS	UE AVAIL	ABLE			
1	Paraffin 24	-	Location MAE	9	
3	Frozen UNK	NONN	Location	W.I.T(r	nin)
3	Fluids UNK	NOVAN	Location		
osc ?	7		- 12		
-					
OSC Ac	cession#				
OSC Ac	cession #	5/4/S			
OSC Ac		0	Returned	0 Arch	ived 0
OSC Ac	stitute	o	Returned	0 Arch	ived 0
OSC Ac OSC In	stitute	200			ived 0
OSC Ac OSC In Exam	HOLO C	3 I C	STAGI	N G	
OSC Ac OSC In Exam	HOLO (	S I C SULAR E	S T A G I	N G ATERAL OR BILATE	
OSC Ac OSC In Exam P A T T T3a N NO	HOLOC EXTRACAP	S I C SULAR E	STAGI EXTENSION(UNILA PH NODE METASI	N G ATERAL OR BILATE S	
OSC Ac OSC In Exam P A T T T3a N NO M MX	HOLOC EXTRACAP NO REGION	S I C SULAR E IAL LYMF ETASTAS	S T A G I EXTENSION(UNILA PH NODE METASI SIS CANNOT BE A	N G ATERAL OR BILATE S	
OSC Ac OSC In Exam P A T T T3a N NO	HOLOC EXTRACAP NO REGION	S I C SULAR E IAL LYMF ETASTAS	STAGI EXTENSION(UNILA PH NODE METASI	N G ATERAL OR BILATE S	
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### Tissue Bank Information System

System ALIVE

PATIENT ID: 2001078

IERAI	Prostate Wt (gms)	60.0				
	Carcinoma Prsnt	YES				
	Histologic Primary	ADENOCARCINOMA NOS (AKA ACINAR) ADENOCARCINOMA NOS (AKA ACINAR)				
	Histologic Secondary					
	Gleason	3 + 4 = 7 4/5 % 65				
	Differentiation	MOD				
	Laterality	TVVO				
	Multifocal	YES				
	Tumor Size (cm)	2.8				
	Tumor %	25% TO <50%				
	High Grade PIN	YES - MULTIFOCAL				
	Perineural Invasion	YES				
	Angiolymphatic Inv	NO				
	Extracapsular Extn	YES - MULTIFOCAL				
	Seminal Vesicle Inv	NO				
	Surgical Margins Inv	YES - FOCAL				
NIGN	ВРН	UNKNOWN				
	Chronic Prostatitis	UNKNOWN				
THERS	Ploidy Analysis / FISH	NO				







### Tissue Bank Information System



BLOCK DETAILS    PROCESSING   SLEASON C	RADI
BIK# Label PF BF OCT OTH Histology Size Prm 3  BB UNKNOWN F G G ADENOCARCINOMA NOS (AK 2.8 3 4  BH UNKNOWN F G G ADENOCARCINOMA NOS (AK 0.2 3 4  BC UNKNOWN F G G ADENOCARCINOMA NOS (AK 2.7 3 4  BD UNKNOWN F G G ADENOCARCINOMA NOS (AK 2.8 3 4  BA UNKNOWN F G G ADENOCARCINOMA NOS (AK 2.1 3 4  BLSV UNKNOWN F G G BENIGN -1.0 N/A N/A	
BB UNKNOWN	
3C UNKNOWN	
3D UNKNOWN	
3A UNKNOWN FITT ADENOCARCINOMA NOS (AK 2:1 3 4 3 4 3 4 5 5 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6	
3LSV UNKNOWN VIII BENIGN -1.0 N/A N/.	
	- 62
4 UNKNOWN FILE BENIGN -1.0 N/A N/A	
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TISSUE ATTRIBUTES	
PCA PNI ALI ECI SVI SMI PIN BPH CP Status Project R E	MA
VV DD VD DPEN NONE	
V  OPEN NONE	
VVV OPEN NONE	
VV DOPEN NONE	
VV DOPEN NONE	
OPEN NONE SV and prostate	
OPEN NONE only SV	







TBIS SE	ARCH - Micros	oft Intern	et Explorer												_ 🗆 ×
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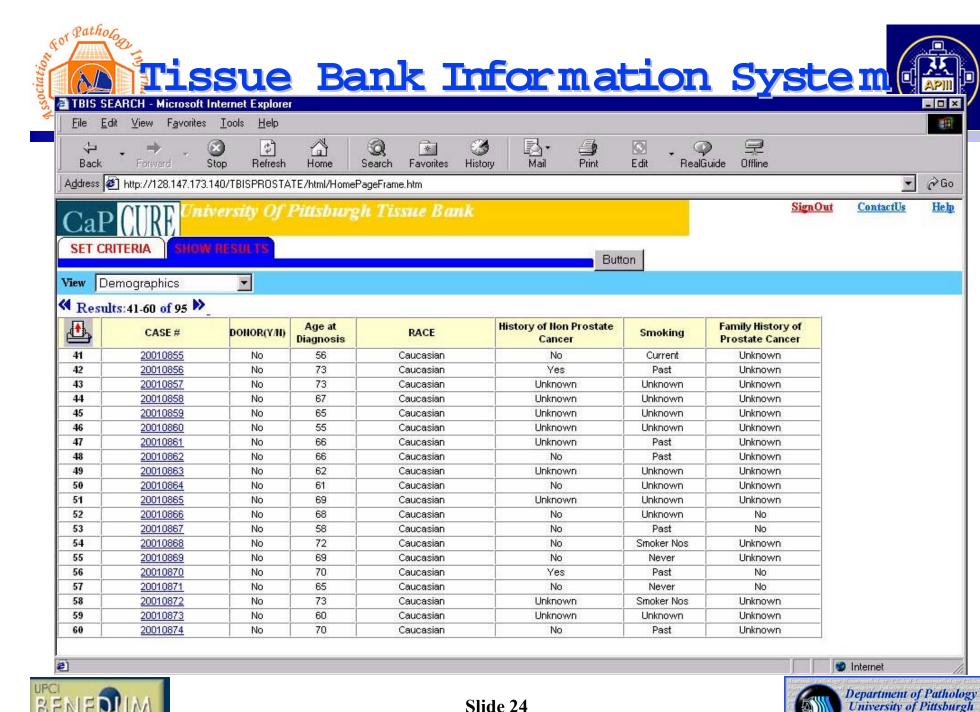


#### Cap University Of Pittsburgh Tissue Bank

SET CRITERIA SHOW RE	SULTS	✓ reset	Case Report
DEMOGRAPHICS		PROGRESSION	
Donor / Patient	PAIRNI DONOR D	Vital Status	ALIVE DEAD Unknown
Age at Diagnosis	01-39	Years Disease Free	2yıs
Race	CAUCASIAN AFRICAN AMERICAN	Recurrence Status	NO KNOWN RECURRENCE NEVER DISEASE FREE
History of Non-Prostate Cancer	Yes No Unknown	Years To First Recurrence	2yrs
Smoking	NEVER A PAST	Metastasis Locations	REGIONAL LYMPH NODES A DISTANT LYMPH NODES
Family History of Prostate Cancer	Yes No Unknown		
PROSTATECTOMY		BLOCKS	
Cancer Present	Yes 🗆 No 🗀 HGPIN Only 🗖 Unknown 🗖	Processing	Paraffin Fixed  Bulk Frozen OCT Froze Other
Staging: pT stage	TX	Blocks of Interest	Prostate □ Lymph Node □ Other □
pN stage	nx 🗆 no 🗆 n1 🗆	Histology	ADENOCARCINOMA NOS (AKA ACINAR) DUCTAL ADENOCARCINOMA
pM stage	MX  MO  MI  MI  MI  MI  MI  MI  MI  MI  MI	Gleason Primary Grade	1 🗆 2 🗀 3 🗀 4 🗀 5 🗀 Unknown/NA
Primary Histology	ADENOCARCINOMA NOS (AKA ACINAR) DUCTAL ADENOCARCINOMA	Size of Tumor	<0.5cm 0.6-1cm 1.1-2cm > 2cm
Gleason Primary Grade	1 🗆 2 🗀 3 🗀 4 🗀 5 🗀 Unknown/NA 🗀	Tumor Attributes	hgpin □ pni □ ali □ svi □ smi □ eci □
Gleason Sum Score	2	Benign Attributes	врн □ ср □
Tumor Percentage	< 5%  5-24%  25-49%  50-74%  75-100%  Unknown/NA	Status	Open 🗆 Reserved 🗀 Close 🗀
Tumor Attributes	hgpin □ pni □ ali □ svi □ smi □ eci □	Project	MCD ==
Benign Attributes	врн □ ср □		
Frozen Tissue Available	Yes No No		
Fluid Available	Yes No No		
BIOPSY (Available)		PSA (Available)	
Pre-diagnostic Biopsy	Yes No	Diagnostic PSA data	Yes No No

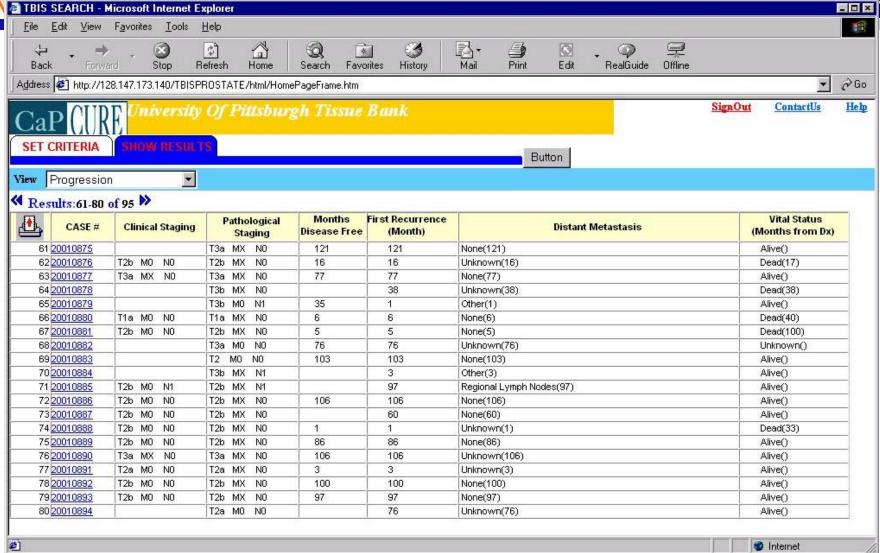
BENEDU oncology informa

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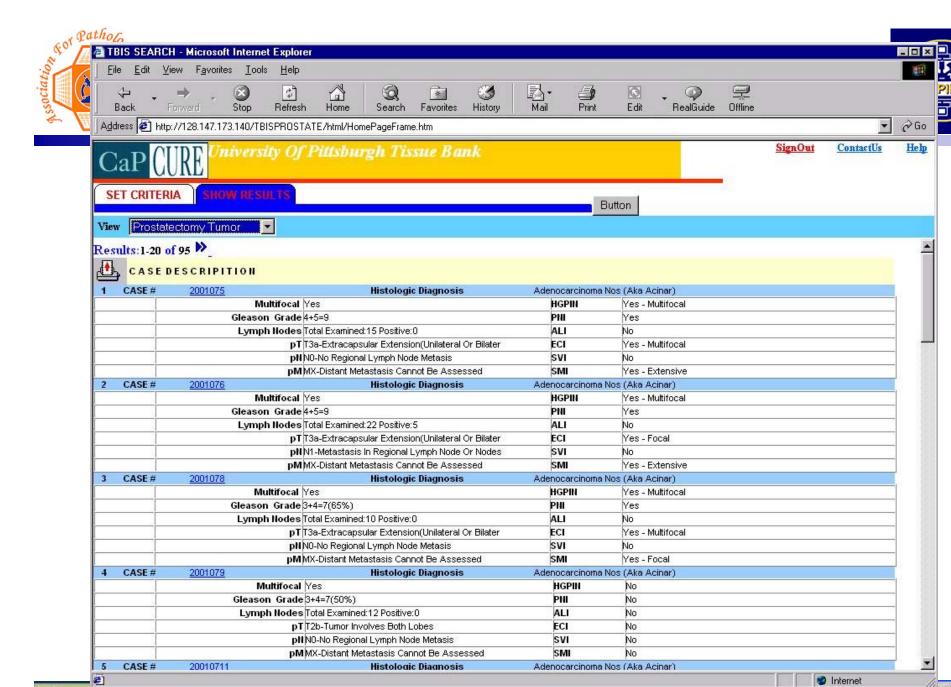


# Tissue Bank Information System









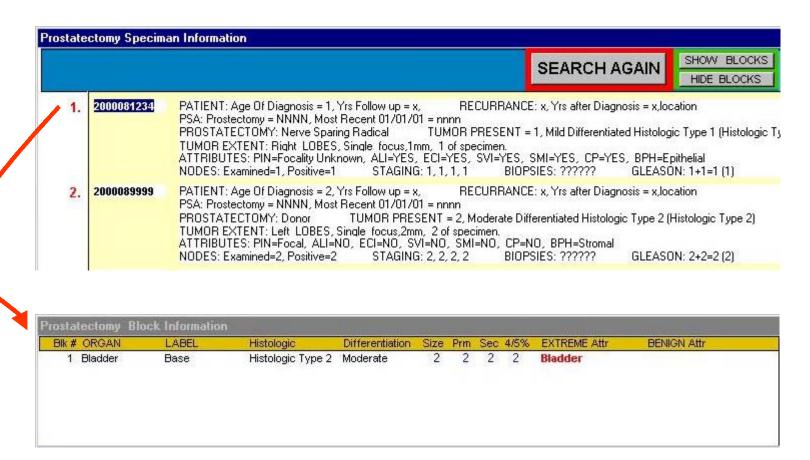




# Tissue Banking Information System (TBIS)



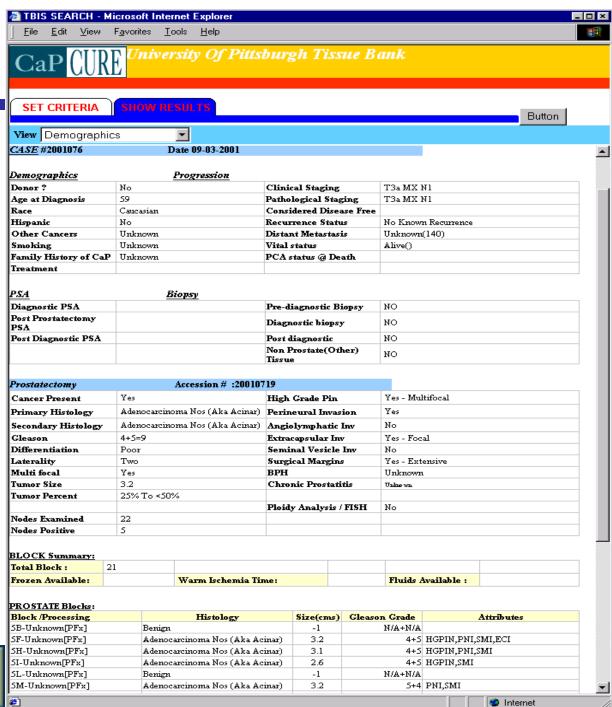
#### Data Warehouse Query Results















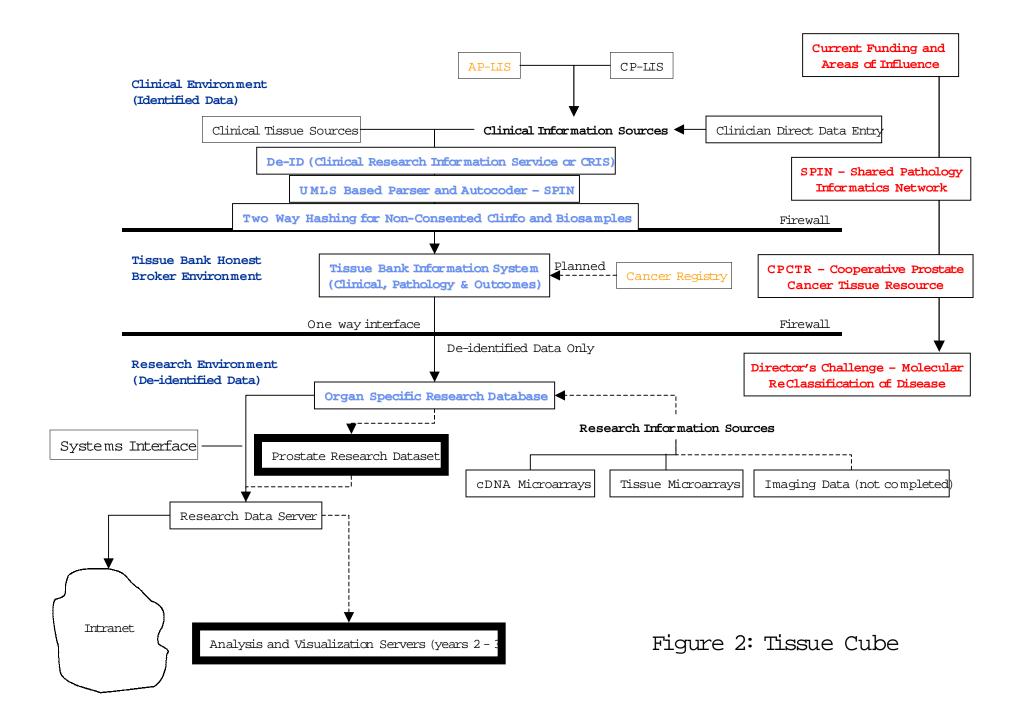




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### SPIN - Shared Pathology Informatics Network



- NCI Sponsored U01 (Collaborative Consortium)
- See <a href="http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-01-006.html">http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-01-006.html</a>
  - Data Mining Software Development for Laboratory Information Systems (LIS) and Cancer Registries (CR).
    - » To transform free text into de-identified, coded data that can be searched, mined
    - » The pipeline consists of the Laboratory Information System or Cancer Registry, De-identification Engine, Parser, Autocoder, and Data Mining Software
  - Critical Needs:
    - » De-Identification Software
    - » Autocoding and Parsing "Chunks" of Textual Data
    - » Two Way Hashing for "Linked" De-Identified Data
  - Based on Minimal Essential Data Elements
- Role of the Cancer Registry
  - Supply critical staging, treatment, progression and outcome data
  - Coupled with pathology data is a very powerful tool

"lead" Cancer Registrars to focus on key areas bepariment of Pathology Department of Pathology Oncology Informatics Center / Center for Pathology Informatics





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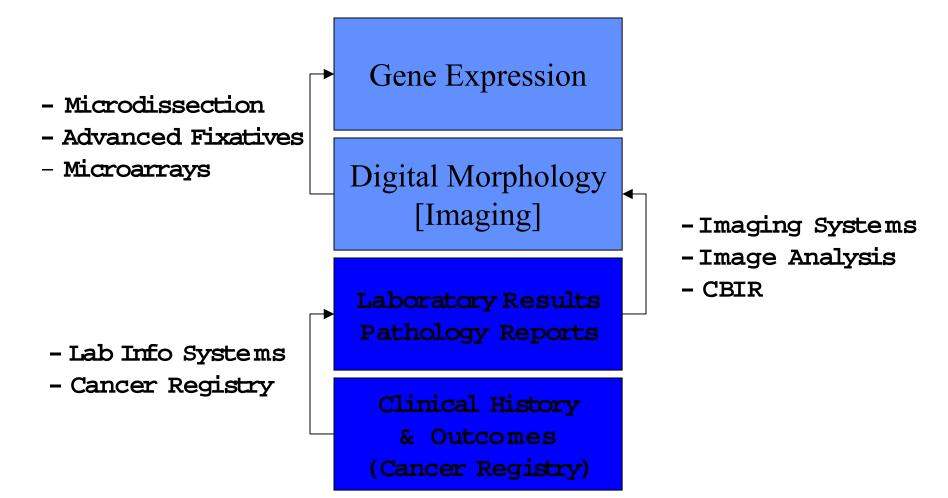






# Maintaining the Cancer Registry, Pathologic and Morphologic Data in the Context of Gene Expression











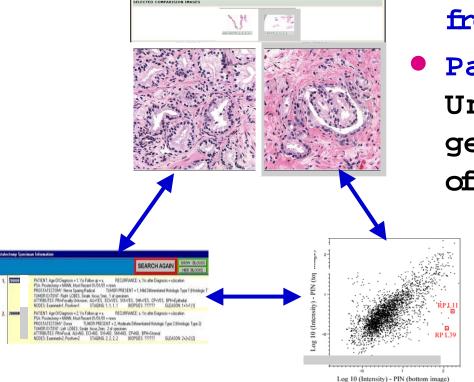
# Pathology, Oncology, Imaging and the Future



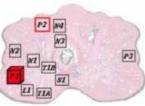
Genomics and Proteomics

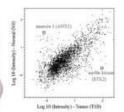
 Clinical Info and Outcomes from Cancer Registry

Patho-bioinformatics:
 Understanding and mapping gene expression in the context of morphology









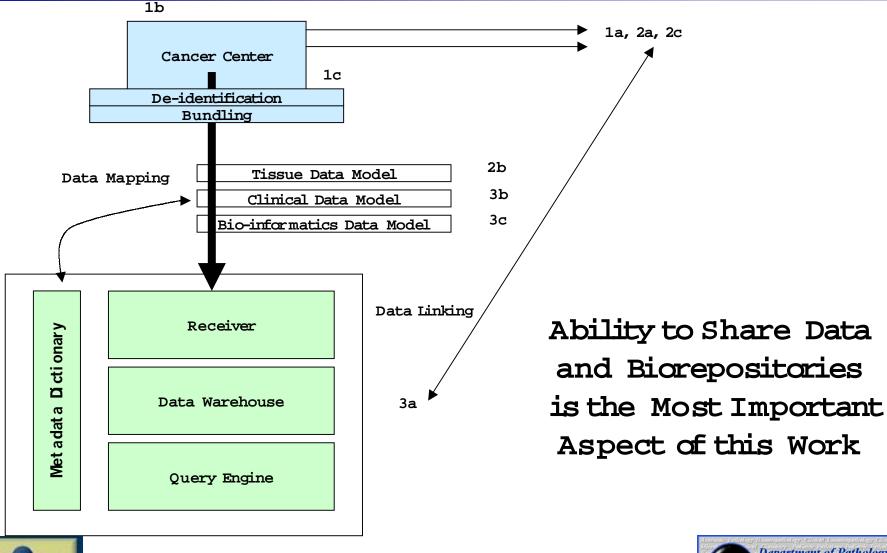






### PA Cancer Alliance Data Model





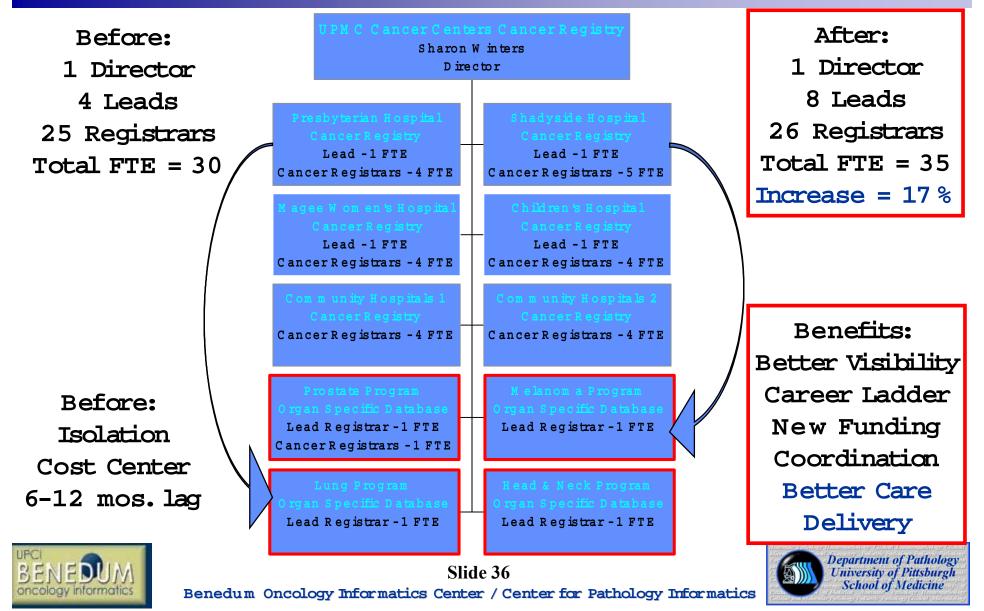






### UPMC Cancer Centers Registry Growth Through Research









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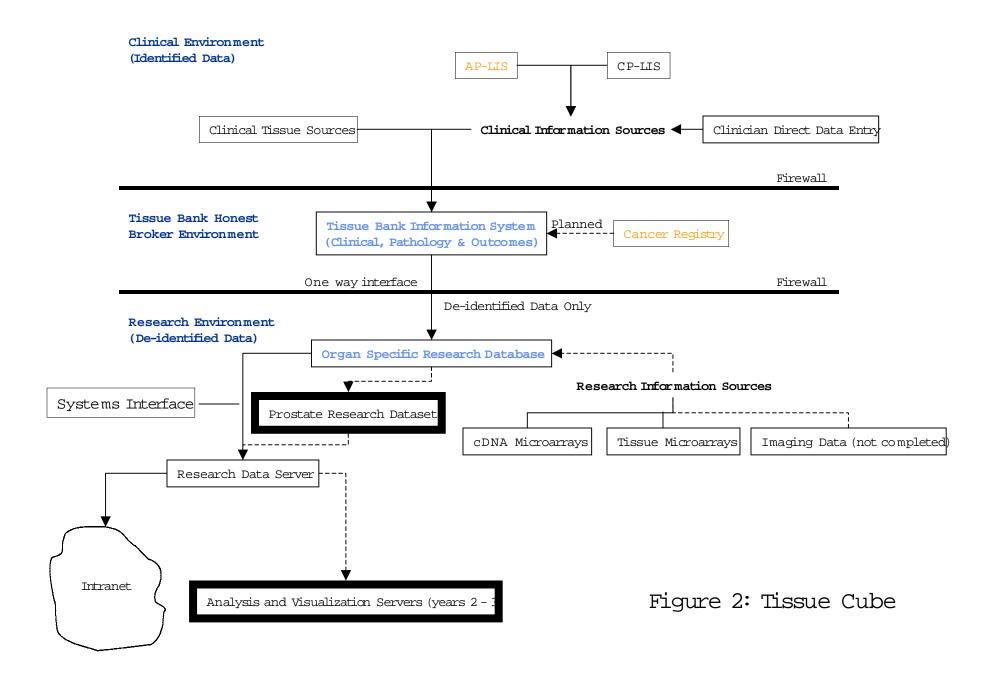
## The Need for Electronic Communication Strategies



- Cancer Registry software companies need to be able to use HL7
  - ImPath (formerly MRS) looking for alpha partners...little action to date
  - Cnet, RMS, Others???
  - City of Hope Initiative to link Clinical Trials & NCCN Outcomes is very important
- Anatomic Pathology LIS Companies need to message to Cancer Registries
  - CoPath (Cerner formerly DHTI) has a forms based relational data mapping tool (called synoptic reports)
    - » To transform free text into coded data that can be searched, mined
  - Critical Needs:
    - » Data Warehouse and Data Mining Tools Based on Minimal Essential Data Elements
    - » Linkage of imaging data to textual data (beyond the scope of this lecture), but visit APIII (see subsequent slide)
- Clinical Trials, Outcomes Research and Bioinformatics Initiatives will supply the funding for doubling your Cancer Registry staff.



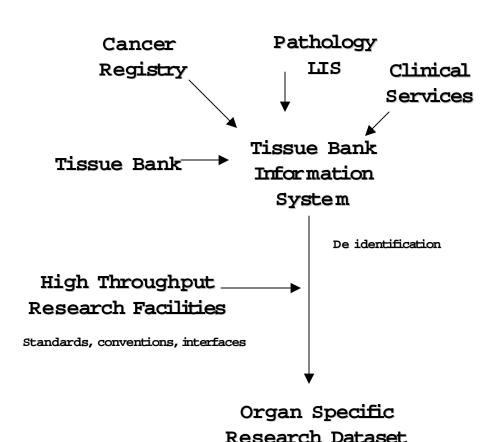






### Version 2.0





- It is increasingly clear that high throughput research facilities will become operationalized and therefore should be able to provide very useful data to this system
- Facilities include Affymetrix
   Facility, Tissue Microarray,
   High Throughput Imaging
- These facilities will likely be power users of the OSRD
- Clinical investigators may also want to include their own data elements.







### Association for Pathology Informatics <a href="http://www.pathologyinformatics.org">http://www.pathologyinformatics.org</a>



#### • Officers:

- President Mike Becich
- President Elect Bruce Friedman
- VP Ron Weinstein
- Secy/Treasurer Joel Saltz
- Membership Mark Tuthill

#### Mission:

- Support research, education,
   scientific meetings through electronic
   and printed communications.
- Develop standards for reporting, transferring, storing, and merging confidential and other pathologyrelated information.
- Play active role in legal, ethical, social, regulatory, and governmental issues related to pathology informatics.
- Develop relationships with other professional societies and industry partners.



Welcome to -

#### Association for Pathology Informatics (API)

Mission Statement

Mission Statement

Bylaws

Charter Officers

Committees

Membership

Join Us

Publication

Meeting & Events

Related Links

Contact Us

The Mission of the Association for Pathology Informatics (API) is to promote the field of pathology informatics as an academic and a clinical subspecialty of pathology.

#### Definition:

Pathology Informatics involves collecting, examining, reporting, and storing large complex sets of data derived from tests performed in clinical laboratories, anatomic pathology laboratories, or research laboratories in order to improve patient care and enhance our understanding of disease-related processes.

Pathology Informaticians seek to:

- continuously improve existing laboratory information technology and enhance the value of existing laboratory test data, and
- develop computational algorithms and models aimed at deriving clinical value from new data sources.

#### **Latest Updates**

API Membership Application Form (in PDF Format)

#### Specific Aims:

The data sets used in pathology informatics include clinical tests, anatomic pathology reports, image files, telepathology data, and large scale experiments including gene, proteomic and tissue array studies. The Association will support advances in the field of Pathology Informatics through research, education, scientific meetings, and through electronic and printed communications. The Association will develop standards for reporting, transferring, storing, and merging confidential and other pathology-related information. The Association will play an active role in legal, ethical, social, regulatory, and governmental issues related to pathology informatics, and this will also seek to develop relationships with other professional societies and industry partners that share similar interests and goals.









### 27 Scientific Abstracts-Peer Reviewed 50 Electronic Posters - Live Demos Published in Arch Pathol Lab Med

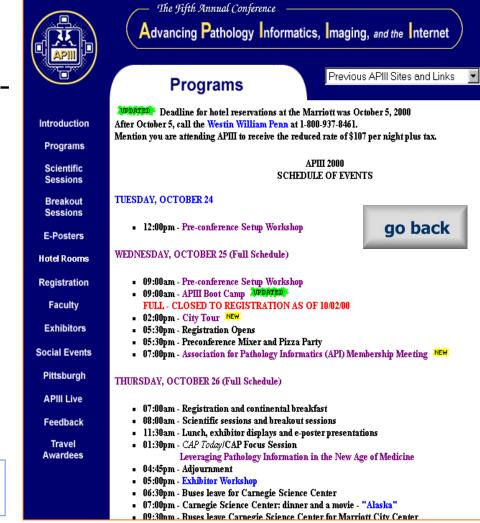


This Year's Meeting (October 2-4th, 2002) will have focus sessions discussing:

- a) Leveraging the Value of AP Data Warehousing
- b) The Role of Pathology in the Post-Genome Era -Tissue and cDN A Microarrays in Diagnostics
- c) Recent Advances in Pathology Informatics -Wireless/Handhelds in Pathology Practice
- d) New Opportunities for Academic Pathology -Tissue Banking and Bioinformatics
- e) Confidentiality, HIPAA and Post-Genome Era Breakout Sessions will include:
- a) War Stories Handheld/Wireless Devices
- b) Telepathology/Reporting on the W W W
- c) Cost Effectiveness and Outcomes Research
- d) Virtual Glass Slide and Robotic Technology
- e) New Career Opportunities in Pathology
- f) "Boot Camp" for Residents including a Pathology Informatics Training Track

Featuring: (Courtesy Cisco, Compaq, Dell and Verizon)

OC3 Backbone and 100 Networked Devices





1996- 2002 APIII site 3.5 M Hits & 375,000 Users Slide 42





### Recent Publications by our Team in the Areas of Tissue Banking and Prostate Genomics



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- Zheng. L., Wetzel, A., Gilbertson, J., Becich, M.J.; Design and Analysis of a Content-Based Pthology
   Image Retrieval System, IEEE January 3, 2002
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   Clinical Lab Management Review (in press).









# End of Talk - e-mail me at becich@ pitt.edu if you have questions/clarifications not covered in the discussion.

Thank you for the invitation to this NAACCR Cancer Informatics Symposium.



