



	Question	Answer
1	Who is entering data in templates? Pathologists or transcriptionists?	Pathologists enter data to create their reports directly within the LIS or middleware.
2	If an entity wishes to report to the CCR, reports must be formatted with CAP eCC first. Natural Language not acceptable?	Natural language processing does not provide unambiguous structured data up front. Even the best NLP software is not able to map to 100% of the required data elements that are included in reports. CAP eCC formatted reports are used since the report data is structured from the beginning, is standardized and unambiguous.
3	If the vision that there will be one version of the reporting software that multiple vendors of pathology LISs will be asked to append to their products OR will those vendors be given a template and technical specifications and asked to make their OWN products compatible with uniform structured reporting	The CAP eCC is the preferred method for this collaboration for laboratories to capture the data and then send it to the registries. The reason is that there is a single standardized way that each of those concepts are presented, whether it be the histologic type question or the answers underneath them for example. This is done in a unambiguous way, with each of those items having its own unique identifier associated with that concept. We have a mechanism that surrounds how to transfer that data that is fairly seamless, flowing directly from the laboratory (point of care) to the registry. All of the major AP-LIS vendors are licensed to use the CAP eCC or are interfacing to the CAP eFRM middleware product, which will then send the structured cancer report messages to the vendors and to the CCR. Some vendors may end up creating their own solution for collection, storage, and transmission of this information. However, most vendors are happier to take the standards that are put forth by the CAP with the direction about how to implement them, which works well for the vendor and the pathologist.
4	What does the report look like? For example, lymphoma: Is there a long list of possible diagnoses with a place for an X in the selected diagnosis or is there a blank for the type?	The way St. Joe's has their reports configured is they still have the diagnoses field at the top of the report, which includes their narrative, "lymphoma, diffuse large B-cell type". This is where they may put in other things that would go into the report. They usually say "see synoptic" and then at the very end of the report (after the gross and microscopic descriptions) is the synoptic. It really looks a lot like the tumor checklist does. For example, in the melanoma checklist it may say "melanoma", then you check the box for "superficial spreading type", then the next boxes are "Breslow thickness", "ulcerations", "mitotic figures", and you check these boxes. You will have some fill-ins, but overall it populates in an outline looking format. It really answers all the questions the clinicians could have, and at the very end can assign a pre-calculated tumor stage (mTuitive value-add, override function available). This saves you from typos in the stage, which happened before they went to this system.
5	What has happened to turn around time with the use of a more automated synoptic report? Does it take more or less time for a pathologist to turn out a report?	Turn-around time is the same. For me, it takes less time overall because I don't have to hunt down the AJCC staging book, which always seems to get lost.



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6	Will Cerner Millennium adapt this without enormous cost?	Pricing varies depending on your number of pathologists signing out cancer cases, sites involved in licensing, and on what you consider an enormous cost. Cerner Millennium is working with mTuitive to create an interface to the CAP eFRM. Dartmouth is up and running with this interface as a beta site. We are now starting to get feedback from Dartmouth. We will be happy to get you in contact with mTuitive and Cerner folks to give you more direct information about the exact costs.
7	How are amendments/corrections handled? How are addenda of special studies handled?	Currently it is being done in the same way as prior to using the CAP eFRM software, based on our Meditech LIS. Let's say there is a breast cancer resection. You will issue the synoptic report that addresses the breast cancer resection specimen itself. If the next day you have biomarker studies, you would issue an addendum and attach a new eCC template on to it, which would be the result of the biomarker studies. It would go out the same way, two separate synoptic reports just one right after the other.
8	I have Cerner Millennium. They want >\$5,000 per checklist set up charge so we use our own templates. Can we work through mTuitive without going through Cerner?	We can put you in direct contact with mTuitive, who can give you setup and pricing information. There is a new agreement being developed between Cerner and mTuitive to provide CAP eFRM to Cerner Millennium/ PathNet customers. We also have a new laboratory working with both mTuitive and Cerner that we can provide as a reference.
9	Are the "Not applicable" still in the final report or are those lines left out of the final report?	If the item is conditionally required, that is, designated specifically as required only if applicable or under certain conditions, then by default the item does not appear in the final report. If the item is required, then the "Not applicable" will appear in the report as per CAP Laboratory Accreditation Program and ACoS - Commission on Cancer accreditation guidelines.
10	What was the best thing about participating in this project from your perspective? The downsides?	The single best thing about this project is you don't have to do the updates. It saves a lot of time and work. Downside: The templates and protocols work really well for straight forward conventional cases. If you have a case that doesn't fit into the classic resection specimen it may not always work perfectly. There were times when they would run into an unusual type of the specimen and because you have the required elements that must be answered, there would be issues there. Fortunately for St. Joe's, mTuitive has been great about making changes when needed. If a change could be made by mTuitive it would normally be done within an hour's timeframe. They also deal with CAP on their own (changes being made on their own or contact primary authors). This is an individual case basis.



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11	How much time and effort/resources did this cost? These costs ongoing?	Our (St. Joseph Health) costs were not that high. It took about three months worth of testing a few hours a week. We had to attend meetings that were 30 min to 1 hour long on at least a biweekly basis. The report that extracts the data was written from a consultant and that cost was handled by mTuitive for NorCal, and St. Joe's was able to edit that report when SoCal joined in. The sFTP folder was no additional cost. Most costs involved resources/ labor for testing. We are looking at saving money on 2 interfaces for maintenance charges. The stipend provided by CCR did cover costs. We have a yearly maintenance charge with mTuitive to keep up with changes needed on their database. We also have eCC licensing per pathologist, but that is a synoptic cost, not a CCR cost, and worth every penny. We are looking at some point to save interface costs on how we currently send reports to the registries, and saving labor costs with more automated QA.
12	How can our lab participate or get more information about how to participate in this project?	If you are interested in participating in the project you can contact Jeremy Pine at CCR directly at jeremy.pine@cdph.ca.gov . A initial call will be set up with CCR and CAP to discuss the technical specifics, the current situation with the lab, and begin discussions on how we can move forward.
13	How do I know if my vendor offers the CAP eCC?	All major AP-LIS vendors license the CAP eCC, or provide the ability to use the CAP eCC through CAP eFRM middleware software (Cerner Millennium/PathNet & Meditech - all versions including Magic, Client Server, and 6.x). If you have any questions about your specific vendor, please either contact them directly, or contact the CAP at capecc@cap.org . Our webpage is www.cap.org/capecc .