**Background**

Note: The Anatomic Pathology work group was re-instated as an active work group as of September 2008.

**Mission**

The mission of the Anatomic Pathology WG is to develop and review implementation guides of HL7 standards and to enhance existing HL7 standards to support anatomic pathology use cases. It will work within HL7 as well as with external organizations to facilitate information interoperability in anatomic pathology, such as:

* Tracking of anatomic pathology specimens
* Structuring and coding of anatomic reports
* Integrating and consolidating anatomic pathology data and other data into the medical record (e.g. integrated composite reports)
* Ensuring consistency of anatomic pathology data and corresponding image association (includes both radiology and pathology imaging)
* Reviewing previously defined terms that differ between organizations (e.g. What is a “specimen”)
* Developing/reviewing value sets as needed (e.g. DICOM Specimen Embedding Media)
* Collecting and sharing data from biorepositories/tissue banks

**Charter**

The basic charter of the Anatomic Pathology Work Group is to initially support the development and implementation of Version 2.x and CDA. Use cases and/or implementation guides brought to the group for review that include Version 3.0 and/or FHIR will be addressed on an individual basis. Since the mission of the group is to review existing implementation guides/profiles and recommend changes as needed, as opposed to creating entirely new standard definitions, most work will focus on use case or organization specific needs.

The Work Group will develop specifications using the principles and language of the Services Aware Interoperability Framework (SAIF) Canonical Definition (CD) and the restrictions and specializations of the HL7 SAIF Implementation Guide (IG) to ensure traceability from conceptual to logical to implementable specifications. When submitting artifacts or methodology to the HL7 SAIF IG the Work Group will develop this content in compliance with the principles and language of the SAIF CD.

**Work Products and Contributions to HL7 Processes**

The Anatomic Pathology work group plans on reviewing implementation guides and/or specification documents brought forth by both intra-organization and external organization groups.

The initial implementation guides to be reviewed include:

* North American Association of Central Cancer Registries (NAACCR) *Pathology Laboratory Electronic Reporting)*
* Integrating the Healthcare Enterprise (IHE) Anatomic Pathology work group’s integration profile “Anatomic Pathology Reporting to Public Health Repositories” (ARPH) and “Anatomic Pathology Structured Reporting” (APSR)
* College of American Pathologists (CAP) electronic Cancer Checklists (eCC). These electronic checklists are being developed in XML. The checklists can include a transform format that can be wrapped in a CDA or converted into a V.2x data stream. The group will review HL7 specifications developed by CAP.

**Formal Relationships with Other HL7 Groups**

The Anatomic Pathology work group intends to establish formal relationships with several HL7 groups. Most of these relationships will be use case/implementation guide specific and will likely be a result of V2.x and V3 content overlaps. In addition to those working groups listed below, there will be an on-going relationship with Orders and Observations work group.

* Clinical Genomics
* DICOM WG-26
* Imaging Integration
* Orders and Observations
* Structured Documents
* Vocabulary

**Formal Relationship with Groups Outside of HL7**

By virtue of its mission/charter, the composition of the group will include multiple representatives from organizations and/or multiple organizations with specific guides for review. A goal of the AP work group is to harmonize pre-written implementation guides and/or profile specifications for acceptance and incorporation by multiple organizations with anatomic pathology interests. As such, external groups will be instrumental in accomplishing this goal. Formal memorandum of understanding (MOU) may need to be obtained from external organizations. It is assumed these MOU would occur on the organizational level between HL7 and the organization, and not on the work group level. The following list includes both current and potential outside participatory organizations, but is not intended to be all inclusive:

* Canadian Partnership Against Cancer (CPAC)
* Centers for Disease Control and Prevention (CDC) -National Program of Cancer Registries (NPCR)
* College of American Pathologists (CAP)
* Integrating the Healthcare Enterprise (IHE)
* North American Association of Central Cancer Registries, Inc. (NAACCR)
* Cancer Care Ontario (CCO)
* Public Health Data Standards Consortium (PHDSC)
* National Cancer Institute (NCI)