International Collaboration on Cancer Reporting

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ANNUAL REPORT
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1. MESSAGE FROM THE PRESIDENT

The ICCR is a global alliance of major pathology and cancer organizations developing internationally standardised and evidence based datasets for the pathology reporting of cancer, with the goal of improving cancer patient outcomes worldwide and advancing international benchmarking in cancer management.

A standardised approach to reporting improves the quality and completeness of a pathology cancer report. In addition, use of standardised checklists enables pathologists to keep abreast of the latest information relevant to each cancer. While the Colleges of Pathology of the USA, UK and Australia and other organisations around the world have produced their own standardised cancer reporting datasets for national use, these organisations along with the Canadian Association of Pathologists-Association Canadienne des Pathologists (CAP-ACP) in association with the Canadian Partnership Against Cancer (CPAC) and the European Society of Pathology (ESP), realised the benefits of aligning pathology cancer dataset development internationally and started the ICCR.

The production of ICCR datasets can significantly reduce the development effort for those organisations developing their own cancer checklists such as CAP and RCPath, and allows these countries to align and normalise their pathology cancer data. The protocols also provide a means of achieving an international standard of pathology reporting without significant investment amongst many countries, especially the low and middle income ones, which lack the resources for their own cancer dataset development.

In time as the ICCR datasets are adopted, they will provide the foundation for more accurate, standardised data to be sent to cancer registries and will ultimately allow more accurate comparisons of diagnostic, prognostic and predictive cancer pathology information worldwide.

2019 has been an exceptionally busy and successful year for the ICCR:

1. ***Expanded membership and sustainability***

   The ICCR has increased its membership from 7 members to 12 members in 2019. The new members are: The Chinese Anti-Cancer Association (CACA), Committee of Oncopathology (CACA); the German Society of Pathology (DGP); the Brazilian Society of Pathology (SBP); the Hong Kong College of Pathologists, and the Austrian Society of Pathology/IAP Austrian Division (ASP). Additionally, the Japanese Society has agreed in principle to join the ICCR and we are currently working through details.

   The ICCR now has representation on 5 continents. Expansion of membership is important in achieving long-term sustainability of the ICCR as well as enabling the ICCR to benefit from the collective experience of pathologists and cancer experts around the world.

   In addition to expanding membership we have been active in lobbying other groups for sponsorship of specific datasets and have benefited from the generosity of organisations such as Singapore General Hospital and the International Society of Breast Pathology (ISBP). We continue to explore other avenues of funding including philanthropic organisations, angel donors and possibly a GOFUNDME website.

   With expanded membership, the ICCR is in a more positive financial situation than 12 months ago.

2. Constitutional review

The ICCR has spent time over the last 6 months in reviewing and revising its constitution which was initially created with a limited number of members. The recent expansion in membership has promoted changes to the constitution to create equity amongst the partnering organisations and to improve the stratification of member categories to assist the ICCR's financial situation.

The constitution is in its final draft and we anticipate that it will be brought to a general meeting of members in March 2020.

3. Status of dataset development in synchrony with IARC WHO Bluebook cycle

The ICCR remains committed to developing and updating our datasets in synchrony with publication of the Classification of Tumours ("Bluebooks") produced by IARC/WHO, with whom we have a Memorandum of Understanding.

The 5th edition of the Bluebooks are progressing rapidly under the leadership of Dr Ian Cree with the volumes for the digestive tract published; breast malignancies completed; Bone and Soft Tissue in editing and Gynaecology in development. The ICCR is near to publishing the last of the datasets for the 4th edition i.e. Merkel Cell Carcinoma and four Endocrine datasets and is well into development of a total of 11 datasets for the Digestive Tract and Breast.

Planning is well underway for the Bone, Soft Tissue and GIST datasets and early planning has commenced for the Gynaecology suite.

4. Dataset translations

In 2018, 21 ICCR datasets were translated into Spanish, French and Portuguese through the kind contribution of the American Society of Clinical Pathology (ASCP), a member of the ICCR. The ASCP is supporting the work of the City Cancer Challenge (C/Can 2025). Their focus is addressing the pathway to diagnosis in a wide network of 'Challenge Cities' and they required the ICCR datasets to ensure the data collected is usable and comparable.

Further translation work has been hampered by the lack of funding, though this remains a high priority for the ICCR, as the Bluebooks are not being translated, so having the datasets available in other languages will be very important to advance adoption of standardised reporting in the future. The next priority languages will be German, Russian and Chinese and we have had some preliminary discussions regarding potential funding opportunities and ISO specifications with the German Society of Pathology.

5. Terminology

ICCR is part of an international project to develop SNOMED CT terminology for cancer datasets, led by Dr Scott Campbell from the University of Nebraska Medical Center (UNMC) under the auspice of IHTSDO who own SNOMED CT. This project aims to align SNOMED CT

terminology development and cancer dataset development efforts to create computable, interoperable cancer reporting data for use by all participating nations.

SNOMED CT terminology for ICCR Datasets will assist with implementation projects around the world. This year the ICCR has been working on a project to develop terminology for the Radical Prostatectomy dataset. The terminology is near completion and will be published to the SNOMED CT website for use by implementing organisations.

6. *International cancer registries (IACR)*

The IACR, whose secretariat is managed by IARC, has been very supportive of the work of the ICCR for several years. Recently IACR has officially endorsed the use of the ICCR datasets after a period of consultation with its membership and discussion with their Board of Directors. A link to the ICCR datasets will be available from the IACR website. This is a significant event as standardisation of data to cancer registries is fundamental to improved cancer data ascertainment at a global level and are a prerequisite for national and international benchmarking in cancer monitoring and management.

We hope to have a presence at the 2020 IACR annual conference.

7. *Implementation of ICCR datasets*

One of the most significant areas of advancement in 2019 has been the increase in requests from Laboratory System and middleware vendors and jurisdictions wanting to implement the ICCR datasets. This has prompted detailed discussions on copyright of the ICCR datasets and also the level of engagement needed to assist with these implementations. ICCR will need to balance resource commitments carefully with oversight to ensure the integrity of implementation of its datasets possibly through the development of memoranda of understanding.

*A very promising avenue of development has arisen via ASCP and its work with C/Can 2025(*https://www.uicc.org/who-we-work/networks/city-cancer-challenge-ccan*). ASCP has engaged with the Corporate Citizenship arm of IBM to investigate the development of a multi-lingual pathology report generator utilizing ICCR translated datasets. The proposal is that pathologists will access a web based reporting tool which will load a language specific cancer reporting template (ICCR Dataset). After reporting the case, the application will produce a formatted report for loading into a Laboratory System or printing, as well as a formatted, delimited file for sending to local Cancer Registry. A series of discussions between ICCR, IBM and ASCP have occurred to discuss the scope of this tool.*

Plans for implementation of ICCR datasets are also underway in Ireland.

With increasing activity and acceptance of the ICCR worldwide, 2020 promises to be another very busy year. We will take the opportunity to do some strategic planning for the 5-10year span at a session planned in conjunction with the Congress of the European Society of Pathology and the XXXIII International Congress of the International Academy of Pathology in Glasgow in August 2020.

John Srigley, President ICCR

2. ORGANISATIONAL OVERVIEW

The International Collaboration on Cancer Reporting (ICCR) was founded by major pathology organisations from around the world to produce internationally standardised and evidence based datasets for the pathology reporting of cancer. Its goal is to improve cancer patient outcomes worldwide and to advance international benchmarking in cancer management.

The ICCR was incorporated as a not-for-profit organisation in September 2014.

The organisational structure is as follows:
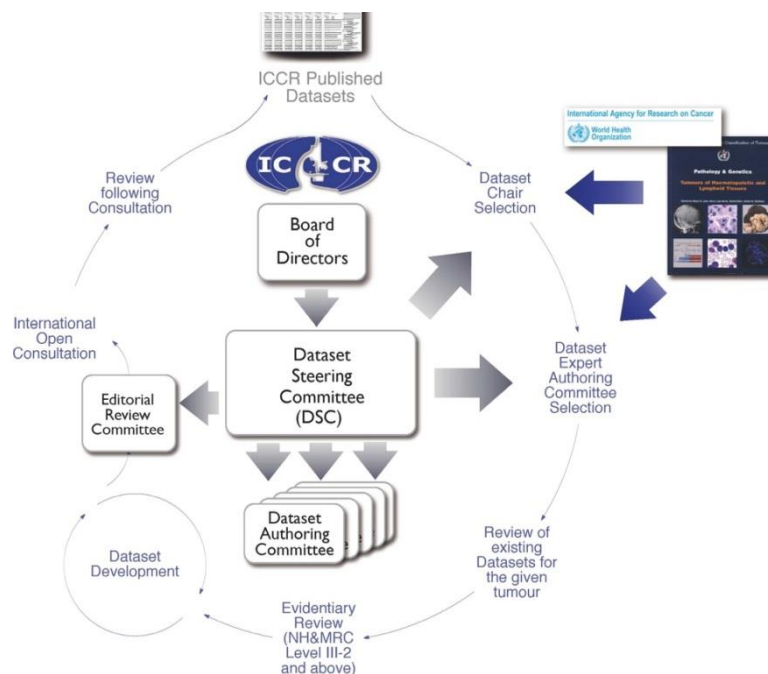
The ICCR is supported by membership and sponsorship.

Sustaining membership provides the principal amount of funding on which the ICCR depends. There are now twelve sustaining members, which are:

- The European Society of Pathology (ESP),

- The Royal College of Pathologists UK,

- The College of American Pathologists (CAP),

- The Royal College of Pathologists of Australasia (RCPA),

- The Canadian Association of Pathologists (CAP-ACP) in association with the Canadian Partnership Against Cancer (CPAC),

- The American Society of Clinical Pathology (ASCP),

- The Royal College of Physicians of Ireland, Faculty of Pathology (RCPI FoP),

- The Chinese Anti-Cancer Association (CACA), Committee of Oncopathology (CACA),

- The German Society of Pathology (DGP),

- The Brazilian Society of Pathology (SBP),

- The Hong Kong College of Pathologists, and

- The Austrian Society of Pathology/IAP Austrian Division (ASP).

Each of the sustaining members is represented on the ICCR Board of Directors (BoD), which has strategic oversight of all ICCR operations and financial and legal responsibility for the running of the ICCR. Each sustaining member has nominated directors as follows:

- John Srigley for the Canadian Association of Pathologists - Association Canadienne des Pathologistes (CAP-ACP) in association with the Canadian Partnership Against Cancer (CPAC),

- Tim Helliwell for The Royal College of Pathologists UK (RCPath),

- James Kench for the Royal College of Pathologists of Australasia (RCPA),

- Marta Cohen for the European Society of Pathology (ESP),

- Thomas Wheeler for the College of American Pathologists (CAP),

- James L Wisecarver for the American Society of Clinical Pathology (ASCP),

- Sanchia Aranda, Chief Executive Officer, Cancer Council Australia; and past president of the Union International for Cancer Control (UICC),

- Kieran Sheahan for the Royal College of Physicians of Ireland, Faculty of Pathology (RCPI FoP),

- Yan-hui Liu for the Chinese Anti-Cancer Association (CACA), Committee of Oncopathology (CACA),

- Peter Schirmacher for the German Society of Pathology (DGP),

- Katia Ramos Moreira Leite for the Brazilian Society of Pathology (SBP),

- Nga Yin Annie Cheung, for the Hong Kong College of Pathologists, and

- Gerald Hoefler for the Austrian Society of Pathology /IAP Austrian Division (ASP).

At the BoD in November 2018, John Srigley was re-elected as President and Tim Helliwell, re-elected as Vice-president of the company. David Ellis was re-affirmed as Executive Officer. In that role Dr Ellis provides advice to the BoD and continuing corporate knowledge as Past President.

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The ICCR Dataset Steering Committee (DSC) has responsibility for all activities relating to the development of ICCR cancer datasets. The DSC invites representation from all sustaining members, as well as strategic partners such as the International Agency for Research on Cancer (IARC), the European Organisation for Research and Treatment of Cancer (EORTC), and the International Association of Cancer Registries (IACR). Tim Helliwell, Vice President, continues as Chair of the DSC.

The purpose of the ICCR Editorial/Quality Committee (EQ) is to provide an independent review of each ICCR dataset prior to public consultation to ensure it adheres to ICCR standards. Currently this committee's function is undertaken by the DSC.

Dataset Authoring Committees (DACs) are convened as needed for the development of specific datasets. DAC members are recognised as honorary contributors to the ICCR for the lifetime of the datasets on which they contributed.

The BoD, DSC and DAC members are all volunteers that provide their expertise and time altruistically.

3. DATASET DEVELOPMENT STATUS

The core business of the ICCR is to develop internationally validated and evidence-based pathology datasets for cancer reporting for use around the world.

The ICCR Dataset development follows an agreed process that is outlined in *Guidelines for the Development of ICCR Datasets* (http://www.iccr-cancer.org/datasets/dataset-development), which is reviewed and updated periodically by the ICCR DSC.

For the development of each dataset, the DSC appoints an appropriately qualified expert pathologist to take on the role of Chair of the DAC who is supported in the development by a Project Manager and ICCR representative.

For the development of a series of datasets such as the Head and Neck) series, the ICCR additionally appoints a Series Champion. The Series Champion acts in an advisory role to the DSC to assist in the nomination of qualified candidates for the Chair and DAC roles. In addition, the Series Champion oversees the development process, supports the work of the dataset chairs and ensures harmonisation across the series. The responsibilities for each of the roles in a DAC are described in *Roles and Responsibilities for the ICCR dataset development process* (http://www.iccr-cancer.org/datasets/dataset-development).

3.1   Published datasets

As at November 2019, the ICCR has 31 published datasets. All published datasets are compliant with the latest 8th edition TNM staging where applicable.

The following is a list of published datasets:

Urinary/male genital

1. **Prostate carcinoma (radical prostatectomy specimens), 2nd edition,** which has been developed for radical prostatectomy specimens for prostate carcinoma. Published: August 2017

2. **Prostate carcinoma (transurethral resection and enucleation specimens), 1st edition,** which has been developed for the examination of transurethral resection and enucleation (suprapubic/simple/open prostatectomy) specimens of the prostate. The elements and associated commentary apply to invasive carcinomas of the prostate gland. Urothelial carcinomas arising in the bladder or urethra are dealt with in a separate dataset, while urothelial carcinomas arising in the prostate are included in this dataset. Published: August 2017

3. **Prostate Core/needle biopsy, 1st edition,** which has been developed for the examination of prostate core needle biopsies. The elements and associated commentary apply to invasive carcinomas of the prostate gland. Urothelial carcinomas arising in the bladder or urethra are dealt with in a separate dataset, while urothelial carcinomas arising in the prostate are included in this dataset. Published: August 2017

4. **Invasive carcinoma of renal tubular origin, 1st edition,** which has been developed for excision specimens of the kidney. Urothelial carcinoma arising from the upper renal tract, Wilms tumours and other nephroblastic and mesenchymal tumours are not

included. This dataset is designed for the reporting of a single laterality of specimen ie left or right. Published: July 2017, Updated July 2018.

5. **Renal biopsy for tumour, 1st edition,** which has been developed for core or wedge biopsy specimens for tumour of the kidney. Published: July 2017

6. **Carcinoma of the penis, 1st edition,** which has been developed for the reporting of specimens from patients with carcinoma of the penis, including resection, biopsy and lymphadenectomy. The protocol applies to primary carcinoma of the penis, as well as distal urethral squamous carcinomas. Melanomas and other urethral carcinomas are not included in the scope of the dataset. Published: August 2017

7. **Neoplasia of the testis – orchidectomy, 1st edition,** which has been developed for the reporting of both partial and radical orchidectomy specimens from patients with neoplasia of the testis. The protocol applies to all germ cell and sex cord-stromal tumours of the testis. Paratesticular malignancies are excluded. Published: August 2017.

8. **Neoplasia of the testis – retroperitoneal lymphadenectomy, 1st edition,** which has been developed for the reporting of retroperitoneal and other lymphadenectomy specimens as well as visceral metastasis excision specimens from patients with malignant tumours of the testis. The protocol applies to all malignant germ cell and sex cord-stromal tumours of the testis. Paratesticular malignancies are excluded. Published: August 2017.

9. **Carcinoma of the urethra – urethrectomy specimens, 1st edition**, which has been developed for the reporting of resection specimens from patients with carcinoma of the urethra. The protocol applies to primary carcinomas (non-invasive and invasive), with or without associated epithelial lesions. Urothelial tumours diagnosed as papilloma or papillary urothelial neoplasm of low malignant potential are not carcinomas and this dataset does not apply to those diagnoses. Biopsy and transurethral resection specimens are dealt with in a separate dataset. Carcinomas arising in the distal penile urethra (glans region) are included in the Carcinoma of the penis and distal urethra dataset and are not to be reported using this dataset. This dataset is to be used for adenocarcinoma arising in the accessory glands of the urethra (Skene, Littre, Cowper). Published: May 2018.

10. **Carcinoma of the renal pelvis and ureter – nephroureterectomy and ureterectomy specimens, 1st edition**, which has been developed for the reporting of resection specimens from patients with primary carcinoma of the ureter and renal pelvis. The protocol applies to carcinomas (non-invasive and invasive), with or without associated epithelial lesions. Urothelial tumours diagnosed as papilloma or papillary urothelial neoplasm of low malignant potential are not carcinomas and this dataset does not apply to those diagnoses. Biopsy and transurethral resection specimens are dealt with in a separate dataset. For bilateral tumours, complete a separate dataset for each. Published: May 2018.

11. **Carcinoma of the bladder – cystectomy, cystoprostatectomy and diverticulectomy specimens, 1st edition,** which has been developed for the reporting of cystectomy, cystoprostatectomy or diverticulectomy specimens from patients with carcinoma of the bladder. The protocol applies to primary carcinomas (non-invasive and invasive),

with or without associated epithelial lesions. Urothelial tumours diagnosed as papilloma or papillary urothelial neoplasm of low malignant potential are not carcinomas and this dataset does not apply to those diagnoses. Biopsy and transurethral resection specimens are dealt with in a separate dataset. Published: May 2018.

12. **Urinary tract carcinoma – biopsy and transurethral resection specimens, 1st edition,** which has been developed for the reporting of biopsy and transurethral resection specimens of the bladder, urethra, ureter and renal pelvis. If biopsies are from different locations then a separate dataset should be completed for each tumour site. The protocol applies to primary carcinomas (non-invasive and invasive), with or without associated epithelial lesions. Urothelial tumours diagnosed as papilloma or papillary urothelial neoplasm of low malignant potential are not carcinomas and this dataset does not apply to those diagnoses. The most distal portion of the penile urethra in the region of the glans penis is not included in this dataset; it is covered in the Carcinoma of the penis and distal urethra dataset. Published: May 2018.

Female reproductive organs

1. **Endometrial carcinoma 3rd edition,** which covers resection specimens of endometrial cancers. It is not applicable for small endometrial biopsy specimens. Published: July 2017

2. **Carcinoma of the ovary, fallopian tube and primary peritoneal site, 1st edition,** which has been developed for resection specimens of primary borderline and malignant epithelial tumours of the ovary, fallopian tubes and peritoneum. It does not include non-epithelial ovarian neoplasms such as germ cell or sex cord stromal tumours or other primary peritoneal neoplasms such as mesothelioma. Published: March 2015

3. **Carcinoma of the cervix, 2nd edition,** which covers pathology reporting of primary cervical carcinomas. Specimens include loop/cone excisions, trachelectomies, simple and radical hysterectomies and exenterations. The dataset applies to epithelial neoplasms only and does not apply to small biopsy specimens. Published: July 2019

Thorax

1. **Lung cancer, 3rd edition**, which has been developed for resection specimens of lung cancer. It is not applicable for bronchoscopic and transthoracic biopsy specimens. Published: August 2017

2. **Mesothelioma in the pleura and peritoneum, 2nd edition,** which covers both biopsy and resection specimens. Published August 2017

3. **Thymic epithelial tumours, 2nd edition,** which covers resection specimens of the thymus ie thymoma, neuroendocrine tumours of the thymus and thymic carcinoma but excludes germ cell tumours and other primary thymic neoplasms. Published September 2017

4. **Neoplasms of the heart, peritoneum and great vessels, 1st edition,** which covers biopsy and resection specimens for primary tumours of the heart, pericardium and great vessels, including both benign and malignant entities, and excluding haematolymphoid neoplasms and mesothelioma. Published May 2016

Digestive Tract

1. **Intrahepatic, and perihilar cholangiocarcinoma and hepatocellular carcinoma, 1st edition,** which covers resection specimens of the liver with intrahepatic, and perihilar cholangiocarcinoma and hepatocellular carcinoma. It does not apply to neuroendocrine carcinomas, hepatoblastoma, carcinomas of the extrahepatic bile ducts, gall bladder and benign lesions such as adenomas. Published: April 2017, updated May 2018.

Skin

1. **Invasive melanoma, 2nd edition,** which has been developed for reporting of primary cutaneous invasive melanoma. The second edition of this dataset includes changes to align the dataset with the TNM Pathological staging 8th edition and the World Health Organization (WHO) Classification of Tumours, Pathology and Genetics of Skin Tumours (2018), in addition to other revisions as listed in the scope section of the dataset notes. Published: October 2019.

Central Nervous System

1. **Tumours of the Central Nervous System (CNS), 1st edition**, which is split into three sections:

   a. Histological assessment of CNS specimens. It is intended that this section should be used in conjunction with the other sections. A full diagnosis of CNS tumours should ideally conform to the 2016 World Health Organisation (WHO) Classification of Tumours of the CNS which requires integration of elements from histological and ancillary analyses. However, the majority of 2016 CNS WHO entities can be diagnosed solely on the basis of histological features and in this situation only this section needs to be completed.

   b. Molecular information for CNS specimens. This section is not needed for those tumours in which molecular information is not captured for diagnostic purposes.

   c. Final integrated report/diagnosis for CNS specimens. In many situations, 2016 CNS WHO diagnoses integrate histological and molecular information and this section is intended for the capture of that final diagnosis.

   Published: August 2018.

Head and Neck

1. **Carcinomas of the nasal cavity and paranasal sinuses, 1st edition,** which has been developed for the reporting of resection and biopsy specimens of mucosal malignancies originating in the nasal cavities and paranasal sinuses. Neuroectodermal neoplasms (including melanoma) and sarcomas are not included. Bone, soft tissue and lymphoma protocols are separately listed. Neck dissections and nodal excisions are dealt with in a separate dataset, and this dataset should be used in conjunction, where applicable. Published: September 2018.

2. **Carcinomas of the hypopharynx, larynx and trachea, 1st edition,** which has been developed for the reporting of resection and biopsy specimens of mucosal

malignancies of the larynx, hypopharynx and trachea. The protocol applies to all invasive carcinomas of the larynx, hypopharynx and trachea (including the supraglottis, glottis, and subglottis). Salivary-type malignancies arising from mucosal glands of the hypopharynx and larynx should be recorded in this dataset. Mucosal melanoma is presented in a separate dataset. Lymphomas and sarcomas are not included. Malignancies arising at other sites in the head and neck region, and neck dissections and nodal excisions are dealt with in separate datasets which may be used, as appropriate, in conjunction with this dataset. Where more than one anatomically or histologically distinct primary tumours occur, a separate dataset should be completed for each tumour. Published: September 2018.

3. **Carcinomas of the oral cavity, 1st edition,** which has been developed for the reporting of resection and biopsy specimens of invasive carcinomas of the oral cavity, including lip and tongue. Mucosal melanoma, lymphomas and sarcomas are not included. Published: September 2018.

4. **Carcinomas of the nasopharynx and oropharynx, 1st edition,** which has been developed for the reporting of resection and biopsy specimens of the nasopharynx and oropharynx. The protocol applies to all invasive carcinomas of the nasopharynx and oropharynx including the base of tongue, tonsils, soft palate, posterior wall, and uvula. Lymphomas and sarcomas are not included. Published: September 2018.

5. **Carcinomas of the major salivary glands, 1st edition,** which has been developed for the reporting of resection and biopsy specimens of malignant neoplasms and associated carcinoma in situ arising from the major salivary glands. The protocol applies to all carcinomas of the parotid, submandibular and sublingual glands. Melanomas, lymphomas, and sarcomas are dealt with in separate datasets. Minor salivary gland malignancies arising in the oral cavity, nasal cavity and paranasal sinuses, trachea, nasopharynx, oropharynx and hypopharynx and odontogenic specimens are staged according to their anatomical sub-site and are dealt with in separate datasets. Published: September 2018.

6. **Malignant odontogenic tumours, 1st edition,** which has been developed for the reporting of biopsy and resection specimens for malignant primary odontogenic tumours. Malignant neoplasms arising in the nasal cavity and paranasal sinuses, oral cavity, salivary glands, trachea, pharynx and larynx are dealt with in separate datasets. Bone, soft tissue and lymphoma protocols will be separately listed. Published: September 2018.

7. **Ear and temporal bone tumours, 1st edition,** which has been developed for the reporting of resection and biopsy specimens of the ear and temporal bone. It includes ONLY primary tumours of the external auditory canal, middle and inner ear, including both benign and malignant entities (specifically due to anatomic confines and management alternatives which may require significant, destructive or disfiguring surgery). By definition, all malignancies of the external ear (pinna, concha, scaphoid, lobe, etc., such as squamous cell carcinoma, basal cell carcinoma, atypical fibroxanthoma, Merkel cell carcinoma and melanoma) are separately covered by the dermatopathology datasets. Published: September 2018.

8. **Mucosal melanomas of the head and neck, 1st edition,** which has been developed for the reporting of resection and biopsy specimens of mucosal melanoma arising in

the nasopharynx, oropharynx, larynx, hypopharynx, oral cavity, nasal cavity and paranasal sinuses. All other malignancies and tumour categories are dealt with in separate datasets, specifically cutaneous melanoma is separately reported. Direct extension of a cutaneous primary into a mucosal site should be excluded, and would not be reported in this dataset. Metastasis to a head and neck mucosal site is also excluded. Published: September 2018.

9. **Nodal excisions and neck dissection specimen, 1st edition,** which has been developed for the reporting of lymph node resections from patients with carcinomas and melanomas of the head and neck. This excludes nodal resections for lymphoma and sarcomas. It is not intended for use in reporting lymph node core biopsy or fine needle aspirations. Carcinomas covered by the dataset include squamous cell carcinomas, sinonasal carcinomas, salivary and non-salivary type adenocarcinomas and neuroendocrine tumours. Pathologists may also apply the dataset to metastatic non-Merkel cutaneous squamous cell carcinomas and other cutaneous carcinomas. This dataset is to be used in conjunction with other datasets in the Head and Neck Series. Published: September 2018.

3.1.1 *International Standard Book Numbers (ISBNs)*

ISBNs have been assigned to each ICCR Dataset published from July 2017. Datasets published before this date will be assigned an ISBN as they are updated.

3.2 Datasets in progress

The IARC/WHO 'blue books' are integral to all cancer datasets and as such the ICCR is committed to developing harmonized international datasets in synchrony with IARC/WHO. ICCR have a five year forward plan, 2018-2023, synchronising dataset development with IARC/WHO 'blue book' updates. Given IARC/WHO and ICCR utilise similar experts for the authorship of their documents, IARC and ICCR have agreed a process of resource allocation and timing to avoid over burdening the authorship pool.

There are16 datasets currently in progress:

3.2.1 *Endocrine suite*

In synchrony with the publication of the WHO publication on Classification of Endocrine Tumours 4th Series, four datasets are in development:

1. Thyroid (Chair: Ronald Ghossein),

2. Parathyroid (Chair: Michelle Williams),

3. Adrenal cortical gland (Chair: Thomas Giordano),

4. Adrenal medulla/ Paraganglioma/ Phaeochromocytoma/Carotid body (Chair: Arthur Tischler).

Anthony Gill, a pathologist from Sydney Australia, who has extensive expertise in Endocrine Pathology, was appointed to be the Series Champion for this ICCR series. These datasets will be published in late 2019.

3.2.2   Merkel cell carcinoma dataset

A dataset for Merkel cell carcinoma will be published in late 2019. This dataset aligns to the 4th series WHO Classification of tumours for skin tumours. The DAC is chaired by Klaus Busam.

3.2.3   Digestive tract

A series of seven datasets for the digestive tract are underway in synchrony with the publication of the 5th series of the IARC/WHO 'blue books' for the Digestive tract. Series Champions, Iris Nagtegaal, from the Netherlands, for datasets relating to the digestive tube and Mary Kay Washington, from the USA, for datasets relating to hepatobiliary pancreatic cancers.

The following five datasets are well progressed:

1. Exocrine pancreas (Chair: Caroline Verbeke),

2. Colorectal (Chair: Maurice Loughrey),

3. Colorectal excisional biopsy (polypectomy)(Chair: Christophe Rosty),

4. Stomach resections (Chair: Chanjuan Shi),

5. Oesophageal resections (Chair: Alfred Lam).

A recent decision has been made by the DSC, on the recommendation of the Chairs and Series Champion, Iris Nagtegaal, to add two additional datasets for Endoscopic resections of the Stomach and Oesophagus.

3.2.4   Breast

A series of four datasets for the breast are underway in synchrony with the publication of the 5th series of the IARC/WHO 'blue books'. Puay Hoon Tan, from Singapore is appointed as Series Champion.

1. Invasive breast cancer (Chair: Ian Ellis).

2. Ductal carcinoma in situ (DCIS) (Chair: Stephen Fox).

3. Lymph node dissection/sentinel Lymph node biopsies (Chair: Edi Brogi).

A recent decision has been made by the DSC, on the recommendation of the Chair of the Invasive cancer dataset and Series Champion, Puay Hoon Tan, to add in another dataset for Invasive breast cancer in the post neoadjuvant setting.

3.3   Datasets in planning

The following dataset series are in planning following updates to the 5th series of the IARC/WHO 'blue books' in the relevant anatomical areas:

3.3.1 Bone and Soft Tissue (BST)

The ICCR has appointed Dr Chris Fetcher, from the USA, as Series Champion of the BST Series. At this time 3 datasets are planned:

1. Bone tumours (Chair: Judith Bovée),

2. Soft tissue sarcoma (Chair: Angelo Paolo Dei Tos),

3. Gastrointestinal stromal tumours (Chair: Jason L. Hornick).

3.3.2 Gynaecology

The ICCR is in the planning stages for the update of 3 of its published datasets:

1. Endometrial carcinoma,

2. Ovary, fallopian tube and primary peritoneal site carcinomas, and

3. Cervical carcinoma

In addition, 4 new datasets in the gynaecological suite are being planned:

1. Vulva,

2. Vagina,

3. Uterine sarcoma, and

4. Trophoblastic Tumours

Glenn McCluggage, who has chaired the DACs for the 3 published datasets has been appointed to the role of Series Champion for the full suite of datasets.

3.4 TNM staging

The 8th editions of the American Joint Commission on Cancer (AJCC) Cancer Staging Manual and the Union for International Cancer Control (UICC) TNM Classification of Malignant Tumours were published in late 2016. Given that the UICC TNM is widely used in Europe, UK and other parts of the world, while AJCC TNM is used extensively in the North America and Australia, the ICCR was keen to be bipartisan in its approach. Ostensibly these versions are harmonised, however on a more detailed review a number of differences were noted. Some of these issues are significant, particularly in relation to testicular cancer where the pT stage may actually be recorded differently depending on which version of TNM is used.

Having investigated the issue, the ICCR decided to use UICC TNM 8th edition in cases where there is concordance between the versions but use the AJCC TNM 8th edition in cases where the AJCC version more accurately reflects the most contemporary and scientifically validated information.

3.5 Peer-reviewed publications

A key step in the development of ICCR datasets is the production of an accompanying article submitted to a peer-reviewed journal. To date, the following 27 dataset related articles have been published:

- Dataset for the reporting of urinary tract carcinoma - biopsy and transurethral resection specimen: recommendations from the International Collaboration on Cancer Reporting (ICCR). Varma M, Srigley JR, Brimo F, Comperat E, Delahunt B, Koch M, Lopez-Beltran A, Reuter V, Samaratunga H, Shanks J, Tsuzuki T, van der Kwast T, Grignon D. Modern Pathology. 2019. *In press.*

- Dataset for reporting of carcinoma of the urethra (in urethrectomy specimens): recommendations from the International Collaboration on Cancer Reporting (ICCR). Shanks JH, Srigley JR, Brimo F, Comperat E, Delahunt B, Koch M, Lopez-Beltran A, Reuter V, Samaratunga H, Tsuzuki T, van der Kwast T, Varma M, Grignon D. Histopathology. 2019 Oct;75(4):453-467. doi: 10.1111/his.13877. Epub 2019 Jul 2.

- Data Set for the Reporting of Carcinoma of the Renal Pelvis and Ureter-Nephroureterectomy and Ureterectomy Specimens: Recommendations From the International Collaboration on Cancer Reporting (ICCR). Samaratunga H, Judge M, Delahunt B, Srigley J, Brimo F, Comperat E, Koch M, Lopez-Beltran A, Reuter V, Shanks J, Tsuzuki T, van der Kwast T, Varma M, Grignon D. Am J Surg Pathol. 2019 Oct;43(10):e1-e12. doi: 10.1097/PAS.0000000000001305.

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4. TRANSLATION

Translation of 21 ICCR datasets into Spanish, French and Portuguese has been completed through the kind contribution of the American Society of Clinical Pathology (ASCP), a sustaining member of the ICCR.

The translation work is critical as the IARC/WHO Classification of Tumours "blue books" are not being translated, so having the datasets available in other languages will be very important to advance adoption of standardised reporting in the future.

The ASCP, engaged the services of an ISO 9001:2015 certified company to undertake the translations.

Further translations are planned once funding is secured.

4.1 Datasets translated

The following translated datasets are posted to the ICCR website:

Group	Dataset
Genitourinary	Urethrectomy
	Ureterectomy and nephroureterectomy
	Urinary bladder – transurethral resection and biopsy
	Urinary bladder
	Kidney
	Kidney biopsy
	Penis
	Testicular cancer - RPLND
	Testicular cancer
	Prostate - transurethral resection
	Prostate - radical prostatectomy
	Prostate - core/needle biopsy
Digestive tract	Liver - intrahepatic & perihilar cholangiocarcinoma and hepatocellular carcinoma
Thoracic	Lung
	Thymic epithelial tumours
	Heart, pericardium and great vessels
	Mesothelioma in the pleura and peritoneum
Gynaecology	Endometrium
	Ovary, fallopian tube & primary peritoneal site
	Cervix
Skin	Invasive melanoma

4.2 **Website**

Language specific pages have been added to the ICCR website to host the translated datasets. An example is shown below:
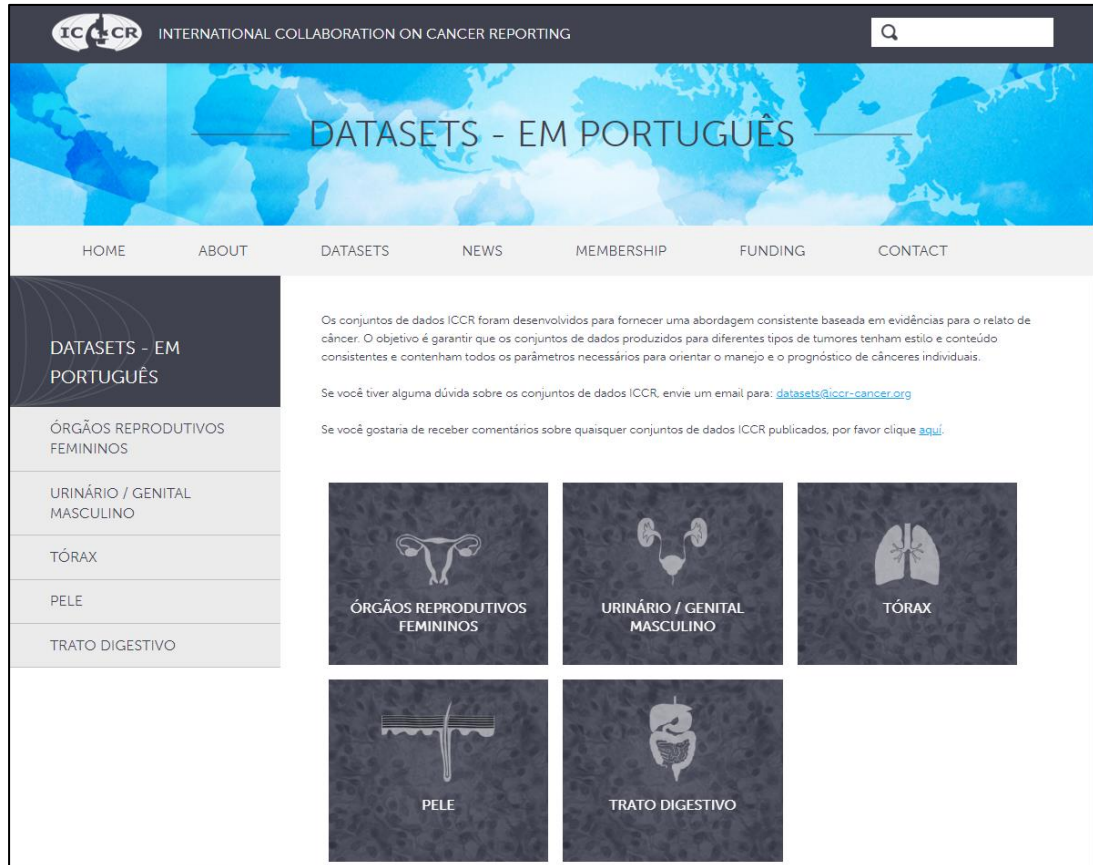
New pages will be added as needed in the future.

5. TERMINOLOGY

Early in 2017 work commenced on the development of SNOMED CT content to represent the data elements in cancer datasets. This project is led by Dr Scott Campbell from University of Nebraska Medical Center (UNMC), USA, under the auspice of the International Pathology and Laboratory Medicine Special Interest Group (IPaLM SIG) of the International Health Terminology Standards Development Organisation (IHTSDO), an international non-profit organization that owns SNOMED CT. The ICCR was very keen to participate and a collaborative relationship with the UNMC team commenced. The ICCR and the Cancer Synoptic Working Group (a working group stemming from the IPaLM SIG), agreed to collaborate in an ongoing manner to ensure terminology is developed for cancer reporting such that it meets the needs of the clinical care teams, national registrars and cancer researchers. The encoding of cancer synoptic reports, including biomarkers, became an official project with SNOMED International later in 2017 ensuring both support and resources for content creation and publication.

The project aims to align terminology development and cancer dataset development efforts to truly create computable, interoperable cancer reporting tools for use by all participating nations.

In 2019, a pilot project to assign SNOMED CT terminology to the ICCR's Radical Prostatectomy dataset was undertaken and is expected to be published before the end of this year. Further projects are planned.

6. IMPLEMENTATION

In 2019 there has been a significant increase in requests from Laboratory System and middleware vendors and jurisdictions wanting to implement the ICCR datasets. This has prompted detailed discussions on copyright of the ICCR datasets and also the level of engagement needed to assist with these implementations. As we move forward, the ICCR will need to balance resource commitments carefully with oversight of these implementations to ensure the integrity of the implementation of its datasets possibly through the development of memoranda of understanding.

A very promising avenue of development has arisen this year via ASCP and its work with C/Can 2025 ((https://www.uicc.org/who-we-work/networks/city-cancer-challenge-ccan). ASCP has engaged with the Corporate Citizenship arm of IBM to investigate the development of a multi-lingual pathology report generator utilizing ICCR translated datasets. The proposal is that pathologists will access a web based reporting tool which will load a language specific cancer reporting template (ICCR Dataset). After reporting the case, the application will produce a formatted report for loading into a Laboratory System or printing, as well as a formatted, delimited file for sending to the local Cancer Registry. A series of discussions between ICCR, IBM and ASCP have taken place to discuss the scope of this tool with a pilot planned for implementation in Paraguay in 2020.

Plans for the implementation of ICCR datasets has commenced in Ireland as part of a much broader pathology implementation across the country. This will be an exciting project and will provide feedback on the process of implementation which will assist in future implementation around the world.

7. PROMOTION

The goal of the ICCR is to improve cancer patient outcomes worldwide and to advance international benchmarking in cancer management. To this end it is important that the work of the ICCR and the availability of its datasets become more widely known and understood. Therefore, a priority for members of the ICCR executive this year has been to deliver presentations to a number of groups:

- Dr John Srigley, ICCR President, presented to the Austrian Society of Pathology in Vienna in March, and the Synoptic Reporting Project in Zurich, Switzerland in May.

- At the recent 2019 European Congress of Pathology (ECP) in Nice, ICCR President, Dr John Srigley, with Dr Iris Nagtegaal, co-hosted a joint session of the European Taskforce on Synoptic Reporting (ETSR) and ICCR, discussing a number of topics related to synoptic reporting of pathology.   In addition, Dr Tim Helliwell, Vice-President ICCR, hosted a session related to Head & Neck pathology, which included a discussion of the ICCR Head & Neck datasets. Both sessions were very well received.

- Dr Debra Graves, ICCR Company Secretary and CEO of the Royal College of Pathologists of Australasia, provided an update on the work of the ICCR to the International Liaison of College Presidents (ILPP) in Capetown, RSA in October.

ICCR's Series Champions and chairs of the Dataset Authoring Committees have also undertaken presentations which include discussion of the ICCR datasets. These presentations are often on specific dataset content e.g. urology, and are an excellent educational opportunity.

 The year ahead holds many promising opportunities and the ICCR looks forward to engaging with more of the global pathology and cancer community in 2020 and beyond.

8. FINANCIAL REPORT

A budget was proposed and accepted at the 19th and 20th February 2019 Board of Directors meeting for the calendar year 2019.

The following is a budget summary:

6.1 Projected income

As at 19th and 20th February 2019, the ICCR has a balance of $112,762 AUD with a projected income for 2019 of $91,500 AUD in known income and a further $91,000 in potential income.

As at October 2019, the ICCR has received $169,233 AUD, the majority of which is attributable to increased sustaining membership.

Income is derived from:

1. Foundation member fees, and

2. Sponsorship.

6.2 Expenditure

Expected expenditure for the calendar year is $226,275 AUD. As at October, no unanticipated expenditure had been identified and expenditure was expected to remain as planned.

Items of planned expenditure are:

Category	Item
Business costs	Insurances
	Auditor
	Bank fees
Meetings	Teleconference/web meetings
	ICCR DSC face to face meetings*
	Project Manager meetings/update
	Travel to international meetings
Promotion & communication	Web services
	Promotional flier
	Domain specific email
	Domain name registration
	Business cards
Staffing	Project Managers
	Project Management Officer
	Equipment/expenses
Dataset development	Software
	Medical Illustrator

Category	Item
	Copyright fees
	Open access for publications
Miscellaneous	Stakeholder database rework

* Note, this item includes no travel related fees, it relates to costs for room and equipment hire etc for the meetings.

6.3 Sponsorship

In addition to membership fees, the ICCR looks for sponsorship to help support the cost of development of datasets. Singapore General Hospital has very kindly provided $5,000USD sponsorship for the Breast datasets as well as the International Society of Breast Pathology.

Further sponsorship is being sought for the Breast, Digestive tract and other upcoming datasets.

6.4 Audited financial statement

The ICCR financial status is audited yearly. A fully audited financial statement has been prepared and was discussed at the Annual General Meeting held 18th November. A copy of the audit report is included in Appendix A.

6.5 Revised budget

At the October BoD Meeting, a recommendation to restructure the budget in accordance with the Australian Financial Year was proposed and accepted. The Australian Financial Year is from 1st July to 30 June. This will assist in aligning the budget with the audited financial statement.

9. STAFFING

The ICCR has adopted a dataset development model based on the involvement of a Project Manager.

Although it is possible for pathologists to produce datasets without the input of a Project Manager, the involvement of an ICCR Project Manager streamlines and standardizes the dataset development process, reduces individual pathologists' time and effort, expedites the development timeline and ensures implementation of, and adherence to, ICCR standards.

The process of dataset development involves a number of activities which can be divided broadly into two categories:

a. Administrative activities, including meeting organization, agendas and meeting notes, collation of feedback, stakeholder database management, referencing, formatting of documents, email notifications etc., and

b. Stakeholder/content management including the development and review of draft dataset documents, timeframe management, harmonization of terms and content, guide development, identification and tracking of issues, reporting to DSC, stakeholder correspondence/support of expert panels etc.

7.1 Project Manager

Project Managers undertake stakeholder/content management. The ICCR employs two Project Managers on a contract basis:

1. Ms Fleur Webster started work in February 2015 and is employed on contract via the Royal College of Pathologists of Australasia (RCPA) for 26.25 hours (~3.5 days) per week, to support dataset development. Ms Webster works from her home office in Albury, Australia. Ms Webster's current contract concludes in June 2020. It is anticipated that her contract will be extended.

2. Ms Meagan Judge, whilst working for the RCPA, provided services to the ICCR on a volunteer basis from 2010 - 18. From January 2019, Ms Judge has been employed 15 hours (~2 days) per week, on contract via the RCPA, providing operational support for the BoD and DSC. Ms Judge works from her home office in Sussex Inlet, Australia. Ms Judge's current contract concludes in December 2019. It is anticipated that her contract will be extended.

Additional Project Manager services continue to be provided by member organisations to supplement these contributions.

7.2 Project Management Officer (PMO)

A Project Management Officer undertakes administrative activities.

The ICCR employs 1 PMO on a casual basis, 15 hours (across 3 days) per week under the supervision of Ms Webster. Ms Gina Green started work in September 2017 and is employed under a casual contract basis via the RCPA for 15 hours (~2 days) per week. Ms Green works from her home office in Sydney.

7.3   Human Resources Support

The RCPA provides the human resources infrastructure under which Ms Webster, Ms Judge and Ms Green are employed and invoice the ICCR quarterly for their salaries. The RCPA does not charge the ICCR for this administrative service.

10. WEBSITE

The ICCR launched its website, www.iccr-cancer.org, in July 2015.

As at October 2019, the ICCR website has had 214,720 page views (increased from 135,038 in September 2018); and 62,384 sessions up from 38,740 in September 2018. (A session is the period time a user is actively engaged with the website).

Of a total of 180 countries accessing the ICCR website, the top 10 countries are:

1. USA
2. India
3. Australia
4. United Kingdom
5. Brazil
6. Russia
7. Canada
8. France
9. Spain
10. Germany

The ICCR continues to monitor these statistics to enable it to ensure its continued usefulness to the global audience.

Consideration will be given to registering users (gratis) to enable better engagement with users worldwide, and to provide better metrics regarding dataset utilization.

APPENDIX A: AUDITED FINANCIAL STATEMENT

International Collaboration on Cancer Reporting Limited
ABN 69 601 723 960

FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

INTERNATIONAL COLLABORATION ON CANCER REPORTING LIMITED
ABN 69 601 723 960

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2019

	Notes	30 June 2019 $	30 June 2018 $
Subscription revenue		161,526	76,196
Interest revenue		428	530
Total revenue		161,954	76,726
Labour hire costs		106,097	101,906
Stationery and other supplies		211	4,843
Insurance expense		5,652	5,410
Meeting expenses		12,608	1,463
Website development and maintenance		1,234	1,265
Travel and accommodation		7,267	5,171
Audit of financial report		1,500	1,500
Photography		-	-
Copyright		-	16,370
Bank charges		169	156
Sundry expenses		496	323
Total expenses		135,234	138,407
Profit/(loss) before income tax		26,720	(61,681)
Income tax expense	1a	-	-
Profit/(loss) after income tax		26,720	(61,681)
Other comprehensive income:			
Other comprehensive income for the year, net of income tax		-	-
Total comprehensive income for the year		26,720	(61,681)

1

**STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2019**

	Notes	30 June 2019 $	30 June 2018 $
CURRENT ASSETS			
Cash and cash equivalents		125,312	56,834
Trade and other receivables		6,062	4,725
Prepayments		2,826	2,826
TOTAL CURRENT ASSETS		134,200	64,385
TOTAL ASSETS		134,200	64,385
CURRENT LIABILITIES			
Trade and other payables		3,000	1,595
Subscriptions paid in advance		41,690	-
TOTAL CURRENT LIABILITIES		44,690	1,595
TOTAL LIABILITIES		44,690	1,595
NET ASSETS		89,510	62,790
EQUITY			
Retained earnings		89,510	62,790
TOTAL EQUITY		89,510	62,790

2

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2019

	Notes	30 June 2019 $	30 June 2018 $
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from subscriptions and donations		215,262	102,830
Interest received		428	530
Payments to suppliers		(147,212)	(155,392)
Net cash (used in)/provided by operating activities		68,478	(52,032)
Cash flows from investing activities		-	-
Cash flows from financing activities		-	-
Net (decrease)/increase in cash and cash equivalents		68,478	(52,032)
Cash and cash equivalents at the beginning of the period		56,834	108,866
Cash and cash equivalents at the end of the period		125,312	56,834

NOTES TO THE FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 30 JUNE 2019

1. Significant Accounting Policies

The financial report of International Collaboration on Cancer Reporting Limited ("ICCR") for the financial year ended 30th June 2019 was authorised for issue in accordance with a resolution of Directors, dated 23 October 2019.

The Directors have prepared the financial statements on the basis that the company is a non-reporting entity because there are no users who are dependent on its general purpose financial statements. These financial statements are therefore special purpose financial statements that have been prepared in order for ICCR to comply with the requirements of its constitution.

The financial statements have been prepared have been prepared in accordance with the significant accounting policies disclosed in the financial statements of The Royal College of Pathologists of Australasia (the College) for the year ended 30 June 2019.

The financial report is presented in Australian Dollars which is ICCR's functional and presentational currency.

The financial report has been prepared on an accruals basis and is based on historical costs and does not take into account changing money values or, except where stated, current valuations of non-current assets. Cost is based on the fair values of the consideration given in exchange for assets. The financial report has been prepared on a going concern basis.

(a) Income Tax

ICCR is classified as a scientific and educational institution by the Australian Taxation Office and therefore, in accordance with section 50-5 of the *Income Tax Assessment Act 1997*, is exempt from paying income tax.

2. Entity Limited by Guarantee

ICCR is limited by guarantee under the *Corporations Act 2001*. The amount of capital, which is capable of being called up, in the event of, and only for the purpose of a winding up of the company, is not to exceed $100 per member by virtue of ICCR's Constitution.

3. Remuneration of Directors

The Directors of ICCR received no remuneration or benefits during the financial period.

The Directors listed below held office from 1 July 2018 to the date of this report unless otherwise stated.

Timothy Richard Helliwell
Thomas Wheeler
Sanchia Aranda
James Kench
Pierre Bedossa (from January 2019, resigned Sept 2019)
Yanhui Liu (from March 2019)
Nga Yin Annie Cheung (from June 2019)
Gerald Hoefler (from August 2019)
Marta Cecilia Cohen (from Sept. 2019)

John Robert Srigley
Fredrik Theodor Bosman (resigned January 2019)
James Wisecarver
Kieran Sheahan
Peter Schirmacher (from April 2019)
Katia Ramos Moreira Leite (from June 2019)

DIRECTORS' DECLARATION

In the directors' opinion:

- the attached financial statements and notes thereto comply with the accounting policies described in Note 1;

- the attached financial statements and notes thereto give a true and fair view of the company's financial position as at 30 June 2019 and of its performance for the financial year ended on that date; and

- there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of directors made pursuant to section 295(5)(a) of the Corporations Act 2001.

On behalf of the Directors

Dr John Robert Srigley
President/Director

Dated this 23rd day of October 2019

DECLARATION OF INDEPENDENCE BY GILLIAN SHEA TO THE DIRECTORS OF INTERNATIONAL COLLABORATION ON CANCER REPORTING LIMITED

As lead auditor of International Collaboration on Cancer Reporting Limited for the year ended 30 June 2019, I declare that, to the best of my knowledge and belief, there have been:

1. No contraventions of the auditor independence requirements of the Australian professional accounting bodies in relation to the audit; and

2. No contraventions of any applicable code of professional conduct in relation to the audit.

Gillian Shea
Partner

BDO East Coast Partnership

Sydney, 23 October 2019

INDEPENDENT AUDITOR'S REPORT

To the members of International Collaboration on Cancer Reporting Limited

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of International Collaboration on Cancer Reporting Limited (the Entity), which comprises the statement of financial position as at 30 June 2019, the statement of profit or loss and other comprehensive income and the statement of cash flows for the year then ended, and notes to the financial report, including a summary of significant accounting policies, and directors' declaration.

In our opinion the accompanying financial report presents fairly, in all material respects, the financial position of the Entity as at 30 June 2019 and of its financial performance and its cash flows for the year then ended in accordance with the basis of accounting described in note 1.

Basis for opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the Financial Report* section of our report. We are independent of the Entity in accordance with ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of matter – Basis of accounting

We draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared to assist the Entity to meet the requirements of the company's constitution. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of management and those charged with governance for the Financial Report

Management is responsible for the preparation and fair presentation of the financial report, and have determined that the basis of preparation described in Note 1 is appropriate to meet the requirements of the company's constitution and for such internal control as management determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.

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In preparing the financial report, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity's financial reporting process.

Auditor's responsibilities for the audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website (http://www.auasb.gov.au/Home.aspx) at:

http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf

This description forms part of our auditor's report.

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Gillian Shea
Partner

Sydney, 23 October 2019