

NATIONAL HEAD AND NECK HISTOPATHOLOGY EQA SCHEME

Circulation 17 (Spring 2010)

Notes of the Review Session held in the Robens Suite, Tower Wing, Guy's Hospital
Thursday 29th April 2010

- PRESENT:** Dr. AW Barrett (Chair)
Professors W Binnie, GT Craig, PM Farthing, CD Franklin, PR Morgan, EW Odell, P Sloan, PM Speight, N Thakker; GJ Thomas, DM Walker; Drs. B Almeida, MB Aslam, G Hall, JD Harrison, T Helliwell, AS High, KD Hunter, A Jayakrishna, P Matthews, D Milne, A Okpokam, M Petkar, K Piper, AJ Potts, M Pring, IA Robinson, KA Shah, S Szakacs, S Thavaraj, A Triantafyllou, J van der Wal, HK Williams, J Williams, JA Woolgar, YC Yeo (total 37)
- Trainees:** Drs. R Agrawal, T Bates, A Betts, P Chengot, RC Hall, AV Jones, C Kragelund, K Montasim, T Soland, K Suchak, A Torres, S White (total 12)
- Visitors:** Drs. W Dobrzycki, S Irhler, E Nissanka-Jayassuriya
- Apologies:** Drs. J James, CH Kendall, SS Napier, CM Robinson, M Toner

Matters Arising

1. There are now 95 re- or newly registered individuals in the Scheme following the "amnesty" and "stock take" at the end of 2009/beginning of 2010.
2. 73 had made returns for circulation 17. The answers of the first 55 received comprised the basis for the discussion of each case at the review session, but all are included in the table of personal performance scores.
3. As a result of the "amnesty" (see above), there were no substandard performances to assess.
4. Following the canvassing of participants at the end of 2009, a consequence of concerns expressed about the Scheme's organisation (especially the scoring system) by some participants, the Steering Committee of the Royal College of Pathologists and NQAAP, no changes were being made.
5. As with circulation 16, for circulation 17 participants had been asked to specifically request slide boxes (the number of potential participants now being well in excess of the 50 boxes available), or use the Aperio web-based "virtual microscopy" system hosted by the University of Leeds. Boxes were distributed to 47 centres.
6. Participants had again asked to specify which method they had used to assess the 18 cases: of the 58 who did so, 55 had used glass slides only, one the Aperio system only and two a mixture of both.
7. Participants were reminded of the importance of confidentiality, and advised
 - a. not to e-mail responses to the Scheme Organiser,
 - b. to avoid entering "this is my case" or similar on the response form, and
 - c. to consider submitting a typed response if they have easily identifiable handwriting.
8. Participants were reminded that an unqualified response of, for example, "I don't report thyroids" scores zero. SOP 7 states that all 12 or 18 cases require a response, even if it is no more than a "ballpark" diagnosis and a statement that a referral would be made. A show of hands at the review session suggested about 15 of those present report thyroids. There is a view that thyroids should be excluded from the Scheme, but whilst thyroid cases are still being submitted the Scheme Organiser will continue to consider such cases for inclusion.
9. Participants were reminded of the criteria for awarding the scores of 0, 1 and 2 (see SOP 8).
10. For this review session, electronic voting was used for the first time to enable everyone present to express an opinion when allocating scores for answers which were out of consensus. Where there was a consensus diagnosis, it was accepted as scoring 2 without a vote. Where there was no majority on which score should be allocated, the benefit of the doubt was given. This was felt to be an enjoyable and worthwhile exercise, but was unable to take into the account all considerations (such as additional work-up requested) in every case without becoming complex. It also appeared to reduce the amount of discussion of each case. It is not a facility which will be generally available in the foreseeable future.

Circulation 17 – scoring of responses for personal performance analysis

Cases 1-6 (number of respondents = 44)

Case 1 Local diagnosis = ameloblastoma (Gill Hall)

2 points (all respondents): 43 submitted a definitive or working diagnosis of ameloblastoma (no vote taken).

Case 2: Local diagnosis = dentigerous cyst (Bill Barrett)

2 (43 respondents): a definitive, working or first differential diagnosis of a dentigerous or glandular/sialo-odontogenic cyst.

0 (1): a definitive diagnosis of inflamed odontogenic keratocyst. Result of vote:

Diagnosis	% in favour of score of 0	% in favour of score of 1	% in favour of score of 2
Inflamed odontogenic keratocyst	86	14	0

Case 3: Local diagnosis = solitary fibrous tumour (Malee Fernando)

2 (42): a definitive, working or differential diagnosis of solitary fibrous tumour.

1 (2): a working diagnosis of fibrous histiocytoma, or a first choice differential diagnosis of low grade fibrosarcoma, with appropriate work-up/further consultation. Result of vote:

Diagnosis	% in favour of score of 0	% in favour of score of 1	% in favour of score of 2
Fibrous histiocytoma	21	79	0
Low grade fibrosarcoma	21	79	0

Case 4: Local diagnosis = lichenoid reaction consistent with lichen planus (Bill Barrett)

2 (43): a definitive, working or differential diagnosis which included lichenoid or non-specific chronic inflammation with mild or moderate dysplasia. It was felt a vote attempting to distinguish scores for these diagnoses was not possible.

1 (1): a first differential diagnosis of submucous fibrosis with mild dysplasia. Result of vote:

Diagnosis	% in favour of score of 0	% in favour of score of 1	% in favour of score of 2
Submucous fibrosis with mild dysplasia	10	73	17

Case 5: Local diagnosis = squamous papilloma with candidal infection (Bill Barrett)

2 (40): a definitive, working or differential diagnosis of squamous papilloma ± candida, chronic hyperplastic candidosis/median rhomboid glossitis (CHC/MRG).

1(2): a working or differential diagnosis of benign migratory glossitis.

0 (2): a working diagnosis of oral hairy leukoplakia, and a first choice differential diagnosis of verrucous carcinoma, neither with work-up likely to produce a more appropriate diagnosis. Result of vote:

Diagnosis	% in favour of score of 0	% in favour of score of 1	% in favour of score of 2
Squamous papilloma + candida	3	19	78
CHC/MRG	3	33	64
Benign migratory glossitis	46	39	15
Oral hairy leukoplakia	78	22	0
Verrucous carcinoma	81	19	0

Case 6: Local diagnosis = verruciform xanthoma (Murray Walker)

2 (40): all participants who considered verruciform xanthoma as a diagnosis.

0 (4): four participants who had not considered verruciform xanthoma as a diagnosis. Result of vote:

Diagnosis	% in favour of score of 0	% in favour of score of 1	% in favour of score of 2
Verruciform xanthoma not considered	69	28	3

Cases 7-12 (number of respondents = 55)

Case 7: Local diagnosis = reactive lymph node (Ivan Robinson)

2 (46): a definitive, working or differential diagnosis of reactive lymphadenopathy.

1 (6): diagnoses of progressive transformation, toxoplasmosis or follicular lymphoma with appropriate work-up/further consultation.

0 (3): definitive diagnoses of HIV-associated lymphadenopathy, histoplasmosis and bacillary angiomatosis (BA) with no further work-up. Result of vote:

Diagnosis	% in favour of score of 0	% in favour of score of 1	% in favour of score of 2
Reactive lymph node	6	3	91
Progressive transformation	42	52	6
Toxoplasmosis	12	76	12
Follicular lymphoma	29	65	6
HIV/histoplasmosis/BA	97	3	0

Case 8: Local diagnosis = angiolymphoid hyperplasia with eosinophilia (Ivan Robinson)

2 (47): a definitive, working or differential diagnosis of angiolymphoid hyperplasia with eosinophilia (ALHE).

1 (5): diagnoses of Kimura's disease with no mention of AHLE, angiofollicular hyperplasia, non-specific inflammation, follicular lymphoma and BA with appropriate work-up/further consultation.

0 (3): definitive diagnoses of Kaposi's sarcoma, histoplasmosis and BA with no further work-up. Result of vote:

Diagnosis	% in favour of score of 0	% in favour of score of 1	% in favour of score of 2
Kimura's disease (no ALHE)	17	70	13
Angiofollicular hyperplasia	33	39	27
Non-specific inflammation	29	65	6
Follicular lymphoma	51	49	0
BA with safeguards	35	59	6
HIV/histoplasmosis/BA	94	0	6

Cases 7 and 8 had occurred synchronously in the same patient. The three participants who scored zero for case 7 were the same as the those who scored zero for case 8. Concern was expressed by Professor Morgan, who pointed out that each participant would have scored only a single zero if the cases had been in separate circulations. However, other participants commented that the assumption of a single disease process in both biopsies was questionable, and the above scores therefore stand. The Scheme Organiser stated that a pairing of cases (such as cases 7 and 8) in a future circulation was unlikely; it complicated the assessment of responses, some participants having lumped cases 7 and 8 together on their response forms.

Case 9: Local diagnosis = acinic cell carcinoma (Cordelia Phelan)

2 (48): a definitive, working or first choice differential diagnosis of acinic cell carcinoma.

1 (2): differential diagnoses which included acinic cell carcinoma, but which listed mucoepidermoid carcinoma or adenoid cystic carcinoma* higher.

0 (5): diagnoses of polymorphous low grade adeocarcinoma (PLGA), lymphadenoma, intraductal carcinoma, metastatic carcinoma of thyroid and adenoid cystic carcinoma# with no mention of acinic cell carcinoma in the differential diagnosis, or no/inadequate further work-up or consultation. Result of vote:

Diagnosis	% in favour of score of 0	% in favour of score of 1	% in favour of score of 2
Mucoepidermoid carcinoma	31	63	3
Adenoid cystic carcinoma*	17	69	14
PLGA	91	9	0
Lymphadenoma	100	0	0
Intraductal carcinoma	86	14	0
Metastatic carcinoma of thyroid	67	33	0
Adenoid cystic carcinoma#	94	0	6

Case 10: Local diagnosis = epithelial-myoepithelial carcinoma (Charles Kendall)

2 (50): a definitive, working or first differential diagnosis of epithelial-myoepithelial carcinoma.

0 (5): a definitive diagnosis of "adenomyoepithelioma", and four working or differential diagnoses of pleomorphic adenoma with work-up unlikely to establish the correct diagnosis. Result of vote:

Diagnosis	% in favour of score of 0	% in favour of score of 1	% in favour of score of 2
Adenomyoepithelioma	86	11	3
Pleomorphic adenoma	72	26	2

Case 11: Local diagnosis = eccrine poroma (Ivan Robinson)

2 (50): a definitive, working or differential diagnosis of eccrine/apocrine hidradenoma or eccrine poroma, and benign adnexal tumour with a work-up which included an expert opinion.

1 (4): a working diagnosis of benign adnexal tumour with a work-up which excluded an expert opinion; a working diagnosis of eccrine porocarcinoma*, with a work-up which included an expert opinion.

0 (1): a definitive diagnosis of eccrine porocarcinoma# with no further work-up. Result of vote:

Diagnosis	% in favour of score of 0	% in favour of score of 1	% in favour of score of 2
Eccrine porocarcinoma*	21	70	9
Eccrine porocarcinoma#	91	9	0

Case 12: Local diagnosis = simple lipoma with fat necrosis (Ken MacLennan)

36/55 (65%) respondents submitted a definitive, working or first differential diagnosis if atypical lipoma/well differentiated liposarcoma, compared with 16/55 (29%) who regarded the tumour as unremarkable (in agreement with the local diagnosis). No consensus was reached on how to score this case, which was not regarded as being of questionable educational value but excluded anyway for personal performance assessment.

Cases 13-18 (number of respondents =43)

Case 13: Local diagnosis = nasopharyngeal carcinoma (Malee Fernando)

2 (all): a definitive, working or differential diagnosis of nasopharyngeal (39 respondents), (sinonasal) un- (3) or poorly (1) differentiated carcinoma. Result of vote:

Diagnosis	% in favour of score of 0	% in favour of score of 1	% in favour of score of 2
Poorly differentiated carcinoma	0	42	58
(Sinonasal) undifferentiated carcinoma	14	36	50

Case 14: Local diagnosis = schwannoma (Amrita Jayakrishna)

2 (41): a definitive, working or first differential diagnosis of schwannoma (neurilemmoma) or benign neural tumour with appropriate work-up.

1 (2): a first differential diagnosis of encephalocoele or glial tissue/glioma. Result of vote:

Diagnosis	% in favour of score of 0	% in favour of score of 1	% in favour of score of 2
Encephalocoele/glial tissue	26	59	15

Case 15: Local diagnosis = respiratory epithelial adenomatoid hamartoma (Selvam Thavaraj)

2 (40): a definitive, working or differential diagnosis of respiratory epithelial adenomatoid (READ) hamartoma.

1 (3): a definitive diagnosis of allergic polyp (1), or differential diagnoses where READ was not considered (2). Result of vote:

Diagnosis	% in favour of score of 0	% in favour of score of 1	% in favour of score of 2
Allergic polyp	48	48	4
READ not considered	46	54	0

Case 16: Local diagnosis = squamous papilloma showing low grade, focal atypia (Ken MacLennan)

2 (39): a definitive, working or differential diagnosis of a papilloma with or without dysplasia (of varying grade).

1 (2): a working or differential diagnosis of papillary carcinoma (with* or without** a further opinion considered).

0 (2): a definitive diagnosis of "progressive verrucoid hyperplasia", or first differential diagnosis of basal cell carcinoma with no further work-up specified.

Diagnosis	% in favour of score of 0	% in favour of score of 1	% in favour of score of 2
Papilloma	12	24	64
Papilloma + dysplasia	0	16	84
Papillary carcinoma*	13	58	29
Papillary carcinoma**	37	46	17
"Progressive verrucoid hyperplasia"	93	7	0
Basal cell carcinoma	68	32	0

Case 17: Local diagnosis = multinodular hyperplasia (Ken MacLennan)

2 (40): all proposed diagnoses except:

0 (3): a working diagnosis of follicular variant papillary carcinoma with no further opinion requested (1), or no diagnosis offered (2). Result of vote:

Diagnosis	% in favour of score of 0	% in favour of score of 1	% in favour of score of 2
Papillary carcinoma	62	38	0

Case 18: Local diagnosis = hyperplastic nodule with cystic change (Ken MacLennan)

2 (39): all proposed diagnoses (including a definitive diagnosis of follicular adenoma, which produced an equivocal vote – see below) where a further opinion was sought where necessary, except:

0 (4): a definitive or first differential diagnosis of minimally invasive follicular carcinoma with no further opinion requested (2), or no diagnosis offered (2). Result of vote:

Diagnosis	% in favour of score of 0	% in favour of score of 1	% in favour of score of 2
Follicular adenoma	30	35	35
Follicular carcinoma	87	13	0

Date of next meeting: October 13th 2010 @ 13.30, University of Sheffield Dental School.