NATIONAL HEAD AND NECK HISTOPATHOLOGY EQA SCHEME

Circulation 19 (Spring 2011)
Notes of the Review Session held in the School of Clinical Denistry, University of Sheffield
Friday 6th May 2011

PRESENT: AW Barrett (Chair)
A Betts, WH Binnie, T Collins, KJ Denton, P da Forno, U Earl, PM Farthing, M Fernando, G Hall, RC Hall, AS High, KD Hunter, A Jayakrishna, NW Johnson, KA MacLennan, SS Napier, EW Odell, KM Piper, AJ Potts, IA Robinson, P Sloan, PM Speight, RN Tiam, M Toner, A Triantafyllou (total 26)
Trainees: R Agrawal, A Chambers, P Chengot, N Cirillo, B Conn, H Cotton, E Nissanka-Jayasuriya, AV Jones, K Moutassim, A Torres, S White (total 11)
Apologies: CH Kendall, S Di Palma, T Helliwell, JA James, PR Morgan, M Reed, CM Robinson, KA Shah, GD Smith, S Thavaraj, GJ Thomas, DM Walker, J Williams, JA Woolgar
Quorum: 22 (25% of the total number of respondents – SOP 8)

Matters Arising

1. The Scheme now has 106 members who are eligible to make returns (there are also three associate members), 87 of whom did so for circulation 19. The equivalent values for EQA 12 (autumn 2007) were 61 members, 49 returns, for EQA 14 65/52, EQA 15 85/64, EQA 16 90/67, EQA 17 95/73 and for EQA 18 96/80.
2. As with the previous three circulations, 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. 49 boxes were distributed. Four participants had used the virtual microscope, five both means.
3. In the recent thyroid questionnaire 35% of respondents (*n*=68) were in favour of thyroid cases being excluded from future circulations, 65% against.
4. 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;
    c. to consider submitting a typed response if they have easily identifiable handwriting.
5. Two participants (181 and 188) had been "flagged" after EQA 18. 181 had since resigned from the Scheme. No action points had been triggered.
6. Participants were reminded of the criteria for awarding the scores of 0, 1 and 2 (see SOP 8).
7. Live microscopy was reintroduced for this review session.

Circulation 19 – scoring of responses for personal performance analysis

Cases 1-6 (number of respondents = 64)

Case 1 Local diagnosis = mucous retention cyst (Bill Barrett)
2 points (58 respondents): those who submitted a definitive, working or first differential diagnosis of retention cyst.
0 (6): a definitive diagnosis of oncocytic cystadenoma (2), Warthin's tumour (2) and glandular odontogenic cyst (1); a first choice differential diagnosis of Warthin's tumour where the only other diagnosis offered was glandular odontogenic cyst (1).

Case 2: Local diagnosis = benign hyperkeratosis; possible traumatic or tobacco-associated aetiology (Bill Barrett)
2 points (54): a definitive, working or first choice differential diagnosis of benign/frictional/trauma-/tobacco-associated hyperkeratosis.
1 (9): a working or first differential diagnosis of HPV-related lesions/conditions (5), mild dysplasia (1), chronic candidosis (1), oral submucous fibrosis (1), oral hairy leukoplakia (1) with appropriate work-up.
0 (1): a definitive diagnosis of mild-to-moderately dysplastic hyperkeratosis.

Case 3: Local diagnosis = fibrous polyp with prominent odontogenic epithelium (so-called "peripheral odontogenic fibroma") – exclude a central lesion (Bill Barrett)
2 points (55): a definitive, working or first differential diagnosis of (peripheral) odontogenic fibroma or fibrous polyp/epulis with odontogenic epithelium.
1 (2): a working diagnosis of ameloblastic fibroma (1) and first choice differential diagnosis of peripheral ameloblastoma (1), where a further opinion was sought.
0 (7): a definitive diagnosis of ameloblastic fibroma (1); a working diagnosis of squamous cell carcinoma (1) or peripheral ameloblastoma (1) where a further opinion was not sought; first choice differential diagnoses of squamous odontogenic tumour (2), ameloblastoma (1) and desmoplastic ameloblastoma (1). Despite two of the latter four participants stating that a further opinion would have been sought, these diagnoses were regarded as being too far wide of the mark to qualify for a point.

Case 4: Local diagnosis = complex odontome (Murray Walker)
2 points (62): a definitive, working or first differential diagnosis of complex odontome (44) or ameloblastic fibro-odontoma (18).
1 (1): a definitive diagnosis of compound (*sic*) odontome with calcifying odontogenic cyst.
0 (1): a definitive diagnosis of odontoameloblastoma.

Case 5: Local diagnosis = canalicular adenoma (Bill Barrett)
2 points (61): a definitive, working or first differential diagnosis of canalicular adenoma.
1 (2): a definitive or working diagnosis of basal cell adenoma.
0 (1): a first choice differential diagnosis of metastatic renal carcinoma.

Case 6: Local diagnosis = benign hyperkeratosis consistent with tongue chewing (so-called "morsicatio linguae") (Bill Barrett)
2 points (53): a definitive, working or first choice differential diagnosis of benign/frictional/trauma-associated hyperkeratosis (37); a working or first choice differential diagnosis of oral hairy leukoplakia where EBV was excluded (16).
1 (4): a definitive diagnosis of mild dysplasia (1); working diagnoses of "marked parakeratosis - white spongy naevus" (1) or "focal epithelial hyperplasia with focal HPV changes" (1); a first choice differential diagnosis of white sponge naevus (1).
0 (7): a definitive diagnosis of oral hairy leukoplakia (4), "hairy tongue" (2) or "oral leukoplakia" (1).

Cases 7-12 (number of respondents = 87)

Case 7: Local diagnosis = angiosarcoma (Charles Kendall)
2 points (79): a definitive, working or first differential diagnosis of angiosarcoma.
1 (4): a working diagnosis of epithelioid haemangioendothelioma (2); a first choice differential diagnosis of benign vascular lesion (2) where a further opinion was sought.
0 (4): a definitive diagnosis of intravascular papillary endothelial hyperplasia (1); a working diagnosis of dedifferentiated acinic cell carcinoma (1); a working or first choice differential diagnosis of organising thrombus (2) where a further opinion was not sought.

Case 8: Local diagnosis = acinic cell carcinoma (Peter Morgan)
2 points (84): a definitive, working or first choice differential diagnosis of acinic cell carcinoma.
0 (3): a definitive diagnosis of (low grade) "acinic cell tumour" (2), on the grounds that this terminology is not only misleading, but long obsolete; a first choice differential diagnosis of high grade mucoepidermoid carcinoma (1) where the only other differential diagnosis offered was metastatic sebaceous carcinoma.

Case 9: Local diagnosis = early Rosai-Dorfman disease (Ken MacLennan)
2 points (77): a definitive, working or first choice differential diagnosis of a reactive lymph node (various) (54); a working or first choice differential diagnosis of Hodgkin's (22) or follicular (1) lymphoma with appropriate work-up.
1 (3): a first choice differential diagnosis of Langerhans' cell histiocytosis with appropriate work-up (3).
0 (7): a definitive diagnosis of Hodgkin's lymphoma (3) or Kimura's disease (1); a first choice differential diagnosis of lymphoepithelial sialadenitis (1), Sjogren's syndrome (1) or "adenolymphoma" (1).

Case 10: Local diagnosis = multicystic lymphoepithelial sialadenitis (patient subsequently tested positive for HIV) (Gill Hall)
2 points (83): a definitive, working or first differential diagnosis of lymphoepithelial cyst.
1 (1): a first choice differential diagnosis of lymphoma with appropriate work-up.
0 (3): a definitive or working diagnosis of Warthin's tumour.

Case 11: Local diagnosis = metastatic papillary carcinoma of thyroid (Seamus Napier)
2 points (84): a definitive, working or first choice differential diagnosis of metastatic papillary carcinoma of thyroid.
1 (3): a definitive diagnosis of metastatic papillary (adeno)carcinoma not otherwise specified.

Case 12: Local diagnosis = paraganglioma (Ketan Shah)
2 points (86): a definitive, working or first choice differential diagnosis of paraganglioma.
0 (1): a first choice differential diagnosis of "malignant neoplasms, ? metastatic".

Cases 13-18 (number of respondents = 79)

Case 13: Local diagnosis = malignant peripheral nerve sheath tumour (Malee Fernando)

2 points (76): a working or first choice differential diagnosis of sarcoma (various types) (65), melanoma (6), haemangiopericytoma (2), spindle cell/sarcomatoid carcinoma (2) or small cell neuroendocrine carcinoma (1) with an appropriate work-up.
0 (3): a definitive diagnosis.

Case 14: Local diagnosis = angioleiomyoma (Amrita Jayakrishna)
2 points (78): a definitive, working or first choice differential diagnosis of (angio)leiomyoma.
1 (1): a working diagnosis of perineurioma.

Case 15: Local diagnosis = melanoma; negative staging and local melanocytic atypia suggested a primary tumour (Phil Sloan)
2 points (all respondents): a definitive, working or first choice differential diagnosis of melanoma, primary or secondary.

Case 16: Local diagnosis = juvenile psammomatoid ossifying fibroma (Bernice Almeida)
2 points (69): a definitive, working or first choice differential diagnosis of (juvenile)(psammomatoid) ossifying fibroma (62); a working diagnosis of fibro-osseous lesion with appropriate work-up (1); a first choice differential diagnosis of fibrous dysplasia (2) or benign ossifying lesion (1) with appropriate work-up; a first choice differential diagnosis of (psammomatoid) meningioma with appropriate work-up, including a further opinion (3).
1 (1): a first choice differential diagnosis of osteoblastoma, where ossifying fibroma was the second differential diagnosis (1).
0 (9): a definitive diagnosis of (psammomatoid) meningioma (3) or fibrous dysplasia (2); a working diagnosis of psammomatoid/psammomatous meningioma where a further opinion was not sought (2); a working diagnosis of osteosarcoma (1); a first choice differential diagnosis of “bone tumour ?osteosarcoma ??meningioma” (1). Despite the latter two participants stating that a further opinion would have been sought, these responses were regarded as being inadequate to qualify for a point.

Case 17: Local diagnosis = vocal cord polyp with low grade dysplasia (Seamus Napier)
2 points (75): a definitive, working or first choice differential diagnosis of vocal cord polyp, with (21) or without (52) dysplasia; a first choice differential diagnosis of laryngeal amyloidosis where amyloid stains were requested and vocal cord polyp also considered in the differential diagnosis (2).
0 (4): a definitive diagnosis of carcinoma *in situ* with early invasion (1) or laryngeal polyp with microinvasive squamous cell carcinoma (1); a first choice differential diagnosis of at least severe dysplasia with early squamous cell carcinoma (1) or superficially invasive squamous cell carcinoma (1).

Case 18: Local diagnosis = hyaline trabecular tumour of thyroid (Cordelia Phelan)
2 points (77): a definitive, working or first choice differential diagnosis of hyalinising trabecular tumour (22) or hyalinising trabecular adenoma (28); a working or first choice differential diagnosis of medullary carcinoma with appropriate work-up (27).
0 (2): a definitive diagnosis of medullary carcinoma (2).

Date of next meeting: Wednesday November 2nd 2011 @ 13.30, University of Sheffield Dental School.

A.W. Barrett 19/5/2011