NATIONAL HEAD AND NECK HISTOPATHOLOGY EQA SCHEME

Circulation 20 (Autumn 2011)
Notes of the Review Session held in the School of Clinical Dentistry, University of Sheffield
Wednesday 2nd November 2011

PRESENT: Bill Barrett (Chair)
Sandra Betts, Bill Binnie, Ursula Earl, Paula Farthing, Chris Franklin, Gillian Hall, Rachel Hall, Tim Helliwell, Alec High, Keith Hunter, Charles Kendall, Alison Marker, Paul Matthews, Debra Milne, Peter Morgan, Eddy Odell, Tim Palmer, Kim Piper, Miranda Pring, Nalin Thakker, Seamus Napier, Ivan Robinson, Max Robinson, Paul Speight, Selvam Thavaraj, Asterios Triantafyllou, Hazel Williams, Yen Yeo (total 29).
Trainees: Alicia Torres.
Apologies: Claribel Cardoso, Preetha Chengot, Malee Fernando, Ken MacLennan, Selwyn Ng, Phil Sloan, Ketan Shah, George Smith, Mary Toner, Julia Woolgar.
Quorum: 25 (25% of the total number of respondents – SOP 8)

Matters Arising

1. 111 registered individuals were eligible to return EQA 20, 98 had made returns. The schedule of responses and discussion at the review session had been based on the first 95.
2. All boxes were distributed for circulation 20 and several participants shared a box with a geographically adjacent centre.
3. Twelve of 98 participants (12.2%) had used the Aperio web-based "virtual microscopy" system, hosted by the University of Leeds, seven in combination with glass slides.
4. Participants were reminded, if e-mailing their responses, to send them in one attachment, not 12 or 18.
5. Participants were reminded of the importance of confidentiality, and advised:
    - not to e-mail responses to the Scheme Organiser;
    - to avoid entering "this is my case" or similar on the response form;
    - to consider submitting a typed response if they have easily identifiable handwriting.
6. Several participants submitted diagnoses unsupported by further investigations in the working or differential diagnosis sections. As stated in the e-mail announcing the circulation, these were regarded as definitive diagnoses.
7. Six participants who had not submitted responses to the previous three circulations (and who were thus in breach of SOP 11, which states that the minimum acceptable level of participation in the Scheme is two out of three consecutive circulations) received "letters of enquiry". Four had either stated their wish to remain in the Scheme, or returned EQA 20.
8. No action points had been triggered after EQA 19, but ten performances were "flagged".
9. Prior to beginning the scoring for each case, participants were reminded of the criteria for awarding the scores of 0, 1 and 2 (SOP 8).

Scoring of responses for personal performance analysis

Cases 1-6 (number of respondents = 74)

Case 1 Local diagnosis = mucous extravasation cyst (Keith Hunter)
2 points (69 respondents): those who submitted a definitive (45), working (22) or differential (2) diagnosis of mucous extravasation cyst or ranula.
0 (5): a definitive diagnosis of lymphangioma (3), papillary endothelial hyperplasia in haemangioma (1) and haemangioendothelioma (1).

Case 2: Local diagnosis = lichenoid reaction – consistent with hypersensitivity; exclude lupus erythematosus (Bill Barrett)
2 points (71): a definitive (11), working (33) or differential (27) diagnosis which included a lichenoid process.
1 (3): a working diagnosis of chronic hyperplastic candidosis, fungal stains and levels requested (1); a working diagnosis of lymphocytoma cutis where lichen planus would have been ruled out clinically (1); a differential diagnosis of lymphoma where this would have been excluded by consultation with a lymphoma expert (1).

Case 3: Local diagnosis = keratocystic odontogenic tumour (odontogenic keratocyst) (Bernice Almeida)
2 points (71): a definitive (46), working (24) or first differential (1) diagnosis of keratocystic odontogenic tumour/odontogenic keratocyst. In view of the typical morphology only this diagnosis was regarded as appropriate.
0 (3): a definitive diagnosis of inflammatory/dentigerous cyst (1); a working diagnosis of periapical/dentigerous cyst (1); first choice differential diagnoses of unicystic ameloblastoma (1).

Case 4: Local diagnosis = moderate to severe epithelial dysplasia (Keith Hunter)
40/74 (54%) had considered a diagnosis of dysplasia of some degree. However, given the wide range of diagnoses and the possibility that some distributed sections may not have been fully representative, it was agreed this case was impossible to score and was therefore regarded as "educational".

Case 5: Local diagnosis = myoepithelioma (immunoprofile supplied) (Bill Barrett)
The ratio of those who had made a benign diagnosis to those who had made a malignant diagnosis was approximately 3:2 (44:30). 39/74 (53%) had diagnosed a pleomorphic adenoma/myoepithelioma. Given that a consensus diagnosis was unlikely to be reached, scoring was impossible and thus this case was also regarded as "educational". However, the prevailing mood was that this was a benign neoplasm and that participants might wish to review the case.

N.B. concern was expressed that no consensus diagnosis was reached in two cases (*i.e.* 4 and 5) typical of the sort of referral head and neck specialists receive!

Case 6: Local diagnosis = melanotic neuroectodermal tumour of infancy (Selwyn Ng)
2 points (70): a definitive (38), working (30) or first choice differential diagnosis (2) of melanotic neuroectodermal tumour of infancy. In view of the typical morphology only this diagnosis was regarded as appropriate.
0 (4): a working diagnosis of primitive neuroectodermal tumour (1); a working diagnosis of central nervous system tumour – possibly arising in pineal gland or retina (1); a differential diagnosis which excluded melanotic neuroectodermal tumour of infancy, the first choice of which was sialoblastoma (1) or congenital melanoma (1).

Cases 7-12 (number of respondents = 95)

Case 7: Local diagnosis = schwannoma (immunoprofile supplied) (Selvam Thavaraj)
2 points (94): a definitive (71), working (22) or first choice differential diagnosis (1) of schwannoma/neurilemmoma.
1 (1): a definitive diagnosis of neurofibroma.

Case 8: Local diagnosis = lymphangioma (Seamus Napier)
2 points (95): a definitive (55:4 lymphangioma:haemangioma), working (22:1) or differential diagnosis (8:5) which included lymphangioma (85) or haemangioma (10).

Case 9: Local diagnosis = epithelioid sarcoma (immunoprofile supplied) (Ken MacLennan)
2 points (87): a definitive diagnosis of epithelioid sarcoma (6); a working (20) or first choice differential diagnosis (41) of sarcoma (various types) (61), rhabdoid tumour (9) or spindle cell/sarcomatoid/undifferentiated carcinoma (11) with appropriate work-up.
1 (8): a definitive diagnosis of high grade malignant neoplasm, probable carcinoma (1); a working diagnosis of metastatic salivary carcinoma (1); a first choice differential diagnosis of malignant neoplasm NOS (3), metastatic Merkel cell carcinoma (1), PNET (1) and meningioma (1) with appropriate work-up.

Case 10: Local diagnosis = metastatic polymorphous low grade adenocarcinoma (Silvana Di Palma)
2 points (93): all malignant diagnoses, with two exceptions (see below) (91); benign first choice differential diagnoses (2) where metastatic adenocarcinoma was considered and/or it was stipulated the previous histology would be reviewed.
1 (1): a working diagnosis of "pleomorphic low grade adenocarcinoma" (inaccurate terminology).
0 (1): a definitive diagnosis of metastatic papillary thyroid carcinoma.

Case 11: Local diagnosis = epithelial-myoepithelial carcinoma (Gill Hall)
2 points (92): a definitive (54), working (35) or first choice differential diagnosis (3) of epithelial-myoepithelial carcinoma.
1 (3): a definitive diagnosis of "adenomyoepithelial carcinoma" (inaccurate terminology) (1); a first choice differential diagnosis of adenocarcinoma NOS (1) or adenoid cystic carcinoma (solid variant) (1) where epithelial-myoepithelial carcinoma was also considered.

Case 12: Local diagnosis = Castleman's disease, hyaline vascular type (solitary) (Amrita Jay)
2 points (94): a definitive (43), working (48) or first choice differential diagnosis (3) of Castleman's disease/angiofollicular hyperplasia.
0 (1): a working diagnosis of angioimmunoblastic lymphadenopathy.

Cases 13-18 (number of respondents = 87)

Case 13: Local diagnosis = lipoma (Ursula Earl)
2 points (85): a definitive (63), working (20) or first choice differential diagnosis (2) of lipoma.
0 (2): a definitive diagnosis of reactive lymph node (1); a working diagnosis of "reactive intraparotid lymph node showing granulomatous inflammation favouring toxoplasmosis. Also fatty replacement of parotid gland" (1).

Case 14: Local diagnosis = malignant melanoma (immunoprofile supplied) (Amrita Jay)
2 points (85): a definitive (55), working (24) or first choice differential diagnosis (6) of melanoma.
1 (2): a first choice differential diagnosis of epithelioid malignant peripheral nerve sheath tumour (1) or lymphoma (1), both having also considered melanoma and stipulated adequate work-up.

Case 15: Local diagnosis = olfactory neuroblastoma (immunoprofile supplied) (Malee Fernando)
2 points (83): a definitive (44), working (33) or first choice differential diagnosis (6) of olfactory neuroblastoma.
0 (4): a working diagnosis of PNET (1), small cell carcinoma, neuroendocrine type (1) or neuroendocrine tumour (1); a first choice differential diagnosis of Ewing's sarcoma (1).

Case 16: Local diagnosis = sinonasal ameloblastoma (Mahir Petkar)
2 points (83): a definitive (29), working (25) or first choice differential diagnosis (19) of ameloblastoma; a working (2) or first choice differential diagnosis (8) of craniopharyngioma which included a review of the imaging and/or a further opinion in the work-up.
0 (4): a definitive diagnosis of craniopharyngioma (3); a "differential" diagnosis of papilloma with meningiomatous stroma where neither other diagnoses nor further work-up were stipulated (1).

Case 17: Local diagnosis = vocal cord polyp (Ketan Shah)
2 points (81): a definitive (40), working (31) or first choice differential diagnosis (2) of vocal cord polyp; a working diagnosis of vocal cord polyp with amyloid (6), low grade dysplasia (1) or infection (1) where appropriate further work-up was stipulated.
1 (2): a first choice differential diagnosis of haematoma (1) or haemangioma (1) where vocal cord polyp was also considered, and with appropriate work-up.
0 (4): a definitive diagnosis of haemangioma (2) or vocal cord polyp with amyloid (1); a working diagnosis of thrombosed haemangioma with work-up unlikely to lead to the consensus diagnosis (1).

Case 18: Local diagnosis = diffuse sclerosing papillary carcinoma of thyroid (Mary Toner)
2 points (82): a definitive (14), working (62) or differential diagnosis (6) which included papillary carcinoma of thyroid.
1 (3): an inaccurate diagnosis where there was appropriate work-up (1), or the participant indicated he/she does not report thyroids (2).
0 (2): an inaccurate diagnosis where the participant did not indicate he/she does not report thyroids.

Date of next meeting: Thursday April 26th 2012 @ 09.00, Royal College of Physicians (joint BSOMP/BAHNO conference).

A.W. Barrett 24/11/2011