code	case	diagnosis	comment	score
288	AP163	Liposarcoma 100%	nil	20
888	AP163	Angiomyolipoma (100%)	Occasional association with tuberous sclerosis complex. Confirmation by positive immunoreactivity for HMB45 in tumour cells.	100
448	AP163	Angiomyolipoma 100%	nil	100
666	AP163	Angiomyoplipoma 100%	nil	100
515	AP163	Angiomyolipoma, 100%	nil	100
338	AP163	ANGIOMYOLIPOMA 70%, LIPOSARCOMA 30%	The diagnosis of angiomyolipoma can be confirmed by positivity for HMB45.	100
333	AP163	Angiomyolipoma	Confirm by positive immunostaining with HMB45	100
369	AP163	Angiomyolipoma. (100%)	Confirm by doing HMB45 and Melan A stains.	100
873	AP163	Angiomyolipoma (100% probability)	nil	100
246	AP163	Angiomyolipoma 100%	More sampling confirming with HMB45 immunostain	100
530	AP163	angiomyolipoma	nil	100
663	AP163	Angiomyolipoma (100%)	nil	100
763	AP163	Angiomyolipoma	To be confirmed by Melan-A and HMB-45 immunostaining (positive).	100
517	AP163	Angiomyolipoma, 100%.	The diagnosis can be confirmed with positive immunostaining with HMB 45.	100
815	AP163	Liposarcoma	nil	20
222	AP163	angiomyolipoma	Performs HMB45 to rule out liposarcoma	100
109	AP163	Angiomyolipoma (100%)	Advise immunostain for HMB45 or Melan A which will be positive in	100
288	AP164	metaplastic with heterologous differentiation or carcinosarcoma 100%	nil	100
888	AP164	Metaplastic carcinoma, without heterologous element (100%)	Both sarcomatous and epithelial components may coexpress cytokeratin. Metastasis usually consists of epithelial component.	95
448	AP164	Metaplastic carcinoma 100%	nil	100
666	AP164	Metaplastic carcinoma 100%	nil	100
515	AP164	Metaplastic carcinoma, 100%	nil	100
338	AP164	METAPLASTIC CARCINOMA(SARCOMATOID CARCINOMA) 100%	Cytokeratin may be positive in the sarcomatoid component.	100
333	AP164	Metaplastic carcinoma (with angiosarcomatous and liposarcomatous components)90%; Malignant phyllodes tumor 5%; Primary mammary sarcoma	Further sampling for more typical invasive ductal carcinoma or phyllodes tumor areas.	100
369	AP164	Metaplastic carcinoma. (100%)	nil	100
873	AP164	probability)	nil	100
246	AP164	Metaplastic carcinoma (carcinosarcoma) 100%	nil	100
530	AP164	metaplastic carcinoma	nil	100
663	AP164	Metaplastic Carcinoma (100%)	nil	100

763	AP164	Metaplastic carcinoma	May need extensive sampling to exclude a component of phylloides tumor.	100
517	AP164	Metaplastic carcinoma, 95%.	Differential diagnosis includes high grade sarcomas (5%), e.g. malignant fibrous histiocytoma. More blocks may be sampled and immunohistochemical studies are advised. A panel of antibodies, including cytokeratin, actin, desmin, S-100, LCA, HMB 45, etc may	100
815	AP164	Metaplastic carcinoma	nil	100
222	AP164	metaplastic carcinoma: carcinosarcoma	nil	100
109	AP164	Metaplastic carcinoma (100%)	nil	100
911	AP164	SORRY FOR A MISTAKEN SUBMISSION. BUT WE DID NOT RECEIVE THIS BATCH OF SLIDES.	THE SITE FOR FILING CME ALSO HAS SOME PROBLEMS	0
288	AP165	Cholangiocarcinoma 100%	nil	20
888	AP165	Epithelioid haemangioendothelioma (100%)	Confirmation by positive immunoreactivity for CD31 and CD34 in tumour cells	100
448	AP165	Haemangioendothelioma 100%	nil	80
666	AP165	Epithelioid angiosarcoma 100%	nil	100
515	AP165	Epithelioid haemangioendothelioma, 100%	To to confirmed by vascular immunomarkers such as CD31, CD34 and factor VIII.	100
338	AP165	EPITHELIOID HEMANGIOENDOTHELIOMA. 100%	nil	100
333	AP165	Epithelioid hemangioendothelioma	Confirm by immunostaining for CD31 and CD34	100
369	AP165	Epithelioid hemangioendothelioma. (100%)	nil	100
873	AP165	Epithelioid haemangioendothelioma (100% probability)	confirmed by CD31	100
246	AP165	100%	nil	100
530	AP165	epithelioid hemangioendothelioma	CD31	100
663	AP165	EPITHELIOID HAEMANGIOENDOTHELIOMA (100%)	endothelial markers (CD31) and possibility of metastatic carcinoma ruled out by negativity on cytokeratin/EMA expression.	100
763	AP165	Epithelioid hemangioendothelioma	To be confirmed by CD31 and CD34 immunostaining (positive).	100
517	AP165	Epithelioid haemangioendothelioma, 100%.	nil	100
815	AP165	Epithelioid hemangioendothelioma	Nil	100
222	AP165	epithelioid hemangioendothelioma	nil	100
109	AP165	Epithelioid hemangioendothelioma (100%)	Advise immunostain for vascular markers such as CD31, CD34 and Factor VIII related antigen.	100
288	AP166	Pituitary adenoma 100%	Stains to determine the cell type.	100
888	AP166	Pituitary adenoma (100%)	nil	100
448	AP166	Pituitary adenoma 100%	nil	100
666	AP166	Pituitary adenoma (invasive) 100%	nil	100

515	AP166	Pituitary adenoma, 100%	nil	100
338	AP166	PITUITARY ADENOMA 100%	CLINICAL CORRELATION FOR INVASIVE FEATURES(ie INVASIVE ADENOMA) AND METASTASES(ie CARCINOMA) IS MANDATORY.	100
333	AP166	Pituitary adenoma	Confirm by immunostaining for neuroendocrine markers (eg chromogranin) and pituitary hormones. Also correlate with clinical/radiologic findings.	100
369	AP166	Pituitary adenoma. (100%)	Do synaptophysin and chromogranin stains which are usually positive. Do also pituitary hormone immunostains including GH, PRL, ACTH, TSH, FSH, LH to see the immunohistochemical	100
873	AP166	Pituitary adenoma (100% probability)	correlate with image finding for invasive adenoma	100
246	AP166	Pituitary adenoma (100%)	Confirming with reticulin stain, and performing immunostains (PTH, GH, FSH, TSH and ACTH)	100
530	AP166	invasive pituitary adenoma	nil	100
663	AP166	Pituitary adenoma (100%)	Suggest correlation with radiological results to determine whether the tumor is due to local extension of pituitary gland adenoma or arises from ectopic pituitary tissue.	100
763	AP166	Pituitary adenoma	nil	100
517	AP166	Pituitary adenoma, 100%.	nil	100
815	AP166	Invasive pituitary adenoma, with oncocytic change	Further studies that can be done include immunohistochemistry and EM to characterize hormonal type, and p53 expression. This will allow predictions to be made regarding behaviour, prognosis and response to treatment.	100
222	AP166	pituitary adenoma	nil	100
109	AP166	Pituitary adenoma (100%)	Advise correlation with radiological findings and immunostain for neuroendocrine markers and pituitary	100
288	AP167	chronic pancreatitis 100%	nil	80
888	AP167	Chronic pancreatitis (100%)	Lymphoplasmacytic sclerosing pancreatitis, which is characterized by presence of similar inflammatory changes in biliary tract as well as steroid responsiveness, has to be considered. Check serum markers to rule out concomitant autoimmune diseases.	100
448	AP167	Inflammatory change, no neoplasm seen in this biopsy. Chronic pancreatitis 95% Inflammatory pseudotumour 5%	Need to consider sampling effect. Was the tissue from the head of pancreas?	85
666	AP167	Chronic pancreatitis (lymphoplasmacytic sclerosing pancreatitis) 100%	nil	100

515	AP167	Chronic pancreatitis with features compatible with lymphoplasmacytic sclerosing pancreatitis, 100%	Lymphoplasmacytic sclerosing pancreatitis (LPSP) is associated with autoimmune disease. Also it is thought to be related to fibrosclerosing disorders.	100
338	AP167	LYMPHOPLASMACYTIC SCLEROSING PANCREATITIS. 100%	Suggest checking autoimmune markers.	100
333	AP167	[illegible] pancreatitis	nil	100
369	AP167	Lymphoplasmacytic sclerosing pancreatitis. (100%)	nil	100
873	AP167	Chronic pancreatitis (100% probability)	nil	80
246	AP167	Lymphoplasmacytic sclerosing pancreatitis (100%)	nil	100
530	AP167	chronic pancreatitis, amyloid deposit	nil	80
663	AP167	Chronic Pancreatitis consistent with obstruction (100%)	nil	80
763	AP167	[illegible] pancreatitis	nil	100
517	AP167	Chronic pancreatitis, 100%.	nil	80
815	AP167	Autoimmune (lymphoplasmacytic sclerosing) pancreatitis	nil	100
222	AP167	adenocarcinoma	nil	10
109	AP167	Chronic pancreatitis (sclerosing lymphoplasmacytic pancreatitis) (100%)	nil	100