code	case	diagnosis	comment	score
109	AP179	Angioimmunoblastic T cell lymphoma (100%)	Immunostains for B and T cell markers and follicular dendritic cell marker to confirm diagnosis. Lymphoma cells will be positive for T marker. Meshworks of follicular dendritic cells will be shown.	100
222	AP179	Angioimmunoblastic T-cell lymphoma	Nil	100
246	AP179	Angioimmunoblastic T-cell lymphoma (100%)	Confirm diagnosis by immunostains (CD2,3,4,5,7,8). Additional studies, i.e. ISH for EBER and PCR for T-cell receptor gene rearrangement may be performed.	100
333	AP179	Angioimmunoblastic T-cell lymphoma	Confirm by immunostaining: lymphoma cells positive for T cell markers; follicular dendritic cells abundant (CD21+).	100
338	AP179	Angioimmunoblastic T-cell lymphoma 100%.	Nil	100
369	AP179	Angioimmunoblastic T-cell lymphoma. (100%)	Confirm by doing immunostains of lymphoma panel and EBER.	100
448	AP179	AILD-like Anaplastic large cell lymphoma 100%	To correlate with results of immunostains: T-cell and CD30 and ALK1	80
515	AP179	Malignant lymphoma, favour angioimmunoblastic T-cell lymphoma	Perform immunohistochemical panel : CD3, CD20. Lesion cells expected to be CD3+. CD21/CD35 will show an expanded follicular dendritic cell meshwork.	100
530	AP179	Angioimmunoblastic T cell lymphoma	Nil	100
663	AP179	ANGIOIMMUNOBLASTIC T-CELL LYMPHOMA; confirm with immunostaining for CD3, CD4, CD8, CD20, CD21 (100%)	Nil	100

code	case	diagnosis	comment	score
666	AP179	Angioimmunoblastic lymphadenopathy/lymphoma 100%	TCR and Ig rearrangement studies for clonality and CD10 immuno to support diagnosis of lymphoma	100
763	AP179	Angioimmunoblastic T-cell lymphoma	To be confirmed by immunohistochemistry: CD3+, L26-; might perform CD21 and CD35 to highlight follicular dendritic cell network.	100
815	AP179	Angioimmunoblastic T cell lymphoma	Nil	100
873	AP179	Follicular dendritic cell sarcoma, interdigitating dendritic cell sarcoma, angioimmunoblastic T-cell lymphoma. Do S100, CD21 and CD35, CD3 and CD20. Probability: 100%	nil	100
888	AP179	Angioimmunoblastic T cell lymphoma 100%	Perform T and B cell markers and CD21 to confirm T cell proliferation and follicular dendritic cell population	100
911	AP179	Angioimmunoblastic T cell lymphoma (90%) Follicular dendritic cell sarcoma (10%)	Immunohistochemical staining for CD3, CD21, CD35 to highlight the atypical cells.	80
109	AP180	Granulomatous inflammation (100%)	To perform special stains, including ZN, grocott, wade-fite, Warthin-starry stains, to look for organisms.	95
222	AP180	Granulomatous lymphadenitis with florid follicular hyperplasia, toxoplasmosis is most likely, brucellosis and mycobacterium infection must be ruled out.	Serologic studies, special stain and molecular genetic study if necessary.	90
246	AP180	Non-necrotizing granulomatous inflammation, to exclude infection.	Additional clinical history required. Special stains for infective organisms (ZN, Grocott, WS).	95
333	AP180	Reactive change with follicular	Perform special studies for	90

code	case	diagnosis	comment	score
		hyperplasia and granulomatous inflammation.	organisms (ZN/ Wade-Fite for acid-fast bacilli; Grocott/ PAS-diastase for fungus, immunostaining for cat-scratch disease organism)	
338	AP180	Granulomatous lymphadenitis. 100%	Special stains eg. ZN and Grocott to look for acid fast bacilli and fungi. Correlate with clinical and culture results for microorganisms. After exclusion of other causes, sarcoidosis is a possibility.	90
369	AP180	Histiocytic/dendritic cell lesion. (100%)	Do CD21 & CD35 to exclude follicular dendritic cell sarcoma. Do S100 protein to exclude Rosai-Dorfman disease. Do Ziehl Neelsen and Wade Fite stains to exclude mycobacterial infection. Do Grocott and PAS stains to exclude fungal infection. Do Warthin Starry stain to exclude syphilis.	20
448	AP180	Granulomatous lymphadenitis 100%	Sarcoidosis is considered after exclusion of mycobacterial or fungal infections.	90
515	AP180	Granulomatous lymphadenitis (100%)	DD'x include 1) infection, 2) other causes of granulomatous inflammation, 3)sarcoid (rare in this locality) and 4) tumours like metastatic carcinoma and Hodgkin's lymphoma (unlikely here). 1) & 2) Perform stains for micro-organisms : Ziehl Neelsen, Gram, PAS, Grocott, Warthin Starry to look for organisms. 4) Perform epithelial marker	95

code	case	diagnosis	comment	score
			to exclude minute metastatic carcinoma, examine more blocks to look for minute foci of malignancy.	
530	AP180	Granulomatous lymphadenopathy	Perform special stains to exclude infectious agents	90
663	AP180	GRANULOMATOUS INFLAMMATION (100%)	Toxoplasmosis needs to be excluded by serology. Ziehl-Neelsen and Grocott stains to exclude mycobacterial and fungal infections. If all negative, sarcoidosis need to be considered.	90
666	AP180	Granulomatous inflammation 100%	cytokeratin to exclude subtle NPC organism stains (ZN, PAS) to exclude TB clinical correlation to exclude sarcoidosis	90
763	AP180	Granulomatous inflammation	Possiblities include infection, reaction to occult tumor and reaction to foreign body. Suggest Ziehl-Neelsen, Wade-Fite and fungal stains to detect specific infectious organisms.	90
873	AP180	Granulomatous inflammation. Do PASD and ZN stain to look for fungus and mycobacterium. Probability: 100%	nil	90
888	AP180	Granulomatous inflammation (100%), favour infective etiology	Infective cause is favoured. Perform special stains for fungus, acid fast bacilli and spirochaetes. Correlate with microbiological studies.	95
911	AP180	Granulomatous inflammation (100%)	Special stains including ZN and PASD for infective organisms. Sarcoidosis is a likely diagnosis if all stains	90

code	case	diagnosis	comment	score
			are negative and clincially consistent.	
109	AP181	Extramammary Paget's disease (100%)	Immunostains for cam 5.2, EMA and monoclonoal CEA to confirm diagnosis. Stains for melanocytic markers (S100 and HMB45) to exclude melanoma.	100
222	AP181	Bowen disease	nil	50
246	AP181	Frozen section diagnosis: positive for lesion, await paraffin section for definitive diagnosis. Differentials include extramammary Paget's disease and malignant melanoma.	Special stains to confirm Paget's (mucin, pCEA, Cam 5.2) Immunos to rule out melanoma (S-100 protein and HMB45)	80
333	AP181	Extramammary Paget's disease	Confirm by immunostaining for Cam5.2 (+). Also exclude malignant melanoma (Cam5.2 negative, S100 positive) and Pagetoid Bowen's disease (Cam5.2 negative)	100
338	AP181	Suspicious cells consistent with extramammary Paget's disease. 100%	To correlate with clinical findings eg any underlying carcinoma such as rectal carcinoma. Immunostains: S100 to rule out melanoma. Paget's disease should be +ve for CAM5.2 and CEA.	100
369	AP181	Extramammary Paget's disease. (100%)	Nil.	100
448	AP181	Scrotal skin - Extramammary Paget's disease 100%	To be supported by positive stains for mucin and CEA.	100
515	AP181	Malignant cells in dermo-epidermal junction and dermis (100%), defer for paraffin for definitive diagnosis.	DD'x include 1) Extramammary Paget's disease, Bowen's disease and 3) melanocytic neoplasm. IH panel : CAM5.2 (for Paget's cells), Cytokeratins (for Bowenoid cells) and S100/HMB45 (for melanoma/melanocytic cells).	100
530	AP181	Malignant tumor: 1)	nil	50

code	case	diagnosis	comment	score
		extramammary Paget's disease? 2) Superficial spreading malignant melanoma?		
663	AP181	EXTRAMAMMARY PAGET'S DISEASE (100%)	nil	100
666	AP181	Paget's disease 100%	Cam 5.2, CK7/20 to confirm BRST-2 to support primary appendageal origin S100/HMB45 to exclude melanoma LCA to exclude lymphoma	100
763	AP181	Extramammary Paget disease	Suggest excluding underlying genital malignancy	100
873	AP181	Paget disease, extramammary. Probability: 100%	nil	100
888	AP181	Extramammary Paget's disease (90%), Bowen'sdisease (10%)	Extramammary Paget's disease can be confirmed by performing mucin stain and immunostains for CEA and EMA; Bowen's disease is negative.	100
911	AP181	Extramammary Paget's disease (100%)	S-100 protein to exclude melanoma.	100
109	AP182	Schwannoma (70%). Differential diagnosis: Gastrointestinal stromal tumour, GIST (30%)	To perform immunostains for S100, c-kit and CD34. Schwannoma will be positive for S100 while gastrointestinal stromal tumour (GIST) will be positive for c-kit and CD34.	100
222	AP182	Gastrointestinal stromal tumor	Combined with tumor size and mitotic figure for malignant behavior	40
246	AP182	Spindle cell tumor consistent with Schwannoma. DDx GIST and leiomyoma.	Immunos to confirm schwannoma (S-100 protein +ve) GIST (+ve C-kit +/- CD34) Leiomyoma (Smooth muscle actin +ve)	100
333	AP182	Schwannoma	Confirm by immunostaining for S100. Differential	100

code	case	diagnosis	comment	score
			diagnosis: Gastrointestinal stromal tumor (C-kit positive).	
338	AP182	Neurilemoma 70% Gastrointestinal stromal tumor 30%.	Immunostains can help arrive at a definitive diagnosis. S100 +ve in schwannoma. C-kit +ve in GIST.	100
369	AP182	Spindle cell tumor. Schwannoma needs to be considered. DDx includes GIST, smooth muscle tumor, etc. (100%)	Do S100 protein to support schwannoma. c-kit and CD34 for GIST; desmin and actin for smooth muscle tumor.	100
448	AP182	Stomach - Schwannoma 99% GIST 1%	To correlate with immunostains results of S-100 protein and c-kit	100
515	AP182	Gastrointestinal stromal tumour (GIST)(70%), Schwannoma (30%)	Areas of ? infarct/? hyaline change, low mitotic count in this block. Examine more blocks and correlate with the size of the tumour to determine the malignant potential. Immunohistochemistry panel : Most GIST are c-kit positive. Need to exclude other stromal tumours: S100 (positive for schwannoma), smooth muscle neoplasms are SMA and desmin positive. Cytokeratin to rule out the remote possibility of spindle cell carcinoma.	60
530	AP182	Spindle cell tumor: 1) Follicular dentritic cell tumor? 2) Peripheral nerve sheath tumor? 3) Gastrointestinal stromal tumor?	nil	50
663	AP182	SPINDLE CELL TUMOUR of gastric wall, morphologically suggestive of Schwannoma, differential diagnosis include	nil	100

code	case	diagnosis	comment	score
		Gastrointestinal stromal tumour. Require immunohistochemical staining for differential diagnosis. (100%)		
666	AP182	Schwannoma 75% GIST 25%	S100 to confirm nerve sheath origin c-kit, CD34 to exclude GIST desmin to exclude leiomyoma	100
763	AP182	Gastric spindled cell tumor	Differential diagnoses are schwannoma and gastrointestinal stromal tumor. To be differentiated by immunohistochemical staining: S100, CD117	80
815	AP182	Gastrointestinal stroma tumor/Gastrointestinal autonomic nerve tumor (GIST/GANT)	nil	40
873	AP182	Neurilemmoma. Do S100 to confirm, also do CD117, CD34 to exclude GIST and desmin and SMA for smooth muscle tumour. Probability: 100%	nil	100
888	AP182	Gastrointestinal mesenchymal tumour (100%), favour Schwannoma (80%). Gastrointestinal stromal tumour (GIST) (20%)	Perform S100 protein immunostain to confirm schwannoma, CD117 to rule out GIST and actin to rule out smooth muscle tumour.	100
911	AP182	Neurilemmoma (50%) Gastrointestinal stromal tumour (50%)	Immunohistochemical staining for S-100 protein, CD34, c-kit, SMA and desmin for definitive diagnosis.	80
109	AP183	High grade sarcoma (100%), differential diagnoses include malignant fibrous histiocytoma, pleomorphic liposarcoma etc.	To sample more blocks to look for better differentiated areas and to perform immunostains including S100, actin, desmin, CD34 to determine the nature of the tumour.	100
222	AP183	High grade sarcoma	nil	100

code	case	diagnosis	comment	score
		(pleomorphic sarcoma)		
246	AP183	Undifferentiated high grade pleomorphic sarcoma. DDx malignant melanoma, MPNST, sarcomas (osteosarcoma, leiomyosarcoma, liposarcoma and rhabdomyosarcoma).	Additional sections to be examined. A panel of immunostains would include S-100 protein, muscle markers (desmin, actin, myogenin) and HMB45.	100
333	AP183	Malignant spindle cell tumor; please see comment	Immunostaining for follicular dendritic cell markers (CD21/35); myoid markers (actin, desmin, for leiomyosarcoma); S100 for MPNST/ melanoma/ interdigitating dendritic cells sarcoma; Further sampling for areas of well-differentiated liposarcoma (for de-differentiated liposarcom) If no definite lineage demonstrated : malignant fibrous histiocytoma.	100
338	AP183	Undifferentiated malignant tumor consistent with malignant fibrous histiocytoma, pleomorphic-storiform subtype. 100%	Immunostains to exclude possible line of differentiation eg. CK, S100, LCA, desmin, actin etc. There is some suggestion of dedifferentiation. Suggest extensive sampling to look for better differentiated areas.	100
369	AP183	High grade sarcoma (with malignant fibrous histiocytoma pattern) arising from low grade sarcoma. (100%)	Sample more blocks for hints of differentation, e.g. lipoblasts for liposarcoma; striation for skeletal muscle; cartilage for chondroid; nerve sheath for malignant peripheral nerve sheath tumor. Do immunostains to help differentiating the primary lesion. Desmin & actin for smooth muscle;	100

code	case	diagnosis	comment	score
			myogenin for skeletal muscle; S100 protein for nerve sheath; CD31 for endothelial; CD34 for others.	
448	AP183	Right thigh mass - High grade pleomorphic sarcoma, MFH-like, with leiomyosarcoma area 100%	Thorough sampling of tumor required. To correlate with immunostains results for actin, desmin and S100 protein. It is possibe that the MFH part arises from de-differentiation of lower grade part of leiomyosarcoma.	100
515	AP183	High grade sarcoma (100%)	To examine more blocks to look for evidence of differentiation +/- dedifferentiated areas. Perform immunohistochemical studies for tumour typing : Smooth and skeletal muscle: SMA, Desmin, myoD1, myogenin Neural and lipomatous : S100 Epithelial: BCK	100
530	AP183	High grade sarcoma: Pleomorphic malignant fibrous histiocytoma VS Pleomorphic liposarcoma	nil	100
663	AP183	Pleomorphic MALIGNANT FIBROUS HISTIOCYTOMA (100%)	Immunohistochemical stains including pan-cytokeratin, S-100, muscle-specific actin, desmin, CD31, CD34 to rule out specific tumor differentiation.	100
666	AP183	Pleomorphic sarcoma 100%	CD21/35 to exclude FDC sarcoma SMA/desmin for leiomyosarcoma S100 for MPNST	100

code	case	diagnosis	comment	score
763	AP183	High grade pleomorphic sarcoma	Possiblities include pleomorphic rhabdomyosarcoma, dedifferentiated liposarcoma, malignant peripheral nerve sheath tumor etc. Suggest taking more blocks, immunohistochemistry and electron microscopy to differentiate.	100
815	AP183	Undifferentiated sarcoma, consistent with pleomorphic MFH	nil	100
873	AP183	Sarcoma with dedifferentiation. Do S100 protein for neurogenic sarcoma, do desmin, SMA, myo-D1 to exclude rhabdomyosarcoma, leiomyosarcoma. Do CD34. Probability: 100%	nil	95
888	AP183	Pleomorphic sarcoma (100%), favour malignant fibrous histiocytoma (MFH) (95% probability), pleomorphic rhabdomyosarcoma (5%)	Perform MyoD1 immunostain to exclude pleomorphic rhabdomyosarcoma	100
911	AP183	High grade sarcoma (100%), suggestive of malignant peripheral nerve sheath tumour	Immunohistochemical for S-100 protein, SMA, desmin and myogenin.	95
109	AP184	Cryptococcal infection (100%)	To confirm with fungal stain, groccot, and mucicarmine.	100
222	AP184	Cryptococcosis of the lung	Special stain for Mucincarmine, PASD and GMS can help	100
246	AP184	Fungal infection, suggestive of cryptococcus.	Grocott to confirm fungal infection. Mucicarmine stain to confirm cryptococcal infection. Other infective stains (ZN, CMV) should be done.	100
333	AP184	Cryptococcus infection	Staining for mucicarmine to highlight fungal capsule.	100
338	AP184	Cryptococcosis. 100%	Mucicarmine to highlight the	100

code	case	diagnosis	comment	score
			organisms. To check for immunocompromised conditions such as AIDS.	
369	AP184	Cryptococcal infection. (100%)	Do mucicarmine stain to demonstrate the capsule. Grocott stain for the fungal nature.	100
448	AP184	Cryptococcal pneumonia 100%	nil	100
515	AP184	Cryptococcoma (100%)	Grocott stain for fungi; mucicarmine stain for the fungal capsule Check HIV status for the patient	100
530	AP184	Granulomatous inflammation with Cryptococcus neoformans infection	Clinically exclude HIV infection or immunosuppressive conditions are advicable.	100
663	AP184	CRYPTOCOCCOSIS (100%)	nil	100
666	AP184	Cryptococcosis 100%	Grocott to confirm	100
763	AP184	Granulomatous inflammation with yeast-like organisms consistent with cryptococcosis	nil	100
815	AP184	Crytococcosis	nil	100
873	AP184	Cryptococcal infection. Probability: 100%	nil	100
888	AP184	Cryptococcal infection and necrotizing granulomatous inflammation 100%	Perform mucin and Grocott stains to confirm presence of Cryptococcal organisms.	100
911	AP184	cryptococcosis (100%)	nil	100
109	AP185	Low grade ductal carcinoma in-situ in sclerosing adenosis (100%)	nil	100
222	AP185	Invasive cribriform carcinoma with DCIS component	nil	50
246	AP185	Ductal carcinoma in-situ, low to intermediate grade. Sclerosing adenosis.	Focal suspicious of invasion (small glands surrounded by hyalinized stroma) should be excluded by demonstrating presence of myoepithelial cells (+ve p63, actin).	100
333	AP185	Low to intermediate grade ductal carcinoma in situ	Immunostaining for myoepithelial markers (e.g.	95

code	case	diagnosis	comment	score
		(micropapillary and cribriform), close to cauterized margin; ductal papilloma	p63) to look for stromal invasion.	
338	AP185	Ductal carcinoma in situ, low grade(Van Nuys). 100%	Actin stain to look for early invasion.	95
369	AP185	Ductal carcinoma-in-situ, low grade. (100%)	nil	95
448	AP185	R breast mass - Invasive cribriform carcinoma 80% R breast mass - Tubular carcinoma with cribriform DCIS 20%	SMA marker to differentiate if the cribriform structures are in-situ or invasive in nature.	80
515	AP185	Ductal carcinoma in-situ (DCIS) of intermediate grade (2 of 3, van Nguys)(100%), associated with sclerosing adenosis.	Margins clear. Perform smooth muscle antigen (SMA) stain to highlight the myoepithelial cells in the sclerosing glands.	100
530	AP185	Microinvasive ductal carcinoma, low grade, with Extensive ductal carcinoma in situ, low to intermediate grade, abutting Sclerosing adenosis (Carcinoma arising from the latest one?)	nil	95
663	AP185	DUCTAL CARCINOMA IN SITU (100%)	nil	95
666	AP185	DCIS in complex sclerosing lesion 100%	Myoepithelial markers (actin, p63) to exclude infiltrating carcinoma ER to help decide if there is DCIS (homogenous staining in DCIS) Assessment of further blocks	100
763	AP185	Ductal carcinoma-in-situ, intermediate grade (Van Nuys); sclerosing adenosis	nil	100
815	AP185	Intraductal carcinoma with focal infiltrating duct carcinoma	nil	50
873	AP185	Invasive cribriform carcinoma. Probability: 100%	nil	50
888	AP185	Ductal carcinoma in situ, low grade, cribriform type	nil	95

code	case	diagnosis	comment	score
		100%		
911	AP185	low grade ductal carcinoma in-situ, cribriform type with sclerosing adenosis (100%)	Deeper section and p63 to exclude invasion	100
109	AP186	Malignant small round cell tumour, consistent with osteosarcoma, small cell type (70%). Differential diagnosis are other small round cell tumours, such as PNET/Ewing's sarcoma, rhabdomyosarcoma. (30%)	Immunostains to exclude other small round cell tumour, including CD99, LCA, desmin, myoglobin, myogenin, neural markers like synaptophysin, chromogranin.	80
222	AP186	Small cell osteosarcoma	nil	50
246	AP186	Small round cell tumor, favouring Ewing's sarcoma. DDx small cell osteosarcoma.	Ewing's sarcoma can be confirmed by positive staining for CD99, osteosarcoma should not be stained.	100
333	AP186	Ewing's sarcoma	immunostaining for CD99 (+)	100
338	AP186	Small cell osteosarcoma. 100%	nil	50
369	AP186	Malignant small round cell tumor, consistent with Ewing's sarcoma. (100%)	Do CD99 stain to confirm.	100
369	AP186	Malignant small round cell tumor, consistent with Ewing's sarcoma. (100%)	Do CD99 stain to confirm. Other stains to exclude other DDx e.g. myogenin to exclude rhabdomyosarcoma; LCA and Tdt to exclude lymphoma.	100
448	AP186	Ilium bone tumour - small round cell tumour with DDX (total 100%) 1.Ewing sarcoma 2.Alveolar rhabdomyosarcoma 3.Small cell osteosarcoma 4.Malignant lymphoma 5.PNET	Need to perform the panel of immunomarkers, glycogen stains, and if necessary, ultrastructural studies for reaching diagnosis.	80
515	AP186	Malignant small round cell tumour (100%)	Take more blocks for morphological study: look for lipomatous, osteoid and rhabdomyoblastic differentiations.	80

code	case	diagnosis	comment	score
			Perform immunohistochemical stains : epithelial markers (for metastatic carcinoma, eg renal cell carcinoma), LCA (for lymphoid malignancy), S100(for neurological differentiation and lipomatous), SMA, desmin, myoD1 etc (for smooth and skeletal muscle differentiation), CD99 (for Ewing's/Primitive neuroectodermal tumours).	
530	AP186	Ewing sarcoma VS Osteosarcoma, small cell type.	Immuno stain and special stain studies are needed.	75
663	AP186	small round cell tumor favors EWING'S SARCOMA (100%)	nil	100
666	AP186	Ewing's sarcoma/PNET 100%	PAS+/-D for glycogen CD99 should be positive Desmin, MyoD1 should be negative (exclude rhabdomyosarcoma) t(11;22) cytogenetics or RT-PCR for EWS/FLI1 to confirm	100
763	AP186	Small cell osteogenic sarcoma	nil	50
815	AP186	Ewing's sarcoma	nil	100
873	AP186	Small round cell tumour. DDx: Ewing sarcoma, small cell osteosarcoma Do CD99, correlate with XRay. Probability: 100%	nil	80
888	AP186	Small round cell tumour (100%), favour Ewing's sarcoma (80%), small cell osteosarcoma (20%).	Correlate with radiological findings. Perform PAS with and without diastase and CD99 immunostain to confirm Ewing's sarcoma; small cell osteosarcoma is mostly negative for CD99.	100
911	AP186	Ewing sarcoma (70%) small cell osteosarcoma (30%)	Further blocks to demonstrate osteoid formation and molecular	100

code	case	diagnosis	comment	score
			study for t(11;22) for definite diagnosis. Immunohistochemical staining for CD99, LCA, desmin to exclude other differential diagnoses of small round cell tumour.	
109	AP187	High grade angiosarcoma (100%)	To confirm with immunstains for vascular markers such as CD31, CD34, factor 8.	100
222	AP187	Angiosarcoma of the scalp	nil	100
246	AP187	Malignant spindle cell tumor. DDx malignant melanoma, epithelioid angiosarcoma.	Melanoma (+ve S-100 protein and HMB45) Angiosarcoma (+ve CD31, CD34)	80
333	AP187	Angiosarcoma; deep resection margin involved.	Immunostaining for CD31, CD34.	100
338	AP187	Angiosarcoma. 100%	Vascular lineage to be confirmed by CD31, CD34.	100
369	AP187	Malignant spindle cell tumor, consistent with angiosarcoma. (100%)	Do CD31 stain to confirm.	100
448	AP187	Scalp - Desmoplastic melanoma 100%	nil	10
515	AP187	Spindle cell malignant neoplasm 100%	Take more blocks to delineate pathognomonic morphology. Perform immunohistochemical stains to differentiate between the 2 major considerations : 1) Malignant mmelanoma (positive for S100, HMB45) 2) Angiosarcoma (positive for CD31, fVIIRA, patchy positivity for some epithelial marker e.g. EMA, CAM5.2)	80
530	AP187	Amelanotic spindle cell malignant melanoma	nil	10
663	AP187	ANGIOSARCOMA (100%)	nil	100
666	AP187	Angiosarcoma 98%	CD31 CD34 to confirm	100

code	case	diagnosis	comment	score
		Other sarcoma 2%	CK, SMA, desmin, S100, HMB45 panel HHV8 to exclude Kaposi	
763	AP187	Malignant spindled cell tumor	Differential diagnoses are epithelioid angiosarcoma, melanoma, sarcomatoid carcinoma and metastatic malignancies. Suggest immunohistochemical study to differentiate.	70
815	AP187	Basal cell carcinoma, focally involving the deep margin	nil	0
873	AP187	Epithelioid angiosarcoma. DDx: Malignant melanoma. Do CD 31 for angiosarcoma, S100, HMB45 for melanoma. Probability:100%	nil	100
888	AP187	Malignant tumour (100%), favour angiosarcoma (90%), malignant melanoma (10%)	Perform CD31 and CD34 immunostains to confirm angiosarcoma, S100 protein and HMB45 to exclude malignant melanoma	100
911	AP187	angiosarcoma (95%) desmoplastic melanoma (5%)	Immunohistochemical staining for CD31, CD34, S-100 protein and HMB-45.	100
109	AP188	Papillary serous adenocarcinoma (100%), metastatic or primary peritoneal	To look for primary tumour in female genital tract and other sites.	100
222	AP188	Extraovarian peritoneal serous papillary carcinoma, EPSPC	Immunostaining for Calretinin to rule out malignant mesothelioma	100
246	AP188	Primary peritoneal serous carcinoma.	Need to confirm the absence of tumour in ovaries (despite normal in size) and endometrium.	100
333	AP188	Primary peritoneal serous adenocarcinoma	Immunostaining for WT-1 (positive).	100
338	AP188	Papillary serous carcinoma(consistent with primary peritoneum type). 100%	To exclude a primary in the ovary and endometrium clinically. Mesothelioma is a valid though remote differential. Clinical correlation is prudent. Although there is	100

code	case	diagnosis	comment	score
			significant immnohistochemical overlap between papillary serous carcinoma and mesothelioma, mesothelioma is more likely to be CEA-, BerEP4-, calretinin+, thrombomodulin+, CK5/6+.	
369	AP188	Serous papillary carcinoma. (100%)	To look for primary, e.g. status of uterus and cervix. If none, could be primary peritoneal serous carcinoma. Do CA125, WT1 and S100 protein to help to confirm. Do calretinin to exclude mesothelioma.	100
448	AP188	Primary peritoneal serous adenocarcinoma 100%	nil	100
515	AP188	Serous adenocarcinoma (100%)	Since the ovaries are normal and upon exclusion of primary from the uterine cavity, primary peritoneal origin has to be considered.	100
530	AP188	Malignant peritoneal tumor: Peritoneal serous papillary carcinoma? Malignant mesothelioma? Metastatic adenocarcinoma?	nil	90
663	AP188	Infiltration by ADENOCARCINOMA (please see comment) (100%)	The histologic features are consistent with serous carcinoma. Metastatic serous carcinoma of female genital tract and other primary sites like gastrointestinal tract and pancreas need to be excluded. Primary peritoneal serous carcinoma is also a possibility. Please correlate with clinical and operative findings.	100

code	case	diagnosis	comment	score
666	AP188	High-grade serous adenocarcinoma 100%	CA125, WT1, CK7/20 for serous phenotype (CA125+ WT1+ CK7+ CK20-) Histological assessment of ovaries to determine primary ovarian vs peritoneal tumour Further blocks to exclude carcinosarcomatous foci (MMMT)	100
763	AP188	Serous adenocarcinoma	Either primary peritoneal or metastasis from genital tract. Likely to be primary if both ovaries are grossly normal.	100
815	AP188	Adenocarcinomatous deposits 50% Mesothelioma 50%	nil	40
873	AP188	Primary peritoneal serous adenocarcinoma. Probability: 100%	nil	100
888	AP188	Serous adenocarcinoma 100%	Correlate with clinical findings to determine whether primary peritoneal or metastatic adenocarcinoma	100
911	AP188	serous adenocarcinoma (100%)	Correlate with clinical findings for peritoneal or endometrial primary.	100