The AP scoring scheme

From time to time, participants make single diagnosis without comment; or a list of differential diagnosis without % allocation. Some give diagnoses that deviate slightly from the consensus or intended diagnosis in classification, grading or etiology. Such errors recurred. It is therefore necessary to formulate a scoring scheme to distinguish the minor errors from the serious ones, and to ensure a consistent and reproducible marking process. Participants can also use the scheme to manage risk, i.e. they can use the scheme to predict how many marks will be deducted for what kind of errors. All participants will be subjected to the same scoring scheme.

Error	Deduction or Score	Examples
Late return	-5	
Wrong spelling for diagnosis	-5 per error	Wilms spelled as Wilm's
Primary read as secondary or reverse	-20 to -50	Metastatic colorectal Ca in ovary read as primary mucinous adenocarcinoma
Benign read as malignant	-50 to -100, apply rule of resemblance	Sclerosing adenosis read as invasive ductal carcinoma of breast
Categorization error, morphologically acceptable, with no clinical or prognostic implications	up to -5	Adenocarcinoma versus Bronchiolo-alveolar carcinoma
Categorization error, morphologically wrong, irrespective of clinical or prognostic implications	-50 to -100	Follicular lymphoma read as Castleman's disease Rosai-Dorfman disease read as rhinoscleroma
Categorization error, morphologically acceptable, with prognostic implication but no treatment implication	-5 to -20	Fibrolamellar hepatocellular carcinoma read as conventional hepatocellular ca
Categorization error, morphologically acceptable, with prognostic and treatment implication	-50 to -100	Cystic partially differentiated nephroblastoma read as cystic Wilms tumor Missing CMV in a benign colonic ulcer
Uncertainty in clearly diagnosable cases	up to -5	Carcinoma of stomach read as "suggestive of carcinoma"
Irrelevant comment: comment that does not lead to the correct diagnosis	no score	Stain for bacteria in a cases of Rosai Dorfman disease misread as rhinoscleroma
Relevant comment leading to the diagnosis	up to +30	Stain for monoclonal CEA, BerEP4, Calretinin etc for mesothelioma
Unacceptable differential diagnosis	Score 0 but no deduction	Metastatic carcinoma in marrow versus leukemia
Single wrong diagnosis no comment	apply rules for categorization errors	Metastatic Ca in marrow read as AML
N differential diagnoses no % probability	the correct diagnosis scores 100/N	4 ddx : A, B, C, D: If A is the intended diagnosis, the score = 100/4 = 25
Diagnosis of correct nature but wrong etiology	apply rules for categorization errors	Typhoid read as Yersinia infection
Wrong concept	-5 to –30	Stating cystically partially differentiated nephroblastoma as cystic Wilms tumor
Incomplete diagnosis or grading	-5 to -10	

Footnotes

1. For N differential diagnoses without assigned % probability, give 100/N to the one closest to the intended diagnosis and apply the scheme
2. For a list of differential diagnosis with assigned % probability, pick the one closest to the intended diagnosis and apply the scheme.
3. Participants giving the intended diagnosis as a differential diagnosis score more than those who do not. (e.g. AP49, AP50, AP53)

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