Post meeting - consensus and scoring, including meeting discussion points.

LW1

Points of consensus: Steatohepatitis; Fatty liver, non-alcohol related +/- alcohol related.
At least Fibrosis with bridging.
Chronic hepatitis – significant minority, important diagnostic point but not scored.
(generally included in comments as possible/minor component in view of SMA)

Suggested scoring: for 10 points Steatohepatitis; Fatty liver, non-alcohol related +/- alcohol related. At least fibrosis with bridging.

Lose 5 marks steatosis but not steatohepatitis

Lose 5 marks chronic biliary disease as well as steatohepatitis

Lose 5 marks a single cause other than FLD

Lose 5 marks less than bridging fibrosis

Lose 10 marks (score 0) if more than one of the above

Observations/potential learning points, suitable for masterclass? How to report biopsies with potential autoimmune hepatitis as well as fatty liver disease - 20% suggested this.
SH comment - need very high threshold for features of AIH before making combined diagnosis with NASH. Perivenular inflammation and fibrosis can also develop ducts and arteries - so start to look very like portal tracts, may be some in this case.

LW2

Points of consensus: From spread sheet, conditional formatting: 28 no DPM; 62 with DPM and another 5 with DPM/CHF in comments – total = 67,
– insufficient consensus, not suitable for scoring.

LW3

Points of consensus: Epithelioid haemangioendothelioma. Insufficient consensus on background to include in scoring.

Suggested scoring: for 10 points: EHE consensus, 90/95.

Lose 5 marks

Lose 10 marks (score 0) if haemangioma, angiomyolipoma, metastatic GIST

LW4

Points of consensus:

Pattern – cholestasis in 83/95 - either in disease pattern or included in comments.

Diagnosis – DILI 76 (80%), acute/subacute hepatitis - autoimmune/drug/viral = 2,
plus another 5 in comments – 83/95 (87%) consensus

Suggested scoring: for 10 points F

Lose 5 marks no mention of DILI in differential - most were GVHD (9/95)

Lose 5 marks no mention of cholestasis

Lose 5 marks no mention of DILI

Lose 10 marks (score 0) if acute cellular rejection – confused with liver transplant?

Responses of DILI and GVHD scored 10 marks -

LW5
Points of consensus: chronic biliary disease (83/95), PSC as diagnosis (74) or mentioned in text (10) = 84/95, 88.4%. No or early fibrosis.

Suggested scoring: for 10 points chronic biliary disease pattern, suggest PSC, and no or early fibrosis without bridging.

Lose 5 marks if doesn't consider PSC specifically - but include cholangiopathy ?

Lose 5 marks if advanced fibrosis/cirrhosis

Lose 5 marks if no mention of PSC, DILI as only entry in diagnosis -

Lose 10 marks (score 0) if something else e.g. - within normal limits - Nothing to suggest chronic biliary disease. - within normal limits - Mostly normal appearance
- vasular disease, Features of a chronic venopathy - outflow tract obstruction. No evidence of AIH.

LW6
Points of consensus: Cholangiocarcinoma with background of biliary dysplasia - accept either BilIN or biliary intraductal papillary neoplasia.
There is background PSC but insufficient responses include this to achieve consensus.

Suggested scoring: for 10 points cholangiocarcinoma **and** BIlIN or IPNB
86/95 (90%) had cholangiocarcinoma – score 0 if no cholangiocarcinoma
83/95 (87.4%) included BilIN or IPNB.

Lose 5 marks 12 had cholangiocarcinoma but no BilIN or IPNB - no, score 10 marks for CC regardless of dysplasias.

Lose 10 marks (score 0) if no cholangiocarcinoma

Observations/potential learning points, suitable for masterclass? terminology for biliary dysplasias

LW7

Points of consensus: Glycogenic hepatopathy in comments 64/95, insufficient to score.

? reasonable to include any response which has glycogen accumulation as the cause of the hepatocyte appearance e.g. glycogen storage – this brings the diagnoses up to consensus, 78/95, (82%) ?

Suggested scoring: for 10 points not suitable for scoring. No consensus clinical diagnosis.

Lose 5 marks - if not considered that the hepatocyte changes may be due to glycogen? alternatives are mainly induced hepatocytes in the context of anti-epileptic drug treatment, or microvesicular steatosis.

Observations/potential learning points, suitable for masterclass?

liver biopsy in T1DM, differentiation from alternatives.

LW8

Points of consensus: Pattern is hepatitis – lobular or chronic included in 'pattern 1 or 2' or in comment or autoimmune hepatitis diagnosis.

Autoimmune aetiology, alone or in differential or comments in 93/95.

Many specifically refer to infliximab as a cause of autoimmune hepatitis DILI. Overall, 71 (74.7%) have potential drug injury related to AIH so not quite a consensus.

Suggested scoring: for 10 points any hepatitis diagnosis, in pattern or in diagnosis with mention of autoimmune in diagnosis or text.

Lose 5 marks: second pattern of steatohepatitis or chronic biliary disease - important second diagnosis which are outliers ? agreed by vote at meeting

Lose 10 marks (score 0) if primary biliary cholangitis

Comment from meeting - in practice it is very important to include that infliximab is a cause of autoimmune pattern on DILI - however for the EQA purposes this point did not reach consensus, and so marks are not deducted if it is not included.

LW9
Points of consensus: hepatocellular carcinoma, included in diagnosis, or favoured with stains that would confirm it.

Suggested scoring: for 10 points HCC definite or hepatocellular lesion, well differentiated NOS with requirement for confirmatory stains

Lose 5 marks hepatocellular lesion (adenoma / dysplastic nodule) with HCC in differential but not the most likely. Confirmed by vote in meeting

Lose 5 marks ? one response of combined HCC/CCA "Looks like HCC, but need IHC and special stains to properly evaluate.There is a small component of probable adenocarcinoma ?infiltrating portal tracts. Again need IHC and special stains to evaluate." confirmed by vote in meeting

Lose 5 marks
- hepatocellular lesion - dysplastic nodule This is unreportable without specials and immunos! No obvious evidence of metastatic lung or ampullary adenocarcinoma. Some abnormal areas raising possibility of HCC or dysplastic nodule.

-hepatocellular adenoma HNFalpha1 inactivated Need to exclude hepatocellular carcinoma. ICC CD34, reticulin, LFABP

Lose 10 marks (score 0) if no mention of HCC = adenoma, no lesion, or blank answer.

LW10
Points of consensus; steatohepatitis and alcohol related FLD and fibrosis with bridging or advanced fibrosis or 'other' for stage with description of pericellular fibrosis.

Suggested scoring: for 10 points - steatohepatitis, alcohol related and more than mild fibrosis.

Lose 5 marks for mild/early fibrosis, or bridging/collapse

Lose 5 marks for steatohepatitis with no mention of alcohol

Lose 5 marks – some other responses may score 5
ascending cholangitis as well as ARLD steatohepatitis - lose 5 no consensus for a second pattern/diagnosis
cholestasis, acute hepatitis, consistent with alcohol - lose 5 for no steatohepatitis
alcohol or non-alcohol steatohepatitis
lobular hepatitis and steatoisis - lose 5 for no steatohepatitis

Lose 10 marks (score 0) for lobular hepatitis, cholestasis, DILI, alcohol not mentioned = neither alcohol nor steatohepatitis mentioned

LW11

Points of consensus:

haemangioma (52) or include haemangioma in comments (15) = 67/95, 70.5% not consensus.

Can score if also accept any benign fibrotic lesion – amyloid, elastosis, - then 88/95. Is this reasonable?

Suggested scoring: for 10 points haemangioma or alternative benign sclerotic lesion.

Discussion at meeting - accept diagnosis of haemangioma, elastosis, segmental atrophy. Agreed by vote.

Lose 5 marks for diagnosis of amyloid, unless in differential and dependant on Congo red to confirm.

Lose 5 marks

other - "Myxoid spindle cell lesion with prominent vasculature. Mild nuclear atypia, difficult to distinguish if low grade malignant neoplasm or benign. Would do immuno and show soft tissue colleagues."

Lose 10 marks (score 0) if FNH, HCA, angiomyolipoma,
'no lesion present'

LW12

Points of consensus; focal nodular hyperplasia

Suggested scoring: for 10 points Focal nodular hyperplasia

Lose 5 marks ?

hepatocellular adenoma NOS - I think adenoma rather than FNH - as not further qualified score 5

hepatocellular adenoma NOS - 'telangiectatic FNH' - as not further qualified score 5

Lose 10 marks (score 0) if

Other - Peliosis Variably sized spaces in liver, with no vascular or epithelial lining.

Other - ? segmental atrophy

no tumour present - venoocclusive disease

JW June 2021.