

Case 1 – chronic myeloid leukaemia in bone marrow	A disturbing number of candidates called it acute not chronic leukaemia, not always with appropriate evaluation of blast count. The better candidates gave a comprehensive microscopic description of bony trabeculae and cellular elements. (Mean score 2.45/5)
Case 2 – malignant phylloides tumour in breast	Most candidates recognised the lesion but some went for sarcoma NOS while others underplayed the stromal cellularity. (Mean score 2.34 /5)
Case 3 - Ulcerated leiomyoma with focal placental site reaction	Many candidates ignored the leiomyoma and concentrated on the placental site reaction. A few went the other way and overcalled the placental site component. (Mean score 2.36 /5)
Case 4 – active tuberculosis	Most candidates got this right with appropriate clinico-pathological correlation. Some candidates did not add a comment of 'no evidence of malignancy'. (Mean score 2.82 /5)
Case 5 – atypical leiomyoma of uterus	Quite a few candidates overcalled this as leiomyosarcoma. (Mean score 2.37/5)
Case 6 – fat necrosis suggestive of acute pancreatitis	Few candidates recognised the microscopic features of fat necrosis/saponification as features of acute pancreatitis. Most incorrectly called it chronic pancreatitis. Quite a few went for malignancy, with over-diagnosis of reactive fibroblasts. Overall worst answered case. (Mean score 1.82/5)
Case 7 – Paget's disease of vulva	Relatively few people suggested mucin histochemistry. Some candidates had incomplete immunohistochemical panels to differentiate Paget's from melanoma and most did not consider assessing margins. (Mean score 2.58/5)
Case 8 – ischaemic enteritis due to necrotising vasculitis	Overall answered well by candidates although surprising number didn't think ischaemic. Those who recognised pathology tended to do very well because easy to give relevant additional information with CPC etc. (Mean score 2.58/5)
Case 9 – Well differentiated endocrine tumour of appendix ('tubular carcinoid')	This was a difficult case. Clearly carcinoid tumours (or well differentiated endocrine tumours, as they should be called) are a common neoplasm in the appendix but this one showed very marked tubule formation. We can understand why many people called it adenocarcinoma but it was important to have endocrine tumour in the differential. Several people called it goblet cell carcinoid, which is distinct again, but these individuals were given some leniency due to the difficulty of the case. (Mean score 2.51/5)
Case 10 – Tubulovillous adenoma of colon with high grade dysplasia	This was generally answered well. A minority were concerned about possible invasive disease and a few thought that adenocarcinoma was present. Some used the term 'intramucosal carcinoma' - not used in the UK. (Mean score 2.64/5)
Case 11- papillary carcinoma type II of renal pelvis	Most people recognised as primary tumour, although candidates could not always clearly demonstrate that they had knowledge of subtypes of papillary RCC and its implications. Very few discussed translocation association. (Mean score 2.43 /5)
Case 12 – hypersensitivity	Very poor descriptions by the majority of candidates (it seems clear that most trainees have a lack of experience in this area of

pneumonia (extrinsic allergic alveolitis)	pathology). Differential diagnoses usually wide, which is not necessarily a problem but many included an infective or potentially malignant cause marking them down. (Mean score 2.2/5)
Case 13 –minimal deviation adenocarcinoma – adenoma malignum of cervix	Many candidates provided differential diagnosis lists which included adenoma malignum but many candidates favoured invasive carcinoma of endometrioid type. (Mean score 2.3/5)
Case 14 – mucosal prolapse syndrome	This wasn't a classical case of mucosal prolapse but a significant minority arrived at the correct diagnosis. Many diagnosed collagenous colitis and some saw ischaemic colitis. We can understand how these interpretations were made. There was no neoplasia, despite a couple of people requesting cytokeratins to exclude lobular carcinoma of the breast etc! (Mean score 2.4/5)
Case 15 – sickle cell disease of spleen	Sickling recognised by few and therefore a poorly answered question. If Sickle Cell Disease diagnosis arrived at then many did well because there is plenty to include with CPC. (Mean score 2.09/5).
Case 16 – metastatic rectal adenocarcinoma involving vagina	Most people made a diagnosis of malignancy and several saw the vegetable material suggesting a fistula. However, lots of people did not raise the possibility of direct spread from a colorectal cancer, instead focussing on gynaecological malignancy. (Mean score 2.38/5)
Case 17 – ameloblastoma	The majority of candidates recognised this tumour as ameloblastoma. Difficulties appear to have arisen partly when the anatomical location was not taken into consideration; diagnoses of skin adnexal and salivary neoplasia were offered. A few candidates clearly did not consider ameloblastoma in their differential diagnosis. (Mean score 2.22/5)
Case 18 - angiosarcoma	This case was answered well by almost all candidates with good clinical correlation. (Mean score 2.73/5)
Case 19 - porokeratosis	The majority of candidates recognised the typical cornoid lamellae, but few provided good supplementary information. Incorrect benign diagnoses e.g. stasis changes, appear to have arisen due to lack of systematic evaluation of the different layers of the skin, or possibly due to not reviewing all three sections on the slide. Some candidates considered mycosis fungoides – possibly due to lack of systematic evaluation of all the available material and the hints provided in the clinical history. (Mean score 2.17/5)
Case 20 – large cell neuroendocrine carcinoma	All candidates recognised malignancy but only a minority identified large cell neuroendocrine features (palisading, necrosis, rosettes). Although panels of immunocytochemistry were offered, the correct diagnosis would not have been reached if neuroendocrine markers were not included in the panel. (Mean score 2.12/5)