European project on serrated polyps

Objective:

- 1. To evaluate the accuracy of currently available diagnostic criteria of serrated polyps
- 2. To define "new" criteria if necessary
- 3. To overcome diagnostic difficulty and reach a European consensus

Method:

- 1. Reviewing a slide set comprising various types of serrated polyps according to a given list of criteria and making a final diagnosis
- 2. Making an individual final diagnosis according to each participating pathologist's experience (the criteria used by the pathologist should also be stated)
- 3. Assessment of the criteria
- 4. Assessment of interobserver variation

List of Criteria:

1- Epithelial serration

surface

upper crypt

lower crypt

2- Crypt dilatation

upper crypt

lower crypt

- 3- Horizontal crypts
- 4- Crypt branching
- 5- Inverted crypts subjacent to muscularis mucosa
- 6- Mitotic activity

upper crypt

lower crypt

7- Mature goblet cells

upper crypt

lower crypt

- 8. Gastic/foveolar- type epithelium
- 8- Cytologic features

Nuclear hyperchromasia

Nuclear elongation

Nuclear stratification

Round vesicular nucleus

Prominant nucleoli

Cytoplasmic eosinophilia

9- Dysplasia

low grade

high grade

10- Final diagnosis (Please select one of the below diagnostic categories)

Hyperplastic polyp (not otherwise specified)

Sessile serrated polyp/adenoma

(Traditional) serrated adenoma

(Ad)mixed polyp (polyp components should be indicated)

Unclassified (possible diagnostic category should be stated)

- 11- Your main diagnostic criterion (maximum three should be selected from the table-please indicate if not included in the table)
- 12. Comment where needed

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