The ATS/ERS/JRS/ALAT ILD Classification
2. Molecular Aspects of ILD
3. Case Based Discussions

In most ILD damage of the lung parenchyma is the triggering event. Pneumocyte loss can be ascribed to a variety of causes, including inflammatory and non-inflammatory causes, and the repair of injured alveoli can follow different ways, eventually leading to either complete recover or irreversible remodeling.

1. Lymph node status
2. Tumor size
3. Histologic type
4. Histologic grade
5. Lymphatic vessel invasion
6. Hormone receptor status
7. Her2 status

ER positivity defined as ≥1% of tumor cell nuclei staining by IHC. Average intensity and proportion of cells staining reported.

HER2 IHC interpretation:
IHC 0 negative: No staining is observed or Membrane staining that is
incomplete and is faint/barely perceptible and within ≤ 10% of tumor cells.
IHC 1+ negative: Incomplete membrane staining that is faint/barely perceptible
and within > 10% of tumor cells.
IHC 2+ equivocal: Circumferential membrane staining that is incomplete
and/or weak/moderate and within > 10% of tumor cells of Complete and
circumferential membrane staining that is intense and within ≤ 10% of tumor
cells.
IHC 3+ positive: Circumferential membrane staining that is complete, intense,
and within > 10% of tumor cells.

此次與之前之 HER2 IHC interpretation 不同處在於 IHC 2+ equivocal 與 IHC 3+
positive 的判別由 30% 下修為 10%。
HER2 ISH interpretation:
HER2/CEP17 ratio >2.0 為 positive.
HER2/CEP17 ratio <2.0: when average HER2 copy number≥ 6.0 signals/cell
should be interpreted as ISH positive. When average HER2 copy number ≥ 4.0
and <6.0 signals/cell is interpreted as ISH equivocal. Average HER2 copy
number <4.0 is interpreted as ISH negative.

第三天 3/5 日為 long course 乃付費的課程，三百多美金的課程是公費不給付的。
不過 USCAP 的 long course 向來口碑很好，而的確，一整天的課程解答了我不
少日常判讀時的疑惑，真是不虛此行。其內容如下：

**Practical Points in Gastrointestinal Pathology – A Case Based**
**Discussion of Common Dilemmas**

Topics of Discussion:

Problems and Controversies in the Diagnosis of Barrett’s Esophagus and
Barrett’s-Related Dysplasia

- Understand the pathologist’s role in rendering a diagnosis of Barrett’s
esophagus
- Become familiar with the diagnostic pitfalls in diagnosing Barrett’s esophagus
  and Barrett’s-related dysplasia
- Discuss the role of the pathologist’s diagnosis in the clinical care of patients
  with Barrett’s esophagus

Eosinophils in the GI Tract: How Many Is Too Many, and What Do They
Mean?

- Recognize key features that distinguish eosinophilic esophagitis from
gastroesophageal reflux disease
- Generate a differential diagnosis for increased numbers of eosinophils in the
  small bowel and colon
• Identify histologic patterns specific to diseases characterized by gastrointestinal eosinophilia
Duodenal Lymphocytosis with No or Minimal Enteropathy: Much Ado about Nothing?
• Recognize the characteristic features of coeliac disease with mild enteropathy
• Recognize the various etiologies of non-coelic enteropathies
• Develop a practical diagnostic approach to small bowel biopsies with minimal lymphocytosis and architectural damage
Colitis: a Discrete Disease Entity or Due to Indeterminate Pathologists?
• Understand the clinical and pathologic features and outcome of patients with "indeterminate colitis"
• Understand the typical and atypical pathologic presentations of IBD in resection specimens and biopsies
• Understand the common and uncommon mimics of IBD in resection specimens and in biopsies
Gastrointestinal Spindle Cell Lesions – Just Like Real Estate: It’s All about Location
• Discuss the importance of location in the wall of the gastrointestinal tract when diagnosing spindle cell tumors of the GI Tract
• Discuss common entities in the differential diagnosis of gastrointestinal stromal tumor
• Understand immunohistochemical labeling pitfalls in the diagnosis of gastrointestinal tract mesenchymal tumors
Challenges and Controversies in Low Grade Appendiceal Mucinous Neoplasms
• Understand the classification of low grade appendiceal mucinous neoplasms (LAMN)
• Recognize the morphologic features that distinguish an appendiceal cystadenoma from LAMN, and LAMN from mucinous adenocarcinoma
• Understand the pathologist's role in evaluating mucin and epithelial cells outside the appendix as they relate to prognosis in LAMN
• Increase awareness of potential mimics of LAMN
Serrated Colorectal Neoplasia: Practical Answers for Common Questions
• Distinguish between sessile serrated adenoma/polyps and hyperplastic polyps
• Distinguish between sessile serrated adenoma/polyps and traditional
serrated adenomas
• Understand the basis for follow-up recommendations for serrated neoplasms

Bowel Cancer Screening-Generated Diagnostic Conundrum of the Century – Pseudoinvasion in Sigmoid Colonic Polyps
• Differentiate epithelial misplacement from adenocarcinoma
• Recognize characteristic pitfalls in the diagnosis of epithelial misplacement
• Recognize characteristic pitfalls in the diagnosis of colonic adenocarcinoma

Deposits, Serosal Surfaces and Mucin Pools, Oh My: Challenges in Staging Colorectal Carcinoma
• Understand tumor deposits and the N1c category in staging colorectal cancer
• Understand the definition of T3 and T4a and b in colorectal cancer
• Recognize neoadjuvant treatment effects and the impact on staging colorectal cancer

HNPCC/Lynch Syndrome: Practical Molecular Diagnostics for the Practicing Pathologist?
• Interpret mismatch repair immunohistochemistry
• Differentiate between sporadic and Lynch syndrome-associated microsatellite unstable cancers
• Apply an algorithmic approach to the tissue work-up of Lynch syndrome

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