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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