COLLEGE of AMERICAN PATHOLOGISTS
Education

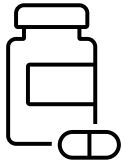
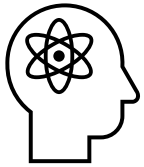
A to Z Faculty Guide for Presentation Development

Purpose

This guide is intended to help you develop your CAP22 presentations and avoid ACCME and copyright issues to deliver a quality presentation. The ACCME is the Accreditation Council for Continuing Medical Education and accredits the College of American Pathologists as a CAP provider.

Do's and Don'ts

Click on the links in each box to see examples and learn the do's and don'ts for each topic.

Avoid **copyright** violations with images, screenshots, tables, and graphics in your presentation.	 Don't use **logos or brand names** in your presentation.
Remove any patient identifiers or other protected health information to follow the **HIPAA** Privacy Rule.	Use AMA format for **references and citations**.
Be clear, concise, and compelling when choosing a **title** for your presentation	Make the **design and format** of your slides engaging and your slides readable.
Avoid distractions and use a microphone for **recording**.	 Use scientific and evidence-based **content in your presentation**.

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A to Z Faculty Guide for Presentation Development

Copyright

Article Citations

DO

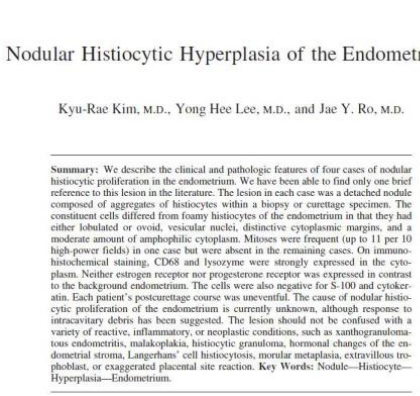
Type out the article title, author, and citation in AMA format

Kim KR, Lee YH, Ro JY. Nodular histiocytic hyperplasia of the endometrium. *Int J Gynecol Pathol.* 2002;21(2):141-146.

Parkash V, Domfeh AB, Fadare O. Nodular histiocytic aggregates in the endometrium: a report of 7 cases. *Int J Gyneol Pathol.* 2014;33(1):52-57.

DON'T

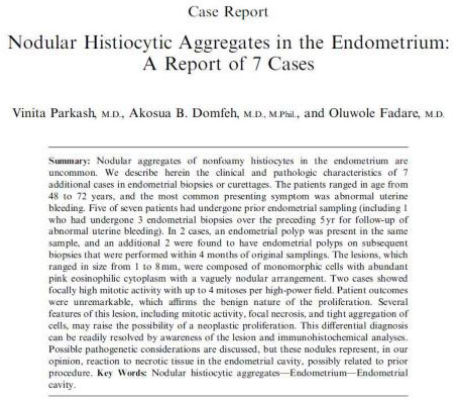
Copy and and paste article titles, abstracts, citations, and use screenshots



Nodular Histiocytic Hyperplasia of the Endometrium

Kyu-Rae Kim, M.D., Yong Hee Lee, M.D., and Jae Y. Ro, M.D.

Summary: We describe the clinical and pathologic features of four cases of nodular histiocytic proliferation in the endometrium. We have been able to find only one brief reference to this lesion in the literature. The lesion in each case was a detached nodule composed of aggregates of histiocytes within a biopsy or curettage specimen. The constituent cells differed from foamy histiocytes of the endometrium in that they had either lobulated or ovoid, vesicular nuclei, distinctive cytoplasmic margins, and a moderate amount of amphophilic cytoplasm. Mitoses were frequent (up to 11 per 10 high-power fields) in one case but were absent in the remaining cases. On immunohistochemical staining, CD68 and lysozyme were strongly expressed in the cytoplasm. Neither estrogen receptor nor progesterone receptor was expressed in contrast to the background endometrium. The cells were also negative for S-100 and cytokeratin. Each patient's postcurettage course was uneventful. The cause of nodular histiocytic proliferation of the endometrium is currently unknown, although response to intracavitary debris has been suggested. The lesion should not be confused with a variety of reactive, inflammatory, or neoplastic conditions, such as xanthogranulomatous endometritis, malakoplakia, histiocytic granuloma, hormonal changes of the endometrial stroma, Langerhans' cell histiocytosis, morular metaplasia, extravillous trophoblast, or exaggerated placental site reaction. **Key Words:** Nodule—Histiocyte—Hyperplasia—Endometrium.



Case Report

Nodular Histiocytic Aggregates in the Endometrium: A Report of 7 Cases

Vinita Parkash, M.D., Akosua B. Domfeh, M.D., M.Phil., and Oluwole Fadare, M.D.

Summary: Nodular aggregates of nonfoamy histiocytes in the endometrium are uncommon. We describe herein the clinical and pathologic characteristics of 7 additional cases in endometrial biopsies or curettages. The patients ranged in age from 48 to 72 years, and the most common presenting symptom was abnormal uterine bleeding. Five of seven patients had undergone prior endometrial sampling (including 1 who had undergone 3 endometrial biopsies over the preceding 5 yr for follow-up of abnormal uterine bleeding). In 2 cases, an endometrial polyp was present in the same sample, and an additional 2 were found to have endometrial polyps on subsequent biopsies that were performed within 4 months of original samplings. The lesions, which ranged in size from 1 to 8 mm, were composed of monomorphic cells with abundant pink eosinophilic cytoplasm with a vaguely nodular arrangement. Two cases showed focally high mitotic activity with up to 4 mitoses per high-power field. Patient outcomes were unremarkable, which affirms the benign nature of the proliferation. Several features of this lesion, including mitotic activity, focal necrosis, and tight aggregation of cells, may raise the possibility of a neoplastic proliferation. This differential diagnosis can be readily resolved by awareness of the lesion and immunohistochemical analyses. Possible pathogenetic considerations are discussed, but these nodules represent, in our opinion, reaction to necrotic tissue in the endometrial cavity, possibly related to prior procedure. **Key Words:** Nodular histiocytic aggregates—Endometrium—Endometrial cavity.

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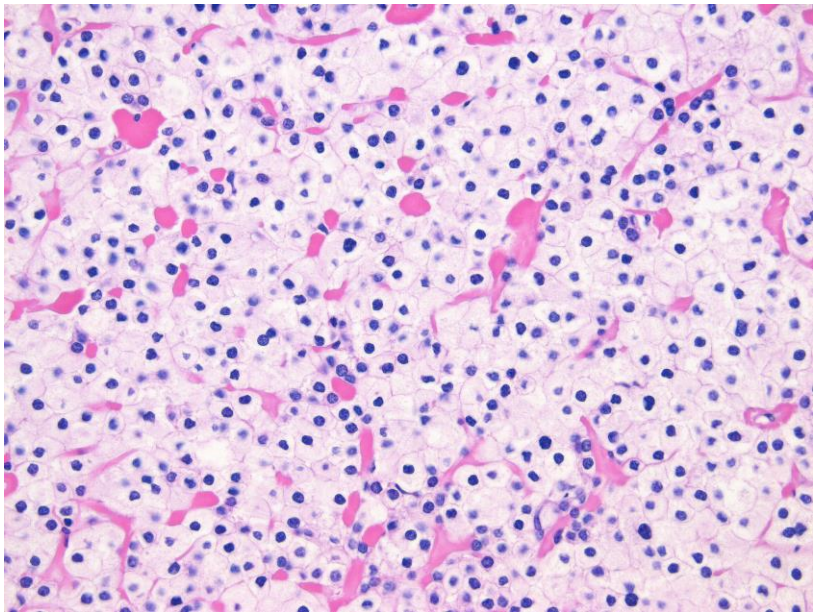
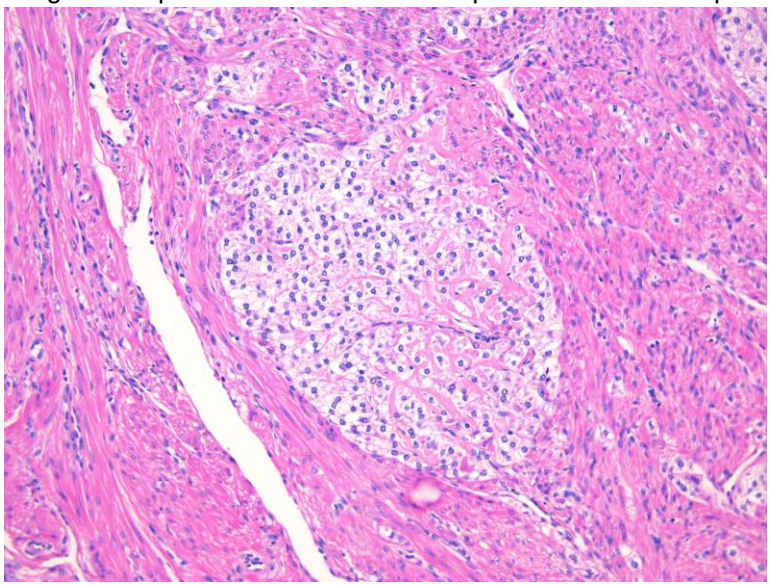
Images

Images

DO	DON'T
Use your own images 	Use images from published sources without permission from the publisher  Figure 1: H&E stain. Doe J. *A Pathology Journal.* 2022;5(4)2-10.

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Graphics

Graphics

DO

Recreate tables and graphics from published sources

WHO Classification (2020)

HPV-Associated Adenocarcinoma:

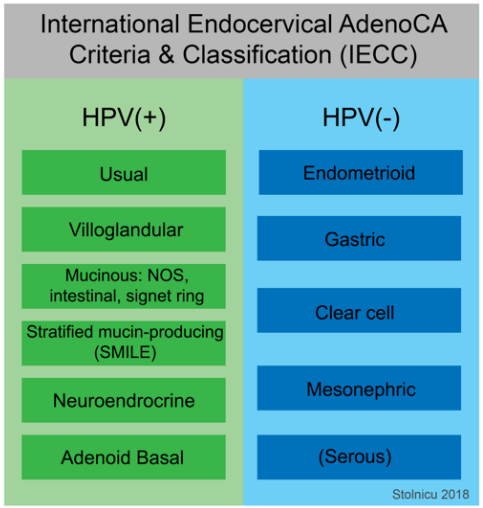
Usual Type (~75%)
Viloglandular

Mucinous type (~10%): intracytoplasmic mucin ≥ 50% cells
Mucinous NOS
Intestinal ≥50% goblet or enteroendocrine cell
Signet ring cell: ≥50% tumor
Stratified mucin-producing

HPV-Independent Adenocarcinoma:
Gastric type
Clear cell type
Mesonephric
Endometrioid

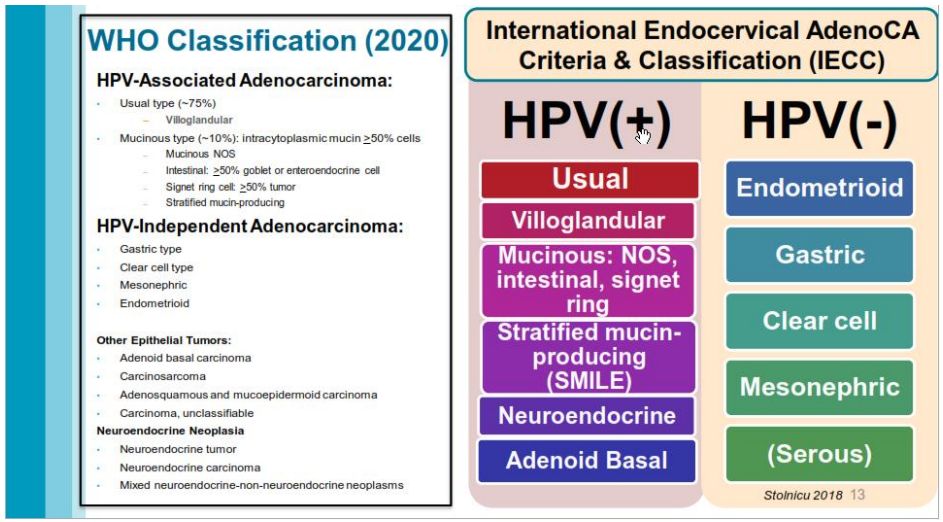
Other Epithelial Tumors:
Adenoid basal carcinoma
Carcinosarcoma
Adenosquamous and mucoepidermoid carcinoma
Carcinoma, unclassifiable

Neuroendocrine Neoplasia
Neuroendocrine tumor
Neuroendocrine carcinoma
Mixed neuroendocrine-non-neuroendocrine neoplasms



DON'T

Use graphics and images from published sources without getting permissions from the publisher



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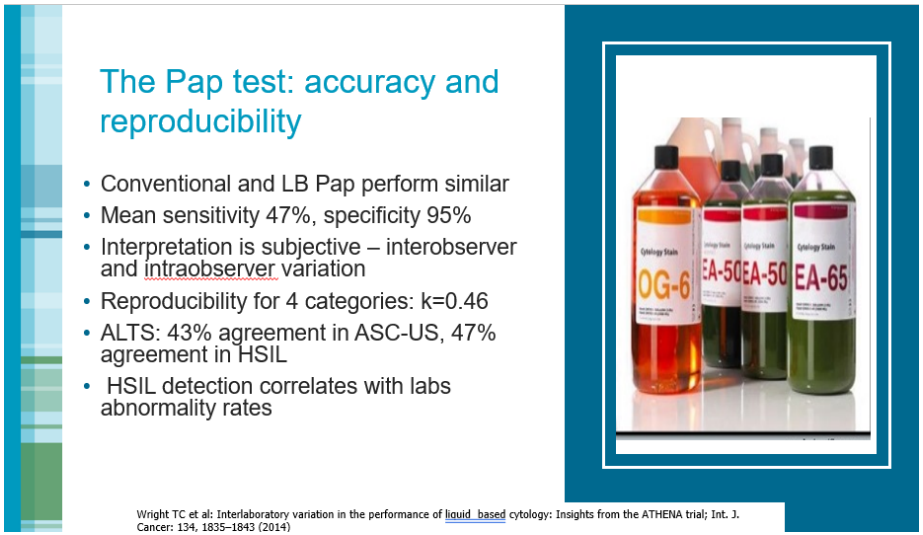
Logos and Brand Names

Brand names

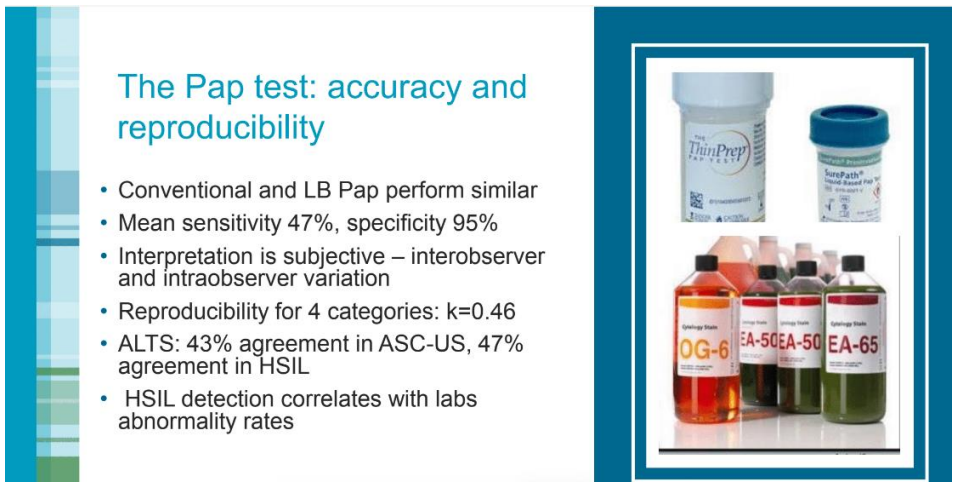
DO

Crop out brand names or use generic



DON'T

Use brand names



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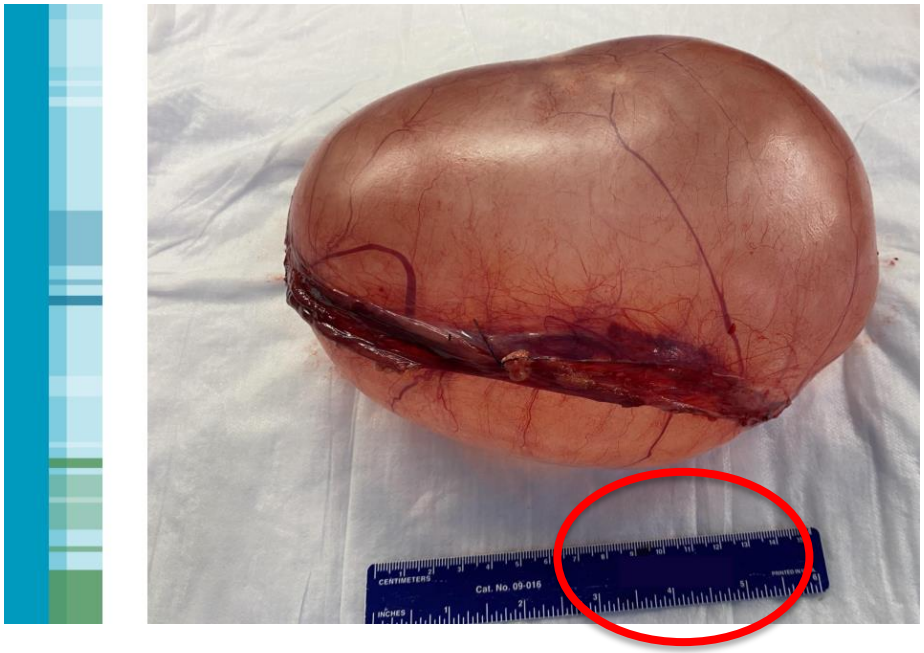
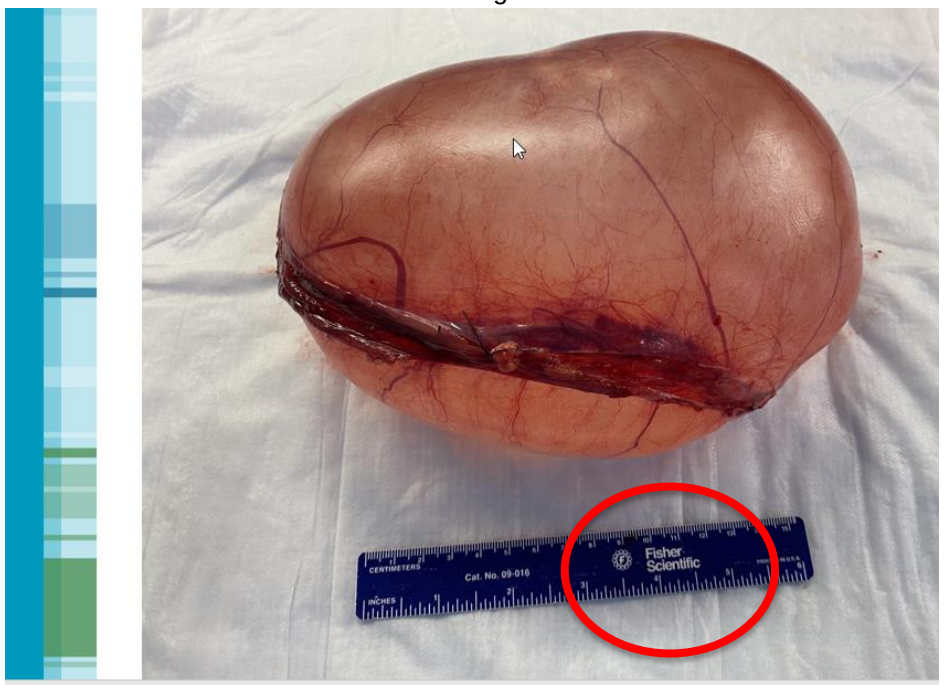
Logos and Brand Names, cont'd

Logos

DO	DON'T
Blur out or remove logos	Use logos
	

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HIPAA

Protected Health Information

DO

Remove patient identifiers

DON'T

Include patient identifying information (eg, name, date of birth, account number, phone number), specimen identification information (case and block number), and accession numbers.

Pathology Report

Patient Name: Jane Doe
Address: 123 Main St. Anytown, IL, 00000
DOB:02/02/1975
MRN:123456

Diagnosis: Metanephric Adenoma

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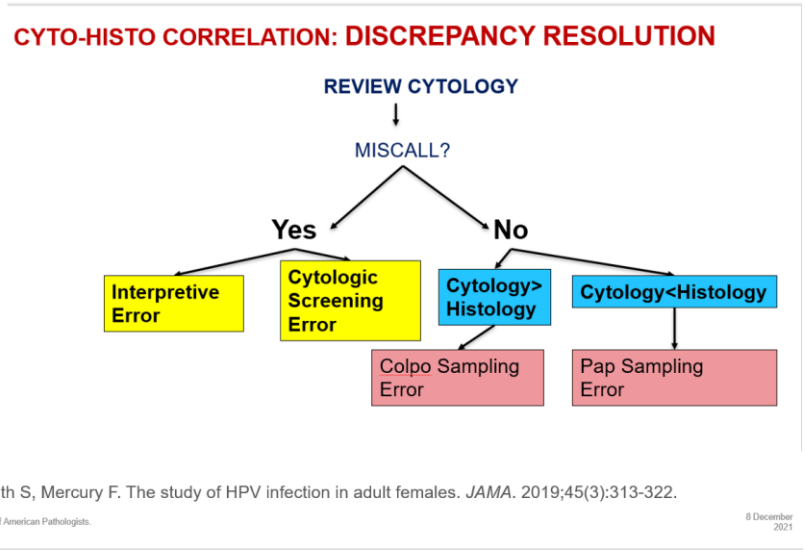
References and Citations

Incomplete Citation

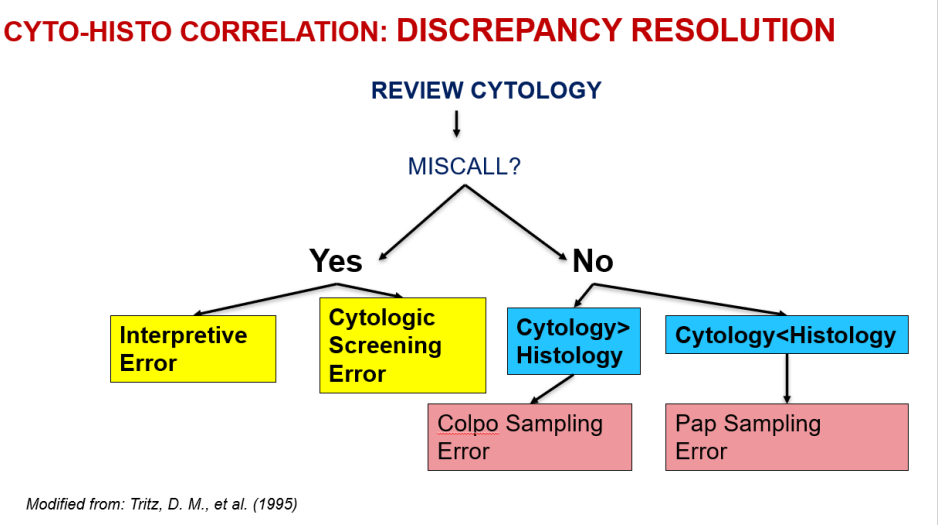
DO

Use AMA format for all references



DON'T

Use incomplete citations



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Validated Content

Validated Content	
DO	**DON'T**
Use validated content and cite appropriately 	Use content that is not accepted within the profession of medicine (eg, blog, social media)

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Titles

Presentation Title	
DO	**DON'T**
 Be concise, use attention-grabbing words, entice the learner, use terms used and understood by pathologists **Examples:** • Successful Laboratory Leadership: Taking Action and Getting Results • Getting Your Message Across: Effective Communication Strategies	 Be too wordy or undescriptive **Examples:** • Team Leadership Skills for Laboratory Medical Directors • Communication Skills for Labroatory Medical Directors

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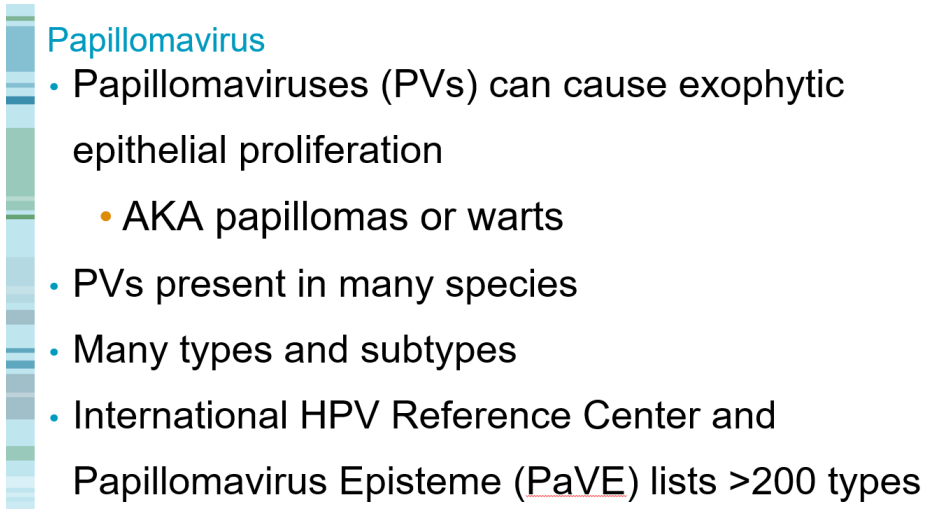
Design and Format

Presentation and Slide Formats

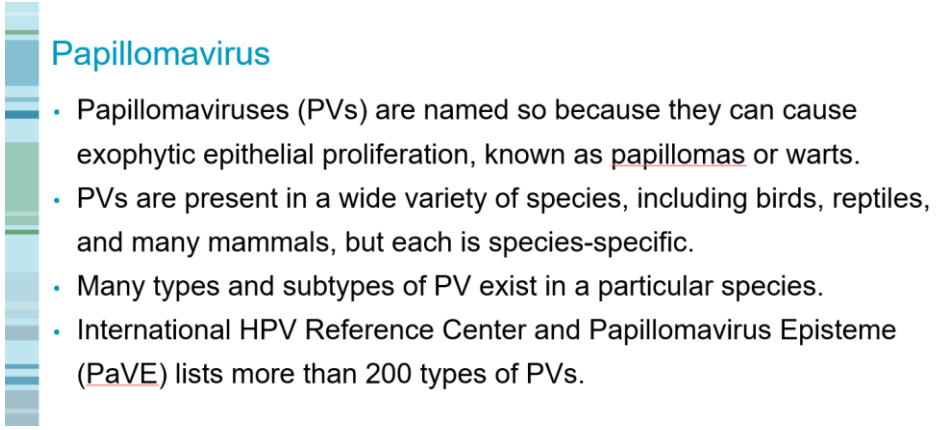
DO

Use bullet points; include your main points and verbally explain; break up into multiple slides if necessary, "chunk" your presentation into topics



DON'T

Avoid long sentences, including too many slides



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Recording

Recording Checklist	
	Test, rehearse, and double check internet connections, sound, mic, presentations, etc.
	Make sure the area you're presenting is tidy and private; be aware of items in the background that may distract, and make sure the camera on your device is eye level. Avoid having your device setup on an uneven surface.
	Avoid sitting directly in front of a window or a bright light source.
	Ensure all devices (eg, phones, tablets) are silenced to limit external distractions.
	Ensure you have a quiet environment free of external/background sounds (eg, dogs barking, doors banging, etc)
	Consider using noise-cancelling microphone/headset
	Dress the same way as though you would if you were delivering the presentation in person. Solid colors are best. Avoid busy patterns in clothing.
	Close all unnecessary tabs and applications.
	Use a headset with a microphone or headphones with a microphone for the clarity, and to reduce feedback from PC speakers. • It is best to use wired or wireless headphones. We do not recommend using the speaker phone function on your device. • If no headset, avoid leaning too far back so your voice doesn't sound faint or break up. Lean forward to speak into the computer's mic.
	Act as natural as possible with no other distractions. Imagine you're talking to a single person on the other side and focus on that 1:1 connection so everyone feels like you're talking to them specifically.
	Use body language including facial expressions and hand gestures.
	Use your voice to engage the participants. While body language is apparent on the screen only part of the time, your voice modulation will either engage or bore your participants. Use inflections, pitch, tone, and pace effectively.

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