Patient Information: A child presents with microcephalycongenital cataracts, sensorineural hearing loss, growth delayand abnormal eye appearance (proptosis or deep-set eyeswith microphthalmia).

Neurology: Given the neuro-ocular-growth pattern, I'dprioritize congenital infections like rubella or CMVPeroxisomal disorderis alternatives, but evidence is limited.

High Credit Agent Behavior

Pediatrics: I partly agree with Neurology on infections, but the combination of microcephaly, cataracts, hearing loss, and growth delay points to Cockayne or a peroxisomal disorder. I would reduce the weight of CMV.

Low Credit Agent Behavior

Ophthalmology: We should clarify true proptosis versus deep-set eyes. Cataracts aren't decisive. Maybe check retina or cornea, but Cockayne/peroxisomal remain possible.

Otolaryngology Agent (final): Given the early SNHL and developmental delay, I align more with Pediatrics: Cockayne or peroxisomal should be prioritized, though infections (rubella, CMV, Zika) remain in the set.

Filter high-reward turn according to the credit assignment

Prompts
History
Turn
Score

General Experience

- Noise suppression
- Anchor on key discriminators first
- Honest uncertainty

Expert-specific Experience

- Mechanism first
- Hard criteria first
- High bar for craniosynostosis

Test-Time Experience Construction

Multi-Expert Team Collaboration

Patient

Patient's Information

The patient initially had unexplained weakness in the right upper limb. Over six months this progressed with slurred speech, intermittent "needle-prick" tongue pain, occasional choking cough, later intermittent pain in both arms; brain/cervical MRI and EMG were performed.

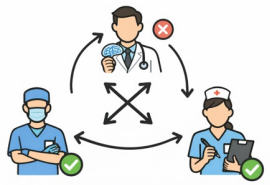
Ophthalmology

Neurology

Pediatrics

Stage I: Team Formation

Team Recruiter



Discussion round1

Discussion round R

Final decision maker

Stage II: Expert consensus

Stage III: Report synthesis