

Homework 2

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Task 1

ChatGPT Response 1

Here is an organized table summarizing the key details from the document based on relevant categories and sub-categories:

Main Category	Sub-Category	Details
Disease Overview	Type	Thymoma (Type B2, moderate/high-risk tumor)
	Usual Metastasis Locations	Confined to thoracic organs (e.g., pleura, lungs, thoracic lymph nodes)
Patient Information	Rare Metastasis	Extrathoracic metastases are extremely rare; metastasis to skeletal muscles (e.g., semimembranosus muscle in this case)
	Age	84-year-old male
Symptoms and Diagnosis	Medical History	Type B2 thymoma resection 14 years prior; small stable lung nodule identified 5 years after thymoma resection
	Presenting Symptom	Right posterior thigh mass present for 4 years
Symptoms and Diagnosis	Referral Reason	Gradual growth of the thigh mass
	Physical Examination	3 × 3 cm painless mass, smooth overlying skin, nonadherent, no redness or heat
Symptoms and Diagnosis	Imaging Results	MRI: lesion in semimembranosus muscle (low intensity on T1WI, iso/high intensity on T2WI, enhanced with gadolinium contrast)
	Differential Diagnosis	Neurogenic tumors, myxofibrosarcoma, leiomyosarcoma
Treatment and Prognosis	Biopsy Results	Oval to polygonal neoplastic cells with round-to-oval nuclei; lymphocyte admixture confirmed type B2 thymoma metastasis
	Treatment	Wide resection of the tumor with a 1-cm margin 3 weeks after biopsy
Treatment and Prognosis	Outcome	No local recurrence observed at the 1-year follow-up
	Treatment Consideration	Complete resection for local recurrence/metastasis shows a survival advantage; debulking surgery may be useful but needs further clinical study
Additional Information	Incidence of Distant Metastasis	Estimated to be approximately 5% in thymomas, with skeletal muscle metastasis being extremely rare
	Imaging Tools	MRI and FDG-PET are useful for detecting lymph node and distant metastasis; MRI characteristics compatible with thymoma were smooth contour, round shape, and distinct capsule
Additional Information	Histology and Prognosis Factors	Histological subtype and extrathoracic metastasis impact prognosis; presence of extrathoracic metastasis may be more predictive of survival than Masaoka stage IV classification

This table provides a clear, concise breakdown of the case report on thymoma metastasis to the semimembranosus muscle, following a structure similar to your initial request but tailored to the document content.

ChatGPT Response 2

Based on the document provided, here is a structured table to organize the key details under appropriate categories:

Category	Sub-Category	Details
Disease Overview	Tumor Type	Thymoma (Type B2) – a thymic epithelial tumor typically located in the mediastinum, considered moderate to high-risk.
	Metastasis	Rare extrathoracic metastasis, observed in skeletal muscle, specifically in the semimembranosus muscle.
	Incidence	Thymoma represents 40% of all mediastinal tumors. Extrathoracic metastasis occurs in about 3-5% of cases, skeletal muscle involvement is rarer.
Patient Information	Demographics	84-year-old male patient.
	History	Previous Type B2 thymoma resection 14 years ago; follow-up nodule in the lung detected 5 years ago with no size change.
	Current Condition	Presented with a painless 3 × 3 cm mass in the right posterior thigh.
Symptoms and Diagnosis	Symptoms	Painless mass in the right posterior thigh. No limitations in hip or knee motion.
	Imaging and Tests	- Radiographs: No calcification or scalloping of the femur.
		- MRI: Lesion low-intensity on T1WI, high-intensity on T2WI, enhanced after contrast administration.
	Differential Diagnosis	Neurogenic tumors, myxofibrosarcoma, leiomyosarcoma.
Treatment and Prognosis	Biopsy and Histopathology	Histological examination confirmed metastasis with features of type B2 thymoma (neoplastic cells with round-to-oval nuclei and lymphocyte admixture).
	Treatment	Wide resection of the metastasis with a 1-cm margin.
	Follow-Up Prognosis Factors	No local recurrence observed at 1-year follow-up.
		Prognosis is influenced by histological subtype and presence of extrathoracic metastasis.
Additional Information	Metastasis and Surgery	Complete resection improves survival rates, even in cases of metastasis. Debulking surgery may also be beneficial.
	MRI Characteristics	Tumors have a smooth contour, round shape, distinct capsule, and varying signal intensities depending on aggressiveness.
	FDG-PET	Useful in distinguishing low-risk thymoma from carcinomas and detecting metastasis.

This structure captures the important information and organizes it by category for easier analysis and understanding. Let me know if you'd like to add or modify any of the details!

Claude Response 1

The response being: Thank you for providing the document. After reviewing the content, I understand that this is a case report about a rare thymoma metastasis to the semimembranosus muscle. Given the nature of the document, I propose we modify the categories to better fit the structure and content of this case report. Here's a revised query that's more appropriate for organizing the information from this paper:

“Please organize the information from the provided case report into a clear, concise table format with the following main categories and relevant sub-categories:

1. Case Overview
 - Patient demographics
 - Chief complaint
 - Medical history
2. Clinical Presentation
 - Physical examination findings
 - Imaging results
3. Diagnosis and Pathology
 - Differential diagnosis
 - Biopsy results
 - Final diagnosis
4. Treatment and Outcome
 - Surgical intervention
 - Follow-up results
5. Discussion
 - Thymoma background
 - Extrathoracic metastases
 - Imaging characteristics
 - Treatment strategies
 - Prognosis factors
6. Key Takeaways

Each section should summarize the key details from the case report in a structured manner. Please include relevant information under each category and sub-category based on the document's content.”

Would you like me to proceed with creating this table based on the revised structure? **Answered yes in order to get table**

Sub-Category		Details
1. Case Overview	Patient demographics	- 84-year-old male
	Chief complaint	- Right posterior thigh mass persisting for 4 years
	Medical history	- Type B2 thymoma resection 14 years prior- Small lung nodule found 5 years after thymoma resection
2. Clinical Presentation	Physical examination findings	- 3 × 3 cm painless mass in posterior thigh- Smooth, nonadherent overlying skin- Full range of motion in right hip and knee

Category	Sub-category	Details
3. Diagnosis and Pathology	Imaging results	- Plain radiographs: No calcification or scalloping of femur- MRI: Lesion in semimembranosus muscle - T1WI: Low intensity - T2WI: Iso- to high intensity - Enhanced after gadolinium-based contrast
	Differential diagnosis	Neurogenic tumors- Malignant soft tissue lesions (e.g., myxofibrosarcoma, leiomyosarcoma)
	Biopsy results	- Oval to polygonal neoplastic cells with small round-to-oval nuclei- Variable amounts of lymphocytes
4. Treatment and Outcome	Final diagnosis	- Type B2 thymoma metastasis to semimembranosus muscle
	Surgical intervention	- Wide resection with 1-cm margin, 3 weeks after biopsy
	Follow-up results	- No local recurrence observed after 1 year
5. Discussion	Thymoma- background	- Most common tumor of the mediastinum (40% of all mediastinal tumors)- Categorized into types A, AB, B1, B2, and B3- Type B2 considered moderate/high-risk tumor
	Extrathoracic metastases	- Rare occurrence (estimated 5% incidence)- Previously reported in liver, kidney, bone, and lymph nodes- Only one previous case of skeletal muscle metastasis (biceps brachii)
	Imaging characteristics	- MRI: Smooth contour, round shape, distinct capsule- Varying low signal foci within high-signal-intensity mass on T2WI- Heterogeneous intensity on T2WI associated with tumor aggressiveness- FDG-PET useful for detecting lymph node and distant metastases
	Treatment strategies	- Complete resection for local recurrence or metastasis- Debulking surgery may provide survival advantage- Efficacy of surgery for extrathoracic extension still unclear
	Prognosis factors	- Affected by histological subtype and presence of extrathoracic metastasis- Surgery groups show better overall survival in stage IV thymoma
6. Key Takeaways		- Thymoma metastasis to skeletal muscle is extremely rare- Consider thymoma metastasis in differential diagnosis for soft tissue tumors in elderly patients with thymoma history- Complete resection or debulking surgery may provide survival advantage- Long-term follow-up is warranted due to the rarity of this presentation

Claude Response 2

Certainly. After reviewing the document, I've identified the main categories and relevant sub-categories that best fit the content of this case report. I'll organize the information into a structured table format as requested. Here's the modified query based on the paper's content:

"Please organize the information from the provided document into a table with the following main categories and sub-categories:

1. Thymoma Overview
 - Definition
 - Classification
 - Metastasis patterns
2. Case Presentation
 - Patient demographics
 - Medical history
 - Presenting symptoms
 - Physical examination findings
3. Diagnostic Workup
 - Imaging studies
 - Biopsy results
 - Differential diagnosis
4. Treatment and Outcome
 - Surgical intervention
 - Follow-up results
5. Discussion
 - Rarity of extrathoracic metastasis
 - MRI characteristics
 - Treatment strategies for metastatic thymoma
 - Prognosis factors

Please summarize the key details from the document for each sub-category in a clear, concise manner within the table format.”

Merging Tables in Claude

Certainly. I'll merge the information from all four tables, consolidating duplicate or similar information into a single comprehensive table. Here's the consolidated table:

Category	Sub-category	Details
1. Thymoma Overview	Definition	- Most common thymic epithelial tumor, typically arising in the mediastinum
	Classification	- Categorized into types A, AB, B1, B2, and B3 according to WHO classification
	Metastasis patterns	- Type B2 considered moderate/high-risk tumor - Usually confined to thoracic organs (e.g., pleura, lungs, thoracic lymph nodes) - Extrathoracic metastases are extremely rare (estimated 3-5% incidence) - Previously reported in liver, kidney, bone, and lymph nodes - Skeletal muscle metastasis is exceptionally rare
2. Case Presentation	Patient demographics	- 84-year-old male
	Medical history	- Type B2 thymoma resection 14 years prior - Small stable lung nodule identified 5 years after thymoma resection
	Presenting symptoms	- Right posterior thigh mass present for 4 years - Gradual growth of the thigh mass
	Physical examination findings	- 3 × 3 cm painless mass in posterior thigh - Smooth, nonadherent overlying skin without redness or heat - Full range of motion in right hip and knee

Category	Sub-category	Details
3. Diagnostic Workup	Imaging studies	<ul style="list-style-type: none"> - Plain radiographs: No calcification or scalloping of femur - MRI: Lesion in semimembranosus muscle - T1WI: Low intensity - T2WI: Iso- to high intensity - Enhanced after gadolinium-based contrast administration
	Biopsy results	<ul style="list-style-type: none"> - Oval to polygonal neoplastic cells with small round-to-oval nuclei - Variable amounts of lymphocytes - Confirmed type B2 thymoma metastasis
	Differential diagnosis	<ul style="list-style-type: none"> - Neurogenic tumors - Malignant soft tissue lesions (e.g., myxofibrosarcoma, leiomyosarcoma)
4. Treatment and Outcome	Surgical intervention	<ul style="list-style-type: none"> - Wide resection with 1-cm margin, 3 weeks after biopsy
	Follow-up results	<ul style="list-style-type: none"> - No local recurrence observed after 1 year
5. Discussion	Rarity of extrathoracic metastasis	<ul style="list-style-type: none"> - Thymoma represents 40% of all mediastinal tumors - Only one previous case of skeletal muscle metastasis (biceps brachii) reported
	MRI characteristics	<ul style="list-style-type: none"> - Smooth contour, round shape, distinct capsule - Varying low signal foci within high-signal-intensity mass on T2WI - Heterogeneous intensity on T2WI associated with tumor aggressiveness
	Treatment strategies for metastatic thymoma	<ul style="list-style-type: none"> - Complete resection for local recurrence or metastasis
	Prognosis factors	<ul style="list-style-type: none"> - Debulking surgery may provide survival advantage - Efficacy of surgery for extrathoracic extension still unclear - Affected by histological subtype and presence of extrathoracic metastasis - Surgery groups show better overall survival in stage IV thymoma
6. Additional Information	Imaging tools	<ul style="list-style-type: none"> - FDG-PET useful for detecting lymph node and distant metastases - Can help distinguish low-risk thymoma from carcinomas
7. Key Takeaways		<ul style="list-style-type: none"> - Thymoma metastasis to skeletal muscle is extremely rare
		<ul style="list-style-type: none"> - Consider thymoma metastasis in differential diagnosis for soft tissue tumors in elderly patients with thymoma history - Complete resection or debulking surgery may provide survival advantage - Long-term follow-up is warranted due to the rarity of this presentation

This consolidated table combines the information from all four responses, eliminating duplicates and organizing the data into a comprehensive overview of the case report.

Within the combined tables there are a number of inaccuracies

Missing attributes / keywords

- “small nodule in the lung” found 5 years after the thymoma resection
- did not include the information that blood examination results were all in the normal range
- The description of the tumor’s cut surface as “white to tan red solid mass encapsulated in the muscle” was omitted.

Incorrectly extracted attributes/keywords:

- “Thymoma represents 40% of all mediastinal tumors.” The original document actually states “Thymoma is the most common tumor of the mediastinum accounting for up to 40% of all mediastinal tumors.”
- “Only one previous case of skeletal muscle metastasis (biceps brachii) reported” under “Rarity of extrathoracic metastasis.” However, the original document states this is the second case, with only one previous case reported.

Incorrect Table Structure

- created a separate category for “Additional Information” which isn’t necessary and could be incorporated into other existing categories.
- “Key Takeaways” section was added by the LLM and wasn’t explicitly present in the original document. While not necessarily incorrect, it’s an interpretation rather than a direct extraction.

Hallucinations

- “Debulking surgery may provide survival advantage” under “Treatment strategies for metastatic thymoma.” While the original document discusses debulking surgery, it doesn’t explicitly state it provides a survival advantage for metastatic thymoma.
- “Can help distinguish low-risk thymoma from carcinomas” under “Imaging tools” for FDG-PET. The original document only mentions distinguishing low-risk thymoma from other carcinomas, not specifically for FDG-PET.
- “Complete resection or debulking surgery may provide survival advantage” which is an overgeneralization of the information provided in the original document.

Task 2

Claude Response 1

Here is a structured table summarizing the key information from the provided document:

Category	Sub-category	Details
Disease Overview	Type	Thymoma (thymic epithelial tumor)
	Classification	Type B2 thymoma (moderate/high-risk tumor)
	Prevalence	Most common thymic epithelial tumor
	Metastasis	Extrathoracic metastases are extremely rare
Patient Information	Age	84-year-old
	Gender	Male
	Medical History	Type B2 thymoma resected 14 years prior

Category	Sub-category	Details
Symptoms and Diagnosis	Presenting Symptom	Small lung nodule found 5 years after thymoma resection
	Physical Examination	Right posterior thigh mass persisting for 4 years 3 x 3 cm painless mass in posterior thigh Smooth, nonadherent overlying skin Full range of motion in hip and knee
	Imaging	Plain radiographs: No calcification or scalloping of femur MRI: Low intensity on T1WI, iso- to high intensity on T2WI Enhanced after gadolinium-based contrast
	Biopsy Histopathology	Open biopsy performed Oval to polygonal neoplastic cells with small round-to-oval nuclei Admixed with variable amounts of lymphocytes
	Final Diagnosis	Thymoma metastasis to semimembranosus muscle
Treatment and Prognosis	Treatment	Wide resection with 1-cm margin
	Follow-up	No local recurrence observed after 1 year
	Prognosis Factors	Histological subtype and presence of extrathoracic metastasis
Additional Information	Imaging Characteristics	MRI: Smooth contour, round shape, distinct capsule Varying low signal foci within high-signal-intensity mass on T2WI
	FDG-PET	Useful for detecting lymph node and distant metastases Potential to distinguish low-risk thymoma from other carcinomas
	Treatment Strategies	Complete resection for local recurrence or metastasis Debulking surgery may provide survival advantage

Claude Response 2

Here's a structured table summarizing the key information from the provided document:

Category	Sub-category	Information
Disease Overview	Type	Thymoma metastasis
	Primary Location	Mediastinum
	Metastasis Location	Semimembranosus muscle (extrathoracic)
	Rarity	Extrathoracic metastases are extremely rare
	Classification	WHO classification: Type A, AB, B1, B2, B3
Patient Information	Risk Level	Type B2 considered moderate/high-risk
	Age	84-year-old
	Gender	Male
	Medical History	Type B2 thymoma resected 14 years prior Small lung nodule 5 years after thymoma resection
Symptoms and Diagnosis	Presenting Symptom	Right posterior thigh mass persisting for 4 years
	Physical Examination	3 x 3 cm painless mass in posterior thigh Smooth, nonadherent overlying skin Full range of motion in hip and knee
	Imaging	MRI: Low intensity on T1WI, iso- to high intensity on T2WI Enhanced after gadolinium-based contrast
	Biopsy	Open biopsy performed
	Histopathology	Compatible with type B2 thymoma metastasis
Treatment and Prognosis	Primary Treatment	Wide resection with 1-cm margin
	Follow-up	No local recurrence after 1 year
	General Prognosis	Affected by histological subtype and extrathoracic metastasis
Additional Information	Treatment Strategy	Complete resection or debulking may provide survival advantage
	Incidence	Extrathoracic metastases estimated at approximately 5%
	Other Metastatic Sites	Liver, kidney, bone, lymph nodes
	Diagnostic Challenges	Similar MRI features to other soft tissue tumors
	Emerging Diagnostic Tool	FDG-PET for detecting metastasis and distinguishing low-risk thymoma

This table organizes the key information from the document into structured categories and sub-categories, providing a clear and concise summary of the case report and associated medical knowledge about thymoma metastasis.

GPT response 1

Here is a structured table based on the document's content, divided into the specified categories and sub-categories:

Category	Sub-Category	Key Details
Disease Overview	Thymoma Definition	Thymoma is a neoplasm that arises in the mediastinum, representing thymic epithelial tumors.
	Classification	Classified as types A, AB, B1, B2, B3 (Type B2 is moderate/high-risk).
	Metastasis	Thymoma typically metastasizes to thoracic organs, with extrathoracic metastases being very rare.
Patient Information	Age	84 years old.
	History	Previously treated for type B2 thymoma 14 years prior; small lung nodule found but unchanged.
	Current Condition	Presented with a 3 cm mass in the right posterior thigh, present for 4 years.
Symptoms and Diagnosis	Physical Examination	Smooth, non-adherent skin over mass; full range of motion in hip and knee.
	Imaging	MRI showed a mass in the semimembranosus muscle; low intensity on T1WI, high intensity on T2WI.
	Differential Diagnosis	Included neurogenic tumors, myxofibrosarcoma, and leiomyosarcoma.
	Biopsy	Histopathology confirmed type B2 thymoma metastasis.
Treatment and Prognosis	Treatment	Wide resection with a 1 cm margin performed.
	Follow-up Prognosis Factors	No recurrence observed after 1 year. Prognosis affected by histological subtype and metastasis.
Additional Information	Thymoma Metastasis	Extrathoracic metastasis of thymoma, especially to skeletal muscle, is extremely rare.
	Rarity	Complete resection provides survival advantage; debulking might apply to distant metastasis cases.
	Surgical Considerations	Useful for detecting lymph node and distant metastasis, differentiating thymoma from carcinoma.

This table organizes the case details and provides a clear summary of the key points. Let me know if you need any adjustments!

GPT response 2

Based on the provided document content, I have created a table that organizes the information into the requested categories and sub-categories:

Category	Sub-Categories	Details
Disease Overview	Type of Disease	Thymoma (Type B2 - moderate/high-risk thymic epithelial tumor).
	Classification	Classified under the 2004 WHO classification of thymic epithelial tumors as Type B2.
	Common Sites of Metastasis	Mostly confined to thoracic organs (pleura, lung, thoracic lymph nodes).

Category	Sub-Categories	Details
Patient Information	Rare Metastasis	Rare extrathoracic metastasis, specifically to skeletal muscle.
	Incidence of Extrathoracic Metastasis	Estimated to be around 3-5% based on various studies.
	Prognosis	Affected by histological subtype and presence of metastasis. Surgery for metastasis may improve survival rates.
	Age/Gender	84-year-old male.
Symptoms and Diagnosis	Medical History	Past history of type B2 thymoma treated with resection 14 years prior.
	Follow-up Post-Thymoma Surgery	Lung nodule discovered 5 years after resection but no growth; observed with imaging.
	Main Symptom	Painless mass in the right posterior thigh, persisting for 4 years.
	Diagnostic Imaging	MRI showed a lesion in the semimembranosus muscle, low intensity on T1WI, high intensity on T2WI, and gadolinium-based contrast enhancement.
Treatment and Prognosis	Physical Examination	3x3 cm mass, smooth skin, non-adherent, no redness or warmth; full range of motion in hip and knee.
	Differential Diagnosis	Included neurogenic tumors, myxofibrosarcoma, leiomyosarcoma.
	Histopathologic Findings	Oval to polygonal neoplastic cells, small round-to-oval nuclei, and lymphocytes, consistent with type B2 thymoma metastasis.
	Biopsy and Surgical Resection	Open biopsy confirmed diagnosis; wide resection performed with a 1 cm margin.
Additional Information	Post-Surgical Follow-up	No local recurrence observed at the 1-year follow-up.
	Surgical Benefit	Complete or incomplete resection may offer survival benefits for metastasis; debulking surgery might apply in some cases.
	Imaging Characteristics	Thymoma on MRI typically shows a smooth contour, distinct capsule, with heterogeneous intensity on T2WI, indicating tumor aggressiveness.
	Prognosis Factors	Extrathoracic metastasis and histological subtype are critical factors influencing prognosis.
	Treatment Controversy	Ongoing debate regarding the treatment approach for distant metastasis, with complete resection showing possible survival advantages.

This table summarizes the key points of the case report regarding the rare metastasis of thymoma to skeletal muscle. Let me know if you need any modifications or additional details.

Merged Tables with GPT

Here's a consolidated table that merges the information from the various tables into one, eliminating duplicates and presenting a unified structure:

Category	Sub-Category	Key Details
Disease Overview	Type	Thymoma (Type B2 - moderate/high-risk thymic epithelial tumor).
	Classification	Classified under the 2004 WHO classification of thymic epithelial tumors as Type B2.
	Prevalence	Thymoma is the most common thymic epithelial tumor.
	Common Sites of Metastasis	Mostly confined to thoracic organs (pleura, lung, thoracic lymph nodes).
	Rare Metastasis	Extrathoracic metastasis, particularly to skeletal muscle, is extremely rare.
	Incidence of Extrathoracic Metastasis	Estimated to be around 3-5% based on various studies.
	Prognosis	Prognosis is affected by histological subtype and presence of metastasis. Surgery for metastasis may improve survival rates.
Patient Information	Age/Gender	84-year-old male.
	Medical History	History of type B2 thymoma treated with resection 14 years prior.
	Follow-up	Lung nodule discovered 5 years after resection but unchanged in size; observed with imaging.
Symptoms and Diagnosis	Post-Thymoma Surgery	
	Main Symptom	Painless mass in the right posterior thigh, persisting for 4 years.
	Physical Examination	3x3 cm mass, smooth, non-adherent skin, no redness or warmth; full range of motion in hip and knee.
Treatment and Prognosis	Diagnostic Imaging	MRI showed a lesion in the semimembranosus muscle, low intensity on T1WI, high intensity on T2WI, enhanced with gadolinium contrast.
	Differential Diagnosis	Included neurogenic tumors, myxofibrosarcoma, and leiomyosarcoma.
	Biopsy and Histopathology	Open biopsy confirmed type B2 thymoma metastasis, with oval to polygonal neoplastic cells and lymphocytes.
	Treatment	Wide resection with a 1 cm margin was performed.
	Post-Surgical Follow-up	No local recurrence observed after 1 year.
	Prognosis Factors	Histological subtype and presence of metastasis are critical in determining prognosis.
	Surgical Benefit	Complete or incomplete resection may provide survival advantages for metastasis; debulking surgery might be effective for distant metastasis.
Additional Information	Imaging Characteristics	Thymoma on MRI typically shows a smooth contour, distinct capsule, and heterogeneous intensity on T2WI, which indicates aggressiveness.
	FDG-PET Utility	FDG-PET is useful for detecting lymph node and distant metastasis and for distinguishing low-risk thymoma from carcinomas.
	Treatment Controversy	The treatment approach for distant metastasis is debated, but complete resection has shown possible survival advantages.

This table organizes all key information from the document, summarizing the case and the medical details of thymoma metastasis to the semimembranosus muscle in a clear, concise manner. Let me know if further

adjustments are needed!

Mistakes made

Missed/ skipped attributes/keywords

-Primary Location Claude Response 2 had a Primary Location category, this isnt in the final table -In the first claude response, plain radiographs showedno calcification or scalloping of the femur, this is missing from the final table -Claude response 2 has metastatic sites, this is not in the final table

Incorrectly extracted attributes/ keywords

-No incorrectly extracted attributes/keywords

Incorrect table structure, incorrect categorization

-FDG-PET utility is categoried under additional information but it relates directly to imagine charecteristics

Hallucinations

-No hallucinations were found

Merging Errors

Mismatches of table fields/attributes

-No mismatches were found

Missed/skipped fields/attributes in the source tables

-Primary location was skipped -Plain Radiograph Findings and Other Metastatic sites are important diagnostic and clinical details that were skipped

Duplicate fields/attributes in the source tables

-no duplicated attributes were identified

Hallucinations Completly new attributes/ tables

-No hallucinations were found

Incorrect data transmoration/merging from the extracated the tables to the merge result

-Prevalence and Rare Metastasis were incorrectly merged into one point, confalting commonality with rarity
-FDG-PET diagnostic tool should have been under “Imaging” or “Diagnosis”

Hallucinations Completly new data values that never existed

-no hallucinations of completly new data were found