

EUROPEAN SOCIETY OF PATHOLOGY NEWSLETTER

Autumn 2017



TAKE A
LOOK
INSIDE

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MESSAGE FROM THE PRESIDENT OF THE ESP

(By Dr. Dina TINIAKOS)



Dear colleagues and friends,

It is a great honour for me to be the new President of the European Society of Pathology (ESP), a role that I could not ever imagine when I attended

my first European Congress of Pathology in Helsinki in 1981 as a 2nd year medical student. In the 35 years of my connection with the ESP, I had the pleasure to see our Society growing to become the leading force in European Pathology and the membership increase from 600 to more than 3000 today. It is with humbleness and a great sense of commitment that I will try to follow the successful steps of my predecessor Pierre Bedossa, who with his unique quiet strength achieved so much for ESP in just two years by reorganising the office in Brussels, restructuring the Education subcommittee, launching the Giordano and the EORTC/ESP fellowships and new partnerships with clinical and educational scientific societies, to name a few. However, Pierre was the last in a long line of outstanding colleagues leading ESP to become the true Home of European Pathology devoted to education, training, harmonisation, innovation and quality assurance in pathology. I look up to Han van Krieken, Fatima Carneiro, Michael Wells, Fred Bosman, Niki Agnantis, Antonio Cardesa, Manuel Sobrinho Simoes, Günter Klöppel, to name a few, whom I watched as a younger pathologist strengthening ESP with every passing year and thus increasing its visibility in the scientific world. All the above could not have been achieved without the support of the officers of the Executive Committee, the Council and the Advisory Board, the chairs and the active members of the ESP working groups. It is, therefore, a

great pleasure for me to be part of a dynamic Executive Committee, along with Pierre Bedossa as Past President, Marco Santucci as Treasurer keeping our finances safe for many years now, Aurelio Ariza as the new Secretary in the steps of the able Ilmo Leivo, and Holger Moch as President-Elect. Having by our side the skilful Raed Al Dieri, in his role as ESP Director-General, and a strong Council I am confident that we will be able to continue successfully on the path of our predecessors. We are fortunate to have a very active Educational subcommittee led by Ales Ryska and a spirited Trainees subcommittee chaired by the enthusiastic Charlotte Kweldam and Daniel Pinto. Our official scientific journal, Virchows Archiv, has seen its impact factor increase under the steering of Daniela Massi, Editor-in-Chief. Equally important is the support of our experienced staff managing the ESP headquarters in Brussels and handling effectively its day-to-day activities, Sarah Byaruhanga and Gosia Short whose smiling faces most of you have recently seen at the ESP stand during the 29th ECP Congress in Amsterdam.

Two years ago, when nominated as President-Elect, I was asked to write a short piece for the ESP News Summer edition regarding my vision for our Society. My views have not changed since then. It is my aspiration to see our society advancing to become a society for ALL European pathologists by increasing our membership in countries where this is currently low and by strengthening the bonds with the national societies. ESP can work more towards further reducing inequalities in the delivery of diagnostic services in pathology across Europe by promoting and disseminating appropriate guidelines and standards in various formats, and by continuing the provision of high quality educational courses. The ESP Alfonso Giordano Fellowships will continue promoting advanced training of young pathologists in selected centres of excellence throughout Europe, and the newly launched ESP Junior Academy will nourish the pathologists-scientists of the future shaping research in pathology. ESP aims to support the new generation of European pathologists to become leaders in the field of

translational medicine collaborating actively with our clinical colleagues towards the new brave paths of precision medicine. ESP will continue promoting the expansion and harmonisation of External Quality Assurance schemes across Europe through the ESP foundation and collaborating with IQN-Path to ensure the accuracy of applied diagnostic, prognostic and predictive biomarkers. Interdisciplinarity of ESP may increase further by continuing the fruitful collaboration with leading professional societies, such as EORTC, ESMO, UEG, and ECCO and by encouraging the development of bonds with new ones always with mutual benefits. Finally, I envisage the European Congress of Pathology (ECP) becoming THE scientific event in international pathology in learning, sharing new ideas and networking with peers to advance translational research activities in Europe and beyond. Indeed, the terrific success of the 29th ECP 2017 in Amsterdam, The Netherlands with more than 3,780 participants from 100 countries shows that this goal is not too difficult to be achieved. I trust that with the support of all colleagues in ESP committees, the input of our Director-General, and most importantly the collaboration with our active ESP members, whose suggestions and ideas for improvement are truly cherished, we will be able to reach the remaining goals outlined above.

Last but not least, the ESP together with the Spanish Society of Pathology are now completing the scientific programme of the next ECP taking place in Bilbao, Spain 8-12 September 2018.

30th European Congress of Pathology

Pathology: Path to Precision medicine

8 – 12 September 2018
Bilbao, Spain

www.esp-congress.org

This will be a special congress as we will be celebrating the 30th anniversary of ECP.

ESP welcomes ideas and suggestions from the members on how to make this a truly memorable event. Please do contact us with your proposals. Together we will thrive!

EDITOR'S MESSAGE

(By Prof. Gordan VUJANIĆ)



The new President of the ESP, Prof. Dina Tiniakos is addressing us for the first time in her new role by giving a short 'tour' of her journey through the ESP and recent achievements of the Society.

Then, the ESP Director-General, Dr Raed Al Dieri is introducing a fantastic new development of the Society – the establishment of the ESP Junior Academy. Please read it carefully and spread the news to people who you think should be interested in applying for it.

With the very successful and memorable ECP 2017 in Amsterdam behind us (please see the extensive report in the attachment), we are now turning our attention to 2018 and the 30th ECP in Bilbao. Prof. Jose I. Lopez is introducing the city and the Congress venue and you pencil the dates in your diary.

Welcome to Prof. Aurelio Ariza, our new Secretary, who is addressing a controversial issue of the formalin ban and updating us with the latest developments in our 'battle' with the EU over its usage in pathology.

A bunch of good news from the ESP Education Subcommittee by Prof. Ales Ryska, on Giordano Fellowship, ESCoP, and - finally !!! - on a good progress with the educational portal, which is getting closer to its full application, with the pilot version which has started already.

Prof. Daniela Massi, Editor in Chief of the Virchows Archiv is informing us on new, unique benefits of the Journal, please read about them and use them.

Dr Denis Lacombe, Director General of the EORTC is reporting on a collaboration between the ESP and EORTC as an important link between the two parties.

The Progress Test and European Board of Pathology Examination – old topics have been revisited by Prof. Fred Bosman, who is telling us that the relaunch of the Progress Test is foreseen for February 2018, and the new Boards Examination for September 2018. Watch this space!

Dr Loukas Kaklamanis is presenting a series of recently published important papers which caught his eye.

Prof. Metka Volavšek has selected a number of new books which you may consider for your library. And Metka also produced a long list of interesting meetings in 2017 and 2018 – one could easily spend all his/her time going from one meeting to another... But, then, there is this nuisance of having to work as well...

Enjoy your Newsletter!

MESSAGE FROM ESP DIRECTOR-GENERAL

(By Dr. Raed AL DIERI)



The ESP Junior Academy: *Invitation to Apply*

The European Society of Pathology (ESP) is proud to establish the ESP Junior Academy devoted to

the promotion of applied and translational scientific research in the field of human pathology.

Mission

ESP Junior Academy's mission is to advance research excellence and innovation among young pathologists and scientists in the field of human pathology. ESP Junior Academy Fellows will engage with mentors and peers to explore scientific concepts, investigate, and solve problems.

The Academy is an interactive four-day workshop designed to support early career pathologists by promoting training, encouraging collaborations and by providing a forum to share experiences with senior world leading researchers in pathology.

The biennial ESP Junior Academy competition identifies the best original pathology-relevant research submitted by the best junior Pathology researchers from each European country. The winning projects will be selected based on originality, methodological quality, and clinical relevance. They will represent the very best new research from across the field of human pathology, and combine a high degree of technical objectivity with a commitment to identifying relevant pathology implications.

Admission to and date of the Academy

Admission to the Academy is by competitive application based on the candidate's curriculum vitae, his/her clinical and research experience, significance of the proposed project and level of support from his/her institute. The deadline for submission of applications is **12th January 2018 by 16:00 (4 pm) CET**. Research projects may address all aspects of human pathology.

The 2018 ESP Junior Academy will take place 23rd – 26th June, Brussels, Belgium. The 2018 research competition focuses on original projects that make a significant contribution to our understanding of human pathology.

Candidates must:

- Be a member of the ESP
- Have a research doctorate (PhD), a doctoral degree in medicine (MD) or an equivalent

scientific qualification.

- Be under 35 years of age

Candidates must send in Word or PDF format to admin@esp-pathology.org the following documents:

- Letter of motivation
- Full curriculum vitae (1-2 pages) with a scanned copy of passport /ID
- Outline of an ongoing or future research project (not more than 4 A4 pages)
- Publication list. Applicants must have at least two first author articles published in peer-reviewed journals or accepted for publication
- Letter of recommendation from the Home Institution
- Letter of recommendation from the National Society of Pathology

All submitted applications will be evaluated by the Reviewing Committee chaired by the ESP President within 10 weeks after the deadline.

The awardees will be invited to attend the Academy and present their scientific projects during the four-day workshop. All participants will be invited to stay as long as possible to enable intense discussions and interaction between the renowned scientists and the junior pathologists. Accommodation and travel expenses will be covered by the ESP for all participants according to the policy set out for this programme.

Raed Al Dieri, ESP Director-General
On behalf of the Organizing Committee

MESSAGE FROM THE LOCAL ORGANISING COMMITTEE ECP 2017

(By Prof. Folkert van KEMENADE)



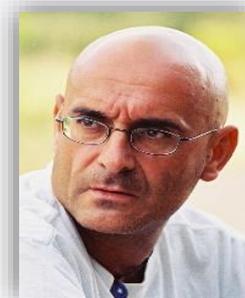
ECP Amsterdam 2017 withdrawal symptoms.

Some time has passed since the 29th Congress of the European Society of Pathology in Amsterdam. Image being a doctor having to write a letter of discharge for your congress, after a short observational period. This doctor has to report on the tests and procedures applied, describe the condition of the pathologist subjected to it and give a prognosis.

[TO READ FULL REPORT CLICK HERE](#)

MESSAGE FROM THE LOCAL ORGANISING COMMITTEE ECP 2018

(By Prof. José I. LOPEZ)



Dear colleagues and friends,

The final countdown to ECP Bilbao'18 has begun!

The **30th Congress of the European Society of Pathology (ECP)** will be

held from **8th to 12th September 2018**, in the Euskalduna Convention Centre, a unique building located in the very heart of Bilbao.

Delegates from both the ESP and the SEAP (Spanish Pathology Society) form a very active and enthusiastic scientific committee whose aim is to offer you all top-class pathology.

As the President of the local organizing committee, I am personally committed, together with the ESP council, to organize the most attractive social programme Bilbao can offer, so that visitors will have many extra reasons to attend the congress.

DATES TO REMEMBER

5 April 2018	→ First deadline for early registration fee
11 April 2018	→ Deadline for abstract submission
3 July 2018	→ Second deadline for early registration fee
8 September 2018	→ Opening Ceremony and Welcome Reception of the 30 th ECP

Here is a small appetizer of what awaits.... Bilbao is fairly small, with approximately 500,000 inhabitants, but is a beautiful vibrant city which is very pedestrian friendly; indeed, most hotels are within easy walking distance from the congress venue. Trams and metro connect the venue to all parts of the city and shopping areas and good restaurants are also nearby.



The Euskalduna Convention Centre is a modern building designed to host both congresses and artistic events, including an opera season and classic music concerts. It is located on the banks of

the Nervión, a navigable river which crosses the city northwest to southeast, exactly where the Euskalduna shipyards built boats some 40 years ago. It was named the best congress centre in the world in 2003 and its excellent installations more than meet any requirements of a modern congress. We are fortunate enough to have exclusive use of the building during the days of the congress.

The convention center is only half a kilometer from both the Fine Arts Museum of Bilbao (with exceptional collections of Old Masters) and the architecturally renowned Guggenheim-Bilbao Museum (with a unique permanent collection of sculptures and paintings, including masterpieces from Kandinsky to Serra, as well as very diverse itinerant collections).

Bilbao is the economical capital of the Basque Country, one of the seventeen autonomous regions of Spain. Bilbao international airport is connected daily with most main European cities. Although traditionally an important industrial centre, Bilbao had to reinvent itself in the eighties to become a city of trade and services. Its busy harbour, together with the banking and stock exchange, has maintained its economic importance. It has also become the home of striking examples of modern architecture; not only Frank Gehry's world famous Guggenheim Museum, but also buildings by Norman Foster, Santiago Calatrava, Philippe Stark, Arata Isozaki and Cesar Pelli, amongst others.

But perhaps the strongest argument for visiting Bilbao is its gourmet food! There are around 40 restaurants with one or more Michelin stars in the Basque Country, the highest concentration of top class restaurants in the world. In Bilbao alone, there are 5 Michelin starred restaurants, and several more nearby. Bilbao is a welcoming city with lively streets full of bars serving delicious *pintxos* (Basque tapas), excellent wines and helpings of friendliness.

We are carefully planning an attractive programme of trips around the Basque country which will surprise the visitor with its marked contrasts; from the lush, green north - where the last season of the Game of Thrones was filmed - to the mellow, russet-brown south, home of the legendary Rioja wineries, one of which was designed also by Frank Gehry.

We hope you decide to participate in ECP Bilbao '18 next September. It is a unique opportunity to hear the latest updates in Pathology surrounded by the Arts and the Art of Living. We are doing our utmost to make your visit unforgettable.

SECRETARY'S MESSAGE

(By Prof. Aurelio ARIZA)



The formalin ban: myth or reality?

Is the protracted intimacy between formalin and pathology mortally threatened? Ever since the European Commission issued a resolution raising formaldehyde carcinogenicity and mutagenicity levels in 2014, pathologists have felt uneasy. Their routine recourse to this powerful fixative might be approaching a mandatory end. This uneasiness, however, is quite unevenly distributed across Europe, with perceived responses ranging from aloofness to overreaction. Once more the rich European diversity makes itself felt. Is then the formalin ban myth or reality?

First of all, let's make clear that the European Commission has not banned formalin. What the oft-quoted Commission Resolution (EU) No. 605/2014 of 5 June 2014 has done is to change the classification of formaldehyde as both carcinogen and mutagen. Specifically, formaldehyde is now considered to be a category 1B carcinogen (it may cause cancer), instead of its previous category 2 (suspected of causing cancer), and is now

classified as a category 2 mutagen (suspected of causing genetic defects). The resolution makes no allusion to the use (and much less the prohibition) of formaldehyde in health care facilities.

So, where is the much talked-about formalin ban coming from? In my opinion, the formaldehyde classification changes contained in Resolution (EU) No. 605/2014 have prompted trade unions and labour safety departments to promote a formalin ban with workers' protection in mind. Depending on the governing models in the various countries, however, the leverage of the aforesaid agents to trigger a formalin ban in the health care environment ranges from virtually nil to practically overwhelming. That would explain the contrast between the cavalier attitudes and the alarm reactions to be found among pathologists according to their provenance.

In spite of these geographic differences, it is a fact that in an ever more intertwined Europe fires of any kind may spread far and wide at unforeseen speed. It is in our common interest, therefore, to jointly prevent them. Consequently, the Pathology Section of the Union of European Medical Specialists (UEMS), presided by Prof Ambrogio Fassina, has elaborated a unanimously approved amendment that tries to prevent formalin ban impositions on the health care sector across the European Union. Obviously, the pungent need for implementing appropriate measures to keep formalin exposure of health care personnel within safe limits is also emphasised in the amendment.

We are most grateful to Mr Jaime Medrano, Director of the International Department of the Spanish College of Physicians, for his invaluable help in handling the amendment, which is to be filed with the Employment and Social Affairs Committee before November 14th by two Spanish members of the European Parliament (Dr Soledad Cabezón and Mr Javier López). Discussion of the amendment by that committee will take place in the subsequent weeks.

Needless to say, the European Society of Pathology (ESP) has been actively involved in this issue for long. In this regard, the ESP Council has repeatedly discussed the problem and given full support to the amendment at its latest meeting during the Amsterdam congress. In fact, no document better explains the key points at stake than the formalin ban report produced in 2016 by the ESP Molecular Pathology Working Group, whose president, Prof Giorgio Stanta, is a most eloquent advocate of this strategic cause. That joint ESP-UEMS report will accompany the amendment, which is being distributed by pathologists from the different countries among their respective representatives in the Employment and Social Affairs Committee of the European Parliament.

Finally, let me share the amendment wording with you, so that we all may act together in a judicious defence of the continued use of formalin:

“Formalin is routinely used in health care facilities for standardized fixation of variety of diseases, including cancer, is based on the recognition of characteristic microscopic findings in formalin-fixed tissue. Moreover, patients’ tissue specimens such as biopsies. The pathologist’s diagnosis of a criteria for the evaluation of diagnostic, prognostic and predictive biomarkers have been progressively developed along many years also in reference to formalin-fixed tissue. Validation of other fixatives putatively able to replace the crucial role of formalin in patients’ care will require a number of

years. Consequently, the health care sector must be explicitly exempted from a formalin ban that would result in multiple diagnostic errors and serious harm to countless European patients. Health care facilities must implement appropriate measures for keeping formalin exposure of their personnel within safe limits.”

Spanish representative in the UEMS Pathology Section

Aurelio Ariza

**Autonomous University of Barcelona
Secretary, ESP**

REPORT OF THE ESP EDUCATION SUBCOMMITTEE

(By Prof. Aleš RYŠKA)



Activities of the ESP Education Subcommittee

One year has passed since the nomination of the new members of the ESP Education Subcommittee. Since the beginning, all its members agreed upon the priorities in our agenda - full implementation of the European Advanced Training Centers system and support of potential trainees by the system of bursaries (Giordano Fellowships), stimulation of further development of activities of European School of Pathology (ESCoP) courses and start of the fully functional Education Portal of our society.

Despite seemingly low number of tasks, it turned out that each item of the agenda requires a lot of energy and time. The system of Giordano Fellowships is now running quite smoothly with high number of trainees from many European countries applying for the financial support. The 13 awarded young pathologists from 9 different countries visited during this year 9 EAT centers. The number of applications is constantly high. This indicates that the system is attractive for many potential candidates. Unfortunately, out of 31 applications submitted in 2017, 23 had to be excluded as they did not fulfill all criteria specified in the rules and thus only 26% of applicants have succeeded and have been awarded the scholarship.

Name	Country of Residence	Sub-Specialty
Lucian G. Eftimie	Romania	Endocrine Pathology
Rina Limani	Kosovo	Uro pathology
Anca Evsei	Romania	Breast Pathology
Aoife Canney	Ireland	Nephropathology
Martyna Trzeszcz	Poland	Paediatric & Perinatal
Adelina Birceanu	Romania	Uro pathology
Ana Costa Braga	Portugal	Paediatric & Perinatal
Georgian Halcu	Romania	Haematopathology

Giordano Fellowship Awardees (Edition 2018)

It is perhaps good to mention that the network of 21 established EAT centers offers possibility for education even for those who are not awarded the Giordano fellowship. In other words, Giordano fellowship represents not an obligatory requirement but only an option for how applicants for the stay at the EAT center can be supported.

The tradition of ESCoP courses started many years ago by professor Gianni Bussolati and became one of the most successful programs of our society. At this moments, there are 10 ESCoP branches in 9 countries and in the last 12 months 5 courses were organized. As the feedback from

the participants (required as a condition for financial support from the ESP budget) shows, the organizers as well as the faculties of individual courses are doing a fantastic job. An example for the illustration of my statement - just today I received the results of the feedback from the most recent course organized by Stoian Alexov in Varna (Advances in digestive neuroendocrine neoplasms by Günter Klöppel, Jean Yves Scoazec and Bence Sipos) and the overall average score was 9.7 out of 10 points! To coordinate the topics of the courses and to prevent an overload of certain faculties, all branches were asked to provide a plan of future courses for next several years. Also, to make the entire preparation process smoother and more transparent, an SOP for organizers defining the main responsibilities, requirements and milestones has been updated.

Last, but not least, one of the major tasks of the Subcommittee became start of the fully functional education portal with user friendly interface and up-to-date teaching electronic resources. Fortunately, enough, we can exploit materials from previous ECP congresses. However, there is one important caveat which complicated their use in the portal - it is the great variability of the materials - presentations, videos, microscopic and microscopic pictures, texts, virtual slides, etc. At the same time, many materials had non-descriptive names and designations. Thus - using the words of Frederik Bosman - we have a pile of bricks, but we want to have a house. For this, we need an architect, who will help us with the systemic sorting of the materials and tagging them with keywords to make them fully searchable. This enormous amount of work was done by Fred Bosman, who volunteered to dive into this and spent hundreds of hours to handle one item after another. Thus, at this moment, the pilot version of the educational portal has started. We are aware of the fact that it is far from perfect and we appreciate any feedback - positive or negative - which helps us to improve the educational value of this project. We have already asked both the residents (via the ESP Resident subcommittee) and Chairs of all ESP Working groups to provide

us ideas what should be changed to make the portal more user friendly. Thus, you can expect further changes in the forthcoming months.

Of course, we have several new ideas, what could be done to broaden the portfolio of education resources/activities - the one which is at this moment probably in the most advanced stage, is the project called "ESP Junior Academy" proposed and coordinated by Peter Schirmacher. The basic idea is to put together the most promising young pathologists from different countries and thus to facilitate connections, share experiences as well as new scientific ideas, perhaps even start new friendships across the borders. I am sure that our members will have a chance to read more about it in the report of Raed Al Dieri in this newsletter.

One year sounds like a long period, however, for the members of our Education Subcommittee, the time was flying. We tried our best to bring to the members of the ESP as many options for their further education as possible. It is up to them to evaluate how successful our endeavors were.

VIRCHOWS ARCHIV EDITOR IN CHIEF REPORT

(By Prof. Daniela MASSI)



Dear ESP members,
dear friends,

In the Summer 2017 edition of the ESP newsletter, I introduced a number of new features that *Virchows Archiv* offers

through its partnership with its publisher, Springer. I would like to take this opportunity to highlight just a few of the unique benefits publishing with *Virchows Archiv* has over other journals within the pathology community; these features have been designed with you – the researcher and clinician – in mind!

Open Access at no cost!

I would like to focus on one of the many ways in which you can publish your research or review article Open Access within *Virchows Archiv*, and this is via Springer's **Compact Agreements**. If your manuscript is accepted by the Journal and meets the following criteria, it can publish Open Access at no cost to you!

- Must be an Original Article, Review Article, or Brief Report
- Corresponding author of the manuscript must be affiliated with a participating institution from the UK, the Netherlands, Austria, Sweden, or Max Planck group

That's it! The Journal's production system will automatically check whether your article is eligible, making the process as easy as possible on the part of the author. Analysis has shown that articles published Open Access receive twice as much usage when compared to a similar article published behind a subscription-wall, so we strongly encourage you to make use of this feature where possible (think carefully about who you make the corresponding author of your next paper!).

Easily sharing your research with peers via Shared It

The ***Shared It*** service provides authors with a unique, sharable URL for their article – anyone using this link will gain access to the paper. Authors can share this URL via email, on social media, on their departmental webpages, etc.

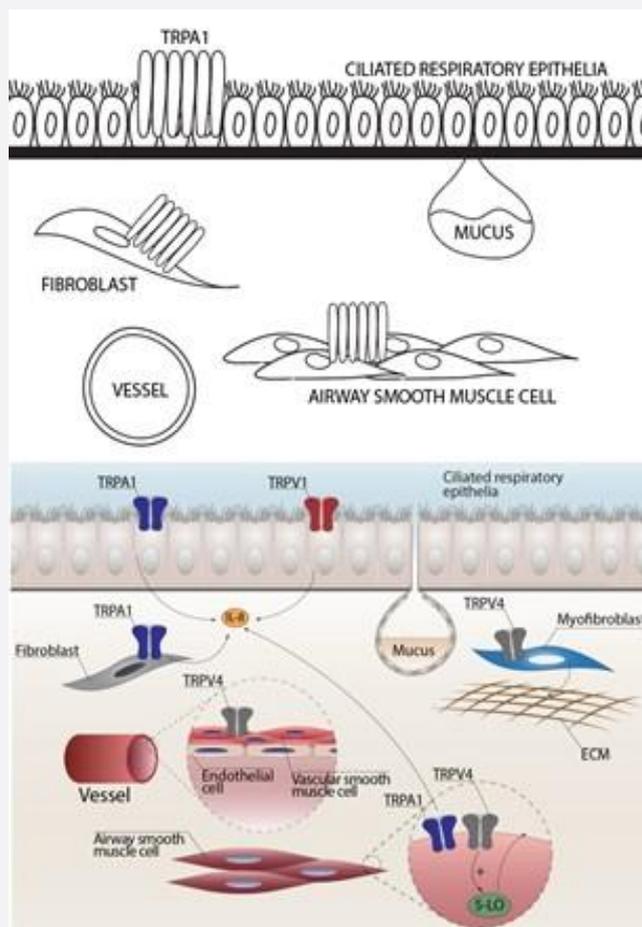
Shared It links are provided to the authors as soon as their article publishes Online First.

Figure re-draw service for Invited Reviews

Virchows Archiv has now launched its figure re-draw service for Invited Review articles! For up to two figures per Invited Review, authors can provide rough sketches of the figure that they would like included in their final paper. The sketch is

then re-drawn by Florence-based Phd, Dr. Francesco De Logu. Francesco will work in collaboration with the authors to make sure that the re-drawn figure fits the vision of the authors, and conforms to *Virchows Archiv's* journal style.

Figure 1 - Figure-redraw service; before and after



Fast peer-review and publication times

The editorial team of *Virchows Archiv* strives not only to help improve the Journal's publications by facilitating an effective and critical peer review process, but it aims to provide this service in a timely fashion. It is thanks to our expert pool of reviewers that the Journal's average time from submission to 1st decision is now 22 days! Furthermore, the average time from acceptance to Online First publication is just 15 days – making *Virchows Archiv* the place to publish if you are

seeking a fast publication process that adds value through an efficient peer review service.

How to contact or submit to *Virchows Archiv*

If you wish to propose a Review Article, then please write to me with a summary of the review topic at daniela.massi@unifi.it. Your proposed Review Article topic will then be checked against those already in the pipeline to ensure that there is no repetition with what is already being worked on.

Should you wish to submit your latest research then this can be done via the Journal's submission system at <https://www.editorial-manager.com/viar>.

New Section: Quality in Pathology

Virchows Archiv has decided to launch a new special section entitled "Quality in Pathology"; an idea raised by Han van Krieken, former Associate Editor for *Virchows Archiv*, and the *International Quality Network for Pathology* (www.iqn-path.org). The proposal was one that I, and the entire Editorial Team, welcomed very much. Given the importance of quality demonstration and assessment in pathology, there is need for a forum that enables the scientific debate on the topic. How do we improve the reliability of our testing, the quality of grading and classification where relevant? What is already good and what needs improvement? The new section in *Virchow's* will provide a forum for such articles, and also opinion papers.

***Virchows Archiv's* Best Paper Award 2016**

It is my pleasure to share the news that Dr. Trevor Flood, along with his colleagues from The University of Ottawa, received the Best Paper Award 2016 for their article entitled "Utility of Gleason pattern 4 morphologies detected on transrectal ultrasound (TRUS)-guided biopsies for prediction of upgrading or upstaging in Gleason score 3 + 4 = 7 prostate cancer". In a blind voting process, the

editorial team for *Virchows Archiv* voted on a shortlist of papers published during 2016; Dr. Flood et al.'s paper was the clear, and thoroughly deserved, winner! The paper is freely accessible here: <http://rdcu.be/wfYa>

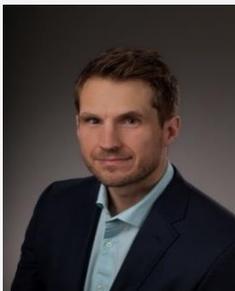


Figure 2 - Trevor Flood, Department of Pathology and Laboratory Medicine, The University of Ottawa, Ontario, Canada

REPORT ON ESP-EORTC PARTNERSHIP

(By Dr. Denis LACOMBE - EORTC, Director General)



Pathology in clinical trials; the EORTC-ESP partnership

In clinical cancer research, the pathologists play a central role, facilitating biobanking of tumour and control tissues, establishing data-

bases that include clinical information and pathology materials and refining tumour tissue for research. They analyze and interpret genomic and molecular testing data and provide clinical researchers with information on tumour cell proliferative activity, immunological phenotypes, gene amplifications and molecular classification.

Genomic sequencing has become a rapid and cost-effective way of analysing the entire cancer genome and the dysregulation of cell growth, cell survival, tissue homeostasis, and immune surveillance have been recognized as hallmarks of cancer; this has led to a large number of clinical trials that bring together these advances to explore efficacy of novel treatment regimens. Smaller scale, pivotal, biomarker driven studies

are gaining acceptance among clinical cancer researchers and are gaining preference over large phase 3 trials. Here, with these targeted trials, often the pathologist confirms biomarker positivity for patient registration.

In 2012, EORTC, European Organisation for Research and Treatment of Cancer, and ESP, European Society of Pathology agreed upon a mutual collaboration reflecting the importance of pathology in clinical studies such as quality assurance, biobanking recommendations and governance of tissue access.

The two parties recognised a number of core principles. They emphasised that histopathological analysis is fundamental for the use of tissues in ancillary testing. It was acknowledged that pathologists should provide specialist expertise to underpin the quality of clinical research as well as providing access to well characterised, high quality biospecimens. This means that pathologists should be involved from an early stage in protocol concept, development and design, and should receive appropriate acknowledgement for these responsibilities. Both parties agreed that there must be mechanisms to facilitate the release of samples from patients on clinical trials from histopathology laboratories to address ethical, legal and regulatory concerns. The financial implications of providing tissue for central review and ancillary testing should be considered in the costing of a clinical trial and all testing should be carried out in quality assured local and central laboratories. They emphasise the central role of the pathologists in local hospitals in translational research clinical trials.

Given the crucial role of pathologists at EORTC trials, one of the scientific initiatives, which ESP and EORTC have developed, is a pathology centred fellowship-training programme in clinical research. The young pathologist participating in the fellowship programme would participate in the organization and conduction of pathology reviews in EORTC trials. In collaboration with ESP,

the fellow would aid in the development of pathology related study documents and in the development of recommendations, guidelines for pathological procedures.

Maria Urbanowicz, a pathologist from Madrid, is following the first ESP - EORTC Training Fellowship in Translational Research at EORTC HQ in Brussels. She applied for the fellowship, as she wanted to learn more about clinical trials. "Clinical research is important for pathologists. We are getting more involved in clinical trials, and hopefully we will lead more investigation projects," she says. She recently presented her findings from a survey comparing different guidelines for pathology reporting of colorectal cancer at the 29th European Congress of Pathology (ECP2017) in Amsterdam, The Netherlands.

To further cement the collaboration, more EORTC-ESP partnership initiatives are in the pipeline. "I am delighted with the EORTC-ESP partnership," says Dr Denis Lacombe, Director General of EORTC, "Clinical research is a multidisciplinary endeavor and pathology is at the centre of translational research based clinical trials, in the era of precision oncology. It is therefore critically important to combine the respective expertise of the EORTC clinical research infrastructure and that of the ESP. Such partnership is crucial for the advancement of therapeutic strategies"

MESSAGE ON THE PROGRESS TEST & EUROPEAN BOARD OF PATHOLOGY EXAMINATION

(By Prof. Fred BOSMAN)



The progress test and European Boards of Pathology examination revisited

Introduction

Pathology training is no longer a national af-

fair. Many pathologists are practicing their specialty in countries other than that where they trained. This international mobility of doctors is seen both within Europe as well as from Europe to other continents and vice versa. The fact that the EU countries recognize each other's specialty diplomas makes mobility within the EU in theory rather simple, even though in practice barriers (such as language) remain. In some EU countries the annual influx of foreign medical specialists adds up to 20% of their new volume, while others are facing a brain drain. This is despite the fact that many foreign training programs, even within the EU do not fully comply with national training criteria. Training programs in Europe are extremely heterogeneous and harmonizing has appeared a distant dream, in view of the fact that the responsibility for accreditation of training programs and for certification of medical specialists remain entirely in each individual country.

The European Union of Medical Specialists (UEMS) has tried through its specialist sections, i.e. for pathology the European Board of Pathology, to harmonize the different training programs in order to assure equal quality. The European Board of Pathology has instituted an examination to achieve that goal. However, due to dominance of national governing boards and regulations, the UEMS approach has not achieved the acclaim it would merit.

Origin of the progress test

Pragmatists as pathologists are, a previous approach chosen by the former European Association of Pathology Chairs and Program Directors (EAPCP), in an attempt to contribute to harmonization of training outcome, was the creation of a progress test. In 2009 the EAPCP submitted a grant application to the EU for support for the creation of the progress test. The project was called European Pathology Assessment and Learning System (EUROPALS). One of its main deliverables was the EUROPALS progress test.

Between 2009 and 2014 the test was offered six times with a number of participants up to 650 per

test. The tests consisted of between 80-100 questions, partly knowledge oriented multiple-choice questions, partly still image based and partly virtual slide based, as well as extended matching questions. The questions did not only test diagnostic histopathology knowledge, but also molecular pathology items and understanding of mechanisms of disease. The testee received feedback immediately upon completion of the test. Testees were requested to fill out a brief questionnaire, to allow those compiling the test to use the feedback to improve on the test. In the spring of 2013 a Gastro-intestinal pathology specialty test was offered. A lack of manpower and means was responsible for the early demise of the progress test.

Continuous evaluation of trainees

The main purpose of a continuous evaluation system during the training of a medical specialist is to monitor progress of trainees. It informs trainees about:

- which competencies are important for a pathologist
- weak and strong aspects in functioning of individual trainees
- progress in competency development relative to the goals set (certification requirements)

It gives the trainees and training staff the opportunity to detect problems in progress at an early moment and allows them to take timely actions to attack the underlying problem(s). As the trainee advances, this will also be the privileged moment to discuss future career orientation. In many countries a variety of test instruments have been implemented to monitor progress in the various competency domains. These include:

- Knowledge test
- Short in service assessment (SISA)
- Objective Structured Assessment of Technical Skills (OSATS)
- 360 degree feedback
- Structured annual assessment (SAA)

This paper focuses only on the knowledge test.

Why a progress test?

The progress test covers the knowledge area, which includes diagnostic aptitude at all levels. The idea of the progress test is rather simple. It does not make sense to attempt to create tests at intermediate level to assess progress: the differences between the training programs are such that intermediate levels would be incomparable. The solution is to create a test at exit level for all trainees. Trainees at an entry level will have a relatively low score but the score should go up each year, as an indication of the progress made. With a well-developed organization the test could be offered online easily on an annual basis. With this approach experience has been gained in the EURO-PALS project. Ultimately, the exit level would have to be the same for all testees, from whichever country in Europe. With good coverage of the learning objectives, well designed and selective test items (capacity to distinguish between those that 'know and can' and those that 'don't') and Europe-wide adherence to this approach to evaluation, the progress test might become a European instrument in the accreditation process of pathologists in whichever European country. Good coverage of learning objectives implies their detailed definition, which has been achieved by the former EAPCP; this document is available upon request at the ESP office. Test items will mostly be in a multiple-choice format, some extended matching, some entirely knowledge oriented, some pattern recognition oriented using still images and some microscopic diagnosis oriented using virtual slides. The test should be easy to register for, fun to do, anonymous to begin with and with effective feed-back for the trainee in the form of a commented test score. Certified pathologists might also be encouraged to take the test, allowing them to regularly assess their basic knowledge. EACCME approved CPD credits might be the reward of participating in the test.

European Boards of Pathology

It is not difficult to see how the progress test could be transformed into a European Boards of Pathology examination. The format corresponds

to what UEMS Pathology has been doing for years but with a much more dynamic approach in the sense that test content would be different each year. This requires the creation of a test item bank to make it easier to generate the (progress/Boards) test but also to evaluate the quality of the test items in terms of level of difficulty and selectivity. UEMS pathology has mandated the ESP to function as developer of such a test, which might be taken online but also, as is customary presently, in a full day examination setting prior to the annual ECP.

What is presently going on?

1. UEMS Pathology and ESP have joined forces

The need to develop a progress test linked with a European Boards Examination that has a recognized status is recognized by both bodies. ESP Executive Committee and Council have declared this to be a key project of ESP and UEMS Pathology has mandated ESP to develop the combination progress test and UEMS Boards of Pathology examination.

2. A task force of ESP (Education subcommittee) members and UEMS Board of Pathology members has been created

ESP Council has mandated the Education Subcommittee to develop the project. A task force has been created. This task force functions as the central coordinating group.

3. Test items will be provided by a large group of contributors

In ESP context it stands to reason that working groups are involved. A blueprint for the content of the test has been developed and approved. Each working group has been asked to provide test items, according to the test blueprint in terms on question number (not all subspecialties will have an equal number of items in each test) and type (straight MCQ, image based, virtual slide based, extended matching, morphology oriented, molecular oriented, disease mechanisms oriented etc.).

4. A small group of experts with experience in creating MCQ/Extended matching items has been created

In general, the test items provided by expert pathologists need to be reformatted to be validated. The group of test item experts will examine each proposed test item in detail in terms of their accordance with the learning objectives and the blueprint. The test will be in English only and language used should be without ambiguities, and the test should be at a set standard level. Expert pathologists experienced in developing test items have been recruited.

5. The IT platform to deploy the test online or onsite (in case of a central annual Boards examination) is under consideration.

PathXL, our virtual slide hosting platform, has ample experience in doing this. They have been the successful providers of the EUROPALS infrastructure. The progress test can without much extra cost be incorporated in the existing contract with PathXL.

6. Ample support from European postgraduate pathology educators

ESP office will keep an updated list of program coordinators/examiners in Europe. This will be compiled from lists of names to be provided by Advisory Board members (each representing their National society). These receive a regular update of where the project stands. Pathology educators are encouraged to actively engage in this developing project, in providing external feedback on the project as it develops, expertise in terms of e.g. the test item validation group and they are also encourages to contribute test items.

7. Publicity within the European pathology community

Progress made in this project will be regularly communicated in the newsletter. The progress test will be announced in the newsletter and results will be communicated to raise awareness of the importance of this project.

8. The relaunch of the progress test is foreseen for February 2018.

The new Boards Examination will take place in September 2018. The format (online or centralized) has not yet been decided.

ANALECTA MEDICA

(By Dr. Loukas KAKLAMANIS)



Analysis of Plasma Epstein–Barr Virus DNA to Screen for Nasopharyngeal Cancer

K.C.A. Chan, J.K.S. Woo, A. King, et al.
N Engl J Med 2017;
377:513-522 August
10, 2017DOI: 10.1056/

NEJMoa1701717

Circulating cell-free Epstein–Barr virus (EBV) DNA is a biomarker for nasopharyngeal carcinoma. We conducted a prospective study to investigate whether EBV DNA in plasma samples would be useful to screen for early nasopharyngeal carcinoma in asymptomatic persons.

Method

We analyzed EBV DNA in plasma specimens to screen participants who did not have symptoms of nasopharyngeal carcinoma. Participants with initially positive results were retested approximately 4 weeks later, and those with persistently positive EBV DNA in plasma underwent nasal endoscopic examination and magnetic resonance imaging (MRI).

Results

A total of 20,174 participants underwent screening. EBV DNA was detectable in plasma samples obtained from 1112 participants (5.5%), and 309 (1.5% of all participants and 27.8% of those who initially tested positive) had persistently positive results on the repeated sample. Among these 309

participants, 300 underwent endoscopic examination, and 275 underwent both endoscopic examination and MRI; of these participants, 34 had nasopharyngeal carcinoma. A significantly higher proportion of participants with nasopharyngeal carcinoma that was identified by screening had stage I or II disease than in a historical cohort (71% vs. 20%, $P < 0.001$ by the chi-square test) and had superior 3-year progression-free survival (97% vs. 70%; hazard ratio, 0.10; 95% confidence interval, 0.05 to 0.18). Nine participants declined to undergo further testing, and 1 of them presented with advanced nasopharyngeal carcinoma 32 months after enrollment. Nasopharyngeal carcinoma developed in only 1 participant with negative EBV DNA in plasma samples within 1 year after testing. The sensitivity and specificity of EBV DNA in plasma samples in screening for nasopharyngeal carcinoma were 97.1% and 98.6%, respectively.

Conclusions

Analysis of EBV DNA in plasma samples was useful in screening for early asymptomatic nasopharyngeal carcinoma. Nasopharyngeal carcinoma was detected significantly earlier, and outcomes were better in participants who were identified by screening than in those in a historical cohort.

A Prediction Model to Help with the Assessment of Adenopathy in Lung Cancer: HAL

O. J. O'Connell, F.A. Almeida, M.J. Simoff, et al.

<https://doi.org/10.1164/rccm.201607-1397OC> PubMed: 28002683

Rationale: Estimating the probability of finding N2 or N3 (prN2/3) malignant nodal disease on endobronchial ultrasound–guided transbronchial needle aspiration (EBUS-TBNA) in patients with non–small cell lung cancer (NSCLC) can facilitate the selection of subsequent management strategies.

Objectives: To develop a clinical prediction model for estimating the prN2/3.

Methods: We used the AQuIRE (American College of Chest Physicians Quality Improvement Registry, Evaluation, and Education) registry to identify patients with NSCLC with clinical radiographic stage T1–3, N0–3, M0 disease that had EBUS-TBNA for staging. The dependent variable was the presence of N2 or N3 disease (vs. N0 or N1) as assessed by EBUS-TBNA. Univariate followed by multivariable logistic regression analysis was used to develop a parsimonious clinical prediction model to estimate prN2/3. External validation was performed using data from three other hospitals.

Measurements and Main Results: The model derivation cohort ($n = 633$) had a 25% prevalence of malignant N2 or N3 disease. Younger age, central location, adenocarcinoma histology, and higher positron emission tomography–computed tomography N stage were associated with a higher prN2/3. Area under the receiver operating characteristic curve was 0.85 (95% confidence interval, 0.82–0.89), model fit was acceptable (Hosmer-Lemeshow, $P = 0.62$; Brier score, 0.125). We externally validated the model in 722 patients. Area under the receiver operating characteristic curve was 0.88 (95% confidence interval, 0.85–0.90). Calibration using the general calibration model method resulted in acceptable goodness of fit (Hosmer-Lemeshow test, $P = 0.54$; Brier score, 0.132).

Conclusions: Our prediction rule can be used to estimate prN2/3 in patients with NSCLC. The model has the potential to facilitate clinical decision making in the staging of NSCLC.

A prospective examination of circulating tumor cell profiles in non-small-cell lung cancer molecular subgroups

C. R. Lindsay, V. Faugeroux, S. Michiels, E. Pailler et al.

Ann Oncol 2017; 28 (7): 1523-1531. doi: 10.1093/annonc/mdx156

We report the first study examining the clinical, numerical and biological properties of circulating

tumor cells according to molecular subtypes of non-small-cell lung cancer.

Patients and methods

125 patients with treatment-naïve stage IIIb-IV NSCLC were prospectively recruited for Cell-Search analysis. Anti-vimentin antibody was included for examination of CTCs to assess their mesenchymal character. Associations of total CTCs and vimentin-positive (vim+) CTCs with clinical characteristics, tumor genotype, and survival were assessed.

Results

51/125 patients (40.8%) were total CTC+ and 26/125 (20.8%) were vim CTC+ at baseline. Multivariate analysis showed patients with ≥ 5 total CTCs had significantly reduced OS (HR 0.55, 95% CI 0.33–0.92, $P = 0.022$) but not PFS (HR 0.68, 95% CI 0.42–1.1, $P = 0.118$) compared to patients with < 5 total CTCs. No OS difference was evident between vim+ CTC and vim-negative CTC patients overall (HR 1.24, 95% CI 0.67–2.28, $P = 0.494$), but after subdivision according to NSCLC driver mutation, we found an increase of vim+ CTCs in the *EGFR*-mutated subgroup ($N = 21/94$ patients; mean 1.24 vs 1.22 vim+ CTCs, $P = 0.013$), a reduction of total CTCs in the *ALK*-rearranged subgroup ($N = 13/90$ patients; mean 1.69 vs 5.82 total CTCs, $P = 0.029$), and a total absence of vim+ CTCs in *KRAS*-mutated adenocarcinomas ($N = 19/78$ patients; mean 0 vs 1.4 vim+ CTCs, $P = 0.006$).

Conclusions

We validate that the baseline presence of ≥ 5 total CTCs in advanced NSCLC confers a poor prognosis. CTCs from *EGFR*-mutant NSCLC express epithelial–mesenchymal transition characteristics, not seen in CTCs from patients with *KRAS*-mutant adenocarcinoma.

Origins of lymphatic and distant metastases in human colorectal cancer

K. Naxerova, J.G. Reiter, E. Brachtel, et al.

Science 07 Jul 2017: Vol. 357, Issue 6346, pp. 55-60 DOI: 10.1126/science.aai8515

The spread of cancer cells from primary tumors to regional lymph nodes is often associated with reduced survival. One prevailing model to explain this association posits that fatal, distant metastases are seeded by lymph node metastases.

This view provides a mechanistic basis for the TNM staging system and is the rationale for surgical resection of tumor-draining lymph nodes. Here we examine the evolutionary relationship between primary tumor, lymph node, and distant metastases in human colorectal cancer. Studying 213 archival biopsy samples from 17 patients, we used somatic variants in hypermutable DNA regions to reconstruct high-confidence phylogenetic trees. We found that in 65% of cases, lymphatic and distant metastases arose from independent subclones in the primary tumor, whereas in 35% of cases they shared common subclonal origin.

Therefore, two different lineage relationships between lymphatic and distant metastases exist in colorectal cancer.

Neuroblastoma is composed of two super-enhancer-associated differentiation states

T. van Groningen, J. Koster, L.J. Valentijn, et al.
Nature Genetics 49, 1261–1266 (2017)
doi:10.1038/ng.3899

Neuroblastoma and other pediatric tumors show a paucity of gene mutations, which has sparked an interest in their epigenetic regulation. Several tumor types include phenotypically divergent cells, resembling cells from different lineage development stages^{1, 2, 3, 4}. It has been proposed that super-enhancer-associated transcription factor (TF) networks underlie lineage identity^{5, 6}, but the role of these enhancers in intratumoral heterogeneity is unknown.

Here we show that most neuroblastomas include two types of tumor cells with divergent gene expression profiles. Undifferentiated mesenchymal cells and committed adrenergic cells can interconvert and resemble cells from different lineage

differentiation stages. ChIP-seq analysis of isogenic pairs of mesenchymal and adrenergic cells identified a distinct super-enhancer landscape and super-enhancer-associated TF network for each cell type. Expression of the mesenchymal TF PRRX1 could reprogram the super-enhancer and mRNA landscapes of adrenergic cells toward a mesenchymal state. Mesenchymal cells were more chemoresistant *in vitro* and were enriched in post-therapy and relapse tumors.

Two super-enhancer-associated TF networks, which probably mediate lineage control in normal development, thus dominate epigenetic control of neuroblastoma and shape intratumoral heterogeneity.

Mismatch Repair Deficiency, Microsatellite Instability, and Survival: An Exploratory Analysis of the Medical Research Council Adjuvant Gastric Infusional Chemotherapy (MAGIC) Trial

E.C. Smyth, A. Wotherspoon, C. Peckitt, et al.
JAMA Oncol. 2017;3(9):1197-1203.
doi:10.1001/jamaoncol.2016.6762

Importance. Mismatch repair (MMR) deficiency (MMRD) and microsatellite instability (MSI) are prognostic for survival in many cancers and for resistance to fluoropyrimidines in early colon cancer. However, the effect of MMRD and MSI in curatively resected gastric cancer treated with perioperative chemotherapy is unknown.

Objective. To examine the association among MMRD, MSI, and survival in patients with resectable gastroesophageal cancer randomized to surgery alone or perioperative epirubicin, cisplatin, and fluorouracil chemotherapy in the Medical Research Council Adjuvant Gastric Infusional Chemotherapy (MAGIC) trial.

Design, Setting, and Participants. This secondary post hoc analysis of the MAGIC trial included participants who were treated with surgery alone or perioperative chemotherapy plus surgery for operable gastroesophageal cancer from July 1, 1994, through April 30, 2002. Tumor sections

were assessed for expression of the MMR proteins mutL homologue 1, mutS homologue 2, mutS homologue 6, and PMS1 homologue 2. The association among MSI, MMRD, and survival was assessed.

Main Outcomes and Measures. Interaction between MMRD and MSI status and overall survival (OS).

Results: Of the 503 study participants, MSI results were available for 303 patients (283 with microsatellite stability or low MSI [median age, 62 years; 219 males (77.4%)] and 20 with high MSI [median age, 66 years; 14 males (70.0%)]). A total of 254 patients had MSI and MMR results available. Patients treated with surgery alone who had high MSI or MMRD had a median OS that was not reached (95% CI, 11.5 months to not reached) compared with a median OS among those who had neither high MSI nor MMRD of 20.5 months (95% CI, 16.7-27.8 months; hazard ratio, 0.42; 95% CI, 0.15-1.15; $P = .09$). In contrast, patients treated with chemotherapy plus surgery who had either high MSI or MMRD had a median OS of 9.6 months (95% CI, 0.1-22.5 months) compared with a median OS among those who were neither high MSI nor MMRD of 19.5 months (95% CI, 15.4-35.2 months; hazard ratio, 2.18; 95% CI, 1.08-4.42; $P = .03$).

Conclusions and Relevance. In the MAGIC trial, MMRD and high MSI were associated with a positive prognostic effect in patients treated with surgery alone and a differentially negative prognostic effect in patients treated with chemotherapy. If independently validated, MSI or MMRD determined by preoperative biopsies could be used to select patients for perioperative chemotherapy.

SOME RECENTLY PUBLISHED BOOKS

(By Prof. Metka VOLAVŠEK)



WHO Classification of Tumours of Haematopoietic and Lymphoid Tissues

Revised 4th edition, Volume 2

Swerdlow SH, Campo E, Harris NL, Jaffe ES, Pileri SA, Stein H, Thiele J

(eds)

4th ed, 450 pages, 1300 illus, ~ 120 €, IARC (2017)

WHO Classification of Tumours of Haematopoietic and Lymphoid Tissues is a Revised 4th Edition Volume of the WHO series on histological and genetic typing of human tumours. This authoritative, concise reference book provides an international standard for oncologists and pathologists and will serve as an indispensable guide for use in the design of studies monitoring response to therapy and clinical outcome.

Diagnostic criteria, pathological features, and associated genetic alterations are described in a strictly disease oriented manner. Sections on all recognized neoplasms and their variants further include new ICD-O codes, epidemiology, clinical features, macroscopy, prognosis and predictive factors.

WHO Classification of Tumours of Endocrine Organs

WHO/IARC Classification of Tumours, 4th Edition, Volume 10

Lloyd RV, Osamura RY, Klöppel G, Rosai J (eds)

4th ed, 355 pages, 700 illus, ~ 140 €, IARC (2017)

The WHO Classification of Tumours of Endocrine Organs is the tenth volume in the 4th Edition of the WHO series on histological and genetic typing of human tumours. This authoritative, concise

reference book provides an international standard for oncologists and pathologists and will serve as an indispensable guide for use in the design of studies evaluating response to therapy and clinical outcome.

Diagnostic criteria, pathological features, and associated genetic alterations are described in a disease-oriented manner. Sections on all recognized neoplasms and their variants include new ICD-O codes, epidemiology, clinical features, pathology, genetics, prognosis and predictive factors.

Diagnostic Pathology: Lymph Nodes and Extranodal Lymphomas

L. Jeffrey Medeiros, Roberto N. Miranda
2nd ed, 960 pages, 3000 illus, ~ 230€, Elsevier (2017)

Part of the highly regarded Diagnostic Pathology series, this updated volume is a visually stunning, easy-to-use reference covering all aspects of benign and malignant lesions of lymph node, spleen, and extranodal lymphomas. Outstanding images make this an invaluable diagnostic aid for every practicing pathologist, resident, or fellow. This second edition incorporates the most recent clinical, pathological, histological, and molecular knowledge in the field to provide a comprehensive overview of all key issues relevant to today's practice.

New coverage of classification of B-cell lymphomas, subtypes of diffuse large B-cell lymphoma, and gray zone lymphoma; classification of T-cell lymphomas, recent genomic discoveries, and their effect in classification; and an updated review of provisional entities such as breast implant-associated anaplastic large cell lymphoma, cutaneous lymphomas, and lymphomas derived of cytotoxic lymphocytes

MacSween's Pathology of the Liver

A.D. Burt, L.D. Ferrell, S.G. Hubscher
7th ed, 1056 pages, 1205 illus, ~ 270€, Elsevier (2017)

Since its first publication more than 35 years ago, MacSween's Pathology of the Liver, by Drs. Alastair D. Burt, Linda D. Ferrell, and Stefan G. Hübscher, has established itself as the definitive reference on liver pathology. The 7th Edition continues the tradition of excellence with more than 1,000 high-quality illustrations, coverage of the new and emerging diagnostic applications and techniques that pathologists must be familiar with, an up-to-date review of drug-induced injury, and much more. A must-have for every surgical pathologist, MacSween's remains the most authoritative and comprehensive book in its field.

Biopsy Interpretation of the Gastrointestinal Tract Mucosa: Volume 1: Non-Neoplastic Third Edition

Elizabeth A. Montgomery, Lysandra Voltaggio
3rd ed, 306 pages, 275 illus, ~ 135€, Wolter Kluwer (2017)

Biopsy Interpretation of the Gastrointestinal Tract Mucosa is your definitive bench reference for the diagnosis of these challenging specimens. One of the best-selling titles in the Biopsy Interpretation Series, its practical, richly illustrative coverage encompasses the most common mucosal biopsies from the esophagus, stomach, small intestine, large intestine, and anus, helping you to evaluate the full range of samples and recognize their distinguishing features. This volume focuses on non-neoplastic entities.

Biopsy Interpretation of the Gastrointestinal Tract Mucosa: Volume 2: Neoplastic Third Edition

Elizabeth A. Montgomery, Lysandra Voltaggio
3rd ed, 384 pages, 300 illus, ~ 135€, Wolter Kluwer (2017)

Biopsy Interpretation of the Gastrointestinal Tract Mucosa is your definitive bench reference for the diagnosis of these challenging specimens. One of the best-selling titles in the Biopsy Interpretation Series, its practical, richly illustrative coverage encompasses the most common mucosal biopsies from the esophagus, stomach, small

intestine, large intestine, and anus, helping you to evaluate the full range of samples and recognize their distinguishing features. This volume focuses on neoplastic entities.

Biopsy Interpretation of the Breast

S.J. Schnitt, L.C. Collins

Series: Biopsy Interpretation

3rd ed, 560 pages, 300 illus, ~ 135€, Wolter Kluwer (2017)

Comprehensive updates reflect the most recent World Health Organization nomenclature and diagnostic criteria, the role of adjunctive studies (including the uses and limitations of newer immunohistochemical markers), evaluation of specimens from patients treated with neoadjuvant systemic therapy, new guidelines for lumpectomy margin evaluation, advances in molecular pathology and genetics, and other crucial developments in the field.

FNA Cytology of Soft Tissue and Bone Tumors

Domanski HA, Walther CS

192 pages, 109 illus, ~ 160€, Karger (2017)

Fine-needle aspiration cytology (FNAC) has been commonly used to follow up on previously treated sarcomas or to confirm soft tissue and bone metastases of carcinomas, melanomas or lymphomas. Its role as the first-line approach in the diagnosis of primary soft tissue and bone tumors has increased due to progress of less invasive diagnostic procedures and the growing availability of diagnostic ancillary tests.

This comprehensive and richly-illustrated volume presents cytomorphology of all common neoplastic soft tissue and bone lesions but also of rare tumors largely described in case reports. Key points for cytological features, differential diagnosis, and the use of ancillary tests are discussed and illustrated in order to facilitate the diagnostic work-up in FNA samples. The volume is organized on the basis of the most recent WHO classification used in surgical pathology in order to provide a practical guide for modern cytologic diagnosis

of surgical soft tissue and bone pathology. It is aimed mainly at surgical pathologists and cytopathologists, but also at orthopedic surgeons and clinical oncologists.

Practical Hepatic Pathology: A Diagnostic Approach, 2nd Edition

Series: Pattern Recognition

Romil Saxena

2nd ed, 792 pages, 1300 illus, ~ 220€, Elsevier (2017)

A volume in the popular Pattern Recognition Series, Practical Hepatic Pathology: A Diagnostic Approach features completely updated and reorganized content, resulting in a truly practical guide to understanding liver pathology. Dr. Romil Saxena presents interpretation of liver biopsies according to a pattern-based approach that begins with recognition of the predominant histological pattern of injury, followed by identification of secondary features and appropriate work-up that lead you away from pitfalls to the best diagnosis.

Pathology of Liver Diseases

Gary C. Kanel

384 pages, 420 illus, ~ 190€, Wiley (2017)

Pathology of Liver Diseases is a rapid reference consultation tool that uses both book and online material to present a whole range of liver disorders. The book emphasizes not only the pathology seen in biopsy and surgical material, but also the most pertinent clinical and laboratory findings including epidemiology, etiologic and pathophysiologic concepts, and the differential diagnoses. Key references appear at the end of each chapter.

Pathology of the Gastrointestinal Tract

Fátima Carneiro, Paula Chaves, Arzu Ensari

Series: Encyclopedia of Pathology

701 pages, 480 illus, ~ 270€, Springer (2017)

This book covers the complete field of the pathology of the Gastrointestinal tract - from Abetalipoproteinemia to Zollinger-Ellison Syndrome. The alphabetically arranged entries, each of which provides a detailed description of a specific pathological disease pattern, allow readers to quickly and easily find the information they need.

Pathology of the Cervix

Herrington C. Simon (ed.)

Series: Essentials of Diagnostic Gynecological Pathology

265 pages, 150 illus, ~ 150€, Springer (2017)

This is the third volume in the Essentials of Diagnostic Gynecological Pathology series sponsored by the British Association of Gynecological Pathologists. Focusing on cervical pathology, it provides an update on current diagnostic criteria, the use of biomarkers and specimen handling. It serves as a quick desktop reference facilitating accurate diagnosis, and also provides detailed descriptions and an exhaustive reference list for more in-depth study.

Pathology of Pigmented Skin Lesions

Plaza Jose A, Prieto Victor G

526 pages, 250 illus, ~ 140€, Springer (2017)

This book offers a practical approach to the histologic analysis of a wide range of melanocytic skin lesions, including various nevi and different forms of melanoma, as well as pigmented non-melanocytic lesions. In addition, sentinel node biopsy findings and the use of special ancillary studies are covered in detail. Each chapter presents illustrative cases that document the route to correct diagnosis. An important feature of the book is the clinical-pathologic correlation of challenging melanocytic tumors; accordingly, it will appeal not only to pathologists (general surgical pathologists and dermatopathologists) but also to dermatologists (including dermatopathologists). The book contains some 250 color photos as well as tables and algorithms designed to assist in the diagnosis of difficult cases.

Pediatric Head and Neck Pathology

R.O. Greer, R.E. Marx, S. Said, L.D. Prok

604 pages, ~ 260€, Cambridge University Press (2017)

This unique reference provides a comprehensive guide to pediatric head and neck pathology in patients up to the age of 21. Chapters take a clinico-pathologic approach, offering insight into the pathobiology, diagnosis and treatment of both common and rare disorders. Imaging studies and immunohistochemical techniques are discussed alongside accepted and emerging molecular tools. The authors' holistic approach ensures coverage of the surgical management principles that pathologists must understand, particularly when called upon to diagnose odontogenic tumors and cysts, as well as benign and malignant salivary gland neoplasms. The book is richly illustrated in color throughout. Each copy of the printed book is packaged with a password, providing online access to the book's text and image library. Written by leaders in head and neck pathology and surgery, this is an essential guide to solving the diagnostic dilemmas that pathologists and clinicians encounter in the assessment of pediatric head and neck disease.

Silva's Diagnostic Renal Pathology

Xin Jin (Joseph) Zhou, Zoltan G. Laszik, Tibor Nadasdy, Vivette D. D'Agati, (eds)

2nd ed, 690 pages, 750 illus, ~ 220€, Cambridge University Press (2017)

Approximately ten percent of the world population are affected by kidney diseases, which often can only be diagnosed by renal biopsy. This practical guide offers an algorithmic, deductive approach to the interpretation of this complicated procedure, covering all technical methods used for diagnosis. This new edition includes an authoritative chapter on digital renal pathology, a topic inadequately covered in current literature. All chapters have been extensively revised in light of major advances in the understanding of the pathogenesis and clinicopathological features of renal disease. Written for practicing pathologists

and nephrologists, this text encompasses the entire spectrum of medical renal diseases in both pediatric and adult populations. Its numerous diagnostic algorithms provide a convenient overview and a helpful guide into the detailed text, directing the reader to major patterns of interest.

FORTHCOMING MEETINGS IN 2017-2018

(By Prof. Metka VOLAVŠEK)



6th Trends in Head and Neck Oncology THNO

November 2-4,
2017
Nice, France

57th IAP-Thailand Annual Meeting 2017

International Academy of Pathology - Thailand Division (IAP-TD)
November 1 - 3, 2017
Khet Wattha, Thailand

10th International Course on the Pathology of the Digestive System

International Academy of Pathology - Romanian Division
November 3 - 4, 2017
Bucharest, Romania

Tutorial on Pathology of the GI Tract, Pancreas, and Liver

November 06-10, 2017
New Orleans, USA

83rd Annual Congress of the Swiss Society of Pathology

Swiss Society of Pathology
November 10 – 12, 2017
Thun, Switzerland

65th ASC Annual Meeting American Society of Cytopathology (ASC)

November 11-13, 2017
Phoenix, USA

2nd International Conference on Digital Pathology & Image Analysis

November 15-16, 2017
San Antonio, USA

27th National Pathology Congress

Çukurovo Pathology Association (CPA)
November 15 - 18, 2017
Antalya, Turkey

29th Conference of International Academy of pathology (IAP) - Arab Division 1st Oman Pathology Society....

International Academy of Pathology - Arab Division (IAP-AD)
November 15 - 18, 2017
Muscat, Oman

50th anniversary of the French Society of Clinical Cytology

November 22, 2017
Paris, France

Diagnostic Breast Pathology

Vincent Academy of Pathology (VAP)
November 22-24, 2017
Linz, Austria

Basics in Diagnostic Breast and Gynecologic Pathology

Vincent Academy of Pathology (VAP)
November 29 - December 1, 2017
Linz, Austria

48th Professor Janez Plečnik Memorial Meeting with International Symposium »LYMPHOMA UPDATE«.

Faculty of Medicine, University of Ljubljana, Slovenia
December 8, 2017
Ljubljana, Slovenia

19th Congress of Pathology & Laboratory Medicine and 5th Iranian Division of the IAP AGM

5th Iranian Division of the IAP AGM
December 27 – 29, 2017
Tehran, Iran

74th Annual Seminar WHO'S WHO in Head and Neck Pathology

San Antonio Society of Pathologists
January 6, 2018
San Antonio, USA

Diagnostic Cytopathology 2018; EYE OF THE NEEDLE: Core and FNA Insights in Minimally Invasive Cytopathology

United States & Canadian Academy of Pathology (USCAP)
January 13-15, 2018
Charleston, USA

CAMP Canadian Anatomic and Molecular Pathology conference (CAMP)

February 2 - 3, 2018
Whistler, Canada

MILAN UROPATHOLOGY COURSE

Kidney tutorial course - the challenging era of Immunotherapy

March 5-6, 2018
Milano, Italy

Diagnostic Dermatopathology

Vincent Academy of Pathology (VAP)
March 15-16, 2018
Linz, Austria

USCAP: 2018 Annual Meeting

United States & Canadian Academy of Pathology (USCAP)
March 17 – 23, 2018
Vancouver, Canada

Diagnostic Thyroid Pathology and Cytology

Vincent Academy of Pathology (VAP)
April 16-18, 2018
Linz, Austria

Diagnostic Soft Tissue Pathology

Vincent Academy of Pathology (VAP)

April 19-21, 2018
Linz, Austria

5th Pannonia Congress of Pathology

May 16-19, 2018
Mikulov, Czech Republic

11th International Congress on Autoimmunity

May 16-20, 2018
Lisbon, Portugal

9th Edinburgh Dermatopathology Tutorial 2018

“Practical Updates in Dermatopathology: Neoplastic and non-neoplastic aspects of Dermatopathology Conjunctival Pathology”
31st May 2018 - 1st June 2018
Edinburgh, Scotland

41st European Congress of Cytology (ECC 2018)

June 10-13, 2018
Madrid, Spain

