

EUROPEAN SOCIETY OF PATHOLOGY NEWSLETTER

Summer 2016 Edition #23



TAKE A
LOOK
INSIDE

Editor:

Prof. Aurelio Ariza

Associate editor:

Prof. Gordan Vujanić

Layout:

Ms. Lora Kostova

Table of Contents

MESSAGE FROM THE PRESIDENT OF THE ESP (P.BEDOSSA).....	2	AN OVERVIEW OF THE HISTORY OF PATHOLOGY AND THE HELLENIC SOCIETY OF PATHOLOGY (HSP) IN GREECE	14
EDITOR'S MESSAGE (A.ARIZA)	3	BEYOND THE BORDERS: AN ESP WORKING GROUP FOR THE DEVELOPMENT OF ANATOMIC PATHOLOGY IN DEVELOPING COUNTRIES (S.GUZZETTI).....	17
TWEET THE TERM #MICROSCOPE (D.TINIAKOS).....	4	ESP TRAINEE SUBCOMMITTEE (A.STARZYŃSKA)	19
MESSAGE FROM THE ESP OFFICE (R. AL DIERI).....	4	GIORDANO FELLOWSHIP & ESP ADVANCED TRAINING (EAT) CENTERS (A. RYŠKA)	20
THE INTERNATIONAL ACADEMY OF PATHOLOGY: 106 YEARS FULFILLING ITS MISSION (E. SANTINI-ARAUJO).....	4	ESP AND EORTC NEW FELLOWSHIP COLLABORATION	24
VISIT COLOGNE – THE HOSTING CITY OF THE XXXI INTERNATIONAL CONGRESS OF THE IAP AND 28TH CONGRESS OF THE ESP (D.SCHMIDT)	6	ANALECTA MEDICA (L. KAKLAMANIS)	24
ANOTHER PEEK AT OUR FIRST FIFTY YEARS (A. WILSON)	8	SOME RECENTLY PUBLISHED BOOKS (G. VUJANIĆ).....	28
QUALITY TO RELY ON (H.VAN KRIEKEN)	11	FORTHCOMING MEETINGS IN 2016 (G. VUJANIĆ)	31

MESSAGE FROM THE PRESIDENT OF THE ESP

By Prof. Pierre Bedossa

From the Flydeck...



Dear colleagues,
dear friends,

It is a busy time for the ESP and I take this opportunity to update you about some of the actions that have been set or concluded in the past six months, but also to mention the challenges which we will have to face.

The 28th ESP congress in Cologne is in the starting blocks. Initial figures are very promising and I must confess that organizing the first joint meeting with the IAP and its German Division has been so far very pleasant, dealing with open-minded and highly professional colleagues. Whether this will be a success or not will depend only upon you, speakers and participants, hence we do hope to see you all in Cologne. There you will have the privilege to discover the book "Minds, Microscopes and Molecules: The First 50 Years of the European Society of Pathology," the fulfillment of one of the efforts of our past-president, Han van Krieken. The writer, Andrew Wilson, did a terrific work putting together archives, moments and photos within a book which is well-documented and very pleasant to read.

The ESP is eager to promote and help young pathologists. The first "cuvée" of the Giordano Fellowship is now on and we hope to be able to amplify this very successful program. Next call for the year 2017 will come soon. In the same line, you will find in this newsletter the announcement for the European Organisation for Research and Treatment of Cancer (EORTC) and the ESP joint pathology research fellowship program. This joint effort is sponsored both by the EORTC and the

ESP and will allow a young pathologist to participate in clinical research programs leading to biomarker discovery and validation in the context of clinical trials. As with the EORTC, the ESP has secured several joint ventures with a variety of European societies. This is an important issue since these actions help to promote the visibility of our discipline, especially among our clinical colleagues, and we are looking for other new dynamic associations. Communication is, of course, a major issue. The new website has been redesigned and will be progressively enriched by the contribution of all members, working groups, etc... We are also pleased to announce the birth of the ESP Foundation (European Society of Pathology Quality Assurance, ESPQA). This tool will be instrumental in promoting both quality assurance and education in our Society.

Last but not least, the ESP is very thankful to Prof Ales Ryska, who agreed to take the position of the new chairman of the education subcommittee. Prof Ryska has gathered around him a strong and motivated team who will have to drive the many issues related to educational programs, such as the education portal, the ESCOP courses, etc. For running all these actions, we need a professional and distinguished crew. We welcome aboard our new secretary, Sarah Byaruhanga. With Dr Raed Al Dieri, our scientific director, and Lora Kostova, our communication specialist, the ESP operational team is now set and ready for a new departure.

We should now cruise smoothly toward our next destinations.

Editor's Message

By Prof. Aurelio Ariza



This summer issue of the Newsletter introduces a linked Table of Contents allowing ready access to each of the articles. Our publication, in an attempt to reflect the polytonal vibrancy of European pathology, has come to include a variety of sections

and an increasing number of pages. It is to be expected that navigation through our expanding Newsletter will be facilitated by these changes.

In his presidential message Prof Pierre Bedossa outlines the current endeavours of the ESP: the Cologne congress, the fruitful synergies with the IAP, the building of a narrative of the ESP first 50 years, the endowment of fellowships, the promotion of quality assurance, the renovation of the education subcommittee, and the reinforcement of the office personnel in Brussels. In regard to the latter, we give a warm welcome to Mrs Sarah Byaruhanga, the new office secretary.

Further delving into the aforesaid topics are the articles by Dr Raed Al-Dari (ESP scientific director), Prof Eduardo Santini-Araujo (president of the central IAP), Prof Dietmar Schmidt (president of the German Division of the IAP), Mr Andrew Wilson (author of the book "Minds, Microscopes and Molecules: The First 50 Years of the European Society of Pathology"), Prof Han van Krieken (ESP past president and quality champion), and Prof Ales Ryska (new chair of the ESP Education Subcommittee). In the Education Subcommittee Ales Ryska has been joined by Anna Batistatou, Fred Bosman, Arzu Ensari, Janina Kulka, Daniela Massi, Peter Schirmacher, and Tibor Tot. We wish the best to them all. The pictures and comments of the 2015 and 2016 Giordano Fellowship awardees, to be found in Ales Ryska's article, bear witness to the success of this educational initiative.

Also of high interest to young pathologists is the new joint ESP-EORTC pathology research fellowship program, whose announcement may be found in the following pages.

In the section reserved for national societies you can read about the titanic past, herculean present, and protean future of the Hellenic Society of Pathology. Greek pathologists are one of the most robust pillars of the ESP, for which they have hosted a variety of congresses and courses and to which they have given two female presidents (Prof Niki Agnantis and Prof Dina Tiniakos). The recent election of Prof Anna Batistatou as president of the HSP speaks volumes about the fast-forward thrust of Hellenic women in pathology.

To be particularly commended is the long line of postgraduate Ioannina University Courses of Pathology (IUCPs). Most efficiently designed and executed by Prof Niki Agnantis, the IUCPs have recently reached its 33rd edition. Ioannina, a lively university town in northwestern Greece, has also been the venue of the 15th Congress of the HSP. Close to Ioannina is Dodoni, the abode of one of the oldest and most reputed oracles of antiquity. It is a telling proof of Hellenic resilience through millennia that the same Epirotic land that once sustained the prophetic powers of the ancient oracle has now sheltered a congregation of modern pathologists in knowledgeable display of their prognostic skills.

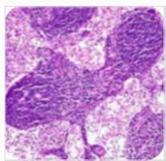
In the article reserved for the ESP working groups, Dr Stefano Guzzetti, chair of the Working Group for the Development of Anatomic Pathology in Developing Countries, opens our eyes to pathology needs in the many underserved parts of the world. His call for cooperation of European pathologists in international anatomic pathology projects is a very persuasive one.

Especially refreshing is the article by Dr Aleksandra Starzynska, chair of the ESP Trainee Subcommittee. Aleksandra, a third year pathology resident in Warsaw, is trying to agglutinate her fellow res-

idents from all over Europe into the common pursuit of their educational goals. Residents, don't miss the events for trainees that she has organized at the European Congress of Pathology in Cologne!

To conclude, Dr Loukas Kaklamanis offers us his selection of medical literature highlights (Analecta Medica) and Prof Gordan Vujanic, our associate editor, keeps us abreast of the recently published books and upcoming meetings of our speciality.

Enjoy!



Tweet the Term #Microscope

Compound word from “micrón” meaning “small” and “scopein” meaning “to observe” in ancient Greek

Message from the ESP Office

By Dr. Raed Al Dieri, ESP Scientific Director

Dear ESP members,

With the aim to modernize and professionalize the newly established structure of ESP HQ, I am pleased to announce that ESP has appointed a new office secretary (Mrs. Sarah Byaruhanga) as per May 2016. We are glad to have Sarah aboard as she brings many years of experience in similar roles. Please come to the booth of the ESP (Cologne September 2016) to welcome her to our Society.

It's an exciting time for ESP as we are constantly transforming the way we operate to unceasingly improve and endorse high quality diagnostic practice, research and education in the field of

human Pathology. Our employees, members and officers have continued to meet the challenges of our field.

The world of ESP is an exciting area in which to work, and we'll continue working to ensure our ESP remains on the cutting edge. We strive to remain motivated and responsive to the needs of our ESP members.

We are very proud of where we are today and thrilled about where we are headed.



Dr. Raed Al Dieri
Scientific
Director
r.aldieri@esp-pathology.org

Mrs. Sarah Byaruhanga
ESP Office Secretary
sarah@esp-pathology.org

Ms. Lora Kostova
ESP Communication
Specialist
lora@esp-pathology.org

The International Academy of Pathology: 106 years fulfilling its mission

By Prof. Eduardo Santini-Araujo, President IAP



The mission statement of The International Academy of Pathology (IAP) is to be dedicated to the advancement of pathology through educational exchanges worldwide. In order to achieve this mission, the academy will serve as an international pathology

organization that coordinates the activities of its divisions and encourages the formation of new divisions where appropriate.

Collectively, we provide a forum for the presentation and discussion of advances in the understanding of pathologic processes and for the presentation and critical evaluation of scientific, technological and methodological advances.

The International Academy of Pathology – a global system – functions as an open, democratic, self-organizing system and its divisions, as instrumental organizations, operate in a more corporate sense.

As a self-organizing, or emergent order, governance of the global IAP requires transparent engagement of its council and approval by its membership. To ensure this functionality, the president, secretary and executive members engage in broad discussions with divisions to provide the cooperative assurance for ensuring appropriate pathology knowledge, which is made available to underserved areas of the world. Our concept of “helping people help themselves” requires informing those providing pathology education programs by those who receive the programs as to what will be appropriate in their area. It is not our mandate to make underserved areas be like us and do what we think is best!

The IAP has several divisions (currently 55) based in countries or in local groups of countries. These divisions are instrumental in putting into effect pathology education within their areas.

In addition to global IAP Central and IAP divisions, the Academy has a group of IAP assemblies of divisions based in geographic locations. Assemblies include the Asian Pacific Assembly, the European Assembly (which is partnered with the European Association of Pathology), the Latin American Assembly, and the Sub-Saharan African Assembly. IAP assemblies act as coordinating bodies to ensure cooperation among member divisions so



that pathology education at its biennial meetings is appropriate for members of their region. The latter statement can easily be found on line in our web site.

Besides these formal aspects I would also like to express that, although the world is changing, there is still a value that I have learned on account of my experience in the IAP and my permanent relation with IAP seniors. That constant and essential value of the IAP is its universality and its vocation to bring the excellence in the knowledge of pathology worldwide.

In this changing and globalized world the IAP must definitely continue to be the arena for the advancement of pathology and provide access to the highest quality pathology education all over the world. The IAP has started to be more inclusive and we all together must try to make the IAP more sensitive to the needs of its various divisions – above all bearing in mind those divisions with a critical situation. I truly believe that we are daily building a more solidary IAP characterized by the development of a stronger academic interaction between all its divisions.

This concept of universality of the IAP is clearly shown in the synergy - without any kind of competition - that the IAP is developing with the European Society of Pathology. The best proof of it is the joint hard work that both Institutions have been performing for the organization of the XXXI International Congress of the IAP and the 28th Congress of the ESP in Cologne, Germany. I'm sure that this successful joint venture will be repeated for the future International Congress in Glasgow 2020.

Worldwide there are bright scientific institutions and others that are not so bright. What makes the difference? The bright institutions give priority to their members, meritocracy determines the appointment of their officers, and they work as a unified team. Our IAP has historically fulfilled all these conditions.

The IAP has had as its objective to prioritize the needs of the members of all its divisions. The duties of its officers – from the councilors to the president – are, with no doubt, to be the hard-working and humble servants of all its delegates. All the positions of its officers complying with the bylaws and with the approval of its executive and council committees have been established based exclusively on the suitability and working capacity of its officers.

After having been an IAP officer for decades, I can attest that all members of the different committees have always worked as a team, leaving aside any kind of side interest that may exist. I believe from the bottom of my heart that humility and discretion always give good results. It is always possible to do a little good by asking for very little, talking even less, and working really hard.

I would like to express my gratitude to the continuous and daily help of my advisors Prof. Dr. Antonio Llombart-Bosch and Prof. Dr. David Hardwick. Fortunately, I count on the collaboration of an outstanding team consisting of all and each one of you - officers and members of the IAP- in order to pursue what has been the IAP mission and flag for more than 100 years: Integration, Universality and Service.

Many thanks to all of you!

Visit Cologne – the hosting city of the XXXI International Congress of the IAP and 28th Congress of the ESP

By Prof. Dietmar Schmidt, Congress President IAP



Dear colleagues,

The XXXI International Congress of the IAP and 28th Congress of the ESP which will take place

from 25. – 29. September 2016 in Cologne, Germany, is only a few weeks away, and many of you have already registered and sent in abstracts. Most of the invited speakers have agreed to come and will contribute to a fantastic scientific program.

Cologne has been in the media at the beginning of the year with some troubling news, but I can reassure you that everything is safe and fine now.

Cologne, the lively city on the Rhine, offers a wealth of cultural activities, international trade fairs and numerous major events. With over one million residents, Cologne is also Germany's oldest major city. Its Roman past can still be seen today between the City Hall and the Cathedral, the Rhine River and Rudolfplatz.

The Cologne Cathedral itself is not only Cologne's but also Germany's most important tourist attraction. Each year more than 6 million people from all over the world visit the Gothic cathedral, which was listed as a UNESCO World Heritage Site in 1996. At 157.38 meters high, the Cathedral is the second tallest church in Europe and the third tallest in the world. The city's picturesque panorama is predominated by the Cathedral as well as the old town and the new Rheinauhafen district with its "crane buildings". It can best be enjoyed from the other side of the Rhine or by boat.



Panoramic view of the Cologne Cathedral and the Old City

A vital aspect of the Cologne lifestyle and local culture will greet the visitor at any one of the city's many breweries. These radiate the tradition and uniqueness of Cologne's hospitality by offering a cool "Kölsch" beer along with typical Cologne cuisine.



© Köln Tourismus

Brewery Früh, serving the famous beer „Kölsch“

Not only the city itself but also its surroundings have a lot to offer. The Brühl palaces for example, Augustusburg as the main building and Falkenlust as a hunting lodge and refuge, impressively demonstrate the extravagant lifestyle at the former court of the Electors and Cologne archbishops.

Germany's former capital Bonn, with its 2,000-year-old history, is also just a short drive away. By walking through the city's narrow alleys you pass the imposing Town Hall, the Romanesque Minster St. Cassius and Florentius as well as the residential palaces. Ludwig von Beethoven's birthplace is also in walking distance and can still be visited today.

Different guided tours to these sightseeing spots are offered by the congress organizers CPO HANSER in cooperation with the Cologne Tourist

Board and can be booked on the congress website:

<http://www.esp-congress.org/social-events-tours/tours.html>



© Wikimedia, Sir Gawain

Palace Augustusburg, Brühl

I am sure all of you will enjoy the city of Cologne, and we will have a memorable congress of two scientific societies, the International Academy of Pathology and the European Society of Pathology, whose representatives have been working hard over the last years to organize a memorable congress for their membership and guests.

Let us meet in good spirit to pick up all the beauties and interesting aspects of this wonderful city!

Looking forward to seeing you soon!

Another peek at our first fifty years

By Mr. Andrew Wilson, ESP history book author



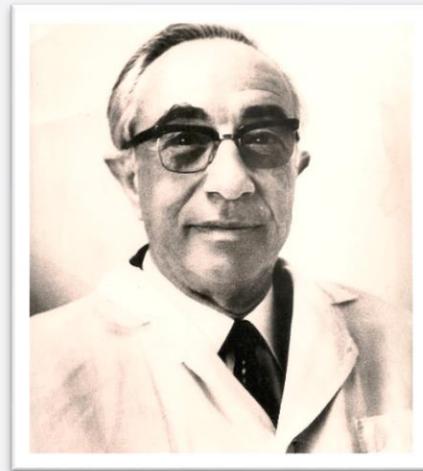
*In the previous issue of the newsletter we published an excerpt from the book *Minds, Microscopes and Molecules: The First 50 Years of the European Society of Pa-**

thology, which is due to be published in September 2016 – look for it at the Congress in Cologne!

The previous excerpt described the freezing winter of 1963, when the Italian pathologist Alfonso Giordano first invited the “Founding Fathers” of the ESP to create the Society. This new excerpt moves the story forward to when the Society faced its first severe crisis. At the first ESP Congress in Warsaw in 1966, the Executive Committee had accepted the invitation of Alexandros Symeonidis to hold the second one in Greece. Unfortunately, political events intervened.

In the early hours of 21 April 1967, armoured units took up strategic positions around Athens, including around the residence of King Constantine. The coup d'état by senior officers of the Greek armed forces had begun. Thousands of political leaders, members of parliament and ordinary citizens suspected of leftist sympathies were rounded up and arrested. In the weeks that followed, scheduled elections were cancelled and the constitution abolished. Although a civilian government was quickly sworn in, the country was ruled by the junta through military decree. It would be seven years before democracy was restored.

As the head of the host organization, the Hellenic Society of General Pathology and Pathological Anatomy, Alexandros Symeonidis did his best to give his Executive Committee colleagues a positive case for holding the next Congress in



Alexandros Symeonidis

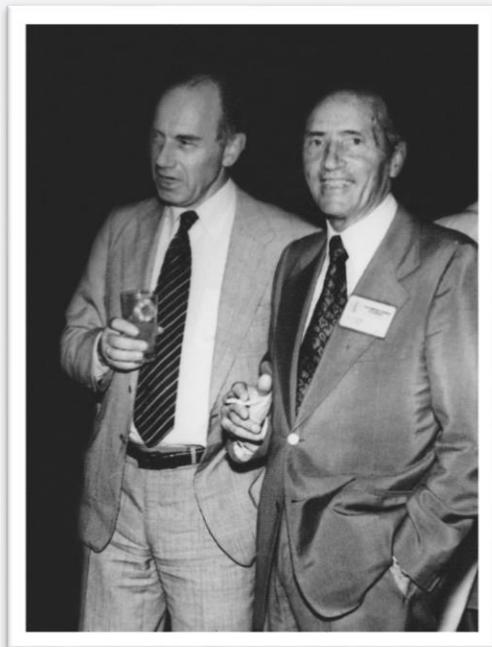
Greece. Symeonidis was a well-liked figure within the ESP. In contrast to some of the more formal members, he was a sunny personality who could be counted on to lighten meetings with humour. He also had his colleagues' professional respect as a pathologist and oncologist, having founded the Theagenion Cancer Institute in Thessaloniki.

Symeonidis told the meeting that in spite of “the new political situation,” the Greek society thought it possible to organize the congress. The junta was eager to present itself as having saved Greece from communism, and was encouraging cultural and scientific events as signs that normality had returned. He had been in touch with the authorities, and reported that the Ministry of Finance had provisionally agreed that the Congress could go ahead. Although some of the Executive Committee members were privately sceptical, they had a preliminary discussion of possible themes for the Congress, agreeing that iatrogenic diseases and molecular pathology would make interesting topics.

For a while, planning for the Congress proceeded normally. The Greek government provided formally authorization in November, and ESP Secretary Alfonso Giordano and Victor Swaen discussed consulting the members of the Advisory Council for topics to be featured at the Congress. But privately, there were doubts fuelled by the growing international controversy over the junta. While the United States was unconditionally on

the side of the junta, the Netherlands and Scandinavian countries judged the coup d'état unacceptable and took out a complaint against Greece with the Council of Europe's Human Rights Commission. The United Kingdom and West Germany took a middle road, denouncing the junta's human rights abuses but supporting Greece's continued membership in the Council of Europe and NATO.

The members of the ESP executive seemed to have followed their countries' leads on the issue. The Belgian Dustin and the Dutch Swaen were un-



Victor Swaen and Alfonso Giordano

easy about holding the next Congress in Greece, while the German member of the Executive Committee, Carl Krauspe, was in favour of it. At the beginning of December, when it was clear the junta intended to stay in power, Swaen wrote to Dustin voicing his fears that the Greek government would refuse visas for pathologists from Communist countries, and commented that "it is not right for a Society to hold a congress in a place that is difficult to reach for part of its membership... Further there are quite a few people who object to a congress in a country with a military, non-democratic government." Dustin replied that

he also felt Greece was a risk, and pondered the possibilities for moving the Congress elsewhere. Both commented how sorry they were for Symeonidis, who had already put a great deal of work into organizing Congress activities in Athens and Thessaloniki, and faced the possibility of having the event taken away from him altogether.

In January 1968, Carl Krauspe declared his position. In a courteous, plain-spoken letter to Swaen, he mentioned that he had visited Greece just a few months before, and stated, "We can't abandon our colleagues there... The people in Greece, especially the scientists are really Europeans and we cannot abandon them." Swaen, who was by then visiting the US National Cancer Institute in Bethesda for several months, wrote back at length, saying that he understood Krauspe's position.



Front row: Carl Krauspe and future ESP President Gerhard Seifert in Milan, 1968

It is the general question whether you should visit a country with a government you don't like and with a people you do like. I feel as an individual you should go, especially to keep contacts going and to show people you are not abandoning them.

However with the ESP it is a bit different. You mentioned that the so-called junta seems very interested in our Congress. That is exactly the point that worries me. I hope that they are not going to make a showpiece of our Congress in favour of themselves. Maybe we can play down this part of the business by trying to have no representatives of the government during the opening session. I do not know if this is conceivable.

The discussion continued by letter during the spring and summer of 1968. However, a final decision was only reached in September 1968 at the Society's next General Meeting. The meeting was held in Milan in order to coincide with the International Academy of Pathology's 7th International Congress, which was being organized by Giordano. By holding the ESP meeting at the same time, it was hoped that they could benefit from the attendance of pathologists from all European countries with an IAP presence. (As it happened, the IAP's 1969 Congress in Milan was a significant one, approving a new Constitution and Bylaws that formalized its divisional and the international organization, and began a period of expansion into countries around the world).

When the General Meeting was finally convened on September 7, there were not sufficient numbers to change the statutes, so the meeting quickly focused on the Congress issue. In fact, the Executive Committee had already made its decision. Dustin informed the members that "after discussing with Swiss, Belgian and Greek colleagues about the place of the 2nd Society Congress, it appears to be impossible to organize it in 1969, in Greece." Instead, the Society had received an offer from Professor Erwin Uehlinger to organize the 1969 Congress in Switzerland, which Dustin proposed be accepted by the Assembly. This was done with little discussion. As a consolation gesture to Symeonidis, the Assembly agreed to postpone a Congress in Greece to 1971, by which time the situation might improve.

A question of language

There are no recorded cases where the use of English as a lingua franca has caused serious problems in the Society's history. However, it has often been the source of momentary confusion – generally followed by laughter – as pathologists from different countries wrestle with the language of Shakespeare. Alexandros Symeonidis, who was known for his whimsical sense of humour, proposed at an Executive Committee meeting in the 1960s that "bad English" be adopted as the official language of the Society in honour of the many accents and variable levels of fluency at ESP gatherings.

The joke has been repeated frequently over the years, often with subtle twists. Roddy Simpson recalled that at his first Executive Committee meeting in 1997, Manuel Sobrinho Simões approached him with a very serious look on his face.

"Your presence in this committee is causing a problem, you know," said the Portuguese pathologist.

"Really?" said the Englishman nervously.

"Yes. The official language of the European Society for Pathology is bad English."

QUALITY TO RELY ON

By Prof. Han Van Krieken, ESP Past President



Improvement of the outlook for patients who have cancer comes in small steps and these steps are taken by different professionals: improved diagnosis, better surgery, new drugs, more complete ancillary care and, not

the least, a larger involvement of patients in decision making. Many small steps result in a move forward, provided that the steps are in the right direction. When a diagnostic test fails to identify the correct patients for a certain drug the outcome may even be negatively affected. This calls for quality in the whole team and its activities supporting the patient.

In April this year, for the fifth year in a row, all stakeholders involved in correct testing for anti-cancer drug selection gathered in Naples in order to optimize the chance that patients will have an optimal test based on which targeted treatment is given. These include pathologists, molecular biologists, quality managers, medical oncologists, representatives of the pharmaceutical companies, vendors of artificial controls, of diagnostic methods and equipment, patients and of the European Medical Agency. This focussed meeting with no more than 50-70 participants has already proven to be effective by creating guidelines on a key aspect of quality in the chain: the external quality assessment (1). The 2017 meeting not only celebrated its 5-year anniversary, but also the start of IQNpath, a new organisation that brings all stakeholders together who are involved in external quality assessment.



External quality assessment is one of the activities that measures and evaluates test performance. It is usually done by circulating samples with known

features that are tested in the participating laboratories so that they can be evaluated on the quality of testing. This evaluation does not only include the actual test result, but also the turnaround time and reporting; it has been shown repeatedly that it results in improved quality. This sounds simple enough, but there are many challenges: the methods for testing change rapidly (i.e. the recent introduction of next generation sequencing) the type of material that needs testing now includes blood (the so-called liquid biopsy), the targets for testing alter (like the evolution of KRAS testing into RAS). These developments call for coordination and harmonization. External quality assessment provides a quality mark to laboratories that perform testing, but it is quite important that this quality mark is reliable. We need to prevent moving of laboratories towards an "easy" EQA provider, like one director of a program remarked: "I received a letter from a participant complaining about not passing the bar and threatening to go to another scheme". Interestingly enough the director of that other scheme was present too and remarked that he received similar letters.



Fortunato Ciardello medical oncologist, gave an overview on the progress made in the treatment of colorectal cancer, including the introduction of targeted therapies, specifically EGFR targeted agents. He pointed out that these agents have some effect when the whole group of colorectal cancer patients is being treated, but with limited effect. Based on the biology of the tumour and treatment first patients with a KRAS mutated tumour were excluded from the therapy and later also those who have a NRAS mutation. This could be done thanks to several well-designed retrospective studies and using tissues saved for testing. With the proper selection the drugs have a much better cost-benefit profile and are thus a real important contributor to the better survival

of patients with colorectal cancer. This calls for correct testing which was shown to be possible but



should not be taken for granted. Results from EQA schemes indicated that there is a learning curve and that feed-back from the organisers results in improvement (2). The interaction of test providers and oncologists is quite important and chief medical director of ESMO Yves Douillard proposed to come to a mutual agreement between IQNPath and ESMO to take this further.

Concern has arisen about the cost of the new drugs, even after optimal selection by correct testing. Francesco Perrone provided an impressive overview to what the effects of these costly medicines can be. In the USA a debate already started on the cancer bankruptcy and the effects of financial strain on quality of life and even survival. Although these issues are nowadays not present in most European countries, there is certainly concern regarding the increasing costs of cancer drugs. Why are these drugs so costly? The answer is not so straightforward. Perrone showed that costs of development and neither high efficacy are the drivers for high pricing. Without pointing too strongly towards the pharmaceutical industry (they do provide important breakthroughs) he did indicate that Europe needs to rethink its policy that health is an issue of member states rather than of the Union: this makes the power in negotiation weak, as is exemplified in an elegant study from van Harten et al: the prices of cancer drugs varies enormously between European countries and between drugs, no country being generally good or bad (3). Clearly better deals are possible.

Jola Gore-Booth, representing Europa-colon, provided a sharp insight in the wishes and stakes of patients: they want to trust the healthcare system and indeed want testing to be reliable. She feels that it should not be the responsibility of patients to look for the laboratory that provides good testing although she welcomes openness and transparency. In fact, she indicated that she was not even aware of the variation that exist in

quality of testing and offered to seek for projects in which patients clinicians and testing facilities jointly strive for improvement.

It was interesting to have a deep insight how the European Medical Agency (EMA), represented by Rosa Guiliiani, decides that a new drug may be allowed in Europe: it needs to have more benefit than risk, nothing more nothing less. The EMA does not deal with costs or clinical relevance; indeed, the health care system is not part of the responsibilities of the agency or the EU for that matter (see above!). It was very much welcomed that the EMA is open-minded towards diagnostic tests that accompany new (and old) drugs; even when there is already a test available, it is clear that based on experiences from practice better tests can be developed, leading to better patient selection.

EQA providers from Italy, France, Spain, the United Kingdom, Germany, Sweden and the European Society for Pathology provided insights in their way of working and the results. There were many similarities and experiences but also important differences. How is sample selection done, how many difficult samples need to be chosen and what to do with laboratories to perform consistently below an acceptable level? The group decided to create a task force that will come up with a document that addresses these items, to be presented at the 2017 meeting and steered by Els DeQueker.

Quite some hours were spent at the challenging topic of blood based testing. It is clear that this is a promising field that may result in earlier termination of treatment that is not effective and that can replace invasive procedures to obtain tissue. Several techniques are already available as well as data from small patient series. It is already quite clear that there is variation between techniques and that the logistics of blood sample collection, storage and transportation are critical. This obviously calls for a clever approach to EQA, a task that also was assigned to a small working group. Based on experiences from QUIP, the German EQA provider, and UK NEQAS, from Great

Britain, a guideline on this topic will be written, coordinated by Manfred Dietel and Sandi Deans.

The first 4 meetings on EQA had focussed on DNA based techniques, but it is clear that other tissue-based techniques are relevant as well: presentations from NordiQC and UK NEQAS on the results from EQA in immunohistochemistry indicated that more harmonization is urgently needed. Although this technology is quite a bit older than DNA analyses, there are recent developments in the technology and the possibility for computer aided evaluation indicating that a new era is approaching: reliable quantification of protein in tissue context. Experiences with the more traditional approaches however, show the need of stringent EQA. A working group for EQA for immunohistochemistry within IQNPath was formed, led by Mogens Vyverg and Keith Miller.

Next generation sequencing techniques are rapidly replacing more traditional methods of determining DNA alterations that indicate eligibility for certain therapies. In fact, the methodology is now so mature that a guideline could be discussed and that, with a few alterations, will be submitted for publication: quite a success from the 2015 meeting, when the task to create this was assigned to a group led by Sandi Deans. It is to be expected that this guideline will serve the community well so that soon reliable targeted testing will become available for the majority of patients with cancer in Europe.

The presence of the industry was a great asset to the success of the meeting, since they were given the floor to show their solutions, which were often very promising and at the same time very practical. Although, or maybe thanks to, this is a very competitive field there was a clear mission for the whole group: to get a correct diagnosis for every patient at a so high possible quality at a so low possible price. All agreed that EQA is an integral part of the whole process, a challenge for all scheme providers and for IQNPath.

A fruitful meeting, not in the least because all participants were dedicated experts, and know one another better and better. We believe a critical factor to the success of the meeting is that it is

not too large allowing for personal interaction and plenty of discussion. The main risk for the meeting was the fine weather in beautiful Naples; nevertheless, the content of the session was such that this were even more tempting and all remained inside. Without discussion it was agreed that in 2017 there will be a follow-up meeting.

1: van Krieken JH, Normanno N, Blackhall F, Boone E, Botti G, Carneiro F, Celik I, Ciardiello F, Cree IA, Deans ZC, Edsjö A, Groenen PJ, Kamarainen O, Kreipe HH, Ligtenberg MJ, Marchetti A, Murray S, Opdam FJ, Patterson SD, Patton S, Pinto C, Rouleau E, Schuurung E, Sterck S, Taron M, Tejpar S, Timens W, Thunnissen E, van de Ven PM, Siebers AG, Dequeker E. Guideline on the requirements of external quality assessment programs in molecular pathology. *Virchows Arch.* 2013;462:27-37.

2: Tembuysen L, Ligtenberg MJ, Normanno N, Delen S, van Krieken JH, Dequeker EM. Higher quality of molecular testing, an unfulfilled priority: Results from external quality assessment for KRAS mutation testing in colorectal cancer. *J Mol Diagn.* 2014;16:371-7.

3: van Harten WH, Wind A, de Paoli P, Saghatchian M, Oberst S. Actual costs of cancer drugs in 15 European countries. *Lancet Oncol.* 2016;17:18-20.



IQN Path A.S.B.L.
is a not for profit
association regis-

tered in Luxembourg.

The mission of IQNPath is to provide a coordination platform for EQA providers, testing laboratories, diagnostics companies and the pharmaceutical industry to address common challenges collaboratively and establish harmonisation and increased uptake of EQA in biomarker testing in tissue based pathology. IQN Path would like to thank its members and corporate sponsors for making the platform such as success.

For more information, please visit the IQN Path ASBL website: <http://www.ignpath.org>

An overview of the history of Pathology and the Hellenic Society of Pathology (HSP) in Greece

By the Hellenic Society of Pathology

The history of Pathology in Greece spans 3 centuries, with the first Chair of Pathology founded in 1880 at the National and Kapodistrian University of Athens, that was established in 1837. In 1863, Karl von Rokitansky (Vienna, Austria) donated to the then young University part of his famous collection, to form the core of a Museum of Pathology, which was later integrated to the University Department of Pathology. The "Rokitansky specimens", recently carefully restored, can be seen today at the renovated Museum. The originally appointed Professors, Dimitrios Chasiotis (1845-1897), Nikolaos Pezopoulos (1859-1911) and Konstantinos Melissinos (1865-1937) had no specialty. Ioannis Katsaras (1883-1949) was the first Professor specialized in Pathology in Germany, and in 1928 he was appointed Director of the Pathology Laboratory of "Evangelismos" Hospital, the first Pathology laboratory founded within a Greek hospital. The next Professor, elected in 1954, was Dimitrios Eleftheriou (1905-1995) who, together with his only collaborator Evgenia Patsouris, turned the University Pathology laboratory to a reference center receiving specimens from the rest of Athens, Thessaloniki and the province. He was also appointed Director of the Pathology laboratory of the "Hellenic Red Cross" Hospital (founded in 1933). Prof. D. Eleftheriou was instrumental for the foundation of several Pathology laboratories in other Athenian hospitals. In addition, he worked tirelessly to ensure that the specialty of Pathological Anatomy, then requiring 4 years of training, was implemented by law and officially recognized in 1956. Prof. Nikolaos Papacharalampous (1919-1999) was a close collaborator of Prof. D. Eleftheriou at the "Hellenic Red Cross Hospital" and his successor.

In the meantime, the Medical School of Aristotle University in Thessaloniki was founded in 1942. Pathology was taught by Professors of other specialties and the specimens were sent for examination to the University of Athens. Alexandros Symeonidis (1909-1972) was elected Professor of Pathology at the Aristotle University in 1956. He established "Theageneion" Hospital, an anti-cancer hospital, and his students became Directors in Pathology laboratories in major hospitals of Thessaloniki. He also founded the Association of Cancer Research, which still organizes the yearly "Symeonidis" lectures. Prof. A. Symeonidis was a founder and board member of the European Society of Pathology (ESP), and his memory is honored with the "Symeonidis Lecture" addressed at every European Congress of Pathology. He was also a member of the Advisory Board when, in 1966, "Pathologia Europea" was published. Since his times the links of HSP and ESP became stronger, with many Greek Pathologists, more than half today, becoming members of ESP. In 1985, Prof. N. Papacharalampous and his younger collaborators Prof. Niki J. Agnantis and Dr. George Tiniakos organized the Xth European Congress of Pathology. The Congress, affectionately now remembered as the "Congress of smiles", was held in Athens with great success and 1000 participants. It was considered a great scientific event not only for Greek, but also for European Pathology. After the Congress, Dr G. Tiniakos and Prof. N. J. Agnantis served for many years in the Scientific Committee, Advisory Board and/or the Executive Committee of ESP. In 2001, the "George Tiniakos award" for the best oral presentation in gastrointestinal, liver and pancreas pathology at the European Congress of Pathology was established. In 2003, a ballot of members approved by more than 70% the decision of the Executive Committee to elect Niki J. Agnantis as President-elect of ESP. Thus in 2005, Prof. N. J. Agnantis became President of the ESP (2005-2007), the second female president 3 decades after Alexandra Piringer-Kuchinka. Several other Greek Pathologists have served as members of the Advisory Board and the Executive

Committee of ESP (Prof. G. Delides, Dr. C. Barbatis, Prof. E. Sivridis, Dr. L. Kalamanis, Assoc. Prof. D. Tiniakos, Prof. E. Patsouris). At the ESP General Assembly held during the 27th European Congress of Pathology (Belgrade 2015), Assoc. Prof. Dina Tiniakos was elected President-elect of ESP. Several major European and International Congresses have been held in Greece over the years. In 1992, Prof. G. Delides organized in Crete the convention of the International Society of Quantitative Pathology (ISQP). The convention

was repeated in Crete in 2002 when Prof. G. Delides was the president of ISQP. Since 1996, Prof. N.J. Agnantis at the Institute of Pathology of Ioannina University, Medical School of Greece offers courses for continuing Pathology education, under the auspices of ESP. The "Ioannina University Courses in Pathology" (IUCP) are postgraduate courses on selected topics of human pathology and have been offered initially biannually, and more recently yearly. Till now 32 IUCPs were held in Ioannina. Prof. N.J. Agnantis organized the 2nd Intercongress of ESP in Ioannina in 2006, with more than 1000 participants, and in 2007, the 1st Hellenic-Jordanian Pathology Congress in Crete. In 2008, Prof. George Kontogeorgos, President of the Hellenic Division of the International Academy of Pathology (IAP), organized the very successful XXVIIth International Congress of IAP, in Athens, with over 2400 participants, from all over the world. In 2014, Prof. G. Kontogeorgos was



Participants in the 33rd edition of the Ioannina University Courses of Pathology, directed by Prof. Niki Agnantis



Honorary medal of the Ioannina University Courses of Pathology, created by Prof. Niki Agnantis

was repeated in Crete in 2002 when Prof. G. Delides was the president of ISQP. Since 1996, Prof. N.J. Agnantis at the Institute of Pathology of Ioannina University, Medical School of Greece offers courses for continuing Pathology education, under the auspices of ESP. The "Ioannina University Courses in Pathology" (IUCP) are postgraduate courses on selected topics of human pathology and have been offered initially biannually, and more recently yearly. Till now 32 IUCPs were held in Ioannina. Prof. N.J. Agnantis organized the 2nd Intercongress of ESP in Ioannina in 2006, with more than 1000 participants, and in 2007, the 1st Hellenic-Jordanian Pathology Congress in Crete. In 2008, Prof. George Kontogeorgos, President of the Hellenic Division of the International Academy of Pathology (IAP), organized the very successful XXVIIth International Congress of IAP, in Athens, with over 2400 participants, from all over the world. In 2014, Prof. G. Kontogeorgos was

electd as President-Elect of the IAP (IAP President from December 2016).

The Hellenic Society of Pathology (HSP, www.pathology.gr) was founded in 1964 by Prof. D. Eleftheriou, the same year as ESP. It was initially named "Society of General Pathology and Pathological Anatomy in Athens". The first meeting was held in April 1965. The Society was renamed "Hellenic Society of General Pathology and Pathological Anatomy" in 1977 and became a member of the World Association of Societies of Pathology. The current name, HSP, is used since 2008. The official journal of HSP, the "Hellenic Archives of Pathology", has been published quarterly from 1987 to 2015 in Greek.

In 2015, HSP launched its new on-line quarterly official Journal, "Journal of Surgical and Molecular Pathology", published in English:

<http://journalofpathology.org>



Prof. Aurelio Ariza delivers a keynote lecture at the 15th Congress of the HSP

HSP always focused in continuing medical education, organized the 1st bi-annual Hellenic Congress of Pathology in Chalkida in 1987. The XVth Congress of HSP with the motto "Walking Towards Decoding Disease" was held in Ioannina, 8-11 June 2016. Monthly 5-hour teaching seminars, part of a 5-year educational program that covers the whole spectrum of general, systemic and molecular pathology, are offered to residents both in Athens, covering south Greece, and in Thessaloniki for northern Greece. Training in Pathology is



Sessions of the HSP 15th Congress were massively and enthusiastically attended

now of 5-year duration in Greece and final exams are held in academic centers.

The HSP has been instrumental in organizing a nation-wide Cancer registry in 2009, reviving an effort that had started in 1972 in collaboration with the Ministry of Health, but declined with time. Today, the Cancer registry is based on archival information from all Greek Pathology laboratories and focuses on 18 frequent neoplasms. The statistical analysis of the first five years (2009-2013) will be published soon.

Today, in Greece, 338 pathologists are members



The exhibition Art Paths Ioannina, propelled by Prof. Anna Batistatou, emphasized the artistic aspects of pathology in the HSP 15th Congress

of the HSP. Pathology Departments are established in all Medical Schools (Athens, Thessaloniki, Patras, Ioannina, Crete, Larissa, Alexandroupolis) and in National Health System hospitals, while 109 Pathologists are in private practice. Despite the recent financial crisis our members remain active in Greece and internationally, participate in medical conferences nationally and worldwide as delegates or invited lecturers, and cope successfully with the demands and challenges of Pathology. Molecular Pathology forms part of the training curriculum and is implemented routinely in many Pathology laboratories nationwide, while Digital pathology makes its first steps. Hellenic Pathology has come a long way

and faces the future with dynamism and enthusiasm based on a thriving generation of young pathologists.

Beyond the borders: An ESP Working Group for the development of anatomic pathology in developing countries

*By Dr. Stefano Guzzetti, Chair of the ESP WG:
Pathology in favor of Developing Countries*



When we think about health workers who operate in developing countries, we imagine surgeons, anesthetists or specialists of various kinds that however operate in direct contact with the patients, in many cases to save their lives; the results of their work are immediately visible and the public approval they receive encourages them to persevere and continue their highly needful work.

It is much more difficult, however, even for healthcare workers of rich countries, to imagine a group of colleagues who are specialized in something decidedly less intuitive such as Anatomic Pathology, who have however decided to offer their professional experience to underserved countries, dedicating time and resources to health projects related to their specialization, the results of which are without a doubt less immediate and more difficult to explain to the public.

Nevertheless, even considering only Sub-Saharan Africa, the literature data show that the incidence of oncological diseases has been largely underestimated in the past; the currently recognized incidence of malignancies stems partly from a real increase due to the gradual, general improvement of living conditions in the populations of these areas (which results in increase in life expectancy

and in acquisition of new behavioral habits sometimes linked to an increase in risk factors), in part by the new establishment or improvement of National Cancer Registries now able to re-evaluate and reclassify also retrospectively the diseases treated in time by local health institutions.



The growing need to manage oncological diseases also in those parts of the world makes therefore necessary the insertion in the local health offering even of diagnostic services, such as Anatomic Pathology; moreover, the presence of this type of diagnostic service could foster programs of preventive medicine through screening of population.

The involvement of the European Society of Pathology in the management of these issues in order to adapt our profession in so unusual and particular contexts begins in 2009, when, during the annual European Congress of Pathology (ECP) held in Florence, Italy, a special session dedicated to the development of pathology in Developing Countries was organized. Such session was proposed by a group of pathologists belonging to an Italian NGO named "Associazione Patologi Oltre Frontiera" (APOF, "Pathologists Beyond Borders Association").

Page 17



APOF was founded in 1999 by a spontaneous aggregation of a group of pathologists formerly belonging to a special working group of the Italian Society of Pathology (SIAPEC) created to establish contacts with medical facilities devoted to Anatomic Pathology in Developing Countries. At present, APOF manages some projects, mainly in African countries, for the development or improvement of Anatomic Pathology in tertiary level hospitals and for the establishment of local programs of preventive medicine.

After the ECP 2009, APOF officially proposed to the ESP the establishment of a new Working Group in order to continuously develop initiatives related to the Developing Countries inside the Society; the new WG began its activities during the Intercongress Meeting of the European Society of Pathology, held in Krakow, Poland, in September 2010 and it continued to present its initiatives in all subsequent ECPs.



During the scientific sessions organized by the WG, we decided to give space to the experiences of colleagues who work in different contexts from the European ones; through their speeches, we have understood how the intelligence and passion for this profession have often been able to

overcome the lack of resources and we also found out how the encounter of European and non-European professionals can bring knowledge and benefits to both parties.



Moreover, since last year, in addition to APOF even AORTIC (African Organization for Training and Research in Cancer), an important African Oncological Association, has become a permanent partner of our WG.

ESP has perfectly understood the importance of these partnerships and has definitely encouraged our work: ESP, APOF and AORTIC are going to sign an agreement that will allow proposing and jointly developing international health cooperation projects dedicated to Anatomical Pathology in Developing Countries. The agreement will be formalized during the session of our WG with the IAP Central in the upcoming ECP 2016 in Koln.

Our wish is that these exciting initiatives may involve the pathologists to participate in future initiatives that will be developed thanks to this agreement; there is a part of the world that now need our work, and it would be wonderful if, through our Society, Europe can find again that spirit of brotherhood and cooperation that seems to have lost in these uncertain times, at least in our little and specific field of interest.

For any information regarding the activities of APOF and AORTIC see www.apof.eu and www.aortic-africa.org

ESP Trainee Subcommittee

By Aleksandra Starzyńska (Poland),
Chair of the ESP Trainee Subcommittee



Dear Senior ESP Members and Fellow Residents,

I am a third year pathology resident in Warsaw, Poland and I have become an ESP member 2 years ago – in the view of ESP's rich history

that is a very short period of time. Joining ESP as a trainee I was expecting somewhat dignified and aloof organisation. I was astonished to discover ESP's great interest in trainees and young pathologists – so many initiatives to ameliorate education, provide guidance and create professional opportunities. Just to name a few: Giordano Fellowship, ESP/EORTC joint fellowship and, of course, Trainees' Subcommittee.

First meeting of the Subcommittee took place in Brussels on 23rd May 2015. Residents from 19 countries met and came up with so many great ideas. We decided to focus on several points and that resulted in several projects.

First of all, we wanted to know who European residents and trainees are. How does their training look like? Is there a national training programme in their country? What are their concerns and needs? Having this knowledge, we could come up with further initiatives devoted to trainees at the ESP. To gather these information, we decided to create a survey – "**Survey about residents' training throughout Europe**". Results of this survey will be presented at the upcoming ECP in Cologne during Residents Assembly and if you wish to contribute, you are welcome to do so at this [link](#).

A project we also consider important is to gather information and resources useful for residents in one place – at the ESP website in the Trainees' section. To keep trainees up to date with Subcommittee's current activities, inform about projects,



1st ESP Trainee Subcommittee Meeting,
23rd May 2015, ESP, Brussels, Belgium

courses, fellowships and other initiatives. We would also like to establish a forum for residents where we all could share our ideas and opinions as well as get to know each other better in view of cooperation among European Trainees.

Another way to learn about each other is to experience someone else's everyday life. In many pathology training programmes there is either voluntary or mandatory 'elective' in which residents are encouraged to leave their primary training facility and visit another department/hospital. We thought it might be interesting to see how training in pathology is organised in other countries, perhaps take home some interesting ideas and solutions. At the same time, it could become an elective. That is why we are now developing a project in which we would like to establish a network of facilities and residents acting as exchange officers in order to facilitate an exchange of pathology trainees. We have encountered some difficulties but we are motivated to overcome them and enable many residents to acquire the unique experience of discovering how pathology is practiced outside their home country.

Trainees and education are at the centre of our attention in the Subcommittee. That is why our

most important task from the very beginning was preparing Resident Sessions during ECP. In Belgrade we had a resident session with amazing lectures by our special guests: Prof. Giuseppe Zamboni, Dr Katerina Kamaradova, Dr Steven Billings and Prof. Gordan Vujanić. We also prepared a Resident Assembly which was attended by over 50 participants!

This year, in Cologne, we are preparing two Residents Sessions. One will be unique as some of the noted European pathologists have agreed to share their experience and give their advice during a session under the title "The most useful knowledge and skill in the beginning of my career". Great pathologists who graciously accepted our invitation are Prof. Pierre Bedossa, Prof. Han van Krieken, Prof. Dina Tiniakos, Prof. Manuel Sobrinho Simoes and Prof. Fred Bosman. You just cannot miss it!

The second session is devoted to and prepared by residents of the hosting country, Germany. We are proud to invite you to lectures by Prof. Irene Esposito, Prof. Gunter Kloppel, Dr Jens Neumann and Dr Thomas Grunewald.

Of course, we are also preparing the Resident Assembly during which we want to present results of our survey and discuss other trainee projects and ideas.

Before I invite everyone to the Trainee events during the Congress in Cologne, I would like to thank the amazing crew of the Trainee Subcommittee who have been devoted and gave their time as well as important input in the development of the Subcommittee long after its launch: Rui Caetano Oliveira – the co-chair, Eleftheria Lakiotaki, Marion Pollheimer, Judit Bedekovics, Fikret Dirilenoğlu, Sanneke Heyker, Faruk Skenderi, Tihana Dzombeta and Charles Beniere.

I would also like to express our gratitude towards all those ESP officials who have been very supportive and offered their guidance and help: Prof. Han van Krieken, Prof. Pierre Bedossa, Dr Raed Al Dieri, Prof. Fatima Carneiro, Prof. Dina Tiniakos, Prof. Aurelio Ariza and Prof. Ales Ryska.

Lastly, I would like to invite all the ESP Trainees to join the Subcommittee – if you have any ideas you would like to share, want to take part in our initiatives or just get to know other European residents, do not hesitate to contact us through the ESP website and remember to visit our sessions at the Congress in Cologne!

Giordano Fellowship & ESP Advanced Training (EAT) Centers

By Prof. Aleš Ryška, Chair of the ESP Education Subcommittee



The new educational activity of the ESP is alive and well!

The first preparations of this activity of the ESP started in 2014. It was an initial idea and great personal input of Prof. Michael Mihatsch who started the discussion about the need of establishing some kind of structured support for the young European pathologists who would be interested to specialize in certain areas of pathology. Originally, it was intended mostly for quite rare subspecializations in pathology, nephropathology served as a model for this. The primordial manifesto drawn up by Prof. Mihatsch stated: "...over the last decades great advances have been made with respect to the classification of diseases with the use of more sophisticated diagnostic techniques. In consequence a wide spectrum of diseases may be treated with an individualized therapy. Furthermore, in many fields of pathology biopsies are so rare that it is difficult if not impossible to gain sufficient diagnostic experience to fulfill the requirements of the clinicians (lung, liver, kidney, pancreas, bone, among others). Therefore, pathologists need an in depth-training in many fields of pathology 1) to meet the needs of

the clinicians and 2) to guarantee an optimal therapy for the patients....".

However, during the discussion of the initial idea among the members of the executive council of the ESP, it turned out that benefit of such advanced training could be appreciated in many fields of pathology, even those which are considered "the mainstream" of our discipline (such as breast or GI pathology).

Thus, a taskforce has been established from the members of the executive council to develop rules for a program to make the original idea of support of advanced education in specific areas of pathology vital. Janina Kulka and myself, with great support and intellectual input of prof. Mihatsch, have exchanged many ideas and based on these, final rules were slowly carved out and shaped into the final document.

There were several major issues which had to be solved before the program could be started: 1) rules for selection of centers which will offer the education, 2) rules for selection of the candidates and 3) rules for making this program sustainable and successful in a long term perspective. Let me shortly comment on each of the above mentioned points.

For the selection of centers which might provide training in various fields (we started to call them ESP Advanced Training centers - EAT centers), it was felt that both self-nomination as well as suggestion by the respective ESP working group representative is fine. However, there had to be established rules what criteria - both "logistic" for material support of the potential trainees and "scientific" to guarantee the required high level of experience - will be required from each nominated center.

Another issue was the selection of the potential trainees. We have discussed a lot who might be the best candidate - i.e. the one, who will benefit most of the stay at such center. At the end, we reached an agreement that such visits are not primarily intended for the early trainees (residents, registrars) of pathology, but mainly for recently

board certified young pathologists, who have already sufficient expertise in surgical pathology, however, they need deeper experience in some particular field. Such candidates should not only use the knowledge gained during the stay for their own professional development and increase of diagnostic skills, but should be able (and willing) to spread this knowledge further in their home country.

To make any project sustainable and prosperous for a long period, there is an utmost need for an appropriate feedback. Thus, we decided that ESP will require a detailed feedback not only from each center (evaluating the trainee and thus confirming that we have selected a good candidate) but also from each pathologist awarded by the scholarship (to inform the ESP if the center really provides both top class training and all logistic support as promised in the application).

The rules have been formulated, discussed at the meeting of the executive council and after approval, they have been published at the web page of our society. We felt that this is a very important moment, as the ESP stepped into a new era when specialized education in our discipline will be provided under the patronage of the society not only at the congresses and courses, but also in centers of excellence whose teaching performance is to certain extent guaranteed by the ESP.

Of course, this activity would be doomed since the beginning if the ideas and good intentions would not be backed by financial support. Thus, a special ESP fellowship named after Professor Alfonso Giordano, who initiated the foundation of the ESP, has been established to support this program.

During the period of 1 year, altogether 19 centers have been approved for 11 different specializations and/or diagnostic modalities. As the entire procedure was administratively challenging, only one awardee of the Giordano Fellowship could complete the stay in 2015. The very first pathologist benefiting from this program was dr. Roberto Silva from Porto, Portugal and I hope we will read something about his experience in one

of the following Newsletters. For 2016, it was already 7 candidates who have been selected and confirmed by the ESP, some of them have already finished their stay at the EAT centers as well.

I believe that we can proudly pronounce that the program of training at the EAT centers supported by the Giordano fellowship is alive and well. It will be responsibility of the Education subcommittee of the ESP to take care of this newborn baby to support it in its growth and further development. If we succeed (and I believe we will!), not only that young members of our society will get an excellent opportunity to get first class education, but the entire European pathology will have an instrument for development of our diagnostic and scientific competence.

For more information about the Giordano Fellowship & ESP Advanced Training (EAT) Centers, please visit our [website!](#)

Giordano Fellowship Awardee 2015



Dr. Roberto Silva, Portugal
1st Awardee of the Giordano Fellowship, 2015
Nephropathology, Basel University Hospital
Dr. Helmut Popper

"It was a great honour for me to have been awarded the first Giordano Fellowship for training in the ESP Advanced Training Center (EAT) for Nephropathology, in Basel, Switzerland.

Nephropathology is an important field in specialized medical practice. In Portugal there are very few reference centers in Nephropathology and the lack of young trained pathologists is a major problem to be solved.

The financial support provided by Giordano Fellowship to cover part of the expenses (travelling and accommodation in Basel) was essential.

This training period was crucial for the acquisition and development of diagnostic skills in kidney pathology. Further, it gave me the opportunity to get acquainted with technical tools necessary for the establishment of a high quality work-up of kidney biopsies in the Department of Pathology at the Centro Hospitalar São João, in Porto, Portugal.

I want to express my gratitude for the support and knowledge that I have received from Dr. Helmut Hopper (head of the training program of the EAT Center for Nephropathology) and Prof. Michael Mihatsch (who played a major role in the creation of the EAT Centers in the frame of the education activities of the ESP). I do hope to be able to accomplish one of the major objectives of these training programs: to guarantee further dissemination of the knowledge/experience gained.

Many thanks also to the ESP for the opportunity I was given to have this unique experience in my professional career!
R.S."

Giordano Fellowship Awardees 2016



Ivana Mrklič, Croatia
Breast Pathology,
Central Hospital Falun
Prof. Tibor Tot

"I am honoured that as a one of the Giordano Fellowship awardees I had the opportunity to participate in the training for the Breast pathology at Department of Pathology and Clinical Cytology, Laboratory Medicine Dalarna, Central Hospital Falun, Sweden, mentored by Prof. Tibor Tot."



Zulma Soraya Quintero Niño, Spain
Hematopathology, Raboud University University Medical Nijmegen

Prof. H. Van Krieken
"I am pleased and very grateful for receiving this significant award. This advance training program will help me to fulfill my professional goals focusing on the pathology subspecialty. I feel extremely honored to take part of this prestigious training. I am sure my professional work, research, the patients and the community I serve, and family life will benefit." greatly."



Olaofe Olaejirinde Olaniyi, Nigeria
Bone & Soft Tissue, Leiden University Medical Centre,
Prof. JVMG Bovee

"It is a great honour to be one of the pioneer recipients of the Giordano fellowship award and I'm exceedingly grateful to the ESP for this award. The award has given me the opportunity to be trained by a well known expert in Bone and Soft tissue pathology. I've been directly exposed to the application of Next Generation Sequencing in research and possible uses in diagnostics."



Sandra Zekic Tomas, Croatia
Paediatric & Perinatal, Sheffield Children's Hospital, U.K.
Dr. M. Cohen

"I'm very grateful and honored to be one of the awardees. I can't wait to start with the program!"



Vanessa Szablewski, France
Hematopathology, Hospital Del Mar Barcelona
Dr L. Colomo & Dr J.Lloreta

"I enjoy my fellowship at Hospital del mar un Barcelona and learn a lot. Thanks for the opportunity the ESP gave me"



Alp Özgüzer, Turkey
Breast Pathology, IRCCS of Candiolo,
Dr. Anna Sapino



Parag Deepak Dabir, Denmark
Colorectal Cancer,
Raboud University University Medical Nijmegen
Prof. ID Nagtegaal

ESP and EORTC new Fellowship Collaboration

By the ESP office



We are proud to announce that in recognition of the central role of pathologists in clinical trials in the era of precision medicine and especially in the field of medical oncology, the European Organisation for Research and Treatment of Cancer (EORTC) and the European Society of Pathology (ESP) have launched a joint ESP-EORTC pathology research fellowship program!

In clinical trials, histological tumor markers assessed by the participating pathologists frequently serve as eligibility criteria for inclusion, stratification factors for target cohort identification or as surrogate endpoint to expedite the trial in neo-adjuvant setting.

In the increasingly common biomarker driven studies most of the time it is the responsibility of the pathology laboratory to ensure all prerequisites for reliable molecular testing and reporting.

In EORTC studies the custodians of annotated human biological samples are pathologists. They ensure the maintenance of quality assured biobanks for next generation clinical trials and for future research ultimately leading to precision medicine.

The EORTC-ESP fellow is a young pathologist, who will work closely with key opinion leaders in the EORTC-ESP network and will participate in clinical

research programs leading toward biomarker discovery and validation.

For more information, please visit the ESP [website!](#)

Analecta Medica

By Dr. Loukas Kaklamanis



Melanoma addiction to the long non-coding RNA SAMMSON

E. Leucci, R. Vendramin, M. Spinazzi, et al.
Nature 531,518–522,(24 March 2016)

Focal amplifications of chromosome 3p13–3p14 occur in about 10% of melanomas and are associated with a poor prognosis. The melanoma-specific onco-gene MITF resides at the epicentre of this amplicon¹. However, whether other loci present in this amplicon also contribute to melanomagenesis is unknown. Here we show that the recently annotated long non-coding RNA (lncRNA) gene SAMMSON is consistently co-gained with MITF. In addition, SAMMSON is a target of the lineage-specific transcription factor SOX10 and its expression is detectable in more than 90% of human melanomas. Whereas exogenous SAMMSON increases the clonogenic potential in trans, SAMMSON knockdown drastically decreases the viability of melanoma cells irrespective of their transcriptional cell state and

BRAF, NRAS or TP53 mutational status. Moreover, SAMMSON targeting sensitizes melanoma to MAPK-targeting therapeutics both in vitro and in patient-derived xenograft models. Mechanistically, SAMMSON interacts with p32, a master regulator of mitochondrial homeostasis and metabolism, to increase its mitochondrial targeting and pro-oncogenic function. Our results indicate that silencing of the lineage addiction oncogene SAMMSON disrupts vital mitochondrial functions in a cancer-cell-specific manner; this silencing is therefore expected to deliver highly effective and tissue-restricted anti-melanoma therapeutic responses.

Coffee Consumption and the Risk of Colorectal Cancer

S.L. Schmit, H.S. Rennert, G. Rennert, S. B. Gruber
Cancer Epidemiol Biomarkers Prev 2016; 25; 634–9.

Background: Coffee contains several bioactive compounds relevant to colon physiology. Although coffee intake is a proposed protective factor for colorectal cancer, current evidence remains inconclusive.

Methods: We investigated the association between coffee consumption and risk of colorectal cancer in 5,145 cases and 4,097 controls from the Molecular Epidemiology of Colorectal Cancer (MECC) study, a population-based case-control study in northern Israel. We also examined this association by type of coffee, by cancer site (colon and rectum), and by ethnic subgroup (Ashkenazi Jews, Sephardi Jews, and Arabs). Coffee data were collected by interview using a validated, semi-quantitative food frequency questionnaire.

Results: Coffee consumption was associated with 26% lower odds of developing colorectal cancer [OR (drinkers vs. non-drinkers), 0.74; 95% confidence interval (CI), 0.64–0.86; $P < 0.001$]. The inverse association was also observed for decaffeinated coffee consumption alone (OR, 0.82;

95% CI, 0.68–0.99; $P = 0.04$) and for boiled coffee (OR, 0.82; 95% CI, 0.71–0.94; $P = 0.004$). Increasing consumption of coffee was associated with lower odds of developing colorectal cancer. Compared with <1 serving/day, intake of 1 to <2 servings/day (OR, 0.78; 95% CI, 0.68–0.90; $P < 0.001$), 2 to 2.5 servings/day (OR, 0.59; 95% CI, 0.51–0.68; $P < 0.001$), and >2.5 servings/day (OR, 0.46; 95% CI, 0.39–0.54; $P < 0.001$) were associated with significantly lower odds of colorectal cancer ($P_{trend} < 0.001$), and the dose-response trend was statistically significant for both colon and rectal cancers.

Conclusions: Coffee consumption may be inversely associated with risk of colorectal cancer in a dose-response manner.

Variability in Pathologists' Interpretations of Individual Breast Biopsy Slides: A Population Perspective Variability in Interpretations of Individual Breast Biopsy Slides

J.G. Elmore, H.D. Nelson, M.S. Pepe, et al.
Ann Intern Med. Published online 22 March 2016
doi:10.7326/M15-0964

Background: The effect of physician diagnostic variability on accuracy at a population level depends on the prevalence of diagnoses.

Objective: To estimate how diagnostic variability affects accuracy from the perspective of a U.S. woman aged 50 to 59 years having a breast biopsy.

Design: Applied probability using Bayes' theorem.
Setting: B-Path (Breast Pathology) Study comparing pathologists' interpretations of a single biopsy slide versus a reference consensus interpretation from 3 experts.

Participants: 115 practicing pathologists (6900 total interpretations from 240 distinct cases).

Measurements: A single representative slide from each of the 240 cases was used to estimate the proportion of biopsies with a diagnosis that

would be verified if the same slide were interpreted by a reference group of 3 expert pathologists. Probabilities of confirmation (predictive values) were estimated using B-Path Study results and prevalence of biopsy diagnoses for women aged 50 to 59 years in the Breast Cancer Surveillance Consortium.

Results: Overall, if 1 representative slide were used per case, 92.3% (95% CI, 91.4% to 93.1%) of breast biopsy diagnoses would be verified by reference consensus diagnoses, with 4.6% (CI, 3.9% to 5.3%) overinterpreted and 3.2% (CI, 2.7% to 3.6%) underinterpreted. Verification of invasive breast cancer and benign without atypia diagnoses is highly probable; estimated predictive values were 97.7% (CI, 96.5% to 98.7%) and 97.1% (CI, 96.7% to 97.4%), respectively. Verification is less probable for atypia (53.6% overinterpreted and 8.6% underinterpreted) and ductal carcinoma in situ (DCIS) (18.5% overinterpreted and 11.8% underinterpreted).

Limitations: Estimates are based on a testing situation with 1 slide used per case and without access to second opinions. Population-adjusted estimates may differ for women from other age groups, unscreened women, or women in different practice settings.

Conclusion: This analysis, based on interpretation of a single breast biopsy slide per case, predicts a low likelihood that a diagnosis of atypia or DCIS would be verified by a reference consensus diagnosis. This diagnostic grey zone should be considered in clinical management decisions in patients with these diagnoses.

Genomic Characterization of Primary Invasive Lobular Breast Cancer

C. Desmedt, G. Zoppi, G. Gundem, et al.
JCO JCO640334; published online on February 29, 2016

Purpose Invasive lobular breast cancer (ILBC) is the second most common histologic subtype after invasive ductal breast cancer (IDBC). Despite clinical and pathologic differences, ILBC is still treated as IDBC. We aimed to identify genomic alterations in ILBC with potential clinical implications.

Methods From an initial 630 ILBC primary tumors, we interrogated oncogenic substitutions and insertions and deletions of 360 cancer genes and genome-wide copy number aberrations in 413 and 170 ILBC samples, respectively, and correlated those findings with clinicopathologic and outcome features.

Results Besides the high mutation frequency of *CDH1* in 65% of tumors, alterations in one of the three key genes of the phosphatidylinositol 3-kinase pathway, *PIK3CA*, *PTEN*, and *AKT1*, were present in more than one-half of the cases. *HER2* and *HER3* were mutated in 5.1% and 3.6% of the tumors, with most of these mutations having a proven role in activating the human epidermal growth factor receptor/ERBB pathway. Mutations in *FOXA1* and *ESR1* copy number gains were detected in 9% and 25% of the samples. All these alterations were more frequent in ILBC than in IDBC. The histologic diversity of ILBC was associated with specific alterations, such as enrichment for *HER2* mutations in the mixed, nonclassic, and *ESR1* gains in the solid subtype. Survival analyses revealed that chromosome 1q and 11p gains showed independent prognostic value in ILBC and that *HER2* and *AKT1* mutations were associated with increased risk of early relapse.

Conclusion This study demonstrates that we can now begin to individualize the treatment of ILBC, with *HER2*, *HER3*, and *AKT1* mutations representing high-prevalence therapeutic targets and *FOXA1* mutations and *ESR1* gains deserving urgent dedicated clinical investigation, especially in the context of endocrine treatment.

Nomenclature Revision for Encapsulated Follicular Variant of Papillary Thyroid Carcinoma: A Paradigm Shift to Reduce Overtreatment of Indolent Tumors

Y.E. Nikiforov, R.R. Seethala, G. Tallini, et al.
JAMA Oncol. Published online April 14, 2016.
doi:10.1001/jamaoncol.2016.0386

Importance: Although growing evidence points to highly indolent behavior of encapsulated

follicular variant of papillary thyroid carcinoma (EFVPTC), most patients with EFVPTC are treated as having conventional thyroid cancer.

Objective: To evaluate clinical outcomes, refine diagnostic criteria, and develop a nomenclature that appropriately reflects the biological and clinical characteristics of EFVPTC.

Design, Setting, and Participants: International, multidisciplinary, retrospective study of patients with thyroid nodules diagnosed as EFVPTC, including 109 patients with noninvasive EFVPTC observed for 10 to 26 years and 101 patients with invasive EFVPTC observed for 1 to 18 years. Review of digitized histologic slides collected at 13 sites in 5 countries by 24 thyroid pathologists from 7 countries. A series of teleconferences and a face-to-face conference were used to establish consensus diagnostic criteria and develop new nomenclature.

Main Outcomes and Measures: Frequency of adverse outcomes, including death from disease, distant or locoregional metastases, and structural or biochemical recurrence, in patients with noninvasive and invasive EFVPTC diagnosed on the basis of a set of reproducible histopathologic criteria.

Results: Consensus diagnostic criteria for EFVPTC were developed by 24 thyroid pathologists. All of the 109 patients with noninvasive EFVPTC (67 treated with only lobectomy, none received radioactive iodine ablation) were alive with no evidence of disease at final follow-up (median [range], 13 [10-26] years). An adverse event was seen in 12 of 101 (12%) of the cases of invasive EFVPTC, including 5 patients developing distant metastases, 2 of whom died of disease. Based on the outcome information for noninvasive EFVPTC, the name “noninvasive follicular thyroid neoplasm with papillary-like nuclear features” (NIFTP) was adopted. A simplified diagnostic nuclear scoring scheme was developed and validated, yielding a sensitivity of 98.6% (95% CI, 96.3%-99.4%), specificity of 90.1% (95% CI, 86.0%-93.1%), and overall classification accuracy of 94.3% (95% CI, 92.1%-96.0%) for NIFTP.

Conclusions and Relevance: Thyroid tumors currently diagnosed as noninvasive EFVPTC have

a very low risk of adverse outcome and should be termed NIFTP. This reclassification will affect a large population of patients worldwide and result in a significant reduction in psychological and clinical consequences associated with the diagnosis of cancer.

Reevaluating PSA Testing Rates in the PLCO Trial

N Engl J Med 2016; 374: 1795-1796 [May 5, 2016](#)
DOI: 10.1056/NEJMc1515131

To the Editor:

In March, the Centers for Medicare and Medicaid Services temporarily suspended the development of a proposed “Non-Recommended Prostate-Specific Antigen (PSA)-Based Screening” measure that would discourage PSA screening in all men. The U.S. Preventive Services Task Force (USPSTF) is currently in the process of updating its recommendations for prostate-cancer screening. The decisions made by these two organizations are likely to determine the fate of PSA screening in the United States.

Much of the controversy surrounding screening revolves around the Prostate, Lung, Colorectal, and Ovarian (PLCO) Cancer Screening Trial, which randomly assigned men to annual prostate-cancer screening or usual care and showed equivalence in the primary outcome of prostate-cancer mortality.¹ The major criticism of this trial relates to the degree of PSA testing in the control group as reported in the 2009 publication of the trial results. Subsequent analyses, including the 2012 USPSTF recommendations, have interpreted the rate cited in the 2009 report as “approximately 50% of men in the control group received at least 1 PSA test during the study.”²

This is an inaccurate interpretation of PSA testing in the control group during the trial. Rates of testing during the trial were determined by a follow-up survey, termed the Health Status Questionnaire (HSQ), that was administered to a subgroup of participants in the control group.³ In the HSQ, men were asked whether they had ever undergone a PSA blood test for prostate cancer, along

with follow-up questions about when and why the test was performed. Categorical responses for when the most recent test was performed were within the past year, 1 to 2 years ago, 2 to 3 years ago, more than 3 years ago, and do not know, and responses for the main reason for the test were because of a specific prostate problem, follow-up to a previous health problem, and part of a routine physical examination. In the landmark 2009 trial report, the rate of testing in the control group was limited to men who responded that they had been tested within the previous year as part of a routine physical examination, and other responses were not counted as testing. Prostate-Specific Antigen (PSA) Testing in Participants without Baseline Screening Contamination in the Control Group of the Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial., more than 80% of the participants in the control group without baseline screening contamination (which for PSA was defined as ≥ 2 tests within 3 years before trial entry) reported having undergone at least 1 PSA test during the trial, with more than 50% undergoing testing within the past year and 70% within the past 2 years. Overall, including the 10% of control participants with baseline PSA screening contamination, the proportion of control participants who reported having undergone at least 1 PSA test before or during the trial was close to 90%. Moreover, the pervasiveness of PSA testing was such that when both trial groups were surveyed with the HSQ, men in the control group reported having had more cumulative PSA testing than men in the intervention group (see the **Supplementary Appendix**, available with the full text of this letter at NEJM.org).

These clarifications should be considered by policymakers and payers debating reimbursement and meaningful use of PSA testing, particularly given the mounting evidence that intermittent PSA testing decreases the costs and harms of screening while preserving the benefits of annual testing.⁴

SOME RECENTLY PUBLISHED

BOOKS

By Prof. Gordan Vujanić



Diagnostic Pathology: Genitourinary

Mahul Amin, Satish Tickoo

2nd ed, 1,072 pages, ~€260, Elsevier (2016)

Series: Diagnostic Pathology series

Part of the highly regarded Diagnostic Pathology series, this updated volume is a visually stunning, easy-to-use reference covering all aspects of genitourinary pathology. Outstanding images - including gross pathology, a wide range of stains, and detailed medical illustrations - make this an invaluable diagnostic aid for every practicing pathologist, resident, or fellow. This 2nd Edition incorporates the most recent clinical, pathological, staging, and molecular knowledge in the field to provide a comprehensive overview of all key issues relevant to today's practice.

Diagnostic Lymph Node Pathology

Margaret Ashton-Key, Penny Wright, Dennis Wright

3rd ed, 216 pages, 300+ illus, ~€130, CRC (2016)

Diagnostic Lymph Node Pathology presents a logical and systematic approach to lymph node biopsies and guides general pathologists and haematopathologists alike through the maze of differential diagnoses, enabling them to reach an accurate diagnosis.

Diagnostic Atlas of Non-Neoplastic Lung Disease

Anna Luise Katzenstein

352 pages, ~€90, Demos (2016)

Diagnostic Atlas of Non-Neoplastic Lung Disease provides the practicing pathologist with the tools

necessary to synthesize diagnoses in biopsy and surgical specimens of non-neoplastic lung disease. Classification of non-neoplastic lung disease has become increasingly complex, especially in diffuse lung diseases where terminology has been changing and clinical and radiologic input is advocated for diagnosis.

Pathology of the Urinary Bladder

Antonio Lopez-Beltran, Rodolfo Montironi, Liang Cheng

204 pages, ~€100, Cambridge (2016)

Posted May 16, 2016

This concise, practical guide is structured to reflect the thought process of the practising pathologist. A key feature is the use of algorithms to aid in reaching the correct diagnosis, for both common and complex bladder tumors and tumor-like lesions. Its coverage of diagnostic criteria is in keeping with international standards and best practice, and the practical layout provides quick access to relevant information, integrating conventional histology, immunohistochemical markers and key clinical knowledge.

Dental and Oral Pathology

Pieter Sloomweg

362 pages, ~€395, Demos (2016)

This book covers the complete field of oral and maxillofacial pathology – from Addison's disease to Zimmerman-Laband 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.

Head and Neck Pathology

Metka Volavsek

750 pages, ~€260, Demos (2016)

This book covers the complete field of head and neck pathology – from Abscess to Wegener's Granulomatosis, Sinusitis. 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.

WHO Classification of Tumours of the Central Nervous System

4th revised ed, 408 pages, 800+ images, ~€135, WHO (2016)

WHO Classification of Tumours of the Central Nervous System is the revised fourth edition of the WHO series on histological and genetic typing of human tumors. 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.

Pathology of Testicular and Penile Neoplasms

Maurizio Colecchia

292 pages, ~€110, Demos (2016)

This user-friendly book is a practical guide to the diagnosis of testicular tumors and rare tumors of the penis. It describes and illustrates pathology findings for each tumor type and provides information on clinical features, differential diagnosis, tumor staging, and prognostic factors. Since an effective dialogue between urologists and pathologists is essential for optimal patient care, due attention is paid to such aspects as the role of frozen section in the management of small testicular nodules and the accurate reporting of testicular and penile neoplasms to ensure that all knowledge required for diagnostic and therapeutic decision-making is available.

Pearls and Pitfalls in Neoplastic Dermatopathology with Online Access

Ophelia Dadzie, Meera Mahalingam

528 pages, ~€160, Cambridge (2016)

This practical book takes the challenge of the dermatopathology sign-out and walks the reader through a diagnostic approach, explaining how to distinguish between benign and malignant lesions and identifying histopathologic features unique to each entity. Through discussion of some 150-200 lineage-unrelated cutaneous neoplastic disorders (primary and secondary), the reader will become familiar with common and sometimes uncommon but clinically relevant conditions.

Endocrine Pathology with Online Resource

Ozgur Mete, Sylvia Asa

952 pages, ~€370, Cambridge (2016)

A much-needed comprehensive resource, *Endocrine Pathology* covers clinical, radiologic, biochemical, molecular, cytogenetic, immunologic and histopathologic aspects of endocrine disorders, including the full spectrum of both neoplastic and non-neoplastic lesions. The first section of the book provides an overview of the clinical presentations of endocrine diseases, while the second section reviews the wide variety of investigative techniques used in their diagnosis. The third and largest section provides a comprehensive tissue- and organ-based approach to the diagnosis of endocrine disorders, including morphologic, genetic and proteomic features with clinicopathologic correlations.

Biomarkers in Neoplastic Neuropathology

Fausto Rodriguez, Cheng-Ying Ho

98 pages, ~€70, Demos (2016)

This book is a rich source of information on biomarkers applicable to the pathology of neoplastic disorders of the brain. Thorough descriptions are provided of the techniques currently available for clinical and experimental evaluation of biomarkers in brain neoplasms, including in situ hybridization, array-based methods, methylation profiling, next-generation sequencing, and practical gene panels.

Sudden Cardiac Death in the Young and Athletes: Text Atlas of Pathology and Clinical Correlates

Gaetano Thiene, Domenico Corrado, Cristina Basso

190 pages, ~€140, Demos (2016)

This text atlas focuses on the pathology and molecular genetics of sudden cardiac death in the young and in athletes, presenting the state of the art in the field as the basis for development and implementation of more effective prevention strategies, including, ultimately, molecular therapy that will cure the underlying biological defect. A wealth of high-resolution color images, accompanied by clear supporting text, are presented to

document the anatomic pathology of the cardiac diseases most frequently responsible for sudden cardiac death in this population, including coronary artery diseases, cardiomyopathies, myocarditis, valve diseases, conduction system abnormalities, congenital heart diseases, and ion channel diseases.

Color Atlas of Forensic Medicine and Pathology

Charles Catanese

2nd ed, 648 pages, 1600+ illus, ~€205, CRC (2016)

Now in its second edition, the best-selling *Color Atlas of Forensic Medicine and Pathology* is an easy-to-read reference covering forensic pathology principles, from basic to advanced concepts relating to all manners of death. Featuring over 1600 full-color images, including 400 more photographs than the first edition, this book provides unparalleled photographic illustration to enhance understanding for medical and non-medically trained personnel.

Practical Clinical Oncology

Louise Hanna, Tom Crosby, Fergus Macbeth

2nd ed, 621 pages, ~€90, Cambridge (2016)

Practical Clinical Oncology, 2nd edition, provides a practical and comprehensive review of the current management of common types of cancer. Introductory chapters give background information on the main treatment modalities and other key issues such as acute oncology, palliative care and clinical research, with new chapters on pathology and advanced external beam radiotherapy. Subsequent chapters describe the diagnosis and treatment of malignancies, based on tumour site or type. Finally, multiple choice questions allow the reader to test their knowledge.

Diagnostic Pathology: Neuropathology

Bette Kleinschmidt-DeMasters, Tarik Tihan, Fausto Rodriguez

2nd ed, 800 pages, 1700 illus, ~€250, Elsevier (2016)

Part of the highly regarded *Diagnostic Pathology* series, *Diagnostic Pathology: Neuropathology* is a visually stunning, easy-to-use reference covering

all aspects of neuropathology. Nearly 1,700 outstanding images, including a wide variety of pathology stains and high-quality medical illustrations, 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.

Molecular Pathology in Clinical Practice

Debra G. B. Leonard

2nd ed, 1,001 pages, 219 illus, ~€110, Demos (2016)

This authoritative textbook offers in-depth coverage of all aspects of molecular pathology practice and embodies the current standard in molecular testing. Since the successful first edition, new sections have been added on pharmacogenetics and genomics, while other sections have been revised and updated to reflect the rapid advances in the field. The result is a superb reference that encompasses molecular biology basics, genetics, inherited cancers, solid tumors, neoplastic hematology, infectious diseases, identity testing, HLA typing, laboratory management, genomics and proteomics. Throughout the text, emphasis is placed on the molecular variations being detected, the clinical usefulness of the tests and important clinical and laboratory issues.

Diagnostic Pathology: Breast

Susan Lester, David Hicks

2nd ed, 600 pages, ~€195, Elsevier (2016)

Part of the highly regarded Diagnostic Pathology series, Diagnostic Pathology: Breast, second edition, is a visually stunning, easy-to-use reference covering all aspects of breast pathology. Outstanding images, including gross and microscopic pathology, a wide range of supportive immunohistochemistry, and detailed medical illustrations with numerous examples of morphologic findings, make this an invaluable diagnostic aid for every practicing pathologist, resident, or fellow.

Oral Pathology: Clinical Pathologic Correlations

Joseph Regezi, James Sciubba, Richard Jordan

7th ed, 496 pages, 1000 illus, ~€125, Elsevier (2016)

Diagnose oral diseases quickly and accurately! Oral Pathology: Clinical Pathologic Correlations, 7th Edition presents diseases and conditions by appearance and presentation, so that you can easily identify and plan treatment for common oral and paraoral problems. An atlas-style overview of pathologic conditions opens the book, and then each chapter describes pathologies in detail - depicting each with full-color clinical photos and photomicrographs.

Atlas of Adult Autopsy

S. Kim Suvarna

397 pages, ~€210, Demos (2016)

This atlas leads the reader through the adult autopsy process, and its common variations, with a large number of high-quality macroscopic photographs and concise accompanying text. It provides a manual of current practice and is an easy-to-use resource for case examination for consent, medico-legal and radiological autopsies.

FORTHCOMING MEETINGS IN 2016

By Prof. Gordan Vujančić



American Association of Neuropathologists Annual Meeting 2016

16 – 19 June 2016

Hyatt Regency Baltimore, 300 Light St, Baltimore, Maryland, 21202

Baltimore, United States

9th Joint Meeting of the British Division of the IAP and the Pathological Society

Pathological Society (PathSoc)
28 – 30 June 2016
Nottingham, United Kingdom

CAP-ACP: 2016 Annual Meeting

Canadian Association of Pathologists (CAP-ACP)
9 – 12 July 2016
Hyatt Regency, 655 Burrard St, Vancouver, British Columbia, V6C 2R7
Vancouver, Canada

SUP: Ultrathin XVIII

Society for Ultrastructural Pathology (SUP)
11 – 15 July 2016
Calouste Gulbenkian Foundation, Av. Berna 45,
Lisboa, 1067-001
Lisboa, Portugal

11th European Congress of Neuropathology (ECNP)

6-9 July 2016
Bordeaux, France

USCAP: Bladder Tumors, Renal Masses, Ovarian Tumors and Uterine Neoplasms

United States & Canadian Academy of Pathology (USCAP)
23 – 24 July 2016
Palm Spring, United States

2nd Macedonian Congress of Pathology with International Participation

1 - 4 September 2016
Ohrid, FYROM

XXXI International Congress of the International Academy of Pathology and 28th Congress of the European Society of Pathology

September 25-29, 2016
Cologne, Germany

RCP: Histopathology of the Bone Marrow

The Royal College of Pathologists UK
12 September 2016
Hammersmith Hospital, Du Cane Road, London
London, United Kingdom

American Society for Clinical Pathology Annual Meeting 2016

14 – 17 September 2016
Mandalay Bay, 3950 S Las Vegas Blvd, Las Vegas, Nevada, 89119
Las Vegas, United States

BAC: 40th European Congress of Cytology

British Association of Cytopathology (BAC)
2 – 5 October 2016
The Arena and Convention Centre Liverpool, Kings Docks, Merseyside, Liverpool
Liverpool, United Kingdom

SPP: 2016 Fall Meeting

Society for Pediatric Pathology (SPP)
5 – 9 October 2016
Waikiki Beach Marriott, 2552 Kalakaua Avenue, Honolulu, Hawaii, 96815, United States

IV Congress of the Cuban Division of the International Academy of Pathology and XIV Congress of the Cuban Society of Anatomic Pathology

14 – 18 November 2016
Havana, Cuba



© KölnTourismus GmbH_Dieter Jacobi

**XXXI International Congress of the
International Academy of Pathology**
and
**28th Congress of the
European Society of Pathology**

Predictive Pathology, Guiding and Monitoring Therapy

25 – 29 September 2016
Congress-Centrum Ost Koelnmesse, Cologne, Germany

www.iap2016.com
www.esp-congress.org

Jointly organised by
▶ German Division of the IAP
▶ European Society of Pathology

**Preliminary
Programme
Call for
Abstracts**