In this issue

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Published online: 17 November 2016
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This is the last ‘In this issue’ I will write. My term as Editor in Chief of Virchows Archiv draws to an end and Daniela Massi will take over as of the first issue of 2017. It has been a pleasure serving the Journal, through the Journal the European Society of Pathology (ESP) of which it is the official publication platform, but most of all authors and readers. Feed-back from readers has been quite positive and the effort it takes to get good manuscripts in but also to make sure that they read well has been worth the while. Although time consuming, it has been a pleasure to work with authors to get their paper in an optimal form, notably also in the quality of writing. I thank all of you and in particular the Editorial team as well as our Springer team (Ben Bishop, MariaVerna Remellite and Andrew Wervone Aguilar) for years of productive collaboration. The ESP and the Journal are to be congratulated on their choice of the new Editor in Chief. Daniela has the vision, the energy and the will to serve its authors and readers, while consolidating Virchows Archiv as one of the leading journals in human pathology.

So what in this issue merits to be in the spotlight? First of all there is the Ridder et al paper (DOI [10.1007/s00428-016-2015-9](https://doi.org/10.1007/s00428-016-2015-9)) on how to report lymph node status in head and neck squamous cell carcinoma. There has been quite a bit of discussion on the merits of the number of positive lymph nodes in comparison to the lymph node ratio (the proportion of positive lymph nodes) in terms of predicting outcome. A more detailed dissection protocol and a change in the professional responsible for grossing the specimen (trained

technicians rather than pathologists) allowed the group to compare number with ratio. More lymph nodes were found after the change in protocol but these were not more often positive. The number of positive lymph nodes remained strongly associated with an increased risk of dying of disease but the lymph node ratio was not independently predictive. This is not sophisticated science but a useful practice oriented study telling us that a lucid protocol is important, that protocols should be rigorously applied which is done better by dedicated well trained technicians than by pathologists/pathology trainees and that down to earth anatomical parameters remain important in terms of treatment decisions. If a good number of lymph nodes is examined, the number of positive nodes is the best predictor of outcome.

The paper by Bechert et al (DOI [10.1007/s00428-016-2024-8](https://doi.org/10.1007/s00428-016-2024-8)) addresses a hot issue: which premalignant lesions of the breast, for which the authors prefer the ductal intraepithelial neoplasia (DIN) terminology, might recur and progress into an invasive lesion. Given the observation that p16 and/or p53 positive breast cancer tends to be more aggressive, the authors hypothesized that p16 and/or p53 expression in DIN might identify lesions with a higher propensity to recur or progress. Indeed, expression of both markers increased along with DIN grade. Co-expression of both markers was associated with invasive carcinoma and the authors propose to include these markers as indicators of more aggressive potential in the assessment of DIN lesions.

The cover image is from this paper and shows strong nuclear staining for p53 in ductal intraepithelial neoplasia of the breast.

Gallo et al (DOI [10.1007/s00428-016-2016-8](https://doi.org/10.1007/s00428-016-2016-8)) report on biomarkers to distinguish between classical mantle cell lymphoma and leukemic non-nodal mantle cell lymphoma (IMCL). This subtype of mantle cell lymphoma is relatively indolent but some cases transform to a more aggressive disease and markers to recognize propensity for progression early

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on would be helpful. Using a combination of immunohistochemistry, interphase FISH and array-CGH the authors found deletion of PARP1 and deletion of 13q14 to be associated with a progressive clinical course of LMCL. They argue that these markers should be included in initial diagnostic studies as predictors of unfavourable outcome.

I tend not to highlight case reports in my introductory reflections but the paper by Hartley et al (DOI [10.1007/s00428-016-2032-8](https://doi.org/10.1007/s00428-016-2032-8)) merits to be the exception confirming the rule. The case concerns a patient with the tuberous sclerosis

complex (with a germline TSC2 mutation), who developed in the pancreas a mucinous cystic neoplasm of the pancreas along with multiple neuroendocrine tumors (NETs) and perivascular epithelioid cell tumors (PEComas). A (germline) TSC2 mutation was found in all three tumors but only in the PEComa and the NET (not in the mucinous cystic neoplasm), a second hit mutation of the TSC2 gene pointed to a TSC association. For NETs the association was known but now pancreatic PEComa can be added to the list of TSC-associated tumors!