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NEWS

In this issue

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Contemporary pathology represents a central and key medical subspeciality both for research and diagnostic. This is conveyed by its analytical approach to tissue, cells and body fluids and the integration of gross, microscopic and molecular data together with clinical information into a report. During its evolution pathology has been always using modern technologies to answer burning questions starting from the light microscope over in situ techniques such as immunohistochemistry and in situ hybridization to PCR based DNA analysis and next generation sequencing. In the competition for novel techniques pathology had often to compete with other disciplines which had better access to funding and more human resources available and, therefore, was not always and everywhere successful. In addition, the speed of development of modern pathology varied strongly between the various parts of the world and, particularly, within Europe. A position paper by a group of leading European pathologists (https://doi.org/10.1007/s00428-020-02757-0) on behalf of the European Society of Pathology (ESP) highlights the importance of complementing conventional morphological tools by molecular pathology for modern medicine. Furthermore, they address the crucial role of pathology in the process of molecular analysis of therapeutic targets from tissue samples with respect to appropriate interpretation of the molecular findings in the morphological context, the consideration of pre-analytical issues, the assessment of the tumor cell content of the analyzed sample, the selection of the most appropriate method and the control of the turnaround time for the integrated report. Pathology should not only take a strong position in the process of analysis and interpretation of somatic molecular alterations in cancer but also try to take a lead in molecular core facilities. It is to be hoped that this paper will also reach health authorities and hospital managers and help to foster the position of pathology with respect to molecular pathology all over Europe.

One major task for clinically oriented pathology is the standardization of reporting in particular for tumors, based on published evidence. The International Collaboration on Cancer Reporting (ICCR), a not for profit organization tries to set up standardized datasets for cancer reporting and has recently joint its efforts with other international organizations such as the WHO, the UICC and the AJCC. Subsequent to the respective organ-based classifications of the 5th edition of the "WHO Classification of Tumours" novel datasets will be established and existing datasets actualized, respectively. Recently, a dataset for the reporting of carcinoma of the bladder particularly regarding cystectomy, cystoprostatectomy and diverticulectomy specimens was worked out and published by an international group of experts in uropathology (http://www.iccr-cancer.org/datasets/published-datasets/urinary-male-genital/carcinoma-of-the-bladder-cystectomy-cystoprostatec). The article by Comperat et al. (https://doi.org/10.1007/s00428-019-02727-1) provides details on this dataset and general information on the work of the dataset committees.

Recently, a novel classification for adenocarcinomas of the uterine cervix has been established, categorizing the tumors into HPV-associated and HPV-independent and will also be included into the upcoming 5th edition of the WHO classification of tumors of the female genital tract. In relation to this topic, a study by Asaka and colleagues (https://doi.org/10.1007/s00428-019-02739-x) tries to categorize adenocarcinoma in situ (AIS) of the cervix into several subtypes by immunohistochemistry. The authors further propose that using a panel of antibodies including CLDN18, CDH17 (illustrated on the cover page), and PAX8 might improve the diagnostic accuracy. The controversies caused by this proposal (https://doi.org/10.1007/s00428-020-02770-3) will certainly stimulate the scientific discussion and lead to further research on this developing field.

Finally, Yip et al. (https://doi.org/10.1007/s00428-019-02734-2) describe a single institutional study on lymphocytic gastritis, which is most frequently observed with gluten-sensitive enteropathy, *H. pylori* infection, non-steroidal anti- inflammatory drugs, and microscopic colitis but seems to be also associated with novel immunotherapeutic drugs. The authors describe in details both the topography and the morphologic features of this uncommon gastritis which may point to the cause of injury and allow proper treatment of the underlying disease.