

Lymphomas in Istanbul

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In October, the joint meeting of the EAHP and SH took place in Istanbul. Istanbul is a city partly in Europe and partly in Asia. It has the cultural influence of many different religions and travellers from the whole world. Turkey is surrounded by countries in which changes, war and refugees result in headlines all over the world. Was it a good place for a haematopathology meeting?

I believe it was. The history of lymphoma classification has had its wars (without bloodshed of course) as described by Nancy Harris in her Karl Lennert lecture. But it seems now, with the influence of European, American and Asian influences, to have reached a peaceful state of evolution. However, at the borders of this field, new data are potentially creating new problems: genetics, bioinformatics and immunology all evolve fast as was described in several key note lectures. The headlines of these in the scientific journals cannot go unnoticed.

The proven concept of scientific communication followed by case discussions proved to be fruitful again. After so many new data in the symposium, it is good to go back to the basics: solving cases. We have now so many tools that a case can be sometimes investigated to the extreme, as was illustrated by some presenters in the workshop. But in the end, what we need to do is giving meaningful information to our clinician so that they can advise the patient as to which treatment seems the most optimal. We can do this even without full understanding of a case.

This issue of the *Journal of Hematopathology* also tries to help you in making a good diagnosis. Like always, there is the

literature review, but there are also other articles that give you practical information on how to deal with daily issues. In this era of rapid developments, we really need to choose what we do and what we omit from our diagnostic armature: we need to be careful with resources too. Although the cost of pathology in the whole process of diagnosis and treatment is very low, it is still necessary to be careful with spending. There is austerity all over the world. This makes me sometimes worried, at other times more optimistic: in times of few resources, one needs to be creative! Nevertheless, we need to show the importance of what we do for the individual patient, and actually, I experience that patients start to recognise this.

Last week, I received a thoughtful, concerned but positively worded e-mail from the husband of a patient who asked if I was sure about my diagnosis of Bcl2-negative follicular lymphoma on his wife. He had read my report and found that I could not demonstrate a BCL2 break by FISH. He also pointed out that I had to be careful with the clonality test that I had performed, since clonality does not mean malignancy. I replied that I had used several arguments to make my diagnosis and explained this process. He immediately replied by stating that these answers gave him and his wife full confidence to endure the treatments to come. He pointed out that his haematologist (in an outside hospital) could not provide these technical answers, but he was given the report to directly discuss them with the pathologist. I believe that this is a nice example on how we play our role and become more visible for patients. It shows how thoughtful concerned patients can be helped in preventing unnecessary anxiety.

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