Preface

Michelle S. Hirsch, MD, PhD

Editor

An Update of Genitourinary Pathology from Morphology to Molecular Genetics with an Emphasis on Clinicopathologic Correlation.

It has been an honor and a pleasure to act as Special Editor for this issue of *Surgical Pathology Clinics*, which places an emphasis on pathology of the genitourinary (GU) tract. It has been approximately six years since the last GU issue of *Surgical Pathology Clinics* was published, and since that time, there have been many significant advances in all areas of GU pathology including morphology and biomarker analysis, genetic and molecular alterations, and clinical treatment. Accordingly, my approach to the current GU issue of *Surgical Pathology Clinics* was to address these updates in the prostate, kidney, bladder, testis, and adrenal gland. In most of the articles, updates in morphology and the molecular basis of disease are addressed concurrently. However, as there have been so many advances in both of these areas for prostatic adenocarcinoma, I felt it was best to separate morphology (including the recent changes made to Gleason grading) from molecular alterations. Similarly, with our improved ability to more precisely subtype kidney tumors, I felt it was important to define those that are well established and those more recently added to the World Health Organization (WHO) Classification of Kidney Tumors in separate articles. Although fewer in frequency, changes made by the WHO in urothelial and testicular pathology are also summarized in their respective articles. Inclusion of the adrenal gland was done intentionally as GU pathologists may encounter such specimens, and adrenal gland

neoplasms may subsequently be treated by a urologic medical oncologist. The final pathology article in this issue discusses nonneoplastic lesions in the GU organs, as clearly their distinction from malignancy is clinically relevant. Last, I would like to point out the unique and innovative approach to this GU issue of *Surgical Pathology Clinics*, which included small clinical reviews, written by expert urologic medical oncologists, that discuss the clinicopathologic correlation in regards to all 5 corresponding organ systems. The intent was for this complete collection of reviews to provide clinically significant information for the pathologist so that we can better understand why we make certain diagnoses, as well as pathologically significant information for the clinician including recent changes to nomenclature and reporting. Overall, it is my hope that this comprehensive GU issue of *Surgical Pathology Clinics* will provide a contemporary update for pathologists and clinicians at various levels of experience in regards to the diagnostic workup, differential diagnosis, pathophysiology, and clinical significance of neoplastic and nonneoplastic lesions of the GU tract.

Michelle S. Hirsch, MD, PhD
Harvard Medical School
Brigham and Women's Hospital
Department of Pathology
75 Francis Street, Amory-1
Boston, MA 02115, USA

E-mail address:
mhirsch1@partners.org