Preface

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Editor

Gastrointestinal pathology emerged as a subspecialty in the early 1980s, roughly coincident with development of endoscopy and mucosal biopsy for diagnosis and management of patients with gastrointestinal disorders. Since that time, changes in tissue acquisition techniques and ancillary testing have drastically altered the field, such that current practice bears little resemblance to that of our mentors. The past two decades have seen an explosion in the number and types of biopsy samples pathologists encounter in daily practice. Virtually every part of the tubular gut is now amenable to visualization and sampling. As a result, pathologists are expected to generate comprehensive and accurate differential diagnoses for a variety of inflammatory and neoplastic disorders that occur throughout the gastrointestinal tract. Although we have always played an important role in the care of patients with persistent gastrointestinal symptoms, we are increasingly involved in the management of immunosuppressed patients, particularly those with hematopoietic malignancies receiving stem cell transplants. Most of these individuals require medical therapies notorious for their negative effects on the gastrointestinal tract. Unfortunately, immune-mediated injury, infections, and medication effects are common in this population and evoke similar patterns of mucosal damage in biopsy material. Pathologists must be able to hone in on key features in order to narrow the differential diagnosis and facilitate patient management.

Advanced endoscopic techniques have led to changing expectations of pathologists, as nonsurgical approaches to superficial neoplasms are now the rule, rather than the exception. Although most patients with dysplasias and early invasive carcinomas were referred to surgeons in the past, most are now completely treated by gastroenterologists, who require pathologists to provide information regarding tumor stage and adequacy of excision based on limited excisional material. For these and many other reasons, surgical pathologists are challenged to stay abreast of new developments in the diagnosis and management of neoplastic gastrointestinal diseases and to distinguish malignancies from their mimics in small samples.

Finally, colorectal and gastric carcinomas are global health problems, together ranking second only to lung cancer as a leading cause of cancer-related death in developed countries. The roles of pathologists in their diagnosis and management continue to be defined. Not only do pathologists report accurate staging information to oncologists in order to plan postoperative chemotherapeutic strategies but also they provide clinical colleagues with guidance for usage of ancillary tests and interpretation of test results. In fact, pathologists are often the first physicians to suspect, or diagnose, heritable gastrointestinal cancers in many centers.

This issue of *Surgical Pathology Clinics* is intended to address all of these needs in a succinct and pragmatic fashion. It contains 14 articles that describe practical approaches to diagnosis of inflammatory gastrointestinal disorders, including

sections that discuss biopsies in the bone marrow transplant setting and newly described medication-related injuries. The reader is provided with helpful criteria to facilitate recognition and reporting of neoplasia in endoscopically obtained material. Emerging concepts important to the diagnosis of heritable gastric and colorectal carcinomas are discussed in detail, as are ancillary tests relevant to the treatment of patients with these cancers. I sincerely thank all of the authors for their exceptional efforts; all of the articles are beautifully illustrated and include helpful tables

and key points that provide easy references to the reader.

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