Preface

Pulmonary Pathology: Providing Practical Answers for Busy Pathologists

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Editor

There have been several developments in the decade since the last pulmonary-centered issue of *Surgical Pathology Clinics*: new molecular testing methods, a new cancer staging system, new diagnostic entities, and new diagnostic modalities. Many pathologists find the lung interesting, but often lack the volume of cases to feel comfortable when confronted with pulmonary pathology. In assembling this issue of *Surgical Pathology Clinics*, I have tried to consider which questions I have been asked in my daily consultation practice. My hope is that the issue will provide practical answers for the working pathologist.

Drs Konopka and Jing provide an introduction to the articles on neoplastic disease with an approach to small biopsies. As personalized medicine continues to develop and expand, understanding how to provide adequate information on limited tissue has become a salient issue. In a similar vein, many diagnostic pathologists find the molecular testing nomenclature and reasoning to be mysterious. Drs Ruiz-Cordero and Devine pull back the curtain to reveal the simplified underpinnings of these tests. As different organ systems have moved to more standardized neuroendocrine tumor grading schema, understanding the pulmonary system has become more necessary. Dr Borczuk provides a practical approach to these neoplasms, elaborating on pertinent clinical

issues. Drs Schneider and Kotub break down the recently introduced TNM staging system, focusing on several issues that are often encountered in general practice. The final article in the neoplastic section is provided to assist in diagnosis of mesothelioma. Dr Fels-Elliott and I communicate several of the developments that have arisen since the last pulmonary issue of *Surgical Pathology Clinics* in 2010.

Drs Fukuoka and Zaizen start the nonneoplastic articles, with a detailed overview on diagnosis and classification of the idiopathic interstitial pneumonias. Recognition of these patterns provides the basis of nonneoplastic lung disease. The number of lung transplant cases has increased nearly every year for the past decade, and Dr Jonigk and colleagues have produced a state-of-the-art review of lung transplant pathology that covers the histologic and molecular findings observed in these patients. Drs Husain and Schulte elucidate the variegated findings observed in autoimmune connective tissue disease, a group of diseases in which the vigilant pathologist often makes the initial diagnosis. In a tip of the hat to my colleagues in radiology, I have provided an article on interpretation of cystic lung disease. Dr Urisman and I venture into the diagnosis of small airway disease and discuss the importance of multidisciplinary discussion in accurate recognition and classification of

these cases. Finally, the issue concludes with a discussion of cryobiopsy. Dr Cavazza and colleagues represent one of the most experienced groups working with this technique, and they share their expertise in the diagnosis of diffuse lung diseases.

It is my hope that pathologists in general practice will find this issue of *Surgical Pathology Clinics* to be a useful aid when lung biopsies pass across their microscope stages. I am extremely thankful for the work that my colleagues across the globe

have done in putting their knowledge down on these pages.

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