Danielle Seinstra, year 4 trainee (trainee in the Netherlands, ErasmusMC)

I am currently in the phase of my trainings program in which you decide what type of subspecialisation you want to pursue. Already from the start of my training I am fascinated by GI-pathology because of the variety of organs and the variety of disease that can be present in these organs. This meeting is focused on lower GI-pathology but not solely on the malignancy but also on the inflammatory diseases, presented by experts with a lot of knowledge about these organs. Furthermore, for me as a trainee the part where there is also a sessions based on real cases is very useful.

The expectations that I had for the meeting were fulfilled. The sessions with an interaction between a pathologist and a clinician, in which they also stated the progress in their field were impressive and interesting Especially the possibility or hint for the future in the session of Dr Edward Seward and professor Adrian Bateman that smaller polyps might not be send in for histology anymore made me think about how the future will look for GI-pathologist but also emphasizes the importance of keeping up-to-date with the developments in other disciplines that are related to our discipline.

Another highlight for me, that I was not aware of, was the different forms of dysplasia in inflammatory bowel disease and that even in random biopsies copy-number-variations can be found, which predict the change of recurrence.

Next to that, the talk and case of prof. Nagtegaal made me realize that definitions and protocols can be evolving and that new insights might take a while before being incorporated in the clinic. Furthermore we need to consider how are diagnosis are interpreted by the clinicians and we might need to educate clinicians about some of our diagnoses which was clearly illustrated by the case of intra-mucosal carcinoma.

The session by professor Norman Carr was a realization that every mucinous lesion in het appendix can cause pseudomyxoma peritoneii. The grade of the pseudomyxoma peritoneii is not necessarily the same as the grade of the appendiceal lesion and the prognosis is determined by the lesion in the peritoneum.

Professor Roger Feakins also made me realize that drug-induced colitis is always important to consider in your differential diagnosis and that a colonic biopsy that has features of a microscopic colitis but not the whole spectrum might fit with a drug-induced colitis, so that it is always important to describe this phenomena clearly in your report.

Since I am currently not only working in GI-pathology, I will not immediately incorporate the meeting in my daily practice, but points that I found important and will take along are linked to the new insights that I stated above. For example to describe intramucosal carcinoma and not just state high-grade adenoma or describe the partly microscopic colitis and emphasize the possibility of drug-induced colitis in this case.

I would definitely recommend this meeting especially for the trainee that is finalizing their education because the meeting gives an overview as well as in depth information about the different aspects of lower GI-pathology.