

BDIAP Symposium on Lower GI Pathology: Bursary Report – Emma Norton

The BDIAP Lower GI Symposium was held at the Royal College of Obstetricians and Gynaecologists, London on the 10-11th November 2023. The generosity of the BDIAP supports bursaries for junior pathologists to attend a wide range of events. The bursaries are easy to apply for and I strongly encourage my peers to do so. This in-person meeting had a strong collaborative feel and the bursary holders spanned England, Scotland, Ireland and the Netherlands.

As an NIHR Academic Clinical Fellow and ST2 Histopathology Registrar at Southampton General Hospital, I booked the symposium to gain insight into research and diagnostic updates in lower GI pathology. Recently writing an invited review for the Journal of Clinical Pathology, I have spent a lot of time thinking about the risk of lymph node metastasis (LNM) in pT1 colorectal cancer (CRC). The session by Professor Iris Nagtegaal focused on tumour budding which is an independent predictor of LNM in pT1 CRC. Despite consensus recommendations on the assessment of tumour budding from the ITBCC, interobserver variability still exists and may be one of the areas artificial intelligence assists in diagnostic practice. Advances in endoscopy shared by Dr Edward Seward include new narrow-band imaging and the proposal of 'treat and discard' for polyps <5mm which is very exciting.

As a trainee also preparing for the RCPATH Part 1 examination, I wish to share the following take-home points to highlight the relevance of similar BDIAP meetings to all pathology trainees, regardless of academic interest:

- In the latest TNM8, the definition of anal cancer is modified and tumours of the perianal skin, i.e. within 5 cm of the anal margin, are also classified as anal canal carcinoma.
- Tumour buds comprise up to 4 cells classically at the invasive front of a tumour and can be differentiated from the pseudo-budding seen in areas of inflammation by a low Ki67 proliferation index.
- Peritoneal disease is graded separately from primary appendiceal mucinous neoplasms as this is more closely related to prognosis.
- The European Neuroendocrine Tumour Society (ENETS) has published a 2023 guidance paper detailing the types of neuroendocrine neoplasm, their immunohistochemical profiles and grading.
- IBD-associated dysplasia has a worse prognosis than its sporadic counterpart and a high index of suspicion should be present in patients with longstanding, extensive colitis, a high degree of inflammation and in those with sclerosing cholangitis.
- Drug-induced colitis can have highly variable appearances and mimic other common pathologies but should be considered if there are mixed/ overlapping histological patterns of colitis, increased eosinophils, apoptosis, or ischaemic colitis in a young patient.

This meeting surpassed my expectations and I would recommend future BDIAP meetings to pathology trainees at all stages of their training.