

Annual meeting of the BDIAP – 2017

In 2017, the BDIAP has supported 11 trainees to attend the annual meeting, including one from Ireland and one from Belgium. I was one of them, and I am very grateful to the BDIAP for their support. The subject of the 2017 annual meeting, organised at the Royal Institute of British Architects (RIBA), was breast pathology. I was very eager to attend this meeting, as I would like to specialize in breast pathology. It was a wonderful opportunity to listen to experts in this field.

Prof. Sarah Pinder and prof. Jeremy Thomas had put together an excellent programme, in which several diagnostic challenges were addressed. I liked the contents of the programme, because common everyday difficulties as well as rare breast lesions were discussed. More specifically, the Friday afternoon ended with a session on problem solving, in which a potpourri of difficulties was presented. A variety of pitfalls was scrutinized: problems with DCIS grading due to inter-observer variability, challenging differential diagnoses between fibroadenomas and benign phyllodes tumours, and differential diagnoses of a plethora of spindle cell and epithelial/myoepithelial lesions.

I was particularly fascinated by the presentation of prof. Cecily Quinn on immunohistochemistry: I am aware that nowadays, pathologists are “spoiled” because they have access to an entire battery of immunohistochemical stainings, whereas this has not always been the case. A variety of diagnostic problems was highlighted, and the available immunohistochemical markers were discussed for each setting. I realized that immunohistochemical stainings can definitely aid diagnostic problem solving, but they can also constitute diagnostic pitfalls themselves.

On Saturday morning, a varied series of interesting (and sometimes truly challenging) breast lesions was presented. I liked the concept of being able to view the scanned slides in advance, as it allowed me to overthink all diagnostic issues. In many cases, I realized immunohistochemistry was required to either confirm a diagnosis with certainty, or to differentiate between two or more different types of lesions. During the Saturday morning session, I was aware that breast pathology requires thinking “outside the box”, as not all carcinomas in the breast originate in the breast. Several surprising cases of metastatic carcinoma to the breast were discussed. Dr. Marchio presented a nice case of DCIS in a core biopsy, which illustrated that immunohistochemistry is not always required to provide the answer, but sometimes ‘simple’ deeper sections will do the job.

In summary, it was a highly educational and very interesting meeting. It was the first time I have attended an annual meeting of the BDIAP, and I will definitely try to attend many more in the future.

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