



### **Training and education (UG PG CPD)**

The Pulmonary Pathology Club continues to meet every six months as a forum for discussion of current issues in diagnostic reporting and clinical research. This also serves as the organiser for the Pulmonary EQA Scheme which continues to run successfully, with a change in organiser to Dr David Snead at Coventry. The EQA scheme now uses digital pathology in order to use more biopsy material and make it more relevant to pathologists undertaking lung pathology in a more general setting.

Our team at the Brompton ran Practical Pathology Course in 2014, with most delegates from NHS Trusts. We intend to run this again in 2015.

### **Research and clinical trials issues**

The CRUK Stratified Medicine phase 2 has now started, with increased numbers of centres becoming involved in this translational genetics project that screens nationally patients with advanced lung cancer for rare mutations related to targeted therapies, these patients then being directed towards relevant drug trials (Matrix trial). Results are awaited on using next generation sequencing in an NHS environment.

There is also interest in several other actionable targets in lung cancer, in particular PDL-1, which may impact on the workloads of departments in the next year or two, as this may introduce an IHC assay into the work-up of lung cancer patients.

The International Thymic Malignancy Interest Group (ITMIG) and the International Mesothelioma Interest group (IMIG) continue to meet and advance uniformity in relation to these tumour groups. ITMIG have published several papers in September 2014 in the *Journal of Thoracic Oncology*, outlining proposals for a revised TNM classification for thymic epithelial neoplasms. Papers on TNM proposed changes in lung cancer are expected in 2015.

### **New developments and issues affecting service delivery**

The next edition of the WHO classification of tumours of the lung, pleura, thymus and heart will be published in early 2015, which will necessitate changes to clinical practice and datasets.

The main area affecting service delivery is the logistics of molecular testing, with increased complexity and volume, but a lack of infrastructure to cope with the process. Next generation sequencing will only increase this problem. Overall number of cases have not increased in lung cancer, but I estimate the complexity, in terms of consultant and laboratory time, has increased 2-3 fold.



The Pulmonary Pathology Club have revised their EQA scheme so that it now divides into two sections. One section is for pathologists only dealing with small biopsies and cytology, whilst the second includes all thoracic pathology for those based in regional centres. Some regions are making EQA participation in the first section a requirement for their regional Lung Cancer Service delivery.

### **Service configuration and profile (local vs regional vs national)**

This remains unchanged from 2013, other than the change in the EQA scheme to try to include a section for local pathologists who do limited lung pathology.

### **Overview of College Documents 'owned' or contributed to by the specialty - with details of plans for review e.g. datasets, pathways, other standards documents**

The document for lung underwent minor revisions in 2014, primarily to provide some advice and guidance in the handling of tissue for molecular testing. With the WHO update in 2015, there will need to be major revisions in lung, pleural and thymic MDS in 2015.

### **Workforce planning and recruitment to the specialty**

New thoracic posts have seemingly been filled over 2013, and there continues to be interest in the specialty with requests to come to our department being maintained in relation to post FRCPATH specialist experience.

### **Suggestions for educational events that might be hosted by the College**

The BDIAP and Pathological Society of GB and Ireland are continuing to work on a set of "masterclasses" in conjunction with the College, although this has been delayed by uncertainties over location with the College moving.

There will be a session on "Controversial areas in thoracic tumours" at the combined BDIAP/Path Soc meeting in Dublin, June 2015.

The BDIAP are running a macroscopy and cut-up day for trainees and biomedical scientists in 2015, as well as a day on molecular pathology.

Professor Andrew Nicholson  
Sub Specialty Advisor for Pulmonary Pathology