Society News

European Confederation of Neuropathological Societies

Dear Colleagues,

In this last issue of 2020, we are happy to provide you with *Clinical Neuropathology* Review Quiz #4. We recommend making the quiz online, so that you will see your score and the correct answers right away. The questions are about papers and editorial in the current issue of the Journal. In addition, there is a final announcement on the virtual European Congress of Pathology (December 6 – 9, 2020). The congress includes a special neuropathology long course that will be held on December 7, 2020. An updated overview of the history and structure of the Spanish Neuropathological Society that was submitted for placement on the Euro-CNS website, was also found of interest to be included in this News issue.

Wishing you a Merry Christmas and a prosperous New Year,

With kind regards,

The Euro-CNS News Editorial Team

Quiz

Below you will find *Clinical Neuropathology* Review Quiz #4. The questions refer to the papers and editorial of this issue of *Clinical Neuropathology*. You can make each quiz online via the Euro-CNS website, and see your scores right away!
https://www.euro-cns.org/journal/journal-quiz/

Make sure you have read the articles. If you are a Journal subscriber and/or member of Euro-CNS, you have free access to the Journal (links to the relevant Journal issues are provided below). If you forgot your login information, please contact the Euro-CNS secretariat:
secretariat@euro-cns.com

QUIZ #4, based on papers and editorial of *Clinical Neuropathology* Volume 39, No. 6/2020 (November/December)

1. Which of the following conclusions regarding meningeal neoplasms and their inflammatory environment is valid?

a – PD-L1 expression is found in the vast majority of meningiomas
b – PD-L1 expression increases with tumor grade
c – Meningeal tumors are a promising target for treatment with PD-L1 inhibitors
d – Immunomodulatory mechanisms may be involved in tumor progression
e – There is no lymphocytic infiltrate in solitary fibrous tumors/hemangiopericytoma

2. Lymph vessels

a – can be demonstrated by D2-40 (podoplanin) staining in solitary fibrous tumors/hemangiopericytomas
b – are increasingly present with increasing grade in meningiomas
c – could be demonstrated in some meningiomas
d – are associated with D2-40-positive fibroblasts
e – have been known to exist in central nervous system tumors for many years

3. Basophilic invasion

a – is defined as the presence of corticotrophs extending into the posterior pituitary gland
b – can be demonstrated in autopsy brains with frontotemporal lobar degeneration
c – is a diagnostic feature of Alzheimer's disease
d – is more prevalent in lower Braak and Braak stages of Alzheimer's disease
e – is not a feature of normal ageing of the brain

4. The posterior lobe of the pituitary gland in autopsy cases of Alzheimer's disease

a – does not, as a rule, include cells of the adenohypophysis
b – displays immunoreactivity for Nestin in Herring bodies
c – includes corticotrophs which are positive for stem cell markers
d – usually includes tau-positive tangles
e – often has neuritic plaques in Alzheimer's disease

5. Which of the following is a feature of the amniotic rupture sequence?

a – digital/limb amputations
b – craniofacial clefts
c – calvarial defects
d – visceral malformations
e – all of the above

6. From the case series presented by Shannon et al. on amniotic rupture sequence, one may conclude:

a – amniotic rupture sequence can only be diagnosed in the third trimester
b – there is a strong association of craniofacial anomalies with cerebral anomalies
c – amniotic rupture sequence is often due to an abnormal karyotype
d – frequently it co-occurs with a single umbilical artery
e – the CNS anomalies seen in amniotic rupture sequence are exclusively a consequence of mechanical stress on the cranium

7. Angiocentric gliomas

a – often occur in young people
b – frequently present with epilepsy
c – are usually located in the cerebral hemispheres
d – have perivascular rosettes on histologic examination
e – all of the above

8. Which of the following molecular alteration is very commonly found in angiocentric glioma

a – TERT promoter mutation
b – BRAF V600E mutation
c – FGFR alteration
d – MYC amplification
e – MYB-QK1 rearrangement

9. Oligoastrocytoma

a – has a dual genotype in very few cases
b – is composed of two morphologically distinct neoplastic cell populations
c – corresponds histologically to WHO grade II
d – is considered as exceptional type of lesion in the WHO 2016 classification
e – all of the above

10. Which of the following statements regarding amyotrophic lateral sclerosis is correct?

a – frequently presents with orthostatic hypotension
b – familial forms due to a mutation in the VABP gene feature FUS-positive cytoplasmic inclusions
c – the cellular mechanisms leading to neuronal loss in ALS are well known
d – features small fiber neuropathy significantly more often than controls
e – autonomic dysfunction is usually not found in patients with ALS associated with mutations in the SOD1 gene

Quiz submitted by Ingeborg Fischer, Switzerland, reviewed by Johannes A. Hainfellner, Austria

The 32nd Congress of the European Society of Pathology and XXXIII International Congress of the International Academy of Pathology (December 6 – 9, 2020)

The Congress, originally scheduled for Glasgow for December 5 – 9, 2020, will now be delivered as a virtual event. This is an exciting opportunity for the global pathology world to experience this innovative methodology in such a wide-ranging way for the first time. The essence of the originally planned program has been maintained but has been compressed to fit into 3 days of virtual meetings with six parallel sessions running on each day producing a total of 60 virtual symposia and slide seminars. There is a particular emphasis on the WHO Blue Book updates in many of the organ-based systems, as well as more general sessions. All presentations will be available for a period of 6 weeks after the meeting so that all delegates will be able to access all of the virtual content as required. You can browse the updated program overviews on the congress website: **https://www.esp-congress.org/**

As with the previous ESP congresses, this year Euro-CNS has been involved in the organization of a neuropathology course too.

A neuropathology long course will be held on Monday the 7th of December, and is titled "Molecular advances in brain tumour classification". It includes case presentations/slides. The session is being organized by Silvia Marino of the BNS and Sebastian Brander of Euro-CNS.

In addition, they are involved with the organization of a symposium (slide seminar) on "Central nervous system tumors in children" in cooperation with the paediatric pathologists.

The detailed program will be published on the ESP website shortly.

The Spanish Neuropathological Association

An Introduction

Establishment

The Spanish Neuropathological Association was created in 1978, in close collaboration with the Spanish Society of Neurology (SEN) and Spanish Society of Pathology (SEAP). In respect to the SEN, it is considered as an Associate Scientific Society with all the benefits of this category. In respect to the SEAP, it

is considered an autonomous Working Group supported by this Institution. Since its founding, it has celebrated meetings regularly. The Association has its own statutes.

Members

The Spanish Neuropathological Association is an active society having currently about 72 members including ordinary members full-time and part-time neuropathologists (as they work also as general pathologists) and a few neurologists and neuroscientific with a special dedication to neuropathology and associated members, including members with a special interest in Neuropathology. The membership of the Association is open to foreign neuropathologists. All the members of the Association are both associate members of the Spanish Neurological Society and active members of the Spanish Pathological Society, with fully committed participation in all the activities in the respective meetings of this societies. Spanish neuropathologists have many and varied work commitments including routine diagnostic work, research, and participation in brain banking.

Status of neuropathology

In Spain, neuropathology, like other areas of pathology, is currently not recognized as a specialty by the Spanish Government.

Board members

The board members of the Spanish Association of Neuropathology are the Executive President and the Secretary. Once the President has completed his/her term, the Secretary takes over the presidency of the Society. At the present time, the past President of the Association assumes the role of Councilor in Euro-CNS.

Educational activities and meetings

Informal meetings are held on a regular basis for review of diagnostically challenging cases and for continuing medical education. The Spanish Neuropathological Association celebrates two Joint Annual Meetings, in February with SEAP and the other in September with SEN. The usual structure of the meeting´s program includes conferences, seminars, communications, and Assembly.

Neuropathology training

There is not a specific neuropathology training requirement in Spain. Upon completion of the Pathology specialty, the future neuropathologist is formed by his/her own clinical experience, by following special courses and, optionally, by a stay in a national or internationally recognized Neuropathology Institution.

Submitted by
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