Society News

European Confederation of Neuropathological Societies

Dear Colleagues,

During the COVID-19 pandemic and due to the associated restrictions, live meetings are difficult or impossible to organize. To adapt to this situation, we are developing a quiz in a format which allows to earn CME points for literature study. Another element will be the reporting of local situations by means of councilors reporting in this Newsletter. In this way, we try to keep international contacts, and to keep our professional network alive. Hopefully, the COVID-19 situation will resolve in future because in the long run, live meetings are indispensable to maintain a lively international professional network.

We were thrilled to hear that the Polish Society of Neuropathology is setting up the Polish Brain Bank and share their announcement with you. The Italian Association of Neuropathology and the Spanish Society of Neuropathology sent an update about their (virtual) meetings. And last but certainly not least, you will find two new quizzes: #2 with questions about papers/editorial in the previous issue of the Journal, and #3 with questions about papers in the current issue. Quiz #1 was published in the previous issue.

With kind regards,

The Euro-CNS News Editorial Team

"Digital Brain" – digital collection of the Institute of Psychiatry and Neurology in Warsaw

The last years brought a significant increase in the demand for well characterized samples of human tissue, derived from the patients with specific diseases and conditions. The human central nervous system material is not an exception from this rule. Many institutions all over the world conduct brain banking initiatives, allowing access to the material for basic, clinical, and pharmaceutical research.

The Department of Neuropathology of the Institute of Psychiatry and Neurology in Warsaw (Poland) undertook the task of organizing the First Polish Brain Bank in the project "Digital Brain", supported by EU funds. The Institute's collection, dating back to the 1950s, is one of the largest and the most assorted, among existing ones. The project will allow to archive, digitalize, and make publicly available digitalized data. Project number: POPC.02.03.01-00-0042/18-00.

The project team, composed of doctors, including neurologists and neuropathologists, histologists, specialists in neuroanatomy, and photographers, is currently working on the preparation of microscopic slide scans, archiving photographs of tissue blocks and brain slices. All of the digital works will be accompanied by the anonymous patient's data (gender, age, diagnosis, neuropathological diagnosis). The public announcement of the fully functional Bank will follow shortly.

To make this amount of data work, we have created the specially designed database, allowing to browse the content, dependent on the criteria of disease, age, gender, accompanying symptoms, and other. The collection contains more than 5,000 cases, with various diagnoses, including cerebral hemorrhage, cerebral ischemia, neurodegenerative diseases, infection diseases, parkinsonian syndromes, and cerebral tumors. There are also large collections of cases of rare diseases like Wilson's disease, SSPE, and Creutzfeld-Jakob disease. For each case, the Department detailed clinical and pathological data.

The main idea of "Digital Brain" is to make the collection available for all of the interested parties, including MD's, scientists working on neurobiology of the disease, pathophysiology, pharmaceutical research, students, and all interested in digital versions of stored material. The "Digital Brain" will also help to ex-

Republic of Poland

European Funds Digital Poland

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At work for the Digital Brain Bank.

pand the knowledge on the mechanisms of neurological diseases' pathogenesis. The "Digital Brain" Team and the Institute would also allow the usage of collection material in the research conducted in the specialized institutions all over the world, under the condition of signing bilateral agreements.

We are happy to announce that the Team is making excellent progress, and we will announce the complete database in the forthcoming months. We would like to invite the scientific community to cooperate and visit our website:
www.digitalbrain.ipin.edu.pl

Submitted by
the Digital Brain's Team:
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Update from the Italian Association of Neuropathology and Clinical Neurobiology

August 5, 2020 – Dear Euro-CNS Members, I would like to confirm that the Annual Congress of the Italian Association of Neuropathology and Clinical Neurobiology, will be held in Trieste, May 20 – 22, 2021, with the same program and we expect the same speakers to be available for those dates. Prof. Gabriella Marcon will be the President.

During this pandemic period, we organized in collaboration with the Italian Society of Neurology, SIN, an online Webinar entitled "Covid and Neuropathology", on June 11, 2020; the speaker was Prof. Maria Pia Foschini of the Department of Biomedical and Neuromotor Sciences, Alma Mater, University of Bologna. On Sunday, November 29, a Workshop titled "The clinical phenotype and neuropathology of Centenarians", will be organized during the virtual Congress of the Italian Society of Neurology, Milan which will be held from November 29 to December 1, 2020). The Chairs are G. Cenacchi and AC Bruni. The speakers are: C. Franceschi (Bologna), G. Marcon (Trieste), G Passarino (Catanzaro), and G. Giaccone (Milano).

Submitted by
Giovanna Cenacchi,
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Update from the Spanish Society of Neuropathology

The 2020 Joint Meeting of the Spanish Society of Neuropathology and the Spanish Society of Neurology will be held in Seville, November. It will be a virtual Congress. The program of the Spanish Society of Neuropathology meeting will include oral communications, seminars and conferences. The conferences will be given by Dr. M. Honavar from the Pathology Department, Hospital Pedro Hispano, Matosinhos, and Dr. P. Sánchez-Gómez from the Health Institute Carlos III-UFIEC in Madrid about "Neuropathology of the epilepsy" and "New evidences of the tau protein in gliomas and neurodegenerative diseases", respectively.

Submitted by
Miguel Idoate,
Euro-CNS Councilor for the Spanish Society of Neuropathology

Quiz in each issue of Clinical Neuropathology

Each issue of Clinical Neuropathology has a quiz, with questions based on the papers and the editorial. You can make each quiz online via the Euro-CNS website, and see your scores right away!
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 #2, based on papers and editorial of Clinical Neuropathology Volume 39 (2020), No. 4/2020(May/June)

1. All of the following are typical histologic features of measles inclusion body encephalitis except:

a – A prominent lymphocytic infiltrate
b – Multinucleated cells
c – Microglial nodules
d – Eosinophilic intranuclear inclusions
e – Gliosis

2. Which of the following statements regarding measles encephalitis is true?

a – The incidence in developed countries has been steadily decreasing
b – It is caused by a double-stranded RNA-virus
c – Measles encephalitis may develop weeks to years after the primary infection
d – Subacute sclerosing panencephalitis (SSPE) is typically associated with a poor immunological response
e – Measles inclusion body encephalitis is more frequent in immunocompetent than immunocompromised individuals

3. Which of the following statements is true concerning Pick's Disease?

a – The clinical presentation includes behavioral anomalies and aphasia
b – Gallyas does not stain Pick bodies because it is sensitive to the 4R tau-isoform

c – Familial cases of Pick's Disease due to mutations in exons 9 – 13 in the tau-gene have been reported
d – In an experimental setting, brain homogenates from human tauopathies can induce tau-filaments when injected into mouse brains
e – All of the above

4. Which of the following statements regarding neurofibromatosis type 2 is true?

a – Most of the cases are familial
b – It is caused by a mutation of the NF2 tumor suppressor gene located on chromosome 9
c – Neurofibromatosis type 2 is commonly associated with perineuriomas
d – NF2 is inherited in an autosomal-dominant fashion
e – None of the above

5. Which of the following statements regarding perineuriomas is correct?

a – They may be subdivided into soft tissue neuromas, intraneural perineuriomas and sclerosing perineuriomas
b – Intraneural perineuriomas are exclusively due to TRAF7 gene mutations
c – By immunohistochemistry, these tumors are typically negative for INI1.
d – Perineuriomas often have alterations in both TRAF7 and NF2 genes.
e – All of the above.

6. A mutation in which of the following genes is reported to be associated with a progression from anaplastic ependymoma to ependymosarcoma in the case report by Pujadas et al?

a – RB1
b – TSC1
c – TSC2
d – TP53
e – BRAF

7. Which of the following categories of anaplastic gliomas is not defined by the WHO 2016 classification of Tumors of the Nervous System?

a – Anaplastic astrocytoma, IDH mutant
b – Anaplastic oligodendroglioma, IDH mutant and 1p/19q co-deleted
c – Anaplastic astrocytoma, IDH wildtype
d – Anaplastic oligoastrocytoma, NOS
e – Anaplastic oligodendroglioma, IDH wildtype and 1p/19q intact

8. Which of the following are known prognostic factors in anaplastic gliomas?

a – Patient age
b – Tumor location
c – IDH mutation status
d – Extent of resection
e – All of the above

9. Which of the following is a common histological/immunohistochemical feature of chondroma?

a – Low proliferation index
b – Presence of fibrous cartilage
c – Spindle cell components
d – Admixed connective tissue
e – Positivity for EMA

10. Chondromas of the meninges …

a – perhaps develop from multipotential mesenchymal cells of the meninges
b – are rare neoplasms
c – may mimic meningioma on imaging studies
d – thus far have not been associated with IDH1/2 or HMGA2 mutations
e – all of the above

QUIZ #3, Based on papers and editorial of Clinical Neuropathology Volume 39 (2020), No. 5/2020 (September/October)

1. Within the Qualitative Assurance Initiative Pathology (QuIP) programme, which of the following tests has not yet been included in a round-robin trial?

a – IDH1-R132H immunohistochemistry
b – TERT promoter mutation
c – MGMT promoter methylation
d – IDH1/2 mutation status
e – None of the above

2. Which of the following statements regarding CNS lymphoma is correct?

a – They are usually located infratentorially
b – They occur most often in children and young adults
c – Incidence rates have increased within the past decade
d – Some cases are associated with an underlying autoimmune disorder
e – Follicular lymphoma is fairly common in the CNS

3. Which of the following is the most common type of lymphoma on the CNS?

a – Diffuse large B-Cell lymphoma
b – High-grade Lymphoma
c – Mantle cell lymphoma
d – Primary NK/T-cell lymphoma
e – Post-transplant lymphoproliferative disorder

4. Which of the following characteristics distinguishes pulmonary barotrauma from decompression sickness?

a – The localization of gas collections on radiographs
b – An injury to the pleural surfaces
c – Signs of decomposition on external examination of the body
d – The diving history and equipment used
e – The localization/distribution of optically empty spaces on microscopic examination of the brain

5. In the case of Fahr's Disease co-occurring with dementia with Lewy Bodies, a mutation in which of the following genes was found?

a – SCL20A2
b – PDGFB
c – APP
d – FUS
e – GRN

6. Which of the following entities has to be considered in the differential diagnosis of epithelial sheath neuroma?

a – Traumatic neuroma
b – Squamous cell carcinoma
c – Malignant neural neoplasm with heterologous elements
d – Re-excision perineurial invasion
e – All of the above

7. For which of the following tumors copy number variation and somatic mutation burden have been shown to be of prognostic significance?

a – Astrocytomas WHO Grade II/III
b – Medulloblastomas
c – Ependymomas
d – CNS lymphomas
e – Metastases

8. All of the following statements regarding copy number variation and somatic mutation burden in oligodendroglioma as described by Richardson et al are correct except:

a – There is a significant correlation of total CNV with clinical outcomes
b – A cut-off for the distinction of good outcome versus poor outcome could be established
c – In an independent cohort of oligodendrogliomas, results were reproducible
d – Somatic mutation burden is higher in cases with poor outcome
e – Somatic mutation burden may be a useful prognostic marker in oligodendroglioma

9. Which of the following statements regarding aging related tau astrogliopathy is not correct?

a – It is a 3R-tauopathy
b – It occurs primarily in the elderly
c – Its incidence increases with age
d – There is no known association with clinical dementia
e – It is morphologically characterized by thorny-shaped astrocytes and granular fuzzy astrocytes

10. All of the following statements regarding inclusion body myositis are correct except

a – It belongs to the category of inflammatory myopathies
b – A PIB pet scan may serve to demonstrate the location of the disease process in vivo
c – The condition is associated with deposits of amyloid beta in muscle
d – Histologically, rimmed vacuoles are seen in affected muscle
e – Most cases of inclusion body myositis are hereditary

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