

WHO Clinical Advisory Committee for Lymphoid Neoplasms

Summary

The WHO classification of hematological neoplasms is in the process of being updated for its second edition. The Society of Hematopathology and the European Association for Haematopathology have nominated a Steering Committee to ensemble the proposals and coordinate the efforts for its publication. A clinical advisory committee (CAC) of international pathologists, hematologists, and oncologists was formed to ensure that the proposed modifications would integrate the ideas developed by different groups and would be clinically relevant. The CAC for lymphoid neoplasms met in March 2007 to discuss the issues related to these tumors. The meeting was organized around a series of questions and new issues about the major lymphoma categories and a consensus was reached in most of the aspects. Efforts were made to distinguish defining aspects of the different entities that are required for the diagnosis and prognosis and new criteria and prognostic parameters that were considered as useful recommendations.

The discussion led to a consensus for a number of modifications. One important aspect was the agreement to integrate in a unique classification refined concepts and criteria developed by different groups such as the EORTC for cutaneous lymphomas, and the Waldenstrom Macroglobulinemia and Multiple Myeloma working groups.

Consensus on **old controversies** included the simplification of the grading in follicular lymphomas in two groups, follicular lymphoma and follicular lymphoma, large cell; the clarification of the diagnostic criteria for lymphoplasmacytoid lymphoma and Waldenstrom Macroglobulinemia, the acceptance of a category of high-proliferative large cell lymphoma as a special situation clinically relevant and different from Burkitt's lymphoma and diffuse large B-cell lymphomas, the recognition of ALK positive anaplastic large cell lymphoma(ALCL) as a distinct entity whereas ALK negative ALCL should be recognized as a distinct category among peripheral T-cell lymphomas that will require further characterization.

A consensus was also reached in **new controversies and concepts** as the consideration of the topographic site as an important criterion to recognize specific entities (follicular lymphomas of the intestine, DLBCL of the CNS, primary cutaneous large cell lymphomas), the idea that CLL is one disease in which the mutational status of the immunoglobulin genes, surrogate markers of this situation, and cytogenetic changes were considered important prognostic parameters, the specificity of lymphomas in pediatric age, particularly follicular lymphomas and nodal marginal zone lymphomas, and the recognition of different types of diffuse large B-cell lymphomas as specific disease entities.

Some **issues were not resolved** as the clinical and biological significance of diffuse B-cell lymphomas of the splenic red pulp and its possible relationship to the hairy cell leukaemia variant and the relationship between T-cell rich large B-cell lymphoma and diffuse variants of nodular lymphocyte predominant Hodgkin lymphoma.

Finally, **new challenging perspectives** were presented and discussed but it was felt that they require further investigations. These topics included the role of biomarkers in the prognosis of different lymphomas and the information generated by the microarray

expression profile studies in the identification new lymphoma subtypes or in the potential clinical value of specific molecular pathogenetic pathways.