EURACAN/IASLC PROPOSALS FOR UPDATING THE HISTOLOGIC CLASSIFICATION OF PLEURAL MESOTHELIOMA

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Although advances in pathology have not been as marked for pleural mesothelioma compared to lung cancer, it was felt timely in 2018 to have a multidisciplinary meeting to review classification of mesothelioma across all specialties (pathologists, molecular biologists, surgeons, radiologists and oncologists). This was sponsored by EURACAN and the IASLC.[1]

Resulting recommendations includes 1) updating the three major subtypes to include architectural patterns, and stromal and cytologic features that refine prognostication with routine inclusion in reports 2) adding malignant mesothelioma in situ as a category subject to data accrual[2-3], 3) routinely undertaking grading of epithelioid MPMs,[4-6] 4) incorporation in reports of clinically relevant molecular data (PD-L1, BAP1, *CDKN2A*), if undertaken, 5) accrual of other molecular data within future trials, 6) pathological staging of resection specimens (i.e. extended pleurectomy/decortication and extrapleural pneumonectomy), with smaller specimens being clinically staged, 7) ideally sampling at least 3 separate areas the pleural cavity, including areas of interest identified on pre-surgical imaging, 8) routine multidisciplinary tumor boards to include pathologists, 9) all histologic subtypes should be considered potential candidates for chemotherapy and patients with sarcomatoid or biphasic mesothelioma should not be excluded from first line clinical trials unless there is a compelling reason, 10) tumor subtyping should be further assessed in relation to immunotherapy, 11) systematic screening of all patients for germline mutations was not recommended, unless there was suspicion of a family history suspicious for BAP1 syndrome.

Many of these are now incorporated within the 2021 WHO classification of thoracic tumours.[7]

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