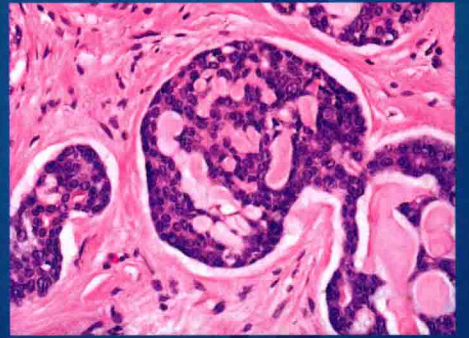
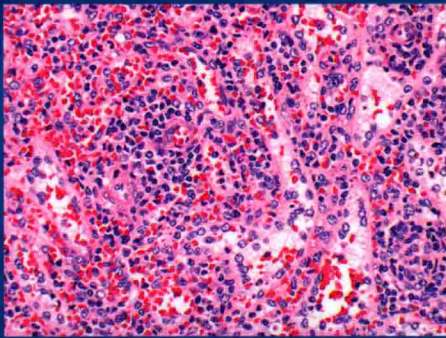


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# 斯滕伯格诊断外科病理学

STERNBERG'S DIAGNOSTIC SURGICAL PATHOLOGY



(第6版)

原 著 **Stacey E. Mills**  
Joel K. Greenson  
Jason L. Hornick  
Teri A. Longacre  
Victor E. Reuter

主 译 回允中



北京大学医学出版社



Wolters Kluwer

第6版

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主 译: 回允中

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# 斯滕伯格诊断外科病理学

STERNBERG'S DIAGNOSTIC SURGICAL PATHOLOGY

第6版

## 注意

本书提供了药物的准确的适应证、不良反应和疗程剂量，但有可能发生改变。读者须阅读药商提供的外包装上的用药信息。作者、编辑、出版者或发行者对因使用本书信息所造成的错误、疏忽或任何后果不承担责任，对出版物的内容不做明示的或隐含的保证。作者、编辑、出版者或发行者对由本书引起的任何人身伤害或财产损失均不承担任何法律责任。

# 第6版中文译本序

《斯滕伯格诊断外科病理学》是一部旗舰版的病理学参考书。

Stephen S. Sternberg 博士(1920—)是一位现已退休的美国外科病理医师,他的整个职业生涯都是在 Memorial-Sloan-Kettering 癌症中心度过的。他闻名于世,是由于他编著了两部被广泛应用的病理学参考书:《诊断外科病理学》(从第4版开始当之无愧地被冠以斯滕伯格的名字)和《病理医师应用组织学》。另外,他还是《美国外科病理学杂志》的创刊主编,他在主编这个位置上辛勤耕耘了24个春秋,为外科病理学事业的发展做出了巨大的贡献。

2001年,在我和程伯基教授(时任北京医科大学副校长及北京大学医学出版社总编辑)的大力举荐下,北京医科大学出版社(当时的名称)引进了这个大部头《诊断病理学参考书》的第3版。我曾为其中文译本做序。该书一经出版即在国内病理学界引起了广泛关注,对提高病理医师的诊断水平起到了很好的作用。

第6版《斯滕伯格诊断外科病理学》是一部由103位相关领域知名的病理学家共同编著的大部头的综合性诊断病理学参考书,它是过去工作的延续,对过去5年间整个外科病理学领域的重大进展,特别是免疫组织化学和分子生物学在当代诊断病理学中的应用和成果做了详尽的介绍。北京大学医学出

版社及时引进版权,并组织北京大学医学部系统为主的病理医师翻译了这部最新版的《斯滕伯格外科诊断病理学》。本书的宗旨始终是强调解决实际工作中遇到的诊断问题和诊断误区。在病理诊断水平不断提高的今天,相信本书的面世必定会为改进和提高国内病理学诊断水平注入新的活力。

本书的写作特点是内容涵盖广泛,章节层次分明,针对性强。本书不仅反映了各个领域的最新进展,还对上一版发行后新发现疾病的病理诊断做了介绍。本书不仅有助于解决诊断病理学日常工作中所遇到的问题,还用许多表格一目了然地提供了容易混淆的疾病的鉴别诊断,十分有用。

本书内容全面,图片清晰,不仅适用于正在接受培训(规范化住院医师培训)的病理医师,对于经验丰富的病理医师也是一部可以提供诊断帮助的诊断病理学教科书,可作为案旁随时查阅的指导读物。

时隔15年,本书第6版的中文译本即将与广大读者见面了。我愿再次将这本著名的诊断病理学巨著推荐给广大的病理学同仁,希望本书对诸位同仁的日常病理诊断工作有所裨益。

北京大学医学部病理学系

2016年9月3日

吴秉铨

《斯滕伯格诊断外科病理学》第6版中文译本就要与广大读者见面了。这是我在20年时间里主译的第11部诊断病理学巨著，这11部巨著的中文译本得以出版发行无疑是参与翻译和审校的诸多病理学界同仁共同努力的结果，在此，首先对他们的辛勤劳动表示深深的谢意；另外，也是北京大学医学出版社领导和编辑人员共同努力的结果，在此一并感谢。

病理学诊断的水很深，有时深奥莫测，深到你不知道应从哪里蹚过。病理学诊断并不总是黑白分明的。当繁忙的病理医师遇到疑难的病例而恰恰又诊断水平不高时，会诊就显得尤为重要。

一般中小医院人员有限，很难也不可能有一位能从头看到脚的诊断全面的病理医师，也就是说，请人会诊往往是不现实的，此时教科书会诊将是一个很好的必然的选择。一个病理科，不管规模大小，总得备有几部病理学参考书，特别是大部头的经典参考书，而病理医师应该学会并习惯于从书中寻找诊断答案。当一位病理医师通过教科书会诊得到诊断答案时，那简直就是一种享受，我想诸位同仁均有同感。

总说病理诊断是“金标准”，但我总愿意强调它的“局限性”。有的疾病并没有明确的诊断标准，由于标准不明确，就谈不上诊断的可重复性，病理诊断不一致也就在所难免。宫颈上皮内肿瘤形成和子宫内膜增生就是很好的例子。

不过，你个人做出的诊断总得有个根据，而根据只能来自经典的教科书。这样，在会诊意见出现分歧甚至引起纠纷时，书本就能帮你说话了。会诊就是会诊，会诊不是裁判。诊断病理学的范围太过宽泛，在现今知识爆炸的时代，一个人的知识总是显得贫乏，会诊医师应该知道自己的分量，留有余地，不宜轻易否定原来的诊断。下笔书写诊断之前，多翻翻书，可以减少疏漏。

16年前，我为本书第3版中文译本写的译者的话主要谈的是请书会诊的问题；16年后的今天，我要强调的依然是请书会诊的问题。译书的目的就是希望有更多的人看书，以借鉴国外先进的诊断方法、技术和理念，用于日常病理诊断工作，以利于精准地治疗病人。不看书、不善于利用书本来解决诊断问题的病理医师不是一个好的病理医师。一句话，培养自己的读书习惯吧，读书能提高诊断的含金量，会使你更加聪慧，在做出诊断时心中有数。读书才有发言权，这在多学科联合诊疗制度方兴未艾的今天尤其如此。

时间仓促，水平有限，错误和疏漏在所难免，敬请读者批评指正。

北京大学人民医院病理科前任主任  
北京五洲妇儿医院病理科主任

回允中

# 第 6 版著者前言

第 6 版《斯滕伯格诊断外科病理学》是诸多作者和编者数十年辛勤劳动的延续，它为正在接受培训以及经验丰富的各个层面的外科病理医师提供了经过缜密思考的诊断帮助。我们的目的总是强调实际工作中的诊断问题和陷阱，而不仅仅是“简略地描述”疾病的表现。正如我们的一位同事所说的那样：“实际上，你已经熟悉的诊断在任何一本病理学教科书中均有描述，但当你遇到诊断困难非常需要得到帮助时，唯有这本教科书才真正是你所需要的。”本前言的下一页排出的是本书第 1 版的前言，以纪念本书的开始，在以后的各个版本中，我们仍会这样做。

与之前的各个版本一样，第 6 版的主编、作者以及最重要的是内容都有了相当大的改变。自本书第 5 版出版 5 年来，整个外科病理学有了重大进展，特别是免疫组织化学和分子病理学。作者和主编都在努力地整合这些新的资料，包括用于肿瘤诊断和预后的新的分子和免疫组织化学标志物、具有诊断和预后意义的改进了的分类方法、病理学在新的诊断和治疗技术方面的作用以及在认识新的疾病或病

种方面的作用。最新的 WHO 术语已被用于本书中肿瘤的诊断。

由于外科病理学是一门视觉专业，我们不断努力提供最好的插图。本版所有的插图均由同一个人进行了色彩平衡，以取得书中插图色彩一致的效果。本版对参考文献进行了相当程度的更新，为了节省篇幅，已尽可能地删除了一些从前的文献。在此，编者想要特别感谢过去和现在的所有作者，他们都是外科病理学领域中名副其实的精英，作为各自学科领域中的带头人，他们撰写了本书以前的各个版本，并使第 6 版成为有史以来最好的版本。此外，我们还要感谢 Wolters Kluwer 集团的工作人员，他们坚定而又热情地支持了我们的编写工作。

Stacey E. Mills  
Joel K. Greenson  
Jason L. Hornick  
Teri A. Longacre  
Victor E. Reuter



众所周知，参加长距离赛跑的长跑运动员是孤独而又寂寞的，但是，他们再寂寞也比不上一个外科病理医师独自工作时寂寞。在大型医院，病理诊断工作的乐趣在于随时都有可能会就一个特定的病例与其他病理医师进行商讨，有时身边可能还有一个善于解决这个领域内难题的专家。会诊是做出正确诊断和最佳治疗决策的先决条件。当病理医师忙碌而诊断水平又不高时，会诊就显得尤其重要。可惜，迫于时间的压力，会诊容易被忽略，有时会不经会诊就发出了报告。对于非常困难的病例，也就是那些很容易看出有问题的病例，需要会诊是不言而喻的，从某种意义上说，这些病例是不大容易出现麻烦的。因此，对于外科病理医师来说，知道自己不懂什么以及什么时候需要会诊是非常重要的。

除了病理医师之间的讨论以外，图书馆的病理学参考书是病理医师的另一个信息来源。教科书会诊 (Textbook Consultation) 和病理医师会诊 (Human Consultation) 缺一不可。本书尝试强调外科标本的鉴别诊断，并保持对疾病的自然病史、治疗和尸检所见进行最低限度的讨论。虽然教科书不能取代病理医师之间面对面 (特别是在多头显微镜下) 的对有关诊断问题的讨论，但是，我们要求本书的作者在探

讨一个活检标本的鉴别诊断时，能为读者提供他们的推理过程，借以形成亲自参加会诊的格调。此外，对不同章节的作者的选择不仅是根据他们在这个特定领域内是否得到了公认，而且是根据他们是否有写作沟通技巧。因为外科病理学诊断需要读片，所以本书提供了大量的彩色和黑白照片。此外，每一章的作者都提供了大量的参考文献，以便为希望得到更多信息的读者拓宽思路。

本书的章节编者与每一章的作者都进行了密切合作，以确保各章节符合章节设定的宗旨，使每一章节都能成为针对病理医师面临的诊断问题的专题论文。总之，本书编者的目的在于使本书能被放在每一位外科病理医师显微镜的旁边，而成为外科病理医师工作的伴侣。

Stephen S. Sternberg  
Donald A. Antonioli  
Darryl Carter  
Joseph C. Eggleston  
Stacey E. Mills  
Harold A. Oberman

**N. Volkan Adsay, MD**

Professor and Vice Chairman  
Department of Pathology  
Emory University School of Medicine  
Director  
Anatomic Pathology  
Department of Pathology  
Emory University Hospital  
Atlanta, Georgia

**Hikmat Al-Ahmadie, MD**

Assistant Attending Pathologist  
Department of Pathology  
Memorial Sloan Kettering Cancer Center  
New York, New York

**Henry D. Appelman, MD**

Professor  
Department of Pathology  
University of Michigan  
Staff Pathologist  
Department of Pathology  
University of Michigan Medical Center  
Ann Arbor, Michigan

**Pedram Argani, MD**

Professor of Pathology and Oncology  
Johns Hopkins Medical Institutions  
Baltimore, Maryland

**Kristen A. Atkins, MD**

Associate Professor of Pathology  
Director  
Residency Training  
University of Virginia School of Medicine  
Charlottesville, Virginia

**Zubair W. Baloch, MD**

Professor of Pathology  
Department of Pathology and Laboratory Medicine  
University of Pennsylvania  
Staff Pathologist  
Department of Pathology and Laboratory Medicine  
University of Pennsylvania Medical Center

Philadelphia, Pennsylvania

**Lucia L. Balos, MD**

Assistant Professor  
Department of Pathology and Anatomical Science  
University at Buffalo  
Medical Director  
Department of Pathology  
Kaleida Health  
Buffalo, New York

**Jose E. Barreto, MD**

Attending Pathologist  
Facultad de Ciencias Medicas  
Universidad Nacional de Asuncion  
Vice Director  
Instituto de Patologia e Investigacion  
Asuncion, Paraguay

**Olca Basturk, MD**

Assistant Attending Pathologist  
Department of Pathology  
Memorial Sloan Kettering Cancer Center  
New York, New York

**J. Bruce Beckwith, MD**

Adjunct Professor  
Department of Pathology and Human Anatomy  
Loma Linda University School of Medicine  
Loma Linda, California

**Daniel M. Berney, MBBChir, MA, FRCPath**

Department of Cellular Pathology  
Barts and The London School of Medicine and Dentistry  
Queen Mary University of London  
London, United Kingdom

**Gerald J. Berry, MD**

Professor  
Department of Pathology  
Stanford University School of Medicine  
Director of Cardiac and Pulmonary Pathology  
Department of Surgical Pathology  
Stanford University Medical Center

Stanford, California

**S. Fiona Bonar, MB, FRCPI, FRCPath, FRCPA**

Consultant Histopathologist  
Douglass Hanly Moir Pathology  
Honorary Consultant  
Orthopaedic Pathology  
Royal Prince Alfred Hospital  
Adjunct Professor  
Notre Dame School of Medicine  
Sydney, Australia

**Judith V. M. G. Bove<sup>Å</sup>Le, MD, PhD**

Professor  
Department of Pathology  
Leiden University  
Pathologist  
Department of Pathology  
Leiden University Medical Center  
Leiden, The Netherlands

**John S. J. Brooks, MD**

Professor  
Department of Pathology and Laboratory Medicine  
University of Pennsylvania Perelman School of Medicine  
Chairman and Director of Ayer Laboratories  
Department of Pathology  
Hospital of the University of Pennsylvania  
Philadelphia, Pennsylvania

**Peter G. Bullough, MD, ChB**

Professor Emeritus  
Department of Pathology  
Cornell University Medical School  
Hospital for Special Surgery  
New York, New York

**Jerome S. Burke, MD**

Adjunct Clinical Professor  
Department of Pathology  
Stanford University Medical Center  
Stanford, California  
Senior Pathologist  
Department of Pathology  
Alta Bates Summit Medical Center  
Berkeley, California

**Miguel N. Burnier, Jr., MD, MSc, PhD, FRCSc**

Professor of Pathology, Ophthalmology, and Oncology  
Director  
Henry C. Witelson Ocular Pathology Laboratory  
McGill University

Director  
Clinical Research and Training  
Research Institute  
McGill University Health Centre  
Montreal, Quebec

**Darryl Carter, MD**

Professor Emeritus  
Department of Pathology  
Yale University School of Medicine  
New Haven, Connecticut  
Consultant  
Department of Pathology  
Joint Pathology Center  
Silver Spring, Maryland

**Alberto Cavazza, MD**

Anatomia Patologica  
Istituto di Ricovero e Cura a Carattere Scientifico  
Azienda Ospedaliera Arcispedale Santa Maria Nuova  
Reggio Emilia, Italy

**Sarah Chiang, MD**

Assistant Attending Pathologist  
Department of Pathology  
Memorial Sloan Kettering Cancer Center  
New York, New York

**Philip B. Clement, MD**

Professor Emeritus  
Department of Pathology  
University of British Columbia  
Consultant Pathologist  
Vancouver General Hospital  
Vancouver, Canada

**Harry S. Cooper, MD**

Professor and Vice Chairman  
Director of Clinical Laboratories  
Department of Pathology  
Fox Chase Cancer Center  
Philadelphia, Pennsylvania

**Antonio L. Cubilla, MD**

Professor Emeritus of Pathology  
Universidad Nacional de Asuncion  
Director Instituto de Patologia e Investigacion  
Asuncion, Paraguay

**Thomas J. Cummings, MD**

Professor of Pathology  
Department of Pathology

Duke Medical Center  
Durham, North Carolina

**Carlos E. de Andrea, MD, PhD**

Associate Professor  
Department of Histology and Pathology  
University of Navarra  
Pamplona, Spain

**Ronald A. DeLellis, MD**

Professor Emeritus  
Department of Pathology and Laboratory Medicine  
Warren Alpert Medical School of Brown University  
Pathologist  
Department of Pathology  
Rhode Island Hospital  
Providence, Rhode Island

**Jonathan I. Epstein, MD**

Professor of Pathology, Urology, and Oncology  
Director of Surgical Pathology  
Johns Hopkins University  
Baltimore, Maryland

**Lori A. Erickson, MD**

Associate Professor  
Department of Laboratory Medicine and Pathology  
Mayo Clinic  
Rochester, Minnesota

**Douglas B. Flieder, MD**

Professor  
Director of Surgical Pathology  
Department of Pathology  
Fox Chase Cancer Center  
Philadelphia, Pennsylvania

**Ann K. Folkins, MD**

Assistant Professor of Pathology  
Department of Pathology  
Stanford University School of Medicine  
Stanford, California

**C. Blake Gilks, MD, FRCPC**

Professor  
Department of Pathology and Laboratory Medicine  
University of British Columbia  
Consultant Pathologist  
Department of Pathology and Laboratory Medicine  
Vancouver General Hospital  
Vancouver, Canada

**Ryan M. Gill, MD, PhD**

Associate Professor  
Department of Pathology  
University of California  
Surgical Pathologist  
Department of Pathology  
University of California San Francisco Medical Center  
San Francisco, California

**John R. Goldblum, MD**

Professor  
Department of Pathology  
Cleveland Clinic Lerner College of Medicine  
Chairman  
Department of Pathology  
Cleveland Clinic  
Cleveland, Ohio

**Ilyssa O. Gordon, MD, PhD**

Assistant Professor of Pathology  
Department of Anatomic Pathology  
Cleveland Clinic Lerner College of Medicine  
Associate Staff  
Department of Anatomic Pathology  
Cleveland Clinic  
Cleveland, Ohio

**Joel K. Greenson, MD**

Professor of Pathology  
Department of Pathology  
University of Michigan Medical School  
Director of Gastrointestinal Pathology  
University of Michigan Health System  
Ann Arbor, Michigan

**Karen L. Grogg, MD**

Assistant Professor  
Mayo Medical School  
Consultant  
Department of Laboratory Medicine and Pathology  
Mayo Clinic  
Rochester, Minnesota

**Alexandra M. Harrington, MD**

Assistant Professor  
Department of Hematopathology  
Medical College of Wisconsin  
Milwaukee, Wisconsin

**Reid R. Heffner, MD**

Professor  
Department of Pathology

University at Buffalo  
Neuropathologist  
Department of Pathology and Laboratory Medicine  
Kaleida Health  
Buffalo, New York

**Michael R. Hendrickson, MD**

Professor Emeritus  
Department of Pathology  
Stanford University Medical Center  
Stanford, California

**Jason L. Hornick, MD, PhD**

Director of Surgical Pathology  
Director, Immunohistochemistry Laboratory  
Brigham and Women's Hospital  
Associate Professor of Pathology  
Harvard Medical School  
Boston, Massachusetts

**Matthew T. Howard, MD**

Assistant Professor  
Mayo Medical School  
Consultant  
Department of Laboratory Medicine and Pathology  
Mayo Clinic  
Rochester, Minnesota

**Michael J. Imber, MD, PhD**

Assistant Professor  
Department of Pathology, Immunology, and Laboratory  
Medicine  
University of Florida College of Medicine  
Gainesville, Florida  
Senior Dermatopathologist

**I/MD PathLab, LLC**

West Palm Beach, Florida  
Julie A. Irving, MD, FRCPC  
Clinical Associate Professor  
Department of Pathology  
University of British Columbia  
Pathologist  
Department of Laboratory Medicine, Pathology, and Medical  
Genetics  
Royal Jubilee Hospital  
Victoria, Canada

**Sanjay Kakar, MD**

Professor  
Anatomic Pathology  
University of California

Benedict Yen Endowed Professor for Chief of Pathology  
San Francisco Veterans Affairs Medical Center  
University of California  
San Francisco, California

**Richard L. Kempson, MD**

Professor Emeritus  
Department of Pathology  
Stanford University School of Medicine  
Stanford, California

**Pawini Khanna, MD**

Assistant Professor  
Department of Pathology  
University of Central Florida  
Pathologist  
Department of Pathology  
Florida Hospital  
Orlando, Florida

**Christina S. Kong, MD**

Associate Professor  
Department of Pathology  
Stanford University School of Medicine  
Director of Cytopathology Service and Cytopathology  
Fellowship  
Department of Pathology  
Stanford Health Care  
Stanford, California

**Steven H. Kroft, MD**

Professor  
Vice Chairman for Clinical Pathology  
Director of Hematopathology  
Department of Pathology  
Medical College of Wisconsin  
Milwaukee, Wisconsin

**Robert J. Kurman, MD**

Emeritus Richard W. TeLinde Professor of Gynecologic  
Pathology  
Departments of Pathology, Gynecology-Obstetrics, and  
Oncology  
Johns Hopkins University School of Medicine  
Chief  
Division of Gynecologic Pathology  
Johns Hopkins Hospital  
Baltimore, Maryland

**Ernest E. Lack, MD**

Senior Consulting Pathologist  
Endocrine Pathology

Joint Pathology Center  
Forest Glen Annex  
Silver Spring, Maryland

**Elena Ladich, MD**

Chief Anatomic Cardiovascular Pathologist  
CVPath Institute, Inc.  
Gaithersburg, Maryland

**Melinda F. Lerwill, MD**

Assistant Professor  
Department of Pathology  
Harvard Medical School  
Assistant Pathologist  
James Homer Wright Pathology Laboratories  
Massachusetts General Hospital  
Boston, Massachusetts

**Cecilia Lezcano, MD**

Resident  
Department of Pathology  
University of Pittsburgh Medical Center  
Pittsburgh, Pennsylvania

**Virginia A. LiVolsi, MD**

Professor  
Department of Pathology and Laboratory Medicine  
University of Pennsylvania  
Director  
Endocrine/ENT Pathology  
Department of Anatomic Pathology  
Hospital of the University of Pennsylvania  
Philadelphia, Pennsylvania

**Ricardo V. Lloyd, MD, PhD**

Professor  
Department of Pathology and Laboratory Medicine  
University of Wisconsin School of Medicine and Public Health  
Madison, Wisconsin

**Teri A. Longacre, MD**

Professor of Pathology  
Director  
Gynecologic Pathology  
Stanford Health Care  
Stanford, California

**M. Beatriz S. Lopes, MD, PhD**

Professor of Pathology and Neurological Surgery  
Department of Pathology (Neuropathology)  
University of Virginia School of Medicine  
Director of Neuropathology and Autopsy

Department of Pathology  
University of Virginia Health System  
Charlottesville, Virginia  
Fiona M. Maclean, MBBS  
Consultant Anatomical Pathologist  
Douglass Hanly Moir Pathology  
Sydney, Australia

**William R. Macon, MD**

Professor  
Mayo Medical School  
Consultant  
Department of Laboratory Medicine and Pathology  
Mayo Clinic  
Rochester, Minnesota

**Cristina Magi-Galluzzi, MD, PhD**

Associate Professor  
Department of Pathology  
Cleveland Clinic Lerner College of Medicine  
Director of Genitourinary Pathology  
Robert J. Tomsich Pathology and Laboratory Medicine  
Institute  
Cleveland Clinic  
Cleveland, Ohio

**Shamlal Mangray, MBBS**

Associate Professor, Clinical  
Department of Pathology and Laboratory Medicine  
Warren Alpert Medical School of Brown University  
Director, Autopsy and Pediatric Pathology  
Department of Pathology  
Lifespan  
Providence, Rhode Island

**Charles C. Marboe, MD**

Professor  
Department of Pathology and Cell Biology  
Columbia University  
Attending Pathologist  
Department of Pathology and Cell Biology  
Columbia University Medical Center  
New York-Presbyterian Hospital  
New York, New York

**Michael T. Mazur, MD**

Clinical Professor  
Department of Pathology  
State University of New York Upstate Medical University  
Pathologist  
ClearPath Diagnostics  
Syracuse, New York

W. Glenn McCluggage, FRCPath  
Professor of Gynecological Pathology  
Department of Pathology  
Queen's University of Belfast  
Consultant Histopathologist  
Department of Pathology  
Belfast Health and Social Care Trust  
Belfast, Northern Ireland

**Paul E. McKeever, MD, PhD**

Professor  
Department of Pathology  
University of Michigan Medical School  
Ann Arbor, Michigan

**Robert W. McKenna, MD**

Professor  
Department of Laboratory Medicine and Pathology  
University of Minnesota  
Director of Hematopathology  
Laboratory Medicine and Pathology  
Fairview University of Minnesota Hospital  
Minneapolis, Minnesota

**Martin C. Mihm, Jr., MD**

Clinical Professor of Pathology and Dermatology  
Harvard Medical School  
Director of Melanoma Program  
Department of Dermatology  
Brigham and Women's Hospital  
Boston, Massachusetts

**Stacey E. Mills, MD**

W. S. Royster Professor of Pathology  
Section Chief of Anatomic Pathology  
Director of Surgical Pathology and Cytopathology  
University of Virginia Health System  
Charlottesville, Virginia

**Gyongyi Molnar-NaÅLdasdy, MD**

Research Specialist  
Department of Pathology  
Ohio State University Wexner Medical Center  
Columbus, Ohio

**Steven A. Moore, MD, PhD**

Professor  
Department of Pathology  
University of Iowa  
Iowa City, Iowa

**Tibor NaÅLdasdy, MD**

Professor  
Department of Pathology  
Ohio State University  
Columbus, Ohio

**George J. Netto, MD**

Professor of Pathology, Urology, and Oncology  
Director of Surgical Pathology  
Johns Hopkins University  
Baltimore, Maryland

**Alexandre N. Odashiro, MD, PhD**

Assistant Professor  
Department of Pathology and Laboratory Medicine  
McMaster University  
Pathologist  
Department of Pathology and Molecular Medicine  
St. Joseph's Healthcare  
Hamilton, Ontario

**Esther Oliva, MD**

Professor  
Department of Pathology  
Harvard Medical School  
Pathologist  
Massachusetts General Hospital  
Boston, Massachusetts

**David A. Owen, MB BCH**

Professor  
Department of Pathology and Laboratory Medicine  
University of British Columbia  
Pathologist  
Department of Pathology  
Vancouver General Hospital  
Vancouver, Canada

**Douglas C. Parker, MD, DDS**

Associate Professor of Pathology and Dermatology  
Emory University School of Medicine  
Atlanta, Georgia

**Arthur S. Patchefsky, MD**

Professor and Chairman  
Department of Pathology  
Fox Chase Cancer Center  
Philadelphia, Pennsylvania

**James W. Patterson, MD**

Professor of Pathology and Dermatology  
Director of Dermatopathology  
Department of Pathology

University of Virginia  
Charlottesville, Virginia

Azienda Ospedaliera Arcispedale Santa Maria Nuova  
Reggio Emilia, Italy

### **Robert E. Petras, MD**

Associate Clinical Professor of Pathology  
Northeast Ohio Medical University  
Rootstown, Ohio  
National Director for Gastrointestinal Pathology Services  
AmeriPath, Inc.  
Oakwood Village, Ohio

### **Diego Fernando Sanchez, MD**

Senior Resident  
Department of Pathology  
Hospital de Clinicas  
Facultad de Ciencias Medicas  
Universidad Nacional de Asuncion  
Asuncion, Paraguay

### **Adriano Piris, MD**

Instructor  
Department of Pathology  
Harvard Medical School  
Dermatopathologist  
Department of Pathology  
Massachusetts General Hospital  
Boston, Massachusetts

### **Anjali A. Satoskar, MD**

Associate Professor  
Department of Pathology  
Ohio State University Wexner Medical Center  
Columbus, Ohio

### **Carlos N. Prieto-Granada, MD**

Oncologic Surgical Pathology Fellow  
Department of Pathology  
Memorial Sloan Kettering Cancer Center  
New York, New York

### **David F. Schaeffer, MD**

Clinical Assistant Professor  
Department of Pathology and Laboratory Medicine  
University of British Columbia  
Pathologist  
Department of Pathology  
Vancouver General Hospital  
Vancouver, Canada

### **Christopher G. Przybycin, MD**

Associate Staff Pathologist  
Robert J. Tomsich Pathology and Laboratory Medicine  
Institute  
Cleveland Clinic  
Cleveland, Ohio

### **Bernd W. Scheithauer, M. D. (deceased)**

Professor of Pathology  
Department of Pathology and Laboratory Medicine  
Mayo Clinic  
Rochester, Minnesota

### **Victor E. Reuter, MD**

Attending Pathologist and Member  
Memorial Sloan Kettering Cancer Center  
Professor of Pathology and Laboratory Medicine  
Weill Cornell Medical College of Cornell University  
New York, New York

### **Ie-Ming Shih, MD, PhD**

Richard W. TeLinde Distinguished Professor  
Department of Gynecology and Obstetrics  
Johns Hopkins University School of Medicine  
Attending Pathologist  
Department of Pathology  
The Johns Hopkins Hospital  
Baltimore, Maryland

### **Drucilla J. Roberts, MD**

Associate Professor  
Department of Pathology  
Harvard Medical School  
Associate Pathologist  
Department of Pathology  
Massachusetts General Hospital  
Boston, Massachusetts

### **Alvin R. Solomon, MD**

Professor  
Departments of Dermatology and Pathology  
Oregon Health and Science University  
Portland, Oregon

### **Giulio Rossi, MD**

Anatomia Patologica  
Istituto di Ricovero e Cura a Carattere Scientifico

### **Edward B. Stelow, MD**

Associate Professor  
Department of Pathology



University of Virginia  
Charlottesville, Virginia

**Lester D. R. Thompson, MD**

Consultant Pathologist  
Department of Pathology  
Southern California Permanente Medical Group  
Woodland Hills, California

**Satish K. Tickoo, MD**

Attending Pathologist  
Department of Pathology  
Memorial Sloan Kettering Cancer Center  
Member  
Memorial Hospital  
New York, New York

**Thomas M. Ulbright, MD**

Lawrence M. Roth Professor Emeritus  
Department of Pathology and Laboratory Medicine  
Indiana University School of Medicine  
Senior Diagnostic Consultant  
Indiana Pathology Institute  
Indiana University Health Partners  
Indianapolis, Indiana

**Elsa F. Velazquez, MD**

Dermatopathologist  
Miraca Life Sciences  
Clinical Assistant Professor of Dermatology  
Tufts University  
Boston, Massachusetts

**Renu Virmani, MD**

President and Medical Director  
CVPath Institute, Inc.  
Gaithersburg, Maryland

**Kay Washington, MD, PhD**

Professor  
Department of Pathology

Vanderbilt University Medical Center  
Nashville, Tennessee

**Bruce M. Wenig, MD**

Professor  
Department of Pathology  
Icahn School of Medicine at Mount Sinai  
Chairman  
Department of Diagnostic Pathology and Laboratory Medicine  
Mount Sinai Beth Israel  
Mount Sinai St. Luke's  
Mount Sinai Roosevelt  
New York, New York

**Mark R. Wick, MD**

Professor  
Department of Pathology  
University of Virginia Health System  
Associate Director of Surgical Pathology  
University of Virginia Medical Center  
Charlottesville, Virginia

**Robert H. Young, MD, FRCPath**

Robert E. Scully Professor of Pathology  
Department of Pathology  
Harvard Medical School  
Pathologist  
James Homer Wright Pathology Laboratories  
Massachusetts General Hospital  
Boston, Massachusetts

**Richard J. Zarbo, MD, DMD**

Clinical Professor  
Department of Pathology  
Wayne State University School of Medicine  
Senior Vice President and Chairman  
Department of Pathology and Laboratory Medicine  
Henry Ford Health System  
Detroit, Michigan