It is my privilege and honor to present this series of articles written by my former colleagues at Northwestern Memorial Hospital (Chicago, Illinois). The Northwestern University Department of Pathology has been built on a strong foundation of biomedical research, education, and clinical care, and is poised to be at the leading edge of innovation and health care delivery under the able leadership of new chair, Daniel Brat, MD, PhD.

This special section focuses on a variety of current issues related to general surgical pathology, hematopathology, and cytopathology. Part I begins in this issue with a review by Griffin et al of double equivocal human epidermal growth factor receptor 2 (HER2) invasive breast carcinomas at Northwestern, using the D17S122 probe for reflex fluorescent in situ hybridization (FISH) testing may establish true HER2 status and direct proper management in some patients. The article by Alexiev et al highlights the importance of diagnostic recognition, ancillary molecular genetic testing, and close clinical follow-up of patients with melanotic schwannoma. Deeken-Draisey et al review current procedural terminology (CPT) coding for surgical pathology, highlighting that the appropriate extent of physician involvement in CPT coding is a matter of some debate, and a multidisciplinary approach involving both health care providers and professional coders appears to be the best way to achieve accuracy. The review on rhinoscleroma by Umphress and myself highlights the rare, chronic, infectious granulomatous process involving the upper respiratory tract that is caused by the Gram-negative bacilli Klebsiella rhinoscleromatis. Although rare in our nation, with increased travel, immigration, and globalization, it is imperative to recognize this entity because the symptoms can be devastating, and in some cases fatal.

Part II will appear in the January 2019 issue with an update by Gao et al on the clinical, pathologic, and molecular characterization of myeloid neoplasms with germ line predisposition, emphasizing the important features that will help practicing pathologists to recognize these newly described entities. A review by Morency et al on anal cytology highlights the need for best practice guidelines for anal cancer screening. Multidisciplinary efforts at Northwestern Hospital led to improvements in sampling, cytologic interpretation, and development of a standardized management algorithm. Finally, Raj and I discuss the evidence and recommendations outlined in the recent Fleischner Society white paper pertaining to the radiologic diagnosis of interstitial lung disease, specifically highlighting the current limitations of high-resolution computed tomography in confidently predicting histopathologic findings.

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