

# Recent Trends about 2008 WHO Classification of Lymphoma among Different Groups of Doctors

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## ABSTRACT

**Objectives:** To ascertain the recent trends about 2008 WHO classification of lymphoma among different groups of doctors.

**Materials and methods:** A Performa comprising of 9 questions about awareness, feasibility and adaptation of 2008 WHO classification of lymphoma was given to four different groups of doctors.

**Results:** 30(41.67%) out of 72 doctors were keen for adaptation and reporting according to this new 2008 WHO classification.

**Conclusion:** Health authorities should provide facilities for immunohistochemical and genetic techniques in diagnostic centers so that we can keep pace with the recent trends being followed globally.

**Key words:** Lymphoma, WHO, immunohistochemical

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## INTRODUCTION

Working Formulation (WF) is morphology based classification of lymphomas and it depends upon architectural features, either follicular or diffuse and histological pattern as nuclear size and shape. It also divided lymphomas into low, intermediate and high grade according to prognosis<sup>1</sup>. Revised European American Lymphoma (REAL) classification divided lymphomas by including new disease entities in it taking into consideration their morphological, immunological and genetic characteristics. In REAL classification, lymphomas are segregated into three main types: B cell, T cell and Hodgkin's disease. B and T cell are further divided into precursor and peripheral types<sup>2</sup>. WHO classification 2008 which is a new version of WHO classification 2001 is broader classification of lymphomas, introducing new terminologies in it<sup>3</sup>. In WHO classification 2008, different lymphoma entities are divided taking into account their immunohistochemical and genetic features. This study was carried out to assess the recent trends about 2008 WHO classification of lymphomas among different groups of doctors.

## MATERIALS AND METHODS

This prospective study was carried out from March 1, 2009 to April 30, 2009. A Performa containing 9 questions was given to four different groups of 72 doctors in different teaching hospitals and medical institutes of Lahore. These questions were about 1

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awareness, feasibility and adaptation of 2008 WHO classification of lymphoma. The first group comprised of 18 pathologists including 10 histopathologists and 8 hematologists. The second group consisted of 8 oncologists. The third group consisted of 16 specialists of different clinical disciplines. The fourth group consisted of 30 post graduate M Phil and FCPS II trainee doctors of histopathology.

## RESULTS

Out of 72 doctors, 42(58.3%) stated that classification scheme for reporting of lymphoma should be simple, feasible and cost effective. Their cognition level about this 2008 WHO classification was limited. These were 10(55.5%) out of 18 pathologists, 4(50%) out of 8 oncologists, 12(75%) out of 16 specialists and 16(53.3%) out of 30 postgraduate trainee doctors. The remaining 30 (41.7%) out of 72 were in favor of adopting 2008 WHO classification of lymphoma and their knowledge about this classification was optimum.

## DISCUSSION

This study revealed that the awareness and adaptation of new 2008 WHO classification of lymphoma among different groups of doctors is low. Pathologists were reluctant to divide each lymphoma entity according to this new classification because of non availability of immunohistochemical and genetic techniques in most of the diagnostic centers in Pakistan. The oncologists and specialists favored WHO classification probably due to addition of new disease entities in this classification. Pathologists have to do overwork of specialized techniques in new

WHO classification<sup>4</sup>. Addition of new disease entities has made WHO classification broader and extensive. In addition, 2008 WHO classification categorizes individual tumor variant based on immunohistochemical and genetic techniques which is helpful for clinicians and oncologists<sup>5</sup>.

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