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## **EDITORIAL**

# **Imaging and Anatomic Pathology correlation in Cancers**

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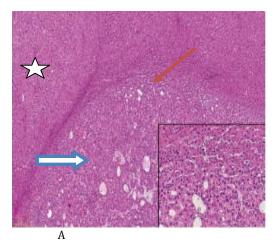
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Correlation is defined as a mutual relationship between 2 notions, one of which implies the other and vice versa [1]. Correlation is a validated tool used in medical training. Indeed, it requires a translational and multidisciplinary approach by the integration of many medical specialties. It makes medicine, therefore, highly personalized [2]. Imaging and anatomic pathology correlation consist in comprehension (via 2 images) the histological meaning of a radiological sign (and vice versa) [3]. It's a kind of anatomic translation of imagery. Such correlation can be applied in cancers. In fact, oncology seems to be the best multidisciplinary research area in which, imaging and anatomic pathology correlation can be very useful. Thus, a new concept can be introduced: Imaging and Anatomic pathology Correlation in Cancers (IACC). The choice of the radiological image (computed tomography, magnetic resonance imaging, ultrasound, cross section, longitudinal section, early arterial phase, late arterial phase...), histological findings (fibrosis, necrosis...) must respect some pre determined educational goals (figure). IACC is an illustrated tool that can be used in association with other pedagogical patterns (Learning Clinical Reasoning, Case Based Learning) of teaching medical oncology (especially digestive oncology).

IACC is seen as a catalyst for the participation and the action of medical students. Indeed, the learners are encouraged to:

- Interpret a sign (radiological and / or histological)
- Try to find the histological translation of a radiological sign( and vice versa)
- To correlate a radiological sign to an histological sign (and vice versa)

IACC can also be a source of medical evaluation (formative or other) via multiple choice questions The limit of IACC is the presence of a radiological sign that cannot be correlated with a histological sign (and vice versa) (example: The tumor microenvironment which is dynamic and cannot be visualized on imagery, usually, used in cancers. their identification needs combined imaging ex: positron-emission tomography-(PET-) CT)



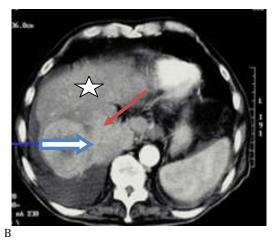


Figure: Example of Hepatocellular carcinoma to illustrate IACC

# A: HISTOLOGICAL FEATURES Well-differentiated Computed tomography hepatocellular carcinoma [hematoxylin and eosin (HE), × 20] Black star: liver parenchyma Black star: isodensity Red arrow: fibrosis Red arrow: low density Blue arrow: high density

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