

The diagnosis of dysplastic naevus is restricted to those naevi exhibiting the entire spectrum of architectural and cytological features described above. In many instances where a naevus exhibits only some of the features of either cytological atypia or architectural irregularity, it does not qualify as a dysplastic naevus.

The stromal reaction shows the following features which may be present to a variable degree: lymphocytic infiltrate (perivascular or bandlike), increase in number of fibroblasts and amount of thin-fibred collagen (lamellar fibrosis), vascular proliferation, accumulation of melanophages.

It has become clear that the histological diagnosis has little practical meaning unless it is in the context of clinical features (number and macroscopical appearance of moles, personal and family history of melanoma).

However, it is also evident that the dysplastic naevus, as histologically defined above, is different from the large majority of junctional and compound naevi encountered in daily practice, and is identical histologically to the naevus which in the context of the familial dysplastic naevus syndrome constitutes the immediate melanoma precursor. For these reasons, it appears reasonable to diagnose these lesions under a separate heading, i.e. dysplastic (junctional or compound) naevus.

1. Everdingen JJE van, Rampen FHJ, Ruiter DJ, Casparie AF. Evaluation of consensus development conference on cutaneous melanoma in The Netherlands. *Br J Dermatol* 1990, 123, 259–260.
2. Report of the Dutch Melanoma Working Party and the CBO: Melanoma van de Huid. Publisher: CBO, Utrecht, 1990, ISBN 906910104.1.

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BACR/ACP Joint Annual Meetings

The British Association for Cancer Research and the Association for Cancer Physicians are holding a joint meeting on 30 March to 1 April 1992, in Southampton. As well as annual meetings of the two groups, there will be a BACR symposium on cell adhesion and tumour spread, an ACP symposium on novel approaches to therapy and a joint symposium on viruses, genes and growth factors in haematological malignancies. For further details, contact Barbara Cavilla, BACR Secretariat, 20 Queensbury Place, London SW2 DZ, U.K. Tel: (071) 581 8333.

Annual Meeting of the AACR

The 83rd annual meeting of the American Association for Cancer Research will be held in San Diego on 20–23 May 1992. Plenary sessions include chemoprevention, innovative tumour immunology, cell adhesion in invasion and cell cycle control. For more information, contact the AACR, Public Ledger Building, 620 Chestnut Street, Suite 816, Philadelphia, Pennsylvania 19106, U.S.A.

Metastasis Research Society

The 4th international congress of the Metastasis Research Society will be held in Paris on 1–4 September 1992. Plenary sessions will include molecular determinants, host interactions, therapy and genetics. Further details can be obtained from Dr Marie-France Poupon, IRSC-CNRS, 7 rue Guy Moquet, BP 89401, Villejuif, France. Tel: (33) 1 46 78 92 59, fax: (33) 1 46 78 79 76.