

# A CELEBRATION OF LIFE

CHRISTOPHER DAVID MARSDEN FLETCHER

MARCH 13, 1958 - JULY 28, 2024

Thursday, October 24, 2024

10 AM

## About the Liturgy

The liturgy for the dead is an Easter liturgy. It finds all its meaning in the Resurrection. Because Jesus was raised from the dead, we, too, shall be raised.

The liturgy, therefore, is characterized by joy, in the certainty that 'neither death, nor life, nor angels, nor principalities, nor things present, nor things to come, nor powers, nor height, nor depth, nor anything else in all creation, will be able to separate us from the love of God in Christ Jesus our Lord.'

This joy, however, does not make human grief unchristian. The very love we have for each other in Christ brings deep sorrow when we are parted by death. Jesus himself wept at the grave of his friend. So, while we rejoice that one we love has entered into the nearer presence of our Lord, we sorrow in sympathy with those who mourn.

- Book of Common Prayer, p.507

#### Prelude

'Prelude from Suite in D Minor'
'Arioso'

Johann Sebastian Bach (1685-1750)
'Langsam from Fünf Stucke im Volkston'
Robert Schumann (1810-1856)
'Salut d'Amour'
Edward Elgar (1857-1934)

## GATHERING

#### Anthem

Celebrant I am Resurrection and I am Life, says the Lord.

Whoever has faith in me shall have life, even though he die. And everyone who has life, and has committed himself to me in faith, shall not die for ever.

As for me, I know that my Redeemer lives and that at the last he will stand upon the earth. After my awaking, he will raise me up; and in my body I shall see God. I myself shall see, and my eyes behold him who is my friend and not a stranger.

For none of us has life in himself, and none becomes his own master when he dies. For if we have life, we are alive in the Lord, and if we die, we die in the Lord. So, then, whether we live or die, we are the Lord's possession.

Happy from now on are those who die in the Lord! So it is, says the Spirit, for they rest from their labors.



#### Collect

The Lord be with you.

#### And also with you.

Let us pray.

O God of grace and glory, we remember before you this day our brother, Christopher. We thank you for giving him to us, his family and friends, to know and to love as a companion on our earthly pilgrimage. In your boundless compassion, console us who mourn. Give us faith to see in death the gate of eternal life, so that in quiet confidence we may continue our course on earth, until, by your call, we are reunited with those who have gone before; through Jesus Christ our Lord. Amen.

## LITURGY OF THE WORD

Lesson Job 14:7-12

People

There is hope for a tree, if it is cut down, that it will sprout again, Reader

and that its shoots will not cease.

Though its root grows old in the earth, and its stump dies in the ground,

yet at the scent of water it will bud and put forth branches like a young plant.

But mortals die, and are laid low; humans expire, and where are they?

As waters fail from a lake, and a river wastes away and dries up,

so mortals lie down and do not rise again; until the heavens are no more, they will not awake

or be roused out of their sleep.

The Word of the Lord. Thanks be to God.

Reading Do Not Go Gentle into That Good Night by Dylan Thomas

Reader Do not go gentle into that good night,

Old age should burn and rave at close of day; Rage, rage against the dying of the light.

Though wise men at their end know dark is right, Because their words had forked no lightning they Do not go gentle into that good night.

Good men, the last wave by, crying how bright Their frail deeds might have danced in a green bay, Rage, rage against the dying of the light.

Wild men who caught and sang the sun in flight, And learn, too late, they grieved it on its way, Do not go gentle into that good night.

Grave men, near death, who see with blinding sight Blind eyes could blaze like meteors and be gay, Rage, rage against the dying of the light.

And you, my father, there on the sad height, Curse, bless, me now with your fierce tears, I pray. Do not go gentle into that good night. Rage, rage against the dying of the light.

Reading "Dear Papa", written by Anna Fletcher-Flood

## Anthem 'O Magnum Mysterium' Morten Lauridsen (b. 1943)

O magnum mysterium et admirabile sacramentum, ut animalia viderent Dominum natum jacentem in praesepio.

O beata Virgo, cujus viscera meruerunt portare Dominum Jesum Christum. Alleluia!

O great mystery and wonderful sacrament, that animals should see the new-born Lord lying in a manger!

O blessed is the Virgin, whose womb was worthy to bear Christ the Lord. Alleluia!

# TIME OF REMEMBRANCE

#### Remembrances

Interlude 'Trio Sonata in G Major, BWV 1039' *ii. Allegro ma non presto*J. S. Bach

Homily The Rev. Kit Lonergan, Priest for Parish Care

#### The Lord's Prayer

Celebrant And now, as our Savior Christ has taught us, we are bold to pray

All Our Father, who art in heaven,

hallowed be thy Name, thy kingdom come, thy will be done,

on earth as it is in heaven.

Give us this day our daily bread.

And forgive us our trespasses,

as we forgive those

who trespass against us.

And lead us not into temptation,

but deliver us from evil.

For thine is the kingdom,

and the power, and the glory,

for ever and ever. Amen.

## Prayers of the People

Celebrant Dear Friends: It was our Lord Jesus himself who said, "Come to me, all you who labor and are burdened, and I will give you rest." Let us pray, then, for our brother, Christopher, that he may rest from his

labors, and enter into the light of God's eternal sabbath rest.

Intercessor Receive, O Lord, your servant, for he returns to you.

All Into your hands, O Lord, we commend our brother, Christopher.

Intercessor Wash him in the holy font of everlasting life, and clothe

him in his heavenly wedding garment.

All Into your hands, O Lord, we commend our brother, Christopher.

Intercessor May he hear your words of invitation,

"Come, you blessed of my Father."

All Into your hands, O Lord, we commend our brother, Christopher.

Intercessor May he gaze upon you, Lord, face to face,

and taste the blessedness of perfect rest.

All Into your hands, O Lord, we commend our brother, Christopher.

Intercessor May angels surround him, and saints welcome him in peace.

All Into your hands, O Lord, we commend our brother, Christopher.

Celebrant Almighty God, when our mortal body lies in death, you prepare for us a dwelling place eternal, and, to your faithful people, life is changed

and not ended; therefore, receive your servant Christopher into your courts: let his heart and soul now ring out in joy to you, O Lord, the

living God, and the God of those who live.

All Amen.

## Anthem 'Evening Hymn' Henry Balfour Gardiner (1877-1950)

Te lucis ante terminum, Rerum Creator, poscimus, Ut pro tua clementia, Sis praesul et custodia.

Procul recedant somnia, Et noctium phantasmata: Hostemque nostrum comprime, Ne polluantur corpora.

Praesta, Pater piissime, Patrique compar Unice, Cum Spiritu Paraclito, Regnans per omne saeculum. Amen.

To thee before the close of day, Creator of the world, we pray That, with thy wonted favor, thou Wouldst be our guard and keeper now.

From all ill dreams defend our sight, From fears and terrors of the night; Withhold from us our ghostly foe, That spot of sin we may not know.

O Father, that we ask be done, Through Jesus Christ, thine only Son, Who, with the Holy Ghost and thee, Doth live and reign eternally. Amen.

## SENDING

#### The Commendation

Officiant Give rest, O Christ, to your servant with your saints,

People where sorrow and pain are no more, neither sighing, but

life everlasting.

Officiant You only are immortal, the creator and maker of mankind; and we

are mortal, formed of the earth, and to earth shall we return. For so did you ordain when you created me, saying, "You are dust, and to dust you shall return." All of us go down to the dust; yet even at the

grave we make our song: Alleluia, alleluia, alleluia.

People Give rest, O Christ, to your servant with your saints,

where sorrow and pain are no more, neither sighing, but life everlasting.

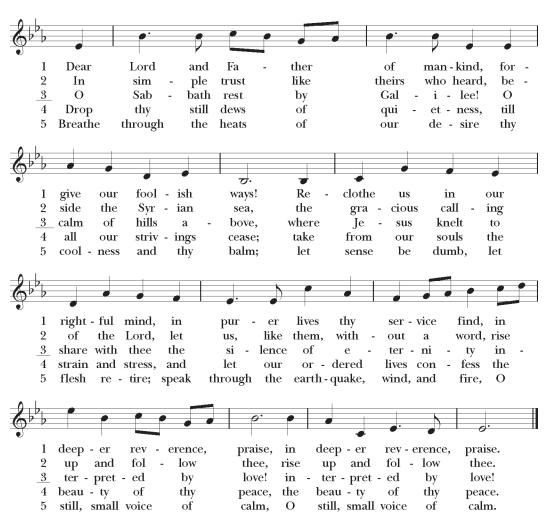
Officiant Into your hands, O merciful Savior, we commend your servant

Christopher. Acknowledge, we humbly beseech you, a sheep of your own fold, a lamb of your own flock, a sinner of your own redeeming. Receive him into the arms of your mercy, into the blessed rest of everlasting peace, and into the glorious company of the saints in light.

People Amen.

The Blessing

Hymn 653 'Dear Lord and father of mankind'



Words: John Greenleaf Whittier (1807-1892), alt. Music: Repton, Charles Hubert Hastings Parry (1848-1918), alt.

#### Dismissal

Alleluia. Alleluia. Let us go forth in the name of Christ. Thanks be to God. Alleluia. Alleluia.

Postlude 'Trio Sonata in G Major, BWV 1039' iv. Presto

J.S. Bach

## Reception immediately following the service

Please join and greet the family at a reception in Christopher's honor downstairs in the Commons of Trinity Church. Stairs are located on either side of the Narthex. An elevator is located in the Clarendon Vestibule.

# MINISTERS OF THE LITURGY

#### Lectors

Paola Dal Cin, Brigham & Women's Hospital Fenella Fletcher-Flood Amy Fletcher Anna Fletcher-Flood

## **Eulogists**

Jon Aster, Brigham and Women's Hospital Angelo Paolo Dei Tos, University of Padua School of Medicine Joshua Fletcher-Flood

#### Clergy

The Rev. Kit Lonergan, Priest for Parish Care

#### Music

Members of the Trinity Choir Alexandra Fletcher, cello William Snell, piano Christina Day Martinson, violin from Handel and Haydn Society Guiomar Turgeon, violin from Handel and Haydn Society Sarah Freiberg, cello from Handel and Haydn Society Colin Lynch, Director of Music Jerrick Cavagnaro, Associate Director of Music



Excerpt from Chapter 1: Introduction of *Diagnostic Histopathology of Tumours*, 5th ed.

I offer some simple truisms applicable to diagnostic tumor pathology that notably have not changed in the past 30 years. Many of these are self-evident and most likely are widely known; the frequency with which they are forgotten is therefore all the more remarkable and regrettable:

- 1. By virtue of simple statistical probability, common things remain common; therefore do not be tempted into an esoteric (or exciting) diagnosis until you have confidently excluded a more probable diagnosis. A good example that typifies this pitfall is the characterization of spindle-celled malignant neoplasms arising in breast or epithelial-lined viscera, such as the upper aerodigestive tract or urinary bladder; sarcomatoid (or spindle cell) carcinomas are a far more likely prospect than some unusual sarcoma or so-called carcinosarcoma.
- 2. Pathologists should never be afraid to request a larger (or repeat) biopsy if they are having difficulty in coming to a firm diagnosis before definitive therapy. It is a matter of fact that some tumor biopsies are inadequate or unrepresentative. In fact, the increasing trend for our clinical and radiologic colleagues to provide smaller and smaller biopsies (in the names of cost effectiveness and convenient patient care) is not only limiting our ability to make definitive diagnoses but also diminishing the opportunity to provide valuable prognostic information. This tide needs to be stemmed, or at least challenged and first validated, especially because the use of preoperative neoadjuvant therapy is also increasing and often renders the ultimate resection specimen relatively useless for diagnostic or prognostic purposes. Painful hours, or even days, of indecision followed by an inconclusive or, worse, inappropriately confident report are far better avoided by a clear request for more tissue. On occasion this undoubtedly prevents the institution of inappropriate therapy. Any attempt to hedge (or spread) one's bets in a diagnostic report should be avoided when possible.
- 3. Pathologists should never be afraid to admit that they cannot diagnose or classify a given neoplasm. No pathologist on this planet does not sometimes benefit from a second opinion, however intermittent this need may be. Pathologists who believe that they never need a second or specialist opinion are dangerous. Increasingly this becomes true in anatomic pathology, which is ever more subspecialized and in which the days of the true generalist are numbered, if not gone. Conversely, a subset of human tumors will always remain that defy rational classification by anyone. In this context clues may exist (but not always) to the likely clinical behavior of such a neoplasm, even if the line of differentiation is obscure, but such clues should be interpreted only tentatively; the reality is that if one cannot categorize a neoplasm reliably on morphologic grounds, then any attempt at prognostication is inevitably unreliable and only amounts to more or less sophisticated guesswork.
- 4. The (possibly obvious) corollary of the previous point is that pathologists can diagnose only what they have seen, read, or heard about previously. This sets clear limitations on the interpretative skills of any pathologist and underlines the need to keep abreast of recent continued developments, by either regular attendance at postgraduate meetings or the routine perusal of major journals in our specialty. Those (increasingly few) who insist on regarding the recognition or recategorization of diagnostic entities as worthless splitting do so at their peril; those who attempt to force all tumor diagnoses into categories with which they are already familiar do likewise.

- 5. A further point that is related, at least peripherally, to the "don't know" situation is that a pathologist (or, for that matter, any practicing physician) should never be afraid to admit a mistake. Every pathologist has made at least an occasional error, however trivial or clinically insignificant, and anyone who suggests otherwise is probably deluded. Our specialty is an interpretative skill or art, not a black-or-white measurement, and therefore human error is unfortunately inevitable. Far more trouble can be generated by concealment or dishonesty in this regard than by admitting a suboptimal diagnosis.
- 6. Prognostication in cancer management, especially among clinical oncologists, is often believed to rely largely on tumor grade and stage, both of which the pathologist may be instrumental in assessing. Some clinicians believe that such parameters (particularly grade) can be determined in the absence of a specific diagnosis. In the light of the foregoing discussion, this is clearly most often nonsensical, and it is up to surgical pathologists to resist such demands when appropriate. In many organ systems, the principal determinant of likely outcome is accurate histologic typing, and the importance of an unequivocal diagnosis should never be underestimated. Equally in some types of cancer, substratification by grade is meaningless, because a given tumor type may invariably be biologically low grade (e.g., infantile fibrosarcoma) or high grade (e.g., pleural malignant mesothelioma), irrespective of histologic appearances. Therefore it is important to recognize that grading (and often also staging) systems need to be tailored, in many cases, to the individual tumor type, and this is one circumstance in which generalizations can undoubtedly be dangerous. In parallel, we need to take care that the rush to incorporate mutational analysis as a component of prognosis or treatment selection (as, for example, in gastrointestinal stromal tumors and non-small cell lung carcinomas) does not bypass careful validation studies, remains confined to the tumor types for which such validation has been achieved, and has demonstrable clinical impact. For the relative lack of significant therapeutic advances in some tumor types to hide behind the use of ever more sophisticated (and expensive) diagnostic or prognostic technologies is not a desirable outcome.
- 7. The last and perhaps most straightforward truism is that histology reports, whether on specimens from one's own hospital or from a patient thousands of miles away, should be as prompt as is feasible and safe. The surgical pathology report is not simply a matter of record or a means of rubber-stamping a clinical suspicion; in the context of tumor pathology, almost always it is the diagnostic arbiter and a major determinant of therapy. It impinges enormously on patients, even if they are commonly unaware of this fact. Any pathologist who fails to recognize or shoulder this responsibility might best be advised to consider alternative employment.

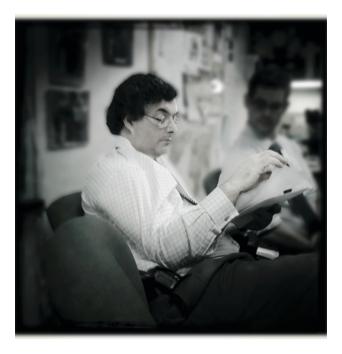
## CHRISTOPHER DAVID

# MARSDEN FLETCHER, MD, FRCPATH

Born on March 13, 1958 in Huddersfield, England, the son of a surgeon, Dr. Christopher Fletcher gravitated to the medical sciences from an early age. He earned his Bachelor in Medicine and Bachelor in Surgery from St. Thomas's Hospital Medical School in London in 1981. He completed residency training in Histopathology at St. Thomas's Hospital and a research fellowship which earned him a Doctorate in Medicine by research thesis from the University of London in 1991. His diagnostic brilliance and preternatural talent for surgical pathology were evident at an early stage, and his subsequent career, which spanned more than three decades, was unmatched in its contributions to the field of oncologic pathology. His groundbreaking research and clinical innovations set new standards and radically advanced tumor classification, thereby allowing

more effective treatment of patients with cancer. Yet his most enduring contribution is undoubtedly the generations of pathologists and other clinicians who benefited from his teaching, mentorship, and seemingly limitless generosity.

During the course of his career, Dr. Fletcher often boldly challenged the status quo, as demonstrated by his paradigm-shifting article "Pleomorphic malignant fibrous histiocytoma: fact or fiction?" published in *The American Journal of Surgical Pathology* in 1992. With characteristic candor,



this single article forever altered the world's approach to classification of soft tissue tumors, a mere three years after completion of his residency training. In 1995, Dr. Fletcher was recruited from the University of London to Brigham and Women's Hospital and Harvard Medical School in Boston, MA, by Dr. Ramzi Cotran, then Chair of the Brigham and Women's Hospital Department of Pathology. In addition to his appointment as Professor of Pathology at Harvard Medical School, Dr. Fletcher served successively as the Director of Surgical Pathology and Vice-Chair for Anatomic Pathology at Brigham and Women's Hospital, and during most of that time served concurrently as Chief of Onco-Pathology at Dana-Farber Cancer Institute. His extensive body of work includes nearly 600 original journal articles and over 150 books, book chapters and review articles. His seminal, award-winning textbook, Diagnostic Histopathology of Tumours, first published in 1995, is now in its fifth edition and is the definitive resource for tumor pathology. He chaired the World Health Organization Working Group for the Classification of Tumours of Soft Tissue and Bone, served on the editorial boards of 15 journals, and held numerous leadership roles within national and international pathology societies, including presidential terms at the Association of Directors of Anatomic and Surgical Pathology, the International Academy of Pathology, the Arthur Purdy Stout Society, the International Society

of Bone and Soft Tissue Pathology, and the United States and Canadian Academy of Pathology (USCAP). He delivered invited lectures worldwide, captivating audiences with his frank and insightful discourse, whether speaking to a vast lecture hall or providing diagnostic guidance at a multiheaded microscope. In 2023, after three decades of unparalleled personal commitment to pathology and medicine, he retired to the position of Professor Emeritus in order to devote more time to his family.

Dr. Fletcher received numerous prestigious accolades recognizing his clinical excellence, research contributions, and commitment to education, including the USCAP Young Investigator Award (1997), the Fred W. Stewart Award from Memorial Sloan-Kettering Cancer Center (2005), the USCAP Board's Distinguished Pathologist Award (2017), and the American Association for Cancer Research James S. Ewing-Thelma B. Dunn Award for Outstanding Achievement in Pathology in Cancer Research (2024). He was also an honorary fellow and member at institutions throughout the world. Beyond these achievements, Dr. Fletcher is remembered as a generous mentor, providing wisdom, guidance, and encouragement for all manners of professional or personal challenges. His extraordinary empathy was comforting to many who sought his advice. His advocacy, born from years of listening to others' concerns, reached beyond the walls of his department. He did not hesitate, and, indeed, relished the chance to ruffle a few feathers in his staunch commitment to physician autonomy and wellbeing. He also recognized the vital role of pathologists-in-training and support staff in the shared mission of exceptional patient care. Within his department, Dr. Fletcher was cherished by administrative assistants and laboratory technicians and was deeply admired by residents and fellows for his invaluable career planning assistance as well as his highly entertaining bi-annual "Director's Rounds". Outside of the world of medicine, his generosity extended to significant support of the arts, culture and education in the local Boston area and beyond.

Dr. Fletcher's legacy extends to the countless patients whose care was transformed by his extraordinary diagnostic skills. He diagnosed approximately 5000 consultation cases annually, received from all corners of the globe, many of which he reviewed without charge for those in need. Every afternoon, surrounded by junior and senior pathology trainees, faculty, and visitors from around the world, he examined stacks of challenging cases. These "sign-outs" were a unique educational experience animated by Dr. Fletcher's diagnostic prowess and sharp wit. His expert diagnoses were accompanied by personalized and detailed explanations of his findings, which he would readily discuss with submitting pathologists or the patients themselves. The privilege of reviewing these cases, which included many rare or previously undiscovered and unreported entities, inspired a remarkable body of research including pioneering discoveries in the classification and genetic underpinnings of soft tissue tumors. His generous inclusion of junior colleagues in these investigations launched many successful academic careers, a continuing tribute to his brilliance and talent.

In remembering Dr. Fletcher, we reflect on those personal traits that conferred his astonishing diagnostic skills and inspired generations of pathologists, oncologists, and surgeons to bring excellence, humility, and compassion to their practice. His legacy will continue to guide future generations of physicians and improve the wellbeing of patients for many years to come.

