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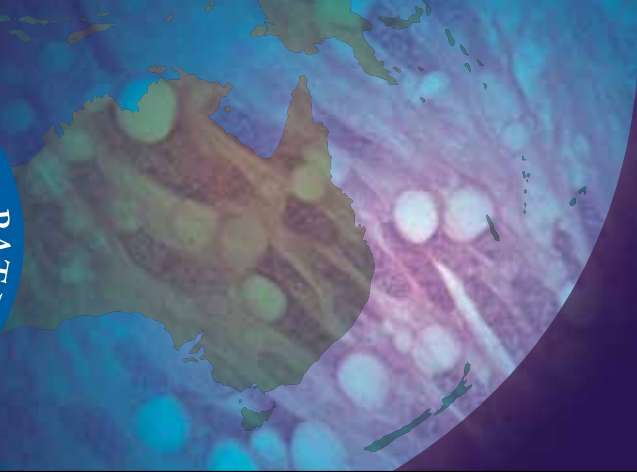
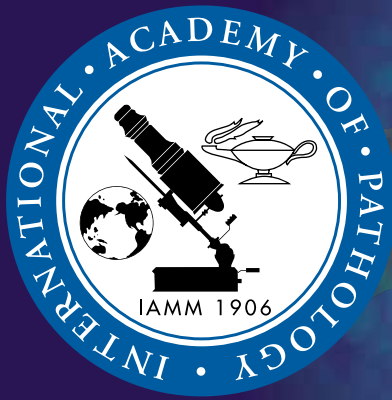
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**Australasian Division
of the International
Academy of Pathology**

news

Update from the President

Over the last 24 months, as President of the Australasian Division of the IAP (ADIAP), my predecessor, David Ellis, has initiated significant steps to review the operations of the Division and the possible measures to safeguard its future finances and governance integrity. Hence, a strategic planning meeting was held in 2012 which subsequently led to an external review of the Division by Professor Michael Wells earlier this year. As a result, a number of changes to our Division are foreshadowed.

There are plans to change the nominations and electoral processes for future candidates for Executive and Board of Management positions of our Division and these will be brought to the membership for approval at the next Annual General Meeting in 2014. In the future, these

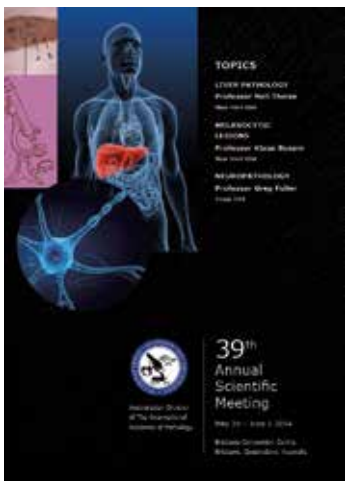
processes will be publicised more extensively in order to actively engage our membership in a more meaningful manner.

Support activities from our Division for postgraduate training and education in Surgical Pathology in the South Pacific region has been spearheaded by Professor Jane Dahlstrom and A/Professor David Ellis in collaboration with A/Professor Raghwa Sharma from Westmead Hospital and Dr Kamal Kishore from the Fiji National University. A number of initiatives are now in place to ensure a robust and comprehensive training programme in Fiji (see accompanying report from Prof Jane Dahlstrom and A/Prof David Ellis).

The programme for the 39th Annual Scientific Meeting in 2014 will continue to follow the format of the previous meetings. The three main speakers are Professor Greg Fuller

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Light show over Darling Harbour during last year's ASM.



from University of Texas M.D. Anderson Cancer Center, Professor Neil Theise from the Beth Israel Medical Center of Albert Einstein College of Medicine, and Professor Klaus Busam from Memorial Sloan-Kettering Cancer Center.

The Australasian Immunohistochemistry Society will again hold their International Workshop on Diagnostic Immunohistochemistry in collaboration with our Division of the IAP. This will be their 4th International Workshop and will be held on the Thursday afternoon preceding the Friday Companion Club meetings. It is anticipated that the workshop will again attract many scientists, trainees and pathologists and will be oversubscribed, like in previous years.

The Friday sessions are dedicated to the Companion Club Meetings. The Neuropathology Companion Club has nominated Professor Greg Fuller as one of the main speakers. He will deliver the plenary lecture (title TBA) for the Friday and will be involved in the Neuropathology Companion Club Meeting.

On Saturday, the morning programme will begin with a Master Class on Non-neoplastic Lung Pathology that will be convened by A/Prof Wendy Cooper and Dr Annabelle Maher. The subsequent programme will then be divided to 2 concurrent theme sessions. Professor Fuller will present update lectures and a slide seminar in Neuropathology. The concurrent update lectures and a slide seminar on liver pathology will be conducted by Professor Neil Theise.

Later on the Saturday morning programme, Professor Sunil Lakhani will deliver the 2014 Vince McGovern Memorial Lecture on the recent advances in the molecular pathology of breast cancer.

The Sunday programme commences with a Master Class on Neuropathology, to be conducted by Dr Peter Robbins and Professor Fuller. This is followed by lectures and a slide seminar on Melanocytic Pathology by Professor Klaus Busam.

For the first time in the history of our division of the IAP, our Annual Scientific Meeting will be held outside of Sydney in 2014. The 39th Annual Scientific Meeting of our division will be held at the Brisbane Convention and Exhibition Centre (BCEC). This is due to the renovation of the Sydney Convention and Exhibition Centre over the period 2014-2015. It was nearly 10 years ago that our division hosted the International Congress of the IAP in Brisbane, which was a remarkable success. Given the past experience with the



C Soon Lee President 2013-15, graduated MBBS from the University of Melbourne and obtained his MD from the same university for his research in pancreatic cancer.

He completed his pathology training in Melbourne, obtaining his FRCPA in 1994, followed by staff specialist appointments in Sydney and Newcastle.

He was appointed Head of Pathology at University of Newcastle in 1997 before he returned to Sydney as a staff pathologist at Royal Prince Alfred Hospital in 1998.

In 2008, he was appointed to the Foundation Chair of Pathology at the University of Western Sydney.

He is also currently Head of Cancer Pathology, Ingham Institute; Clinical Professor and Head of Cancer Pathology at the Bosch Institute, University of Sydney; and Conjoint Professor of Pathology, UNSW.

He holds appointments as a senior pathologist at Liverpool Hospital and Royal Prince Alfred Hospital, and in the private sector.

His major diagnostic and research interests are in GI, breast, head and neck, and prostate cancer pathology.

He has published over 160 full journal articles with over 4,600 citations to his publications, and an H-index of 39.

He has served 9 years as Editor of Pathology, and is currently the Editor-in-Chief of the Journal of Clinical Pathology.

He has been an Editorial Board Member of the British Medical Journal, and is currently a member of the editorial boards of a number of pathology and internal medicine journals.



38th
ASM

Meeting Review



Above: Pathologists who were associated with Patricia Bale who spent most of her professional life as Paediatric Pathologist at the Children's Hospital, Sydney. Patricia wrote a book about her husband, Eddie Hirst, Distinguished pathologist from Sydney Hospital 30-5-13. Nicky Graf, Susan Arbuckle, Elinor Wrobel (Curator of Lucy Osburn-Nightingale Foundation Museum, Sydney Hospital), Stan McCarthy (Stan followed Eddie at Sydney Hospital and ably filled his shoes), Alex Kan.



Left: Robin Cooke Medal, Stephen Fairy, presented by David Ellis
Right: Bursary winners for 2013: Eka Buddromo (Tonga, formerly Fiji), Jale Temo (Fiji), Jane Dahlstrom (Sec), David Ellis (Pres), Monirath Hav (Cambodia), Anuruddha Gallappahige (Sri Lanka), Brett Delahunt, Felipe Templo Jr (Philippines).



Left: Richard Scolyer Vincent McGovern Lecturer presented with a memento of the event by David Ellis



Below left: Cocktail party 30-5-13. Soon Lee (Pres elect), Mike Wells (BDIAP), Ralph Coffin, Cheryl Coffin (Vanderbilt Uni guest speaker at Paediatric Pathology Sessions), David Ellis (Pres), Jane Dahlstrom (Sec), Roma Cooke, Elizabeth Montgomery (Johns Hopkins, Gastrointestinal pathology), Stan Robboy (Pres of CAP), Brett Delahunt (Vice Pres of IAP for SE Asia).



Left: Distinguished Pathologist Award, Brett Delahunt, presented by David Ellis.

Below: Paediatric pathologists Westmead 30-5-13.

Alex Kan, Michael Krivenak, Amanda Charlton, Cheryl Coffin (Vanderbilt Uni), Susan Arbuckle, Elizabeth Montgomery (Johns Hopkins), Vicky Graf.



Ceremony to celebrate 25 years at Darling Harbour

The Convention Centre will now be closed for three years for major rebuilding including two new Hotels. The Director of the Centre invited members of the Executive of the Australasian Division of IAP to this function. The IAP was one of the first, and the longest continuing Organisation to hold meetings in the Convention Centre.

Since its inception, the IAP meetings were held in the Lecture Theatre at Royal Prince Alfred Hospital and the lunches were held in the Nurses' Dining Room a few blocks away. The trade display consisting of Howden Books and Dako was conducted in the dining room.

Most of the interstate delegates stayed at the nearby Motel on the West end of Missenden Rd. This was a very collegiate and congenial arrangement. The short walks were pleasant on most occasions. On the weekends that it rained it was a bit uncomfortable.

For a few years before the completion of Darling Harbour, it was clear that the delegate numbers were growing quickly and that we would soon be outgrowing the facilities at RPAH.

Robin Cooke was President and Warick Delprado was Secretary when the transition from the Royal Prince Alfred Hospital was made. At the last meeting at RPAH, delegates were sitting on the steps of the lecture theatre, and the body heat was outstripping the capacity of the airconditioning. So we were moving just in time to avert a crisis.

If all goes to plan we will be back at Darling Harbour in 2017.



Robin Cooke and Jan McLean. Jan became the Secretary the year after the move to Darling Harbour and has conducted all the negotiations with the Convention Centre since that time.

Below from left to right: Darling Harbour senior staff, Robin Cooke, Rayleen Jovanovic, Annabel Norris (Director of Sales international), David Ellis, D.H. senior staff with the celebratory cake, Jan Kencian, Jan McLean, D.H. senior staff, Ian Curry (Director, Hi Events congress organiser).



Above: Gastro Enterology Group Christophe Rosty, Pryanthi Kumarasinghe, Elizabeth Montgomery (Johns Hopkins Medical Institutions, USA), Bastiaan de Boer.

Below: Hema Samaratunga, David Ellis (Pres), Jonathan Epstein (Johns Hopkins, Gentiourinary Pathology).



Below: **Anatomical Pathology in a Changing World: an International Perspective.** L to R: Dr Archie Prentice, (President RCPATH - Royal College of Pathologists); Prof Michael Legg (Chair Informatics Advisory Committee, RCPA); Prof Joel Schilling (President ASCP - American Society of Clinical Pathology); A/Prof David Ellis, (President IAP, Australasian Division); Prof Stan Robboy (President CAP - College of American Pathologists); Prof Mike Wells (Vice President RCPATH, President BDIAP - British Division of IAP); Dr Melody Caramins (Genetic Advisory Committee, RCPA); Prof Yee Khong (President RCPA - Royal College of Pathologists of Australasia); Prof Michael Suen (President Hong Kong College of Pathologists); Prof Peter Kelly (President Faculty of Pathology, RCPI - Royal College of Physicians of Ireland).



Australasian IAP South Pacific Visiting Fellow Scheme: REPORT AND EXPRESSION OF INTEREST

In 2013 the Australasian IAP Board, in co-operation with IAP Central, made a decision to increase financial support for postgraduate pathology education in the South Pacific region through the IAP South Pacific Visiting Fellow Scheme. This scheme provides a bursary of up to \$1500 for Australasian Anatomical Pathologists and members of the Faculty of Oral and Maxillofacial Pathology (RCPA), who are members of the Australasian IAP, visiting Suva as part of a teaching program initiated by Dr Raghwa Sharma from Westmead Hospital, NSW, Australia. This year the Australasian IAP has provided support to four pathologists to assist with the delivery of this program.

In Suva, Dr Kamal Kishore a microbiologist, coordinates the overall pathology program through the Faculty of Pathology and Department of Health Sciences of the College of Medicine, Nursing and Health Sciences of the Fiji National University with active support of Colonial War Memorial hospital based consultants. Dr Raghwa Sharma is coordinating the visiting teachers program involving pathologists delivering a series of lectures and workshops designed to synchronise with the developing local two tier post

graduate program with the current two year diploma and further two years masters component under development. Registrars from Samoa and Tonga receive financial support from the **Strengthening Specialized Clinical Services in the Pacific** (SSCSiP) program to attend the courses.

We have the use of a digital camera and projection system as well as a five header microscope. The tutorial room is spacious and well air conditioned (see photograph). The quality of local slides has been variable because the microtome was in need of repair. Minimal immunohistochemistry and histochemistry is available. Most textbooks are old editions and the Australasian IAP executive is donating the latest editions of the WHO books to the hospital.

All registrars are very attentive, motivated and a delight to teach. The years of training of the registrars ranged from 8 months to 5 years. Formal evaluation of the program occurs. Each anatomical pathologist who is provided with a bursary from the Australasian IAP Board is required to submit a written report to the secretariat on their contribution and experience.

The Australasian IAP Board also help support a two-day symposium held on 19 and 20 April, 2013

(Inaugural Pacific Pathology Symposium) attended by the 10 trainees from Fiji, Tonga and Samoa as well as pathologists from around the region. Faculty included Dr HK Ng representing the International IAP Education Committee, Dr Raghwa Sharma, A/Prof Venkatesh Shashidhar Murthy from James Cook University, Prof Jane Dahlstrom and A/Prof David Ellis, local trainees and consultants. Areas covered included fundamental, and more advanced pathology concepts, including lymphoma, central nervous system pathology, breast and ovarian pathology, cardiomyopathy, autopsy pathology, immunohistochemistry and medical education. The second symposium is planned for May 2014.

If you are interested in being involved in this post graduate pathology education program in the South Pacific region in 2014 or 2015 please contact Dr Raghwa Sharma (Raghwa.Sharma@swahs.health.nsw.gov.au).

Further information about the IAP South Pacific Visiting Fellow Scheme bursary can be found on the Australasian IAP website or contact Jan McLean (janm@rcpa.edu.au).

**Jane Dahlstrom and
David Ellis**

same organiser we have engaged, Hi Events, and the new and impressive Convention Centre in Brisbane, a seamless flow of the meeting is anticipated. Whilst the move to a new venue is a logistic challenge for the organisers of the meeting, it is also a most opportune time for the membership of our division to experience the Scientific Meeting in a new and fresh environment, away from Sydney. I look forward to seeing you there next year.

C Soon Lee, President, October 2013.



Poster 9: Best poster by a pathologist - Angela Chou.



Poster 32: Best poster by a Registrar - Sooraj Pillai.

Pancreatic Cancer
CYCLIN-DEPENDENT KINASE INHIBITOR AS A POTENTIAL NOVEL THERAPEUTIC AGENT FOR PANCREATIC CANCER
 Angela Chou^{1,2}, Anthony J GIP, Jian Kang¹, Christine Lee¹, Marcelo Sergio¹, APGH, Liz Mougreville¹, Adrienne L Mowry¹, Sean Grimmond¹, Andrew V Blanks^{1,3}, Marina Pajic¹

Background
 Pancreatic cancer is the fourth leading cause of cancer death in Western societies and therapeutics are only modestly effective. Aberration of cell cycle regulation is common in many cancers, including pancreatic cancer, making it an attractive therapeutic target. p16 is a tumour-suppressor protein encoded by CDKN2A on chromosome 9p21 which regulates cell cycle progression in early G1 phase by inhibiting the CDK4/cyclin D complex, hence maintain cells in G1 cell cycle arrest. p16 protein is frequently found to be silenced due to mutation or methylation in pancreatic cancer, causing uncontrolled cell cycle progression in early cell phase.

Aim
 We aim to demonstrate the efficacy of selective CDK4/cyclin D inhibitor in pancreatic cancer cell lines and phenotypic sensitive and resistant cell lines as first putative markers of response.

Method
 Effective patient-derived cell lines (THCC cell lines) of pancreatic duct adenocarcinoma (PDAC) associated with the Australian Pancreatic Genome Initiative (APGI) and 500 commercially available ATCC cell lines of PDAC were treated with selective CDK4/cyclin D inhibitor using western blotting and immunohistochemistry. Genomic data for the ATCC cell lines were extracted from the Stratarray. Genomic data for the THCC cell lines were correlated with sequencing and copy number variation data of patient tumour samples. 2000 cases of surgically resected PDAC from 12 institutions associated with the APGI were assessed for p16.

Result
 The three sensitive ATCC cell lines showed absence of p16 expression and one resistant cell line (apan2) showed p16 overexpression, confirmed by western blot and immunohistochemistry. Sample type of these cell lines confirmed that absence of p16 expression is due to CDKN2A mutation or methylation, whereas p16 overexpression is probably associated with cell-type specific and suggests an unsuccessful attempt of the tumor cells to prevent proliferation. Three of the most sensitive and resistant THCC cell lines also showed similar p16 phenotype and genotype correlating with CDKN2A haplotype. Interestingly, THCC cell lines also showed lack of RB1 expression, consistent with the hypothesis that p16 overexpression in PDAC probably reflects an unsuccessful attempt of tumor cells to control cell proliferation. Expression of Cyclin D1, CDK4 and CDK6 did not correlate with response. p16 expression was found in approximately 14% of surgically resected PDAC. Clinical/histological correlation showed that p16 expression is not a useful differentiator between p16 expressing and p16 non-expressing tumors.

Conclusion
 Our study suggests there is a role for CDK4/cyclin D inhibitors in the majority of pancreatic cancer. CDK4/cyclin D inhibitor may be a potential therapeutic agent in pancreatic cancer. Further assessment using in vivo model is warranted.

GARVAN INSTITUTE

Poster 9

PathWest
ENDOSCOPIC POLYPECTOMY FOR THE MALIGNANT POLYP: OUTCOMES AND PREDICTORS OF LYMPH NODE SPREAD
 Sooraj Pillai¹, Akshay K Singh¹, Michael S Lee^{2,3}, Joseph Srinivasan¹, Suresh Subramanian¹, Shing Hwang¹, Bismillah Khan¹
¹Department of Gastroenterology, PathWest (2) GI Unit² Department of Gastroenterology, St George's Hospital, (3) School of Pathology, St Vincent's Hospital, University of W.A.

Objectives
 Endoscopic polypectomy can be defined as an endoscopically-assisted polypectomy procedure performed in the colon. Malignant polyps are defined as adenomas with histological evidence of adenocarcinoma. The aim of this study was to evaluate the outcomes and predictors of lymph node spread in patients who have undergone endoscopic polypectomy for malignant polyps.

Methods
 A retrospective analysis of 100 patients who had undergone endoscopic polypectomy for malignant polyps was conducted. The outcomes of endoscopic polypectomy were evaluated in terms of the number of lymph nodes examined, the number of lymph nodes with metastases, and the number of lymph nodes with metastases in the lymph node spread.

Results
 The mean age of the patients was 68.5 years (range 45-92). The mean size of the polyps was 1.5 cm (range 0.5-4.5). The mean number of lymph nodes examined was 12 (range 1-25). The mean number of lymph nodes with metastases was 2 (range 0-10). The mean number of lymph nodes with metastases in the lymph node spread was 1 (range 0-3).

Conclusion
 Endoscopic polypectomy for malignant polyps is a safe and effective procedure. The outcomes of endoscopic polypectomy are evaluated in terms of the number of lymph nodes examined, the number of lymph nodes with metastases, and the number of lymph nodes with metastases in the lymph node spread.

Table 1: Patient cases with lymph node metastases in the colon, adenocarcinoma

Case No.	Age (y)	Sex	Polyp Size (cm)	Number of Lymph Nodes Examined	Number of Lymph Nodes with Metastases	Number of Lymph Nodes with Metastases in the Lymph Node Spread
1	65	M	1.5	12	2	1
2	72	F	2.0	15	3	2
3	68	M	1.8	10	1	0
4	75	F	2.5	18	4	3
5	62	M	1.2	8	1	1
6	70	F	2.2	14	2	1
7	67	M	1.6	11	1	0
8	73	F	2.1	16	3	2
9	64	M	1.4	9	1	1
10	71	F	1.9	13	2	1

Table 2: Number of lymph nodes identified in the colon, adenocarcinoma

Number of Lymph Nodes Examined	Number of Lymph Nodes with Metastases	Number of Lymph Nodes with Metastases in the Lymph Node Spread
1-5	1	0
6-10	2	1
11-15	3	2
16-20	4	3
21-25	5	4

Poster 32



Roche was the major sponsor of the Meeting.

Below: Australian and New Zealand Paediatric Pathology Group founded in 1976 at the meeting of the RCPA in Brisbane.

