Australasian Division of the
International Academy of Pathology Limited

Newsletters - 2001

Number Three

Contents

Distinguished Pathologist's Award - Citation

Robin Arthur Cooke, OAM.

One of the more pleasurable aspects of this office is the privelege of honouring a member of our Division with the Distinguished Pathologist's Award.

Dominic Spagnolo, Robin and Roma Cooke.

This award, which may be made once in each 2 year term at the discretion of the President, recognizes an individual's outstanding contributions to pathology and to the Academy.

I did not have to ponder long to decide that Robin Arthur Cooke, OAM would be a most worthy recipient of this award. Robin was a founding member of this Division of the IAP in 1973. He has been an active contributor in all its

activities at both national and international levels. After a period as Councillor for Queensland on the Board, he served as this Division's President in 1985 and 1986. By way of a much-abbreviated resume, Robin graduated MB;BS in 1959 from the University of Queensland, trained in pathology at the Mater Hospital in Brisbane and at the Royal Postgraduate Medical School in London, and was admitted as a Fellow of the Royal College of Pathologists of Australasia in 1967.

During this period he was a key figure in establishing laboratory services in Papua New Guinea. From 1968 to 1991 he was Director of Anatomical Pathology at the Royal Brisbane Hospital where he remains Emeritus Consultant, and he is Clinical Professor at the Graduate School of Medicine, University of Queensland. He acts as Visiting Senior Pathologist to several Queensland Hospitals and also has a part-time appointment at Queensland Medical Laboratory. By whatever measure, Robin's contributions to pathology, and to furthering the aims of the Academy and in particular those of this Division, have been considerable.

While thinking about this citation, reading his curriculum vitae and reflecting on what I know of Robin personally, it occurred to me that Robin's achievements precisely fulfill all the ideals of the IAP espoused on the Academy's seal. The "IAMM 1906" on the seal refers to the original International Academy of Medical Museums founded in 1906, which became the International Academy of Pathology in 1955. I am not suggesting that Robin was a founding member in 1906! Throughout his career he has advanced the original aim of the IAMM which was to foster the interchange of museum specimens between leading medical museums for the advancement of pathology. Robin established the Pathology Museum in the Medical School of the University of Papua New Guinea in the 1960s, along with a substantial photographic teaching collection. Unfortunately the museum has had very little added to it after Robin ended his formal association with the Medical School.

Robin also worked very closely with John Kerr, then Professor of Pathology at the University of Queensland, to develop what is arguably one of the world's best teaching pathology museums. Next we have the early 18th century Marshall-Hooke microscope symbolizing pathology and its history. RobinÕs professional life is certainly steeped in the discipline, not only from a broad diagnostic perspective, but also with special expertise in the pathology of tropical diseases, geographic pathology and the history of medicine and pathology.

His numerous publications and invited lectureships and workshops around the globe are testimony to his expertise in these areas. His pioneering efforts in Papua New Guinea in the development of pathology and laboratory services, in setting up the pathology museum of the Medical School and instituting national training courses for laboratory technicians, are an indication of his deep commitment to pathology. The seal's heraldic lamp of learning symbolizes the pursuits of education, teaching and research by the Academy. Robin has an impeccable pedigree in these endeavours.

His early career in Papua New Guinea yielded fruitful research in the regional pathology of such diverse diseases as amyloidosis, Burkitt's lymphoma, oral cancer and the elucidation of the pathology of Pig-Bel, an acute Clostridial necrotizing enterocolitis resulting from ingesting infected porcine flesh. He has always been an enthusiastic teacher at local, national and international levels.

Undergraduate and postgraduate teaching flourished under his Directorship of the Anatomical Pathology Department at the Royal Brisbane Hospital and several distinguished Australian pathologists have come through that fertile training system.

He has also lectured extensively and conducted many courses for pathologists in the South East Asian region over the years. His indefatigable efforts at College and IAP level are well-known to most in this audience. Among many other activities, he organised the first Quality Assurance Programme in Anatomical Pathology in Australia and New Zealand. Since 1985 he has organized the Postgraduate Education Programme in Anatomical Pathology for the Board of Education of the College (A.P.E.S.E). Never behind the times he has now branched enthusiastically into using digital technology as a medium for the teaching of pathology.

In recent years he has been tutoring overseas doctors from different disciplines, helping them towards obtaining Australian registration. Most recently Robin's commitment to pathology education was recognized by the community in the 2001 Australia Day Honours List by being awarded an Order of Australia Medal (OAM) in the General Division "for service to medicine and medical education, particularly in the field of pathology". The final symbol on our seal is the globe, to signify the international character of the Academy. Robin's globetrotting and international networking are legendary. He has been Editor of our Division's Newsletter since 1989, and he has distinguished himself since assuming editorship of International Pathology, the news bulletin of the International Academy of Pathology.

I have no doubt that the personal esteem in which he is held internationally played the major role in the outcome of this Division's successful bid spearheaded by Robin, to host the 2004 International Congress in Brisbane. Robin will be the first to tell you that his successes in no small measure owe much to having a wonderfully supportive family - Roma, his wife of 42 years, who is here today to see Robin receive this award, his daughters Deirdre and Margaret, and son Justin. It now gives me the greatest pleasure to ask Robin Cooke to accept the Distinguished PathologistÕs Award from the Australasian Division of the International Academy of Pathology.

Dominic Spagnolo President 1999-2001

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Speech in response

by Robin Cooke

Mr President, colleagues,

May I thank you, Dom, and through you, all the members of the Division for giving me this prestigious award. Thank you, too, for giving me the opportunity to make a short response. The direction of all of our careers is governed partly by chance happenings and partly by conscious decisions that we take. I made two important decisions about the time of my graduation in Medicine.

The first of these was to ask a shy, retiring honours Arts student, a University Blue, and a former Queensland and Australian Swimming Champion, to marry

me. She took the risk and said yes. She has put up with me ever since, and for this I am very grateful.

The second decision was to become a pathologist rather than a surgeon, which was my initial inclination at graduation. That decision, too, I don't regret for one moment. I did my first year of Residence after graduation at the Mater Hospital in Brisbane. This was the smallest of the Teaching Hospitals but I had had very pleasant times there as a student and they offered terms in all the specialties. In my second year I became their Pathology Registrar. The path lab consisted in four very small rooms in the basement of the oldest building in the hospital. It was so crowded that people worked almost shoulder to shoulder. Jobs were done in batches. One plated the pus swabs and urines, cleaned up and did the WCC counts and haemoglobins, cleaned up and did the blood groupings and cross matches. I learned how to do all of these things.

In another room the Biochemistry was done. Serum for each test was sucked up using mouth pipettes. This was delivered into a testtube. Then the reagents for the test - sugar, urea etc and the colour indicator were added, again by pipette. This was mixed and incubated in a water bath. The colour intensity was read in a photo-electric colorimeter. The values of test, blank and control were recorded, and using the appropriate formula, the result was calculated by multiplication and division (there were no calculators). The DCP course I attended at Hammersmith in London two years later was teaching manual methods, but Wooton and his team in Biochemistry were developing the first automated chemical analyser, which we were allowed to view. In Brisbane the laboratory technicians went to the wards to collect blood from patients. One syringe would be used for the whole morning. It was rinsed with alcohol between patients. A different sterile needle was used for each patient.

After use, the needles were cleaned, sharpened, sterilised and used again - and again. Within a month or two of becoming Pathology Registrar at the Mater I became "the Pathologist" for the hospital and I was responsible for the Blood Bank as well. Drs George Taylor and Redmond Quinn were the unpaid Consulting Pathologists. One of them would visit for a couple of hours each morning to report with me the histology specimens and the bone marrows which I did and made a preliminary report before they came. Anatomical Pathology was in another tiny room. It housed the cutting and staining area and the single microscope which was used by the Registrar and the Visiting Pathologist.

Another duty was to perform the autopsies (about 120 that year) on adults, children from the Children's Hospital and neonates from the newly opened Women's Hospital. On my biweekly afternoons off I supplemented my practical work by following the course in gross pathology being done by the medical students. I was very busy, and I was on a rather steep learning curve. The next year Roma and I went to Port Moresby. Two weeks after arriving I was appointed Acting Pathologist in Charge of the Pathology Services for Papua New Guinea. This was the beginning of yet another steep learning curve.

My "laboratory" was more imaginary than real. Three expatriate laboratory technicians were appointed at about the same time as I was. There were about 15 Papuan and New Guinean staff. So we set about establishing a proper pathology service, first in the capital, Port Moresby, and then in each of the 6 regional hospitals and some of the smaller ones as well. As part of this

development it was necessary to establish a training course for Laboratory Technicians. By far the most interesting and rewarding part of my job was the study and recording of the diseases which occurred in this stone-age people who had never before had any medical attention. At the end of my term I wrote an MD thesis on the Diseases of the People of Papua New Guinea. In the thirty years since then I have returned intermittently to teach and examine at the Medical School which was established during my term.

So I have seen the changing pattern of disease as the culture changed and medical services became more readily available. These visits have given me the opportunity to have close contacts with students and graduates of two very different medical schools over a period of thirty years. Included in my duties in PNG were Forensic Pathology Services. I did post mortems on the frequent murders, suicides, traffic accidents and aircraft fatalities. This involved quite a lot of court appearances, and a lot of travel in small aeroplanes to some of the remote parts of the country. Sometimes these missions were quite exciting, even scary. During this time I had a lot of support from many people throughout Australia, particularly Vince McGovern in Sydney and Rolf ten Seldam in Perth. My appointment to the Royal Brisbane Hospital occurred at a time when there was a major turnover of jobs throughout the hospital, and the State Government was beginning to get money from mineral royalties. This resulted in a whole change in the culture of the institution and it was nice to be part of this new culture.

Alastair Burry and I were appointed together. He was Director of Pathology and I was Director of Anatomical Pathology. My opposite number at the University was John Kerr who had just returned from his PhD studies in London. My first registrar, appointed at the same time as me, was David Weedon. The four senior pathologists in Private Practice - John Sullivan, Nick Nicolaides, Bruce Gutteridge and Bob Duhig each spent one session of about three hours in the Department each week. None of us knew each other before this. In a very short time we settled into an extremely harmonious working relationship and interpersonal relationship which has endured for over thirty years. The relationship extended to include the other pathologists in Brisbane as well - Jack Little and Redmond Quinn at the Princess Alexandra Hospital, John Bell at the Mater Hospital and John Tonge at the Institute of Forensic Pathology.

The environment we created allowed us to pursue our interests and our talents, and I hope it allowed the younger colleagues who joined us to develop their talents and interests as well. Ten years ago I decided to take the Government's offer of an early retirement package to see if there was anything different that I could do before I got too old and too tired to be bothered.

In this I have been extremely lucky. I have done quite a number of things that I would never have done from a hospital job as Dominic has outlined. Over the years I have been privileged to be invited into the homes of people in many different countries. Once I was the guest of a very senior Professor of Tropical Medicine in Amsterdam. After I had given my lecture at the Institute of Tropical Medicine, he took me to his office for a chat. There he invited me to examine the specimen under his microscope. It was a monocular microscope, vintage about 1900, with a substage mirror and an external light source. I said I thought the slide showed a male and female Schistosome in the rectal venous

plexus. He said "Would you like to come home to dinner with my wife and me?" Obviously I had passed. We had a wonderful evening together.

In my last thirty seconds I would like to demonstrate another party trick that has opened doors everywhere. For this I will need some audience participation.

[To the amazement and amusement of the audience he then performed an Irish Tap Dance with the rhythm provided by the sound of clapping from the audience].

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International Visitors

by Dominic Spagnolo

Larry Weiss

The Lymphoma Seminar Group on Sunday. L-R. Stephen Braye (Newcastle), Dominic Spagnolo (Perth), Colin Ades (Brisbane), Larry Weiss (Duarte) and Tony Leong (Newcastle).

This is not Larry's first visit to Australia. In 1993 he was the University of Western Australia's Raine Visiting Professor, and in 1997 some of us had the pleasure of his erudition at the Lymphoproliferative Disorders Course on Heron Island, organized by Stephen Braye under the auspices of this Division. I know that Larry has acquired a soft spot for Australia after these brief encounters, although he has been known to be critical, in fact scathing, of the standard of baseball here, which nearly cost me my life one night.

Larry is a New Yorker through and through. He had a distinguished undergraduate career and graduated MD from the University of Maryland in 1981, collecting the Faculty gold medal for medicine, the highest award given, and the award for the highest achievement in Pathology. After his pathology residency at the Brigham and Women's in Boston, in 1983-84 he undertook his Fellowship in surgical pathology at Stanford University, which was where I first met Larry. He immediately stood out for two reasons - he was not in the mold of some of the other muscular and towering sports jocks who were also Fellows at the time.

But what stood out more was his clearly towering intellect, and that is no small statement given the highly talented bunch of co-Fellows who were there from other American schools, several of whom have gone on to high profile international careers themselves. While Larry excelled in all aspects of pathology it was clear to all that his main passion was going to be

Hematopathology, and it is for his achievements in this field that we know him best. His rise through the ranks of Acting Instructor and Assistant Professor of Pathology at Stanford was meteoric, and he had a long and fruitful association there with the likes of Ron Dorfman and Roger Warnke. In 1989 he took up the position of Director of Surgical Pathology at the City of Hope National Medical Centre in Duarte, CA., and since late 1997 he has been Chairman of Pathology at that institution. His professional awards are too numerous to detail, and I will only highlight a few.

He has been the recipient of the Benjamin Castleman Award from the IAP for the most outstanding paper in human pathology by an investigator under 40, and The Arthur Purdy Stout Award for the most outstanding paper by a surgical pathologist under 40. Clearly something terrible used to happen to pathologists after 40. But there appears to be some reprieve for in 1999 he received the prestigious Young Investigator Award from the US-Canadian Academy of Pathology for a body of work which has contributed significantly to the diagnosis and understanding of human disease by a pathologist under 45. Larry is on the editorial board of 10 leading pathology journals including Am J Pathol, AJSP, Hum Pathol and Lab Investigation. He is a sought after lecturer at local, National and International level having delivered more than 120 invited lectures and courses in pathology. His publications and book chapters are approaching 350, and include leading articles in the NEJM. We are all familiar with his excellent and essential bench monograph "Pathology of Lymph Nodes" and the AFIP fascicle on "Tumors of The Lymph Nodes and Spleen". To me his greatest contributions are undoubtedly in the areas of Hodgkin's disease, peripheral T-cell lymphomas and Histiocytic and Dendritic cell disorders.

Dr Stuart J. Schnitt, M.D.

The Breast Seminar Group on Saturday. L-R. Peter Robbins (Perth), Wendy Raymond (Adelaide), Michael Bilous (Sydney), Gelareh Farshid (Adelaide), Jane Armes (Melbourne), Stuart Schnitt (Boston).

Dr Stuart Schnitt, M.D. was born in Brooklyn, New York. He completed his M.D. at the Albany Medical College of Union University having obtained his B.S. (Biology, "summa cum laude") from the Brooklyn College of the City University of New York. Dr. Schnitt undertook his post doctoral training in pathology at the Beth Israel Hospital, Boston, Massachusetts, which is now the Beth Israel Deaconess Medical Centre, where he is currently Senior Pathologist and Associate Director of the Beth Israel Deaconess Cancer Centre.

Dr Schnitt is also Associate Professor of Pathology at the Harvard Medical School. Dr Schnitt is regarded as one of the pre-eminent surgical pathologists of his generation, particularly in his field of special expertise - breast pathology. Dr Schnitt has contributed significantly to the study of breast disease, in areas of direct importance to the practice of surgical pathology but also in the wider context of the role the surgical pathologist plays in the multi-disciplinary management of breast disease. His extensive publication record includes significant contributions to topics as diverse as factors which determine local recurrence of breast malignancies following breast conserving surgery and post operative radiotherapy, assessment and classification of proliferative intraduct lesions and duct carcinoma in situ, the evaluation of the HER2/neu gene breast cancer specimens, assessment of prognostic factors and cytological touch preparations in breast core needle biopsies, breast cancer risk associated with breast forms of benign breast disease, breast cancer reporting practices and the pathology of mammographic screen detected breast lesions (to mention but a few).

Dr Schnitt has won several prizes, including the prestigious Arthur Purdy Stout Society of Surgical Pathologists Annual Prize in 1999. He is a member of several national and international committees and professional bodies, and is an editorial board member of numerous eminent international surgical pathology journals. He is keenly sought internationally as a guest speaker and is widely renown for his excellent presentations.

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Annual Board Meeting 2001

President's Report

1. General

Communication over the last year with Board members and secretariat has been largely by telephone and email on a frequent basis The main matters have related to the organization of the 2001 Annual Scientific meeting, the contract with Intermedia (Professional Congress Organizer for Brisbane 2004 International Congress), acquiring the services of an outside agency to handle the meeting registrations (Tradevent) and the setting up of our Divisional home page.

2. Annual Scientific Meeting 2001

There have been no major problems with the preparations for this year's ASM. Both keynote speakers provided their slide seminar material and handouts in a timely manner. Dr Weiss additionally prepared a comprehensive handout for the inaugural Plenary Lecture.

2.1 Specialty Club Meetings
This year the format for the Friday component of the meeting has been altered according to the Board's resolution in 2000. The Specialty Club meetings will be organized as 4 sessions spaced through the entire day. There are 2 new Clubs this year, the Neuropathology Club convened by Dr Victor Ojeda, and the Breast Club convened by Dr. Gelareh Farshid. This brings the number of specialty clubs to 14.

The Lymphoma Club this year is being convened by Colin Ades as an interim arrangement, the new Urology Club convenor is Dr Geoffrey Watson after Dr R. Cohen indicated he would permanently step down as convenor after the 2000 meeting. Dr Frost has handed over the convening of the Orell FNA to Drs. Ann Finney and Judy Bligh. I have communicated with all club convenors indicating the expectation that the specialty clubs will take over the role of the previous thematic/didactic Friday morning sessions, such that the "approach to" and "recent advances in " aspects of the meeting would not be lost, particularly for registrars. Club convenors have been exhorted to ensure that meeting evaluation questionnaires are completed by as many delegates as possible. I would ask Board members attending the various specialty meetings to help the convenors in this regard as much as possible.

2.2 Plenary Lecture
This year sees the inauguration of the Plenary Lecture on Friday afternoon. The possible naming of the Plenary Lecture is to be discussed by the Board. The inaugural Lecturer is Dr. Lawrence Weiss whose address will be "The Molecular Biology of Hodgkin's Disease".

2.3 Meeting Evaluation Questionnaires
These have been redrafted for this year's ASM. There will be one specifically for the Specialty Club meetings, and another for the remainder of the meeting. There were only 21 respondents from last year's meetings, most uniformly favourable. Negative comments included: problems with catering being too slow; theatre too cold; suboptimal projector focusing; no blank pages in handouts for note-taking; meeting to be moved to Queen's birthday weekend ie. not Friday; against notion of CD-Rom handouts; Novotel poor; need for a bell in poster room to warn of commencement of next session. Positive comments other than enthusiastic support generally: shoulder straps for satchels appreciated; CD-Rom handouts OK as long as cost is reasonable.

2.4 International Guest Speakers
Both international speakers have been a delight to work with. Deadlines have been met and preparations of slide seminars have run smoothly, thanks also to the local convenors Tony Leong and Michael Bilous. Dr. Schnitt indicated very early that he could not provide paraffin blocks for his seminar, which would consist of kodachromes (selected kodachromes would be incorporated also into his handout).

Owing to a simple misunderstanding, Dr Schnitt was unaware that a handout was required for his slide seminar (this was explicit in my email of 13 November to him). He graciously agreed at the last minute to make available his powerpoint slides to be printed in lieu of the handout, accompanied by representative colour photographs. Under the circumstances this is a very acceptable outcome. I invited both guest speakers to consider visiting other pathology departments as part of their itinerary. Dr Schnitt indicated that because of time constraints he would not be available for any other visits.

Dr Weiss is coming with his wife, Tina, and they will be holidaying in Australia. I canvassed each state through the Board members and their College State Councillors to indicate each state's interest in Dr Weiss visiting as a College guest. Not surprisingly each state wanted Dr Weiss to visit. I relayed all this to Dr Weiss. He was touched by the response and was apologetic that he simply could not accommodate all requests, given that this was also meant to be a vacation with his wife. He indicated that following the ASM, he would

spend time in Sydney and Newcastle, Brisbane then Perth where he would address the local pathologists and registrars. The local branches of the College would meet accomodation and sundry expenses to cover formal commitments to the local pathology communitites.

2.5 Scientific posters
Poster numbers this year are about the same as last year (30 excepting any late submissions), of a very high standard, and ably convened by Prof. Soon Lee again. At last year's ASM it was agreed to offer two first prizes so as not to pit unfairly registrars' work against that of research scientists and consultants. The issue of whether to offer monetary second and third prizes, in addition to certificates, is to be discussed at this year's Board meeting. Soon Lee intended to ask Prof. Muller and Dr Jane Dahlstrom to again judge the posters.

2.6 RCPA Sessions
The RCPA will again hold their Anatomical Pathology/ Cytology QAP review session at this meeting. The Chief Examiner in AP will address registrars at the end of Saturday's programme, followed by cocktails with the trainees.

3. International Congress, Brisbane 2004

3.1 Congress Organization
Prof. Robin Cooke has continued his tireless work in the organization of the International Congress and my sincere thanks go to him for that. He has networked extensively with pathologists within Australia, New Zealand and overseas, and with key people in the international executive as well as previous international congress organizers.

We have discussed the Organizing Committee structure for the Congress and both Robin and I have reviewed organizing committee structures from previous International Congresses (tabled for the Board's perusal). This Board meeting will endorse a final committee structure and establish clear lines of reporting with accountability. Robin will report separately on the developments of the last 12 months.

3.2 Intermedia Contract
Much energy has been expended by the executive over the last 12 months in respect of the Intermedia contract. There were sticking points in the original contract on which we sought legal advice on more than one occasion, leading to Intermedia substantially re-writing the contract. We had almost reached agreement earlier this year when Intermedia then completely rewrote the contract, using a completely different model of charging.

This caused further delays while the executive scrutinised the new contract. I corresponded by email with Mr Ray Shaw, Managing Director, Intermedia relating to some minor concerns in the new contract (correspondence with secretariat) which he addressed to my satisfaction. I signed the contract on May 28, 2001, witnessed by Peter Robbins. As an aside, Intermedia already have more than 40 clients on this contract, some being repeat clients. I have no doubt that Intermedia will discharge their obligations in a totally professional manner and the organization of the meeting will be second to none.

Parenthetically, Intermedia have just won 2 National Excellence Awards at the Meetings Industry Association of Australia (MIAA) National Excellence Awards, the only company of this type Australia-wide to be recognised at this

level. The awards were for "Meetings Management" and "Meeting of the Year" for Intermedia's management of the Brisbane 2000 International Hepato-Pancreato-Biliary Association 4th World Congress. Intermedia have now won 5 National and 10 State MIAA Awards. I wrote to congratulate Mr Shaw on Intermedia's achievement.

3.3 Nagoya Meeting
I was unable to attend the IAP 2000 International Congress in Nagoya. Our Division however was well represented. The International Council meeting was attended by Kon Muller, Robert Eckstein, Doug Henderson and Robin Cooke, while the Biennial Business Meeting was attended by Kon Muller, Robert Eckstein, David Davies and Robin Cooke. Kon Muller will provide details in his report.

4. RCPA-IAP Relationship

On 22/05/01, at my behest, I had informal, useful and very friendly discussions with Professor David Davies, President of the RCPA, in relation to the nature of existing arrangements between the RCPA and the Australasian Division of the IAP, and how they may change in the future. There has been a noticeable increase in our costs to the College over the last year or so. The College is considering the redevelopment of The Terraces (Heritage Listed), where the IAP secretariat is presently located. This is under the direction of the Assets Management Committee of the College (chair Peter Stewart).

Possible outcomes for the College if redevelopment occurs are the development of a conference venue, offices for rental and so on. I stress that David made it clear these are only ideas the College is exploring in general terms at this time and no Executive decisions have been made. David made the reasonable point that the College needs to operate on a business footing, with a return on its investments and would look for income (on a profit basis) from future outside tenants. He indicated the "benevolent" approach to the two existing tenancies ie. the QAP and IAP, would in all likelihood be maintained.

My understanding is that the College would need to recover costs from the IAP in terms of rental etc, but would not be looking at profit-making. We both saw the need to begin the process of unravelling precise costs to each organization, and that a new Memorandum of Understanding may be needed in the near future. We both agreed that future Presidents of both organizations need to be involved in the decision-making processes which are likely to affect the nature of the relationship between the two bodies, and we both saw advantages in preserving the close professional relationship already in existence. David indicated the College's intention to move the Annual Scientific Meeting from October to March, which would be of benefit to trainees in relation to the timing of the examinations.

The College would probably hold meetings at Darling Harbour beginning 2002, and bring together the various update courses currently in existence. We also discussed the IAP International Congress in 2004, Brisbane. The College was in principle committed to holding their ASM conjointly with our International Congress, but would probably still run their update courses in March that year. David also suggested that the Visiting College Professor in 2004 should be selected with the conjoint 2004 meeting in mind. There would also be a concurrent meeting in 2004 of the International Liaison Committee of Presidents of Colleges of Pathology. Our discussion concluded at this point.

The existing Memorandum of Agreement (MOA) between the IAP and RCPA was signed on 11 June, 1992 by RA Osborn, President of the RCPA and HK Muller, President of the IAP. There was provision for the agreement to be reviewed annually.

5. Memorandum and articles of association; By-Laws

These have not been reviewed for 17 years since incorporation in 1984. It is my suggestion that the next Board might consider reviewing these to determine if any changes are needed.

6. Divisional IAP Web Page

By the time of the Board Meeting, our Divisional home page should be up and running under the address "iap-aus.org.au".

I drew up and distributed (through Jan) a discussion document to several internet service providers (ISP), including the firm responsible for the College web page, for comments and quotations. I also had discussions with various Board members. Based on cost and proximity to the secretariat, a Sydney-based firm, "webFASTrack", was chosen as the ISP and designer of the Home page. Jan McLean and I have worked closely with Stuart Cole from Remex Consulting (owners of webFASTrack) in designing the page.

Already on the web are details of our organization, details of meetings, registration for meetings through Tradevent and some past Newsletters. Links to other key organizations will be established soon. Much still remains to be done. How the site evolves is a matter for Board discussion, especially in regards to placing educational material on the web, and the potential to generate revenue through attracting advertising.

7. Australia Day 2001 Honours

Two of our Division's members were recognized in the 2001 Australia Day Honours list. Robin Arthur Cooke, IAP Board member, was awarded a Medal (OAM) in the General Division "for service to medicine and medical education, particularly in the field of pathology". Gabriele Medley was made a Member (AM) in the General Division "for service to medicine and women's health through the Victorian Cytology Service, particularly in the field of cervical cytology and pathology, and to the development of Pap smear testing, reporting and screening programmes". I have written to both extending congratulations on behalf of the Division.

8. Acknowledgements

This is my last report to the Board. It has been a privilege to serve as President of this Division of the IAP. I should like to express my appreciation and thanks to all Board members for their willing support over the last 2 years.

On behalf of the Division, my thanks go to the Board members who are completing their terms or retiring from the Board Ð Ron Newland, Tony Bierre, Rob Kelsall, David Cohn and James Kench. I am indebted to Robin Cooke for his tremendous and ongoing commitment to the 2004 International Congress and for his outstanding work as Editor of our Newsletter. My thanks

also to Kon Muller for his excellent advocacy for the Division in his capacity as Regional Vice President.

I am grateful for, and appreciative of, the great support of the executive in Rob Eckstein, Con Theocharous, Veli-Matti Marjoniemi, Ron Newland and Robin Cooke. My final and especial thanks go to Jan McLean for her unstinting hard work and support to me over 2 years, and for never complaining about the continual barrage of emails and calls from Perth. It has been a tremendous pleasure and honour to work with you all.

Dominic Spagnolo, May 31, 2001

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AUSTRALASIAN DIVISION OF .A.P. WEBSITE UPDATE

Our division's website is up and running.

You can access it at http://www.iap-aus.org.au. Within the site you will find information about the division, next year's annual scientific meeting, newsletters, links to other sites of pathological interest, information about contacting the secretariat and information about becoming a member. In addition, I am developing a member's page. I will post one interesting educational case per month.

To access the member's page you need to know the username and password. I have made the user name "iapmember" and the password "rokitansky". You need to enter these in lower case. I would like to hear from members as to what they would like to see put on the website and how I can improve it. You can contact me at richardj@icpmr.wsahs.nsw.gov.au or phone me on +61 (2) 9845 6222.

Richard Jaworski

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Prize Winners and Commendations in the Poster Display Competition

Prize Winners

Pathologist/Scientist:

Poster No. 6: "Methylation Status of BCL6 Distinguishes DNA Samples from Benign and Malignant Lymphoproliferative Disorders"
Taylor JME, Gould PR, Cairns SM, Spagnolo DV, Kay PH.

Registrar:

Poster No.25: "The Value of HPV DNA Typing in the distinction between Adenocarcinomas of Endocervical and Endometrial Origin in Biopsy material"
Plunkett M, Brestovac B, Sterrett G, Thompson J, Frost F, Smith D.

Commendations

Pathologist:

Poster No.7: "Kikuchis Lymphadenitis: Fine Needle Aspiration Cytology Diagnosis of Four Cases in Australia" Psarianos T, Chandraratnam E, Tomlinson J.

Poster No.28: "Primary Non HodgkinÕs Lymphoma of The Central Nervous System"
Robbins P, Elsaleh H.

Registrar:

Poster No.2: "Identification of Molecular Markers in DCIS Recurrence" Provenzano E, Kavanagh A, Marr G, Giles G, Venter D, Armes J.

Poster No.16: "Fine Needle Aspiration in Assessment of Primary and Metastatic Gastrointestinal Stromal Tumours"
Robson DJ, Stewart CJR, Caterina P, Allpress SM, Sterrett GF.

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- Overall Response Rate : 15%
- Median Duration of Response : 9.1 months
- Median Survival :13 months
- Median Time To Progression : 3.1 months.

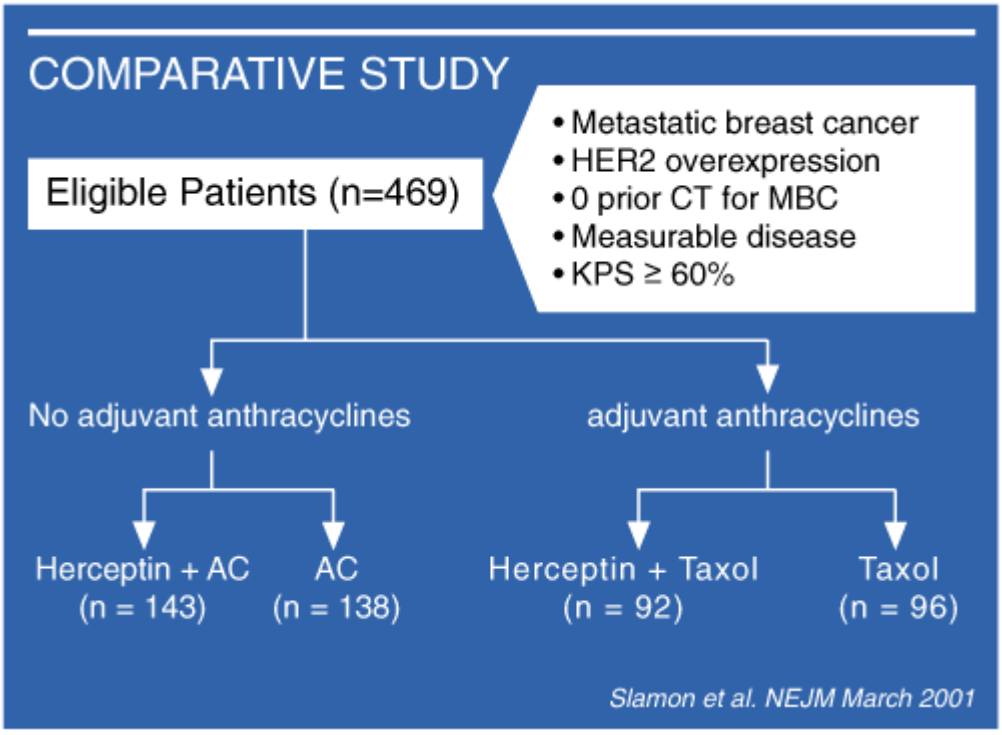
SAFETY

- Approximately 40% of patients experienced infusion-associated symptoms, including fever and chills, which occurred primarily with the first infusion of trastuzumab.
- Reduction in cardiac ejection fraction was observed in 9 patients, of whom 6 were symptomatic, all had either prior anthracycline therapy or significant cardiac history. Confirmed cardiac toxicity was not observed.
- Toxicities commonly associated with chemotherapy , such as myelosuppression and mucositis were rare.

COMBINATION THERAPY

A randomized, placebo-controlled phase III trial was performed in 469 women with metastatic breast cancer. HER2 positive patients were defined as in the monotherapy study.

STUDY DESIGN



Half the patients were randomised to receive trastuzumab.

RESULTS

Herceptin® in Combination
Summary of Benefits - All patients and HER2 3+ patients

		AC	H+P	P (n = 96)	H+CT (n = 235)	CT (n=234)
Median TTP (months)	ALL	7.8*	6.1	6.9*	2.7	7.4*	4.6
	3+	8.1*	6.0	7.1*	3.0	7.8*	4.6
RR (%)		56	42	41	17	50	32
		60	42	49	17	56	31
Median DR (months)		9.1	6.7	10.5	4.5	9.1	6.1
		9.3	5.9	10.9	4.6	10.0	5.6
Median TTF (months)		7.0*	5.6	5.3*	2.7	6.6*	4.5
		7.1	5.1	6.7	2.8	7.0	4.4
Survival (months)		27	21	22	18	25*	20
		31*	21	25	18	29*	20

*p<0.05 All: n = 469 3+: n = 349 Cut-off October 1999

Table 1: Efficacy of trastuzumab when given in combination with chemotherapy in metastatic breast cancer.

NOTE

It is important to realise that, at 25 months of follow up, 65% of patients whose disease progressed on chemotherapy alone were switched to trastuzumab with or without chemotherapy which generated a potential bias against the trastuzumab-treated group as the study progressed.

SAFETY

Adverse events were that were mild to moderate in severity were increased among patients receiving trastuzumab. Trastuzumab treated patients also experienced infusion associated symptoms. Cardiac dysfunction cases were most frequently seen among patients who received trastuzumab plus an anthracycline. A total of 38/148 patients treated with anthracycline plus trastuzumab compared to 10/135 receiving anthracycline alone experienced cardiac dysfunction. Corresponding figures for patients receiving paclitaxel plus trastuzumab or paclitaxel alone were 11/91 and 1/95, respectively. The number of patients with symptomatic heart failure was low.

SUMMARY

Data from pivotal trials indicate that trastuzumab is active as a single agent in women with HER2-positive metastatic breast cancer. Trastuzumab when added to chemotherapy, increased TTP, response rate and median survival compared with chemotherapy alone. The safety profile of trastuzumab was favourable.

However, data indicate that there is a risk of cardiac dysfunction in patients receiving trastuzumab. This appears to be related to previous or concomitant

anthracycline exposure, and it is recommended that women with pre-existing heart disease or high cumulative anthracycline exposure are treated with caution. One prerequisite for using trastuzumab is that the HER2 status be established. Immunohistochemistry (IHC) is widely available and the proposed initial test.

If this test is not strongly positive (+++) it is proposed that fluorescence in situ hybridization is a useful alternative. It is less widely available, requires specialized equipment and has not been correlated with clinical outcomes. At the present time trastuzumab could be considered as a single agent or in combination with paclitaxel for metastatic breast cancer that is HER2-positive. Studies combining trastuzumab with either vinorelbine or platinum agents have also been shown to be highly active. Phase III trials are currently randomizing to assess the effect of trastuzumab in the adjuvant setting.

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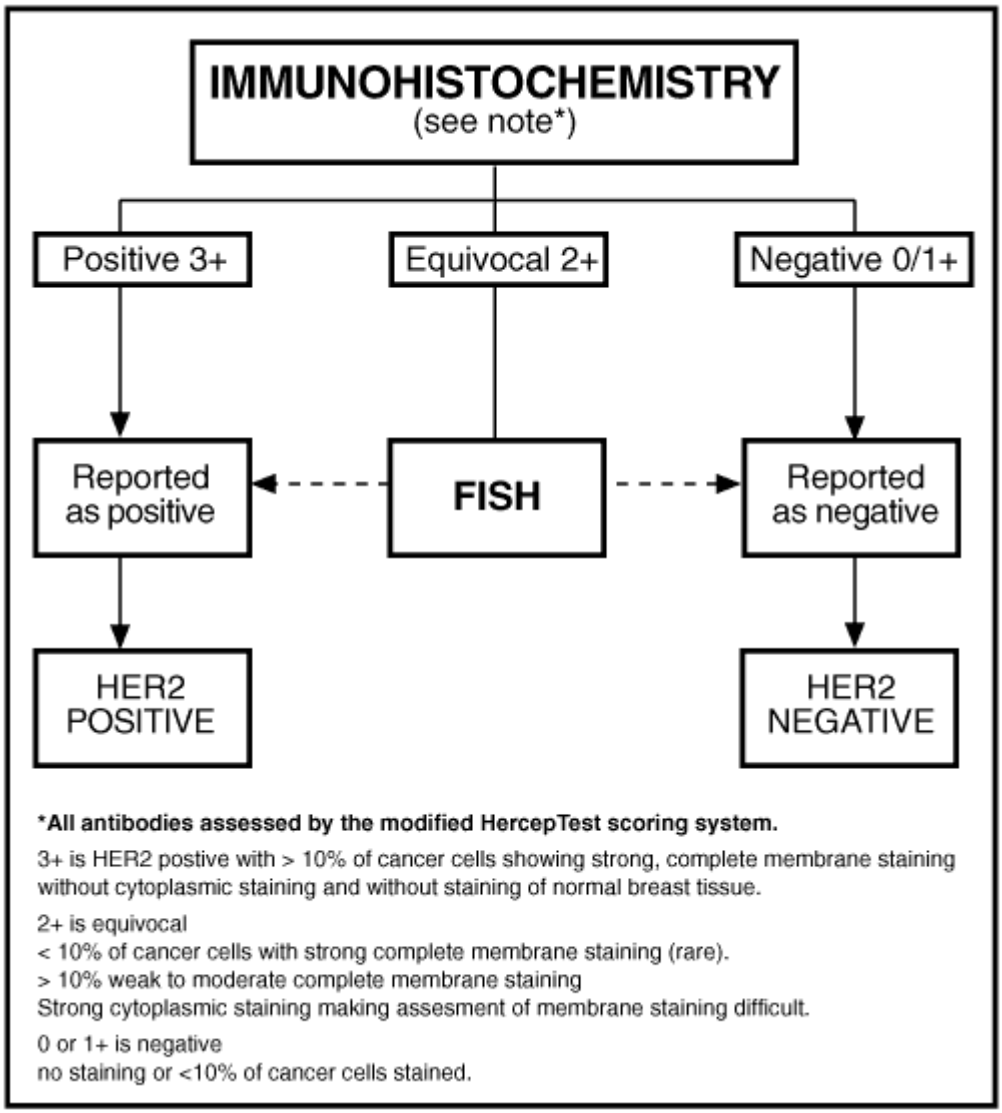
HER2 TESTING

There is currently considerable interest in the receptor protein HER2 (c-erbB-2, Her2/neu), because of its role as a prognostic factor in invasive breast carcinoma. Overexpression of HER2 has been shown to predict response to chemotherapy and, more recently, it has become a target for specific antibody therapy using Herceptin.

The percentage of invasive breast carcinomas that overexpress HER2 varies depending on the method used in the assay and the method of selection of the patients tested. However, it is likely that around 15Ð20% of invasive carcinomas will show HER2 gene amplification, and protein overexpression is associated with gene amplification in over 95% of cases. Of the tests available to assess HER2 in the pathology laboratory, immunohistochemistry (IHC) and fluorescence in situ hybridisation (FISH) are the two most likely to be considered. Both methods have their advantages and disadvantages with regard to accuracy, reproducibility, ease of application and cost.

The HER2 Testing Advisory Board*, composed of pathologists from private and public laboratories throughout Australia, meets regularly to analyse the Australian and international data on HER2 testing and the response to therapy. This data is currently accruing at a rapid rate. Given this dynamic environment, it is difficult to advise a testing regimen that will stand the test of time. The testing algorithm below is supported by the data currently available. However, regardless of the type of test that is adopted by a laboratory, there is a paramount need for the rigorous use of both internal and external controls. National and international quality assurance programmes in pathology are now including HER2 in their immunohistochemistry modules, and all laboratories performing HER2 testing should subscribe to these.

Algorithm for HER2 Testing



*The HER2 Testing Advisory Board was convened and funded by Roche Products Pty Limited.

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