



Australasian Division of the
International Academy of Pathology Limited

Newsletters - 2007

Number One

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Message from the President

The 2007 meeting has the now well established normal format. There are companion meetings on Friday. Saturday is devoted to gastrointestinal and liver pathology. Professor Sir James Underwood is the main speaker and Dr Alastair Burt will give the Vincent McGovern lecture. The Sunday session is on lymphoma and the international speaker is Dr Steven Swerdlow. In addition there are three sessions (Master classes for Trainees) devoted to registrars. The one on Friday will be with Professor Underwood, the Saturday morning session with David Challis, and the Sunday morning session with Richard Scolyer. These speakers are highly regarded in their fields. And they are able to present difficult subjects with flair.

The intention of the meeting is to allow registrants to be exposed to a wide range of pathological subjects.

The companion meetings offer a small group environment where interesting subjects are discussed. The sessions range in presentation from case presentations to topical discussions. The registrar sessions have been arranged so that trainees are exposed to some of the top pathologists in specific fields. I hope that this will mean that the trainees will gain some useful knowledge, but will also form relationships with these important players in the discipline of histopathology. It gives you the opportunity to find out about job prospects around the world. The Saturday and Sunday components continue to focus on a specific area. Each speaker works hard in presenting lectures and a slide seminar. You are actively encouraged to participate and ask questions. In this way we all learn from your experiences and questions.

I would like to thank Drs Robin Cooke and David Ellis for coordinating the slide seminars. They have put a great deal of work into producing the final documents, which I hope will serve as useful teaching tools.

Following on from last year's ASM where we invited two overseas pathologists as guests, we have this year invited Dr Siale Akau'ola from Vaiola Hospital in Nukualofa, Tonga and Dr Seth Ovijah a final year pathology trainee from Port Moresby General Hospital, Papua New Guinea.

Can we improve the meeting?

The executive is always looking for ways to improve the meeting. Glass slides are sadly becoming a thing of the past. We are currently attempting to find a good way to present digital images that can be used in training programmes after the meeting. This year registrants will be given a smorgasbord of different methods of presentation. Some of the companion meetings will have glass slides as in the past; some will have a mixture of glass slides and individual cases presented digitally in power point on individual CDs.

The Gastrointestinal session is being presented in a CD format using fixed images as a form of "virtual microscope." The clinical histories are included in the CD. This will be supplemented by the discussion notes being presented in a booklet in full colour that contains all the images from the CD. Copies of this booklet will be available to those who subscribe to the slide seminar at the Conference Registration desk. For those who have not paid for the slide seminar, copies of the CD and booklet will be available for purchase at the Registration desk. For those who do not buy the slide seminar there will be printed notes without any images.

The Lymphoma slide seminar will be presented by Aperio scanned images on 3DVDs. Clinical histories and discussion will be made as handout notes as in previous years. Copies of this seminar may also be purchased at the Registration desk.

Professor Underwood's seminar is called "General and Gastrointestinal" in the hope that we can offer something to the general pathologists as well as super specialty material.

We would greatly value feedback on this and any other subject you feel should be added or changed. The best opportunity to do this is at the AGM which takes place just before lunch on Sunday. Please come to that meeting and voice your opinions.

John Pedersen

32nd ASM
Companion
Club Meetings

9:00-10:45

SOFT TISSUE – Auditorium

Convenor: Dr Richard Jaworski Symbion–Lavery Pathology, North Ryde, NSW.

Lecture: Phil Allen, Flinders Medical Centre, Adelaide, South Australia
The Fibrohistiocytic "Family" of Tumors: Another Incipient Heresy?

Slide Seminar Presenters:

- Case 1. Sonja Klebe, Flinders Medical Centre, Adelaide, SA
- Case 2. Louella Davey, Symbion Lavery Pathology, North Ryde, NSW
- Case 3. Daniel Houghton, Flinders Medical Centre, Adelaide, SA
- Case 4. Caroline Fung, Concord Hospital, Concord, NSW
- Case 5. Anita Achan, ICPMR, Westmead Hospital, Westmead, NSW.

PAEDIATRICS – Room 102

Convenors: Adrian Charles - Princess Margaret Hospital, Perth, WA and Jane Dahlstrom, The Canberra Hospital, and Capital Pathology, ACT.

How a Paediatric pathologist would approach the diagnosis of entities likely to be seen in the

FRCPA exam.

Case Presentations:

- Case 1. Christian Rickert, Royal Children's Hospital, Melbourne Vic
- Case 2. Adrian Charles, Princess Margaret Hospital, Perth, WA
- Case 3. Diane Payton, Royal Brisbane Womens Hospital, Brisbane, Qld
- Case 4. Ella Sugo, Sydney Childrens Hospital, Randwick, NSW
- Case 5. Jane Dahlstrom, The Canberra Hospital, and Capital Pathology, ACT
- Case 6. Noelyn Hung, Healthlab Otago, Dunedin, NZ
- Case 7. Lynette Moore, Womens and Childrens Hospital, Adelaide, SA
- Case 8. Susan Arbuckle, New Childrens Hospital, Westmead, NSW.

NEUROPATHOLOGY - Room 105

Convenor: Dr Peter Robbins -PathWest, QEII Medical Centre, Nedlands, WA

Case Presenters:

- Case 1. Peter Robbins, PathWest, QEII Medical Centre, Nedlands, WA
- Case 2. Michael Gonzales, Royal Melbourne Hospital, VIC
- Case 3. Barbara Koszyca, Hanson Institute, Centre for Neurological Diseases, IMVS, SA
- Case 4. Peter Blumbergs, Hanson Institute, Centre for Neurological Diseases, IMVS, SA
- Case 5. Winny Varikatt, ICPMR, Westmead Hospital, NSW
- Case 6. Anita Achan, ICPMR, Westmead Hospital, NSW
- Case 7. Penny McKelvie, St Vincent's Hospital, Melbourne, VIC

11:15 – 1:00

LIVER (1) - Auditorium

Convenor: Andrew Clouston - Brisbane.

Speaker: Professor Alastair Burt

Autoimmune hepatitis, Fatty liver disease and NASH, Update on liver transplant pathology.

LUNG - Room 102

Convenor: Jenny Ma Wyatt PathWest QEII, Perth, Western Australia.

Speaker: Jenny Ma Wyatt, PathWest QEII, Perth, Western Australia

Extrapleural pneumonectomy for mesothelioma: Preliminary findings from PathWest/SCGH.

Case Presentations:

- Case 1. Sonja Klebe, Flinders Medical Centre, Adelaide, South Australia:
Constrictive bronchiolitis associated with paraneoplastic pemphigus.
- Case 2. Anthony Gill, PaLMS, Royal North Shore Hospital, Sydney, New South Wales: IgG4 mediated systemic disease initially presenting as so called "inflammatory pseudotumour" and then as so called "pulmonary hyalinizing granuloma".
- Case 3. Lyndal Anderson, ICPMR, Westmead Hospital, Sydney, New South Wales:
Primary mucinous ("colloid") adenocarcinoma of lung.
- Case 4. Antony Kaufman, Royal Prince Alfred Hospital, Sydney, New South Wales: Rosai-

Dorfman Disease of the pleura.

Case 5. Belinda Clarke, Prince Charles Hospital, Brisbane, Queensland:
Benign lymphocytic angiitis and granulomatosis.

LYMPHOMA - Room 104

Convenor: Kirsty McIllroy - Royal North Shore Hospital, (PaLms), Sydney.

Case Presentations:

Case 1. Steven Braye, Hunter Area Pathology Services, Newcastle.

Case 2. Debra Norris, QML, Brisbane

Case 3. Sarah Swain, The Alfred Hospital, Melbourne

Case 4. Kirsty McIllroy, Royal North Shore Hospital, (PaLms), Sydney

Case 5. Christopher Henderson, Liverpool Hospital, Sydney

Case 6. Caroline Cooper, Royal Prince Alfred Hospital, Sydney

Case 7. Dominic Spagnolo, PathWest, Perth.

2:00 – 3:45

LIVER (2) – Auditorium

Local pathologists will present a series of cases, and Professor Burt will comment on these.

DERMATOPATHOLOGY – Room 105

Convenor: Vicki Howard - Douglass Hanly Moir Pathology, North Ryde, NSW.

Speakers:

- Richard Scolyer: Papillary digital adenocarcinoma
- Phil Woodford: Juvenile dermatomyositis - A case with comments.
- Bish Dutta: Merkel cell carcinoma with fibrosarcomatous differentiation
- Raj Murali: Pigmented neurocytoma
- Stephen Mann: A case of mycosis fungoides with associated CD30+ve large cell proliferation
- Linda Martin: Catastrophic antiphospholipid syndrome.

BREAST – Room 104

Convenor: Gelareh Farshid - IMVS, Adelaide, SA.

Presenters:

- Sunil Lakhani: Baal phenotype of breast cancers
- Adrienne Morey: CISH for determination of Her2 status
- Greg Sterrett: Biological markers on core biopsy samples.

RENAL – Room 102

Convenor: John Dowling - Monash Medical Centre, Prahran, VIC.

Cases for diagnosis and discussion:

- Moira Finlay, Royal Melbourne Hospital, Melbourne
- R Murugasu, John Hunter Hospital, Newcastle
- Kirsty McIllroy, Royal North Shore Hospital, (PaLms), Sydney
- John Dowling, Monash Medical Centre, Melbourne
- Short presentation on "2 for the price of 1" – double diagnoses on renal biopsy: John Dowling.

5:15 – 7:00

GYNAECOLOGY - Auditorium

International Society of Gynaecological Pathologists (ISGP) Companion Meeting: Sponsored by Symbion–Lavery Pathology.

Convenor: Dr Richard Jaworski - Symbion–Lavery Pathology, North Ryde, NSW.

Lecture: Lyndal Anderson, ICPMR, Westmead Hospital, Westmead, NSW.
Pathology of the peritoneum from the perspective of a gynaecological pathologist.

Slide Seminar Case Presenters:

Case 1. Veli Marjoniemi, SEALS, St. George Hospital, Kogarah, NSW

Case 2. Geoffrey Hall, ICPMR, Westmead Hospital, Westmead, NSW

Case 3. Katie Nicoll, Symbion–Lavery Pathology, North Ryde, NSW

Case 4. Susan Arbuckle, New Children's Hospital, Westmead, NSW

Case 5. Richard Jaworski, Symbion–Lavery Pathology, North Ryde, NSW.

ORELL FNA - Room 102

Convenor: Jane Twin, Capital Pathology

Main speaker: Andrew Field: Neuroendocrine Carcinomas.

UROLOGY – Room 105

Convenor: Geoff Watson, Royal Prince Alfred Hospital, Camperdown, NSW.

Slide Seminar:

Lecture: Geoff Watson

Carcinoma of the prostate: Diagnostic and prognostic aspects - A review.

Slide seminar cases presented by:

- Renee Chan Concord Hosp, NSW

- Melissa Engler Princess Alexandra Hospital, NSW

- Rooshdiya Karim, Colin Arnold, and Geoff Watson Royal Prince Alfred Hospital, NSW

- Kris Kerr Sullivan Nicolaides Pathology, Brisbane.

There will be 10 cases (9 slides). Selected images from each case will be sent out on a CD ROM to accompany the slides.

GREY-GREEN – Room 104

Master class for trainees – Professor Sir James Underwood.

An important message from Fred Silva, Executive Vice President of USCAP

We just returned from the largest meeting of physician-pathologists in history, ever, anywhere: Approximately 3500 physician-pathologists were in attendance last week (March 24-30, 2007) at our Annual Meeting in San Diego.

1.) All of the 24 Companion Societies and 17 evening Specialty Conference Educational Materials are now up on the USCAP Website: www.uscap.org for free (right hand side--USCAP Bulletin: 2007 Annual Meeting)

2.) All of the IAP Centennial Congress/Montreal Educational Materials are also up, including the three Plenary Lectures ("100th IAP Congress")

3.) Take a look at our "eAcademy": "Sample APECS Case". It is a great case.

4.) In addition to the USCAP scientific abstracts presented at our Annual Meeting last week, many of the abstracts in toto can be viewed "View Posters Online"

You are invited to attend the next Meeting of the USCAP in Denver, Colorado, Mar 1-7, 2008.

Faces from last year's meeting



Bruce Latham and Bastiann de Boer



Nathan Apps, David White, Catherine Francis, Hans Leung, Troy O'Callaghan



Jane Dahlstrom (ACT) and Mary Miller (NZ)



Jenny Clayton, Alastair Murray, Jessica Ng, Justine Gearry, Pat Renait, Nicole Smith, Martin Whitehead (Christchurch, NZ)



Frances Petry, Leonard Wu, Peter Chow



David Ellis (SA) and Sujartha Fernando (NSW)



Min Ru Qin, Liqing Zhuang, Lisa Wang. (Hunter Pathology)



Andrew Ryan, Phillip Moss Alan Pham, John Pedersen (Melb)



Chris Shi, Esther Myint, Hui Yin



Glen Francis and Roger Guard (Qld)



Suzanne Danieletto, Wiesia Wielebinski, Eva Fong (Syd)

**The Role of
Pathologists'
Assistants in
Anatomic
Pathology**



Tom Reilly

The advent of managed healthcare delivery and the resultant cost pressures coupled with a drop in the number of physicians opting for pathology residencies, in the United States and across the world have contributed to increased utilization of non-physician healthcare providers (Pathologists' Assistants) in the anatomic pathology department.

In the United States there are currently seven official university-based pathologists' assistant training programs. Six are Masters programs and one is an undergraduate program. All are accredited by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS), ensuring uniformity in curricula for all programs. The American Association of Pathologists' Assistants (AAPA) is the professional organization of the pathologists' assistant profession in the United States, and counts among its members pathologists' assistants from Canada, Australia, New Zealand and Denmark as well as from the United States.

Pathologists' assistants work in a variety of settings, primarily in university medical centers, community hospitals, government medical centers such as the Veterans Administration Hospital System, private reference laboratories, and, to a significantly lesser degree, in medical examiner offices.

The utilization of pathologists' assistants provides significant workload relief for the pathologist

and facilitates the practice of medicine in an economically sound fashion. The two primary areas of expertise of the pathologists' assistant in anatomic pathology are the gross examination, dissection, description and processing of human tissue from the operating room Suite, various clinics and outside physician offices (surgical pathology); and the postmortem examination/prosection of human remains (autopsy pathology).

In surgical pathology the trained pathologists' assistant, under the supervision and direction of a qualified pathologist is capable of dealing with all aspects of specimen processing i.e. accession, examination, gross description, dissection, tissue sampling and processing. They work closely with the pathologists as well as surgeons, radiologists, and various other staff to ensure appropriate patient care.

In addition to grossing in all specimens, most pathologists' assistants are also routinely responsible for the performance of frozen sections and gross specimen photography. There are many additional ancillary duties/tasks that are performed by pathologists' assistants in the laboratory. These may include photomicroscopy, teaching of Residents, medical students and/or other laboratory personnel, tissue banking, research, supervision of other personnel, preparation of departmental conferences, departmental manual preparation, preparation for departmental inspections, billing, data entry and other administrative duties.

In autopsy pathology the trained pathologists' assistant, under the supervision and direction of a qualified pathologist is trained to research the patient chart, summarize the patient's clinical history and consult with the attending pathologist to formulate a "game plan" for conducting the postmortem examination. They then may ascertain the legal viability of the autopsy permit and prosect the case, i.e. eviscerate, examine and dissect the organs, dictate final gross autopsy findings, submit appropriate tissues for microscopic evaluation and assist the pathologists in the preparation of the preliminary anatomic diagnosis.

In short, as healthcare reform, increasing regulation regarding quality of care and administrative responsibilities are added to the pathologists' workload, the utilization of pathologists' assistants in anatomic pathology provides significant cost effective workload relief for pathologists.

Tom Reilly, American Association of Pathologists' Assistants

**How PA's
(Pathologist
Assistants) help
Pathologists**

If we reflect for a moment, we realize that from the beginning of our involvement in health care, we have worked in teams. As medical students, we worked in teams that included nurses, nurses' aids, fellow-students, house officers and attending physicians. As pathologists, we work in teams that include histotechnologists, cytotechnologists, laboratory technologists, clerical personnel, fellow pathologists and physicians responsible for direct patient care. We have never performed alone. What Dr. Eugene Stead did in the 1960's was to add another, unique team member, the physician assistant. The physician assistant was designed to be a professional whose training and experience was intermediate between that of nurses and physicians.

Stead recognized that on the one hand there were many talented persons who could provide effective care when supervised by fully trained physicians, and on the other that such people could be trained more quickly and cheaply than physicians. Shortly afterwards, Dr. Thomas Kinney introduced an analogous concept of a PA in anatomic pathology, that is, a professional that is between a histotechnologist and a pathologist, and Duke University began its Bachelor of Health Sciences program to train these PA's in 1972.

Today, our Duke program graduates 6 PA's each year. These are wonderful, energetic young people who already hold a bachelor's degree. Here they then do one year of formal education alongside our Duke medical students followed by a second year of practical training supervised by pathologists and our PA faculty. At the end of the second year they receive a Masters of

Health Science degree from Duke and a certificate of completion of training. Then they sit for the national examination given by the American Society of Clinical Pathologists, and in the US they are quickly hired by many eager pathology practices.

In practice, working with a PA is like having extra pairs of hands and eyes. PA's share much of our knowledge and all of our motivation to achieve accurate, efficient diagnoses in anatomic pathology. They free pathologists from many of the details of gross analysis, and they do careful, thoroughly documented dissections. Yet, pathologists need not abandon the gross analysis. What many of us do is to oversee the work the PA is doing. For example, to observe key findings, we quickly review cases with complicated dissections at the beginning, at the end or during the dissection. In this way our gross analysis becomes more efficient, and this leaves us more time to perform microscopic analyses as well as to integrate ever increasing technologies like FISH, immunohistochemistry, cytogenetics and flow cytometry into the final diagnosis. Because of their stature and knowledge, PA's often assume supervisory roles over other laboratory personnel. Thus, for all these reasons, PA's make the teams in anatomic pathology more sophisticated as well as efficient.

Dr. Robin Vollmer
Duke University Medical Center

International Society for Biological and Environmental Repositories (ISBER)

Conference at the Furama River Front Hotel, Singapore
May 30 – June 2, 2007

This is an international organisation formed to establish centres for banking human tissues for future research. This will be their first meeting in the Asia Pacific Region.

Registration: email: isber@isber.org

www.isber.org

Local contact in Singapore: Rajeev Singh
Rajeev_SINGH@nuh.com.sg

NOTE: A special discount rate for registration on Wed afternoon and Thurs will be given to delegates attending the 5th Asia Pacific IAP Congress at the Raffles Convention Centre.

Congratulations

**Gold Medals to
the Division and
Robin Cooke**

