

## PARAFFINALIA NEWSLETTER

**VOLUME 26, NUMBER 1**  
**March 2021**

The HGVT aims to provide a dynamic continuing education program in which all persons with an interest in Histology and Histotechnology are freely invited to participate.

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# President's Report – Behind the Bench



Welcome Histolovers to 2021,

Like all of you, the HGVT are watching and waiting to see what 2021 will bring. No one would have predicted what 2020 threw up at us, so we will continue our scientific meetings virtually for the short term.

Meanwhile, I hope everyone is feeling a little more resilient and can see the light at the end of the pandemic tunnel. I am enjoying the mask freedom, but still overwhelmed by the huge volume of specimens all histology labs are currently seeing. Hopefully we will not have to ever stop elective surgery for an extended period again, because the catch up is so difficult.

During the last few months, I have looked at various areas to stimulate my mind. On the line, I explored holidays, craft, exercise, and education. So, with mental health being in the recent news, I can recommend booking a holiday, crocheting something, getting some mates together for a walk and getting involved in some educational activity. Companies have educational resources on their websites, but even museums offer interesting things to stimulate the anatomical loving people amongst us. Peek at the Mutter Museum in Philadelphia website and take a tour. Of course, the upcoming HGVT meeting on MOHS will be a must for all up and coming histologist and our Facebook page has no fake news, so take a look.

Later in the year we will be having a troubleshooting forum on IHC, so please feel free to send in any problem images from your lab (this can be anonymous). Even better if you have solved the problem, send the details of the fix.

Look forward to hearing from you.

Kerrie Scott  
(Leica/ Dorevitch  
Pathology)  
HGVT President







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# **“Virtual Meeting” “MOHS”**

**Speakers:**            **Natalie Izard - Dorevitch Pathology**

**Date:**                **Thursday 18<sup>th</sup> March 2021**

**Time:**                **18:45 – 19:00 – Joining the meeting**  
**19:00 – 20:00 - Presentation**

**Link:**                **Zoom Meeting**


[Join Zoom Meeting](#)

<https://zoom.us/j/99631314967?pwd=cnpPUGN1dHJ4akRMVUtRRHA2T3djQT09>

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Attendance at this meeting contributes to APACE points







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# UNDER THE MICROSCOPE WITH

## SNEJANA URSACHE

### **What was your first part-time job?**

In my last years of medical school, I was part of a microsurgery training team. We were training other fellow residents and young surgeons to master the suture techniques under the microscope.

### **How long have you worked in histology?**

2 years.

### **When people ask, "So, what do you do?"**

#### **How do you explain Histology?**

Usually, I just ask if they know what a biopsy is. If they don't know what a biopsy is, I explain that it is a way for us to determine the presence or extent of a disease in the body, when other test can't give a clear answer. From that is so much easier to start explaining about how that small tissue can yield so many answers. I process the tissues, squishing them into moulds and cutting tiny slices which will be later coloured in tens of colours. Each of those colours reveals something else about the tissue and from there we can give the doctors more information about what's afflicting the patient.



### **What is a skill you'd like to learn and why?**

I'd like to look deeper into IHC, to understand it better because it challenges me to think and analyse more, to delve deeper into the diagnosis.

### **If money was no object, what would you do all day?**

I'd go back studying reconstructive medicine, because it's such an essential part of giving back a semblance of normality to people who've gone through so much. I would definitely be doing pro bono surgeries around the globe, in the places where such surgeries are needed most.

### **What's an ideal weekend for you?**

That is easy. A nice getaway with my family in one of the cute little villages of Provence, France.

### **If you could take only THREE items with you to a deserted island, what would they be?**

I'd need more information to work with: am I there for a short stay, in transit or a longer break? There's a difference between packing a sandwich, swimsuit and a bottle of water or a fishing net, a knife and probably the boat I came with.

### **Where do you most want to travel, but have never been?**

Canada is at the top of the list of countries that I would like to visit. Its culture and wonderful landscapes appeal to me. Banff National Park opens a world of experiences to enjoy, to discover and to feel. Fairmont Le Château Frontenac emphasises the melding of the old world and the new in a way that makes it impossible to not want to see.

### **What was your first part-time job?**

In my last years of medical school, I was part of a microsurgery training team. We were training other fellow residents and young surgeons to master the suture techniques under the microscope.





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Sarah has worked in the diagnostic market for many years. Whilst completing a Bachelor of Applied Science (Medical Laboratory Science) at LaTrobe University, and a Masters of Biomedical Science at Monash University, she spent University holidays gaining practical experience by working in various pathology laboratories. She also worked in research and development at CSL.

Sarah moved to the commercial sector working for various companies including BD and Siemens, she now assumes responsibility for business development in Victoria, South Australia and Tasmania. Her new role will include promoting innovative new products to MetaGene's southern region customers.

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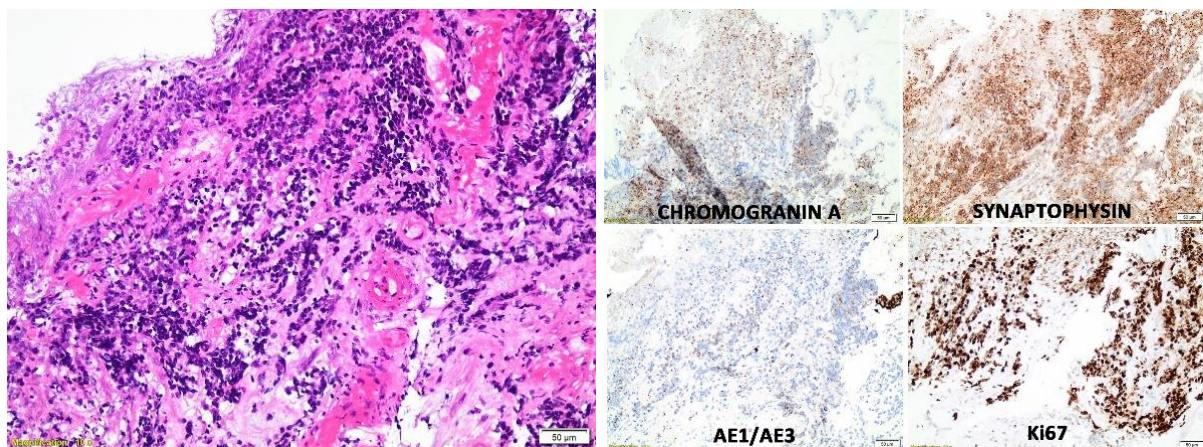
## *Rare Small Cell Carcinoma in Gastric biopsy*

By Elizabeth Baranyai

26<sup>th</sup> of November, 2020

I was speaking to one of our pathologists about looking for an interesting case to present at one of these meetings and she recommended this case to me.

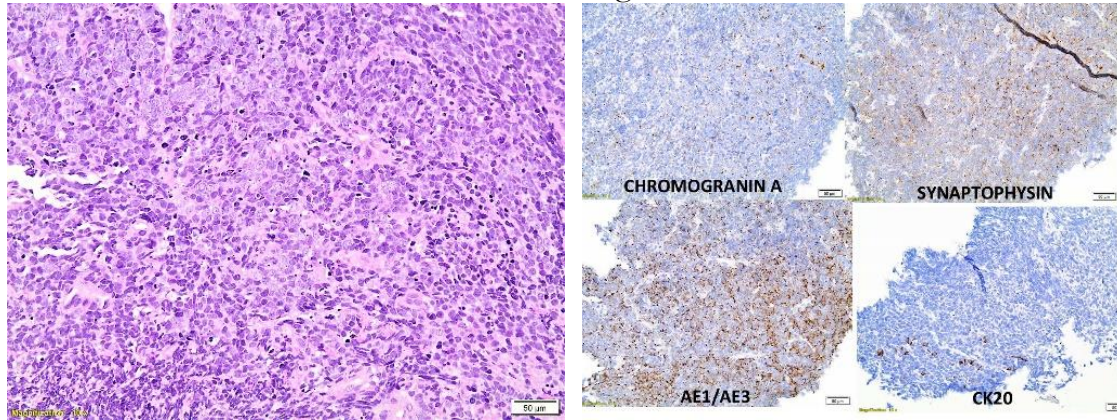
An 86 year old woman presented with a gastric tumour, and so biopsies were taken. The biopsy consists of disrupted foveolar gastric mucosa with an extensive area of ulceration, necrotic/granulation tissue, infiltrated by a high grade neuroendocrine carcinoma. Immunohistochemistry was done that showed: chromogranin strong & diffuse with perinuclear dot expression, synaptophysin strong and diffuse, AE1/AE3 focal expression, and the Ki67 index was approximately 95%. CK7, CK20, TTF-1, CD20 & SOX-10 were all negative.



This led to the conclusion that she had a gastric small cell (neuroendocrine). These are considered rare, and metastasis from other sites should be excluded. Most gastric cancers are either adenocarcinomas or gastrointestinal stromal tumours (GIST). It was then discovered she had had a previous core biopsy of a lymph node that had been done at TissuPath. The slides and report were requested to be reviewed by our pathologists.

This biopsy was an ultrasound guided fine needle aspirate of a large right groin lymph node. The core biopsies comprised of fat and fibrous tissue largely replaced by undifferentiated malignant tumour comprising sheets of cells with round to angulated, hyperchromatic nuclei, inconspicuous to small nucleoli and minimal cytoplasm along with numerous apoptoses and mitoses. No necrosis was present. No glandular or squamous differentiation was identified and no cytoplasmic pigment was seen. The cores included small foci of lymphoid cells but no definite lymph node tissue was seen.

IHC showed: AE1/AE3 strong and diffuse staining, synaptophysin and chromogranin diffuse staining, CK20 and CK8/18 focal staining, while CK7, TTF1, CDX2, CD3 and CD20 were all negative.



Their conclusion was that this was a small cell carcinoma. They also made the comment that the appearances were those of an undifferentiated carcinoma, in keeping with metastatic small cell carcinoma (or possibly Merkel cell carcinoma if from a skin primary). The features are not specific with regards to site of origin; so clinical correlation was recommended.

As a result of this review, in conjunction with our gastric biopsy, the amended conclusion was that the histological features were similar to those seen in the current gastric biopsies which is in keeping with metastatic small cell carcinoma or possibly Merkel cell carcinoma (neuroendocrine carcinoma of skin primary). The distinction between the two is most difficult as both have similar histological features. Careful check of the clinical history and perhaps chest radiography would be of help.

Upon further investigation of the patient, no tumours were found. The consensus was that the tumour had regressed. The patient is being treated as for a Merkel cell tumour as it appears to be behaving like one.





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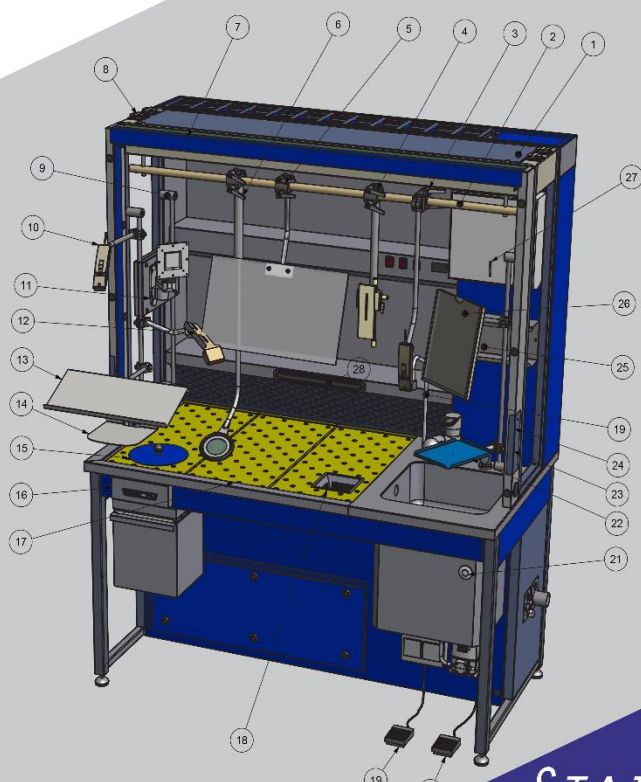
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# *Acronyms are Everywhere!*

By Mark Bromley

Acronyms are everywhere! They pervade every aspect of communication, from formal scientific journals through to the TGIF I typed on messenger earlier today. With the explosion of online communication over the last 20 years has come a simultaneous tsunami of acronymization, some are relevant to our daily lives, and others, IMHO, not!

But there are three acronyms that have recently come to the fore. They hold particular relevance for us in Histoland, yet many of us humble citizens of Microtomyville remain blissfully ignorant of them as they sneak up behind us. Two of them are eager to trip us up when we least expect it. And then there is the third, standing knight like between them and you, sword drawn ready to protect you as you have your back turned, unaware of their impending approach. The intent of this article is to shine a torch squarely in their faces of all three, so we can all be aware of them, what they do, and how they can be of use to us.

Firstly, I present to you the longest and frankly the most tongue twisting of them, the ACCMLSW, the imaginatively and romantically named Australian Council for the Certification of the Medical Laboratory Scientific Workforce. Just rolls off the tongue like molasses. So, what on earth is the ACCMLSW?

*Certification* is defined as the formal recognition of the knowledge, skills and experience of an individual demonstrated by the achievement of standards identified by a profession. *Licensure*, or *registration* as it would be called in Australia for health professionals, is legislated certification. In most countries around the world medical scientists and technicians are either certified or in many cases registered in an attempt to ensure an appropriate skill level is maintained within the profession. Australia has up until now been an exception to this. The Australian Government has long rejected the need for registration of medical scientists. However, industry bodies have long believed the complete opposite, and in the absence of compulsory registration, deemed that some form of certification was desirable. So, in 2017, a joint AIMS/AACB (shame on you if you don't know the first of those! and you can look the second up yourself, I'm not doing all of the work!) sponsored project was set up to explore potential models for a national professional certification scheme for the medical laboratory scientific and technician workforce within Australia. The outcome of the project was the framework of a voluntary certification scheme, and a company was formed to administer it. That company is the Australian Council for the Certification of the Medical Laboratory Scientific Workforce, or ACCMLSW. Whilst the certification scheme is voluntary, I'm sure employers will increasingly view it favourably in resumes, and I expect eventually only hire certified staff. So first thing on your to-do list is to check out the ACCMLSW website, [www.ACCMLSW.wildapricot.org](http://www.ACCMLSW.wildapricot.org) (I kid you not...) get familiar with certification and what it involves, and decide for yourself if you want to become certified (you do!) because it's coming, and you don't want to be left on the shelf.

Part of the ACCMLSW certification process involves continuing education, both doing it and documenting that you have done it. This makes for a nice segue into our next acronym, APACE. For those who haven't heard of APACE, it stands for Australian Professional Acknowledgement of Continuing Education.





Not quite as laryngeally challenging as the ACCMLSW, but it still doesn't quite evoke tingly feelings of gooey joy. Continuing education is something that isn't done well across the majority of Australian histology laboratories, or indeed by the majority of those of us working within them. There is the biennial National Histology conference, and of course the fantastic scientific meetings and presentations put on by your HGVT, but for most of us that's as far as it goes and we certainly don't record having done any of it. But, denizens of Formalinville, I can assure you that it will become increasingly important. NATA (shouldn't have to look that one up unless you're a fresh faced, rosey checked newbie graduate, and trust me, you'll get to know what NATA means pretty quickly!) are focusing more and more on the continuing education aspect of ISO 15189 (don't bother with that one unless you suffer with insomnia or have aspirations in Quality Management) and NPAAC regulations (National Pathology Accreditation Advisory Council, the part of the Department of Health that comes up with many of the rules labs have to abide by) both of which mandate Continuing Personal Development (CPD) requirements for laboratory staff. So workplaces are going to look fondly on those who do it and record it. Then there's your certification, which will need it too. So check out APACE, which is the AIMS scheme for recording and certifying continuing personal development activities. I predict we'll all need to utilise some form of CPD registration and validation process at some point in the future, for like certification, it's coming round the corner, not because you **neces sarily** want it to, but because what you do want (a job!) will make you want to do it. So

<https://www.aims.org.au/apace> is where to go and become familiar with it. Entirely up to you of course if you want to make use of it, but be aware of it lest it sneaks up and bites you on the derriere at some point in the future. Horses, water & drinking and all that... HWD!!

Finally we get to the warm fuzzy bit, the cosy fluffy acronym that has your back, the one that is keeping a beady eye on the other two, and anything else that tries to sneak up on the innocent and happy residents of the Waxlands, the HGA. I'll say that again. HGA! Just rolls of the tongue! Ok, back on track... The Histology Group of Australia. For many eons there have only been state based histology groups like the HGVT, the HGQ (Queensland), the HGNSW (guess!) HGSA (duh!) and the HGWA (YAY! you got it!). Cast your minds back to earlier when we were talking about the ACCMLSW, and how that project was started in 2017 to come up with how it would work. It was actually an organisation called Human Capital Alliance that were tasked with the job, and they asked all of the various national organisations representing medical scientists for their input; AIMS (been there before!), AACB (you were meant to look that one up yourself) NPAAC, HGSA (that's the genetics people, not the Histo Group of SA), ASM (micro), THANZ (vampires) ASC (cyto) bla bla bla.. BUT! There was no national group for histopepes! so we were just forgotten about. It wasn't until the run-up to the excellent National Conference in Adelaide put on by the real HGSA, not those pesky DNA obsessed chromosome heads that stole the acronym for themselves, that word of this movement reached histoeears. It was at that conference that representatives from the committees of the five state groups came together and drank wine. Oh! and we formed the HGA too. It was formed with the view of having a national body representing the histology and histotechnology community that could then engage with the ACCMLSW to make sure that your voices are heard moving forward. The HGA constitution was written and it became an incorporated association soon thereafter, and is now an ACCMLSW member association, with representatives on the ACCMLSW committee and its Board of Directors. So go and check out [www.NationalHistologyGroup.org.au](http://www.NationalHistologyGroup.org.au) and see what's there. It's early days yet, the website isn't super flash, mainly because I made it and there is a reason I don't work in IT land! But the fundamentals are in place and the HGA has an exciting future representing you and your interests at the national level. It's got your back! An on that note I'll leave you in peace with one last acronym- TTFN!



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# IHC ANTIBODY OF THE MONTH: HMGA2

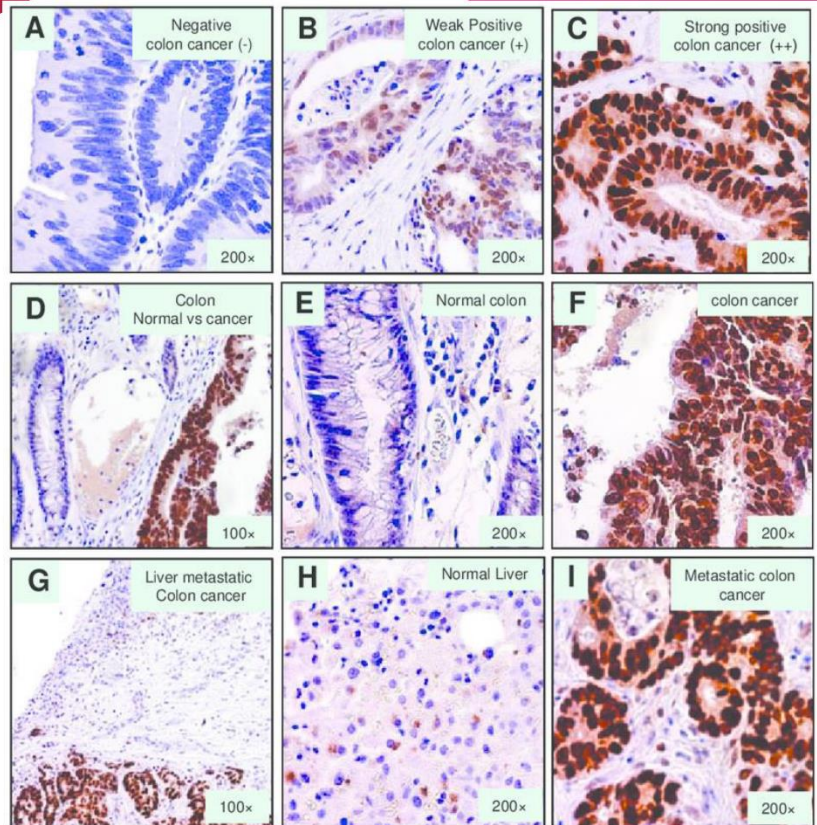
The high mobility group A2 (HMGA2) protein is a non-histone architectural transcription factor that modulates the transcription of several

genes by binding to AT-rich sequences in the minor groove of B-form DNA and alters the chromatin structure.

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*Zhang S, Mo Q and Wang X: Oncological role of HMGA2 (Review). Int J Oncol 55: 775-788, 2019*



*Wang, Xiaochen & Lin, Xiyong & Li, Angela & Chen, Lirong & Lai, Lih & Lin, Her & Hu, Shuya & Yao, Lifang & Peng, Jiaping & Loera, Sofia & Xue, Lijun & Zhou, Bingsen & Zhou, Lun & Zheng, Shu & Chu, Peiguo & Zhang, Suzhan & Ann, David & Yen, Yun. (2011). Overexpression of HMGA2 Promotes Metastasis and Impacts Survival of Colorectal Cancers. Clinical cancer research : an official journal of the American Association for Cancer Research. 17. 2570-80. 10.1158/1078-0432.CCR-10-2542.*





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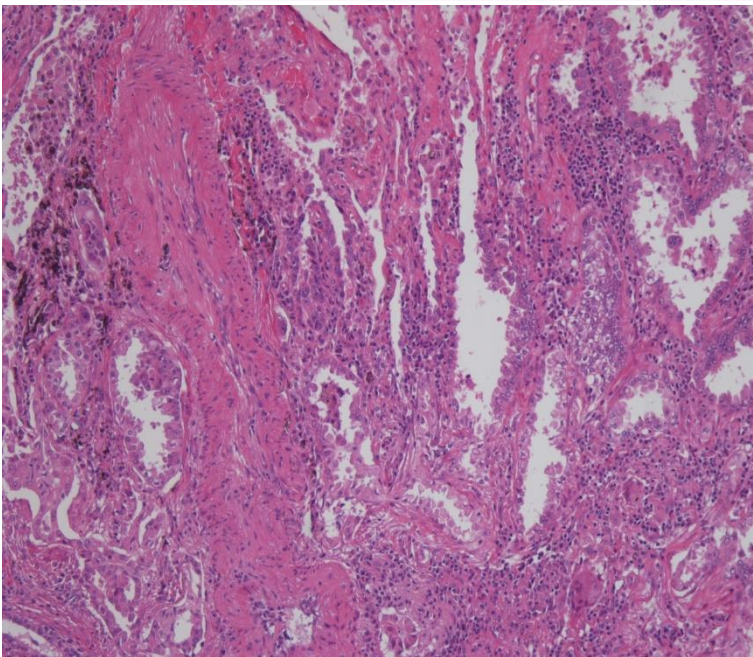




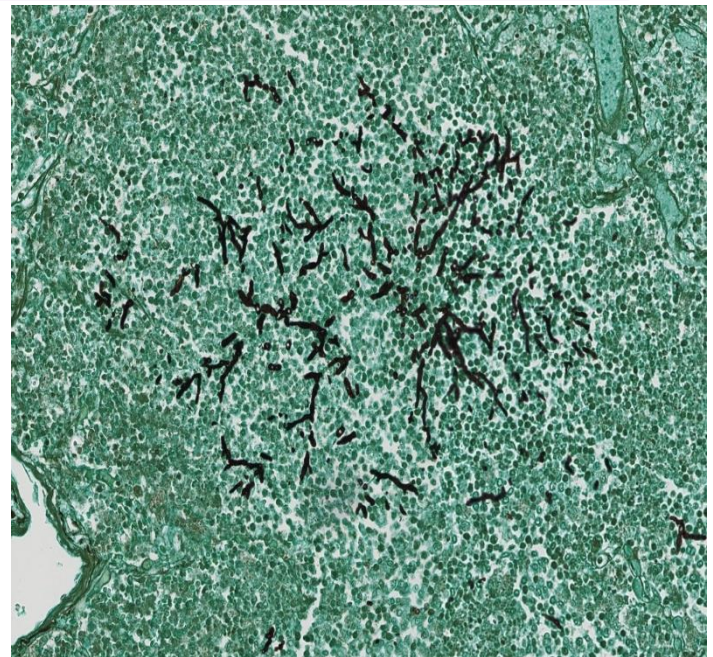
## *Histology Professionals Day*

March 10<sup>th</sup> is Histology Professionals Day! It's a day to bring to attention the awesome efforts of our members everywhere and moreover, some of the amazing images we are able to achieve from our integral role.

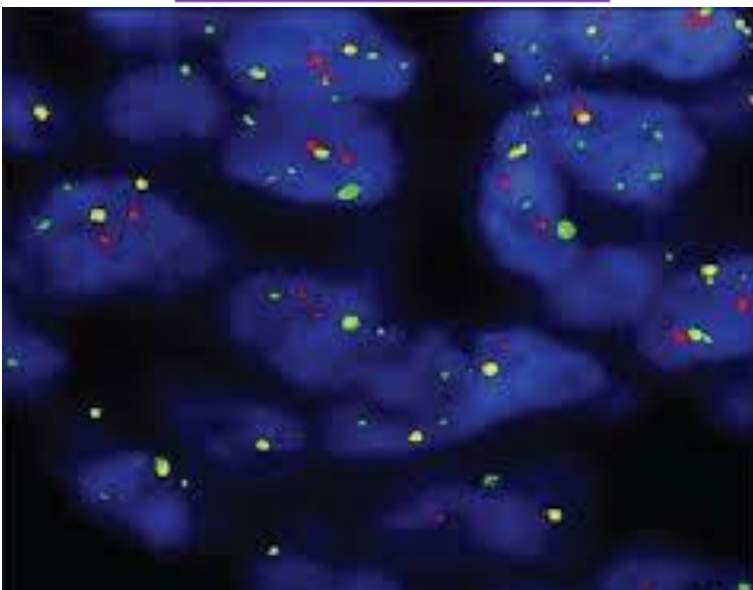
Below are some to show to friends and family to bring awareness to and explain the important work you provide to the community in one way or another. Do you have an interesting image? Whether it's a cool stain or a cool team photo, send it in and be featured! Thanks for all your hard work!



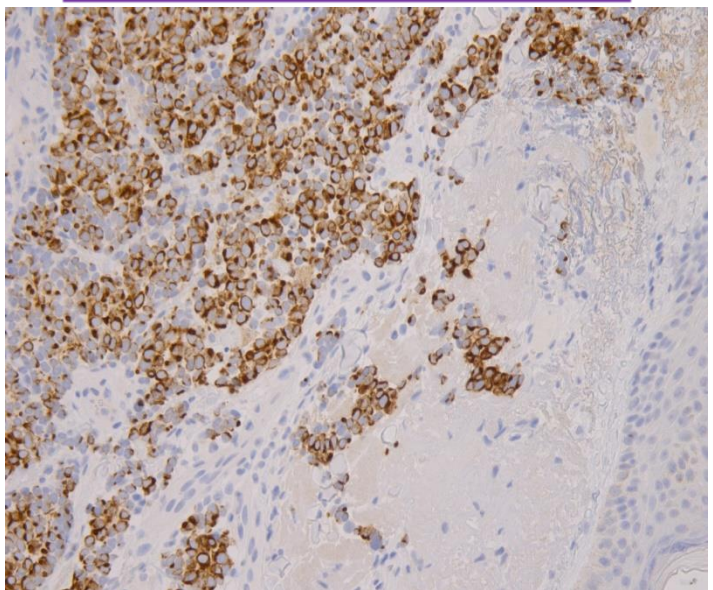
Lung tumour -H&E



Fungi in Lung – Grocotts

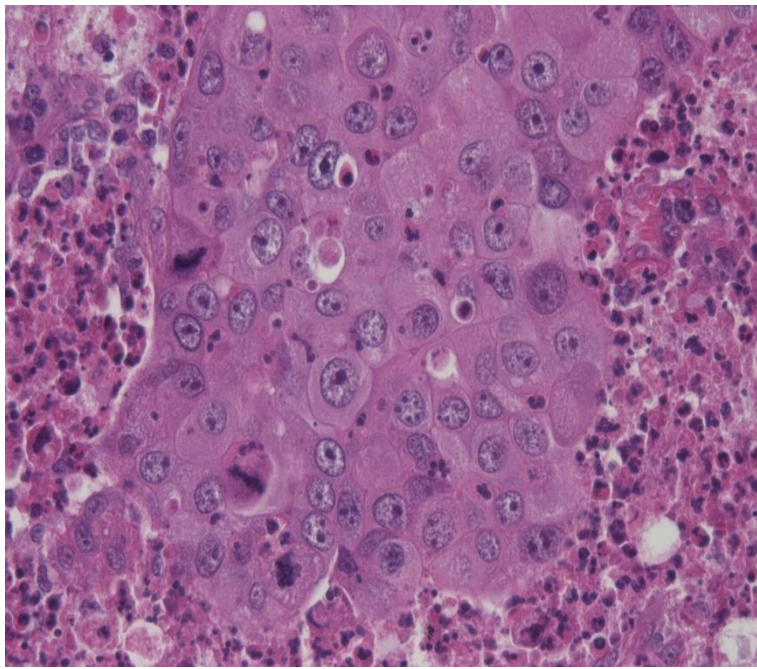


FISH staining for Herceptin

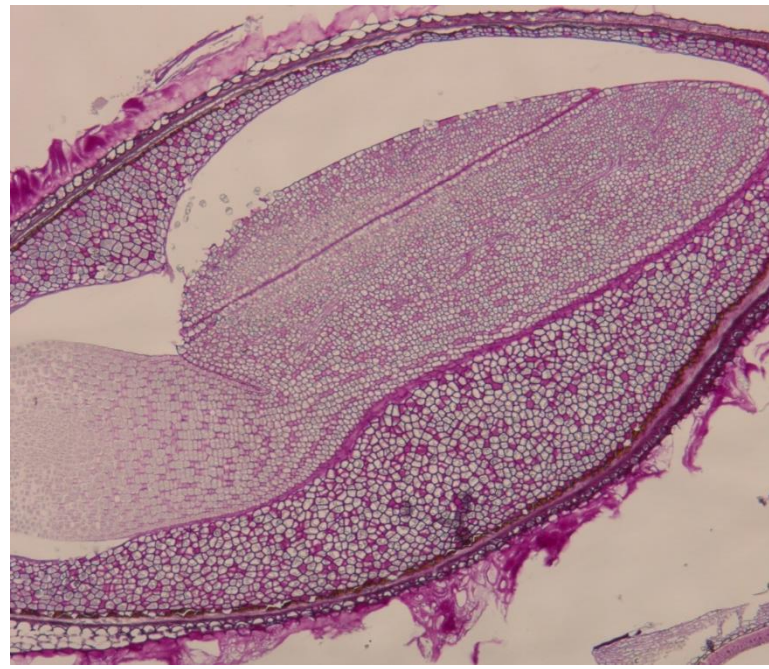


Mitosis in secondary malignant melanoma -H&E

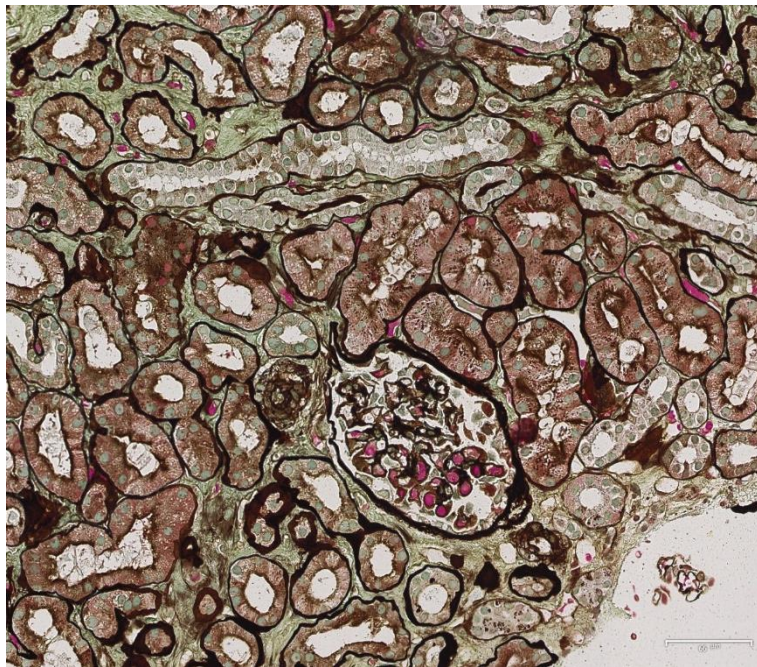




Merkel cell tumour - CK20



Sesame seed -PAS



Kidney- PASM



Ankle joint of a lizard -H&E

Had a recent exciting life event? While Histology is a fascinating science, it's no less fascinating than the members that make it all work!

We're welcoming photos to highlight your awesome team, lab social events, marriages, babies, pets like the beautiful examples in this issue or anything you've achieved that you'd like to shine a light on. We'd be delighted to celebrate you!

Send your contributions to ([editor@hgv.t.edu.au](mailto:editor@hgv.t.edu.au)) with a caption and look out for yourself in future newsletters!



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## Experience an Enhanced Workflow and Ease of Operation

Track and Trace features enhance and maintain the tissue processing quality.

- **Traceability and accountability:** Bar code scanner and on-board reporting associates sample with the processing program, reagents and user ID.
- **Reagent Monitoring:** Two built-in density meters reduce potential errors in reagent exchanges.
- **Better Visibility:** LED back lit bottles enhance visibility of liquid levels and reagent condition.
- **User Friendly Features:** Basket with integrated handle provides stability during transport. Wedges on retort lid allow for secure basket placement.
- **Cleaning Made Easy:** Convenient wax scraper and liquid level sensor tools help reduce cleaning time.
- **Intuitive Graphic User Interface:** Quickly start runs and protocols with user-friendly interface.



Contact Leica Biosystems for more information:  
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[LeicaBiosystems.com](http://LeicaBiosystems.com)

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17328 Rev C 7/2019

**Leica**

**BIO SYSTEMS**

Advancing Cancer Diagnostics  
Improving Lives



## Future Events: 2021

Org. No. A0035235F

**Date: March 18<sup>th</sup>**

Scientific Meeting

**Topic:** MOHS

**Venue:** Streamed live and recorded using Zoom

**Date: April 22<sup>nd</sup>**

Scientific Meeting

**Topic:** Case Studies

**Venue:** Streamed live and recorded using Zoom

**Date: June 24<sup>th</sup>**

Scientific Meeting

**Topic:** Complex Cut Up

**Venue:** Streamed live and recorded using Zoom

**Date: August 6<sup>th</sup>**

Trivia Night

**Venue:** TBA

**Date: September 9<sup>th</sup>**

Scientific Meeting

**Topic:** IHC Problems, New antibodies – panel discussion

**Venue:** Streamed live and recorded using Zoom

**Date: October 14<sup>th</sup>**

AGM/Scientific Meeting

**Topic:** TBA

**Venue:** Streamed live and recorded using Zoom

**Date: November (date TBA)**

Tasmanian Meeting

**Topic:** TBA

**Venue:** Streamed live and recorded using Zoom