

HGVT

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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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The members of the Histology Group of Victoria and Tasmania 2024 are:

Name	Institution
Samantha Arandelovic	Mater Pathology
Kerrie Scott-Dowell	Dorevitch Pathology/ Leica Biosystems
Mark Bromley	Sullivan Nicolaides Pathology
Kellie Vukovic	Melbourne Pathology
Alistair Townsend	Royal Hobart Hospital
Christine Gorrige	Royal Hobart Hospital
Elizabeth Baranyai	Cabrini Health
Bronwyn Christiansen	Royal Children's Hospital
Tu Anh Huynh	Royal Melbourne Hospital
Snejana Ursache	Alfred Hospital
Gulnur Orman	Box Hill Hospital
Dodie Pouniotis	RMIT University
Fatema Tajbhai	Northern Health
Kerrie Howard	Dorevitch Pathology/ RMIT University
Li Shan Ong	Monash Pathology/ Melbourne Pathology
Enia Kakaflikas	Agilent
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Presidents Address

Behind the Bench with Samantha Arandelovic

What a year it has been! Don't know about you all but I feel like yesterday it was 1st of January 2023 and in 10 minutes it will be 2024.

Our one-day seminar "Lift the Lid" was a great success. We had 150 delegates attend the seminar and as always received a great support from the Trade.

I have a number of people to acknowledge and thank in this report. Obviously, Kerrie has stepped down as President and as such is someone who I must thank. However, Adrian Warmington, who has been HGVT Committee Member for 22 years and has held roles that include President and Secretary and has been instrumental in steering the HGVT to where it is today, has sadly stepped down from the committee. As a personal friend of his and someone who has been a mentor throughout my career and is to this day, I feel particularly honoured to acknowledge and thank him for his contribution to the HGVT and wide Histology community over the years and to wish him the very best in everything he does. I'm sure we will see him again, many times hopefully, at future scientific meetings and conferences.

So back to Kerrie who has led us for last 4 years I would like to thank her for her enormous contribution and steering the committee through upheaval the Covid brought to all of our lives. Thankfully she remains on the committee and will be a great asset to us all.

Finally, I would like to thank Alison Boyd who, like Adrian, has been with the HGVT since electricity was invented. Everyone will know Alison's name and so many of us in Histology community would have been touched by her presence. Sadly after 17 years, Alison has stepped down from the HGVT to selflessly make way for new blood to join the committee. Once again thank you all you have done, and I hope to hear more of your Mercy Ship stories.

Also, I would like to welcome all the new committee members, Kerrie Howard, TuAnh Huynh, Dodie Pouniotis and Gulnur Orman and a special welcome to Maria, who returns after taking time to become a mother of 2 beautiful children.

Lastly, I would like to thank the Trade for all their continuous support. Without them we wouldn't be able to hold the seminars, scientific meetings and social events they so generously contribute to.

I hope you all have a Merry Christmas and a Happy New Year! Stay safe and see you all in 2024!





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Under the Microscope

with Tu Anh Huynh

What was your first part time job? Bakers Delight when I was 15. I only worked a few shifts and was let go....

What is your current Job?

I'm currently the 2IC in Anatomical Pathology at the Royal Melbourne Hospital.

How long have you been working in your role?

I've been in my current role for over 5 years but at the Royal Melbourne Hospital since I was a baby scientist.

What skill do you want to learn and why? Making different handicrafts, DIY stuff and professional baking skills. I love making things and I enjoy the challenge. Creating something with your own hands and perfecting a technique is so satisfying.

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

Not very original but I would travel and explore. I would love to live in different countries and expose the kids to different cultures. Also, EAT, EAT, EAT!!! Try different cuisines and delicacies. Learn new skills like glass blowing, woodworking, jewelry making or any crafty stuff to make pretty things.

What's an ideal weekend for you?

Currently an ideal weekend would be a slow, quiet weekend away exploring. A sleep in, fun with the kids (no fighting), movies, wine and delicious food.

What's on your bucket list this year?

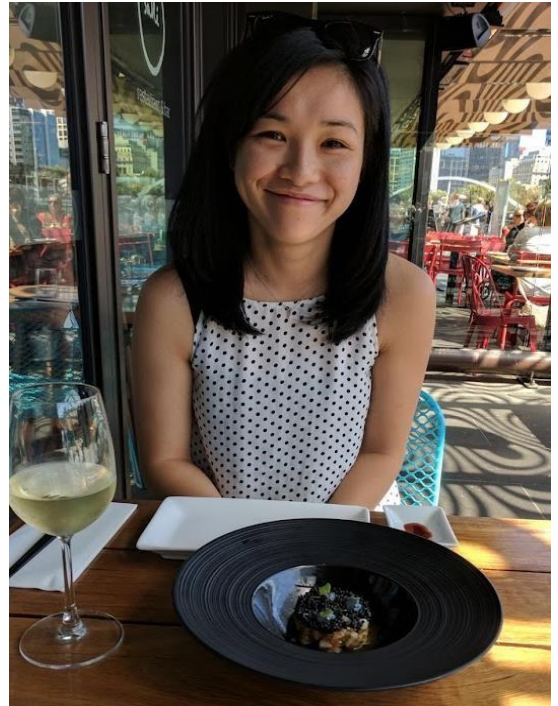
It's the end of the year and I think I'm just limping to end and trying to survive. Next year I'm just hoping for it to be calm, happy and fun.

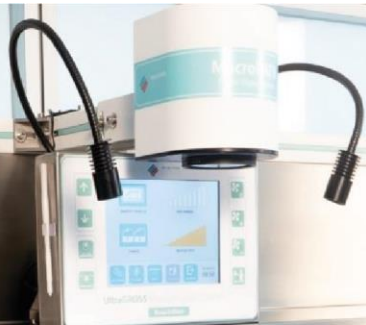
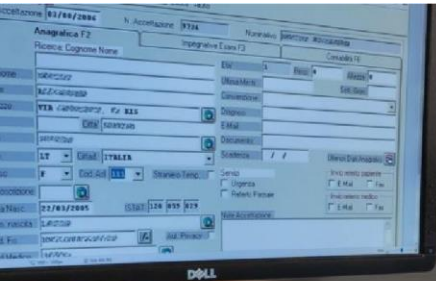
What music/podcast is on your playlist at the moment?

Nothing specific but mainly pop music while I cook or clean. Something upbeat to make the chores go faster. I also enjoy listening to true crime culture podcasts. I'm a fan of Redhanded and Casefile. I'm looking for recommendations!!!

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

So many places. Bora Bora or Maldives in an overwater bungalow or Scandinavia to see the northern lights.





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Review of Scientific Meeting

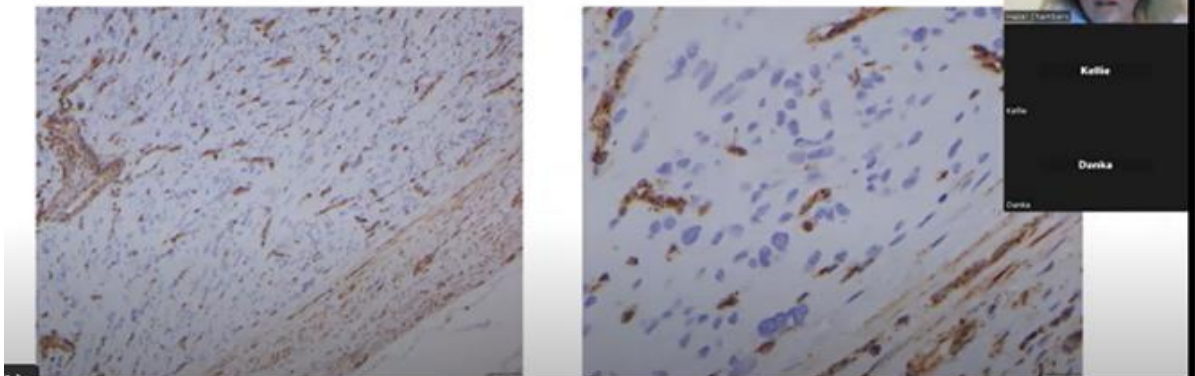
4th September 2023 Educational Meeting

Funky Fibroids and Arias-Stella Reaction

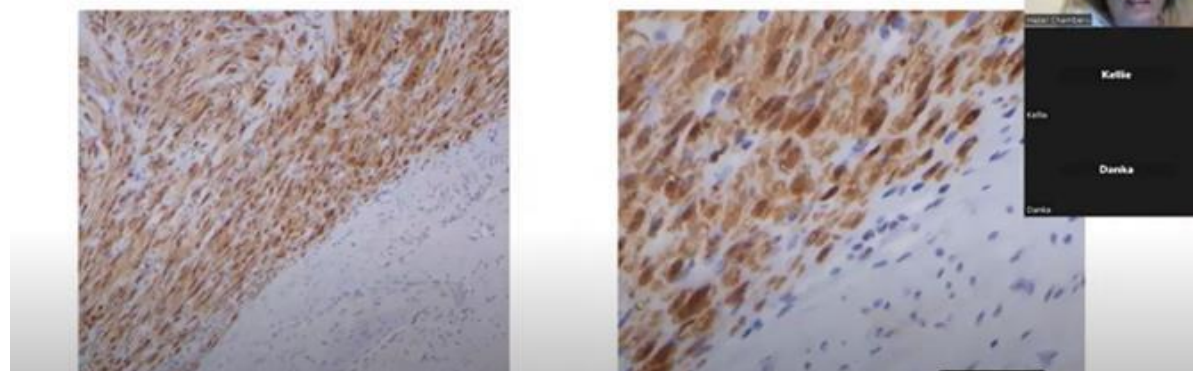
Funky Fibroids

Hazel Chalmers from the RCH introduced her talk by asking when do Leiomyomas lie? The common fibroid is a smooth muscle tumour, but Hazel let us know about a condition called Hereditary Leiomyomatosis & Renal Cell Carcinoma or HLRCC for short. HLRCC can be confirmed by IHC, as well as the H&E morphology and clinical history. IHC shows a loss of Fumerate Hydratase (FH) and positive staining for S-(2-succino) cysteine protein (2SC) within a panel (actin, desmin to name a few) 15% of women younger than 30 with fibroids have this germline mutation. The problem with the loss of Fumerate Hydratase is that these patients are likely to develop a particularly aggressive form of Renal Cell Cancer (RCC). Close patient monitoring will be required for those cases fitting the age, cell morphology and IHC profile (FH negative and 2SC positive)

FH IHC-Cytoplasmic granular pattern



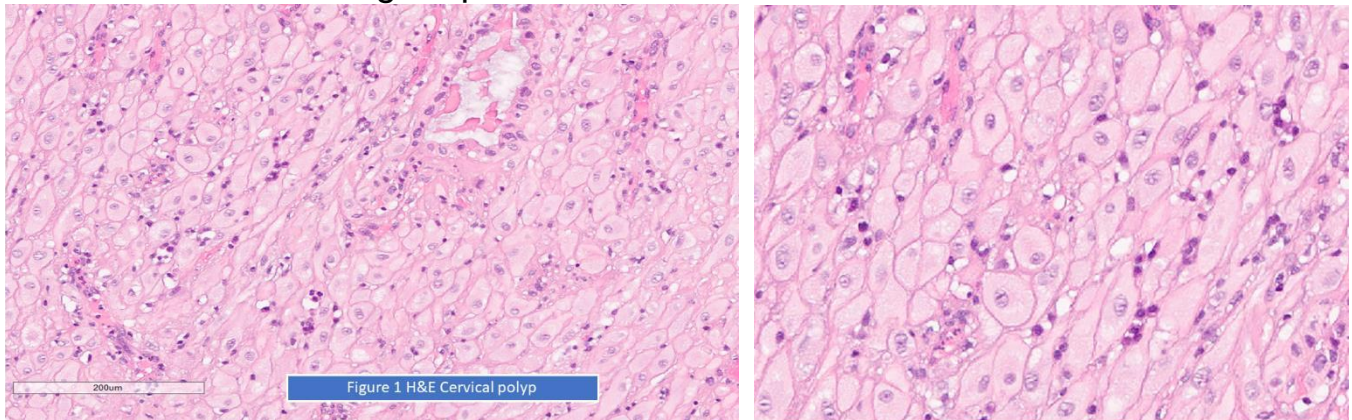
2SC-Cytoplasmic granular pattern



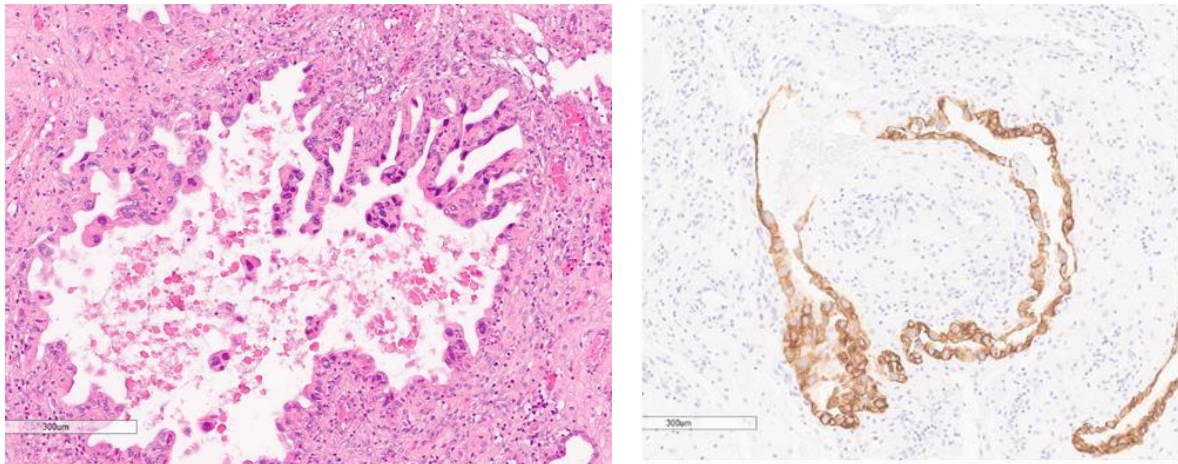
Aria-Stella Reaction

Audrey Choy from Dorevitch Pathology presented a case study showing a large cervical polyp from a woman who was 15 weeks pregnant. It showed an Arias-Stella reaction which is due to hormonal hyperstimulation causing atypical endometrial glandular cells associated with the presence of viable chorionic tissue.

The characteristic features of the Arias-Stella reaction include hypertrophic and hyperchromatic nuclei with abundant cytoplasm and infrequent mitotic activity. The nuclei may protrude into the glandular lumen creating a hobnail appearance and, in our case, vacuolization can be seen at the higher power



Audrey discussed the differential diagnosis of various malignancies and was happy to report that our case was a benign polyp showing AriasStella reaction.





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Lifting the Lid-Day 1

Melbourne University | 13th October 2023

HGVT were able to offer 2 workshops on an overcast Friday afternoon in October. Both sessions were booked out and the 60 participants all took home some insights into anatomy, had a look into future medical programs, as well as having a bit of fun and a much-needed face to face interaction.



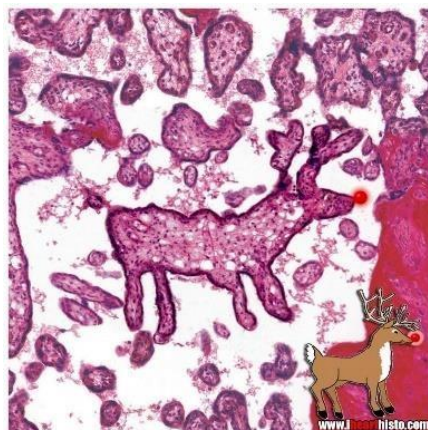
The first group in the virtual reality session were perhaps less “gamers” than the organizers had anticipated, requiring a little more guidance from the tech savvy helpers. They also had some great digital images with iPad programs, that were good for those that felt a little disoriented with the headsets.



The second session involved a look through the Anatomy Museum. The cross sections through the various diseased human's parts were a reminder to us all, that every specimen comes from someone. The fact you could closely examine the extent of a haemorrhage in the brain and how much ear hair the person had, was fascinating. To see cancer in-situ and some of the extreme cases was a privilege. No photography was permitted in the Anatomy Museum, but some of the specimens will stay in my mind indefinitely.



The HGVT would like to thank Chris Freelance for his hard work to make it an incredible start to our educational weekend.



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Lifting the Lid

Day 2

Rendezvous Hotel Melbourne | 14th October 2023 | Kerrie Scott-Dowell

HGVT provided a full and varied program at the One Day Seminar. A huge thank you to Bronwyn Christensen who thoughtfully put the program together, found a grand, central venue and organised our speakers. For many of the attendees it was their first experience at a conference, so it was with wide eyes and much excitement that we commenced the first session of the day.

Session 1

Dr Louise Ludlow, Children's Cancer Centre, MCRI spoke on the importance of Post-mortem tumour donation and the difficulties of gaining permission at a parent's worst time of their life. Louise spoke from the heart about the service they provide for not just researchers in Melbourne, but worldwide. It was a wonderful start to the day, even if it was a little teary.



Sonya Odhavi from the Skin Health Institute talked us through the Moh's surgery procedures and what benefits it has to a patient.

Sandra Hickman from Nata reassured us that NATA is there for laboratories and how they are working to keep up with changes like digital imaging.



Trung Nguyen from Peter Mac gave us some real high level IHC discussions. The risk matrix that he has developed for validating new antibodies was fascinating and really gave a more common-sense approach rather than a standard x number of positive cases & x number of negative cases, even if it is a rare tumour. As a side note-I would like to mention that Trung has published an IHC book **Immunohistochemistry: A Technical Guide to Current Practices**.

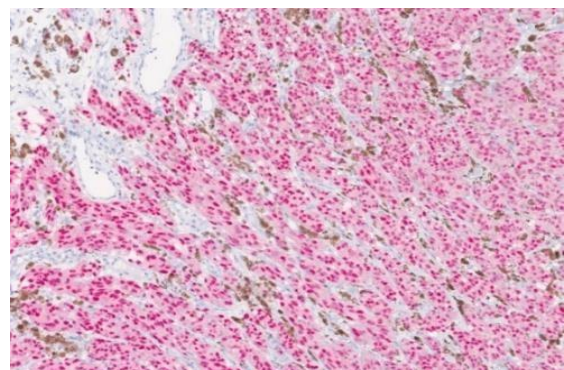


Session 2

A.Prof Kais Kasem, University of Melbourne - Clinical Pathology Department. Victorian Comprehensive Cancer Centre gave a fun, interactive talk on what is needed to make a cancer diagnosis. It gave us all I bit to reflect on how easy it is to miss a malignancy and our role to play in getting an accurate diagnosis for our patients



Joy Bagsic, Austin Hospital talked us through his work on CDKN2A FISH staining and the interpretation of the staining. It is never easy sitting in the dark counting dots, so we are glad he popped out to tell us about it. We finished the session with a discussion panel on the PRAME antibody. Chloe Ledgeway, Dorevitch, Maria Flynn, Melbourne Pathology and Sam Arandelovic, Mater Hospital offered their insight into an antibody that promised so much, but delivered a mixed review, as well as some clones showing reliability issues. The girls gave us some tips to improve reliability, the benefit of its use in a melanoma panel and the importance of the H&E in the diagnosis.



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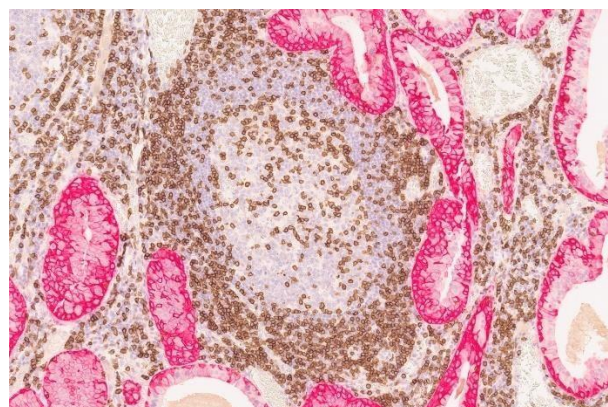
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Session 3



After a quick AGM, the afternoon session kicked off with Maria Boyer and Alex Laslowski, Senior and Principal Scientist, Monash Pathology, who were looking at some sustainable lab practices and how they made the change to IPA processing. Maria and Alex outlined the benefits of IPA processing and the validation process. Their approach was so logical and covered all possible problems.

Tu Anh Huynh, from RMH, walked us through the RMH new laboratory. From the design, prework, planning and eventual move in. It was really interesting to see the huge logistical effort required to minimise the effect on Pathology services in a large public hospital while moving a whole laboratory. Great job team.



I then sought to engage the audience with some tumours showing architectural beauty and distinctive staining patterns using H&E, special stains and IHC.

During the tea break, the poster competition allowed students to show some extended knowledge and interact with the attendees. Our stalwart on the HGVT committee, Adrian Warmington, awarded a cash prize for the best poster. Congratulations to students Cass and Steph from Dorevitch.

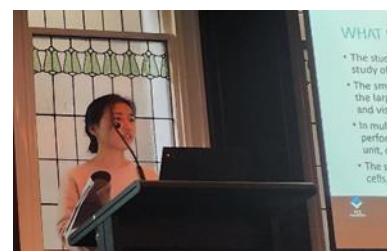
Session 4

David Lu from Peter MacCallum Hospital showed us just how difficult it is to deal with the grossing of some of the irregular and complex surgical specimens that are seen at Peter Mac. It was interesting to ask yourself, how would you cut this up to show all the margins? Thanks to David for letting us into his world.



Xiaorong Liu (XL to her friends) from Royal Children's Hospital gave us a case that was one surprise after another. 3 different tumours in ovary and another tumour in the same surgical specimen. Varying between benign to highly malignant. What a case for immuno and certainly a long report.

Le Van Anh (Anne) Nguyen from the Cytology and Anatomical Pathology Lab, gave us a quick tutorial on malignant features and how cytology presents. It was good to step back to often, the first patient specimen and see how that compares with the final diagnosis.

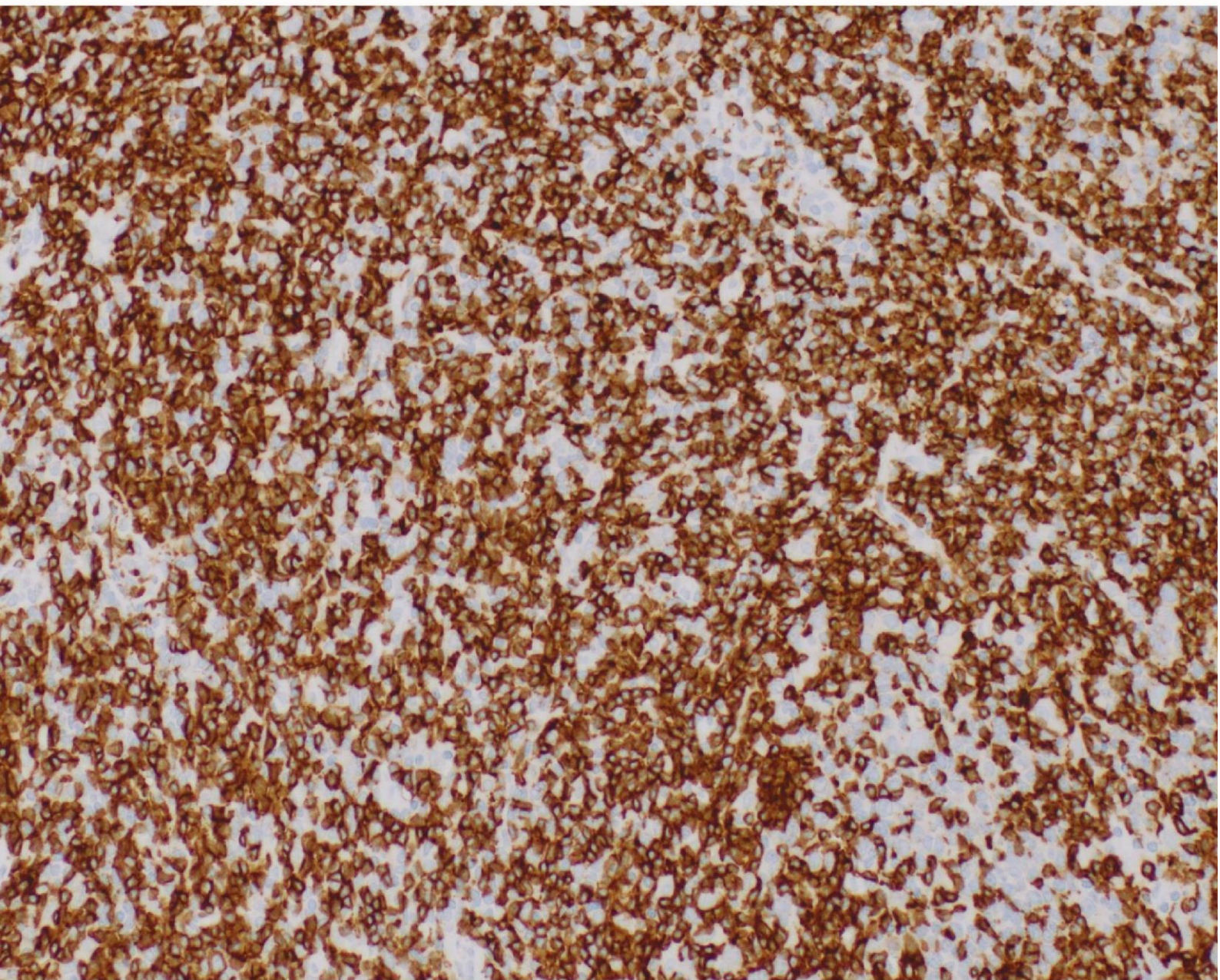


Alistair Townsend & Christine Gorringer from the Royal Hobart Hospital wrapped up a big day with Histo/Tassie Trivia. Chocolates flew through the room as everyone had a crack at some answers. It was a lovely way to finish the day and certainly the grand prize of a box of chocolates was well deserved for guessing the structure of Hematoxylin- well done to Kerrie Howard from Dorevitch and for sharing her win with her eager workmates.

A super big shout out to the sponsors on the day, who were there setting up early and cleaning up long after the rest of us had hit the cocktail bar, conveniently located just across the atrium.



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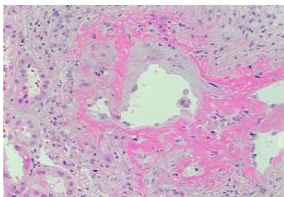
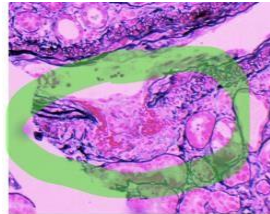
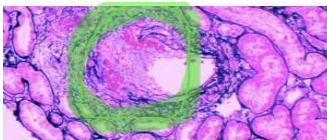
Interesting Case Study

Presented by Kerrie Howard

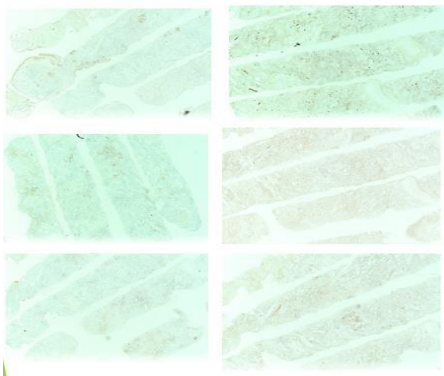


Glomerulonephritis with necrotising lesions in a background of ANCA

A 77-year-old male present with an Acute Kidney Injury (AKI) with a positive MPO3 ANCA blood result querying "?GN". When the specimen was received at the histology laboratory, Glomeruli were confirmed on biopsy and specimen split for histology and DIF pending review.



Looking at patient history; the patient shows: Elevated Protein and erythrocytes in urine, Increased blood Chloride Bicarbonate, Urea, Albumin, ESR, WBC, decreased Hb and associated levels. Which are all suggestive of Renal issues and associated blood loss.



On examination of the renal cores: they show cortex and medulla, containing 38 glomeruli. Multiple small and intermediate size arteries are noted. There are 2 glomeruli which are globally sclerosed. Much of the remainder show abnormal, proliferative lesions with more than 20 of the glomeruli demonstrating cellular crescents. At least 5 of the crescents are associated with segmental necrotising lesions and rupture of the basement membrane. The tissue shows moderate chronic damage with interstitial fibrosis and tubular atrophy noted in approximately 40% of the cortex. There is a patchy inflammatory infiltrate, two of the arteries show focal fibrinoid necrosis. On examination of IHC panel, the biopsy shows a negative result for all (IgA, IgG, IgM, C3c, C1q). all (IgA, IgG, IgM, C3c, C1q).

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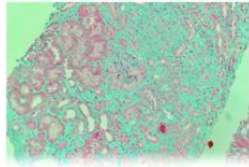
A: ScyTek continues to expand their special stains range to meet the needs of busy laboratories.



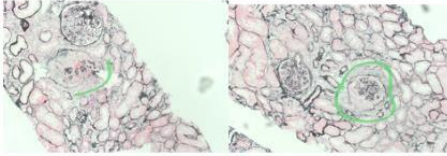
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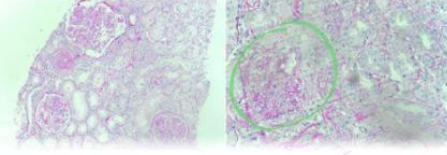
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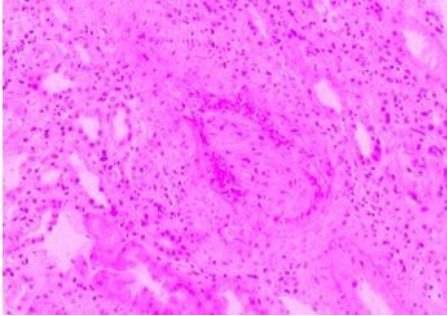
MT Green



Ag MT



PAS



The case was diagnosed as: “Negative renal biopsy: Crescentic glomerulonephritis associated with multiple segmental necrotising lesions and fibrinoid necrosis of intermediate size arteries consistent with renal involvement in systemic ANCA associated vasculitis.”



Org. No A0035235F

In English.... The patient's kidneys show damage including necrosis of the glomeruli and blood vessels on a background of ANCA systemic (whole body) auto immune disease

What does this mean?

Glomerulonephritis is a term relating to a range of autoimmune diseases that cause inflammation in the predominantly glomerulus and vasculature of the kidneys. Inflammation occurs with both bone

marrow derived inflammatory cells as well as cells and cells native to the kidney- this triggers the unique pathogenesis of glomerulonephritis.

(1). Fibrinoid necrosis is limited to small blood vessels, such as small arteries, arterioles and glomeruli. Within the walls of necrotic vessels or glomeruli the collagen is degenerated and replaced with fibrin and plasma proteins. (4)

ANCA Stands for anti-neutrophil cytoplasmic antibodies; ANCA refers to granular proteins of granulocytes and monocytes that induce distinct fluorescence patterns. Different types of ANCA antibodies cause different staining patterns including cytoplasmic (classic), perinuclear and Myeloperoxidase (MPO) (seen in this case). These antibodies target Human Leukocyte antigens (HLA) and Cancer Germline (CG). The MPO staining pattern does not have a distinct association with a granular protein, it is sometimes seen in chronic inflammatory diseases (2). Vasculitis in relation to ANCA refers to a group of disorders involving severe, systemic, small-vessel vasculitis and are characterised by the development of autoantibodies to the neutrophil proteins causing great inflammation of these vessels (3)

1.Chadban SJ, Atkins RC. Glomerulonephritis. The Lancet. 2005 May 21;365(9473):1797-806.

2.Gross WL, Schmitt WH, Csernok E. ANCA and associated diseases: immunodiagnostic and pathogenetic aspects. Clinical & Experimental Immunology. 1993 Jan;91(1):1-2.

3.Kitching AR, Anders HJ, Basu N, Brouwer E, Gordon J, Jayne DR, Kullman J, Lyons PA, Merkel PA, Savage CO, Specks U. ANCA-associated vasculitis. Nature reviews Disease primers. 2020 Aug 27;6(1):71.

4.Ivan Damjanov, Chapter 1 - Cell Pathology, Editor(s): Ivan Damjanov, Pathology Secrets (Third Edition), Mosby, 2009, Pages 7-18, ISBN 9780323055949, <https://doi.org/10.1016/B978-0-323-05594-9.00001-5>. (<https://www.sciencedirect.com/science/article/pii/B9780323055949000015>)



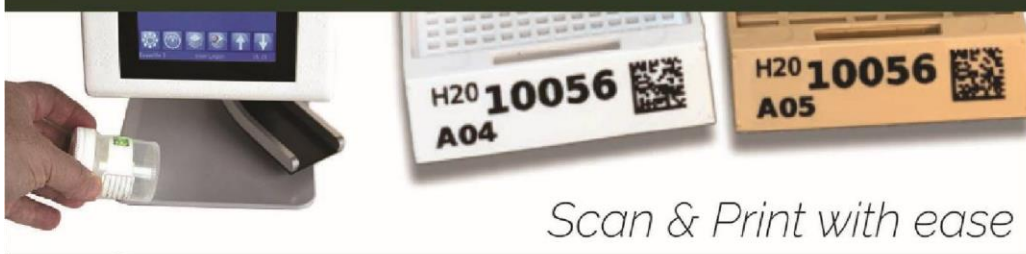
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Next Meeting



Org. No A0035235F

“Bone Marrow Trephines- How different Lab's handle BMTs & diagnostic considerations including IHC”

Speaker: TBA

Date: Thursday 22nd February 2024

Time: 6:45 – 7:00 Meeting open

7:00 – 8:00 Presentation

Zoom Link:

To be released at a later date.



Attendance at this meeting contributes to APACE points

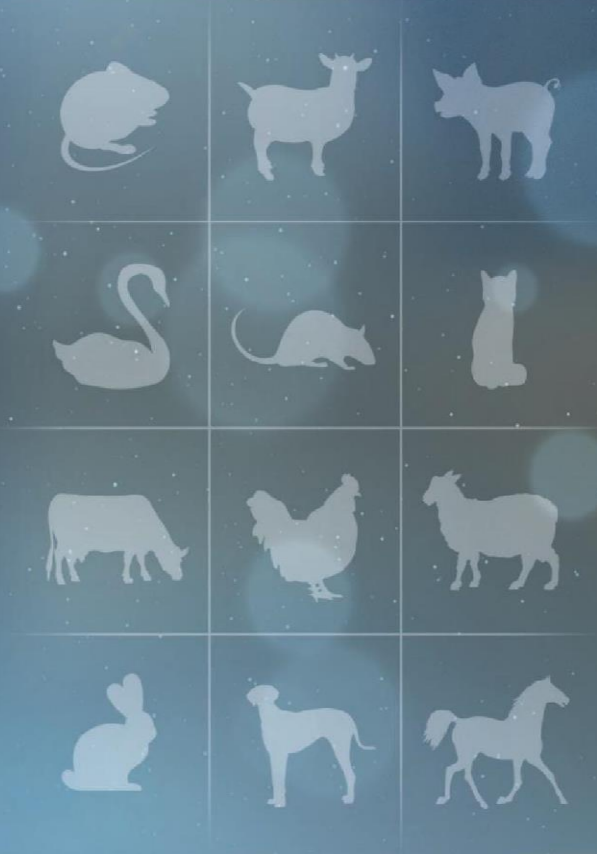
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Future Events 2024

Date: 22nd February 2024

HGVT Scientific meeting

Topic: Bone Marrow Trepines- How different Lab's handle BMTs & diagnostic considerations including IHC

Presenters: TBA

Date: 2nd May 2024

HGVT Scientific meeting

Topic: TBA

Presenters: TBA

Date: 27th Jun 2024

HGVT Scientific meeting

Topic: TBA

Presenters: TBA

Date: Jul/Aug 2024

HGVT Trivia

Venue: TBA

