

HGVT

Org. No. A003523F

PARAFFINALIA NEWSLETTER

VOLUME 28, NUMBER 3

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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Committee Page

The members of the Histology Group of Victoria 2025 are:



Name	Institution
Samantha Arandelovic	Mater Hospital Brisbane
Kerrie Scott-Dowell	Dorevitch Pathology/ Leica Biosystems
Mark Bromley	Sullivan Nicolaides Pathology
Kellie Vukovic	Melbourne Pathology
Alistair Townsend	Royal Hobart Hospital
Christine Gorringer	Royal Hobart Hospital
Elizabeth Baranyai	Cabrini Health
Bronwyn Christiansen	Royal Children's Hospital
Snejana Ursache	Alfred Hospital
Gulnur Orman	Box Hill Hospital
Dodie Pouniotis	RMIT University
Fatema Tajbhai	Northern Health
Kerrie Howard	Northern Health/ RMIT University
Maria Boyer	Monash Pathology
Nicola Pinolo	Royal Melbourne Hospital

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Articles & Reports:

Author enquiries and readers wishing to contribute articles or reports can contact the Editor - editor@hgv.org.au
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Presidents Address

Behind the Bench with Sam Arandelovic

Dear Members,

It has been a busy and successful year for the Histology Group of Victoria and Tasmania.

Our annual Trivia Night was once again a fantastic success, with an impressive 221 attendees joining in the fun. Congratulations to TissuePath, who proudly took home the trophy again this year!

In August, we held our Scientific Meeting, which featured excellent student presentations showcasing the next generation of talent in our field. The quality of work and enthusiasm displayed was truly inspiring.

To finish the year, we are excited to host our One-Day Seminar in Hobart on Saturday, 25th October. Don't forget to register – it promises to be an engaging and informative event.

Finally, if you are interested in contributing more to our community, we welcome new members to join the HGVT Committee. Please submit your application to secretary@hgv.t.org.au.

Thank you all for your continued support, and I look forward to seeing you at our upcoming events.

Warm regards,
Samantha
President, Histology Group of Victoria and Tasmania

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TASMANIA ONE DAY SEMINAR

25th October 2025

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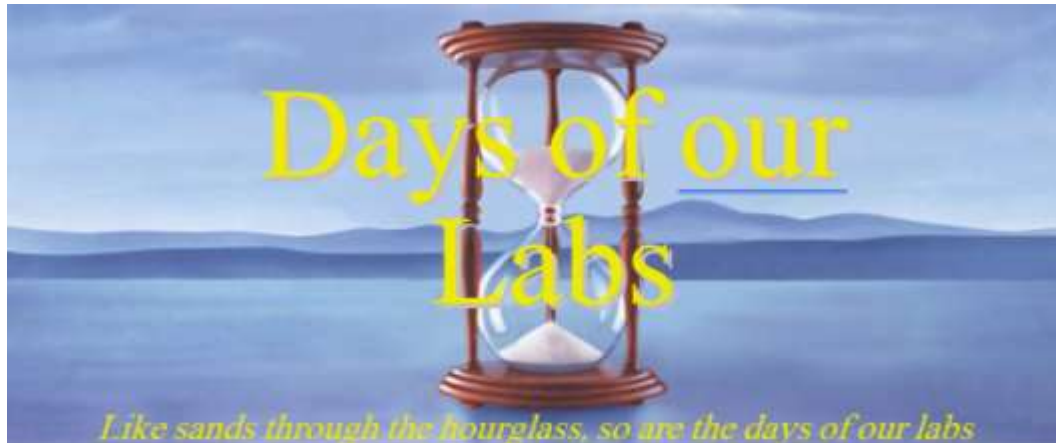
EMAIL: hobart@racv.com.au



<https://www.trybooking.com/DCHYG>



SATURDAY	PRESENTER	TITLE	TIME(min)
9:00 – 9:30 AM	Registration		
9:30AM Session 1	Dr Ashkan Pakzad	Synchrotron	45
	Jessie Lee	From Tissue to Discovery: Inside a Research Histotechnology facility	30
10:45AM	Morning Tea		
11:15AM Session 2	Dr Helen Harris	Placental Cut-Up	30
	Remy Mahoney	CLND18	20
	Lucy Orchard	TBA	20
	Samantha Arandelovic	HGVT AGM	15
12:45PM	Lunch		
01:30PM Session 3	Dr Patrick Candy	Case Study	30
	Bronwyn Christiansen	Hirschsprung	30
	Maria Flynn	Case Study: Intra-abdominal Desmoplastic Small round cell tumour	15
02:45PM	Afternoon Tea		
03:00PM Session 4	Dodie Pouniotis	From Theory to Tissue: Applied Learning in Diagnostic Immunohistochemistry	20
	Kerrie Scott-Dowell	NSH Update	20
	Alistair Townsend	Tassie Trivia	20
04:00PM	End of Seminar		



Happy snaps from Liz of Cabrini Hospital's recent holiday to
Christmas, Coco and Keeling islands

Histology News, Births, Marriages, Retirements??? Any news!!!
We would love to hear from you! Submit a pic and a short description to "Days of our
labs" to the HGVT Facebook messenger or email editor@hgvt.org.au

MacroShot

Digital Imaging System



MacroShot™ is a high-definition digital imaging system designed by CellPath, for capture of high-quality images, video, and audio notes.

The MacroShot™ utilises a full HD camera with a powerful 30X optical magnification and wide view, which enables the camera to be fitted to any existing cut-up bench, grossing hood or used as a stand-alone system in mortuaries. It fully documents the grossing procedure, enabling laboratories to implement better quality assurance control, reduce specimen description time and reduce risk of errors within the lab.

The MacroShot™ utilises user-friendly icon driven software. A novel auto-calibration procedure, coupled with a comprehensive suite of annotation and measurement tools, ensures accurate, reliable measurements at up to twenty user-defined zoom levels.

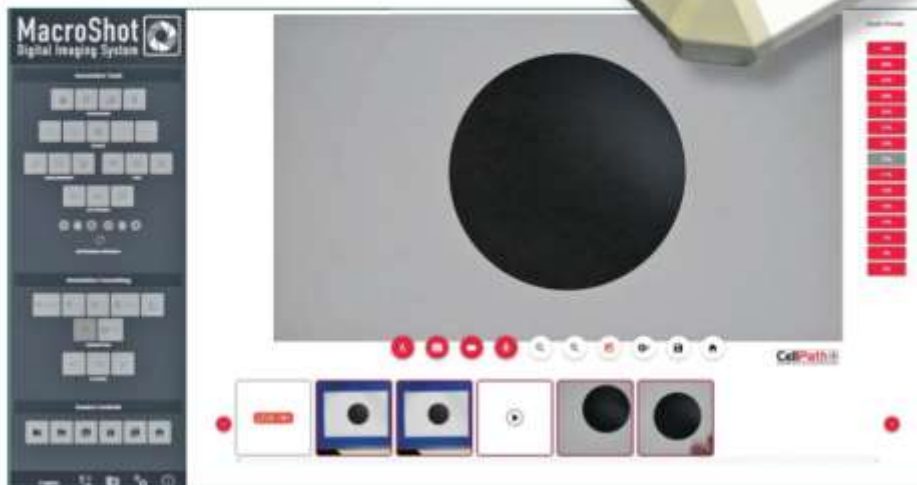
The MacroShot™ software can be interfaced with a user's preferred online conference software, to allow remote second opinion telepathology consultations and guided cut-up by pathologists.

Optional accessories available for the MacroShot™ include: a washable keyboard and mouse, a foot pedal system for hands free capture of images, as well as an LED light ring (with polarizer), which removes glare from wet specimens and ensures constant image quality.

EASY TO USE

KEY FEATURES

- High Quality HD Sony camera optics
- 30x optical magnification (zoom)
- 2.0 megapixel images
- Zoom levels user definable (up to max 20 zoom levels)
- Auto calibration feature
- Single push white balance
- Annotation and calibration features included in software (not an optional extra)
- Video (with sound)
- Digital dictation/voice notes
- Teleconferencing for remote consultations – second opinion/ guided cut-up by pathologist
- Optional table-top stand with blue cut up board for contrast
- Optional LED light ring with dimmer control and polarizer



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A: Trajan 20 place slide folders are now available in red and orange.



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See below for the full range of colours.

Product code	Description
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4800012	Slide Storage Tray/Folder 20 Place - Pink
4800013	Slide Storage Tray/Folder 20 Place - Green
4800014	Slide Storage Tray/Folder 20 Place - Blue
4800015	Slide Storage Tray/Folder 20 Place - Red
4800016	Slide Storage Tray/Folder 20 Place - Orange

Showing the right path

Under the Microscope

Do you want to be part of the
next issue?

Submit your answers and a picture of
yourself to editor@hgvt.org.au

What was your first part time job?

What is your current Job?

How long have you been working in your role?

What skill do you want to learn and why?

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

What's an ideal weekend for you?

What's on your bucket list this year?

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

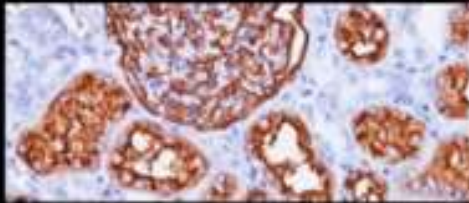
Where do you most want to travel, but have never been to?



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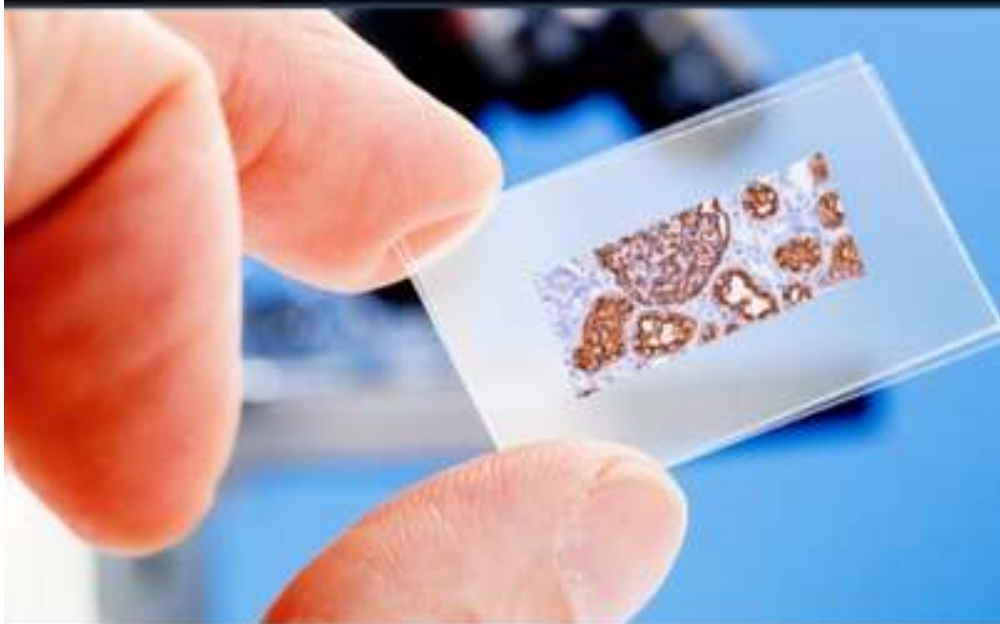
CD10

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Human CD10 antibody, also known as common acute lymphoblastic leukemia (CALLA), has been shown to react with TdT+ lymphoblastic leukemia, follicular germinal cell lymphoma, Burkitt's lymphoma and chronic myelocytic leukemia. CD10 also marks normal early lymphoid progenitor cells, immature B-cells in adult bone marrow and germinal cells in normal tonsil and normal lymphoid tissue. It is also expressed in some non-lymphoid tissues such as fibroblasts, breast myoepithelium and brush border of kidney. CD10 antibody may be used in a panel for mantle cell lymphoma with Cyclin D1 (+), CD43 (+), CD5 (+), IgM (+), CD23 (-) and CD10 (-).

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Scientific Meeting Review

Rare and interesting cases!

By Kerrie Scott-Dowell

We were lucky enough to have Agilent sponsor our meeting with 2 Tasmanian Speakers presenting some rare and interesting cases. What else would you expect from Tassie.

Presenter- Christine Gorringer

CASE 1 Ewing's Sarcoma

A 25yo male who had a BMT and a BM aspirate. The aspirate showed aggregates of malignant cells. In the trephine H&E, 40% of the bone marrow showed contiguously spreading tumour cells. IHC showed very strong membrane staining for CD99 and 60-70% nuclear positivity for Ki67. Scans showed disseminated malignancy in the spinal cord and lung. LDH (Lactate Dehydrogenase) levels were very high. The diagnosis was metastatic Ewing's Sarcoma, which has a very poor prognosis.

Ewing's is a highly metastatic form of sarcoma that affects predominantly young adults. The high LDH level has a poor prognostic significance. The differential diagnosis was Ewings vs other small round cell tumours. 80% of Ewing's cases are CD99 positive. 70% of cases have recurrence. This patient unfortunately died 5 months after diagnosis.

CASE 2 Amyloidosis

A 68yo male presented with renal impairment. The EGFR (estimated glomerular filtration rate) was 26 and the normal range is greater than 90, so it indicates a very low renal function. A renal biopsy was performed, and all glomeruli showed disruption of the tissue architecture by amyloid deposits. The amorphous infiltrate was visible on the H&E, PAS and PASMMT stains and the Congo Red showed the classic birefringence. A BMT was also performed and also showed Congo Red staining amorphous infiltrate. Amyloidosis occurs when beta sheet fibrillar proteins aggregate in various tissues. There are different types and different treatments. The current treatment for this patient is initial drug treatment followed by a stem cell transplant.

Presenter Alistair Townsend

Case 3 Tuberculosis

Right testicle 75yo – No clinic notes. Macroscopically the testis is identified , but no normal epididymis identified. An area of necrosis and cystic area containing fibrin and haemorrhage. The H&E shows necrosis, with a lymphatic infiltrate, giant cells and granulomatous change. ZN and Wade Fite showed positive staining bacteria. Diagnosis of an isolated tuberculous epididymitis would be very rare (Only 4% of TB are genitourinary), and most masses of testes are tumours, so without any patient history a large number of IHC stains were performed to eliminate.

When more details were obtained about the patient, it was seen he had previous respiratory TB, spends a lot of time in Asia, resulting in large gaps in his medical history, but probably most significantly has been frequently recatheterised in Vietnam, making this the most probable source of infection.

Diagnosis -Tuberculous Epididymitis. Treatment 6-9 month drug therapy.

Case 4 Schwannoma

36 male Pleural Mass (no clinical notes). Pathology had to call to get information such as chest tightness for some time, all blood test normal and a history of mine-work.

H&E showed spindle cells. A large range of IHC antibodies were used . S100 and SOX10 were strongly positive, as was TTF1, BCL2 and CD99 was weak patchy staining. CD34 was negative for the spindle cells and Ki67 positivity was low. All other IHC were negative. The diagnosis was a Schwannoma, which is a benign, slow growing, peripheral nerve sheath tumour. It is rarely seen in the thoracic area (2% only) .

Alistair lamented the waste of resources and time in both of his cases presentations, due to a lack of clinical notes accompanying the specimens.



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2025 HGVT Trivia Night

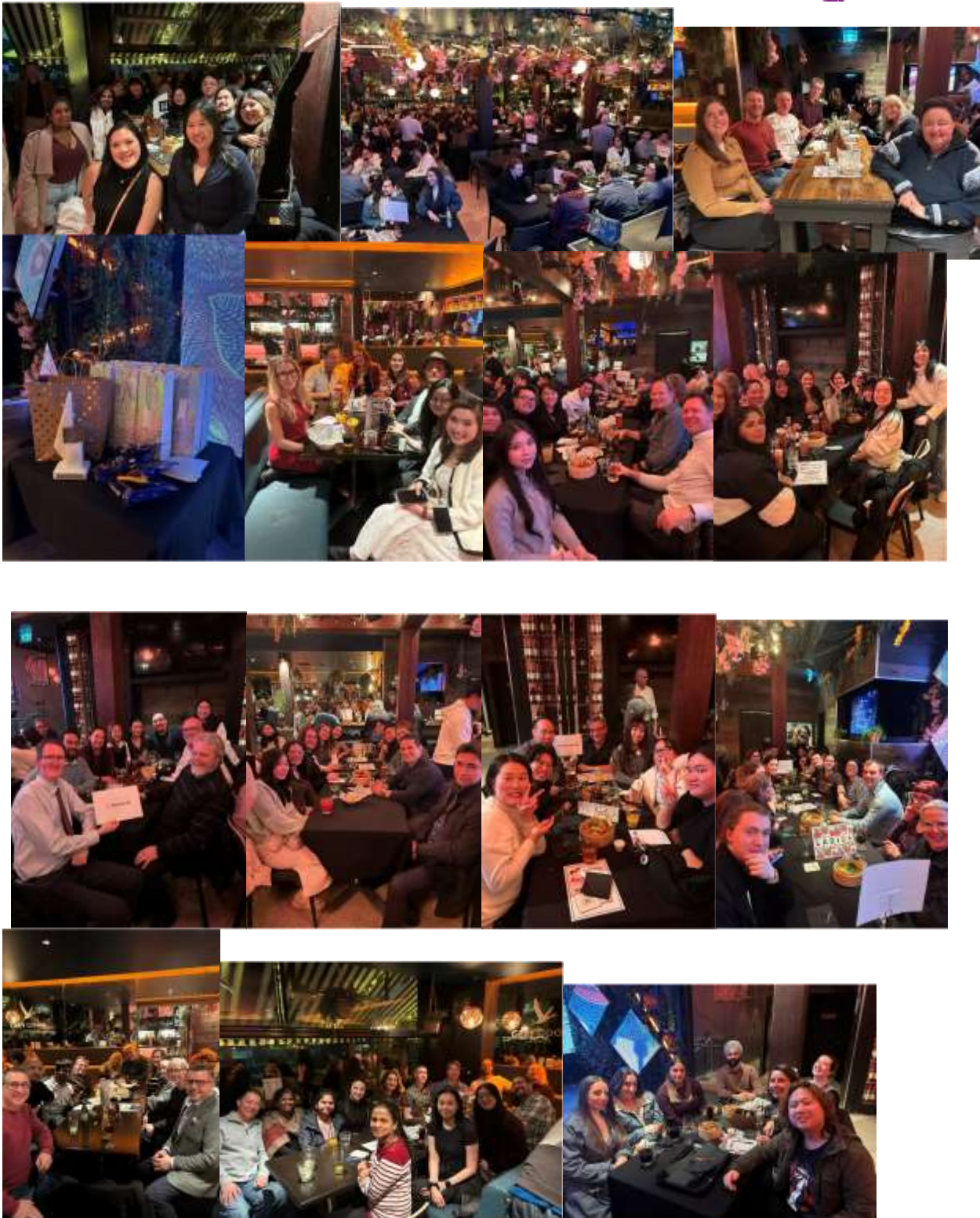
By Kellie Vukovic

The 2025 Trivia night was a sell out in record time with our biggest numbers to date – we had 223 people attend on Friday 1st August across 23 tables. I managed to squeeze in a few more tables for those who missed the deadline which made the atmosphere even better. This year we tried another new location and it proved a popular choice. La Di Da in the city was an excellent venue with great food and friendly staff who kept the drinks flowing all night. Our two returning hosts from Funky Bunch Trivia did a great job at keeping everyone interested and entertained with more verbal based trivia this year. It was a great night to catch up with familiar faces and was so good to see so many people mingling the entire time.

We would like to say a huge thank you to our fabulous sponsors. Without your ongoing commitment nights like this are not possible – Leica, Metagene, Roche and Agilent.

In the end there was no real competition with Tissupath the clear winners taking home the voucher and trophy for a second year in a row. We hope to see you all back next year fighting it out for the inaugural wax trophy!

1st	Tissuepath-The Magoos	52 pts
2nd	Mighty Ducks- Histolab	49 pts
3rd	Microtomy Monsters (Peter Mac 1)	48 pts
4th	Monash 2 & Austin 1	47 pts
5th	Austin 2	46 pts
6th	The Slice Gang	42 pts
7th	Tissue Path 1	41 pts
8th	Mixed Bag, Melbpath 2 & Monash 1	40 pts
9th	Amyloid and the Eastern sniffers, Melbpath 1 & The Alfred	39 pts
10th	Queens of the North, Slice Slice Baby, RCH- Meerkats & Stain Alive	38 pts
11th	Dorobitch & Squamous and Famous	37 pts
12th	Alcoholic Eosin (St Vincents 2)	24 pts





Another huge success for the HGVT trivia night, this year at LaDiDa- A massive thank you to Kellie from Melbourne Pathology for organising another sell out event.

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Nomination Form

Histology Group of Victoria and Tasmania Committee

Name: _____

Institution of employment: _____

Email Address: _____

Position Nominated For:

☐ President ☐ Treasurer ☐ Secretary ☐ Committee Member. (Please tick box)

Nominations must have the consent of the nominee

Signature of Nominee: _____

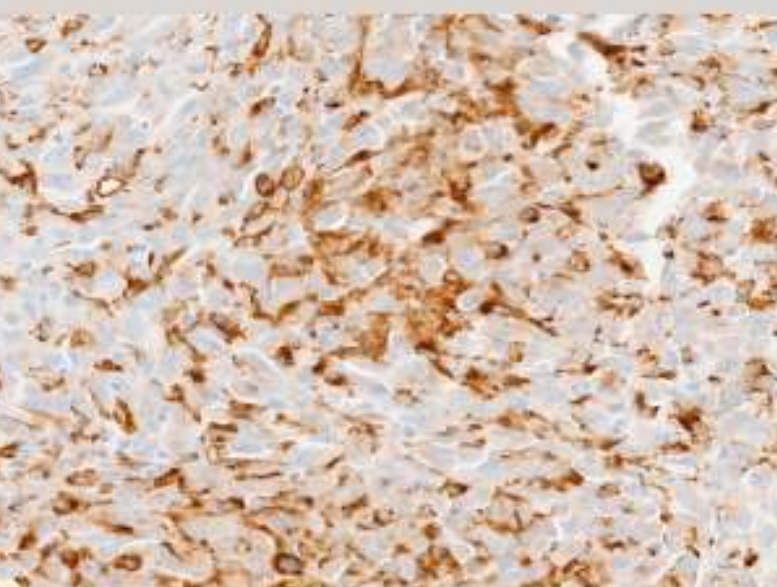
Nominations must be returned at least 7 days prior to the date of the Annual General Meeting.

Please scan and email nomination form to secretary@hgvtt.org.au

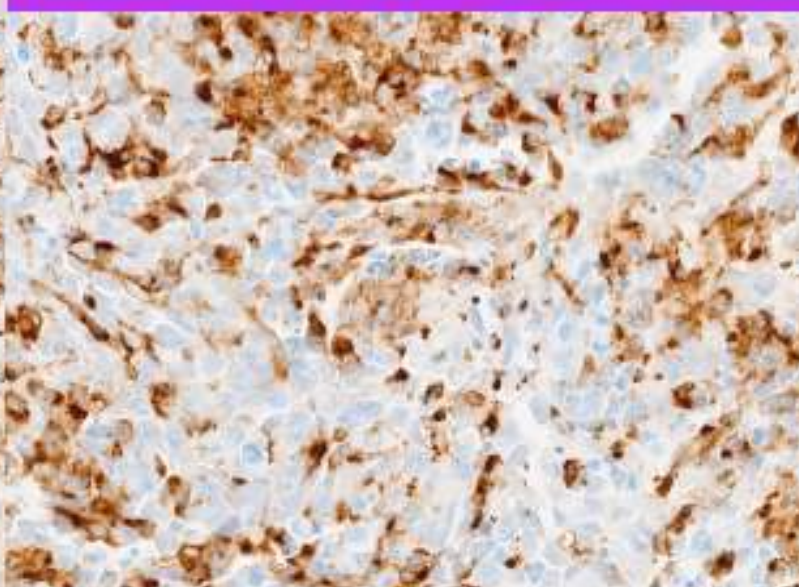
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Existing KP-1



NEW SP251v18



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The new recombinant clone [SP251v18] demonstrates **stronger signal intensity with less background** in comparison to legacy to hybridoma clone [KP-1]²

Ordering information

Product name	Catalog number	Ordering code	Quantity
CD68 (SP251v18) Rabbit Monoclonal Antibody	790-7248	10161876001	50 tests

References

¹ F. Hoffmann-La Roche Ltd. 0202430 Rev. 1 - Report: Design Validation for CD68 (SP251v18) Rabbit Monoclonal Antibody (Internal report; Cited 2024 November 13) - Data on File

² F. Hoffmann-La Roche Ltd. 0201605 CD68 (SP251v18) (Internal report; Cited 2024)



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Future Events 2025

Tasmania Scientific Meeting and AGM / 25th October Hobart

Title: Tasmanian Laboratory Presentations @ RACV Hobart.

Presenters: TBA