



Histology Group of Victoria Inc.

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Editor: Neil O'Callaghan

"The HGVI 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 2007-2008 committee are:

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Skehan, Cameron	Monash Medical Centre	9594 3493
Warmington, Adrian	St John of God Pathology (East)	5320 1171

Please feel free to contact any of the committee members listed above with any comments or suggestions. Contributions from readers are always welcome.

Advertising:

All enquiries for advertising in the next edition, please contact:

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HD Scientific

Ph: (03) 9364 9569

Fax: (03) 9364 9479

Advertising for the next edition of Paraffinalia closes: 1st June 2008.

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- Color Insert (Supplied by company) \$250

**PLEASE DO NOT POST ADVERTISEMENTS TO
THE COLLINGWOOD MAIL BOX**

Submissions:

Author enquiries and readers wishing to contribute articles or reports can contact the Editor –

Neil O'Callaghan (98151588), email: editor@hgv.org.au or post directly to

The Histology Group of Victoria Inc.

P.O. Box 1461

Collingwood

Victoria 3066

Australia

Please send articles on floppy-disc (preferably Microsoft Word format) for inclusion in the next edition.

All articles submitted for publication will then become the sole property of the Histology Group of Victoria

Disclaimer:

Any opinions expressed in this publication are solely those of the contributing author and are not necessarily reflective of the Histology Group of Victoria or the editor.

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Blurb from the Bush:

Our first meeting of the year saw a great attendance of 39 to a worthy Lymphoma presentation by Dr Patrick Hosking and sponsored by Dako. We are now preparing our May meeting, which will be a variety of short presentations. This was a highly supported meeting last year, so we are expecting another great turn out.

The committee has been working at creating a database of members email addresses to use strictly for reminders of scientific meetings and more recently to advertise positions vacant, which is becoming more popular. If you would like to include your email in this database, contact membership@hgv.org.au.

The committee is keen to make our Histo Chat online feature more successful. It is a facility that allows anyone to post those tricky Histology questions and hopefully get some experienced campaigners to provide some insightful responses. This edition has further details as to how to register for Histo Chat.

The committee has been communicating recently with NPAAC regarding the most recent change to Specimen Retention guidelines that, has lowered the minimum retention of slides and blocks to 10 years. We would encourage all of you to liaise with your Pathologists to ensure that this valuable material is retained for much longer than 10 years. With the recent advances in molecular testing, this material could become vital in future diagnosis and treatment. We will publish more detail on this topic in future editions.

Adrian Warmington
President.

Have Your Say:

In the last edition of Paraffinalia we posed the question to our readers, what they thought of the change to the NPAAC minimum retention times for blocks and slides.

Source:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/health-npaac-docs-RetLabRecDI.htm>

The HGV is committed to following up with NPACC the rationale behind the change and to provide them with some feedback from our members. Please continue sending in your thoughts.

Here are some examples of what you had to say:

We have blocks, slides and reports dating back from the 1960s. Yesterday I was requested to retrieve a report from 1975 for a patient with on-going treatment. Most of our material (from interesting cases) has been used and re-used in research projects- with ethical approval, of course. If material with oral pathology is being disposed of I'm sure we could use it.

Judith McNaughtan
Oral Pathology Lab.
School of Dental Science
Univ. Melbourne.

No one will ever do it!
anon

The recent changes to the NPAAC standard, reducing minimum retention time for slides & blocks to 10 years is very timely & an important matter to be discussed further. Even though these times have been reduced for most laboratories, there is a disclaimer that leaves the retention time at 20 years for forensic & medico-legal cases. This laboratory therefore must maintain the current 20 year policy. This has been a topic of conversation for the past few years at this Institute and a decision needs to be made regarding future sample storage as available on-site storage space no longer exists.

It is my belief that all tissue blocks should be maintained for a 20 year period (clinical & medico-legal). However, I believe that slides should only be retained for a 5 year period. This Institute currently has 25 years of tissue blocks stored and 16 years of slides stored, since the policy on slide retention was enacted around 1992. This Institute currently has no more space to store these samples on-site. We are investigating whether we dispose of samples pre the 20 year period, or whether we investigate off-site storage facilities.

Keeping slides for either 10 or 20 years has never made sense. Any section can be re-cut and stained from tissue blocks. The quality of the staining deteriorates and fades with time. Slides also take up substantial storage space. For those laboratories that have used acetate tape coverslipping machines, the stained sections rapidly deteriorate and fade with time, until eventually, the tape detaches from the slide with the section adhering to the tape, rendering the slide useless. All slides prepared this way should be discarded after 5 years.

Tissue blocks are a valuable resource & should be retained for an extended period of time. This laboratory has rarely (~ <5 times) revisited cases older than 10 years. Tissue blocks are sometimes used as a DNA source in genetic testing and may be of greater value in the future, but a decision on the cut-off storage point must be agreed upon. Weighing up the value of the tissue block resource versus the issue of storage is the critical decision. 20 years would seem to be a more than adequate period balanced by retaining slides for only 5 years.

In my initial investigations, major Melbourne laboratories have never discarded any tissue blocks. However, those older than 20 years are haphazardly stored. There is no way to safely retrieve these blocks, if their location is known. They are often in areas that pose OHS risks to retrieve them.

I'd be very interested in other correspondence related to this change to the NPAAC standard.

Regards

David Cauchi
Manager-Histology
Forensic & Scientific Services
Victorian Institute of Forensic Medicine

Email your thoughts to editor@hgv.org.au along with your name or pseudonym, as we would like to publish some of your responses in our forth coming editions. Or pose a question, what would you would like see discussed.

Editor

HistoChat:

HGV Inc. has introduced a bulletin board style discussion forum to their website - www.hgv.org.au. We hope this bulletin board "HistoChat" will become a forum for the open exchange of information and ideas within the histology community.

Registration is required, as is email authentication, to access *HistoChat*. No subscription fees are required and email addresses are used for correspondence and verification only. Registration is open to all. Students and junior staff are encouraged to participate. Free email clients such as hotmail may treat your authentication email as SPAM or JUNK MAIL, please check these folders if your authentication email does not arrive promptly. Authentication email needs to be responded to within 24 hours of registration. To those with online forum experience navigation should be relatively straight forward.

For those who need a little guidance YaBB have put together a step by step guide at www.yabbforum.com. Click on the "**Get Support**" link then click on "**Yabb Integrated Help**" There's no direct link on our web site as Yabb block direct linking to their help pages.

The forum layout is shown below:



There are a few broad forum topics. It's up to you to expand on them, ask questions, answer questions or just tell us your ideas. You can even upload images to assist with your discussions.

Sean Phefley, HGV IT Support

Meeting Report:

Lymphoma

Presented by Dr Patrick Hosking, Eastern Health.

A total of 39 attendees turned up to the first HGV Scientific meeting for 2008 to learn about Lymphoma. Dr Patrick Hosking provided an interesting and detailed presentation on the topic and the challenges associated with the classification of the various types of lymphoma. Lymphoma is defined as a tumour of lymphocytes (either B or T cell origin) and can occur anywhere in the body. Unlike other tumours, all lymphomas are malignant, and there is currently an increase incidence in Australia. Patients who are immunosuppressed, in particular patients with HIV infection, are most at risk of developing lymphoma. However, the disease also occurs endemically in Africa (Burkitts lymphoma) and or as a consequence of viral infection such as the Epstein Barr Virus. Lymphomas are classified based on the type of lymphocytic cell that is identified in the tumour ,for example whether it is a B cell or a T cell Lymphoma. B cell lymphomas are the most common type of lymphoma seen in western society, and these have a better prognosis than T cell lymphomas.

Dr Hosking spoke on the various classification methods which have been used in the past to identify the different types of lymphoma and their limitations. Originally, lymphomas were classified based solely on the morphology seen in the affected lymph nodes. This was called the "Working formula" classification method. Unfortunately some different types of lymphoma can look very similar morphologically such as the mantle cell lymphoma and the marginal cell lymphoma, but their clinical behaviour and response to therapy is quite different. The great limitation of this method was that it failed to recognise the phenotype and genotype of the tumour, which today is of profound significance in the diagnosis of lymphoma.

The REAL classification method emphasised the need for all suspected lymphomas to be immunophenotyped . The current classification method set out by the WHO, suggests that the clinical features, morphology, immunophenotype and genetic analysis are all factors that should be considered when diagnosing lymphoma.

Immunohistochemistry has proved to be extremely useful in the classification process , particularly the CD markers. However, the technique does have its setbacks. Some antibodies such as the kappa and lambda do not always stain well enough to produce an accurate result. This may be due to poor fixation of the tissue and or background staining produced by the light chains and immunoglobulins present in the lymph node sample. Flow cytometry has its advantages over IHC, in that it can restrict light chain interference, multiple markers can be viewed at once since different flourescein labels are available and finally it can provide an exact figure of how many cells are expressing the particular marker/s.

So what are grey zone lymphomas? Despite the broad range on antibodies available to assist the classification process, some B cell lymphomas have the ability to change their phenotype over the course of the disease, which consequently changes the IHC results and makes it difficult to classify the lymphoma accurately (mediastinal grey zone lymphoma).

According to Dr. Hosking, the classification of lymphomas is not going to get any easier, due to the biological spectrum of disease. Further research on the molecular biology of lymphomas and the production of new antibodies is what we should expect to see in the near future.

Reported by Maria Chavez

Do You Forget Meeting Dates Or Need A Reminder Sent Via Email?

The HGV is currently constructing a database of members email addresses which will be used for meeting reminders and upcoming specials events. If you would like to be included then please email Adrian Warmington at adrian.warmington@sjog.org.au with the word DATABASE in the subject window. Members can be assured that they will not receive any advertising.



13-17 October 2008



NSM 2008

AUSTRALIAN INSTITUTE
OF MEDICAL SCIENTISTS
NATIONAL SCIENTIFIC MEETING

Sofitel, Melbourne, Australia

On behalf of the National Organising Committee of the Australian Institute of Medical Scientists, I extend a warm invitation to you to attend the National Scientific Meeting to be held in the vibrant city of Melbourne from 13-17 October 2008. The meeting, which represents the premier professional event for the Institute, comprises a three day program at the splendid Sofitel Hotel, followed by two days of workshops.

The guiding theme for the conference is 'Racing Into the Future' which reflects the dynamic and forward-looking nature of our profession at a time of great change. Under this theme we are focussing on three main contexts: the ageing of the population, emergence of new treatments and therapies and the impact of environmental challenges. In the spirit of previous meetings the program brings together eminent national and international scientists from all areas of laboratory medicine. At the meeting you will hear our exciting line up of speakers discuss topics in the traditional fields of histology, cytology, biochemistry, haematology, transfusion, microbiology and immunology but also in management, education and quality as well as the new technologies in molecular pathology and cell therapy.

It will not be all work however and we have an enticing social program which includes the opening cocktail reception and discipline dinners with the highlight being the Conference Dinner in the Members Dining Room at the magnificent MCG. Immerse yourself in the grandeur and tradition of a world-famous icon!

I look forward to welcoming you to NSM2008 for what promises to be an exiting and rewarding meeting so make sure to reserve the dates in your diary.

A/Professor Tony Woods - Convenor

Histology Content

For full program see <http://www.aims2008.com/>

Prof Karen Burg	(45 min)	Biomedical Engineering	(Plenary Session)
Prof Donald Metcalf	(30 min)	Using Mouse Models to Understand How Myeloid Leukaemia Develops	
Dr Melanie Trivett	(30 min)	IHC Case Study	
Mr Piero Nelva	(30 min)	IHC Case Study	
Dr Maria Sarris	(30 min)	Stem Cell Markers in Ocular Tissue	
Ms Kate Taylor	(30 min)	The Histologist's Role in Industry R&D	
Ms Sue Campfield	(30 min)	Liver Transplantation	
Ms Georgia Stamaratis	(30 min)	Sarcomas and FISH	
Dr Jacqueline Boyd	(30 min)	Practicing Medicine in Developing Countries	
TBA	(30 min)	Forensic	
Ms D Reich	(30 min)	Review of Thyroid FNA Cytology	
Ms Dominique Davidson	(30 min)	Searching for Placental Clues / Retinoblastoma in an Eye Wash	
Mr Stuart Dobson	(30 min)	The ThinPrep® Imaging System - An Automated Approach to Cervical Cytology	
Ms Penelope Whippy	(30 min)	Myelin Reviewed - A New Look ad an old Pal	
Dr Anne K Voss	(30 min)	TBA	
Ms Dominique Davidson	(30 min)	Hydatidform Moles: an Update	
Prof David Finkelstein	(30 min)	Histology & Research: Alzheimer's, Parkinson's & Brain Repair	
Prof Karen Burg	(30 min)	Engineered Tissues: Challenges in Histology	
Dr Janine Danks	(30 min)	Innovation in Histopathology Teaching	
Ms Vicky Schiavon	(30 min)	Meeting the Challenge	



Article Review:

Bcl-6 Immunoassaying Practical Aspects in a Clinical Diagnostic Setting

Author: Alan D. Ramsay, Histopathology Department, University College London Hospitals, London, UK. *Published:* The Novocastra Journal of Histopathology, Volume 1, Issue 1.

This article discusses the variety of roles the bcl-6 antibody can play in the diagnosis of lymphoma and suggests that it should be included in antibody panels in a number of diagnostic settings. The bcl-6 gene was discovered due to its involvement in the chromosome translocation that affects the 3q27 in cases of diffuse large B-cell lymphoma (DLBCL). It is estimated that approximately 40% of DLBCL show a re-arrangement of the bcl-6 gene, with 5-10% of bcl-6 abnormalities also being found in follicular lymphoma (FL).

Immunohistochemical staining of bcl-6 is selectively expressed in cells showing a mature B-cell phenotype (DLBCL, Burkitt lymphoma) but not in immature B-cells (B-acute lymphoblastic lymphoma/leukaemia). All B-cells within normal germinal centres are bcl-6 positive and in everyday practice it can be a useful marker of follicular centre B-cells.

Bcl-6 immunostaining is helpful in the following settings:-

- as a valuable marker of follicle centre cells and is helpful in the diagnosis of follicular lymphoma
- in difficult cases of follicular lymphoma bcl-6 can identify an interfollicular component
- an important prognostic marker in DLBCL where germinal centres can be identified
- can be valuable in distinguishing classical Hodgkin lymphoma from nodular lymphocyte predominant Hodgkin lymphoma (NLPHL).

Reviewed by Sue Campfield, Austin Pathology

From the RCPAQAP:

Another year has begun at the QAP. All is well here in Burwood, The Program Manager Margaret Dimech, the New Technical Manager Sonya Prasad, Quality Representative Erin Little, Scientist Jay Karuvel and Office staff Pat Bergin and Ann Dare, are all busy preparing 2008 Anatomical Pathology modules. By now, if enrolled, you will have received the Breast, Oral, General, Technical, BRISH HER 2, and The Dermatopathology surveys.

For labs enrolled in the Immunohistochemistry modules, you may like to note the schedule for this year. The first survey containing a laboratory practice questionnaire was sent in January to all labs enrolled in any of the Immunohistochemistry modules (ie IH Diagnostic, IH Technical, IH Breast Markers and IH Lymphoma Markers).

In the coming Immunohistochemistry technical survey, the markers will be SMA CD34, followed by TTF1 and a repeat of SMA later in the year

For the Immunohistochemistry lymphoma markers module, the markers will be BCL6, and Cyclin D1, followed by CD5 and a repeat of Cyclin D1 later in the year.

For the Immunohistochemistry breast markers module, the markers will be as usual ER, PR and Her2 (either by IHC or CISH) in both surveys.

For labs enrolled in the Technical Module, the first survey containing a laboratory practice questionnaire about fixation and an H&E staining exercise would have been posted in late March. The special stain for this exercise is the Alcian Blue/PAS. Your laboratory will receive unstained sections by mid May for this special stain. The alcian blue/PAS exercise will be repeated later in the year with the processing and sectioning assessment



Please note, QAP staff do not assess these slides The Committee of Scientists for the Technical module meets at the end of April for three days of intensive assessments; this is the first of three for 2008. There is also an Immunohistochemistry committee comprising of pathologists and scientists who meet at the end of May for the first

group assessment for this year.

As you know, Anatomical Pathology QAP tests proficiency of diagnostic and technical performance in histology laboratories in Australia and other countries around the world... to continue this work, *we are in desperate need* of normal tonsil, spleen, elastic tissue controls (skin, lung, heart) and Melanoma control blocks.

Please call or email me and I will organize the collection of the paraffin blocks.

Sonya Prasad

Technical Manager

Anatomical Pathology QAP
Unit 3, 15-21 Huntingdale Rd
Burwood Vic 3125
T: 03 9808 9700
F: 03 908 9744
sonya.prasad@rcpaqap.com.au

Histotechnology Group of Queensland State Conference

Date 3-4th May 2008

Theme: Back to Basics

Venue: Ramada Pelican Waters ★★★★★
Mahogany Drive
Pelican Waters
Caloundra (Sunshine Coast)



Other Attractions

- Pelican Waters Golf Course is adjacent to the Hotel.
- Connecting buses to both Brisbane and Maroochydore Airports
- Caloundra Beach is minutes away.
- Make the most of the long weekend (if you are lucky enough)
- More info: <http://www.ramadapelicanwaters.com.au>

Keynote Speaker Mr Bryan Llewellan

Author of Stainsfile.info

Further Information

- No last minute registrations- closing date 28th April 2007.
- Accommodation for Friday and Sunday nights can be booked through the Ramada at conference rates - \$140 single or \$159 double including breakfast
- Happy hour is included in registration and is in the trade area prior to the conference dinner
- **Contact HGQ for further information or to register as a potential presenter**
- www.hgq.org.au



CONFERENCE DRAFT PROGRAMME

Histology Group of Queensland Incorporated State Conference

Ramada Pelican Waters Caloundra Queensland

Saturday 3rd May

Session 1 0900 – 1030 Chair:

Mr Bryan Llewellyn *Haematoxylin and Eosin in Detail*

Janette Thurley *An Introduction to Fixation.*

Morning Tea 1030 - 1100

Session 2 1100-1230 Chair:

Georgia Stamaratis *Processing of Whole Eye Specimens*

Susan Bell *Processing of Bone Marrow Specimens*

Lunch 1230 - 1330

Session 3 1330-1500 Chair:

John Pauli *Cut-up by Technical Staff*

Leigh Owen *Histology in the Solomon Islands*

Ted Ditchman *Lean Management*

Afternoon Tea 1500-1530

Session 4 1530- 1700 Chair:

Kellie Madigan *Case Studies from West Timor*

Susan Campfield *Neuropathology Case Studies*

Julian Richardson *Histology in the 1800's*

Happy hour Trade Area 1800

Conference Dinner Ballroom 1900

Sunday 4th May

Session 1 10:00 – 1030 Chair:

Bryan Llewellyn *The Trichrome Stains in detail PT1*

Morning Tea 10:30-1100

Session 2 1100-1230 Chair:

Bryan Llewellyn *The Trichrome Stains in detail PT2*

St Vincents Hospital *Basic Molecular Techniques*

Judging of Posters.

Lunch 12:30-13:30

Session 3 1330-1500 Chair:

Judy Brincat *Carbohydrates*

Paul Steward *How to setup and maintain your microscope*

CLOSE 1500



Bryan D. Llewellyn

I am a Biomedical Scientist and have worked as a histotechnologist for about 40 years. I was born and grew up in the Edmonton and Tottenham areas of London, England.

I began my training at the Hackney General Hospital in September, 1960, and spent about a year there. Then I went to the North Middlesex Hospital for the remaining four years because it was closer to where I lived.

In 1965 I was successful in the Final Histopathology examination of what was then the Institute of Medical Laboratory Technology (now the Institute of Biomedical Sciences), and in 1969 was successful in the Special Examination in the same subject, becoming a

Fellow of the IMLT as a consequence. After emigrating to Canada, I completed Licentiate (now Fellowship) certification with the Canadian Society of Laboratory Technologists (now the Canadian Society for Medical Laboratory Science) in Histotechnology in 1978.

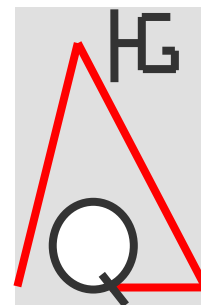
Following graduation as a technologist I worked at the North Middlesex Hospital, the Institute of Ophthalmology (U. London), the Health Sciences Centre (Winnipeg, Manitoba), and the Thompson General Hospital. After that I went to the Prince George Regional Hospital in the city of Prince George located in the Northern Interior of British Columbia, Canada. I was the supervisor of the Histopathology Laboratory there for more than 26 years. I retired early in May, 2002. I now live in Ladysmith, British Columbia, on Vancouver Island.

My main interest is in why dyes stain tissues, and how the process can be controlled. As I studied the subject I often had difficulty getting an explanation on why a particular procedure worked. It is out of this paucity of easily available information that the StainsFile web page has evolved. For several years I conducted correspondence courses on behalf of the CSLT (now the CSMLS) in histotechnology targeted to students interested in advanced certification, or who simply wanted to understand the subject more. Much of the information on this site derives from that. At any rate it reflects my personal opinions on the subject.

I intend to continue improving StainsFile for several years to come, despite my retirement. By default I am the author of each page, any other authors will be clearly identified.

I would appreciate receiving Comments about StainsFile, particularly on how it might be improved. If you detect any errors in fact, **please do let me know.**

HISTOTECHNOLOGY GROUP OF QUEENSLAND STATE MEETING 3-4th MAY 2008



REGISTRATION FORM

Complete and Return

By Email

michael_doyle@snp.com.au

By Fax

07 3876 9306

By Mail

Michael Doyle
Sullivan and Nicolaides Pathology
134 Whitmore St
Taringa Q 4068

Please photocopy if more than one delegate attending

Delegate Details

Date:

Name:.....

Company/Institution:.....Email:.....

Company/Institution:.....

Address:.....

Suburb:.....State:.....Postcode:.....

Phone: ().....Mobile: ().....Fax: ().....

Conference Registration and Accommodation

(Includes registration, accommodation for Saturday night, Sunday breakfast, conference dinner, happy hour, all lunches, coffee breaks etc)

HGQ Members	Single	\$	490*	\$.....
	Twin Share	\$	430*	\$.....
Non-members	Single	\$	520*	\$.....
	Twin Share	\$	490*	\$.....
Accompanying Person Accommodation		\$	20 (add to single registration)	\$.....

Conference Registration

(Includes registration, conference dinner, happy hour, all lunches, coffee breaks etc)

HGQ Members	\$	350*	\$.....
Non-members	\$	380*	\$.....

* Without conference dinner tick this box and deduct \$100 from cost

Join HGQ today and receive HGQ member discounted rates (\$25 pa) \$.....

Extra Conference Dinner Tickets \$ 100 \$.....

Extra Happy Hour Tickets \$ 40 \$.....

Special Dietary Requirements

TOTAL

\$

Payment Details (If using direct deposit please include identification details)

Direct Deposit:

Account Name: Histotechnology Group of Queensland Incorporated
Institution: Queensland Professional Credit Union
BSB: 704604
Group Account Number: 62120

Cheque:

Payable to
Histotechnology
of Queensland Inc

Article Review:

Thyroid transcription factor-1 may be expressed in ductal adenocarcinoma of the prostate: a potential pitfall.

Lim TK, Teo C, Giron DM, et al. Thyroid transcription factor-1 may be expressed in ductal adenocarcinoma of the prostate: a potential pitfall. J ClinPath 2007;60:941-3.

This was a case study that demonstrated, in one case only, TTF-1 immunohistochemical staining in prostatic ductal adenocarcinoma. This is of concern as prostatic ductal carcinoma may mimic a glandular malignancy from other organ sites such as the lung, colon or rectum. As a consequence of the finding the patient went through an exhaustive hunt for a primary tumour, of which none was discovered. In this particular case the core biopsies showed negative staining with PSA and PSAP, however these subsequently stained positive in the radical prostatectomy specimen. Whilst the review suggested the possibility of sampling error in the cores, no further investigation was reported to investigate this anomaly.

TTF-1 was initially utilised for the differentiation of carcinomas from the thyroid and lung, but as with other antibodies, TTF-1 has been shown to have occasional expression in an increasing spectrum of lesions. This includes small cell carcinoma, colonic adenocarcinoma, ovarian epithelial lesions and hepatocellular carcinomas.

The authors conducted an investigation using a prostate tissue microarray from radical prostatectomies and all showed negative staining with TTF-1, however all the cases were acinar adenocarcinomas and none showed any ductal adenocarcinomas. So given their unusual finding, this investigation appears to be of no value or consequence.

The case highlights that immunohistochemical staining does not provide absolute certainty, with an ever-growing list of exceptions to many antibodies.

Adrian Warmington St John of God

Do you want eMail Reminders?

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**Trivia
Night**
Friday 25th July
2008
7pm-11pm



The Village Green Hotel
Cnr Springvale & Ferntree Gully
Rds, Mulgrave



\$20 per person or \$200 per table.
(includes finger food, Drinks extra)
Tables of less accepted.
Why not amalgamate institutions?
Adopt your favourite trade
representative for your table

4 rounds, 12 questions, only 2
histology questions per round.
Chance for bonus points.
Prizes to be won.

Full Payment must accompany this form. Payment will not be accepted on the night **NO EXCEPTIONS**. Seats are limited, so book early to avoid disappointment. RSVP & Payment due **Friday 18th July**. Contact Maria Chavez 9594 3493.
Please make cheque or money order to **HGV Inc.**

P

Return this section with payment and send to : 39 Viewgrand Drive, Berwick, 3806

Contact Name Contact Number

Institution(s)

Number Of Seats

Enclosed is a remittance for \$.....

Sponsored By



Future Scientific Meetings:

2008:



Histology Group of Victoria Inc.

3rd – 4th May

HGQ State Conference
Caloundra (Sunshine Coast)

8th May

Scientific Meeting - Series of Short Presentations
Venue- Peter Mac

3rd July

Scientific Meeting - Melanoma
Venue- Peter Mac

25th July

Social Event - Trivia Night
Venue - TBA

7th August

Workshop – Intermediate Cut-up Workshop
Venue - TBA

4th September

Scientific Meeting - RCPAQAP H&E
Venue- Peter Mac

13th-17th October

AIMS National meeting Melbourne, including
Frozen Section Workshop

13th November

Scientific Meeting -Infectious Disease & AGM
Venue- Peter Mac

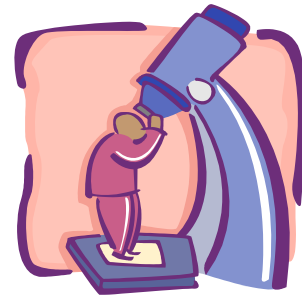
Grand Finale

HGV Xmas Party 2008 – TBA
see our website www.hgv.org.au for pictures of Xmas 2007

Under the Microscope:

reported by Maria Chavez

**Sonya Prasad
Senior Scientist
RCPA QAP**



1. What was your first job?

As a histology trainee at Monash Medical Centre, after graduating I worked as a histology scientist at Box Hill Hospital for one year, and then returned to Monash for the next approx 14 years. I had 2 gorgeous girls during those years and did some moonlighting at Melbourne Path during my maternity leave. I also worked demonstrating and giving tutes for the 2nd year histology 1 M.S students at RMIT. Now I am working FULL TIME at RCAP QAP in Burwood, as an anatomical pathology technical manager. I am loving the change, being out of the lab and into an office environment.

2. What attracted you to Histology?

Unlike the other fields, Histology is still a very Hands-on speciality. It has not become completely automated. I love the attention to detail needed and visualising and assessing the work that are preformed in histology. The multi skilling of being a scientist in Histology is rewarding, the vibrant colours of the specials, the excitement and pressure during frozen sections. The diagnostic importance of immunohistochemistry has all attracted me to histology. Oh, another attraction was the no night shifts at Monash.

3. What is the worst decision you have ever made?

I have not made one yet; perhaps it was getting acrylic nails! I use at least a box of disposable gloves, every second day It's a small price to pay for having lovely nails, it gives one the finishing touches of elegance and glam!!!!

4. What is the best decision you have ever made?

Leaving the lab scene and accepting the exciting role as a technical manager at Q.A.P. It's exactly what I needed, a new facet of histology.

5. Who would you most like to have dinner with and why?

2 people, Firstly, the most influential powerful, classy, highly intelligent and well dressed woman in the world...Condelezza Rice (US secretary of State) I would love to ask her how she managed to reach where she is, and the other is Cameron. Why ? because I can, I don't need a reason.! He shares common qualities.

6. What music do you enjoy listening to?

It depends on the state of mind, I often listen to chill-out lounge. My current favourites are the best of Hotel Costes, Buddha bar 1/2 and the chakra lounge mix. I also enjoy occasionally bopping along to 80s & 90s music too.

7. What is your favourite stain?

The A.F.G with a masson trichrome counterstain. The vibrant blend of colours, the purples, reds, greens and bluish blacks all in one stain. it is a true work of 'histology ' art ! I would love a huge abstract piece with those vibrant colours for my formal dining area.

8. What is your favourite food/Restaurant?

Being of Indian decent, I enjoy a fusion of eastern and western food. My favourite restaurants are Ezards, Long Grain, and Camberwell's, Magic City. I think all these restaurants have a superb menu, great wine and cocktail list and a relaxed atmosphere. HmMMMMMMMM im getting hungry, next question!

9. What are you reading at the moment?

The Memory Keeper's daughter. it's a moving and clever novel. I strongly recommend this book.

10. What is the best conference you have ever attended?

NHS Conference a few years ago in Fort Lauderdale , USA. It made me appreciate how histologically advanced, we are in Australia, both technically and theoretically. This trip also gave me an opportunity to visit The King's Home.... Graceland, Memphis. That was a truly an unforgettable moment.

11. Are there any current projects you are working on at the moment?

Now that I'm back to full time work, I am working on balancing my professional, family and social life.

Histology Employment:

Medical Scientist - Grade 2 (fixed term)

Department: Anatomical Pathology - The Royal Children's Hospital

Job Share will be considered

Applications are invited for a 12 month, full time position within the Division of Laboratory Services in the Anatomical Pathology Department.

If you are hardworking, organised, conscientious and looking to work environment, then this is the job for you. The successful applicant will be proficient in routine histological techniques including immunohistochemistry and cut up.

Experience in cytology preparation and mortuary techniques would be advantageous. Good communication skills and a team work mentality are essential.

Enquiries: Dominique Davidson 9345 5759

Reference Code: 04072

Appointment is subject to a satisfactory police check.

This organisation is an Equal Employment Opportunity Employer.

Grade 2 Medical Scientist

We are seeking a suitably qualified medical scientist to work with our team of **Cytology** screening scientists. Applicants must have proven experience in diagnostic cytopathology as well as CT (ASC) and/ or CT (IAC) qualifications. A specialist gynaecological service is provided from Geelong and a comprehensive range of non-gynaecological specimens are also seen within the department.

This position is located in Geelong. The City of Greater Geelong boasts not only lifestyle options but is also a great place to work. Its diverse bayside location is only 50 minutes from Melbourne, with all the local facilities that a city can offer including excellent schooling, shopping, arts and restaurants whilst offering a vibrant and cosmopolitan lifestyle.

Conditions of employment and salary are in accordance with the organization's enterprise agreement. The person appointed will have the willingness and capacity to support the Mission, Values and Philosophy of St John of God Health Care. Excellent salary packaging benefits are available.

For further information regarding this position contact Lynda Kyprian on 03 5225 1139.

Written applications should be forwarded to the Human Resources Officer, PO Box 1088, Geelong, 3220 or email to hr.patheat@sjog.org.au

Scientist - Grade 2

Histology Frankston Laboratory

Our Frankston Laboratory, located within the Frankston Hospital, provides services to Peninsula Health and local Medical Practitioners. Dorevitch Pathology is a leading provider of pathology and diagnostic services throughout Victoria. We are seeking an experienced and senior Medical Scientist to manage our small but busy Histology Department located at our Frankston Laboratory. This is a challenging and exciting opportunity for an experienced Scientist and holder of a Bachelor of Applied Science (MLS) or equivalent,. This dynamic position will offer you involvement in a supervisory role.

Your skills should include;

- " Knowledge of Histology Laboratory processes
- " Extensive experience in frozen section techniques
- " Ability to work independently
- " Ability to work under pressure
- " Ability to supervise and manage staff

Your self-motivation, enthusiasm and ability to work within a positive and proactive team will complement your technical skills within this environment

Please note: Only candidates with work rights in Australia will be considered.

Applications to:

Jenny Couper, Laboratory Manager

Dorevitch Pathology

Frankston Hospital

Frankston-Flinders Rd, Frankston 3199

Email: jenny.couper@symbionhealth.com

Check out our website www.hgv.org.au for jobs advertised all year round.

Histology Classifieds:

WANTED

1x second hand sledge microtome

contact Aldo Anile
HD Scientific

aldo.anile@hdscientific.com.au

mobile: 0408 471 485



STRENGTH, HEALTH & FITNESS:

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MICROTOME MUTANTCY – a telling affliction of our times

Quite often it only takes simple adjustments to make a huge difference. As I mentioned in my previous article, over a lifetime we develop and adopt innumerable habits to speed things up. It is human instinct to find the quickest and easiest way to get something, anything done, whether that be using the shortcut keys on the computer or simply getting from A to B. Let's face it, we are inherently lazy. Why waste a perfectly good pair of legs when the remote will do?

Computers are good, machines are great precisely because they speed things up....provided we use them correctly. Huh? We focus so intently on the job in hand that before long we have hunched, tense shoulders, undue pressure on our lower back and our left foot has gone to sleep because we're sitting on it. And have been doing so for the past 2, 3, 4 hours. Little wonder that most people will experience back, shoulder and/or neck pain in their lifetime.

The longer we exist on earth, the more gravity takes hold and pulls us down. Everything we do, from driving a car to digging a hole, from cooking to computing draws us forward so the muscles at the front of our bodies become short and tight while our posterior muscles become long and weak (oo-er missus). Having observed a number of scientists working on the microtome, usually for hours at a time, I have noticed that having to maintain an uneven posture leads to tensing of the neck, shoulder and arm muscles which in turn means less and less efficiency as the overworked muscles tire. Add to this the repetitive nature of the work and the stress of the deadline and there is little wonder that strain and stiffness occur.

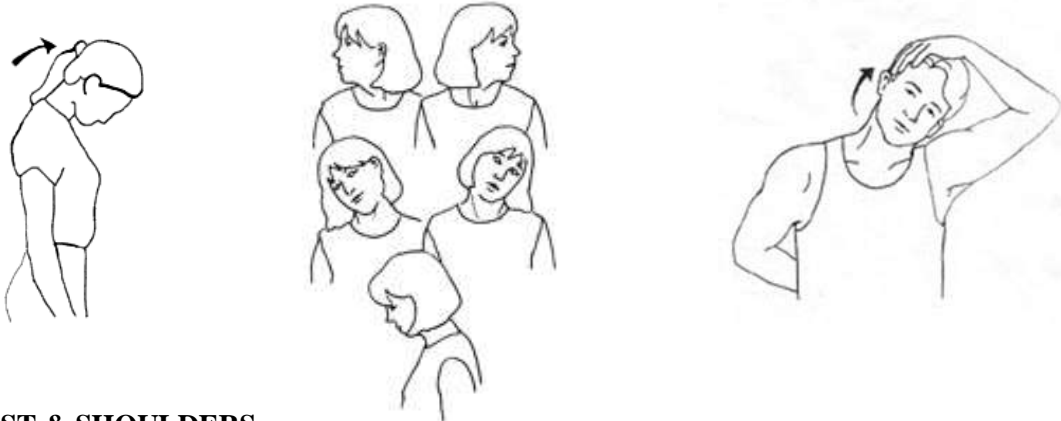


Microtomists are exceptionally dextrous and well coordinated – it looks to me a bit like patting your head whilst rubbing your tummy particularly in a world where the right hand tends to dominate and yet, the left here is required to do precise work with forceps. The truth is the design of the machine itself does not lend itself to good posture, however, there are a few key things you can consider to help minimise aches and strains.

1. Before you begin the day's work, adjust your work area so that you can proceed with the best possible posture. Would you drive a different car without adjusting the mirrors and seat before driving off? Setting up your work station is no different. Avoid the strain. This means working square on to the machine/computer rather than at an angle, even a slight one, and bringing it to the right height for you. Ensure your arms are comfortably at 90° and, if sitting, maintain a comfortable position that evenly distributes weight over your spine, while supporting your lumbar curve.
2. Work defensively – ie create diversity in your work tasks to avoid spending lengthy, uninterrupted periods of time repeating one movement.
3. Take frequent breaks, even if this involves just a short walk around the lab to chat to a colleague or change the radio channel (uh-oh, I could be invoking mutiny here...)
4. Alternate between doing the work standing and sitting.
5. Do preventative exercises and stretches regularly – get into the habit of incorporating these into your mini breaks. Link your hands and stretch them behind your back and overhead. Stretch regularly. Flexibility is the way to prevent injury and stiffness.

Following are a series of simple stretches that, if done regularly, will help reduce stress and strain on your body:

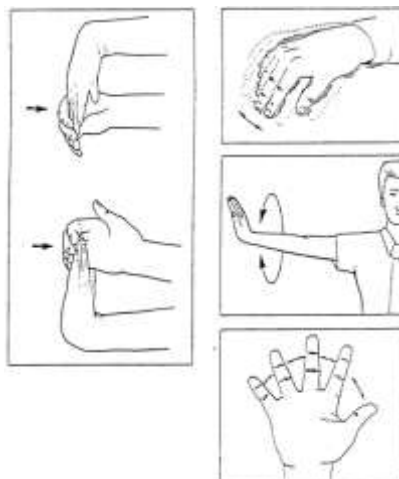
NECK



BACK, CHEST & SHOULDERS



WRISTS & FOREARMS



Finally, keep your chin in and your eyes ahead!

Next Scientific Meeting:



A Series of Short Presentations

- Date:** Thursday 8th May, 2008
- Time:** 6:00 – 6:45 Refreshments
6:45 – 7:45 Presentation
- Venue:** Peter MacCallum Cancer Institute
7 St. Andrews Place
East Melbourne
- Presentation:** Brockhoff Lecture Theatre
Level 3, Smorgan Family Building

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