

Histology Group of Victoria Inc.

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Contents:

- Blurb from the Bush
- Under the Microscope with James Wingfield
- Student Presentations Scientific Meeting Review by Sue Sturrock
- Antibodies are Forever: Journal review by Kellie Vukovic
- Trivia night
- HGSA/HGV Mt. Gambier 2014 Joint Meeting review
- May Scientific Meeting Notice
- HGV Hobart Conference-Registration and Call for Abstracts
- Future Events 2014

Editor: Elizabeth Baranyai

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

Committee Page

The members of the Histology Group of Victoria 2014 are:

Committee Members	Name	Institution	Phone
President	Adrian Warmington	St. John of God Pathology (Victoria)	5320 1171
Treasurer	Mark Bromley	Melbourne Pathology	9287 7806
Editor Paraffinalia	Elizabeth Baranyai	Cabrini Health	9508 1263
Trade representative	Samantha Arandelovic	St. John of God Pathology (Victoria)	0438 176 517
Web Master	Sean Phefley	Monash Health	9594 3493
Social Secretary	Kellie Vukovic	Peter MacCallum Cancer Centre	9656 1431
Meeting Co-ordinator	Sue Sturrock	Peter MacCallum Cancer Centre	9656 1431
	Rosemary Savino	Monash Health	9594 3494
	Kristy DeGeorge	Austin Pathology	9496 5792
	Jesenka Jefic	Austin Health	
	Aysha Yang Du		
	Tania Marsden	Royal Children's Hospital	9345 5748
	Raelene Houwen	Dorevitch Pathology	0409 686 084
	Kerrie Scott-Dowell	Dorevitch Pathology/Leica	9211 7266
	Alison Boyd	St. Vincent's Pathology	9288 4288

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

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> -FREE list on Website

Summer is over, soon daylight savings will be over, Mt Gambier has been and gone. But wait there is so much to come. The trivia night, more scientific meetings, and in November we venture to Tasmania.

Mt Gambier, a joint conference between South Australia and Victoria did not provide the same attendance enthusiasm as the Coonawarra ventures of the past, but it still provided high quality presentations along with an entertaining social program. Whether you attended or not a survey generated by the South Australian group was sent out to all members for your feedback in an effort to improve future meetings. If you haven't completed it you still can.

The ever popular and growing Trivia night must be on your social calendar. Whether your good at trivia, enjoy a drink or both, this is the place all histologists get to in July. Look out for details in this edition and get your tables together fast as they book out quick. Of course if you only have yourself or a few companions we will always slot you onto a table somewhere.

But the news that will be on everyone's lips is that the HGV are hosting a weekend conference with our Tasmanian members in Hobart. Tasmania does not have a Histology group, and being a close neighbour, the HGV thought what the hell, let's go south. Tasmania is not only a state of beauty with a myriad of delectable local produce, it has histologists. Registration is now open for what is promising to be a conference to remember. The HGV are putting together a program as we speak and are aiming to provide scientific content that rivals any national meeting program. Hobart, beneath the looming majesty of Mt Wellington, steeped with history and a haven for seafood lovers; this is exciting! The first dedicated histology conference in Tasmania, this can't be missed.

Adrian Warmington HGV President

Under the Microscope with James Wingfield Reported by Kellie Vucovic

Anatomical Pathology Grade 1 Scientist Cabrini

1. What was your first job?

I was a delivery boy for a chemist. I rode my bike delivering medications.

2. How long have you worked in histology?

2 years.

3. When people ask, "So, what do you do?" How do you explain Histology?

I say that we work with pieces of human tissue. Testing for cancer and other disease.

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

There's so many different people, mainly musicians and scientists. If I had to choose one person from each, it would be Ozzy Osbourne, for a laugh and some crazy stories. And Michio Kaku because he's always insightful and charismatic.

5. What is your all-time favourite movie?

That's a difficult question. There are so many choices again. I'm a big Quentin Tarantino fan and I love Monty Python. I think I'll pick the Lord of the Rings trilogy though, if that's not cheating.

6. What is your favourite stain?

I really like silver stains

7. What is your favourite food/Restaurant?

I love curries. Indian and Thai are favourites and the hotter the better!

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

I haven't been to many conferences, so I can't really say.

9. What is your dream holiday destination and why?

Anywhere with beautiful forests and mountains, good fishing and a clear night sky.

Student Presentations Scientific Meeting Review by Sue Sturrock

Young Scientists Impress at HGV Meeting

The opening meeting of the HGV 2014 Scientific programme featured recent graduates presenting a summary of their project theses. These young scientists spoke of their stimulation whilst working on cutting edge research projects and their insight into other aspects of science outside the clinical sphere. This was a change of format from case studies and many in the audience were pleasantly surprised to be challenged by difficult concepts and novel information.

Natalia Sam presented her work on Canine Breast Immunohistochemistry performed at RMIT under the supervision of Susan Sam and Associate Professor Janine Danks.

Proteins contributing to cartilage and bone formation have been shown to have an association with breast cancer. Bone Morphogenetic Protein 4 (BMP4) and RUNt-related transcription factor 2 (RUNx2) have shown to cause decreases in breast cancer growth and metastasis. Immunohistochemistry was used to demonstrate the localisation of BMP4 and RUNx2 in 108 canine normal mammary tissue, benign and malignant tumours.

Higher levels of both proteins were found in the neoplastic cases. BMP4 was localised in cytoplasm, while RUNx2 was present in both cytoplasm and nuclei. These findings showed an association between expression of BMP4 and RUNx2 and neoplastic processes in canine mammary tumours. There may be a useful correlation with human breast cancer which requires further investigation.

Lin Li participated in a research project at St Vincent's Institute with Dr Bryce van Denderen within the Invasion & Metastasis Unit. Her presentation described Grainyhead-like 2 (Grhl2) transcription factor and its role in breast cancer metastasis.

Grhl2 is a regulator of epidermal growth factor receptor Erbb3 which contributes to cell proliferation. A loss of Grhl2 expression has been associated with breast cancer metastasis. In this project, the role of Grhl2 3'untranslated region (3'UTR) was studied using molecular and cell biology techniques on a panel of human breast cancer cell lines. Grhl2 3'UTR was amplified from human genomic DNA, cloned into a vector reporter system and luciferase activity measured.

Grhl2 3'UTR was demonstrated to stabilise gene expression in breast cancer cell lines, thus playing a role in regulation of Grhl2 expression.

Cris Rabaja worked with Dr Ben Williams at the Walter and Eliza Hall Institute of Medical Research on aspects of homeostasis and tumourigenesis involving minor class splicing and the Rnpc3 gene.

Rnpc3 gene plays a role in DNA translation to protein acting via spliceosomes to remove introns allowing active mRNA to be translated. Alterations to Rnpc3 produces problems with proliferation, differentiation and development amongst other cellular functions. A mouse model inducing reduced Rnpc3 function was created to study effects on small intestine epithelial cells. Bromothymoxine incorporation was used to examine cell mitotic rate and an antibody to Rnpc3 was used with immunohistochemistry.

Inhibition of Rnpc3 resulted in loss of staining and cell death initially, with intestinal mucosal cell replacement by stem cell stimulation within six days. Sample size was small suggesting a larger cohort is required for definitive results.

Although all the projects were impacted by the limited time-frame allowed, the understanding and ability of the graduates to communicate their findings was impressive. The 'old people' in the audience certainly learnt something new!

Sue Sturrock

Positions Vacant

Casual Histology positions Microtome, cryostat and immunohistochemistry experience considered an advantage For further details please contact

Dr Ian Birchall Quality Manager | Histology Core Service Manager

The Florey Institute of Neuroscience and Mental Health Phone: +61 3 90356738 | Mobile: 0408 478326 | Email: <u>ianeb@unimelb.edu.au</u>

Antibodies are forever: a study using 12-26-year-old expired antibodies from *Histopathology* 2013, 63, 869-876

Maria C Argentieri, Daniela Pilla, Alice Vanzati, Silvia Lonardi, Fabio Facchetti, Claudio Doglioni, Carlo Parravicini and Giorgio Cattoretti.

The journal published on the 10th July 2013 investigated whether the shelf life of diagnostic antibodies is longer than the expiry date on the label. Four independent laboratories tested a small number of diagnostic antibodies kept at +4 degrees Celsius for 12-26 years, and found them to work perfectly on routine histology sections.

Modern diagnostic histopathology relies on standardised practice which is regulated by defined laboratory accreditation rules. These rules are enforced in all labs and include provisions forbidding the use of expired reagents. Mandatory disposal of expired batches has a cost for health systems, especially when recently expired IHC antibodies have been shown to perform identically to fresh batches.

Conditions for inclusion of diagnostic antibodies in the trial were that they had been kept in the original container or vial, that documentation of the date of production or shipping was available, that the antibody was in good condition (no mould, no drying and no turbidity), that the antibody had never been frozen and that no previous culling of expired antibodies had been performed. All reagents were kept at +4 degrees Celsius.

There were considerable challenges in comparing antibodies, polyclonal or monoclonal, produced over such a large time span. There was a chance that because of the very long time intervals, the expired reagents were entirely different, but with the same declared specificity, as the current ones.

After the appropriate titre was determined, the expired antibodies were tested on normal and tumour tissue. This allowed the pathologist to examine both the sensitivity and the specificity of the reaction. Serial sections were also stained with both new and expired antibodies and a blind test was performed on the pathologists.

Thirty four of thirty eight individual samples of antibodies that would have expired 12-26 years ago readily stained routinely processed human tissue. All antibodies stained tissue antigens with broad expression levels, some of which were weak. The results were indistinguishable from those obtained with current non-expired reagents, which were commercially purchased and being run on a daily basis.

The oldest antibody that tested positive was Keratin AE1 which expired in 1986. Some of the antibodies tested included CD45, EMA, CD34, Ki67, Insulin, CD3, Lambda, Kappa, S100 and CK19 all which stained positive. These were clones from companies including Dako, Biotest Diagnostic, Ortho Diagnostics and Novocastra.

Monoclonal antibodies of all isotypes, except IgM, as well as all of the polyclonal antibodies, produced satisfactory staining, irrespective of their age. These results were not totally unexpected – immunoreactive, functional enzymes have been obtained from human samples that were several thousand years old.

This trial has shown that given the pace of new technical developments in diagnostic pathology practice, relatively speaking, antibodies are forever.



HGV TRIVIA NIGHT 2014

Date:	Friday 25th July	
	(There are no AFL games schedu	led!)
<u>Time:</u>	6.30pm-10.30pm	
Location:	The Metropolitan Hotel 263 William Street (corner Lt Lonsdale Street) Melbourne VIC 3000	
Price:	\$25 per person (Tables of 10)	
Including: sit do house beer/win sponsored prize brand new profe	own dinner, one e/soft drink, Trade es and rounds with a essional host	415
Additional drink	as at bar prices.	là

Payment and food orders due by <u>Friday 27th June</u>. Please be quick as tables are limited and sold on a first in best dressed basis!

Limited street parking is available or it is only a short walk to Flagstaff Station.



PAYMENT DETAILS PLEASE RETURN THIS SLIP WITH YOUR GROUP PAYMENT AND PRE ORDER FOOD CHOICES

Email: kellie.vukovic@petermac.org

Mail: Attention: Kellie Vukovic Peter MacCallum Level 1 Smorgan Family Building Crn St Andrews Place and Lansdown St East Melbourne 3002

Cheque/Money Order (please make out to 'Histology Group of Victoria')

Direct deposit (please leave name as a reference)

Account Name: Histology Group of Victoria BSB: 063 449 Account no.: 10065881

Please forward this information to Kellie Vukovic via mail or email listed above after payment.

Name of Institution: _____

Contact Name: _____

Contact Number: _____

Contact Email: _____

Number of people on table (Max 10): _____

PRE ORDER OF MEALS

(Please email completed list to kellie.vukovic@petermac.org)

Chicken Breast marinated in Lime, Oregano, Fresh Chilli, stuffed with Feta and Chorizo, with Rosemary Potatoes ~ (G.F)

Thai Style Beef Salad, Rice Noodles, Crispy Shallots and Nam Jim Dressing (G.F)

Chicken Parma - Crumbed Chicken Breast, topped with Virginian Ham, Tomato Napoli and Melted Mozzarella served with Chips and Salad

Slow Cooked Lamb with Mint Gremolata and Creamy Potato Mash

Wood Fired Pizza - Calabrese Salami, Red Onion, Olives, Fire Roasted Peppers

Wood Fired Pizza – Chargrilled Roasted Vegetables, Basil, Pesto, Crumbled Fetta (V)

Penne Pasta tossed with Fresh Tomato, Confit Garlic, Chilli, Basil and Fresh Ricotta (V)

Beer Battered Fish and Chips

*GF – Gluten Free

* V – Vegetarian

NAME OF INSTITUTION _____

NAME	MEAL CHOICE
1)	
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HGSA/HGV Joint meeting 2014, Mt Gambier

Saturday, 8th March

The joint HGSA &HGV meeting saw a new venue for 2014, the picturesque Mt Gambier. Mt Gambier is South Australia's second largest city by population. Delegates had the opportunity to explore numerous attractions including the garden caves, a winery tour and the beautiful Blue lake. This was indeed the highlight of the weekend for me, to see the Blue Lake take on its gorgeous, brilliant turquoise blue on a beautiful sunny afternoon. The weekend has been and is an excellent opportunity to learn something new, socialise with familiar faces, and witness state of the art technology with the trade display in a relaxed casual forum.

Dr Tony Thomas a highly experienced cardiac pathologist, started the meeting with a captivating and thorough presentation on sudden cardiac death of young people. Fortunately this is a rare occurrence but it often leads to an intense post mortem examination of the heart. The causes of sudden cardiac death are numerous and therefore are divided into the following categories.

Abnormalities of the coronary arteries, such as coronary ostial malformations, myocardial bridging, and abnormal coronary artery communications.

Microscopic cardiac abnormalities include severe left ventricular and right ventricular hypertrophy, cardiomyopathies, infective endocarditis and persistent left sided superior vena cava.

Sometimes routine histology of the myocardium can detect abnormalities such as myocardial infiltrations and vascular abnormalities that were not detected at the macroscopic examination.

Dr Thomas presented various case studies of the numerous abnormalities, however I personally found the abnormalities of the conduction system most captivating, particularly as he provided beautiful photos of some of the serial sections and special stains used when investigating these abnormalities.

In some cases extensive histological investigations do not reveal an abnormality, when this occurs it is recommended that a toxicological and metabolic cause be investigated.

Selwyn Stevens followed by providing a lovely light-hearted history lesson on some famous pathologists and their contributions to cellular pathology in the early 1900's. He predominantly focused on the life of doctor Dorothy Russell and her achievements in what was a male dominated profession. It wasn't until World War two that women were formally allowed to enter medical training as a result of the declining number of men. A very interesting and fitting presentation to celebrate international women's day [©].

Deanna Wallis Hill presented a unique case study on a 58 year old lady diagnosed with alveolar rhabdomyosarcoma . Rhabdomyosarcoma is a malignant mesenchymal neoplasm with skeletal muscle differentiation. It usually affects children and can be histologically classified into two main subtypes; embryonal rhabdomyosarcoma and alveolar rhabdomyosarcoma (ARMS). ARMS classically presents as small round blue cells that make up alveolar structures similar to those seen in lung. It is highly aggressive particularly as it can metastasise in the early stages of the disease and vary rarely affects patients over 45 years of age. Immunohistochemistry and genetic studies are critical in distinguishing ARMS from other primitive round cell tumours.

Kelly Madigan presented a touching case study on a young patient who presented for numerous Mohs surgeries after being repeatedly diagnosed with SCC's and Multiple Myeloma. Kelly provided a medical timeline of the patient's journey, whilst emphasizing the importance of inter-laboratory communication and correlations of previous tests the patient had undergone. In an emotive conclusion Kelly reminded delegates that behind the specimen is a patient who is also a person!!

Peter Holt provided a brief insight into possible ways laboratories can incorporate data at the cut up stage. In his presentation he provided an example of how microscopic descriptions of the skin can be generated with an image driven interface and the pointed out the benefits of this technology in the histology laboratory.

In true conference fashion, a meeting does not go ahead without a trade display and a dinner. These smaller meetings are a great way to meet the reps and find out the latest advances in our ever emerging field, whilst also scoring an abundance of pens and notepads.

A delicious 3 course meal was on offer at the Presidential Hotel on the Saturday evening. It was a great ending to day one of the meeting with lots of wine and good company all around. It is always a pleasure to meet up with the South Australian folk and compare notes as to what occurs in their end of the woods. Suffice to say a great weekend was had by all despite the 5 hour drive to and from the south eastern part of Melbourne. See you all at the next meeting [©]

Maria Boyer Monash Health

Sunday 9th March

After a sensational dinner, followed by dancing, they may have been some who struggled to attend the first session on Sunday, presented by Grant King entitled Cervical Screening Renewal. Since the late 1950's, cervical screening has been performed using the Pap smear test. In 1991, an organised approach was implemented, involving recruitment of patients, PAP smear taking and reporting, leading to treatment. A review in 1995 recommended the continuation of smears every two years. The collection and analysis of national data has enabled planning, resulting in education of laboratories and smear takers and the setting up of cytology registries. The result is a most successful cancer screening program amongst all cancers, and all geographic locations. It has also facilitated the monitoring of new technologies, such as the introduction in Australia in 2007 for females and 2013 for males, of the HPV vaccination against the subtypes of the virus responsible for the majority of cervical cancers. A review of the program in 2005 recommended new reporting technology resulting in the implementation in 2006 of the Australian Modified Bethesda system, as well as updated guidelines for management. The incidence of cervical cancer in Australia was reported in 2009 to be 8.7/100,000, which is 50% lower than between 1977-1981, and mortality is similar. HPV vaccination is now in place in most developed nations. Ian Frazer was nominated Australian of the year in 2006 for his work in developing Gardasil, which vaccinates against HPV types 16,18,6 and 11. 18 and 16 are responsible for 70% of cervical cancers, while 6 and 11 are associated with genital warts. The vaccine is delivered as 3 doses over 6 months. Cervarix vaccinates against 16 and 18 only. Adverse reactions have been reported, as localised soreness and redness, and headache and nausea, all of which can be associated with any vaccination. 7,000,000 doses have been dispensed in Australia, with an incidence of anaphylaxis of 2.6/1 million. No deaths have been reported in Australia, USA or Europe.

A National Cervical Screening Program Renewal is currently underway. Phase 1 is to assess evidence for screening tests and pathways and to determine a cost effective screening pathway. Phase 2 is to investigate the options for improved national data collection and to assess the program's feasibility and acceptability.

Self-sampling has been explored as an option in low resource areas, or where there are cultural boundaries to standard gynaecological procedures. Since the alteration of the age for screening from 18-70 to 25-65, there has been a 15% reduction in staffing for cervical screening. Conventional PAP smears have reduced 30%, liquid based cytology is down 36%, with HPV 1° comprising 96% of methodology currently used. The impact of these changes on the cytologist workforce will vary according to the type of screening methodology adopted. The increasing access to automation impacts on pathology laboratory business plans, as a result of the changing role of cytologists and the need for less of them. The future appears to be in non-gynaecological cytology, and FNA, which is experiencing continuing growth due to an aging population. An experienced cytologist is more cost-effective than a pathologist for assessing the adequacy of the sample taken at imaging guided FNA!

Maria Boyer followed with an overview and some case studies of **Necrotising Fasciitis.** This is a rare bacterial infection, which attacks subcutaneous tissue along superficial and deep fascial planes. Various bacteria are implicated, either singly or polymicrobially. They include Staphylococcus aureus, Streptococcus pyogenes, and Clostridium. Both Strep.pyogenes and Clostridium are Group A β haemolytic streptococci. These are virulent opportunistic pathogens, occurring as part of the normal flora of the skin surface and upper respiratory tract, capable of causing an infection in an immunosuppressed or immunocompromised patient after trauma to the skin. The initial symptoms are similar to cellulitis, however necrotising fasciitis is rapidly progressive, resulting in amputation of affected limbs, and even death, with patients usually in ICU by which time an urgent diagnosis is imperative. Extensive tissue damage is caused by the toxins produced by the bacteria. Histopathology and Microbiology play a critical role in the diagnosis and treatment of this condition. Microbiology identifies the bacterial species, while frozen sections are performed in Histology to confirm the diagnosis and assess the presence of viable tissue, as all the necrotic tissue needs to be removed.

Penny Whippy was the first speaker after morning tea, and the validation and optimisation studies she ran with her students at the University of Canberra and Canberra Institute of technology. The subject was Rentsch's haematoxylin, which she had encountered at the National Histology meeting in Melbourne in 2013. The stained slides on display were so impressive that a trial was indicated. Rentsch's haematoxylin has been developed for use as a progressive stain, and was evaluated with regard to clarity and definition of staining, ease of use, and most critically the length of staining time. 4 μm paraffin sections of bowel, muscle, liver and skin were stained with a variety of protocols. The results found 6 minutes in haematoxylin, 1-2 minutes in Eosin Y (Fronine) and a running tap water wash for 5 minutes after Haematoxylin and Scotts to be the optimal protocol. However, reduced washing times, and 4 minutes in Haematoxylin produced a very acceptable result. The stain to date has not been submitted for QAP assessment, and just because we as scientists like doesn't mean the pathologists will. After all......it's only a good H & E if the pathologists like it!

Emily Schneider followed with an account of her experiences in the transition from a diagnostic to a research laboratory, describing some very significant differences. The work is less "routine", tissue is less often human, but animal and plant, with a variety of fixation protocols and age of the tissue. Much time is spent training undergraduate students and honours and PhD candidates who need to use histological techniques including electron microscopy as a research tool for their projects. Immunohistochemistry is particularly challenging, due to the huge variety of individual requirements, and often the desirable staining result is unknown by the "client". Financial restraints and variable antibody quality also add to the challenges. In a research facility, the role of a laboratory technician can also include practical demonstrations, animal studies, mortuary and museum techniques and all the associated occupational health and safety regulations.

Christine Mott was appointed as a Pathologist assistant in 2000, and as such spends most of her working day at the cut-up bench, where she has been challenged with many unusual specimens. She shared her experiences with two: a toe and a testicle, not from the same patient, she hastened to point out. The first case was that of an amputated small toe, unusual because toes are usually amputated to resolve either an infective or vascular process, where microbiology rather than histology is required to reach a diagnosis. In case 1, the first challenge was to orientate the specimen, as I recall from the illustrations, the toe was almost obliterated by a sizeable tumour. The clinical notes did indicate that the diagnosis from a previous biopsy was a benign giant cell tumour of the tendon sheath. These slides were requested for review, but did not arrive in time. Again, this highlights the importance of responding in a timely fashion to a request from another laboratory to review slides, as Kellie Madigan pointed out during her presentation on Saturday. It really does matter!!! Once the toe was orientated, representative slices were submitted for decalcification and paraffin processing. The sections revealed an exophytic tumour. These tumours are rare, have a 40% recurrence rate, and do not metastasise.

The second case was a testicle. Standard cut-up protocol requires defined resection margins, the weight of the specimen and its dimensions, including the length and diameter of the spermatic cord. The testis is bisected parallel to and through the epididymis, to allow a description of the colour and texture of the testicular parenchyma, the conventional term to describe testicular parenchyma being 'stringy'. All very straightforward on first approach, you might think! This was a big, scary smelly testis, necrotic to the point of almost total liquefaction, with a highly offensive odour. It transpired that the elderly patient suffered scrotal self-strangulation with an animal knackering band to prevent impure thoughts of a woman who was not his wife.

The final scientific presentation was delivered by **Margaret Dimech**, who described her current role as Senior Project Manager with the Royal College of Pathologists to develop an on-line macroscopic cut-up manual for Anatomical Pathology pathologists, registrars and scientists, a role she is able to fulfil from home. The project is funded by the Health Department, and has arisen to meet the need for greater consistency (standardisation) in macroscopic cut-up, with relevance for a wide range of Anatomical Pathology staff including medical, technical and quality managers. The manual aims to:

- Support pathologists and non-pathologists at the cut-up bench.
- Be advisory rather than prescriptive.
- Meet NPAAC guidelines for simple, non-complex and complex specimens.
- Be suitable for training purposes.
- Fill potential voids.
- Support structured reporting (as described by Peter Holt on Saturday).
- Provide graphic illustrations and videos.

Potential users (Histology groups and RCPA trainees) were surveyed for feedback on content and IT availability at the cut-up bench. A program has been developed which has an abbreviated style, links to more detail and diagrams demonstrating dissections, to be used in the workplace for education and training by registrars and scientists. The format of the manual is mobile device responsive, the text is dot point and follows a hierarchy of information with prominent graphic illustrations. Protocols currently available include Gastrointestinal and hepatobiliary, genitourinary, skin, and dictation templates. Under the heading of general information the following are described: fixation, decalcification, dictation, terms and there is a version control page. The manual was released publicly on March 6 2014, and can be accessed for free via www.rcpa.edu.au . From the home page

select Education, and then select Macroscopic Cut-up Manual. This project has the potential to provide a very valuable central resource as well as remote and rural support and facilitating efficiency gains while reducing the need for in-house manual maintenance.

The final speaker was local historian, author and retired journalist **Graham Greenwood**, who related some of Mt Gambier's colourful history. Mt Gambier, half way between Melbourne and Adelaide is South Australia's second largest city, and its newspaper is The Border Watch, first published in 1861 by a woman! Mt Gambier has a diversity of industries including timber and forestry, prime lamb and beef production, wine, agriculture, fishing and limestone quarrying are but some. Mt Gambier has apparently tried to secede to Victoria 3 times, due to dissatisfaction with the activities of the government of South Australia. Limestone, up to 300 meters thick in places, extends from Bordertown to Port MacDonnell. Rainfall soaks down through the surface and is absorbed by the limestone. This underground water slowly moves southwards through the limestone, to be discharged to the ocean at various points along the coast. The underground water has contributed to the dissolution of the limestone forming many caves beneath the City of Mount Gambier and surrounding areas. The Blue Lake was formed when the volcano erupted through the limestone allowing the underground water to fill the crater, creating the lake that we see today.



I thoroughly enjoyed the tour I selected, which visited two local wineries, and included a tour of the Blue Lake and pumping station. Another highlight was the food across the entire weekend!

Judy Brincat Melbourne Pathology



Histology Group of Victoria Inc.

Pathologists' Assistants in Surgical Pathology Cutup -A Glimpse of the Future

Speaker:	Courtney Savill (Peter Mac)
Date:	Thursday 15 th May, 2014
Time:	6:00 – 6:45 Refreshments 6:45 – 7:45 Presentation
Venue:	Brockhoff Lecture Theatre Level 3, Smorgon Family Building Peter MacCallum Cancer Centre St. Andrew's Place, East Melbourne



An Agilent Technologies Company

Attendance at this meeting contributes to APACE points



HISTOLOGY GROUP OF VICTORIA **EXPERIENCE TASMANIA HOBART CONFERENCE** NOVEMBER 15-16TH 2014



THE HGV COMMITTEE PRESENT AN EXCITING CONFERENCE WITH OUR SOUTHERN MOST MEMBERS IN TASMANIA. THIS PROMISES TO BE AN EXCITING PROGRAM SET WITHIN THE MAGNIFICENT SURROUNDS OF HOBART. THIS IS A WONDERFUL OPPORTUNITY FOR MAINLAND HGV MEMBERS TO TRAVEL TO ONE OF AUSTRALIA'S PREMIER TOURIST LOCATIONS AND ENJOY QUALITY HISTOLOGY EDUCATION AND SOME LOCAL PRODUCE.

REGISTRATION

FULL REGISTRATION

INCLUDES CONFERENCE REGISTRATION (SATURDAY MORNING TEA, LUNCH AND AFTERNOON TEA; SUNDAY MORNING TEA) AND CONFERENCE DINNER (3 COURSE MEAL WITH LIMITED DRINKS)

CONFERENCE REGISTRATION ONLY

INCLUDES CONFERENCE REGISTRATION ONLY (SATURDAY MORNING TEA, LUNCH AND AFTERNOON TEA; SUNDAY MORNING TEA)

CONFERENCE DINNER

INCLUDES CONFERENCE DINNER ONLY (3 COURSE MEAL WITH LIMITED DRINKS)

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THE CONFERENCE VENUE OFFERS ACCOMMODATION OPTIONS ADVISE THE HOTEL OF THE CONFERENCE FOR CONFERENCE RATES

\$210

\$125

\$85



SPIRIT OF TASMANIA

MELBOURNE – DEVONPORT TRAVELLING OVERNIGHT ONLY DEVONPORT – HOBART 300KM (3HR 15MIN DRIVE TIME) HTTP://WWW.SPIRITOFTASMANIA.COM.AU/

AIRWAYS

TIGER AIRWAYS	HTTP://WWW.TIGERAIR.COM/AU/EN/
JETSTAR	HTTP://WWW.JETSTAR.COM/AU/EN/HOME
VIRGIN	HTTP://WWW.VIRGINAUSTRALIA.COM/AU/EN/
QANTAS	HTTP://WWW.QANTAS.COM.AU/TRAVEL/AIRLINES/HOME/AU/EN

VENUES

CONFERENCE

RACV/RACT HOBART APARTMENT HOTEL 154 - 156 COLLINS STREET HOBART TASMANIA AUSTRALIA 7000 http://www.racv.com.au/wps/wcm/connect/resorts/racv+resorts/conference+and+events/hobart-apartment-hotel

PARKING AT THE VENUE IS AVAILABLE BUT IS LIMITED AND COSTS \$15 PER DAY



DINNER MURES UPPER DECK DAVEY STREET VICTORIA DOCK TASMANIA AUSTRALIA 7000 HTTP://WWW.MURESTASMANIA.COM.AU/

SOME OF THE FRESHEST TASMANIAN SEAFOOD NON SEAFOOD AND VEGETARIAN DISHES ARE CATERED





Org. No. A0035235F

HISTOLOGY GROUP OF VICTORIA

CALL FOR ABSTRACTS HOBART CONFERENCE

NOVEMBER 15-16TH 2014

THE HGV COMMITTEE PRESENT AN EXCITING CONFERENCE WITH OUR SOUTHERN MOST MEMBERS IN HOBART, TASMANIA.

WE INVITE ALL MEMBERS AND NON-MEMBERS INTERESTED IN PRESENTING HISTOLOGICAL CONTENT AS POSTERS OR VERBAL COMMUNICATION AT THIS CONFERENCE TO SUBMIT AN ABSTRACT TO <u>MEMBERSHIP@HGV.ORG.AU</u>

TIME ALLOCATIONS FOR VERBAL PRESENTATIONS ARE **15, 25** OR **45**MIN SLOTS. PLEASE IDENTIFY THE LENGTH OF TIME REQUESTED FOR PROPOSED VERBAL PRESENTATIONS.

SPEAKERS WILL BE PROVIDED WITH FREE CONFERENCE REGISTRATION BUT NO ASSISTANCE FOR ACCOMMODATION OR TRAVEL IS AVAILABLE.

ABSTRACTS SUBMITTED BY APRIL **28TH** WILL BE GIVEN FIRST CONSIDERATION. ABSTRACTS SUBMITTED LATER WILL BE CONSIDERED IF PROGRAM SPACE REMAINS.

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Future Events:

<u>2014</u>

Histology Group of Victoria In c. Org. No. A0035235F

Thursday 5thst February

Scientific Meeting-RIMT Student Project Presentations Venue: Peter Mac March 8-9 Joint Meeting (Histo SA & HGV) Venue: The Quality Inn Presidential, Mt. Gambier, South Australia March 21-23 4th International Workshop in Diagnostic Immunohistochemistry Venue: Outrigger Twin Towns Resort Coolangatta-Tweed Heads, NSW April 9-11 Cut-up Workshop Venue: CIT, Bruce, ACT Thursday 15th May Scientific Meeting Venue: Peter Mac Friday 25th July Trivia night Venue: The Metropolitan Hotel 263 William St. Melbourne VIC 3000 August 21-27 **NSH Symposium Convention** Venue: Austin, Texas, USA September 4-7 AIMS National Scientific Meeting 2014 Venue: Rydges World Square, Sydney, NSW Thursday September 18th Scientific Meeting Venue: Peter Mac September 24-26 Cut-up Workshop Venue: CIT, Bruce, ACT November 15-16 Scientific Meeting/AGM Venue: RACV/RACT HOBART APARTMENT HOTEL 154 - 156 COLLINS STREET HOBART TASMANIA AUSTRALIA 7000