Histology Group of Victoria Inc.

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PARAFFINALIA

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Contents:

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:

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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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All enquiries for trade advertising in the next edition, please contact: Kristy De George - trade@hgv.org.au

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Used Equipment **FREE**
50 words – no logos/no pictures

Positions Vacant
No Logo up to 75 words **FREE**
A4 with logo **$150**

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Positions Vacant **FREE email to membership**
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Author enquiries and readers wishing to contribute articles or reports can contact the Editor - editor@hgv.org.au

Please email articles (preferably Microsoft Word format) for inclusion in the next edition to editor@hgv.org.au
All items submitted for publication will then become the sole property of the Histology Group of Victoria Inc.

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Blurb from the Bush

Cape Schanck here we come. The organising committee made up of representatives from the HGV, Haematology Discussion Group (HDG) and AIMS have done a terrific job organising a diverse weekend of scientific content admixed with a social program that excites all Histology practitioners. This is a new venture for the HGV, liaising with scientists from a different discipline, but all in sundry are looking forward to the weekend in a lovely costal region of Victoria.

The trivia night was once again a tremendous success. Thanks to Maria Chavez for all her work in organising the event. Maria's dedication to this event over the years has in no small way contributed to it becoming the highlight on the HGV social calendar. This year again saw the evening booked out in record time.

The National conference organisation is progressing with documentation and website soon to be released. The conference will include workshops on the Friday targeted at both beginner and advanced histologists. International and interstate speakers on a variety of topics are planned.

The next scientific meeting date is September 6th, which is a change to the originally advertised date. The HGV is going on tour with the meeting at the Royal Children's Hospital. Make sure you have that in your calendar.

Adrian Warmington
HGV President

HGV Histology Group of Victoria Inc.

Haematology Discussion Group

Medical Science at The Cape

**The Australian Institute of Medical Scientists (Vic branch), the Haematology Discussion Group (HDG) &
The Histology Group of Victoria (HGV)
Joint meeting**

18th -19th August 2012
RACV Cape Schanck Resort
Victoria

	AIMS-HGV Members / Students Cost	Non Members Cost
Full Registration (excludes dinner & other Social)	$140	$180
Saturday only	$80	$100
Sunday Only	$60	$80
Sat night dinner (3 courses & Drinks)	$95	$95
For conference registration, go to www.trybooking.com/BKDA . For accomodation, go to page 3		

Please join us at the RACV Club, Cape Schanck Resort on the Mornington Peninsula – an excellent scientific program on the Saturday & Sunday has been developed. And there are some great opportunities for socialising - a winery tour or a hit of golf after 2pm on the Saturday afternoon & a conference dinner on Saturday night. Registrations close July 31st 2012.

Supported by:

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Provisional Program

Saturday 18th August 2012

9:00	**Registration & welcoming**	
9:30	Dr Piers Blombery	New techniques in the diagnosis of Hairy Cell Leukaemia and related LPDs
10:00	Sue Sturrock	Histology - Getting the Most Out of Bone Marrow Trephines
10:30	Neil Waters	Towards safer Blood transfusion in the Asia Pacific region
11:00	Morning tea	
11:30	Jason Kelly	TBC
12:00	Anthony Bell	Molecular Haematology – what's next (GS)?
12:30	Dr Nina Fotinatos	Effective learning and teaching strategies in university and TAFE domains in medical science fields: A University of Ballarat regional perspective
13:00	Ebony Forrest	Histology Case study: Ovarian Teratoma with Malignant Transformation.
13:15	Myhoa Huynh	Histology Case Study: Crescentic Glomerulonephritis
13:30	Lunch	
14:00	Optional Winery Tour or Golf*	
19:00	Dinner dance – 3 course meal @ Cape Schanck function room	

Sunday 19th August 2012

9:30	Dr. Patricia Walker	Langerhan's Histiocytosis
10:00	Dr Tom Hartley	Method validation – NATA tech note #17 – What's new & how to do it
10:30	Paul Crammer	Electron Microscopy disasters
11:00	Morning tea	
11:30	Ray Dauer	Thrombosis in Cancer
12:00	Alan Balloch	Peripheral Blood features of lymphoma
12:30	Carmel Murone	Tissue Banking and using High Res digital imaging of slides
1:00	Close / lunch (optional)	

*For winery tour on Saturday afternoon ($40 pp) or 9-holes of golf at Cape Schanck resort ($30 pp), these can be booked via the trybooking website , www.trybooking.com/BKDA

RACV Resorts

AIMS/HGV/HDG 18 – 19th August 2012

Accommodation Request Form

Please select the room type you wish to book (circle one):
This is a request only and rooms are subject to availability

Ocean View Room - $196.00 bed & breakfast (rate for 1-2 pax)

Two Bedroom Executive Suite - $372.00 bed & breakfast (rate for up to 4 pax)

Two Bedroom Villa - $372.00 bed & breakfast (rate for up to 4 pax)

Three Bedroom Villa - $558.00 bed & breakfast (rate for up to 6 pax)

Please select the nights you wish to stay:

Friday 17th August _____ Saturday 18th August _____ Sunday 19th August _____

Additional Comments/bed set-ups (each room can be set with a King bed or 2 x singles):
_____
_____
Guest Name/s _____
Address _____
Email _____
Phone _____ RACV member no. _____
Card Type Visa M/C AMEX Diners
Card No. ___ ___ ___ ___ / ___ ___ ___ ___ / ___ ___ ___ ___ / ___ ___ ___ ___
Expiry _____ / _____
Signature _____
I hereby authorise the RACV Cape Schanck Resort to debit my credit card for payment of the first night's accommodation charge as a deposit.

Please return request form:
Email – susan_bail@racv.com.au
Fax - (03) 5950 8111
****Terms & Conditions –** Please note this is a booking request form only. Bookings will be confirmed via email/phone once deposit has been processed. If you have not been contacted after 3 business days, please contact Conference and Events on (03) 5950 8029.

NB – To avoid disappointment, please book your rooms early
Other accommodation available via…
http://www.stayz.com.au/accommodation/vic/bays-peninsulas/mornington

Review: 'From Renal failure to Transplant' by Julian Richardson.

Julian began by giving us a bit of a history lesson. Willem Johan Kolff was born in the Netherlands in 1911 and is renowned for being 'The Father of Artificial Organs' and is regarded as one of the most important physicians of the 20th Century. He studied Medicine in his hometown at Leiden University and continued his residency at Groningen University. It was there that he met one of his first patients, a 22 year old man who was slowly dying of renal failure, which inspired him to carry out the research needed that ultimately led to his invention of hemodialysis.

There are two types of renal failure including acute and chronic renal failure. Acute renal failure occurs over a few days to weeks which can eventually lead to chronic renal failure if left untreated. Causes for acute renal failure include car accidents, accidental damage of the kidney, complications from surgery, drug overdoses, crush syndrome and viral infections. Chronic renal failure has a much longer onset and can occur to patients that have been diagnosed with diabetes mellitus, people that suffer from hypertension, polycystic kidney disease (PCKD), and overuse of drugs including aspirin, ibuprofen and paracetamol.

A case study of a male in his 50's was given as an example of how renal failure leads to a kidney transplant. The subject suffered from PCKD and had a family history of renal failure. Onset of symptoms included uraemia, nausea, vomiting, weight loss, haematuria, failure to concentrate, itching (internal and external), muscle cramps, anaemia, renal bone disease, gout, fatigue, thirst and blood pressure problems. In severe cases symptoms also include cardiomyopathy and amyloidosis. His creatinine levels from a period of 1992-2011 went from approximately 120-980µmol/litre. In 2007 he had an arteriovenous fistula in his arm surgically created so he could start on haemodialysis on alternate days and had his name put on the transplant list. He then underwent 6 weeks of training so he could do his own dialysis treatment at home instead of going into a medical centre. Home dialysis is paid for by the government and all supplies are free and financial assistance is given every year. Each session goes for 4-8 hours and produces up to 700 litres of waste water which can be recycled for use as tank or garden water.

There are numerous biochemical and haematological considerations whilst on dialysis. The main biochemical considerations include low vitamin D metabolism which leads to hypocalcaemia and renal bone disease, secondary hyperparathyroidism, hyperlipidosis, limiting foods with high potassium and magnesium levels, high phosphate levels due to parathyroid malfunction and ensuring serum urea/creatinine/glucose levels remains within the normal range. The main haematological considerations include low haemoglobin levels where patients regularly become anaemic, a disruption to platelet levels which can lead to thrombic or bleeding complications and monitoring of anticoagulant levels to ensure no excessive bleeding in patients occurs.

Monitoring fluid levels whilst on haemodialysis is critical to the patients' health. No more than 1 litre of fluid can be consumed per day assuming dialysis occurs on alternate days. This is because evidence shows that high fluid levels can lead to congestive heart failure. When the fluid is being removed during dialysis patients need to be alert for symptoms that include very painful cramps mainly in the legs and low blood pressure which can lead to fainting episodes. When there is too much fluid then that can lead to a shortness of breath, chest pains, full neck veins and swollen ankles.

The male in the case study had to have three visits per month to his physician, eight blood tests per week, six visits to the renal clinic per month, ensure a machine bacterial count was done six times per month and a home dialysis update and overnight stay once a year. On 27th July 2007 he had just started dialysis when a 1mm focus in the right base of his prostate was found and was diagnosed with prostate adenocarcinoma. He was immediately removed from the transplant list and told that he had to be cancer free for 5 years

after treatment to have his name put back on. He had a radical prostatectomy in February 2008 as the main treatment for prostate cancer and also continued with dialysis for his renal failure. On 25th April 2011 after five hospitalizations for e-coli septicaemia due to the PCKD, a doctor suggested a bilateral removal of both kidneys to prevent any recurrences which he agreed to. After the bilateral removal (with both kidneys weighing a total of 6.5kg!!!) he had 3 months off work to recover properly from surgery and in the end it proved very successful in treating all his symptoms. He had no more septicaemia, greater fluid control and dry bladder, dramatically lowered blood pressure and had his name put back on the transplant list in November 2011.

The news he was waiting for came at 10.15am on 11th December 2011, in the form of a phone call from the Monash Medical Centre informing him that a kidney was available for him. His donor kidney came from a male who was CMV positive and was under 40 years of age. The kidney was cadaveric due to it being removed at least 4 hours prior to the recipient receiving the phone call. The operation involved placing a flexible stent into the donor kidney so the ureter can be attached to the recipients' bladder, which remains in place for 12 weeks. The relevant veins and arteries were attached and the kidney was placed behind the left hip bone for protection. He woke at 8.30pm on the same day overloaded with fluid to help the donor kidney start to function properly. The nausea and vomiting continued for several days afterwards and his medication regime was completely changed. He was on his feet the next day because his blood pressure had returned back to normal and had a haemoglobin count of 7.2. Two more post-operative dialysis sessions reduced his creatinine from 980 to 130 in one week. The donor kidney started working after 4 days of fluid loading and the fluid levels were reduced rapidly the following 2 days afterwards. The drip and catheter remained in for 8 days with blood present in his urine also for 8 days post operatively. Ten days after the transplant he was discharged to go home. A renal biopsy was performed at 4 weeks as a check on serum creatinine levels and the stent was removed after 13 weeks. Another renal biopsy was performed at 12 weeks as a check for any signs of organ rejection. He had difficulty getting used to adequate levels of hydration and had to be careful of any kinds of infection due to the immunosuppressive drugs he was placed on to prevent organ rejection. The drugs he was placed on was prednisolone reducing over 6-9 months and mycophenalate, He had to have ongoing blood tests at the medical clinic, once every day for the first 4 weeks, which is now continuing at once every 2 weeks. His long term prognosis is very good, with a worst case scenario of the transplant lasting 12 months and best case scenario 20 years. During this time he has to go to clinic 3 times per month for check-ups, have one renal biopsy done every year and be on the immunosuppressive drugs Cellcept and Tacrolimus indefinitely, so he has to watch his white cell count for any signs of infection. It was also recently confirmed that he was found to be CMV positive, so he is now being treated with the drug Valacyclovir, bringing his white cell count to below 1. The CMV infection was due to the patient of the donor kidney also being CMV positive.

From this case study one can say that kidney transplantation is not a cure but merely a treatment for renal failure. The donor kidney does have a limited lifespan but living with a donor kidney is infinitely better than a life on dialysis. From May 2012 statistics show that 1604 people throughout Australia, are awaiting a transplant of one type or another. The pain and discomfort in the short term are well worth the extra time and better quality of life each patient receives so everyone should consider becoming an organ donor.

By Rebecca Learmont.
Alfred Health.

Presentation Review: HGV Meeting 28th June 2012.

'Why the community needs public hospital Anatomical Pathology – lessons from the liver'.

Presented by: Dr Peter Crowley
Anatomical Pathologist Austin Health and Liver Transplant Unit Victoria
Clinical Associate Professor University of Melbourne

Peter's presentation began with a discussion on the value of anatomical pathology departments within the public hospital system.

Pathology is essential to the proper functioning of a teaching hospital. The teaching hospital environment is one based on collaboration, reflection, critical review, presence of specialized units and attendance at multidisciplinary meetings. Austin Health pathologists attend around 1000 of these meetings annually. Contact with pathologists from other institutions and informal case reviews with clinicians also form part of the learning and teaching process that contributes to final patient diagnosis.

Two interesting case studies were presented on the topic of liver pathology.

The first involved a case of a 48 year old female who died during a liver transplant and was discovered to have taken a herbal remedy that initially caused her liver failure. The first case of its kind recognized in Australia.

The second case was that of a 65 year old male that was hepatitis B antigen positive and was diagnosed with cirrhosis some 20 years prior. Review of the biopsy from 1980 revealed the patient did not have cirrhosis, as initially thought, but other pathological changes - namely hepato-portal sclerosis. On further investigation it was discovered that this patient had been a chemical engineer in Italy in the 60's and had been exposed to Vinyl Chloride. Exposure to this chemical had caused the pathological changes, which had been previously attributed to the patient's Hepatitis B status.

The HGV committee would like to thank Peter Crowley for speaking at the June 2012 meeting.

AIMS NATIONAL SCIENTIFIC MEETING

Darwin 24th -27th September, 2012

HISTOLOGY PROGRAM AT A GLANCE

Monday 24th September	**Workshop: Artefacts, Faults and Failures**	**Geoff Rolls**
		Fiona Tarbet
	Welcome reception	
Tuesday 25th September	**A Tropical Fixation**	**Chris Phillippa**
	Dealing with medical	
	errors in pathology	**Dr Ibrahim Zardawi**
	Proffered papers	
	(CONFERENCE DINNER)	
Wednesday 26TH September	**Acid Fast Staining in**	
	resource- challenged environments	**Colin Gordon**
	Mycobacterium marinum	**Tony Reilly**
(Veterinary histopathology)	**Sheep Scrapie**	**Jean Payne**
" "	**Meliodosis**	**Jodie Morris**
	Histology dinner IL LIDO 7.00PM $60	
Thursday 27th September	**(Forensic) Crocodile deaths**	**Dr Terry Sinton**
	Renal Biopsies from Darwin	**Ruth Davies**
	The Sphere Project (Scientific partnership	
	For Her-2 testing excellence)	**Penny Whippy**

Dr Jacqueline Boyd-Medicine on both sides of the border: 2011in Sudan and South Sudan with Medecins Sans Frontieres

For more information, visit www.aims.org.au

Under the Microscope : Paul Kennedy

Senior Scientist
Anatomical Pathology – Alfred Hospital
Victorian Neuromuscular Laboratory Service
Reported by: Kellie Vukovic and Rebecca Forrester

1. What was your first job?
Well that is a long time ago. I was employed by Helen Brown at the Victorian Institute of Forensic Medicine as a Scientist and very grateful for the opportunity to explore a career in histology. Because it led me to Xenia Dennett and my passion for muscle structure and function.

2. How long have you worked in histology?
16 years

3. When people ask, "So, what do you do?" How do you explain Histology?
The usual response I get is a glazed-over look. No. But seriously this is a difficult question to answer due to the fact that neuromuscular disorders are so difficult to diagnose. I usually begin by saying..."We try to diagnose patients with neuromuscular disorders by taking a small piece of muscle which is frozen in a special way, cut and stained and presented to the pathologist for analysis and reporting."

4. Who would you most like to have dinner with and why?
My wife because we don't get much time alone anymore with three boys at home.

5. What is your all-time favourite movie?
I have several but if I had to choose it would be "Monty Python – Life of Brian"
"What have the Romans ever given for us? Well sanitation....."

6. What is your favourite stain?
I can't go past the calcium activated Myosin ATPase stain for fibre typing. Its complexity and use of pH and chemistry is fascinating.

7. What is your favourite food/Restaurant?
With an Italian heritage I can't go past Papa Gino's in Lygon St Carlton. It's not flashy at all but severs good pasta.

8. What is the best conference you have ever attended?
The World Muscle Society meeting in 2007. The scientific content was very interesting but the venue was amazing Giardini Naxos – Sicily – Italy.

9. What is your dream holiday destination and why?
Werri beach - South coast of NSW. Amazing golf course (Gerringong) and Kangaroo valley is a short drive away for bush scenery.

10. How had the move to a new home been?
As everybody could imagine 40 years' worth of glass slides and patient records to relocate posed an immense problem. All I can recommend is draw up a plan, visit your new home and hirer a good moving company with experience in moving medical equipment. From a service point of view Alfred Health has provided a reporting pathologist (Prof McLean), quality management system, centralised specimen reception and staff training, all of which makes for better outcomes for our patients.

National Meeting Provisional program 2013

Workshops

Speaker	Topic
Dr Thomas Haas	(Basic) – Tissue identification for the Histologist
Dr Guy Orchard	(Advanced) – MOHS technique
Dr Thomas Haas	(Advanced) – Stalking the Big Four: New developments in the diagnosis of breast, prostate, colon and lung carcinomas
Various	(Basic) - Basic Immunohistochemistry: Focus on stain identification and recognition of some popular antibody markers

Provisional Program (Confirmed speakers to date)

Dr.Keith Byron	Introduction to Molecular Techniques
Dr. Guy Orchard	IHC Diagnosis of Malignant Melanoma
Dr Beena Kumar & Piero Nelva	Technical aspects related to Breast cancer diagnosis
Dr Thomas Haas	Sentinal Lymph Nodes: A look at the significance from a histotech's perspective.
Soeun Kinh Mom	Male infertility : Testicular biopsies
Natalie Kvaleheim	Abalone virus ISH
David Gan	Making the most of your specimen in IHC
Greg Jenkins	Histology disasters
Anne Prins & Alana Treasure	Interesting Histology
Andrew Griffin	NATA: Aspects of the standard in reference to laboratory accreditation.
Naomi McCallum	TBA (Diagnostic Electron microscopy group)
Dr Nina Fotinatos	Career Paths/ research opportunities post the Medical Laboratory Science course
Sarah Morabito	TBA
Anthony Van Galen	TBA

Histology Group of Victoria Inc.
Org. No. A0035235F

Nomination Form for Election to the Committee of Management of the Histology Group of Victoria Inc.

Thursday 15th November, 2012 Peter MacCallum Cancer Centre

Nominated Person.....

Institution.....

Email Address.....

Position Nominated For (Please tick box)	President	□
	Treasurer	□
	Secretary	□
	Committee Member	□

All nominations must be signed by two HGV members
(If you receive Paraffinalia you are a member)

Name of Member.....Signature.....

Name of Member.....Signature.....

Nominations must have the consent of the nominee

Signature of Nominee.....

Nominations must be returned no later than Thursday 8th November, 2012.

Please send nomination form to:
The Secretary
Histology Group of Victoria
PO Box 1461
Collingwood,VIC 3166

Scanned and emailed to
secretary@hgv.org.au

Histology Group of Victoria Inc.
Org. No. A0035235F

The Royal Children's Hospital – Presentations and Tours

Speakers: **Megan De Koning – Hirschprung's Disease**
Maheema Langsakara – Ewing Sarcoma
Danka Mijatovic - Medulloblastoma

Date: Thursday 6th September, 2012

Time: 6:30 – 7:00 Refreshments
7:00 – 7:30 Presentations
7:00 – 8:00 Tour of RCH Facility

Venue: Function Room adjacent to Ella Latham Auditorium
The Royal Children's Hospital
50 Flemington Road, Parkville.

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Dako

Attendance at this meeting contributes to APACE points.

Trivia Night 2012

Drama, controversy, singing sensations, new winners and disappointment would adequately describe this years trivia night. For the first time since this annual event has been running, the trivia night was fully booked in the very early weeks of July, leaving many disappointed.
Tip: get in early people!!!

The Royal Children's hospital had two tables this year, and the remaining teams included Anatpath, RMIT, Tissupath, Focus pathology, Cabrini and long standing winners Monash.

Our much loved quiz master Alex, provided a nice easy round to open up the night, perhaps giving some false hope of what was to come. The rounds became progressively challenging, leaving of course the serious trivia competitors battling it out. By half time Focus was leading the way just above RCH1 and Monash coming third.

There were slight technical difficulties with the AV which eventually got sorted, but the real controversy reared its ugly head in the spelling bee. This year the theme was histology words, how relevant, and how embarrassing for some. The battle here was Focus vs Tissupath. Now was it Thioflavin or Thioflavine? So the initial winner was Tissupath with the Thioflavine as spelt on the screen. However, according to Google it can be both. But hey, I didn't think we were supposed to Google whilst playing trivia. Sneaky sneaky!!!. The quiz master was challenged and figured it was only fair to award 10 points to both teams for the oversight. From here on in, it was game on for Focus and Tissupath, with a lead of 10 points above all remaining teams, it was most certainly going to get serious!!!

However it is common knowledge that the best part of the night is without a doubt the musical challenge, that is now Singstar ® . 8 fellow contestants, one from each team going head to head on the "Legends" ballads. I remember familiar faces from last year giving the vocal cords another public workout. Greg the host chose all the songs. Respect, Son of a Preacher man, Sweet Home Alabama and Ring of Fire- don't know where that came from Greg??? Now this was interesting: Anatpath I'm pretty sure had an RCH employee represent them for the musical challenge, and they clearly knew what they were doing, because Hazel did indeed win the challenge and scored them 10 points.

I believe these 10 points pushed Anatpath into the third place winners, completely displacing the Monash team out of the usual top ranks. Throughout the night, it appeared that Focus, Tissupath and Monash were going for first place, but Focus was *focused* on winning. They scored numerous points in all bonus rounds including the spelling bee and were runners up in the musical challenge, which took their final score to a whopping 98 points. Clear leaders over Tissupath who came second with 86 points and Anatpath 3rd with 84.5 points.

It is with much sadness and gratitude that we say farewell to our quizmaster Alex Laslowski, who has decided to hand over the reins to a new team of hosts for next year's trivia night. In the last few years Alex has spent countless hours researching and collating information, trivia questions and games for our annual event, and for this we thank him dearly ☺ You have done a sensational job over the years and we hope you enjoy ALL your SPARE TIME. Perhaps you will take over Eddie's job one day LOL.

2013 will see new hosts, new challenges and possibly a new venue, with record breaking attendance numbers, I see it only fair to upgrade to a larger venue…Oh the anticipation! See you next year folks ☺

1st Place: Focus Pathology

HGV Trivia Night, Mt Erika Hotel, 27th July 2012.

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Future Scientific Meetings:

2012

~~**22nd March**~~
~~HGV/ASC Scientific Meeting – Student Presentations~~
~~Venue – Peter Mac~~

~~**3rd May**~~
~~HGV Scientific Meeting – Julian Richardson (Cabrini) – Renal Failure to Transplant~~
~~Venue – PeterMac~~

~~**28th June**~~
~~HGV Scientific Meeting – Dr. Peter Crowley FRCPA (Austin Health) "Why the Community needs public hospital Anatomical Pathology – Lessons from the Liver" Venue Peter Mac~~

~~**27nd July**~~
~~Social Event – Trivia Night~~
~~Venue –Mount Erica Hotel, 420 High St. Prahran~~

18-19th August
HGV/HDV Joint Meeting - Mornington Penninsula

6th September
HGV Scientific Meeting and Tour of the new RCH Facility
Venue: The Royal Children's Hospital

24th – 27th September
AIMS Conference – Darwin

28th – 3rd October
NSH Conference

15th November
HGV Scientific Meeting/AGM – Paul Kennedy/Veronika Gazdik (VNLS)
Venue – PeterMac