



Histology Group of Victoria Inc.

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PARAFFINALIA

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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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BLURB FROM THE BUSH

After visiting the northern part of our great country for three weeks, these bush temperatures of -5C are a bit hard to get used to. In the heart of winter now, and what better way to deal with the cold than to get out to the HGV Trivia night! A few reds will warm the soul and then into some fun and frivolity with like-minded histologists. For those not yet booked, make it quick, we always sell out.

Another National meeting is done and dusted. Whilst I was unable to make it north, by all reports it was an incredibly professionally run event. Congratulations to the HGQ. The National meeting heads south to the Apple Isle in 2017. Whilst the HGV will take the lead on this event, there will be a more national approach to this meeting as Tasmania does not have a state group. This will be an exciting time as we grow on the HGV meeting in 2014 and make Tasmania part of the national meeting venues.

There are two scientific meetings left for the year in the pleasant spring months of September and November. Look out for the meeting notices and make sure you avail yourself of histology professional development.

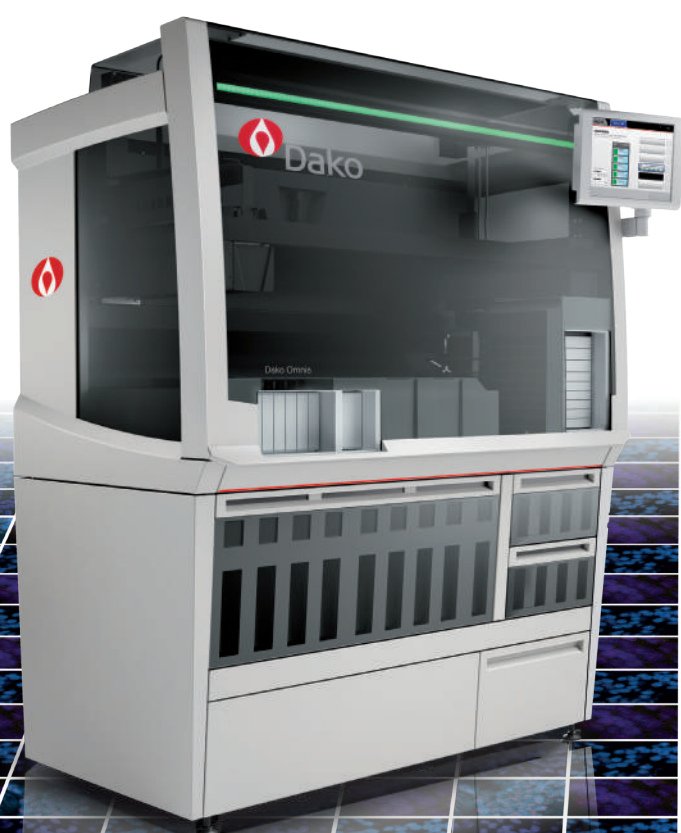
Adrian Warmington
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Under the Microscope with Meghan Leo

Anatomical Pathology

Grade 1 Scientist

Histolab

1. What was your first job?

I was a 'sandwich artist' at Subway, which was where I got my first taste of slicing and dicing.

2. How long have you worked in histology?

2002 days, but who's counting.

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

I like to go for the dramatic effect and say "I cut up body parts". After I get a reaction I'll then go on to explain histology in varying degrees of depth depending on the circumstances.

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

Roger Federer and Prince Harry, for the obvious reasons.

5. What is your all-time favourite movie?

Silence of the Lambs.

6. What is your favourite stain?

Grocott because I think fungi looks very cool microscopically and a Grocott stain always (if done correctly) demonstrates it so well.

7. What is your favourite food/Restaurant?

Gazi, it's one of George Calombaris' Greek restaurants and the souvlaki are the best I've ever had (handily they also do take-away).

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

The HGV Hobart conference last November was absolutely amazing. The presentations were very informative and the social part extremely fun.

9. Favourite beverage?

Amaretto sour

10. What is your dream holiday destination and why?

South America for so many reasons! I've always wanted to do the Inca trail trek and the Amazon Rainforest

Reported by: Kellie Vukovic
Peter Mac

Journal Review by Tania Marsden

Parvovirus infection: An immunohistochemical study using fetal and placental tissue

Jing Jing Li, Tony Henwood, Sebastiaan J Van Hal and Amanda Charlton.

Pediatric and developmental Pathology 18, 30-39, 2015

DOI:10.2350/14-05-1495-OA.1

Parvovirus is a non-enveloped single stranded DNA virus. Parvovirus infection can be transmitted by respiratory droplets, by vertical transmission from mother to foetus or by transfusion of blood products. Parvovirus infection can lead to erythemic infections (fifth disease) in children, aplastic crises in those with haemolytic or sickle cell anaemia, chronic bone marrow suppression in those with inherited or acquired immunodeficiency and intrauterine foetal death (IUFD) in pregnant women. Parvovirus infection can cause foetal death through foetal anaemia and non-immune hydrops (5-15% of cases).

The authors aimed to evaluate the use of immunohistochemistry (IHC) in diagnosing Parvovirus infection on foetal and placental tissue and to assess how autolysis of foetal tissue affects the sensitivity of IHC.

20 foetal autopsy cases from 2005 to 2013 were reviewed. Gestational age, antenatal ultrasound findings, maternal parvovirus serology, degree of maceration of the foetus and parvovirus PCR results were recorded. The histology sections were reviewed for the presence or absence of viral inclusions.

Parvovirus IHC (1:100 mouse monoclonal antibody against parvovirus VP1 and VP2, clone R92F6 Novocastra, Leica Biosystems) was performed on selected tissue blocks containing foetal liver, spleen, pancreas, lung, heart, bone marrow (rib), lung and placenta.

PCR was performed on foetal liver tissue collected at the time of autopsy, except for 1 case.

All cases presented with IUFD and ranged from 17 to 27 weeks gestation. Antenatally, many patients showed foetal hydrops on the ultrasound. Common autopsy findings included pale external appearance and internal organs, marked discrepancy between birth weight and autopsy weight compatible with fluid loss, and hydrops fetalis (subcutaneous and nuchal oedema, pleural and pericardial effusions and ascites).

Maternal Parvovirus serology was performed in 14 cases, with 11 being recorded as positive and 3 equivocal. PCR was positive in all 19 cases. The case where PCR was not performed had a positive maternal serology.

Histology sections showed evidence of parvovirus infection with the typical intranuclear brick red inclusion seen in erythroblasts in 19 cases. The inclusions were mostly seen in the liver and spleen. The inclusions were also seen in 6 cases of placental tissue.

Parvovirus IHC was positive in all 20 cases. Positive staining was seen predominately in the nucleus but often also had a thin rim of positive cytoplasmic staining. Positive staining was seen in various organs and corresponded closely with the viral inclusions in the histology. Erythroblasts also showed CD31 positivity confirming parvovirus infects myocardial cells.

IHC was seen to be more sensitive than routine histology on tissues that are extensively autolysed. In many cases where extensive autolysis is seen viral inclusions were sparse, absent or equivocal. This was also seen in the placenta where there was prolonged IUFD. Occasionally IHC needed to be applied to multiple tissue sections.

Parvovirus IHC is a reliable method for diagnosing parvovirus infection and is closely correlated with histology. IHC is especially useful in cases of severe tissue autolysis when the histology cannot be assessed or the viral inclusions are sparse or equivocal.

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HGV TRIVIA NIGHT 2015

Date: Friday 14th August

Time: 6.30pm-10.30pm

Location: The Metropolitan Hotel
263 William Street
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Price: \$25 per person
(Tables of 10)

Including: sit down dinner, one house beer/wine/soft drink, Trade sponsored prizes and rounds with a professional host

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Payment and food orders due by Friday 10th July. Please be quick as tables are limited and sold on a first in best dressed basis!
(Menu to follow at a later date)

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Mail: Attention: Kellie Vukovic
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East Melbourne 3002

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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 2015

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

Steak Sandwich – Grilled Minute Porterhouse Steak on a Toasted Bun w/Fresh Tomato, Caramelised Onion, Lettuce and Beer Battered Chips

Coopers Beer Battered Fresh Fish, served with Thick Chips & Tartare

Quinoa Salad with Peas, Onion, Tomato, Fresh Mint, Feta, Greens + Grilled Haloumi (V, GF)

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

Wood Fired Pizza - Calabrese Salami, Red Onion, Olives, Fire Roasted Peppers (GF avail)

Penne tossed with Basil Pesto, cherry tomatoes, goats curd

NAME OF INSTITUTION _____

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HGV Most Interesting Case Study Competition

The HGV is seeking submissions of interesting case studies from your Laboratory!

Case Studies will be printed in Paraffinalia each edition.

There will be a prize of \$250 for the most interesting case study of 2015.

The winner will be announced in the first edition of Paraffinalia 2016 and the prize

Maximum of 2 pages including images and referencing.

Please submit all case studies electronically to editor@hgv.org.au

Case Study

Clinical notes:

Bush mite burrowed into skin

Macroscopic Description:

Specimen: R forehead. A skin ellipse 13x7x7mm with a central grey tan papule 4x4mm. Received together with a piece of tissue 10x7x3mm. Both trisected.

Microscopic Description:

Sections show skin in which there is extensive eosinophilic dermatitis and panniculitis, with large numbers of eosinophils, lymphocytes and plasma cells throughout the dermis and subcutis. There is a central epidermal defect in which there are arthropod mouth parts, communicating with the remainder of the arthropod body, including a chitinous outer layer and internal organs including intestines. There is no evidence of malignancy. The lesion is completely excised.

Conclusion:

Right forehead, excision

ARTHROPOD BITE REACTION WITH ARTHROPOD (MITE/TICK) IN SITU

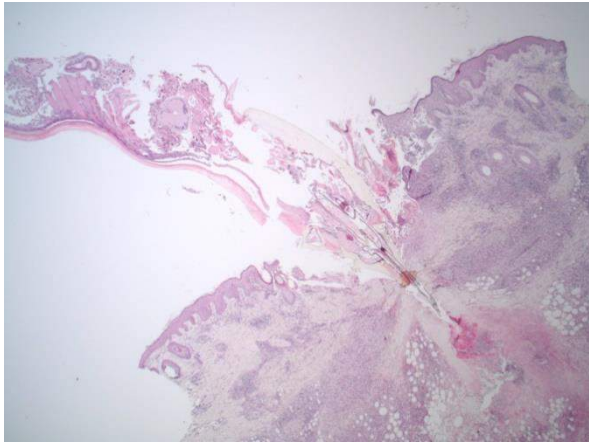


Figure 1 Low power of arthropod

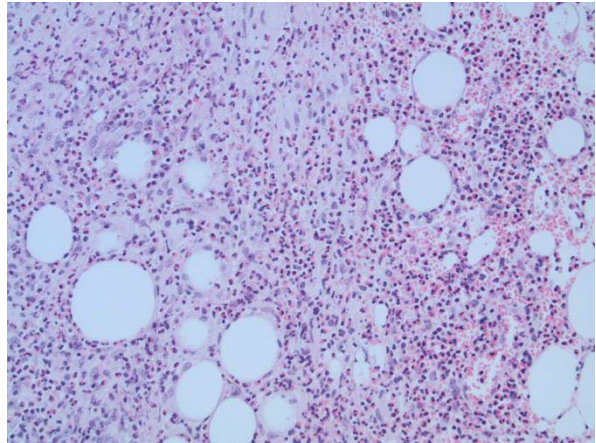


Figure 2 Eosinophils

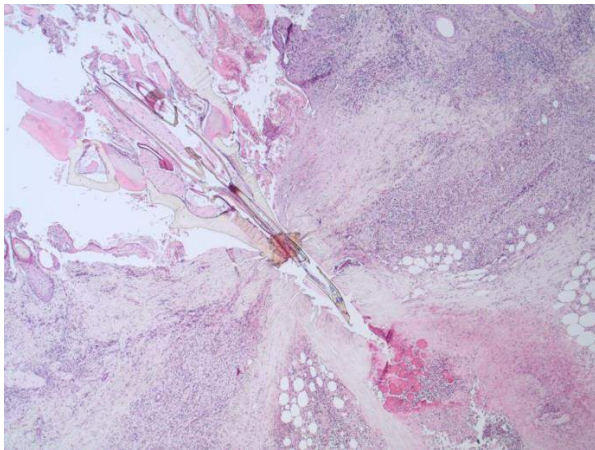


Figure 3 Higher power of arthropod

Submitted by Meghan Leo, Case provided from Histolab



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7th National Histology Conference 2015- Presentation Review by Kellie Vukovic

‘Complex Surgical Pathology Cut Up – From both a Pathologist’s and Scientist’s Perspective’. Dr Bill Murray and Kellie Vukovic

The presentation titled ‘Complex Surgical Pathology Cut Up – From both a Pathologist’s and Scientist’s Perspective’ discussed the recent implementation of a complex cut up training program for Grade 1 Scientists at Peter MacCallum.

Dr Bill Murray began by pointing out the main problems the Anatomical Pathology lab were facing. There was a continual struggle to resource the hospital’s increasing demands and the lab was always behind due to a growing surgical oncology service. This was due to a significant increase in the complexity of the specimens received in the lab and a need for a more thorough examination of these specimens.

By 2012, Pathologists at Peter Mac were not happy with the way cut up was being performed including the quality of cut up and the management of the cut up room. Registrars were also unhappy with the amount of difficult cut up they had to do whilst studying for their final exams, which meant there were consequent effects on the quality of work being produced. Scientists were not happy with the way specimens were being handled, how cut up was being managed and in some instances not particularly happy with the quality of blocks being submitted for processing.

In 2013 there was a significant change to the NPAAC guidelines and requirements which enabled Scientists to now complete complex cut up. It was not until these changes occurred that the structure of the cut up room at Peter Mac was really looked at. The structure of an Anatomical Pathology lab in North America was the first base model for Peter Mac where Histotechnologists/Technicians look after the laboratory processes and a Pathologists’ Assistant runs surgical cut up and autopsy rooms. A plan for a training program for Scientists to fulfil the duties of a Pathologists’ Assistant was devised and put to hospital management which included hiring a fully trained Pathologists’ Assistant from Canada.

The result of this training program has been a very positive one with Pathologist’s all agreeing that Peter Mac will never go back to the old way of doing things. Scientists now have a major new way of specialising in Anatomical Pathology which they have found interesting and challenging. The documentation and quality of the cut up has consistently improved and although the case numbers have increased, the number of overall blocks submitted on each case is significantly less.

Kellie Vukovic then went on to discuss the proposal made to the Medical Scientists Association of Victoria on behalf of Peter Mac and her own personal experience of completing this training program. The response from the union was a positive one with them backing a two year training program of complex cut up for Grade 1 Medical Scientists with at least two years of simple cut up experience.

The two Scientists selected to complete this hands on training program completed two external courses in the first year. The Graduate Certificate in Surgical Pathology Preparation offered at the University of South Australia provided advanced training in the dissection, sampling and preparation of tissues for histopathological examination and diagnosis. This one year online course included a training log book that had to be filled in and signed off on by a Pathologists’ Assistant. The second course was the surgical cut up wet workshop run through the Histotechnology Society of NSW. This

is a 3 day comprehensive hands on course held in Canberra which covers simple transfers, simple tissue, moderately complex skin and organs and complex skin and organs.

The first step in the training program was to actually observe the Pathologists' Assistant performing cut up of more complex specimens which included a verbal lesson in anatomy. The majority of the specimens received at Peter Mac are skin. At the beginning of the training program Scientists extended their knowledge to include skin with two sutures, sentinel nodes and learnt how to be selective in the blocks submitted for large excisions. Under the direct supervision on the PA Scientists cut up prostates and wide local excisions of breast.

The next stage of training involved Scientists completing more complex cut up under the direct supervision of a Pathologists' Assistant. Basic skills and anatomy were gained whilst watching the PA initially but it was not until a hands on approach was taken that everything previously learnt came together. Ownership and responsibility of the specimen was put on the training Scientist which included knowing the full story behind every specimen by accessing the Patient Information System. At this stage of the training program mastectomies and all colon specimens were taught.

The current training program at Peter Mac is based on an alternating day by day roster. One Scientist is on complex grossing and the other is in the main lab, responsible for any fresh specimens that come in, including tissue bank samples. The training Scientists work alongside a second year Registrar who performs cut up two days a week. The Scientists work independently on a case but the PA is there to answer any questions. The more complex specimens that are received in the lab are discussed and shown to the Pathologist who will be reporting the following day. The training Scientists are currently working under the direct supervision of the Pathologists' Assistant to try and become competent in the dissection of pelvic exenterations. A log book has been kept of every specimen that has been cut up so far which will eventually be signed off on by the head Pathologist once the Scientist is deemed competent.

The cut up training procedure at Peter Mac states that triaging specimens, performing cut up and cut up training can be delegated to trained persons attested as competent by the Pathologist. The training Scientists are not Pathologists' Assistants but have done more courses and training than a standard Medical Scientist. The dilemma which arose was what title these Scientists should be given that would distinguish the skills gained in the training program to that of other Scientists completing non-complex cut up. At Peter Mac these Scientists are now called Scientist Practitioners which means they are an on the job trained delegate. By January 2016 they will be signed off as competent in all areas on complex surgical cut up and once proficient will be allowed to train others in the cut up of complex specimens.

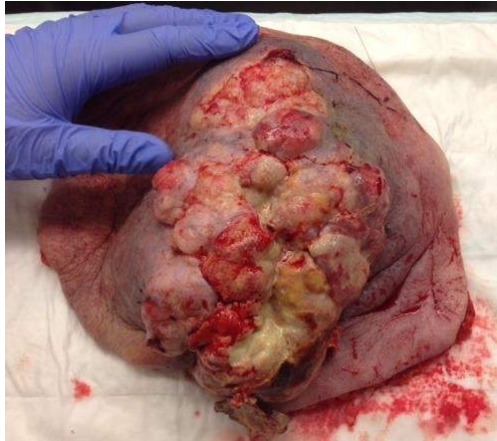
For this training program to continue successfully, a more in depth anatomy course needs to be taught because not enough is covered in the standard Laboratory Medicine course alone. Since the Pathologists' Assistant course does not exist in Australia, a general anatomy course would be a huge benefit. A course done in combination with a hands on training program in the workplace is the best scenario. The most effective way to learn the practical component of cut up is practice and this cannot be achieved in a university environment.

There has been a huge difference in the general running of the lab since this program came into practice. The Scientist Practitioners are trained in each area of the lab which is a valuable tool to take into the cut up room. They are aware of the importance of getting it right from the beginning including tissue thickness and how big the piece is in a block and that this means everything else just works better from processing to cutting.

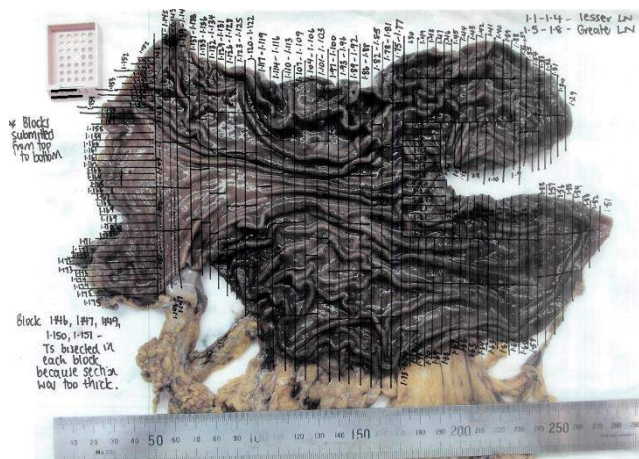
The need to up skill staff in the laboratory has never been so relevant with more and more technicians replacing the current roles of Scientists. The job descriptions of both Registrars and Scientists is slowly changing and will continue to change as programs like this one are developed. The future of who is responsible for the complex cut up of specimens is still unknown, but this training program proves that Scientists are well and truly up for the challenge.



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The 7th National Histotechnology Conference Review by Kellie Vukovic June 5th-7th 2015

The 7th National Histotechnology Conference in conjunction with the 9th Asia Pacific IAP Congress was held over the Queen's Birthday long weekend at the Brisbane Convention and Exhibition Centre. The Conference was a huge success with over 300 registered delegates bringing together a global gathering of pathologists and scientists.

The two workshops offered on the Friday before the conference were very popular. 65 people attended the Interactive Digital Pathology workshop run by Dr Eric F. Glassy. This was a web based workshop which provided an overview of digital pathology in a modern laboratory. Participants had a hands on experience using both a web browser and ImageScope software. The second was a wet workshop on Histochemical Staining with 75 registered delegates. Dako's Artisan Link Pro stainer was run concurrently in the laboratory and compared to the manual staining carried out by workshop participants. Our very own Liz Baranyai won a gold medal for her excellent performance in this workshop.

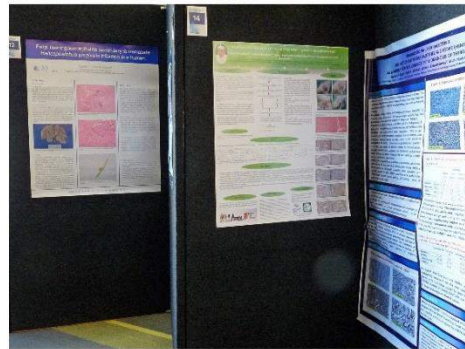
The Saturday program was extremely informative with a range of excellent presentations. The morning session began with an international pathologist presenting on Digital Pathology and then continued with a local pathologists take on Cutaneous Marginal Zone Lymphoma. The middle session themed 'Update in Laboratory Medicine' looked at complex surgical pathology cut up, Forensic Science and the regulation of IVD's. The 'State of Origin' themed afternoon session saw presentations delivered from each state. Delegates voted on their favourite presentation with Alex Laslowski winning for Victoria with his talk on 'Patient Safety in the Histopathology Laboratory'. The Sunday session combined Pathologists and Scientists for a half-day session by international presenter Dr John Chan.

The Histology Group Queensland were very creative in developing an app for delegates to download on the day. This provided information about the venue, program times, allowed people to vote on their favourite presentations and was also the method used for asking questions during the presentations. The app sent reminders when the social functions were happening and was just a great addition to the conference.

The social functions were a great success and really added to the overall atmosphere of the conference. The Welcome Reception on the Friday night which was sponsored by Leica created a huge buzz and saw delegates come together with the Trade. The Masquerade Gala Dinner sponsored by Dako was an excellent networking opportunity and really allowed people to let their hair down.

The Conference would not have been possible without the continuous support we receive from our fantastic Trade representatives with over 20 different companies sponsoring the event. There was over 100 metres of trade booths and it was absolutely fantastic to see both scientists and pathologists coming together to see what is new and available on the Histology market.

The 7th National Histotechnology Conference 2015 Pictures



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See page U9, cat. no. UM-WBG

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See page U5, cat. no. UM-EC



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HGV Scientific Meeting Review

Automation-Stainers 25 June, 2015 by

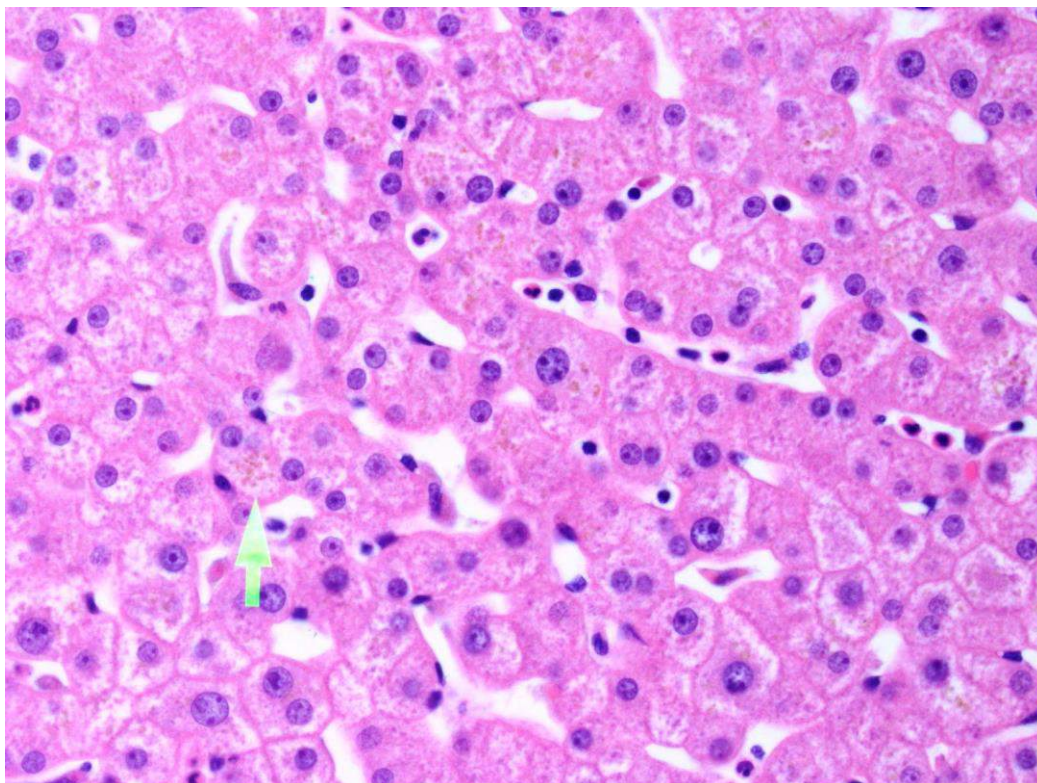
Kerrie Scott-Dowell

We were fortunate to have 3 great speakers address the June Meeting.

Each speaker outlined the needs and criteria that they looked for in buying a new automated stainer and how happy they were with the choices and possible improvements.

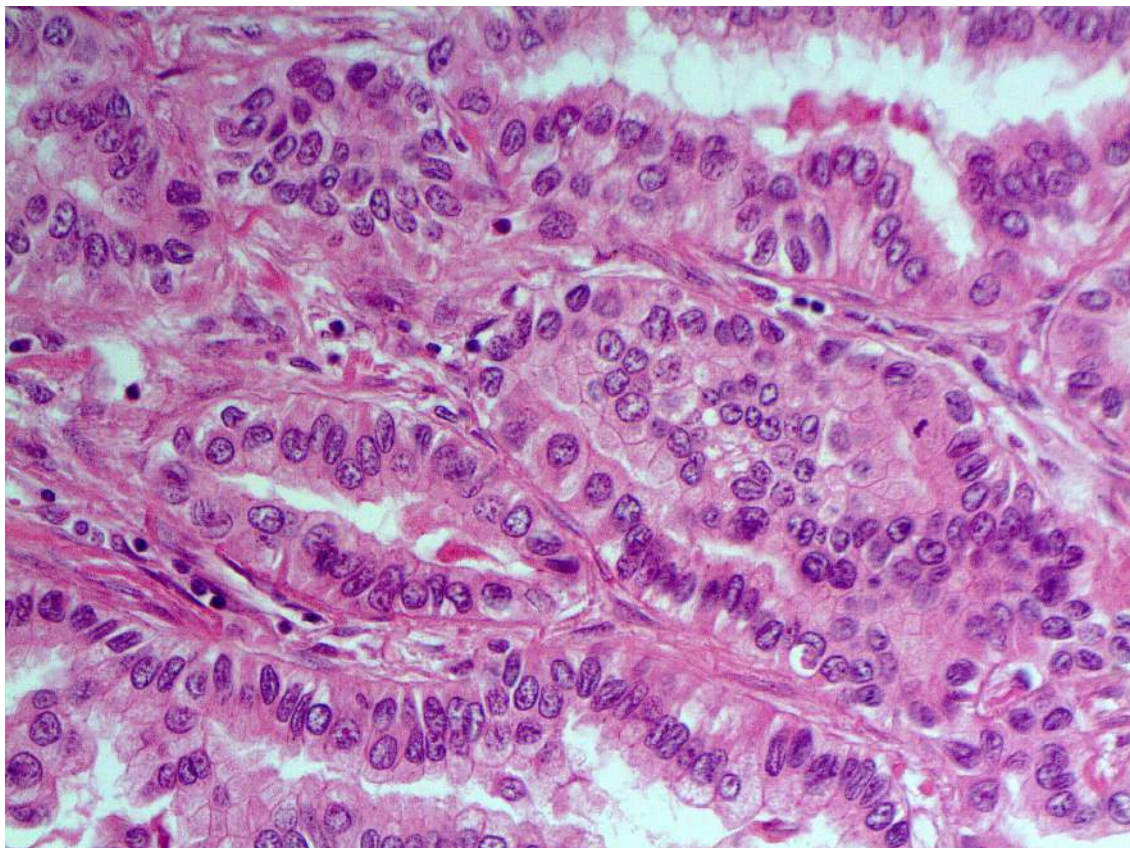
[Abi McDonald \(Austin Health\)-Dako Coverstainer.](#)

Abi discussed the old staining/coverslipping system was unreliable, required consistent maintenance throughout the day and was barely able to cope with the workload. Dako was able to bundle the Coverstainer with the artisan system making the cost attractive. It was easy to use and a fully automated platform (baking, staining, coverslipping and drying) with an adequate TAT and little maintenance during busy work times with their ready to use reagents. Dako went to a lot of trouble to validate PAP staining (not their reagents) on board and overcoming some initial technical difficulties, mainly around coverslipping. Suggested improvements revolved around better ergonomics with the bottles, reagent barcoded management, LIS integration and tracking, solvent packaging and perhaps a little more help on the screen when there is a problem.



Alex Laslowski (Monash Medical Centre) –Roche Symphony

Alex said Monash had one priority only and that was to avoid cross contamination at any price, due to a previous law suit. Symphony was the only instrument that has no chance of contamination with its single slide stain. Features that he liked were the slide and reagent tracking, prioritization of slides and the modularity allowing work to continue if there is a problem, good visual management, idiot proof reagent solutions, elimination of chemical handling, stain consistency throughout the day as there is no degrading of reagents with single use and the customisation done by Roche. The coverslipping advantage of no glue on board (coverslips come provided with glue), means less maintenance as well as providing great optical clarity. QAP perfect scores attest to a happy Pathology Department. Some of the negatives were the cost of the stain and the time was the longest of the 3 instruments assessed (55mins). The next model has addressed issues around the elevator, which were an issue.



Maria Flynn (Melbourne Pathology) –Tissue Tek Prisma

Maria spoke of the case for a new stainer, coverslipper as the old one had become unreliable and parts unavailable. Melbourne Pathology required a cheap, fast, walk away system that could handle large volumes. The Tissue Tek Prisma system ticked all the boxes with its open system for reagent cost saving, large reagent tubs (680ml) and loading of up to 3 racks of 20 slides at a time with up to 11 simultaneous loads. Melbourne Path chose the tape coverslipping option, increasing the speed and eliminating the glass breaking crashes. They run PAPs and special stains, as well on the instrument, utilizing the smaller tub sizes for the special stains. They like the reagent height and visual management and the speed of 30mins TAT for an H&E from baking to hand out, was the fastest of the instruments tested. Some dislikes were the special stains slowed things down, the tape may present problems with digital imaging and storage in the future, the fume extraction could be better and reagents are not tracked.

Overall take away messages from the talks were:

- All Labs have their own criteria/ priorities eg. speed, quality and workflow
- Labs like assistance in adapting the system to their needs
- Need to lessen coverslipping problems
- All labs required easy maintenance
- Reagent tracking and management will be a consideration in the future for accreditation purposes
- Cost is a consideration, but not necessarily the most important.



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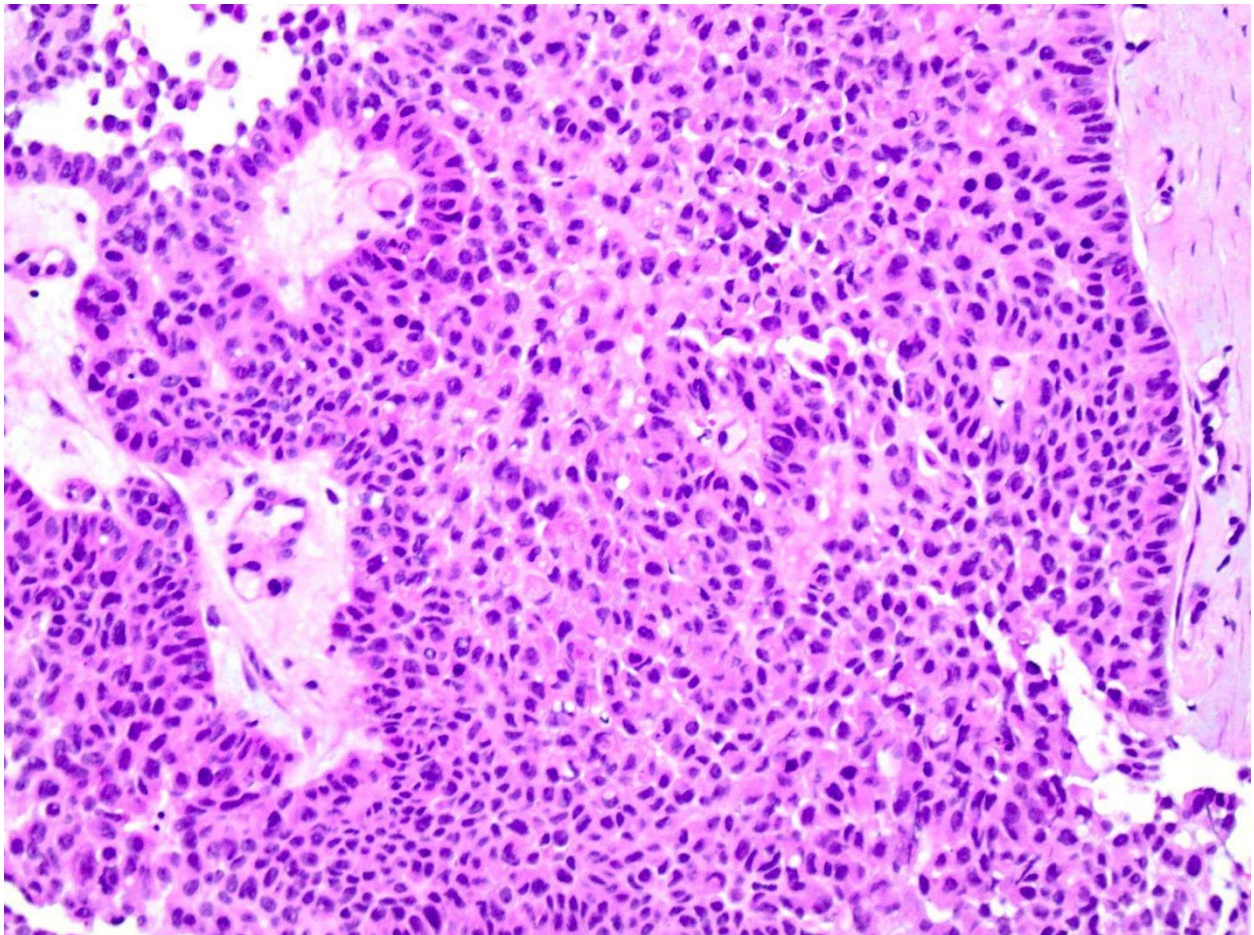




Histology Group of Victoria Inc.

HISTO-GRAPHY COMPETITION

As I was photographing an invasive ductal carcinoma for an upcoming breast meeting, I discovered an alien invasion. Can you spot the alien hiding in the tumour?



Submitted by Elizabeth Baranyai

Cabrini Health

IHC VS SPECIAL STAINS

Speakers: Janelle Window (Dorevitch Pathology)
Other Speakers TBA

Date: Thursday 10 September, 2015

Time: 6:00 – 6.45 Refreshments
6.45 – 7.30 Presentation

Venue: Brockhoff Lecture Theatre
Level 3, Smorgon Family Building
Peter MacCallum Cancer Centre
St. Andrew's Place, East Melbourne

Attendance at this meeting contributes to APACE points

Pertex Mounting Medium.

- ❖ All-purpose mounting media
- ❖ Rapid drying
- ❖ Low viscosity enables easy flow, bubble free media
- ❖ Maintains structural integrity of specimen
- ❖ Soluble in xylene & xylene substitutes

Cat No	Description	Unit
00871	Pertex mounting media (automated)	1L
00801	Pertex mounting media	1L



Honeywell Safety Glasses Polysafe



- ❖ Certified to AS/NZS 1337.1
- ❖ 99.9% protection against UV radiation
- ❖ Lightweight
- ❖ Integral side shields
- ❖ Wide coverage lens for universal wear

Cat No	Description	Pack
745002	Clear Anti-fog	10

Davidson Marking Dyes & OCT



Cat No	Description	Unit
3408-1	Davidson Marking Dye - green	8oz
3408-2	Davidson Marking Dye - yellow	8oz
3408-3	Davidson Marking Dye - black	8oz
3408-4	Davidson Marking Dye - red	8oz
3408-5	Davidson Marking Dye - blue	8oz
3408-6	Davidson Marking Dye - orange	8oz
3408-7	Davidson Marking Dye - violet	8oz
4583001	OCT embedding compound	4oz
4583001CTN	OCT embedding compound	12x4oz





Histology Group of Victoria Inc.

Org. No. A0035235F

Future Events:

2015

Thursday 19th February

Scientific Meeting- RIMT Student Project Presentations

Venue: Peter Mac

Thursday 7th May

Scientific Meeting: ~~Who Owns What?~~

~~The Requirements for Supply and for Tissue Samples.~~

Venue: Peter Mac

5-7 June

~~7th National Histotechnology Conference in conjunction with the~~

~~9th Asia-Pacific International Academy of Pathology Congress~~

~~Brisbane Convention and Exhibition Centre~~

~~Brisbane, Queensland~~

Thursday 25th June

Scientific Meeting

Venue: Peter Mac

Friday 14th August

Trivia night

Venue: The Metropolitan Hotel

263 William St.

Melbourne VIC 3000

August 28- September 2

NSH Symposium/Convention

Gaylord National Resort and Convention Centre

Washington, DC

USA

Thursday 10th September

Scientific Meeting

IHC vs Special Stains

Venue: Peter Mac

Thursday 12th November

Scientific Meeting/AGM

Venue: Peter Mac