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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

The members of the Histology Group of Victoria 2015 are:

Name Institution

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Mark Bromley Melbourne Pathology Elizabeth Baranyai Cabrini Health

Samantha Arandelovic St. John of God Pathology (Victoria)

James Cvetkovski RMIT

Kellie Vukovic Peter MacCallum Cancer Centre Sue Sturrock Peter MacCallum Cancer Centre

Kristy DeGeorge Austin Pathology
Jesenka Jefic Austin Health

Maria Flynn Melbourne Pathology

Meghan Leo Histolab

Tania Marsden Royal Children's Hospital Kerrie Scott-Dowell Dorevitch Pathology/Leica Alison Boyd St. Vincent's Pathology

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BLURB FROM THE BUSH

As I write this on a day that is forecast for 34C, it appears the long winter is behind us. As is another boring Hawthorn victory!

Our last scientific meeting in September attracted a huge crowd. It was great to see a large contingent of students in the audience, particularly from Holmesglen TAFE. The HGV are trying to make more contact with the TAFE sector particularly to get student involvement as they start thinking about where their qualifications might take them. The HGV will also be adding to its long standing RMIT student award by introducing student prizes for courses undertaking histology subjects in both the TAFE and higher education sectors.

Our last scientific meeting for the year is in November which is also combined with our traditionally brief yet important AGM. The HGV continues to work to offer relevant and highly professional continuing education, and is always keen to get new keen faces on our committee to achieve this goal. If you are at all interested in contributing to the operations of the HGV please speak to a committee members, or simply complete the nomination form included in this newsletter.

Adrian Warmington HGV President



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Under the Microscope with Kellie Vukovic

Anatomical Pathology Grade 1 Scientist Peter MacCallum

1. What was your first job?

I worked at Ray's Outdoors selling tents even though I had never been camping.

2. How long have you worked in histology?

I completed my placement year at Peter Mac in 2010 and have been there ever since.

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

I am completing a complex cut up training program at Peter Mac so I tell people I cut body parts into tiny pieces so we can diagnose what disease they have.

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

Channing Tatum – so he could show me some Magic Mike moves.

5. What is your all-time favourite movie?

Stepbrothers – The one liners are priceless.

6. What is your favourite stain?

Grocott – the colours make a perfect piece of artwork.

7. What is your favourite food/Restaurant?

Anything involving chicken.

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

Cape Schanck – for the winery tour

9. Favourite beverage?

It's a tie – Homemade vodka jelly shots and Jägermeister.

10. What is your dream holiday destination and why?

Bora Bora - Amazing beaches.



Reported by: Kellie Vukovic

Peter Mac



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Mellow Yellow

Yellow is the new black. Well, everywhere outside of the laboratory it seems. Yellow streamers (again), hot yellow sun (novelty in October), Wattle, our National floral emblem. But the only thing I can find that is yellow in the lab, apart from fat in cut-up, is the Professional Practice student. I suppose I did go a bit hard on the OH&S being a newly-minted rep. I have taken to the task like a Registrar to a shopping website after it was suggested that my resume needed some putty by my Mad Manager. Anyway, the poor PP is afraid of the microtome now and we've had to send her to Human Resources for reassurance. Lord knows if she will ever return, let alone section anything.

Speaking of yellow, I once again volunteered for the evening shift on Trivia nite.in August. Not that I am unconfident of my general knowledge, but the lure of a late CSF and the blatant use of smart phones at the 2014 quiz skewing the result, swayed me to skip it. I am sure my absence was noted and remarked on, but a girl has principles. Unfortunately, the same teams won in a different order, so perhaps my stand had no effect, except for the CSF. Still, social media and several carefully placed Trivia scabs amongst the 99 attendees outlined the frivolity, fun and free drinks had by all except me of course; _(. They tell me Meerkat Manor (Royal Children's) won the prestigious wax perpetual trophy, from Rear-End Path (Anat Path) and Big Mac (Peter Mac) third. Apparently, the presenter was a professional, but that might have been a view from the inside of beer goggles. I'll look out for him on next year's series of the Bachelor just in case.

Wine and beer were consumed in quantity to drown the sorrows of those at Peter Mac when Louise Keelan, celebrity magnet and golfing guru, retired after many years of dedication. You will find Louise in a top restaurant, travelling business class or slaying them in Pennant at Latrobe, but not in the laboratory. Dedication to the good life is something we can all aspire to.

Our man down South, Alistair Townsend, having battling Snobart conditions to make the Trivia nite, was seen at the 'G' supporting his beloved Hawks last weekend. Watching the 'thugs' battle the 'drugs' seems to be the eternal Groundhog Day for our intrepid traveller. Poor lad, life in football purgatory must be getting so boring for you....

As I struggle with the slippery bowels of lab life, I wonder if grappling with colonic contents is really worth it and then I catch a whiff of Carnoys and think "How lucky am I?" The essence of chloroform always stirs me to greater performance heights. And if I am really on my game my Mad Manager lets me get out the Picric acid for my Gram counterstain. That's yellow you know....

Waxing Lyrical



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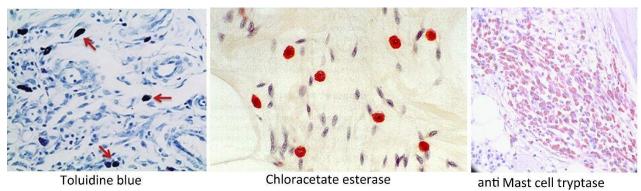




Scientific Meeting Review-IHC vs Special Stains by Meghan Leo

The topic of IHC vs. special stains was sure to be interesting and relevant to all and as a result there was a fantastic turnout to the meeting, with almost all seats being occupied. The meeting did not disappoint with four fantastic presentations given.

Mast cells:



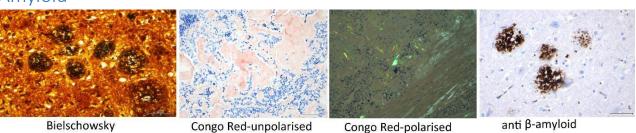
To start the presentations off was Kellie Vukovic from Peter Mac. Kellie's presentation gave us a comparison of special stains vs. IHC for mast cells.

H&E is not a reliable stain for mast cells as they are difficult to see, therefore Diff Quick, Toluidine Blue or Chloroacetate Esterase are common special stains that can be used for the demonstration of mast cells.

Diff Quick and Toluidine Blue have advantages of both being fast, simple and cheap to perform. Chloroacetate Esterase on the other hand takes a little longer to perform and is more costly. CD2, CD25, CD117 (c-Kit) and mast cell tryptase are all IHC antibodies that may be used to demonstrate mast cells.

The IHC takes longer and is more costly than the special stains but it is more specific and easier to interpret, and is needed to officially diagnosis systemic mastocystosis according to WHO classification.

Amyloid



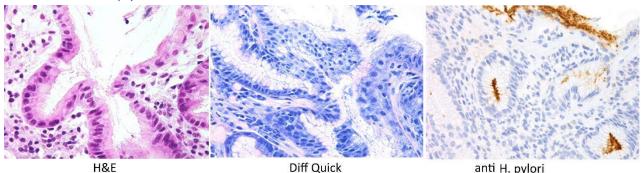
Luciana Rigoni from Austin Health gave the second presentation on Amyloid detection, special stains in combination with IHC.

H&E, Congo Red and Bielschowsky will all detect amyloid. Austin Health uses Congo Red as a screening stain for amyloid as it's a relatively fast and simple stain to do and if it doesn't stain in Congo Red then it won't in IHC.

SAA, Calcitonin, Transthyretin, β -amyloid, kappa and lambda are the IHC antibodies that can be used to demonstrate not only amyloid but also what type of amyloid it is, which the special stains can't always do.

Luciana gave us four cases that showed how special stains and IHC can work together to demonstrate amyloid and diagnose the type.

Helicobacter pylori



The third speaker of the night was Janelle Window from Dorevitch Pathology who presented Helicobactor pylori, diagnostic applications of H&E, Diff Quick and IHC.

An H&E stain alone is unreliable for H. pylori as it relies on morphology, therefore if the pathologist isn't an experienced gastrointestinal pathologist, there are low numbers of H. Pylori or there is some pleomorphism. axillary stains will be needed.

Diff Quick is the most common stain for H. pylori as it is extremely quick and easy to perform, cheap, reproducible and reagents are readily available in most labs. H. pylori are easier to see in a Diff Quick than a H&E but the stain still relies on morphology.

The IHC antibody Anti Helicobactor pylori on the other hand, reacts with the somatic antigens of the bacteria. Therefore it has increased sensitivity and specificity compared to the Diff Quick and results in fewer false positives and negatives. Drawbacks of Anti Helicobactor pylori though are that it's a longer process and costs more to perform.

Pneumocystic jirovecii & Treponema pallidum



The last but not least presentation of the night was on Pneumocystic jirovecii and Treponema pallidum given by Adrian Warmington from St John of God Pathology.

Adrian experienced every speaker's worst nightmare when he realised that he had saved his final presentation copy onto his desktop rather than USB. Despite having to work with an earlier draft of his presentation Adrian rallied and showed us what a good memory he has.

Pneumocystic jirovecii is an opportunistic yeast like fungus that is the causative agent of pneumonia. Grocott's Methenamine Silver stains the cysts of the fungi whereas the IHC antibody Anti

Pneumocystic jirovecii is specific for the whole organism, and will stain positive for the fungi's whole life cycle and not just its cyst form.



Treponema pallidum is the causative agent of diseases such as syphilis. Warthin Starry will stain spirochetes black but there is often a large amount of background and debris and the stain doesn't differentiate between Treponema pallidum spirochetes and others.

Anti Treponema pallidum on the other hand is specific for syphilis and has a clean background.

In summary, IHC definitely wins with its staining specificity, ease of interpretation and assisting in a diagnosis. The cost and time can be a drawback for IHC though and where special stains come in handy.

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See page U9, cat. no. UM-WBG



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See page U5, cat. no. UM-EC2800



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

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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@hqv.org.au

Specimen: Small Bowel and Abdominal Mass.

Clinical notes:

79 year old male

Abdominal tumour resected at root of small bowel mesentery.

Further clinical history; the patient's inflammatory markers showed dramatic improvement after surgery

Small bowel resection.

Microscopy:

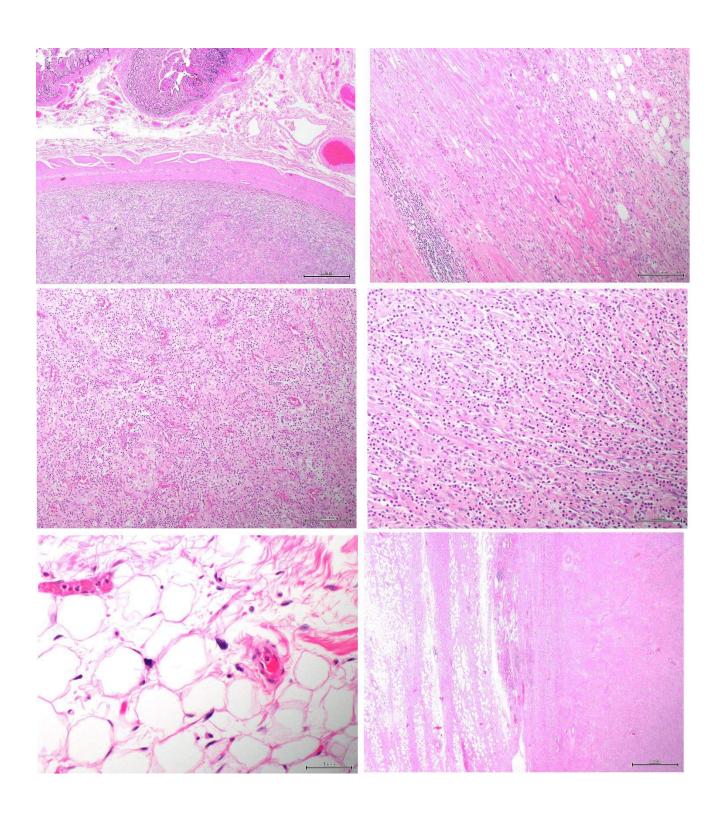
Sections through the mesenteric mass show well circumscribed lesion composed of atypical spindled and epithelioid

cells with enlarged and pleomorphic nuclei, some with prominent nucleoli. The histological features of this lesion are in keeping with dedifferentiated

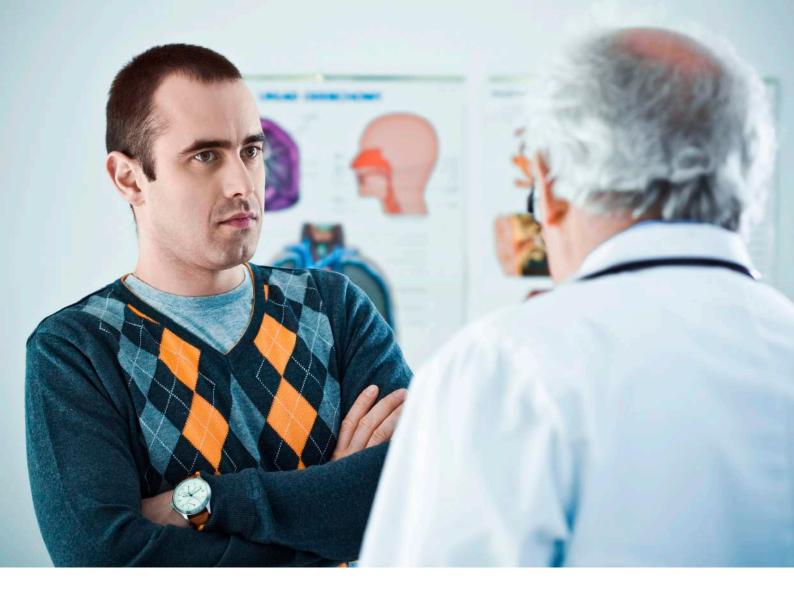
liposarcoma given the presence of small amount of well differentiated liposarcoma with abrupt transition to a higher grade of undifferentiated pleomorphic sarcoma, inflammatory subtype.

Diagnosis:

SMALL BOWEL AND ABDOMINAL MASS - THE FEATURES ARE IN KEEPING WITH DEDIFFERENTIATED LIPOSARCOMA, 170MM IN MAXIMUM DIMENSION.



Submitted by Samantha Arandelovic St John of God Pathology



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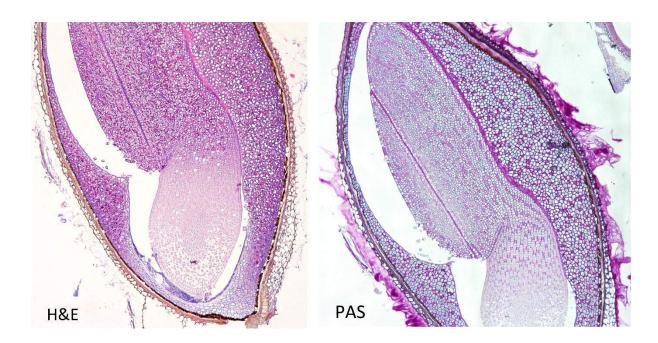
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HISTO-OGRAPHY COMPETITION



A sesame seed embedded into a polyp.

Submitted by Kerrie Scott-Dowell
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Nomination Form for Election to the Committee of Management of the Histology Group of Victoria Inc.

Thursday 12th November, 2015 Peter MacCallum Cancer Centre

Nominated Person			
Institution			
Email Address			
Position Nominated For	President		
(Please tick box)	Treasurer		
	Secretary		
	Committee Member		
All nominations must be signed by (If you receive Paraffinalia you are a	n member)		
Name of Member	Signature		
Name of MemberSignature			
Nominations must have the consent of the nominee			
Signature of Nominee		•••••	
Nominations must be returned no later than Thursday 6 th November, 2015.			
Please send nomination form to:			
The Secretary	Scanned and ema		
Histology Group of Victoria	secretary@hgv.o	org.au	
PO Box 1461			
Collingwood, VIC 3166			



Pathobin

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Speakers: Dr Shane Battye

Tissupath

Date: Thursday12 November, 2015

Time: 6:00 - 6.45 Refreshments

6.45 – 8.00 Presentation

Venue: Brockhoff Lecture Theatre

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Future Events:

2015

Histology Group of Victoria Inc.

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Thursday 19thst 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

