



Histology Group of Victoria Inc.

Org. No. A0035235F

<http://www.hgv.org.au>

Volume 14 Number 1

February 2009

Contents

- Blurb From The Bush
- Have Your Say
- HistoChat Website
- Scientific Reports By
 - Simon Davies
 - Adrian Warmington
 - Michelle Zammit
 - Liz Baranyia
- From the QAP
- Histology National Meeting SA
- Under The Microscope
- Future Scientific Meetings
- Employment
- Next Scientific Meeting
- The Histology Community Remembers
KAREN ROSALIND MITCHELL, NEE RADOK

Editor: Neil O'Callaghan

“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.”

P
A
R
A
P
H
I
O
N
A
L
I
A

Committee Page:

The members of the Histology Group of Victoria 2007-2008 committee are:

Name	Institution	Phone
Boyd, Allison	St Vincents Hospital	9288 4288
Brincat, Judy	Dorevitch Pathology	9244 0354
Chavez, Maria	Monash Medical Centre	9594 3493
Davies, Simon	Leica Biosystems	9211 7400
Elizabeth Baranyia	Cabrini Health	
Mark Bromley	Melbourne Pathology	9287 7806
Michelle Zammit	The Alfred	
Nguyen-Hoang, Nguyen	Peter MacCallum Cancer Centre	9656 1844
O'Callaghan, Neil	TissuPath	9815 1588
Phefley, Sean	Victorian Cytology Services	9250 0300
Skehan, Cameron	Monash Medical Centre	9594 3493
Warmington, Adrian	St John of God Pathology (East)	5320 1171

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

Advertising:

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

Neil O'Callaghan

trade@hgv.org.au

Ph: (03) 98151588

Fax: (03) 9819 9250

Advertising for the next editions of Paraffinalia closes: 1st April 2009.

Advertising rates:

- Single Sided A4 Black and White \$200
- Double Sided A4 Black and White \$325
- Color Insert (Supplied by company) \$325

PLEASE DO NOT POST ADVERTISEMENTS TO THE COLLINGWOOD MAIL BOX

Submissions:

Author enquiries and readers wishing to contribute articles or reports can contact the Editor – Neil O'Callaghan (98151588), email: editor@hgv.org.au or post directly to

The Histology Group of Victoria Inc.

P.O. Box 1461

Collingwood

Victoria 3066

Australia

Please send articles on floppy-disc (preferably Microsoft Word format) for inclusion in the next edition. All articles submitted for publication will then become the sole property of the Histology Group of Victoria

Disclaimer:

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

NOTE: No responsibility is assumed by the Histology Group of Victoria for any injury and/or damage to persons or property as a matter of products liability, negligence or otherwise, or from any use or operation of any methods, products, instructions or ideas contained in the material herein. It is the users responsibility to ensure that all procedures are carried out according to appropriate Health and Safety requirements.

Copyright of this newsletter "Paraffinalia" is held by the Histology Group of Victoria. No material may be reproduced in part or in whole without written consent from the copyright holders. All rights reserved. ©

From The Chair: A Blurb from the Bush

Histology seems to pale into insignificance considering the enormous tragedy that occurred in Victoria on February 7th. Upon writing this I am unaware of any of our members that have been directly affected by the devastating fires, though there will no doubt be many who know of or are indirectly associated with victims.

It is heartening to see the enormous rallying of the many communities around Victoria and Australia and in particular the generosity of so many volunteers in the face of Australia's worst natural disaster.

I have not witnessed before the sense of need to donate amongst every individual, association and business. The HGV is no different. The committee donated \$500 to the Red Cross appeal on behalf of all Histology group members.

It seems so far away now, but the last scientific meeting in November, which incorporated our AGM heralded a new committee. The HGV committee welcomes some new faces to its ranks – Michelle Zammit and Elizabeth Baranyia. It also sees a few retirees, Sue Campfield who served two years and Aldo Anile who made significant contributions over 9 years.

Planning for this year's program began back in November. Thankyou to all participants in the online survey who provided some valuable constructive comments that have guided us in selecting topics for this year. Included in this years program will be a series of short presentations combining our friends from the Australian Society of Cytology, an ABPAS test and teach, hints on tissue processing, an intermediate cut-up workshop covering Lymph nodes, Lletz and POC specimens and a liver biopsy scoring system. Some of these topics are yet to be confirmed, but more information on all of these will be forthcoming

Additionally the 4th National Histology Conference will be held in Adelaide in May. Registrations remain open for this and the program and workshops look like providing an interesting meeting.

Remember what the HGV can provide for you. Get involved with HistoChat; provide your email address and receive reminders about forthcoming scientific meetings, social activities and positions vacant; visit our website for up to date information relating to the HGV and Histology; advertise in Paraffinalia for positions vacant, second hand equipment or simply write to the editor to express your opinion on a Histology issue.

Adrian Warmington
HGV President

Have Your Say:

The HGV would love to hear from you and let you have your say! Email your thoughts to editor@hgv.org.au along with your name or pseudonym, as we would like to publish some of your issues or responses in our forth coming editions. Or pose a question, what would you would like see discussed.

Editor

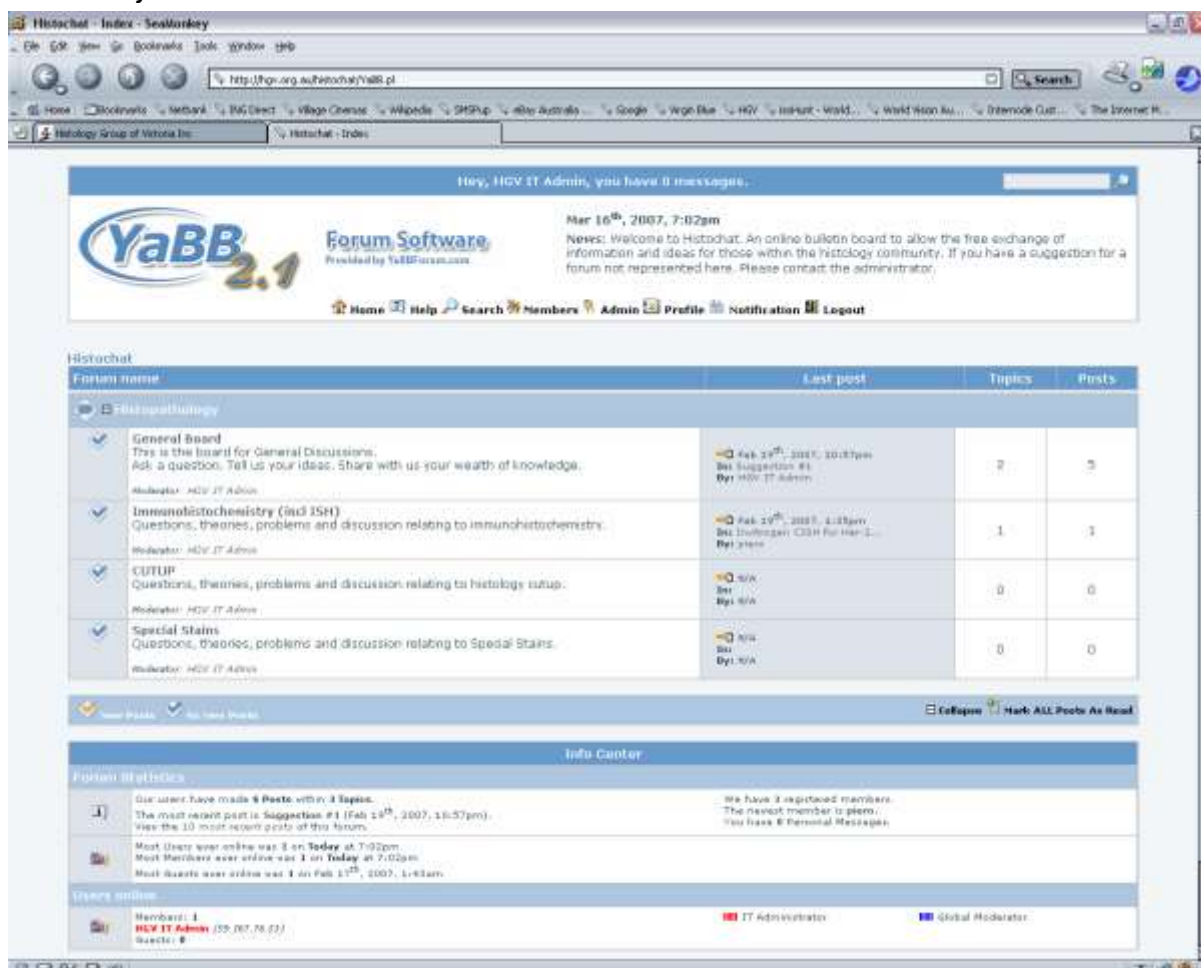
HistoChat:

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

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

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

The forum layout is shown below:



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

Sean Phefley, HGV IT Support

Web Report: www.hgv.org.au

2009 marks the tenth year of the HGV having a website. Our website was set up for you, our members, to access information about the local histology community. Online features include an electronic copy of our bi-monthly newsletter *Paraffinalia*; an archive of past editions; contact details for the HGV Committee members; links to other related sites; images and presentations from our local Scientific Meetings; listings of upcoming activities and meetings; employment opportunities and social news and images from within our community.

In 2007 we introduced an online bulletin board/ forum called HistoChat to our website. Our aim is to present a forum where you can share information and ask questions of others involved in histology and related disciplines. The bulletin board is set up in such a way that you don't have to visit it every day to be involved. You can elect to be notified, via email, of new postings or responses to your questions or comments on ideas you have presented within the forum. It is an ideal place for students and junior scientists to clarify their understanding of histology related issues and ideal for all of us to relay ideas or get some help with a problem with a certain stain or control. A number of sub-topics have been introduced including immunos, special stains, ISH and a general discussion section. Recent topics of discussion include BMT processing for IHC; Crystal Violet stain and Histolene versus Xylene for histology processing. At present HistoChat has 94 members ranging from research scientists, students to senior scientists; laboratory managers and a pathologist or two.

2007 also saw the HGV join Generation Y on the social networking site Facebook with currently 48 members we can keep in contact with our younger (some not so young) members and allow them to interact with other members online.

Our website was launched in 2000, piggy-backing it as a sub-domain of my own website. In June 2001 our website was transferred to the Vicnet community. *Vicnet is the State Library's community-based technology programme delivering information and communication technologies to Victorian communities, primarily non-profit community groups, free of charge.* Vicnet hosted our website for five years and in May 2006 we launched our own website and domain www.hgv.org.au.

We have used an online product called Extreme Tracking to monitor usage of our website. The beginning of 2009 sees us with a little under 9,800 unique visitors and an average of 175 visitors per month since we started collecting data in February 2001. Visitors to our pages are primarily HGV members and locals with an interest in Histology, numerous coming from educational or health care institutions. Just in case you were wondering, the most popular time to visit our website is between 3 and 4 pm on Tuesdays.

We can be found in a Google search and on various other search engines but by far the two sites responsible for most of our referred visitors are Roy Ellis' histology website and Wikipedia.

Apart from the locals visiting our website we have numerous visitors from around the world with repeat visitors from the USA, UK, New Zealand and Canada as well as a small number of visitors from 91 other counties and provinces, including one persistent hacker from Russia.

2008 saw a concerted effort to hack our website from one particular computer we traced to a mining company in Russia. A few other scientific websites in Australia had been successfully targeted so we were vigilant to any unusual activity by visitors to our pages. Fortunately the security we had set up prevented the replacement of our website with advertising material for Adult Entertainment services and products within the Russian Federation. Our hacker was persistent, with up to 100 attempts being made each day to penetrate our website security. So, one quiet day at home sitting at the computer our hacker

was traced and an email was sent to the company in English and Russian (I had my email translated into Russian, although I still don't know what it really said). The hacking attempts stopped soon after.

We are looking at some new options for the HGV website and will announce them in due course. Please visit our site and we always welcome feedback from our members. Don't forget to visit our Activities and Social pages to keep abreast of the happenings around town and send us your images and news to be included in our online social pages.

Report by Sean Phefley

HGV Survey Summary:

The HGV is committed to providing high quality and relevant continuing education to all persons with an interest in histology. As part of our efforts to ensure that we continue to provide our members with relevant and accessible subject matter, the HGV sent out a survey via email towards the end of 2008, to find out what you all thought of our 2008 programme. We received an excellent response and the results were very positive.

- Over 96% of respondents were satisfied or very satisfied with the content of the lectures.
- Cut-up workshops were identified by a number of members as being particularly useful.
- A number of comments were received regarding the diversity of topics presented and the applicability of most topics to daily work.

The most common negative comment received was that the talks are hard for some people to attend, due to location or timing.

In response to the survey the HGV committee has been busy planning another year of education with a focus on diversity of topics with practical applications for the histology laboratory.

By Simon Davies

Would you like to get fast updates for Histology

- ***Positions vacant***
- ***Conference registration***
- ***Scientific meeting reminders***

The HGV members email database is the way to go!

Simply email your name and email address to membership@hgv.org.au

No trade or other advertising will come your way – strictly HGV or HGV sponsored events

Article Review:

Hereditary breast and colon cancer – from bench to bedside.

Patrick J. Morrison. *The Biomedical Scientist* Nov 07 pp 897-899.

This article looked at hereditary breast and colon cancers and discussed the genetic factors associated with them, as well as the help and support that is offered to families that are at-risk.

The two genes looked at in breast cancer were BRCA 1 and BRCA2. Both carry a 50% risk of passing the gene on to any male or female offspring. The BRCA 1 gene can cause breast and ovarian cancer early in life, whilst the BRCA 2 gene can cause breast, prostate and ovarian cancer in middle age.

In the case study presented, the proband patient (the patient seen first) presented at age 38, and her family history discussed. Her sister was found to have had adenocarcinoma of the breast at age 35. In addition, her mother and a maternal aunt had ovarian cancers aged in their early 40's. These results were suggestive of a BRCA 1 or a BRCA 2 gene.

Genetic testing of the family was organized, beginning with the sister that had the confirmed breast adenocarcinoma. They tested for BRCA 1 and found a missense mutation in exon 11. This result means that she is at risk of further breast cancer as well as other cancers, including ovarian, so further genetic counselling and testing may be offered.

Testing for the BRCA 1 gene was then offered to the members of the family. The results were that the proband did not carry the mutation and hence, her children need not be tested. Her brother decided to be tested for the sake of his two daughters, and was found to carry the mutation. The eldest daughter was tested and found not to carry the mutation. The younger daughter was not tested due to her age and will be counselled as she gets older and may make an informed decision.

Hereditary non-polyposis colon cancer (HNPCC) is also an autosomal dominant disorder. Mismatch repair genes such as MLH1 and MSH2 account for 80% of cases with a strong family history. These genes also cause endometrial and ovarian cancers.

The population risk of ovarian cancers is 1:70. This increases to 10 – 15% in cases of HNPCC. In endometrial cancers the population risk is 1:75. This increases dramatically to 30 – 40% in cases of HNPCC. As such, counselling is extremely important to females with HNPCC. Preventative oophorectomy/hysterectomy and other surgical options are some of the options discussed.

The case study presented in the article was one where the proband was being investigated due to a family history of colon cancer. Her brother had colon cancer at age 54, her mother had ovarian cancer at age 60, two maternal uncles with colon cancer at ages 66 and 38, and a maternal aunt with endometrial cancer at age 58. Thus, this family fit the Amsterdam criterion of 3 HNPCC-related cancers.

The immunohistochemistry of mismatch repair genes showed a loss of MSH2 staining. Genetic testing in the proband's brother confirmed a truncated mutation in the MSH2 gene consistent with HNPCC. Carrier testing was then offered to family members. The proband was shown not to carry the mutation, although four of her siblings did. Thus the proband's risk was reduced to the population risk of 1:50, with no additional screening required for her or her children. The carrier siblings require biennial colonoscopies from age 25, and the female carrier siblings, additional endometrial and ovarian screenings from age 35.

The importance of counselling during such investigations is extremely crucial as even if no mutation exists, the population risk is still 1:50. Lifestyle measures, including a diet rich in fruit and vegetables, along with exercise, may be helpful and have been shown to prevent, and even reverse, polyps.

Immunohistochemistry has been shown to be very useful for geneticists screening patients with these types of familial cancers. More genes will be discovered in the future and the technology will continue to improve, with more patients being helped as a result.

Note: On January 9th 2009, it was reported that a British baby had been born that had been genetically selected to be free of the BRCA1 in a family which had a history of females with breast cancer.

Reviewed by Elizabeth Baranyai, Cabrini Health, Malvern.

Article Review:

Histology without formalin?

Buesa RJ. Histology without formalin? *Annals of Diagnostic Pathology* 2008; 12: 387-396

The question of whether or not to substitute formalin with an alternative fixative is based primarily on its health risks to workers. There are varying views and scientific conclusions, nationally and internationally, on the risk formaldehyde presents, its carcinogenicity, and too what level of exposure workers should be subjected.

Before proceeding with possibilities for substitutes, this article presents some interesting studies regarding time penetration, binding and cross-linking of formalin. We are all familiar with $d=k\sqrt{t}$ formula for fixative penetration, but the rate of penetration, binding and cross-linking are reported as different, thus penetrated tissue is not necessarily cross-linked. The study showed that where a 4mm slice of tissue was penetrated completely in 4hrs, it was only 20% bound and even less cross-linked. To achieve 100% binding required 16hrs at 37°C.

The article assesses the advantages and disadvantages of trial and commercially available formalin substitute fixatives. It concludes that the only plausible options are alcoholic fixatives. The advantages of an alcoholic fixative are speed of fixation, coagulation fixation enabling better

preservation and staining of nucleic acids and proteins, and potentially shorter processing times due to simultaneous dehydration.

So will anything change? The article concludes that the modern Histology laboratory cannot afford the time and costs associated with the daunting task of validating such a change. It would require revalidating all IHX procedures, special stain procedures, renewal of all control material and the hardest task, realigning pathologists to interpret tissue appearance both macroscopically and microscopically despite potentially better preservation.

So if as proposed the levels of exposure are reduced further, what then? Australia's current level of exposure is 1.0ppm TWA. Already 14 of 23 reported developed countries have lower exposure levels and some class formaldehyde as a carcinogen. The answer is that we will spend money on making our workplaces safer so that we continue to use formalin.

Can we substitute? Yes! Will we? Not if we can make our workplaces safer!

Reviewed by Adrian Warmington

REGISTER NOW!



EARLYBIRD

REGISTRATIONS

CLOSE THIS MONTH

FEBRUARY 28th

VISIT THE WEBSITE

www.nhc.org.au

**FOR REGISTRATION FORMS
AND PROGRAM**

SOCIAL ACTIVITIES AT THE NHC

BAROSSA WINERY TOUR

THURSDAY 7th MAY

**ALL DAY BUS TOUR THRU THE BAROSSA VALLEY,
STOPPING AT 4 WINERIES FOR TASTINGS, PLUS LUNCH STOP
WITH 5th TASTING. STARTS 9:30am. COST \$115**

COOPERS BEER TASTING

FRIDAY 8th MAY

**HOSTED BY INTERNATIONAL BEER JUDGE, SHOWCASING
VINTAGE AND TRADITIONAL COOPERS BEERS AND ALES AT
HISTORIC 150 YEAR OLD COOPERS ALEHOUSE.
FRIDAY AFTERNOON IMMEDIATELY FOLLOWING
WORKSHOP 2. COST \$35 PLUS TRANSPORT**

OPENING COCKTAIL PARTY

FRIDAY 8th MAY, 6:30 till 8:30

**HELD IN THE TRADE DISPLAY AREA, ADELAIDE CONVENTION
CENTRE. COST - INCLUDED IN FULL REGISTRATION,
ADDITIONAL TICKETS \$50**

CONFERENCE DINNER

SATURDAY 9th MAY, 7pm

**THREE COURSE MEAL WITH DRINKS, PLUS AFTER DINNER
ENTERTAINMENT, ADELAIDE CONVENTION CENTRE.
COST - INCLUDED IN FULL REGISTRATION,
ADDITIONAL TICKETS \$100**

**EXPRESS YOUR INTEREST IN THESE ON THE REGISTRATION
FORM OR ALTERNATIVELY EMAIL kellie@adelaidepath.com.au**

From The QAP:



Welcome to 2009 everyone from the QAP we wish you all the best for the New Year. We are looking forward to another great year with almost all of our diagnostic modules going 'virtual' (i.e. digital images of sections are supplied as DVD-R discs and on the website instead of glass slides). Virtual slides are high-magnification digital images of tissue sections, stored in a multi-resolution file format. Using appropriate software, these slides can be viewed in a web browser in a manner that closely simulates examination of glass slides with a light microscope.

We have now uploaded technical and immuno images onto the website www.rcpaqap.com.au (select Anatomical pathology). You don't need to login, just go to the notices page and look for the further education section for 2008 technical and immunohistochemistry. This provides a great continuing education resource for the participants.

This year, we are assessing ER, PR, Her2, CEA, E-Cad, c-Kit, CD15, Alk1 and CD30 antibodies in the immuno module and our 2009 special stain will be Grocott Methenamine Silver for Aspergillus and Pneumocystis.

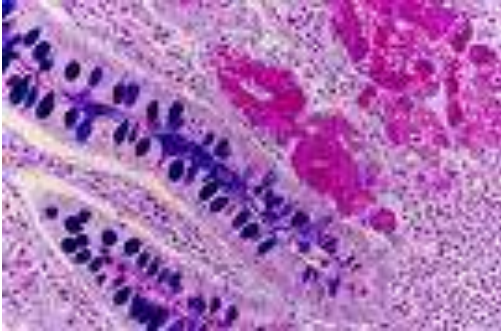


2008 Technical Committee (L-R): Kellie Madigan, Lorella Manso, Leanne Giles, Martyn Peck, Judy Brincat, Sonya Prasad, Paula Kasapis, Steve Riley

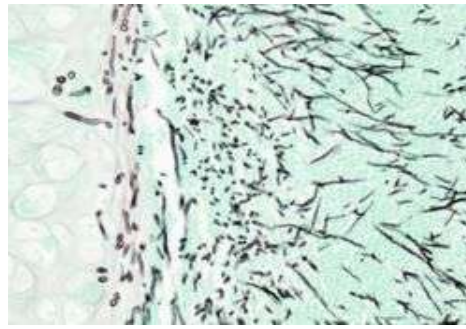
TM08-3 Technical Assessment Meeting October 2008

At this meeting we assessed your Alcian Blue/PAS stained slides and those submitted by laboratories for H&E processing and cutting exercise. Yet again our fantastic Technical Committee of Scientists worked hard assessing your slides.

The Alcian Blue/PAS staining exercise was a repeat of Survey TM08-2 and allowed participants who may have not achieved a desired result to improve on their staining and also allowed others to confirm their consistency in staining quality. The majority of submissions were satisfactory and the average mark was 3.2 (similar to 79% and 3.3 for TM08-2). However similar problems were encountered in that laboratories with unsatisfactory staining of the test slide often obtained unsatisfactory or borderline mark on their own control slide. Often this was due to suboptimal material used as control material that failed to adequately demonstrate both Alcian blue and PAS staining. Features frequently seen in slides with unsatisfactory staining were non specific Alcian blue staining (especially the nonalcianophilic basophilic structures such as the muscle and connective tissue in the submucosa of the small bowel and stomach), reduced PAS staining in the parietal cells in the gastric glands, high background staining with PAS and contaminants present.



ABPAS 2008



Grocott Methenamine Silver 2009

For the Sectioning Embedding and Processing exercise the majority of slides assessed for this exercise were satisfactory with no significant change from 2007 except for a lower average mark. Check out the website for images from this survey.



**(L-R): Xiaojuan Wu and Sonya Prasad
IH08-3 Immunohistochemistry Assessment Meeting September 2008**



(L-R): Arne Troskie, Sonya and Margaret

With tremendous support from our Immunohistochemistry Committee of Scientists and A/Prof Glenn Francis we were able to perform an assessment once again for breast markers, lymphoma markers and our technical antibodies.

It was noted that there has been a general improvement in the performance of ER (66% satisfactory for IH08-3) since 2004 with unsatisfactory results now similar in proportion to the other breast markers PR and Her-2 (around 20%). However, this still does not represent good performance. Weak staining, a decreased intensity or proportion of cells as well as non-specific staining was commonly noted in these slides.

For Cyclin-D1, overall this exercise was poorly performed with a significant proportion of participants assessed as unsatisfactory but showing an improvement from the previous survey (31% compared to 39%). Weak or patchy nuclear staining and a decreased intensity or proportion of cells staining was commonly noted in these slides. For CD5, overall this exercise was poorly performed with a significant proportion of participants assessed as unsatisfactory. Background or non specific staining was commonly noted in these slides.

For SMA, overall this exercise was well performed with the majority of participants achieving satisfactory staining and a lower proportion of unsatisfactory assessments than the first exercise this year (4% compared to 9%). However, background staining and a decreased intensity or proportion of cells staining was commonly noted in slides with unsatisfactory assessments. In the TTF-1 exercise the proportion of unsatisfactory staining in this exercise was greater than for SMA (8% compared to 4%) but it was still generally well performed. A decreased intensity or proportion of cells staining was commonly noted in these slides.

Any donations for paraffin blocks of normal liver, skin, and tonsil and CEA positive blocks would be appreciated. Please send to Sonya Prasad or Erin Little, RCPA Quality Assurance Programs Pty Ltd Unit 3, 15-21 Huntingdale Rd Burwood. Vic 3125 Australia

PLEASE



Till next time.....

Authors: Sonya & Erin

Article Review:

Assessing epidermal growth factor receptor expression in tumours: What is the value of current test methods?

A.P. Dei Tos, I. Ellis – *European Journal of Cancer* 41, 2005, 1383 – 1392.

Epidermal growth factor receptor (EGFR) plays an important role in controlling cellular processes such as proliferation, differentiation and survival in epidermal tissues. When its function becomes deregulated, it contributes to the growth and survival of cancer cells and therefore is recognised as an important target for cancer therapy.

EGFR is readily expressed in a wide range of human solid tumours including colorectal cancer, head and neck squamous cell cancer, and non-small cell cancer. Even though the relationship between EGFR status and patient prognosis is not very well understood, EGFR expression in tumours is usually associated with aggressive disease, increased resistance to chemotherapy and radiotherapy, increased metastasis, poor clinical prognosis and decreased survival.

Theoretically, the EGFR status of a tumour provides an indication of the probability of response to EGFR-targeted therapies. However, current clinical data does not support a clear relationship between EGFR expression and response to EGFR-targeted therapies cetuximab, gefitinib and erlotinib. Some studies have shown no correlation between EGFR expression and related drug therapies. A recent investigation established that patients who appeared to have EGFR-negative metastatic colorectal cancer responded to cetuximab, this brings about serious doubt as to the use of detecting EGFR expression for the screening of such patients for this targeted therapy.

Various causes for this contradiction include false negative results due to a lack of sensitivity in EGFR detection systems used, heterogeneity of EGFR expression within a tumour and specific mutations that mediate response to the tyrosine kinase inhibitors.

Immunohistochemistry (IHC) is the most reliable assay for EGFR expression but its interpretation is restricted by the lack of non-standardized methods. Other techniques including fluorescence-activated cell sorting, RNA transcription assays and DNA assays are also used. However, compared to these methods IHC is a much quicker and simpler technique that preserves cell morphology and tissue integrity providing additional, important information regarding the distribution of EGFR within a tissue sample. The accuracy of information provided by IHC is highly dependant on the use of high-quality reagents, the optimal use of methods and the careful assessment of stained sections by a suitably trained pathologist.

IHC has the potential to differentiate between patients on the basis of EGFR expression in a tumour but does not really provide for a truly quantitative analysis. A standardized scoring system has not yet been adopted to allow for direct comparison of EGFR expression across different laboratories and clinical studies. Assessment is simply based on the proportion of positively stained cells and the intensity of the observed staining.

In conclusion, the article stipulates that IHC remains the best method for investigating the presence and distribution of EGFR within a tumour. However, the lack of a standardized method including the evaluation of stained sections must be seriously addressed. Combining a well-defined evaluation method and a clearer understanding of precisely how EGFR contributes to the development of tumours will undoubtedly be essential in unravelling the role of this equivocal molecule and increase the precision of cancer treatment and patient prognoses in the future.

Michelle Zammit
The Alfred Hospital

Under the Microscope:

reported by Maria Chavez

**Sue Campfield
Scientist
Anatomical Pathology Department
The Austin Hospital**



1. What was your first job?

I worked at a shoe shop called Speeds at the Northcote Plaza when I was 15 years old earning about \$6 per hour. I was allowed to spend all of my first pay packet, but had to hand over half of all my subsequent pays to my dad so I would save money.

2. What attracted you to Histology?

I was attracted to Histology because it was hands on and you play a vital part in the care of the patient from the moment we receive the biopsy to the moment we hand the slides to the Pathologist. I also liked special stains.

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

Not including Spain and Greece in my itinerary when I travelled overseas in 2005. Those countries have always fascinated me, but I felt guilty travelling too long, leaving my husband with a 2 year old child to look after.

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

Buying a house when we did as the market increased dramatically shortly after.

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

I think I'd like to have dinner with Barack Obama, history in the making as the first American President.

6. What music do you enjoy listening to?

At the moment I'm listening to Alicia Keys' new album, she has an awesome voice, she is a beautiful woman and is a talented pianist, check her out.

7. What is your favourite stain?

It would have to be the PASM-MT which we perform on all our Renal biopsies. The silver and toning steps can be technically challenging, but when it is stained correctly it looks beautiful.

8. What is your favourite food/Restaurant?

My favourite food is Thai and I am currently trying out all the local Thai restaurants. The combination of coriander, lime and coconut in Thai cooking is just superb.

9. What are you reading at the moment?

I am reading a book called Get Happy which is the biography of Judy Garland. What a talent whose life was cut short by the use of drugs, sadly, which were given to her by her ambitious mother before she was even a teenager.

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

The best conference would have to be the National Scientific Meeting on the Gold Coast in 2006, those St. Vincent guys really know how to party, oh and the scientific component was fantastic!

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

I have a few at the moment, I am currently studying my Masters at Charles Sturt Uni, we have nearly completed a 2 year house renovation and I also want to learn to cook Thai food.

Histology Employment:

We are in the process of establishing an Eye Research Laboratory with state of the art equipments to study retinal vascular diseases such as diabetic retinopathy and other retinal ischemic conditions at tissue culture ,and in vivo animal models levels in addition to studying vireous samples and preretinal membranes obtained at the time of surgery from patients with these diseases.We already recruited PhD scientists in different fields of molecular cell biology.Another aim of this Lab.is also to study immunologic mechanisms of autoimmune eye inflammation.

We shall need a well-trained technician with experience in the use of confocal microscope (we getting a Leica machine) , and immunohistochemical staining.

The benefits are:

- Monthly salary about 4-6 thousands US Dollars based on experience and qualifications.
- Free housing.
- Teaching allowance for the children.
- Free health care at the University Hospitals.
- Transportation allowance.
- Yearly tickets during the annual leave.

Please contact me with expressions of interest

Ahmed M.Abu El-Asrar,MD,PhD

Professor

Department of Ophthalmology

College of Medicine

King Saud University

Histology Classifieds:

Looking to sell old laboratory equipment ?

Looking to Buy second-hand gear ?

Advertise your requests here FREE!!

Future Scientific Meetings: 2009



Histology Group of Victoria Inc.

5th March

Scientific Meeting – Series of Short Presentations

Venue – PeterMac



30th April

Scientific Meeting – ABPAS Test and Teach

Venue – PeterMac

Speaker – Sonya Prasad RCPA QAP

If you have an interesting ABPAS slide or wish your slide to be reviewed or discussed, please bring along on the night.

8th – 10th May

4th National Histology Conference

Hosted by Histology Group of South Australia

Early Bird Registrations

www.nhc.org.au

4th June

Scientific Meeting – Tissue Processing

Venue – PeterMac

2nd July

Cut – Up Workshop

Venue – TBA

31st July

Social Event – Trivia Night

Venue – TBA

3rd September

Scientific Meeting – Liver Biopsy Scoring System

Venue – PeterMac

12th November

Scientific Meeting – AGM

Venue - PeterMac

Next Scientific Meeting:



A Series of Short Presentations

- Date:** Thursday 5th March, 2009
- Time:** 6:00 – 6:45 Refreshments
6:45 – 7:45 Presentation
- Venue:** Peter MacCallum Cancer Institute
7 St. Andrews Place
East Melbourne
- Presentation:** Brockhoff Lecture Theatre
Level 3, Smorgan Family Building

Proudly Sponsored by



Attendance at this meeting contributes to APACE points



OBITUARY

KAREN ROSALIND MITCHELL (nee RADOK)

9/4/54 – 7/1/09

by a group of her colleagues and friends

It is with great sadness that we report on the passing of Karen due to a work related accident, in Kalgoorlie, at the age of 54.

Karen was a wonderful person. She had a unique, vibrant personality and was the kindest person you would ever hope to meet. For example, she told this story one day to a colleague at Dandenong Pathology. As everyone knew Karen loved shopping. In the early 90s she had discovered a boutique clothing shop in Glen Iris. After a couple of visits she befriended the owner and on a later visit found out the business was in jeopardy. Karen then proceeded to buy so many clothes that she quickly had a wardrobe of clothes that she would never ever wear. When she noticed that the person she was telling the story to had his mouth opened in amazement Karen quickly exclaimed *'But she was my friend. I didn't want to her to lose her business!'*

Karen was born on the 9th April, 1954. Her brother Kim says she was a happy and inquisitive child and at times was quite mischievous. In her early years Karen was passionate about horses. At about six years

of age her parents bought her a Shetland pony called 'Cobber'. Later on in life she owned a horse called Rajah. When she could no longer look after him, Karen made sure, of course, that he went to a good home.

Karen attended Tintern Girls School in East Ringwood and she proved herself to be academically bright as well as being good at several sports. After completing secondary school Karen was accepted into the medical science course at RMIT which was then located in the city. She studied part time while working in genetics at Melbourne University and the muscle pathology unit at the Children's Hospital run by Xenia Dennett. She finished her degree by majoring in histology and in 1980 accepted a position in the Histology Department of Dandenong Hospital. Karen quickly became integrated into the Dandenong Pathology 'family' and became a very enthusiastic member of the Histology Department. Dandenong Pathology was one of the first public pathology facilities to be regionalised accepting work from a variety of sources as well as the in-house specimens.

Karen was a passionate histologist. She liked the aspect of histology being an art as well as a science and was very meticulous in anything she did or prepared. Her interest in QC began when she became involved with the RCPA – QAP in Anatomical Pathology. This program was run by John Maynard from the mid 80s to the mid 90s. Karen also became a NATA Accreditor and enjoyed going out to overview other histology laboratories mainly in Victoria. Karen presented quite a few papers for what was then the Histology branch of AIMLS and co-presented a paper in Malaysia and New Zealand with John Maynard in the mid 1980s.

In 1987 Karen accepted the scientist-in-charge position and proved to be a very competent administrator. She ran a very happy and productive department and always remained a hands-on scientist even though she was heavily involved in administrative duties. She was always very approachable to her staff and had their respect and loyalty. Even when she was boss Karen would never ever think that any job was beyond her. She often helped out in what we jokingly called '*Budgie jobs*' ie. tasks that even a dead budgie would find boring, for example, slide and block filing, specimen throw out etc. Karen had a great sense of humour and could always take a joke. At one laboratory meeting Karen stressed the importance of documentation and correctly labelling chemicals, stores and in fact "everything" in the laboratory. Upon her arrival in the laboratory the next day Karen joined the laughter with her colleagues as they discovered that the floor, taps, doors, telephone and indeed "everything" had been labelled.

When Immunohistochemistry became an important diagnostic tool Karen quickly developed Dandenong's IHC program and the department soon became very involved in the production of quality slides of an ever-increasing panel of antibodies.

In late 1996 Dandenong Pathology amalgamated with the pathology department at Monash Medical Centre to become Southern Cross Pathology. They moved to the Monash campus and Karen was no longer in charge but was now a Grade III Scientist. She accepted her new role with her usual professionalism.

In May 2000 Karen was appointed to the newly created position of Pathology Quality Systems Manager and was responsible for the setting up of the quality management system in the laboratories across all the Southern Health sites. Karen brought to this position the same dedication and commitment that she had with all aspects of her life, the benefit of which is still being felt at Southern Cross Pathology today.

Karen met her future husband David in 2001 and they were married in April, 2003. Towards the end of 2004 they both decided that they would very much like to go on an extended working holiday around Australia. After purchasing and renovating a caravan they set off for the North in January 2005. As her

brother Kim says *'they saw more of Australia than most explorers'*. They kept in contact with close friends and often had many interesting experiences to tell.

Karen worked at many different jobs and places during her 4 year working holiday. Some of the different work she participated in was pear picking in Shepparton, boning at Dubbo meatworks, driving cane trucks in Queensland, cleaning in a caravan park in Airlie Beach and as a fireman on a locomotive hauling sugarcane. As many of the jobs were seasonal, when it was time to move on, Karen and David always looked at the periods between the jobs as a holiday never doubting that they would soon find more work to their liking. Karen loved the lifestyle saying that she had previously never had the opportunity to have as many holidays when and where she wanted as she did whilst she was on the road.

Karen and David returned to Victoria in Christmas 2007 visiting family and friends. They then headed west and arrived at Kalgoorlie in March 2008. Karen initially found work as a cleaner in the mines and then in early October, 2008 she obtained a job as a dump truck driver at the "superpit" open cut mine. In her last email Karen reported her job driving a dump truck was very enjoyable and she had made many friends.

All of Karen's friends will miss her very much. She, however, leaves us with many memories of what a beautiful person she was.

Karen is survived by her husband David, Mother Lottie, Brother Kim, Sister Monika and stepmother Dagmar.

The RCPA QAP Anatomical Pathology would like to extend our sincere condolences to family, relatives, and friends for the passing away of Karen Mitchell ne. Radok She was one of the "pioneers" of the Anat Path Program.