



PathWay

THE ROYAL COLLEGE OF PATHOLOGISTS OF AUSTRALASIA



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Issue #066

In This Issue

- Behind the scenes at Pathology Update
- RCPA is more than the public face of pathology
- Adenovirus is just a royal pain in the neck for most people
- Innovative diabetes testing program sets the standard for five other countries

Welcome to the February 2017 edition of ePathWay

It's Pathology Update time. Once again this year hundreds of pathologists will make their way to the International Convention Centre in Sydney on February 24 for three days of continuing professional development. This event is one of the world's foremost international pathology conferences, and we've highlighted a part of the organising process by talking to the Chairs of three Scientific Program Committees (volunteer alert!).

This edition also covers:

- Why the RCPA is more than just the public face of pathology (another volunteer alert).
- The virus that caused Queen Elizabeth II to take some rare sick leave.
- A South Australian initiative that has helped many first Australians better manage diabetes.

You can also follow the proceedings at Pathology Update through our [Facebook](#) page and follow our CEO Dr Debra Graves ([@DebraJGraves](#)) or the College ([@PathologyRCPA](#)) on [Twitter](#).

Interesting Facts

8

The number of Pathology Update 2017 Scientific Program Committees.

71

The number of people who make up the Scientific Program Committees.

Behind the scenes at Pathology Update

16

The number of people who make up the Pathology Update Overseeing Committee.

Source: RCPA

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RCPA is more than the public face of pathology

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Adenovirus is just a royal pain in the neck for most people

When Queen Elizabeth II took some rare sick leave earlier this year with a 'cough', the most likely culprit was adenovirus. This highly contagious infection is easily spread from an infected person to others in many different ways, including shaking hands.



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Innovative diabetes testing program sets the standard for five other countries

Diabetes is on the Chemical Pathology program at Pathology Update 2017 thanks to international guest speaker and diabetes expert Dr Tim McDonald from the UK. Closer to home, a South Australian initiative has helped so many first Australians better manage diabetes, it has been adopted by five other countries to deliver better healthcare to their indigenous populations.



[read more »](#) *Dr Timothy McDonald*

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ePathWay

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Previous Editions



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IN THIS ISSUE

- All the Australian Red Cross Blood Service wants for Christmas is blood donations
- Ciguatera poisoning is the 'gift' that keeps on giving
- Here's hoping 2017 is a positive year for triple negative breast cancer
- Pathology Update 2017

Welcome to the December 2016/January 2017 edition of ePathWay

It's the holiday season when many organisations are slowing down or taking a break. A notable exception is blood banks that need life-saving blood donations all year round. In fact, giving a blood donation may be among the greatest gifts you can give at Christmas (and at any other time of the year).

Our other stories explain why:

- Uncle Bob developed ciguatera poisoning.
- Our fingers are crossed for a breakthrough with potential new treatments for triple negative breast cancer in 2017

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Behind the scenes at Pathology Update



Significant events like [Pathology Update](#) don't just happen. They are created. With this in mind, every year eight Scientific Program Committees, consisting entirely of volunteers, come up with world-class programs for their specialities. We spoke to the Chairs of three committees to get a glimpse of what happens behind the scenes.

Dr Harsha Sheorey, Chair of the Microbiology Scientific Program Committee.

Our committee meets up by teleconference soon after every Pathology Update conference, usually in March-April, to develop the following year's topics. We have a theme each year, and it is changed according to the current 'hot' topics and on topics that haven't been covered in the past. This year's themes for microbiology are cardiovascular infections, fungal infections and device infections (biofilms).

We also look at our international guest speaker's area of expertise, and build our program around it. Our international speaker this year is Dr Mahmoud Ghannoum, a very well known mycologist from the United States. His current research has focused on the mycobiome in health and disease including HIV and Crohn's disease.

We also try to have a representative from each Australian state, and from New Zealand on our committee. Our trainee pathologists are also very important, so we always have one trainee on our committee, and we ask trainees to present and chair a session as well.

There are nine members on the Microbiology Scientific Program Committee.

Associate Professor Chris Florkowski, Chair of the Chemical Pathology Scientific Program Committee.

Our team includes a cross section in Chemical Pathology that covers many sub specialty interests and regions, and everyone brings different ideas and networks to the table.

The key to our program every year is the international guest speaker, and we build aspects of the program around their specialty and the talks they will present at Pathology Update. This year's international speaker is Dr Tim McDonald from the UK whose research focuses on the use of biomarkers to identify patients with monogenic forms of diabetes. We have therefore added quite a few other talks on diabetes this year.

Each year we try and cover core topics, on this occasion quality assurance and Sigma metrics, as well as miscellaneous stand-alone topics such as insulin assays. Many topics are chosen because of an expressed interest or due to requests.

Our Meet the Examiner sessions are popular with trainees, and we also ask trainees to present short cases as an icebreaker and networking opportunity for them.

Our committee meets by teleconference and communicates via email over the year. We also get together informally at every Pathology Update conference to talk about the program. Last year pregnancy came up in our discussions, so that topic has been incorporated this year.

here are nine members on the Chemical Pathology Scientific Program Committee.

Associate Professor Chris Hemmings, Chair of the Anatomical Pathology Scientific Committee.

Our committee takes account of the program from previous years, and we try to make sure it varies across the sub-specialty areas to ensure it's not the same every year. We take the expertise of our international guest speakers into consideration, and then fill in the gaps in our program to include complementary topics and to make sure we have a coherent mix, as well as catering for both fellows and trainees. We also review any feedback we have received from the previous year's attendees, and try to make sure we are giving people what they want.

Our international guest speakers this year are both from the USA. They are Dr Jennifer Hunt whose research has focused on the study of tumour associated genetic alterations and mutations in neoplasia, and Dr Jesse McKenney, an expert in both urologic pathology and soft tissue tumours, who has authored or co-authored over 100 manuscripts and will be co-editor of the 11th edition of Rosai and Ackerman's Surgical Pathology.

Our committee meets by a combination of teleconferences and emails over the year.

There are seven members on the Anatomical Pathology Scientific Program Committee.

The other Committees are:

- Haematology Scientific Program Committee (11 members) – Chair Dr James D'Rozario
- Immunopathology Scientific Program Committee (9 members) – Chair Dr Katrina Randall
- Genetic Pathology Scientific Program Committee (11 members) – Chair Dr Melody Caramins
- Forensic Pathology Scientific Program Committee (12 members) – Chair A/Prof Neil Langlois
- Clinical Forensic Medicine Scientific Program Committee (3 members) – Chair Dr Sanjeev Gaya.

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RCPA is more than the public face of pathology



If you've ever volunteered for a committee or organisation, you'll know it's often a substantial commitment. Did you realise that hundreds (probably thousands) of doctors provide their time and expertise to their professional college for free, and The Royal College of Pathologists of Australasia (RCPA) is no exception?

This input is valuable because medical colleges are much more than the public face of their profession. Dr Debra Graves, CEO of the RCPA, outlined this College's main functions, and it's an impressive inventory. First off the rank was training and education for future pathologists.

"We accept medical graduates who have completed their two year residency in a hospital into our College trainee program. This training takes five years, and we set the training curricula, oversee their training, set their exams and assessments and provide supervisor reports. We have approximately 700 trainees at present from Australia, New Zealand, Hong Kong, Singapore, Malaysia and Saudi Arabia."

When trainees graduate as pathologists and become College Fellows (there are about 2,400 Fellows at present), their education isn't over.

"We offer continuing professional development programs (CPD), and provide certificates of participation which are required by Medical Boards for continued medical registration. We are also developing revalidation programs in response to Medical Boards moving towards this requirement to ensure practitioners are performing appropriately in the workplace."

Dr Graves says the College is also involved in professional practice and quality assurance through its Board of Professional Practice and Quality and via its subsidiary company RCPA Quality Assurance Program (QAP).

"Accreditation standards are set by the National Pathology Accreditation Advisory Council (NPAAC), but our College provides input into these standards including their interpretation. Our Fellows also conduct the laboratory accreditation visits in conjunction with National Association of Testing Authorities (NATA)."

Other RCPA functions include providing expert advice to government and organisations such as Cancer Australia, advocating for pathologists, and highlighting issues related to pathology.

“Pathology is vital to the healthcare process but a largely invisible profession to the public, so advocacy is very important.”

This inventory of tasks isn't complete, but it's time to move on and find out how many people are employed by the RCPA.

Dr Graves says the College has about 40 staff (we haven't left a zero off that number), with many roles such as chief examiners, trainee mentors, committee members, laboratory accreditation visits, professional input into best practice statements and overseeing committees for Pathology Update performed on a *voluntary basis* by College Fellows.

“These are vital roles that require a high level of expertise, and our Fellows, who also have a day job, give their time to these roles for free. All medical colleges have Fellows who do this.”

Volunteering at this level might be a revelation to people outside of the fold, but it's business as usual for pathologists. This support also means the impressive list of College functions that fly under the public's radar is achievable year in and year out, and why the RCPA is much more than the public face of pathology.

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Adenovirus is just a royal pain in the neck for most people



When Queen Elizabeth II took some rare sick leave earlier this year with a ‘cough’, the most likely culprit was adenovirus. This highly contagious infection is easily spread from an infected person to others in many different ways, including shaking hands.

“Adenovirus isn’t one disease, but a collection of sub-types that typically cause different diseases, although many can cause a range of illnesses. This means that different strains of the virus are closely related in terms of structure, have a similar appearance when viewed under an electron microscope, and are very closely related in terms of genetic makeup,” explains Professor William Rawlinson, Senior Medical Virologist at NSW Health Pathology.

Prof Rawlinson says adenovirus infections tend to be more severe than upper respiratory infections caused by other types of viruses.

“Other viruses such as rhinovirus are far more common, and almost always cause minor illness – the typical cold that gets better after a couple of days,” he said.

“However, there are many sub-types of adenovirus that often cause more severe respiratory illness, as well as disease in different parts of the body and not just in the respiratory tract. Better tools mean we are now finding more sub-types of adenoviruses,” he says.

The major syndromes associated with adenovirus are:

- acute respiratory disease
- pharyngoconjunctival fever (fever, sore throat and follicular conjunctivitis)
- epidemic keratoconjunctivitis (inflammation of the cornea and conjunctiva)
- acute haemorrhagic cystitis (blood in the urine combined with bladder pain and irritative bladder symptoms)

- gastroenteritis, and
- adenoviral infections in immunocompromised patients (such as bone marrow transplant recipients).

Encephalitis (inflammation of the brain), hepatitis (inflammation of the liver), and myocarditis (inflammation of the heart muscle), although uncommon, can occur as well. Unfortunately, some patients can die from their adenovirus infection, especially if they have compromised immune systems.

Healthy people infected with an adenovirus usually clear the virus themselves, while the very young, the elderly and those with compromised immune systems are at increased risk of serious illness, and may occasionally go on to carry the virus for longer periods. Prof Rawlinson says that years ago some children in Australia developed severe adenovirus respiratory illness requiring admission to intensive care, and sadly some died from their infection.

The virus is spread through close personal contact, through the air by coughing and sneezing, or by touching an object or surface that has adenoviruses on it and then touching your nose, mouth or eyes with unwashed hands. It can also spread faeco-orally if an infected person's faeces contaminate food or water directly, or via unwashed hands. The virus can also spread through contact with infected water from sources such as small lakes or inadequately chlorinated swimming pools.

Prof Rawlinson says diagnosis is usually made clinically. An otherwise healthy person with symptoms consistent with an adenovirus is typically monitored by their GP and asked to return if they don't improve or if they get worse after a few days. Antibiotics are ineffective at treating this and other viral infections, but Prof Rawlinson says an antiviral drug is creating some interest, particularly for patients with immune compromise who have a laboratory diagnosis of adenovirus infection.

"A diagnosis is usually made through molecular testing, or serology, and if the person has a compromised immune system, then we would jump on it in terms of increased monitoring and potentially treatment with an antiviral."

While most people are infected with an adenovirus in their lifetime, not everyone makes the news globally when they do. But when octogenarian Queen Elizabeth II is ill for more than a day the world takes note, which might be an extra pain in the neck for her as well.

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The Quality Assurance for Aboriginal and Torres Strait Islander Medical Services ([QAAMS](#)) project provides on-the-spot blood testing for diabetes.

The tests are completed by trained Aboriginal Health Workers using a small portable benchtop device that tests the patient's level of haemoglobin A1c. This is used to diagnose and monitor control for people with full-blown diabetes.

Results are returned to patients within minutes of sample collection, eliminating the need for patients who live far from pathology laboratories to travel back to collect results.

"Point-of-care diabetes technology was in its infancy when we first started this project," explains Professor Mark Shephard, Director of the Flinders University International Centre for Point-of-Care Testing who also manages the QAAMS program.

"QAAMS has shown that when the technology is used with appropriate training and quality assurance programs, it can significantly improve diabetes control in vulnerable populations."

QAAMS began in 1999 at 45 Aboriginal Medical Services. It has now overseen the training of more than 1,000 Aboriginal Health Workers, who are central to the project's enduring success, across 200 field sites.

"QAAMS recently received an international Projects That Work award from FAIMER, where it was recognised as one of the

top five projects globally out of a field of more than 100 nominations,” says Prof Shephard.

South Africa, Canada, East Timor, Papua New Guinea, Western Samoa have now adopted the QAAMS model in their approach to indigenous healthcare for diabetes.

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