TISSUE PAPER

Histotechnology Group of Queensland

"Bridging histology laboratories since 1982"

The Histotechnology Group of Queensland Newsletter - Volume 42

President's Report - Jerres Alcober

Welcome another edition of the official HGQ newsletter, the "Tissue Paper". Last year's key events were the HGQ Trivia Night and the 2017 National Histology Conference in Tasmania. Together with our scientific meetings and newsletter, these provided our members with opportunities for further education and networking to assist with professional development in their choosen careers and roles. The 2018 HGQ committee was recently elected at the AGM. The call out for HGQ members to be part of the HGQ committee to bring fresh ideas & energy was answered with a new look committee in 2018. Coupled with a fresh outlook and direction, the stage is now set to provide growth as a committee, which will in turn, be beneficial for its members and sponsors. I am very excited to work alongside the newly-elected committee and look forward to see what's in store for members in 2018. To keep up to date with the HGQ, take advantage of free membership at www.hgq.org.au . Until the next edition, take care, stay safe and enjoy!! Happy reading ;)

Newsletter Design by Jerres Alcober

Histotechnology Group of Queensland

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Secretary:

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Treasurer:

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Committee:

Kellie Vukovic - SNP

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Publication Guidelines

Guidelines to Contributors

Please forward submissions in Microsoft Word or compatible word processing program via email. For any attached photos, include these in a separate files. Submissions will undergo a review & approval process prior to publishing submissions into the newsletter.

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2017 National Histology Conference Review

Kellie Vukovic - Scientist - SNP Central

The 2017 National Histology Conference held in Hobart from the 16th-19th November was a huge success with just under 300 registered delegates, including 20 Trade Exhibitors. This is the very first year that every state/territory in Australia was represented by a histologist.

WHAT IS THE NATIONAL HISTOLOGY CONFERENCE?

The National Histology Conference in Australia commenced in 2003 after talks between the Victorian and New South Wales histology groups which led to the organisation of the first National Conference in Sydney. Since that first conference, the states with organised histology groups agreed to hold the conference every two years rotating through the different states.

The event has grown in stature and professionalism with the venues, presenters and social engagements continuing to drive the conference to new levels of sophistication and education. This conference explored the potential for the histology groups to venture to states currently without organised histology groups. It provided one further step in the evolution of histology meetings by broadening and expanding where these are held with a hope to one day create a National entity.

Planning for the next National Histology Conference is already underway with the event to be held in South Australia in May 2019.

A BIT ABOUT HOBART

Hobart, the capital of Australia's island state of Tasmania, sits on the River Derwent. With a population of approximately 225,000, it is the second least populated Australian capital city. Hobart serves as a focal point and mecca for tourism in the state of Tasmania. In 2016, Hobart received 1.8 million visitors, surpassing both Perth and Canberra, tying equally with Brisbane.

The Royal Tasmanian Botanical Gardens is a popular recreation area which is a short distance from the city centre. It is the second-oldest Botanic Gardens in Australia and holds extensive significant plant collections. Hobart is also well known for the Salamanca Markets held every Saturday, The Museum of Old and New Art (MONA), multiple Wineries and the famous Sydney to Hobart Yacht race. The city's backdrop is 1,270m-high Mount Wellington, with sweeping views plus hiking and cycling trails.

WORKSHOPS

There were a number of workshops offered in addition to the conference in the days leading up:

- **Multiplex IHC Workshop**
  - This class demonstrated a number of methods to label and visualise multiple antigen staining using IHC techniques using the DAB reagent.
- **Tissue Recognition – The Basics**
  - This was aimed at introducing the basic concepts involved in tissue recognition both macroscopically and microscopically.
- **Pathology of the surgical cut-up: What would you need to know before making the cut?**
  - This class used a combination of theory and potted museum specimens to show how resection specimens are handled in surgical cut up.
- **Tissue Recognition – The Weird, The Wonderful and The Wacky**
  - Through the use of macroscopic samples and microscopic images samples not commonly seen in the lab were looked at and recognised.
- **Perfecting the Gram Stain**
  - This wet workshop aimed at familiarising participants with a number of Gram staining methods submitted to the RCPAQAP for assessment.
- **Molecular Breakfast Workshop**
  - This looked at molecular pathology techniques that are becoming increasingly relevant in the modern Anatomical Pathology laboratory.

FRIDAY NIGHT TRADE OPENING

The first social gathering of the Conference was the Trade Opening which was an opportunity for delegates to catch up with their interstate colleagues, sponsors and exhibitors. The Trade Reps put on an impressive night with give-aways, demonstrations and a competition which involved delegates scanning QR codes at each trade booth to

win a prize. The latest technology from each company was displayed and it was a great opportunity to go around and meet the different reps from each state.

DAY ONE – SATURDAY

We were extremely fortunate to have the Conference officially opened by Her Excellency, Professor the Honourable Kate Warner, AM, Governor of Tasmania. After a brief welcome, the National Anthem and some information about Hobart, the Conference began:

- **RCPAQAP Update – Julia Pagliuso**
  - Discussed the changes that are continuing to evolve and future projects in the AP lab.
- **Climate science in Antarctica with histotech roots – Stacy Deppeler**
  - Highlighted the research work done in Antarctica and the link as a Histotechnician
- **Role of percutaneous renal biopsy in kidney transplant recipient management- Dr Karen Whale, Tony Van Galen**
  - Summarised current laboratory procedures in preparation, processing and evaluation of transplant renal biopsy tissue.
- **A guide of how to get a scientific article published – Alex Laslowski**
  - Detailed the process involving how to process a scientific journal: Where to start? What is involved? Where to submit?
- **Diagnostic and clinical utility of liquid biopsy: An exploration spanning CTCs to ctDNA – Associate Professor Kevin Spring (Keynote Speaker)**
  - Discussed the different attributes, technical challenges and diagnostic opportunities for liquid biopsies.
- **Circulating tumour DNA analysis: What is the limit? – Professor Allen Chan (Keynote speaker)**
  - Shared the latest development in this field as well as the use of circulating DNA analysis for the screening of early cancers.
- **Electron microscopy in pathology: current status and the impact of new technology going forward – Associate Professor Murray C. Killingsworth**
  - The continuing role of EM in rare disease diagnosis and the benefits of recent advantages in imaging and specimen preparation.
- **Using Pathology (Rapid Diagnostic Tests) to empower communities in East New Britain, Papua New Guinea – Lisa Davidson**
  - Described how 600 local community members in PNG have been empowered to provide testing and treatment for malaria in their villages.
- **The use of diagnostic FFPE material in cancer epidemiology research – Neil O'Callaghan**
  - Centred on the collaborative PEDIGREE cancer study which endeavours to generate evidence to show that cancer genomics can be used to prevent cancer.

- **A histology scientist in molecular world – Siok Chang**
  - Shared a personal experience as a histopathology scientist being part of a molecular team.
- **The names of stains; histology Part 1 – Jean Mitchell, Jane Parr**
  - Over two parts, this presentation introduced delegates to "the names of the stains" and a lesson in histology history.

CONFERENCE DINNER

The Conference Dinner was held at the beautiful Glen Albyn Estate and was an extremely popular event with approximately 200 people attending. The venue itself is dramatically perched above the shores of the Derwent River with a back drop of the historic Shot Tower with views that span Storm Bay, Bruny Island and beyond. The night began with drinks and canapés on the deck as guests enjoyed a sunset by the river. The band, NEON, was amazing and kept the dance floor going the entire night. The photo booth was also a very popular addition to the evening.

DAY TWO - SUNDAY

It was great to see so many people attend the Sunday morning session even after such a big night at the Conference dinner:

- **The names of stains; histology Part 2 – Jean Mitchell, Jane Parr**
- **Hepatocellular Adenoma Immunohistochemistry – Patrick Martin**
  - Reviewed the currently available IHC that allows the identification of various subgroups and discussed the technical details involved in optimising these antibodies.
- **Renewed national cervical screening program: From cytology to human papillomavirus nucleic acid testing – Grace Tan**

- Provided an update on the approved HPV NAT that are currently available in the marketplace.

- **Working in the multi-generational lab space – Kellie Madigan**
  - Learning and understanding the differences between each generation in the workplace and seeing what influenced them at home and the workplace.
- **How to get away with murder – Dr Chris Lawrence**
  - Do not dispose of the body!
- **NSCLC FISH panel – Meghan Leo**
  - ALK, ROS1, RET and MET are four NSCLC gene mutations that can be screened for via FISH.
- **An improved test for the diagnosis of Rabies for resource poor laboratories – Jean Payne**
  - Talked about the Rabies Immunoperoxidase Antigen Detection test (RIAD) which has been developed into a user friendly kit.
- **Tasmanian aquatic animal health surveillance programs – histology of common submissions and diseases – Dane Hayes**
  - Illustrated the histology of the wide variety of marine animal submissions in Tasmania which are investigated for diseases caused by a variety of agents.
- **Modernising Histopathology – The challenge of designing a state of the art histopathology laboratory in a large, private pathology laboratory facility – Ted Ditchmen**
  - Gave an insight into how the team at Sullivan Nicolaides joined two labs together to create a state of the art, technically advanced laboratory.

*** THE PDF FILES OF THE ABOVE PRESENTATIONS CAN BE ACCESSED VIA:**
https://hgv.org.au/newsletter/


Image courtesy of Jerres Alcober


Image courtesy of Jerres Alcober

The Sixth International Workshop in Diagnostic Immunohistochemistry

Dear Colleagues,

On behalf of the Australasian Immunohistochemistry Society, it is my pleasure to invite you to join us at the Sixth International Workshop in Diagnostic Immunohistochemistry which will be held at Twin Towns Resort in Tweed Heads-Coolangatta, between the 27th and 29th of April 2018.

The lectures delivered by experts in the field will provide you with an update on diagnostic immunohistochemistry with a special focus on colorectal, breast, lung and endocrine cancers. The lecturers will discuss practical methods of addressing issues related to planning and optimisation in immunohistochemistry. New modern concepts related to image analysis including quantitative digital pathology will be introduced. Also, important quality assurance topics will be debated by experts from Australia, United States, Canada and Ireland.
Last but not least, you will have the opportunity to meet your friends and other colleagues with similar professional interests.

Overall, I believe that the Sixth International Workshop in Diagnostic Immunohistochemistry will be an educational event of exceptional value.

I am looking forward to meeting you in Coolangatta-Tweed Heads in April 2018!

Dr Eugen Petcu, MD, PhD (e.petcu@griffith.edu.au)

For more info, go to the following link - http://dihc.org.au/program/

Australasian Immunohistochemistry Society

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A Histo Scientist's guide to Lymphomas

Dr Vipul Vyas

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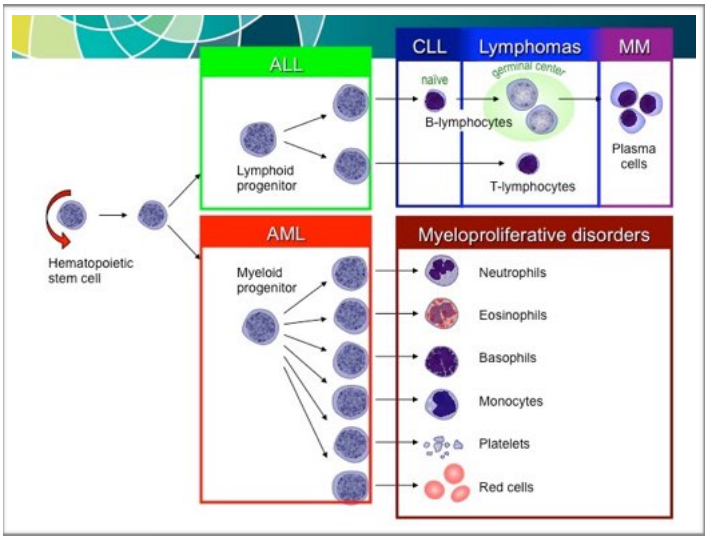


- Most lymphocytes are in lymph nodes, spleen, bone marrow and lymphatic vessels
- 20% of white blood cells in blood are lymphocytes
- T cells, B cells, NK cells
- B cells produce antibodies that help fight infectious agents
- T cells help B cells produce antibodies and they fight viruses

Immature lymphocytes that travel to the thymus differentiate into T-Cells - **"T" is for Thymus**

Immature lymphocytes that travel to the spleen or lymph nodes differentiate into B Cells - **"B" stands for the Bursa of Fabricius,** which is an organ unique to birds, where B cells mature.

How cancer develops

- Normal cells are programmed to multiply and die when they grow old
- Signals to multiply and die are controlled by specific genes
- Mutations can occur in these genes
- If enough mutations occur in genes controlling growth or cell death a cell begins to **multiply uncontrollably**
- The cell has then become cancerous or "malignant"

What is Lymphoma?

- Neoplastic disorder of the lymphoreticular system
  - Monoclonal proliferation of a particular immune cell type
  - In solid organs: may be nodal or extranodal
- Different classification systems
  - B cell lymphoma, T cell lymphoma, NK cell lymphoma, etc.
  - Cell size and/or architecture
  - Clinical behavior (indolent vs. aggressive)
  - Hodgkin vs. Non-Hodgkin
- Wide spectrum of prognosis

Lymphoma in Australia

- 6th most common type of cancer; 9th most common cause of cancer death
- Incidence has more than doubled over the past 20 years and continues to rise
- 2017 estimates (Australia):
  - 6232 new cases
  - 1481 deaths

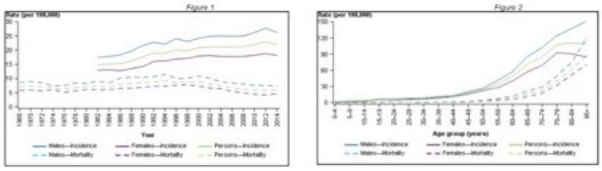
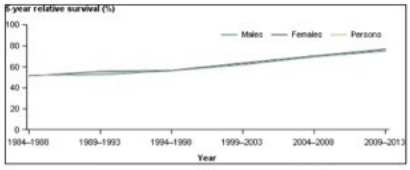


Figure 1: Age-standardised incidence rates for lymphoma 1982–2013 and age-standardised mortality rates for lymphoma 1968–2014, by sex

Figure 2: Estimated age-specific incidence and mortality rates for lymphoma, by sex, 2017.

Lymphoma in Australia

- Overall 5 year survival rate is approximately 76%
  - Hodgkin: 87%
  - Non-Hodgkin: 71%



5-year relative survival from lymphoma, 1983–1987 to 2008–2012

Risk factors for NHL

- Immunosuppression or immunodeficiency
- Autoimmune disorders
- Family history of lymphoma
- Infectious agents
- Ionizing radiation

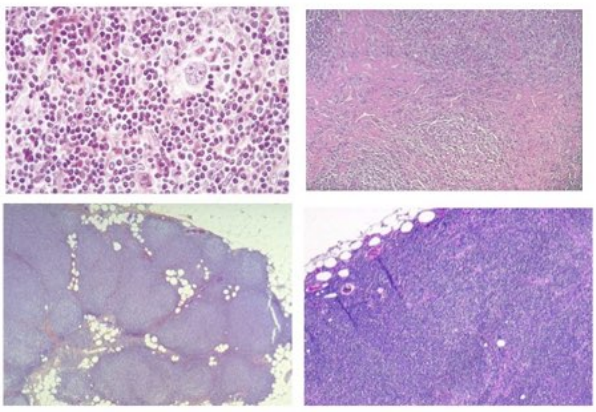
Diagnosis of Lymphoma

- Clinical history & examination findings, and radiological findings
- Investigations
  - Blood tests (e.g. FBC)
  - Flow cytometry
  - Cytology
  - Histology**
    - H&E
    - Immunohistochemistry
  - Cytogenetics
  - Molecular studies
    - FISH, PCR (gene rearrangement)

AIM to define specific entities according to:

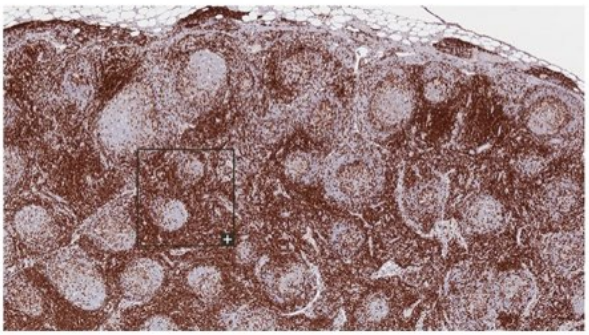
- Morphology
- Immunophenotype – T cell vs B cell
- Flow cytometry
- Genetic – Chromosomal abnormalities (translocations, deletions, additions) – cytogenetics or FISH
- Molecular biology – abnormal fusion of DNA/RNA - PCR
- Clinical presentation and course

Morphology – pattern and size



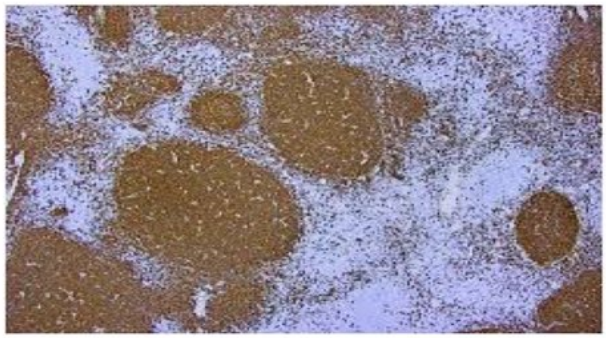
IHC

CD3



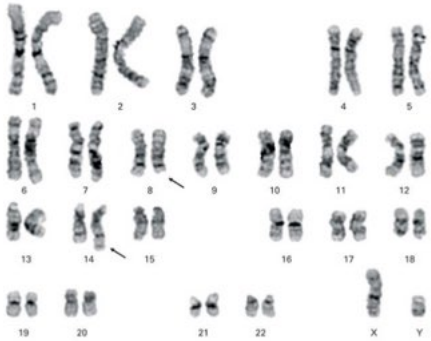
IHC

CD20



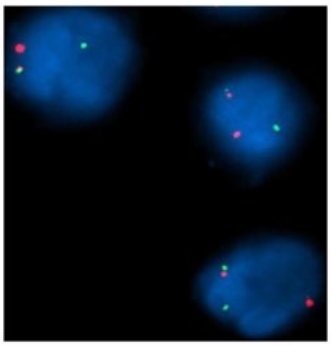
Cytogenetics

Genetic markers in lymphoma: t(8;14) by cytogenetics



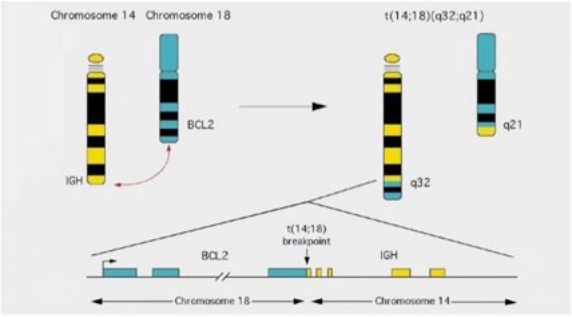
ISH

Genetic markers in lymphoma: t(8;14) by FISH



PCR

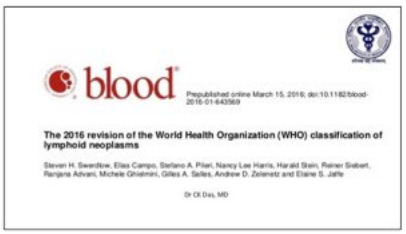
Molecular markers: *BCL-2/IgH* rearrangement by PCR



- **Clinical presentation and course:** male, 65 yrs, good performance status, asymptomatic, 12 months 2cm cervical, axillary lymph nodes, splenomegaly
  - –?indolent lymphoma
- **Morphology:** LN biopsy shows diffuse infiltration by **small** lymphocytes
  - –?MCL, ?SLL
- **Immunophenotype:** CD20+, CD5+, Cyclin D1+
  - –?MCL, ?SLL
- **Genetic**
  - –t(11;14): MCL
  - –13q-, 11q-, 12+: CLL
- **Molecular biology**
  - –Cyclin d1 over-expression: MCL

WHO 2016

- Blood, May 2016, Volume 127, Number 20
- *"The 2016 revision of the World Health Organization classification of lymphoid neoplasms"*


blood

Prepublished online March 15, 2016; doi:10.1182/blood-2016-01-643569

The 2016 revision of the World Health Organization (WHO) classification of lymphoid neoplasms

Steven H. Swerdlow, Elias Campo, Stefano A. Pileri, Nancy Lee Harris, Harald Stein, Reiner Siebert, Ranjana Advani, Michele Ghielmini, Gilles A. Salles, Andrew D. Zelenetz and Elaine S. Jaffe

Dr CK Das, MD

High-grade B-cell lymphoma

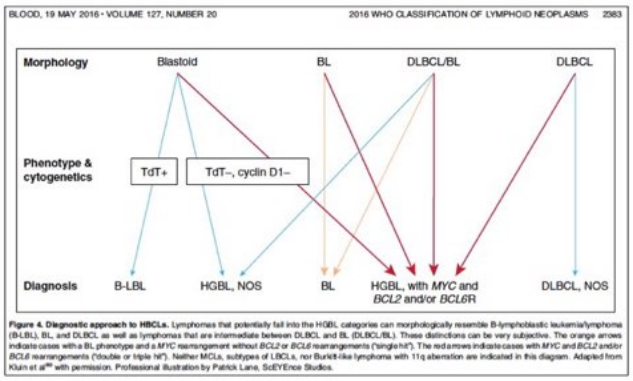
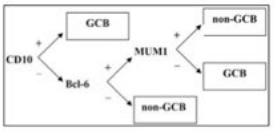


Figure 4. Diagnostic approach to HBCLs. Lymphomas that potentially fall into the HGBL categories can morphologically resemble B-lymphoblastic leukemia/lymphoma (B-LBL), BL, and DLBCL as well as lymphomas that are intermediate between DLBCL and BL (DLBCL/BL). These distinctions can be very subjective. The orange arrows indicate cases with a BL phenotype and a *MYC* rearrangement without *BCL2* or *BCL6* rearrangements ("single hit"). The red arrows indicate cases with *MYC* and *BCL2* and/or *BCL6* rearrangements ("double or triple hit"). Neither MCLs, subtypes of LBCLs, nor Burkitt-like lymphoma with 11q aberration are indicated in this diagram. Adapted from Klum et al[36] with permission. Professional illustration by Patrick Lane, ScEYEnce Studios.

DLBCL, NOS

- Sub-classification was *optional* in 2008 (<u>now mandatory</u>)
  - Molecular subgroups ("*cell of origin classification*"):
    - Germinal centre B-cell-like (better prognosis)
    - Activated B-cell-like (worse prognosis)
    - Unclassifiable
  - Recognised that gene expression profiling is best method, however not widely available and thus immunohistochemistry algorithms remain acceptable
  - Hans algorithm (or others):



  - Drawback of algorithm: 10-15% of unclassifiable cases, and thus have reproducibility issues, and uncertain prognostic utility

Advancements Since 2008

- Importance of MYC and BCL2 and/or BCL6 expression and gene rearrangement
  - DLBCL
  - Double expressor lymphomas
  - Double hit lymphomas
  - Triple hit lymphomas (4-5 months survival)

WORSE PROGNOSIS

Double Expressor Lymphoma

- Dual expression of *MYC (>40%)* and *BCL2 (>50%)* by immunohistochemistry (without dual gene rearrangement by FISH) has been described in 20% to 35% of DLBCL diagnoses.
  - Most cases do not have associated MYC/BCL2 rearrangements on FISH
  - The majority (60% to 70%) of double-expressor DLBCLs are of activated B-cell origin.
  - Several studies have shown that double-expressor lymphomas have inferior outcomes compared with typical DLBCL

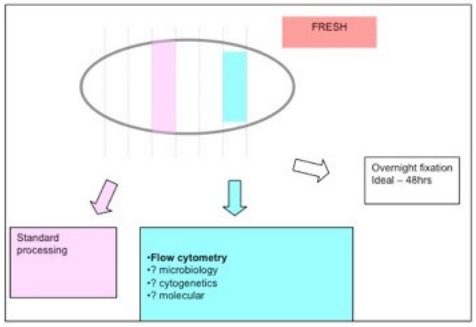
<u>Prognostic factor - not a separate entity</u>

CORE BIOPSY vs EXCISION

Optimising use of core biopsies

- Use of core Bx for diagnosis of lymphoproliferative processes is increasing and this trend is likely to continue
- There is a consistent rate of non-diagnostic samples (currently up to 30%)
- Careful consideration of clinical context (ENT setting)
- Use of appropriate gauge (< G17)
- Acquisition of multiple cores (at least 2)
- Proper fixation: 10-15:1 ratio
- Preferably all cores separately embedded
  - At RBWH : if >1 core – divide them in 2 blocks (1 with malignant core protocol)
  - Additional unstained slides preserved to ovoid re-facing of block
- Ideally no levels; no unsolicited upfront IHC
- Use of all available diagnostic modalities

Lymph node excision



Markers

Immunohistochemistry for lymphoma

CD Markers:
B cell (CD20, CD79a, CD 10, CD 19, PAX 5, CD200, Kappa, Lambda)
T cell (CD2, CD3, CD4, CD5, CD7, CD8)
Myeloid cells (CD 117, MPO)
Others (CD 42B, CD45, CD43, CD 56, CD 57, TDT, BCL-2, CD1a, CD23, CD 21/35, cyclin D1, CD15, CD30, CD68)

Make sure you are aware of staining patterns– cytoplasmic, nuclear etc
Make sure controls have worked

Why we need molecular diagnosis

- To exclude diseases associated with **lymphocytosis**
- For cell surface phenotype of lymphocytes which is helpful to resolve **differential diagnosis**
- For identification of **prognostic** molecules and molecules for **targeted therapy**
- Normal peripheral blood- 10% B cells, 10% NK cells, 80% T-cells
- Techniques – flow cytometry(light chain restriction), PCR (clonality), ISH (Gene rearrangement)

ERRORS

- Errors due to insufficient specimen, sampling error – Non-representative biopsy
- Inadequate/irrelevant clinical information
- Incorrect sampling - LN ?carcinoma
- Errors in processing of tissue – Inadequate fixation (2-3mm sections), sampling incorrect areas
- Sections too thick, folds etc
- Errors in immunohistochemistry – lack of understanding of antibodies, inappropriate controls, and the reagents or machines used
- Inadequate training and experience

Specimen Triaging

- Paraffin embedded tissue is **first** priority – H&E, IHC, FISH, molecular
- Flow cytometry is **second** priority – to be sent fresh or in RPMI
- Freeze tissue, if adequate, for molecular studies
- Tissue for cytogenetics – to be sent in RPMI (more important for leukaemia)

Take home messages

1. Read the history carefully and if unclear, communicate with clinicians
2. Triaging the specimen specially for flow cytometry
3. Single or multiple cores – to be fixed well and blocked appropriately
4. In most cases, the pathological diagnosis of lymphoma may be made based exclusively on morphology and Immunophenotype
5. Lymphoid clonality studies or FISH for rearrangements involving *MYC* or *BCL2* is useful for prognostic purposes
6. Results should be reported and interpreted in the context of the clinical findings, bone marrow findings, morphological and immunophenotypic findings

Histology ALWAYS takes priority over other tests

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2100 ANTIGEN RETRIEVER

The solution for antigen unmasking

This is an **affordable** solution to many common problems with immunohistochemistry on paraffin sections. **Ease of use** combined with high reproducibility of the results will give you the best quality immunostaining. The Retriever is a bench-top model for thermally processing slides of formalin-fixed paraffin embedded tissues prior to immunostaining.

How does the Retriever work?

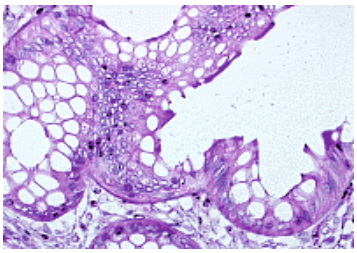
In contrast to many other "pressure-cookers" or microwaves it allows **proper recovery of epitopes** on formalin-fixed (routine pathology sections) while **preserving tissue morphology** and always giving you the same **quality** and degree of fixed tissue recovery.
A chip on-board the machine controls the profile of heating, pressure and the length of the cycle optimal for most of the routine formalin-fixed, paraffin embedded tissues.

With Retriever you can:

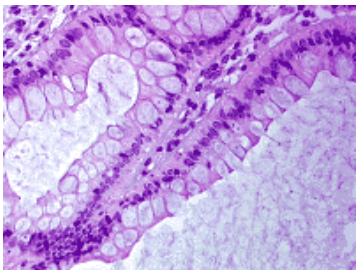
- Run antigen unmasking in up to 6 different buffers in one cycle.
- Recover the epitope of interest while preserving the tissue and cell morphology.
- Get identical results every time.

For Research Use Only

Diagnostic TECHNOLOGY



Processing the tissue in microwave-type machines results in damage to the morphology of the gentler tissues.



No damage to morphology occurs after processing the tissue in the Aptum Retriever and unmasking of antigens is improved.

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Wide Bay Scientific Group Conference
Surfair Marcoola Beach – 16 to 18 March

Speaker announcement

Register online at

http://Tinyurl.com/WBSG2018-rego

The following speakers and topics have been confirmed.

Topic	Presenter
A Northern Territory perspective	Michael Lynch - NT Pathology
"A Weekend With Bernie's" – major surgery on a Bernard Soulier Syndrome patient over a long weekend at a regional hospital.	Neil Dawson - PQ Toowoomba
Volunteering in remote/exotic locations	Sandie Safton
Managing pre-analytical pathology errors	David Porter - PQ Townsville
Coagulation in Ageing	Robyn Coleman – SNP Brisbane
The immunology of a putative dual vaccine against Hepatitis B virus and Streptococcus pyogenes	Leanne Dooley - SQU Toowoomba
Transfusion practice in older adults	Geoff Simon – USC
Immunohistochemistry – the Shakespeare of Medicine	Elizabeth Zemek - PQ SCUH
Troponin false positives	Alison Hall - PQ SCUH
Suspected Willy Deficiency for Heart Broken Man	Billy Vincent - PQ TPCH
Haematology case studies	Lyndall Dial – QML Brisbane
C.diptheriae case study	Dean Johns – PQ SCUH
Acquired haemophilia: A Case Study	Alex Unterburger - PQ Grad Scientist
C perfringens intravascular haemolysis: A case study	Katie Buzacott + micro + chem + haem presenters – PQ SCUH

The organising committee are working on finalising the program.

Workshops – two high quality workshops have been arranged for Saturday morning, before the scientific program commences (see details on next page).

Networking and social activities – please book with registration.

Friday evening - we will meet at the Surfair Hotel, on the conference site. Delegates can order and pay for food and drinks individually at their leisure. The kitchen will be open until around 9:00 pm.

Saturday morning optional activities include surf lessons (6-8:00 am $45/person) and yoga on the beach (6:30-7:30 am $20/person). Minimum and maximum numbers apply.

“There’s more to me than Histology”

Chris Cazier - Senior Technician - QUT Histopathology

1 - How long have you worked in histology and have you worked in any other labs?
After graduation, I started as Histo/Biochem/ Haematology technician for the University of Queensland Vet School. I spent the next 18 years conducting Histological diagnostic and research for Veterinary Pathology, UQ. In 2016, I resigned as the Supervisor of Histology, Anatomy and Post Mortem Facilities (UQ Gatton) to undertake the senior position at QUT responsible for the Histology Practical Classes.

2 - What is a skill you're good at that not many people know about?
Ooh, tough question,....hmmm I’d say Procrastinating went it comes to Home renovations.

3 - What was your first paid job and what did you like most about it?
First paid job was as a gardener for an elderly lady who loved to sit behind me and criticized everything I was doing. It didn’t take me long to figure out why my friend palmed the job onto me. Quitting was my favorite part of that job.

4 - What do you like doing in your free time?
Not terrible mature of me but I love playing computer games, particularly Playstation 4, first person shooter games.

5 - What is your all-time favourite movie, tv show and song?
All-time favorite movie would be Predator with Arnie, saw that about 5 times in cinemas when it first came out. Tv show/s, contentious choice here but I would have say any lowbrow reality show that involves youths making a fool of themselves. I would provide examples here but I would be expelled from HGQ.

I’m not a massive music lover or should I say into any particular genre, but the 80s where pretty cool. I guess Ice Ice Baby (Vanilla Ice) will always be special to me as it was played at my wedding (as a joke) when my wife and I entered the reception room.

6 - What food best describes your personality?
I would have to say PIZZA, good for in any situation,…LOL

7 - Describe a "perfect day” when you’re on your monthly Rostered Day Off (RDO)?
Definitely offshore fishing with my Dad and or the family

8 - If you decided to change your career, what would you do?
About 12 years ago I tried to do a career change,.....Firefighter! I easily got through all the physicals and aptitude testings and even got a couple of interviews, but obviously unsuccessful. I could not complete against, ex police, army and paramedics that were all switching over.

“I would have to say PIZZA, good for in any situation”

9 - What three events/people/experiences made the biggest impact on who you are today?
Firstly,...family,...especially my Dad, seeing how he worked hard as Chef, coming to Australia with nothing and now even when retired still works harder than me,....or am I just lazy,.....Hmm? Secondly,...My first Histology Job in a 2 person lab, more specifically, the Histology manager that never tied to help or mentor me. This forced me to learn and optimize all the lab specials stains by myself. Steep learning curve straight out of uni but with the use of the internet, journals and text books plus a lot of trial and error. I learnt quickly as a result my manager was released and I was promoted after 2 years as manager. Thirdly,...I would say getting my current job at QUT in the City. Career wise it is step back in but quality of life has increased dramatically. Now I don’t need to travel 100km each way to Gatton a day,...YAY

10. If you could choose one superpower, what would it be and why?
Easy,.....time travel!

All Images courtesy of Chris Cazier

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Watch the space...

What's new with the HGQ?

Upcoming Events

March 2018
- Other - Wide Bay Scientific Group - Conference
  16-18 MAR - Marcoola, QLD

April 2018
- **Newsletter - Tissue Paper**
- National Histology Group Logo Competition
  Date & Details TBA
- Other - Diagnostic IHC - 6th International Workshop
  27-29 APR - Tweed Heads, NSW

May 2018
- **Scientific Meeting - TBA**

June 2018
- **Social Event - Trivia Night**
  22 or 29 JUN - Venue TBA

July 2018
- **Newsletter - Tissue Paper**

August 2018
- **Scientific Meeting - Joint AIMS/HGQ**
  23 AUG - Venue TBA

September 2018
- **Workshop - Practical**
  Date & Venue TBA
- Other - National Society of Histotechnology - Annual Conference
  21-26 SEP - Saint Louis, Missouri, USA

October 2018
- **Newsletter - Tissue Paper**
- **Scientific Meeting & AGM - TBA**
- Other - Histotechnology Society of NSW - State Conference
  5-7 OCT- Rooty Hill, NSW

November 2018
- **Social Event - TBA**

May 2019
- National Histology Conference
  Date & Venue TBA - Adelaide, SA

Images courtesy of Jerres Alcober