Name: Michael Byrne Role: Advanced practitioner in specimen dissection

I would like to thank the BDIAP for granting me a bursary to attend the joint BDIAP – ABP symposium on breast pathology. I am a Biomedical Scientist currently studying for the IBMS Advanced Specialist Diploma in breast dissection and I found this symposium really beneficial to me. I enjoyed all of the talks throughout the day and it was interesting to hear the pathologist's questions and discussions following them.

Dr Rahul Deb talked about his experience of measuring tricky breast cancers and margins and some of the common problems encountered. As a dissector, it was good to see the pathologists approach to dissecting and reporting those specimens such as wide local excisions that are not uniform round pieces of tissue and where margin interpretation can be difficult. He also talked about reporting complex mastectomy specimens such as those with widespread DCIS and multifocal tumours and how mapping is helpful when they are reporting which is something I do in my own laboratory when dissecting these types of specimens.

Mr Ashu Gandhi gave a talk from a surgeon's perspective about surgical margins in breast wide local excision specimens. I found this talk really informative and he discussed the evidence from studies of why 1mm margins in invasive disease and 2mm margins in DCIS are the current standard.

There was a talk given by Professor Abeer Shaaban from Queen Elizabeth Hospital in Birmingham about scoring of HER2 slides. She talked about the new scoring criteria of the Low and Ultra Low HER2 scoring groups as patients in these groups can also benefit from treatment. There was also good discussion of the subtleness of the staining and how difficulties arise when scoring slides.

Professor Richard Levenson gave a really interesting talk about a new technology in development called FIBI (fluorescence imitating brightfield imaging) which can create histology images from unsectioned fresh tissue. The technology uses a special camera that can scan the tissue and take images which are then fed into an AI algorithm that can convert them to an image that resembles a standard H&E slide. It has implications for use intra operatively and also in the lab for very fast turnaround times.

Having worked with Ian Ellis in the past it was great to see his talk on breast pathology through the years and how the reporting of breast specimens has changed from one line to multiple pages of information. It was also great to hear about his work with Professor Elston and how they designed the breast grading system and the evidence to show how their grading system correlated with patient survival.

Dr Clinton Boyd gave a good overview of his laboratory in Belfast's implementation of digital pathology and the difficulties faced by the laboratory staff and the pathologists. This resonated with me as I have also seen similar problems faced when trying to implement digital pathology in my own lab from validation and verification to IT infrastructure and storage. It was also nice to attend the networking reception and catch up with old colleagues from my previous role in Nottingham.

Overall I really enjoyed the symposium and again would like to thank the BDIAP for the bursary and opportunity to attend.