The BDIAP 2015 Newsletter

The International Pathology Service

The British Division of the International Academy of Pathology www.bdiap.org

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Divisional Editor's Report

The British Division of the International Academy of Pathology

Dr. Nafisa Wilkinson

Dear All

A belated Happy New Year to you all. I hope that 2015 is a good year for all of you.

We have had a very successful year at the BDIAP with regard to grants and sponsorships. I am most grateful for all the help and support from members the Education and IT subcommittee.

We were overwhelmed with applications for BSc Scholarships. Each awarded up to a maximum of £15,000 dependent on their individual university fees. We awarded 5 such scholarships out of the 19 applications that we received.

We awarded two fellowships up to a maximum of £5,000 each. The 7th Junior Academy was held in Glasgow this year organised by the German IAP. The BDIAP supported the attendance of 4 candidates from the BDIAP Schools of Pathology.

9 bursaries were awarded to attend the IAP Congress in Bangkok in October 2014. There were 2 from Egypt, one from Jordan, 2 from Sri Lanka, one from Yemen, 2 from Ethiopia and one from Nepal. In addition a further 3 Nermin Durakovic Bursaries were awarded also up to a maximum of £1,500 to colleagues in Bosnia-Herzegovina.

We continue to hold the diagnostic workshops which have been very successful. A liver workshop was held in April 2014. This was conducted by Dr Judy Wyatt, Prof Stefan Hubscher and Dr Susan Davies in Leeds. In September 2014 we changed the format of the workshop with pre-scanned slides available to view prior to the meeting and talks with clinico-pathological correlation. We were very fortunate to have Prof. Caroline Verbeke, Prof. Fiona Campbell, Dr Maria Sheridan (Radiologist from Leeds) and Dr Durgesh Rana and Dr Sakinah Thiryayi. This course got excellent feedback. We were asked to plan the next workshop to address aspects of gastro-intestinal pathology. This will take place at Weetwood Hall in Leeds on Friday, 23rd October 2015. Profs Neil Shepherd and Marco Novelli will be the course tutors. Registration will open shortly so please book your place promptly to avoid disappointment. As these courses are run as workshops we will keep the numbers small although we have some flexibility as we are not restricted by the limit imposed by glass slides.

I have been very fortunate to have my horizons broadened by my visit to the Unipath Conference in Pretoria in October 2014 followed by a visit to Bloemfontein, Durban, Port Elizabeth and Cape Town where I met some very enthusiastic and dedicated pathologists and experienced a very warm welcome.

In December 2014 I was supported by the BDIAP to speak at the first CME day organised at The Kathmandu University Hospital in Dhulikhel. The pathologists are soon to move into new premises where they will have more space. Presently the entire histopathology laboratory including cut-up are located in one room. The reporting room has 2 microscopes. These are the standard generally used by medical students in the UK. If any one has spare microscopes and text books that they no longer require please contact me. Our colleagues in Nepal will be enormously grateful for any support.

Any feed-back is very gratefully received.

With my best wishes

Presidential Address

The British Division of the International Academy of Pathology

Dr. Alec Howat

Similar to the previous President, Professor Mike Wells, my rise to the dizzy heights of President has followed a long career in the BDIAP, firstly as Councillor in the 1980s, then Membership Secretary, Treasurer and finally International Secretary. I have always felt comfortable and at home in the BDIAP, I think due to the ethos of providing top-class education in an atmosphere of fun and enjoyment. This philosophy has been engendered by a succession of like-minded Presidents and their Officers and Councillors. Puritanism has been defined as 'the haunting fear that someone, somewhere might actually be happy'; I can safely say the BDIAP does not ascribe to that belief.

My 'day job' is as a Consultant Histopathologist at East Lancashire Hospitals NHS Trust which formed a few years ago after amalgamation of Burnley and Blackburn Trusts. These two northern towns have traditionally not been the best of friends mainly due to a fierce football animosity. So, combining the Trusts had its challenges; comments such as 'I'm not going to Burnley to have my baby' or 'I wouldn't send my cat to Blackburn let alone any of my family' were not uncommon. Trust mergers have been defined as 'the suppression of mutual loathing in order to attract funds' and thus emerged the combined Trust. Of course, the local population now appreciate the sense of the decision and peace prevails…….

Former President, Prof. Mike Wells and myself.

I work in a team of 11 Consultants with a loose system of 'sub-specialisation'; this is not like large hospitals containing terminally-differentiated mono-specialty Consultants. Our system is where 3-4 of us do the MDT-related specialist work of, say, breast pathology. Each Consultant therefore concentrates on 3 or 4 specialist areas; mine are breast, skin (including inflammatory cases) and lung. We all see general pathology. It works well and, bizarrely, we all actually get on which is pretty unusual for a team of 11 Consultants….anywhere….in any specialty!

The day of my inauguration as President was one of the most important of my professional career. This occurred at the November BDIAP meeting on Gynaecological Pathology in London. In the evening at the dinner, I had the joyous task of awarding the Cunningham Medal, for services to the BDIAP, to Mike Wells and the President's Medal, for services to Pathology in education, to Prof Ian Ellis. As part of my homework for these awards I obtained copies of their CVs; both are mightily impressive. That we have such giants of world Pathology living in the UK is a fact to be savoured. Even more impressive is that they are two of many leaders in their fields within our membership.

At the start of Mike Wells' Presidency, he outlined two special projects that he wanted to achieve; one was to initiate a 2-day Summer School for medical students, the plan being to attract them to Pathology. This was undertaken in conjunction with the RCPath and the Pathological Society. The first Summer School was held in August in London and was a huge success. It will be repeated in 2015 in Oxford. His second project was to lead the BDIAP in Bangkok at the IAP Congress in its bid to host the 2020 International Congress I Glasgow. I am delighted to say that this was successful. Now starts the hard work of setting up Steering Committees, Scientific and Social Committees etc.

Finally, it would be nice to see our database of lecturers expanded and I know that this is something that the Meetings and International Secretaries are keen to do. There are undoubtedly members of the BDIAP who are good lecturers in their field about whom we are unaware. So if you think of someone who fits the bill, please let us know via bdiap@blueyonder.co.uk.

Report from Prof. Mike Wells
(Immediate past President of BDIAP)

The British Division of the International Academy of Pathology

Prof. Mike Wells

As the immediate past President of the British Division of the International Academy of Pathology (BDIAP), I would like to report briefly on two personal highlights of 2014: The Pathology Summer School for medical undergraduates and the bid to host the Congress of the IAP in Glasgow in 2020.

Pathology Summer School, August 2014

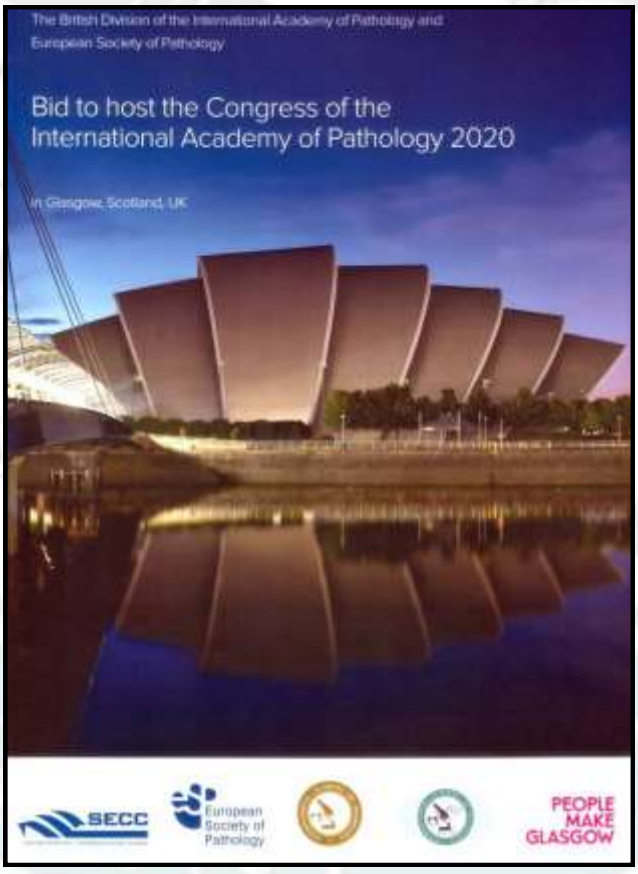
I first conceived of a Pathology Summer School for medical students at the outset of my Presidency but it took time to win hearts and minds and to convince colleagues that a considerable investment of time, energy and money would be worthwhile. Well, to cut a long story short, it happened at the beginning of August 2014 and was a huge success; Dr Suzy Lishman wrote about it in the October 2014 edition of the Bulletin of the Royal College of Pathologists and a Year 3 medical student from the University of Aberdeen gave a wonderful personal account of the school. It became a partnership between the BDIAP, the Pathological Society of Great Britain and Ireland and the Royal College of Pathologists. Although it is fair to say that the emphasis was on cellular and molecular pathology, the College's involvement meant that it also had a multispecialty flavour which, in future years, will be more apparent.

I am deeply indebted to Dr Nicki Cohen (University of Bristol) who, almost without prompting, effectively put the programme together; the success of the meeting was very much a tribute to her enthusiasm and commitment. There was an interesting and varied combination of lectures, panel discussions and breakout sessions.

The feedback from the participants in the Summer School was tremendous; Suzy commented that it was the best feedback from any meeting held at the College in recent years. 98% of participants said that they were more likely to pursue a career in pathology following the Summer School. Work is now proceeding for the second Pathology Summer School in August 2015. We have to work harder at the medical school level if we are to encourage the brightest young people to join our specialty.

Report from Prof. Mike Wells

Bid to host the Congress of the International Academy of Pathology, Glasgow 2020



It was my privilege to lead this bid at the International Congress of Pathology of the IAP in Bangkok in October 2014, with the support of Professors Ray McMahon and Claude Cuvelier and a very effective team from the Glasgow City Marketing Bureau and the Scottish Exhibition & Conference Centre. The brochure prepared for the bid was particularly impressive and included a goodwill message from Professor Sir Roddy MacSween, a statement of support from Professor Han van Krieken, President of the European Society of Pathology (ESP) and no less than 11 letters of support from other European Divisions of the IAP. Our presentation lasted about 8 minutes; my contribution was 4 minutes. I have never felt more rehearsed and prepared for 4 minutes in my life. Thankfully, it paid off; against stiff competition from China, Mexico and Singapore, the BDIAP was successful. Following the joint Congress of the IAP and the ESP in Cologne in 2016, the 2020 Congress in Glasgow will also be a joint meeting of the IAP and ESP. Moreover, Claude Cuvelier as a European Vice-president of the IAP is leading an “Assembly” of European divisions of the IAP and a constructive meeting of this embryonic Assembly has already taken place.

Michael Wells
Emeritus Professor,
University of Sheffield

The XXXth Congress of IAP 2014 in Bangkok
Presentation of Glasgow 2020 bid

Glasgow 2020

International Secretary's Report

The British Division of the International Academy of Pathology

Prof. Dan Berney

This was a very active year for the International committee with a large number of BDIAP members rising to the challenge and running lectures and workshops.

East Africa

The 5th East African Pathology Safari was undertaken by Roddy Simpson on Head & Neck pathology. He went the extra mile to visit Rwanda. Part of his experience is below:

> *'I think the most valuable legs of the safari were to Kampala and Kigali. It was sad to see the situation in Uganda ; at Makerere they don't even have access to special stains, never mind IHC. The department was where Burkitt's lymphoma was discovered and many leading British pathologists worked there in the 1960s and I was impressed with the high motivation of pathologists working in difficult circumstances such as Robert Lukande of Lancet Laboratories. The situation in Rwanda seemed more hopeful. Although accommodation of the pathology department at the teaching hospital is pretty basic, the people there are keen, and they have even started some immunohistochemistry with a few markers. I had a long chat with the Professor, Venerand Bigirimana, who was trained by Rudi Heimann in Brussels. There are 5 pathologists in the country and 7 trainees, both in Kigali and in another city, Butare. I would strongly advise future BDIAP safari lecturers to go – the city (or what I saw of it) is surprising well-ordered, especially considering the horrors of 20 years ago. Overall, this was a wonderful experience for me, even though the constant travel was rather a rush. I would strongly urge the BDIAP to continue with the safari programme, if at all possible, and I would advise future lecturers to make the effort to visit Kampala and Rwanda, as they will be particularly appreciated there. I would like to express my appreciation to Ahmed Kalebi (and his secretary Lorna Zutti), plus all the local pathologists for all the many local arrangements which ran pretty smoothly.'*

Dr Maria Calaminici (Bartshealth) and Dr Kikkeri Naresh (Imperial) ran a workshop on bone marrow pathology at the east African School of Pathology in August. The South African Division of the IAP and UNIPATH hosted Dr Nafisa Wilkinson: on Gynae pathology and myself, who gave the 'Bunny Becker' plenary lecture at the UNIPATH conference. Nafisa went on to visit and teach at many pathology departments in South Africa. Despite South Africa having more pathologists per capita than any other country in sub-Saharan Africa, most are in the private sector. Pathological support in government run hospitals remains precarious.

More than once I have heard that teaching in developing countries and learning their problems becomes a 'transformative' experience and I think both Drs Calaminici and Wilkinson found the experiences in Africa life-changing.

5th East African Technical Training Courses This is part of our on-going commitment to f/u the previous courses with hands-on observations and two labs were attended before the EAS of Pathology in August by a technical team to improve skills in these laboratories.

International Secretary's Report

COPECSA Programme Officer.
This is a jointly funded post by RCPath & BDIAP for 3 years. Austin Makani has been in post now for 18 months to help COPESCA grow and become an organisation that can serve pathology in the region.

African Strategies for Advancing Pathology: a new initiative,
The meeting was organized by InPaLa – The International Pathology and Laboratory Medicine Initiative. InPaLa is a global pathology resource center designed to meet the information needs of pathologists and laboratories, especially in resource-constrained areas. The officers are Ann Nelson, Sebastian Lucas and Michael Wilson. Attendees included the Presidents of the 3 SSA IAP Divisions in Africa, the IAP African Vice-President and the Presidents & Secretaries of the West African & East African Colleges of Pathology as well as overseas interested parties and Dr Howat and myself from the BDIAP. Whilst the remit was to improve all pathology, it was agreed to concentrate on Histopathology Funds for the meeting were generously donated by the US National Cancer Institute, the BDIAP & the Pathological Society of GB & Ireland. The outcome was a document delineating Working Strategic Plans and Actions Plans and another article in this newsletter will outline in detail this exciting intitiative to assist the lack of pathology in Africa.

Bryan Warren School of Pathology: Sarajevo– The November 2014 school was on Pulmonary and Mediastinal pathology with Drs Paul Cane and Michael den Bakker and was enthusiastically and well attended. *(Detailed report on next page).*

Prof. Mike Wells pipes up!.

The Arab IAP Congress in Tunisia was supported, with Professor Mike Wells, Kristin Henry and Dr Anne Sandison as speakers.

An International Pacific Pathology Workshop was supported by the BDIAP and attended by Professor Sebastian Lucas to lecture on Infectious disease and and Post Mortem in April 2014. This 'one off' was to support an underserved and developing Pacific division of the IAP.

In short this was an exceptionally busy year for the BDIAP in its international work. I would like to thank all the fantastic lecturers for giving up their valuable time to teach in some exceptionally remote locations and also to all the local pathologists around the world who give our visiting teams such warm and enthusiastic welcomes.

Dan Berney Feb 2015

Bryan Warren School of Pathology Report Nov. 2014

The British Division of the International Academy of Pathology

Dr Paul Cane & Dr Michael Bakker

Bryan Warren School of Pathology delegates 2014.

The 8th course in the BD-IAP supported lecture series members of the Bryan Warren School of Pathology was held in Sarajevo on November 5-7th 2014 at the University of Sarajevo. The meeting was attended by approximately 30 delegates, mainly trainees and interested specialists. The topic for this series was “Lung and mediastinal pathology”. Paul Cane (Guy's & St. Thomas' NHS Foundation Trust) and I (Maasstad Hospital, Rotterdal, The Netherlands) were honoured to be asked to provide the lectures and workshops. Our hosts, Dr. Semir Vranić and Dr. Faruk Skenderi were the local organisers and made sure everything ran smoothly.

Despite non-direct flights (either through Vienna or Frankfurt) our trip was smooth, leaving ample time to reach the hotel which was located just 5 minutes’ walk from the hospital. The short taxi drive from the international airport provided the first impression of the Balkan country which still, 20 years on, shows the scars of the Bosnian war with numerous buildings pock-marked by bullet holes and damaged by shelling. Nevertheless, there is an upbeat feeling to the town with a lot of new building going on. People were friendly and helpful, a great benefit as the slavic language is incomprehensible.

After settling-in our hotel Semir kindly took us on an evening walk through the town with obligatory stops at the site of the murder of Archduke Franz Ferdinand of Austria in 1914. The integration of various ethinc and religious populations is striking as mosques and churches stand side by side and Christian and Islamic cemeteries with simple white headstones are next to eachother. After savouring the local cuisine we retired to prepare for the course.

The course was divided into lectures and slide seminars, although the distinction was intentionally blurred for some topics. Five half-day sessions were devoted to (1) lung neoplasia, (2) mediastinal pathology, (3) less common lung tumours, (4) non-neoplastic lung and (5) lymphoproliferative disorders and pleural disease. The Erasmus MC in Rotterdam kindly provided support by scanning and hosting a large number of cases which were available to study in advance of the course.

After a brief introduction by Semir, Paul took care of the first session on lung neoplasia and broke the ice with a highly interactive introductory lecture on lung anatomy. The students did not need much encouragement to participate and were happy to interact. After covering the ever expanding topic of lung adenocarcinoma, including the changing concepts of adenocarcinoma in situ (previously bronchoalveolar carcinoma) and a brief coffee break, Paul continued with other non-small cell carcinomas and rounded off the morning session with a slide seminar.

Bryan Warren School of Pathology Report Nov. 2014

The afternoon session of the first day was programmed for mediastinal pathology in which both thymic tumours and other mediastinal tumours (germ cell neoplasm, lymphoproliferative disorders and soft tissue tumours) was covered. The history of thymoma typing formed the basis to speak about thymoma diagnosis and classification which was brought into practice in the final session of the day, the slide seminar.

In the evening the course dinner was organized in a former army barracks, now put to good use a restaurant serving local specialties. A feast was laid on and almost all students were present. Cultural differences were obvious as smoking is very common in the Balkan and the restaurant soon brought back memories of times past when smoking in public places was common.

The second day of the course was divided in a morning session on neuroendocrine lung tumour, specimen handling and biomarker testing and an afternoon session on non-neoplastic lung. Once again Paul started-off the morning session, which included a very useful short video “how I handle lung resections” and provided a good interlude between lectures. The attendees proved critical with good questions resulting in a useful discussion. The lecture hall was very comfortable but strangely contained an inconspicuous but considerable number of ornamental owls, the meaning of which remained mysterious. After lunch the course continued with non-neoplastic pulmonary disease, including a session on pediatric lung disorders. After discussing “radiology of interstitial lung disease for pathologists” and covering the various entities of interstitial lung disease the second day was brought to a close with an interactive slide seminar.

The final morning session was shared by Paul and myself with Paul covering lymphoproliferative disease and mesothelioma. After the final slide session the course was closed and goodbyes were exchanged between students and faculty. Numerous “selfies” were made to serve as a memory of a good course, as the group photo was taken outside the faculty building. Before dropping us off at the airport Semir drove us to a couple of viewpoints on the outskirts of town for a final view of the town laid out in between the hills.

We look back on a a very good course. The balance of lectures and slide seminars proved very effective and proved ideal to involve the participants in active discussion. The course material was collected by Faruk and was made available through the website, included extended access to the scanned slides.

http://www.bosnianpathology.org/bwsp-2014

Fellowship Awardee Dr. Anna Green

Secondment to the Institute of Pathology, Basel University Hospital, Switzerland

November 2014.

Dr . Anna Green, SpR Histopathology, St Thomas' Hospital, London.

Following the FRCPath Part 2 exam in October, I was fortunate enough to secure a secondment, with generous financial support from the BDIAP, to spend time at the Institute of Pathology in Basel.

Basel University is the oldest university in Switzerland, founded in 1460. The Institute of Pathology is based in its own building, spread across four floors, and connected to both the University and the University Hospital. Not only does the department receive and report specimens from all the routine specialities, it also includes an in-house molecular pathology department, neuro-opthalmology and the Bone Tumour Reference Centre.

Diagnostic work is performed for Basel University Hospital, as well as several additional clinical centres, both within and outside Switzerland. In addition, it is an active academic department, carrying out extensive molecular research.

During my time in Basel, I was principally supervised by Professor Alexander Tzankov, head of histopathology, and specialist pathologist in haematopathology, alongside Professor Stephan Dirnhofer. I received all the new in-house haematopathology specimens every day, and then discussed the cases with either Professor Tzankov or Professor Dirnhofer. The case mix was similar to those we receive in the UK, but with a much larger number of post-transplant bone marrow biopsies. However, the approach, in terms of when the first report was issued (in most cases immediately, prior to immunohistochemical staining) and the use of immunohistochemical stains was somewhat different to my previous experience, and was an excellent learning opportunity. Many immunohistochemical stains used here were not ones I was familiar with, or that I had only read about in the literature. Also, double staining was something I again had never used personally, but appreciated the potential of through my work here. As well as in-house cases, I also looked at many new referral cases. The MDT format is slightly different here; every Friday about three cases (selected by the haematologists) are discussed in depth at the "Kino", incorporating the aspirate and flow cytometry results with the bone marrow.

In addition to the new cases, Professor Tzankov had kindly put aside around 100 teaching cases, which I worked through over the period, and then we them discussed in more detail. Ranging from unusual variants of regular cases, to the original slides from case reports, this collection was an excellent opportunity to build on my haematopathology experience to date, and allow me time to read around the cases in more detail, especially those with associated publications.

As well as spending time on haematopathology, I was able to gain some hands-on experience of molecular pathology. I spent time with Professor Tzankov's PhD student, performing DNA extraction, clonality analysis and array CGH. I have come away with a much better understanding of these techniques, and hopefully will be able to apply some of what I have learnt, particularly in relation to clonality analysis, to clinical practice. I found it really useful to carry out some of the techniques that usually I just request, and be able to better understand the importance of correct interpretation of the pathology before molecular tests are performed. Although I did not get involved in next generation sequencing (NGS), which has recently been established within the Institute, I was able to attend an excellent presentation by the team in charge of this, updating the department on the NGS results being obtained and the potential (and challenges) of taking this into diagnostic practice.

My first week in Switzerland coincided with the Swiss Society of Pathology annual congress, which this year was held in Lausanne. I had a poster accepted for presentation, and I attended the whole congress. For trainee pathologists, it started with a slide seminar on bone marrow pathology, very apt for one of the objectives of my trip to Switzerland. The standard of the presentations over the three days was very high, with numerous international speakers, as well as oral presentations by Swiss trainees, from which I was very impressed by the level of research they are involved in. It was a nice opportunity to chat to trainees from Switzerland, and compare notes on our training. Teaching did not stop with the end of the congress, in the Institute I attended the daily morning "biopsy" meetings, and the twice weekly lunch time seminars.

The Swiss Alps, viewed from Jura.

Overall, this was an invaluable training experience. I learnt an incredible amount in a short period of time, which will be of great use to me in the future. I am very grateful to the BDIAP, whose funding made this secondment possible, to Dr Jon van der Walt for suggesting and arranging the trip, and to Professor Tzankov and the Institute of Pathology in Basel for hosting me, and making my visit a memorable and very enriching time.

BDIAP Education Fellowship

St. George's Hospital, London

Dr Caitlin Beggan

I am most grateful to the British Division of the International Academy of Pathology (DBIAP) for the provision of funding to undertake a six-month educational fellowship in St. George's Hospital, London under the supervision of Dr Cathy Corbishley.

Dr Cathy Corbishley is a renowned genitourinary pathologist and is the lead for the St. George's Hospital penile pathology supra-network, resulting in a busy referral practice. With over 30 years experience and an enthusiasm for teaching and trainee development, her instruction and guidance were greatly appreciated. Dr Corbishley retired from diagnostic practice during my time at St. George's and her vigour and passion for pathology is sorely missed.

I also had the great opportunity to experience a variety of subspecialty reporting, beyond the urological service, during my placement, and this educational guidance will stay with me for years to come. The team at St. George's including consultants, trainees and biomedical staff made my attachment such a success by way of their good humour, availability and enthusiasm in discussing challenging cases.

St. George's Hospital

St. George's Hospital, based in Tooting in South West London, is the main site of the St. George's healthcare trust. With nearly 8,000 staff it is the largest healthcare provider in southwest London serving a population of 1.3 million with additional specialist services covering significant populations from Surrey and Sussex, totalling around 3.5 million people. St. George's Hospital is a specialist centre for penile cancer and receives referrals from across South East England.

St George's Hospital is also home to the St George's University of London medical school. During my fellowship I had the opportunity to contribute to the undergraduate pathology-teaching programme. I delivered interactive case based tutorials on death certification and cardiovascular pathology. I particularly enjoyed leading these sessions as I have contributed to similar teaching in Dublin.

My fellowship in London afforded me the opportunity to attend a number of conferences and meetings held locally. Fortunately, during the period of my fellowship, the European Society of Pathology and the Pathological Society of Great Britain and Ireland jointly held the 26th annual congress of pathology in the ExCel conference centre in East London. I had the opportunity to present a poster outlining research work I had performed assessing changes in cervical cone specimen size.

I had the privilege of attending numerous extremely informative talks. The daylong Urological pathology symposium included topics on morphological classification in penile pathology, grading or renal neoplasia, handling of prostatectomy specimens and hereditary genitourinary tumours to name but a few. The cytopathology session provided updates on advances in head and neck cytology. A talk on thyroid cytopathology outlined the use of molecular testing in the determination of risk for follicular lesions.

I particularly benefited from a meet the experts symposium organised by the trainee division of the Pathological Society. Prof Robert Goldin and Dr Richard Byers delivered two excellent and informative talks, which were perfectly pitched, to the audience present.

A symposium on the role pathology plays in undergraduate education gave me an insight into the challenges we face as pathologists in the emerging environment of problem based and systems based provision of undergraduate education. The BDIAP treasurer Dr Ray Mc Mahon gave a thought provoking talk on the situation past and present, and the communal difficulties faced by academic pathologists globally.

In November I attended the BDIAP 109th Symposium of Gynaecological Pathology, held in Cavendish Square in London. This was an extremely informative day with a myriad of excellent speakers. With a variety of topics ranging from the challenges of premalignant lesions in the endometrium, to the fascinating range of uterine mysenchmal tumours to the pathogenesis of germ cell tumours, this was truly an insightful snapshot of the challenges of modern gynaecological pathology practice.

Both conferences, in addition to my attendance at RCPath study days allowed me the opportunity to meet with a number of trainees working in various departments across London. I particularly enjoyed hearing of the joys and challenges faced in various institutions.

Together with the excellent professional opportunities allowed by my six-month placement, I was also thrilled by the prospect of living in such a vibrant and exciting city as London. I made the most of my weekends with numerous outings to the various free museums in the city. An occasional trip to see the latest offering in the West End was also a particular treat.

BDIAP Education Fellowship

I am most grateful for the generous support given to me by the BDIAP. The opportunity to work in a busy London histopathology department, to learn from the expert experience of Dr Corbishley and the opportunity to attend two excellent educational conferences has been invaluable to me as a trainee, and an experience that I will not forget.

Enjoying the St George's histopathology department Christmas party with some of my fellow trainees.

The 7th International Academy Summer School

IAP Junior Academy, Glasgow

14th – 16th August 2014.

The 7th International Junior Academy Summer School was held at the Beardmore Hotel, just outside Glasgow, Scotland. Over the preceding six years, the Academy has been held in Geisenheim, Germany and also in Dublin. This was the inaugural trip to Scotland, and I think it was a great success.

The Academy is aimed at trainees in histopathology, and is led by Professor Martin-Leo Hansmann and Professor Kristin Henry. The speakers, as always, were leaders in their field. This was a unique opportunity for the trainee delegates to be taught by experienced pathologists and world renowned speakers, in a small group and a welcoming environment.

Over three days we enjoyed sixteen talks and two slide seminars. If I was to use one word to sum up my experience of the Academy, it definitely is diverse. From lymphomas to soft tissue myxoid tumours, molecular pathology to macroscopic description, first year trainees to those about to complete their training, the Academy incorporated them all.

Dalma and I, slightly windswept on Loch Lomond.

The first day started after lunch, allowing trainees to arrive at the venue from around Europe and beyond. Professor Reinhard Büttner started off on the very topical subject of the "Importance of Molecular Pathology in Tumour Diagnostics." Using specific examples from lung adenocarcinoma and CLL, Professor Büttner, not only discussed the ways in which molecular information will benefit patient care, but also highlighted pitfalls that we, as pathologists who will often be requesting and interpreting these results, should be aware of. This lecture tied in very well with the next talk, by Professor Andrew Nicholson's on the classification of lung carcinoma. This comprehensive presentation brought us up to date with changes since the last edition of the WHO blue book and those which we are likely to see in the upcoming new edition, introducing new terms and making us aware of potential future modifications to staging.

Moving from lung carcinoma to lymphoma, Professor Martin-Leo Hansmann gave the first of several talks on this topic, with a broad introduction focussing on "How to Diagnose Lymphoma."

The day concluded with Professor Claude Cuvelier's talk on the approach to reporting resection specimens in colorectal carcinoma. This lecture took us through the importance of macroscopic description and assessment in colorectal carcinoma, and gave us an overview of the Belgian PROCARE study.

Prof. Berney on Loch Lomond.

On Friday we continued on topic of lymphomas. Neatly following on from Professor Hansmann's talk, Professor Henry spoke to us in more detail on the role of immunohistochemistry in lymphoproliferative disorders. This set the scene for Professor John Goodlad's talk on cutaneous lymphoma, guiding us through the WHO-EORTC classification.

Expanding the number of subjects covered again, we continued with the first of Professor Dan Berney's talks, "The Challenge of Prostate Cancer Diagnosis." Professor Berney gave us tips on how to identify malignant glands, introduced us to a number of variants, including more recently described entities and clarified the intricacies and possible future of Gleason grading.

Professor Goodlad's second talk was an excellent companion to the first, discussing the borderline territory between lymphoproliferative disorders and reactive inflammatory cell infiltrates in the skin, and reminding us that molecular analysis does not always have the answer! Professor Büttner followed with us a talk on gastrointestinal stromal tumours, with a detailed insight into the immunohistochemical profile and the overlap in immunohistochemical staining with other intra-abdominal neoplasms. The final talk of the morning was by the BDIAP President, Professor Mike Wells, who took us through the full spectrum of endometrial carcinomas, and the methods of distinguishing the sub-types.

The final day was the busiest. Professor Hansmann started the day with a comprehensive discussion on Hodgkin and T cell lymphomas, which was completed at the end of the day. Professor Cuvelier then took us back to the gastro-intestinal tract, describing the different causes of colitis, both acute and chronic, including hints to make a specific diagnosis. Professor Mary Leader gave two lectures on soft tissue tumours, the first a more general approach, and the second, a detailed look at myxoid tumours. I came away from this lecture feeling a lot more confident in my approach to what is often perceived as a difficult area by trainees. Professor Berney gave a second excellent uropathology lecture on "trapdoors in testicular pathology". The final lecture of the day was given by Professor Henry on cutaneous melanoma diagnosis and prognosis. The slide seminar took us through a range of unusual diagnoses and potential pitfalls, drawing on topics we had discussed in the preceding few days, and concluding the academy.

The academy also gave us time to socialise with fellow trainees and speakers, not only over lunch, but also with an afternoon excursion. The trip started with a guided coach journey from Clydebank to Loch Lomond. We then spent a couple of hours on a cruise of Loch Lomond, fuelled by tea and of course, Scottish shortbread. A lovely day turned into a beautiful evening, as we arrived at Glengoyne Distillery. Here we were serenaded by bagpipes and treated to canapés and the first of several glasses of whisky on the lawn. After a tour of the distillery, we enjoyed dinner at the distillery and whisky tasting with every course. A true Scottish experience. It was a brilliant opportunity to meet trainees from all over Europe and some from further afield, comparing notes on our training experiences. It was also an opportunity for me to catch up with Dalma from Bosnia, who I worked with at the Royal Brompton Hospital three years ago, while she was there on a BDIAP sponsored training bursary.

Overall, this was three days very well spent, combining an excellent series of lectures, with the opportunity to meet trainees from outside the UK, and enjoy being a tourist in Scotland. I am very grateful to the BDIAP for funding me to attend this conference and to the organising committee for all the work before and during the Academy. I am sure I will take what I have learnt forward with me in my career, and have hopefully made links with a few of my future European colleagues.

The location of next year's conference is yet to be announced, but keep an eye out on the BDIAP website for further details.

Bagpipes and whisky at the distillery

ASAP GROUP

Alexia Eslan

As the developing countries and regions of the world experience unprecedented economic growth, rapidly increasing urbanization, and increases in longevity, their populations begin to develop chronic non-communicable diseases (NCD) that are similar to those in developed countries. Among the NCDs, cancer in its many forms creates stresses on health care systems that already bear a disproportionate burden of disease. Cancer is not a single disease, does not affect a single population or demographic group; different cancers require different approaches to diagnosis and treatment, and therapy usually cannot be accomplished in a single clinic visit.

Cancer care is particularly challenging because of the need for cancer screening programs, diagnosis of the many different types of cancers, and development of cancer registries to guide resource allocation and public policy decision. For individual patients, cancer care requires advanced pathologic diagnostics for initial diagnosis, but also for tumour staging and grading. Diagnosis requires good histopathology and increasingly the use of molecular methods. Cancer treatment requires the availability of the same to monitor disease, and also requires good laboratory support to monitor patients while they are at risk for developing the known side effects of cancer therapy.

Dan Berney, Ken Fleming, Adekunle Adesina, Alec Howat and Martin Hale.

It is no surprise to members of BDIAP that resources of this type and scope simply are not available in most developing countries, or that one of the most important gaps in cancer care is the lack of histopathology services. In sub-Saharan Africa there are 1.1 doctors and nurses per 1000 population, compared with 12.7 in the United Kingdom. Access to pathology services is even more limited. In a survey initiated by Dr. Sebastian Lucas and Dr. Ann Nelson, and continued for several years, the availability of histopathology services in sub-Saharan Africa was found to be less than 10% of the United Kingdom.

Julia Royall and Ken Fleming

Based on the results of this survey, and current estimates of training capacity, Dr. Ken Fleming has estimated that it will take more than 500 years to train sufficient numbers of pathologists to equal the number per 1000 population that currently exist in the United Kingdom. Access to the necessary laboratory infrastructure needed for pathologists to work is equally limited in these areas. Contemporary facilities, table electrical supplies, cold supply chains, and technical support systems are not available in most developing countries. Developing this type of infrastructure is as daunting as developing a sustainable work force.

ASAP GROUP

The current gaps in access to pathology services are large and are growing rapidly. As populations begin to demand access to health care services equal in quality to those currently in place in developed countries. How, then, will our profession begin to address these gaps in services on a large scale and in a reasonable time frame? The past few decades have been characterized by little or no progress in many developing countries, despite well-intentioned efforts in many countries. What is needed to not repeat the same ineffective approaches? Some of the answers may be emerging from a meeting held in June 2014 in Siena, Italy, and the formation of a working group that is developing approaches to increase and improve access to pathology and laboratory services in developing countries. The group is known as African Strategies for Advancing Pathology, or ASAP.

Rosy Emodi and Mike Wilson.

Shahin Sayed.

The outcome of the Siena meeting was a group of strategies for improving and increasing access to pathology and laboratory diagnostic services in sub-Saharan Africa, although the model developed could be used in other developing regions. The strategies can be summarized as follows:

- Create and implement a strategy for pathology advocacy
- Develop an economic case for pathology in developing regions
- Develop ways to increase the profile of pathology in African medical communities
- Find ways to build sustainable networks for teaching and training
- Define and develop standards for acceptable pathology practices
- Build, strengthen, and maintain operational laboratories
- Integrate and leverage private, research, and commercial sectors

ASAP GROUP

These efforts are just getting underway, but represent a new approach to finding solutions to the long-standing absence of quality pathology and laboratory services in many developing regions.

ASAP, and its ongoing efforts, were and are funded by a coalition of professional organizations, with generous support provided by the BDIAP and the National Cancer Institute. ASAP Group members are from diverse backgrounds: histopathologists, experts in advocacy, medical microbiologists, infectious disease pathologists, cytopathologists, and experts in laboratory management and process improvement. In addition to Dr. Lucas and Dr. Fleming, BDIAP is represented by Dr. Alec Howat, Ms. Rosemary Emodi, and Dr. Dan Berney. Of all the professional groups represented, BDIAP has the largest number of representatives.

ASAP GROUP PICTURE IN SIENA, ITALY – JUNE 5, 2014

***Top Row** (left to right):* Sebastian Lucas, Michael Wilson, John Flaningan, Isidore Diomande, Martin Hale, Andrew Field, Lorenzo Leoncini

***Middle Row**:* Sambe Duale, Kenneth Fleming, Ann Nelson, Yawale Iliyasu, Carla Carrilho, Rita D'Angelo, Dan Milner, Alexia Eslan, Alec Howat

***Bottom Row**:* Akin Abayomi, Dan Berney, Edda Vuhahula, Timothy Rebbeck, Shahin Sayed, Rosemary Emodi, Julia Royall, Adekunle Adesin

MY EXPERIENCE AS A BENEFICIARY OF THE BDIAP BURSARY AWARD

Dr. Donatus Sabageh.

I consider it a great privilege to have been a beneficiary of the BDIAP bursary to attend the November 2014 joint BDIAP and ISGyP symposium on gynaecological pathology and to spend 2 weeks at the histopathology laboratory of the Department of Histopathology, St. James's Hospital in Leeds with Dr. Olorunda Rotimi.

My journey from Nigeria to the United Kingdom was smooth and pleasurable even though the travel plans were made at the last moments due to a delay in the visa process.
The symposium was intense, stimulating and highly educative as it delivered information on various aspects of gynaecological pathology that was cutting edge and had practical implications even for a resource poor setting like Nigeria where I practice. The speakers were lively and sustained my interest from the beginning right through to the end. The journey through Professor Michael Wells' 30 year odyssey in the world of gynaecological pathology was all inspiring and highly motivating with a lot of lessons learnt from his approach to research and clinical practice.

The slide sessions brought to practical reality a few of the issues discussed at the symposium. The meeting dinner was excellent with an exquisitely tasteful menu and a beautiful, friendly ambience that provided the opportunity to meet new acquaintances.

My 2-week stint at St. James's Hospital in Leeds was the icing on the cake. I was taken through the rudiments gastrointestinal pathology by the very experienced Dr. Olorunda Rotimi. Many of the things I had only read in textbooks came to practical reality as they were being shown to me. The highlights were our discussions on colorectal polyps and inflammatory bowel diseases. I was also fascinated by the level of automation, sophistication and organization as well as the volume of work carried out in that department. It was a great experience. I could only wish that I had more time to spend.

I arrived safely back in Nigeria and still reminisce about the wonderful experience I had during my short visit to the United Kingdom. I am indeed very grateful to the BDIAP for providing the platform for this experience.

Special Thanks to Dr. Nafisa Wilkinson and Professor Raymond McMahon and the staff of the Department of Histopathology, St. James's Hospital, Leeds.

REPORT ON THE XXXTH CONGRESS OF THE INTERNATIONAL ACADEMY OF PATHOLOGY IAP 2014

By Dr Suniti Shrestha, Nepal

First of all, I would like to thank the BDIAP, for providing me the bursary to attend the "XXXTH CONGRESS OF THE INTERNATIONAL ACADEMY OF PATHOLOGY IAP 2014" held on October 5-10, 2014, Bangkok convention centre at central world, Bangkok, Thailand.

With gratitude to the BDIAP for the award, I hereby present my short report on the congress.

I left Nepal on the 2nd October 2014 and arrived in Bangkok in evening, where I checked in to my Hotel Aphrodite Inn, Bangkok, situated just opposite to the convention centre. In my hotel, I was welcomed by a refreshing welcome reception drink.

I had registered myself for the Pre-congress workshop (October 4-5), held in Amari Orchid Pattaya Hotel, Pattaya Beach, Chonburi, Thailand. The theme was "Surviving early years in pathology practice". This was organised by Professor Samreung Rangdaeng and his team. The main aim of the workshop was to enable young pathologists to cope with the diagnostic dilemma and approaches to problematic cases. There were several speakers like Anais Malpica, Salwa El Haddad, Gary Tse, Andrew Field and MD Anderson breast team. The presenters were the best in their fields and they made sure that each one of us engaged in the discussion. It also provided opportunity for close interaction with the experts. I was very much impressed with the multidisciplinary case discussion session from the MD Anderson Cancer Centre Breast team which included Physician, Radiologist, Surgeon, Pathologist and Oncologist. The session was very interactive and showed a perfect display of teamwork. Such approaches in routine practice can help establish a definitive diagnosis and determine the best treatment strategy for the patient.

A snapshot with the IAP-president

On the 5th, the morning precongress session was very interactive with case discussions. I left Pattaya in the afternoon and reached Bangkok in the evening at our conference venue site where I registered myself for the congress.

On the 6th Oct, It started with a formal get together, Opening Ceremony, a social event which gave us a very warm welcome. The President of IAP Samir S Amr, and The Congress President Pongsak Wanakrairot gave their inaugural speech. After the opening ceremony, the first keynote was by Neal Lindeman on "Evolution of Molecular Classification of Lung Cancer". This was followed by Luncheon Symposium by Diamond Sponsors Roche and Leica. The second keynote was by Sunil R. Lakhani with "Update on WHO Breast Classification". Both the topics were very enlightening and helped to keep me posted with the recent advances. The coffee breaks and the poster discussion in between gave me an opportunity to interact with pathologist from various part of the world. In the afternoon, I attended the symposium on "Delivery of Pathology Services in Limited Resource Areas". This was very attention-grabbing for me and practical in setting like Nepal.

There was a Welcome reception in the evening, "The temple fair". It was a fabulous arrangement with dinner and games simultaneously. Dinner was very delicious where I could experience the Thai cuisine. There were variety of exciting games and the most fascinating part was the gifts and souvenir. The social event was very enjoyable which gave me the first experience of Thai hospitality. It was indeed a spectacular social program to enjoy the oriental Thai culture and also to strengthen up networks.

On the 7th Oct, I attended symposium on Digital Pathology and also Topics in Gastrointestinal Neoplasia Diagnosis. The third keynote was by Fernando C. Schmitt on "Application of Cytological Samples for Molecular Biology". This was followed by Luncheon Symposium. The fourth keynote was by Robert Y. Osamura on "Current concepts of Neuroendocrine Tumors". In the afternoon I attended the symposium on Hot topics in Pathology and also International Pathology education. It was very difficult to decide where to go with parallel sessions going on and each one equally interesting. The sessions were outstanding with presentations by world experts.

On the 8th, I attended Cervical Cancer Screening in 2014 and Prostate pathology update: From morphology to molecular. I also listened to Soft tissue tumors. The fifth keynote was by renowned Jonathan I. Epstein on "The Updated Gleason Grading System: Making it Relevant to Contemporary Practice". This was followed by Luncheon Symposium and Leica made it really interesting by doing a lottery for winning a microscope. I wasn't lucky enough but there were three people blessed with microscopes which they could take back home. The sixth keynote was "Update on the WHO classification of Malignant Lymphomas" by Steven H. Swerdlow.

On the 9th, I attended symposium on Diagnosing Difficult Breast Lesions by Fine Needle Aspiration Biopsy followed by Hot topics in Pathology II. The seventh keynote was by Christopher P. Crum on "Origins of Cancer: From the Cervix to the Fallopian Tube". There was a free lunch by IAP 2014 which was followed by IAP Flag Handover Ceremony "From Bangkok to Cologne". The last keynote was by Lai- Meng Looi on "Enhancing Pathology Education and Practices in Countries in Need: A Call for Action". This was indeed very motivating and informative.

I also attended Telepathology session and I found this need particularly very crucial in my country where there are limited experts in this rapidly expanding field of Pathology. Telepathology can provide global consultation in pathology with the help of international networks and can help enhance the laboratory and clinical acumen of pathologists in low resource setting with the help of active exchange of scientific information and ideas. Teleconferencing sessions can provide perceptible improvement in the quality of information exchange with professional experts in the field.

Bursary receipients with the IAP president and congress president.

Every day after the conference was over there was an “Happy Hour” with Cheese and Wine during which we had ample time to talk and connect with each other. I was fortunate enough to meet the BDIAP members, the charismatic Prof. Kristin Henry and also the energetic Prof. Raymond McMahon and Prof Mike Wells. I also had an opportunity to interact with the cheerful IAP Secretory Charles Ramey.

The final day of the congress featured a morning symposium on Ways forward in Delivering Pathology in Low Resource Settings. There was discussion on the complex issue of inadequate pathology capacity in many parts of the world. The lecture gave a thorough understanding of why it needs to be done, what needs to be done, who needs to do it, how to do it, how to pay for it, and how to make it sustainable. After listening to the lecture, I was fully excited and filled with ideas and wanted to stand up and take charge of improving pathology service in my country. I even started day dreaming about having IHC facility in my setting.

After the conference was over, I took a short tour to the nearby temples and enjoy the beautiful city of Thailand. I was able to bring back some souvenirs from Bangkok for my family and academic materials for use in my department. I returned safely to Nepal on the 11th Oct.

The experience I had was simply awesome! I assure to apply this excellent educational experience and the knowledge I gained from the conference in the discharge of my duties.

Once again, I would like to thank the BDIAP for granting me this bursary and making it possible for me to attend and learn from this outstanding conference. I would also like to thank Dr. Francisco Couto, Vice President for Asia, who had visited Nepal during March 2014 as a Goodwill Ambassador to Nepal, where he encouraged Nepalese Pathologists to attend international meetings.

Nepalese pathologist with ACPN president.

Thank you and Namaste.

Dr Suniti Shrestha
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Project Report: Alterations in the distribution of phosphorylated and unphosphorylated glycogen synthase kinase-3β and DNA methylation changes in hypertrophy of the bowel wall in idiopathic megarectum

Luke Pratt
BSc Experimental Pathology
Project Supervisor: Professor J.E. Martin
2013-2014

Background

Idiopathic megarectum (IMR) is a rare condition with an unknown pathogenesis but well described histological features. These include smooth muscle hypertrophy in the muscularis propria and a reduction in enteric nervous system innervation density (Gattuso, Kamm & Talbot 1997). IMR results in a dilated, non-functional rectum causing symptoms such as soiling, impaction and pain (Gattuso & Kamm 1997).

Previously, data from Professor J.E. Martin's laboratory has shown that a significant proportion of IMR specimens have abnormal forms of glycogen (polyglucosan bodies, PGBs) present in them. In addition, the active, unphopshorylated form of glycogen synthase kinase-3β (GSK-3β) has demonstrated anti-hypertrophic effects in cardiac (Antos, McKinsey, Frey et al. 2002) and airway smooth muscle hypertrophy (Deng, Doksin, Lei et al. 2008). These two findings have highlighted aberrant GSK-3β function *(see Fig.* 1) as a potential mechanism for the pathogenesis of IMR, and as far as we are aware, the role of GSK-3β has not yet been studied in bowel hypertrophy.

The observed reduction in enteric nervous system innervation in IMR (Gattuso, Kamm & Talbot 1997) led to suggestions that pathology in the nervous supply to the rectum could cause functional abnormalities and hypertrophy of the rectum. Recently, an active DNA demethylation pathway *(see Fig.* 2) and proteins with demethylase activity (TET proteins) have been characterised (Bhutani, Burns & Blau. 2011). Changes in methylation status may result in reactivation of previously silenced genes responsible for a hypertrophic phenotype in IMR. Methylation of the bowel mucosa has been studied in inflammatory bowel disease (Low, Mizoguchi A & Mizoguchi E 2013) and colorectal cancer (Hinoue, Weisenberger, Lange et al 2012), but there is no information about the methylation status of the neuromuscular apparatus of the rectum in health or hypertrophy.

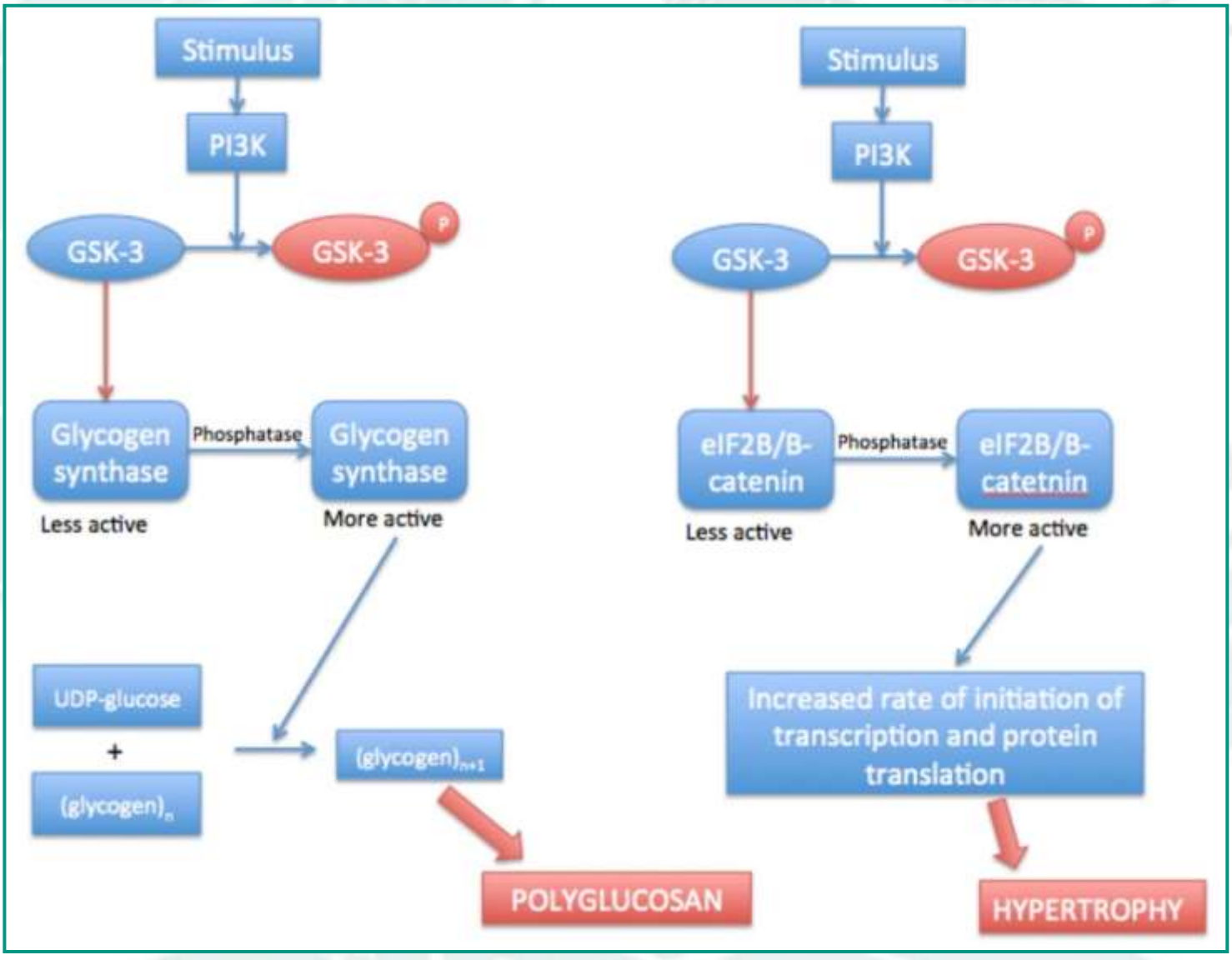

Figure 1: The role of GSK-3β in regulating glycogen production, gene transcription and protein translation (Biochemical Society Transactions). Loss of glycogen synthase inhibition by GSK-3β results in the formation of abnormal PGBs. Loss of transcription factor (e.g. β-catenin) and protein translation initiation factor inhibition results in an increase in the rate of hypertrophic gene transcription and protein translation, leading to a hypertrophic phenotype in smooth muscle.

Please email Mrs Carol Harris at bdiap@blueyonder.co.uk.
for the rest of the paper

"Assessing peripheral nerve regeneration and immunomodulation in vascularised composite allografts (VCAs) in translational studies using animal models."

BDIAP, Elective report, 2014

Prateush Singh, Trinity College, Cambridge University, Clinical School.

Dear Sir, Madam,

I carried out an 8-week research project at the Vascularised Composite Allograft (VCA) Laboratory at Johns Hopkins University, U.S.A, under the supervision of Dr Gerald Brandacher, who is a pioneer in this field. This offered a unique insight into plastic surgery research at the interface of translational medicine.

I have always been drawn to the continuous innovation of this surgical field with its ability to restore form and function with finesse. Voted the best teaching hospital in America for 21 consecutive years, Johns Hopkins has a rich pedigree in pioneering plastics surgery and translational research including Dr John Staige Davis whose work on Z-plasty and free tissue transfer is still widely used today, and Dr Milton Edgerton who established revolutionary reconstructive techniques during World War 2 and in head and neck cancer surgery.

I had the privilege of working under Dr Andrew Lee who carried out the first bilateral hand transplant in the USA in 2009, and the first above-elbow transplant. Along with Dr Gerald Brandacher, he established one of the only labs in the world that specialises in vascularized composite allotransplantation with emphasis on peripheral nerve regeneration and on immunomodulation through tolerance induction. I was fortunate enough to get an elective offer from this lab, and was looking forward to practicing microsurgery and partaking in research that is pushing the frontiers of modern reconstructive surgery.

Vascularised composite allotransplantation involves the transfer of multiple types of tissue as a single functional unit from donor to recipient, and includes hand and face transplantation, which now represents a viable treatment option for devastating musculoskeletal trauma with extensive tissue loss and has revolutionized the field of reconstructive surgery. Current immunosuppression regimens are necessary to maintain viable grafts, but their extensive side effect profile alters the risk-to-benefit ratio of this non-life-saving procedure, and modern research needs to focus on immune tolerance induction and away from the paradigm of immunosuppressive agents. Advances in peripheral nerve regeneration are important for common nerve lesions, VCA transplantation and improved surgical outcomes in most surgical fields.

Having read through the literature published by the lab, I had been planning on working predominantly on immunology during my time there but after being introduced to the lab Fellows and gaining an insight into their work, I realised that my interests lay more in the peripheral nerve regeneration side of the lab. I contributed to on-going projects and developed skills ranging from cell immunostaining to microsurgical hind limb transplantation. My interests grew and my research ideas were encouraged. Thanks to their hospitality and guidance, I quickly felt like I was part of the team, partaking in animal rounds and scrubbing in for porcine hind limb vascularised composite allotransplants involving many established Attending surgeons who were keen to teach and also learn about Cambridge.

I was able to successfully carry out my own rat hind limb transplantation and developed my microsurgical skills under kind supervision from the lab seniors. I helped develop a novel functional assessment protocol for a pioneering VCA model, and wrote a review paper on an agent we were using to encourage peripheral nerve regeneration. Working with mice and rats was a big part of my elective: occasionally I would have to return to the lab in the early hours of the morning to administer immunosuppression medication to the animals in order to prevent limb rejection following transplantation.

One of our key projects involved studying differences in peripheral nerve regeneration and graft rejection between allogeneic and syngeneic rat hind limbs following orthotopic transplantation with some animals administered daily immunosuppression with cyclosporine A (CsA). Orthotopic hind limb transplantation was performed from Brown Norway to Lewis rats, and from Lewis to Lewis rats for allogeneic and syngeneic procedures respectively. Anaesthesia was induced and maintained using isoflurance gas and the right hind limbs of donor and recipient animals including bone, muscle, femoral vessels, sciatic nerve and skin were amputated at the mid-femoral level to produce the vascularised composite graft. Donor limbs were orthotopically transplanted onto recipients with osteosynthesis achieved using cut 18 gauge needles as intramedullary rods, and musculature groups approximated using 6,0 Vicryl suture. Donor and recipient femoral artery and vein were anastomosed microsurgically end-to-end using 10,0 nylon suture, and after blood flow restoration sciatic nerve ends were coaptated with epineural neurorrhaphy using 10,0 nylon suture.

Harvesting the animals involved anaesthesia induction and maintenance followed by skin incision and removal of the sciatic and femoral nerves from both limbs. Following whole animal fixation using intraventricular paraformaldehyde injection with the vascular system as conduits, the soleus, extensor digitorum longus and gastrocnemius muscles from the transplanted limb and the contralateral non-operated host limb were harvested. Following sectioning, muscle was immunohistochemically stained with laminin and analysed using photomicrography to determine cross-sectional area and therefore extent of muscle atrophy and associated successful muscle reinnervation, which was further visualised using alpha-bungarotoxin to stain neuromuscular junctions. Sciatic nerve histomorphometry was used to determine the extent of sciatic nerve neuronal sprouting and reinnervation down the distal (donor) nerve following Wallerian degeneration and was correlated to the extent of muscular reinnervation and bulk. The femoral nerves were immunohistochemically stained for Schwann cell and apoptotic markers to determine the extent of apoptosing Schwann cells in the nerve grafts.

Another key study involved creating an animal model for chronic denervation to create a more realistic simulation of peripheral nerve lesions in humans. Due to the length of neurones in humans and the intrinsically slow rate of neuronal regeneration, microscopic changes occur in denervation target tissue, in particular muscle atrophy. Re-innervation following an extended period of denervation significantly diminished successful regeneration. We showed this using immunohistochemical staining as above, but also using T-cell and macrophage markers in regenerating nerves and target tissue. Nerve histomorphometry and muscle staining supported evidence for this model, which may go on to modify future VCA models.

Many similar techniques were used when assessing peripheral nerve regeneration and muscle atrophy following transplantation with some animals receiving various hormones and drugs to attempt improved outcomes in limb transplantation, with such studies contributing to a greater understanding of the microscopic pathophysiology underlying peripheral nerve regeneration and rejection in vascularised composite allotransplantation.

Such experiments were taken to the next level using the larger porcine model of hind limb transplantation. The donor swine was anaesthetised, intubated and placed supine on the operating table. A groin incision was made and the femoral vascular pedicle identified and isolated. A vascularised paddle of skin was preserved, the tibia and fibula divided at the junction of the upper third to lower two thirds, and the thigh muscles divided at the distal third of the femur, with the femur itself divided 3cm above the knee joint. The recipient animal was prepared in the same way with a subcutaneous abdominal pocket created. The donor femoral vessels were divided and flushed with heparinised saline then microsurgicaly anastomosed end-to-end on to the host femoral vessels. The well-vascularised skin paddle was exteriorised on the dorsolateral region of the swine for monitoring of immune rejection. To minimize ischemia and anaesthesia times, three surgical teams worked in unison.

Two days prior to hind limb transplantation, selected animals received whole body and thymic irradiation in a linear accelerator for cytodepletion. A daily regimen of antibacterial agents, immunosuppressives and corticosteroids were administered to the pigs initially through central lines and then subcutaneously. This varied between groups of animals with some receiving tacrolimus immunosuppression, and some receiving the biologic CTLA-4 immunoglobulin as co-stimulatory blockade. Daily bloods were taken to determine therapeutic drug concentrations and monitor chimerism development through real-time PCR analysis through identification of SRY in peripheral blood. Postoperative skin biopsies were taken from the donor skin paddles to determine the viability of the allograft by gross inspection and histological analysis. Classification and rejection was then determined histologically using the Banff 2007 criteria.

By liaising with attending surgeons and helping out in operations, learned about operating theatres in America and gained an insight into how surgery differs across the Atlantic, and I was able to contribute to projects on paediatric facial fractures and authored a paper in autologous breast reconstruction. My 8 weeks abroad gave me an insight into academic surgery like I had never experienced it. Despite being at Cambridge University where there is a strong emphasis on academia throughout our medical course, my experiences were predominantly of basic science research, with clinical research only involving retrospective data analyses and auditing. The lab at Hopkins were able to blend together basic science with novel surgical innovation, allowing rapid translation of pioneering ideas in nerve regeneration and immune tolerance to animal models of composite tissue transplantation. I particularly enjoyed the cooperative nature of research at Hopkins. Working closely with labs on campus that were carrying out important research in related fields provided an environment that was particularly conducive to efficiency and problem solving.

Working with visitors from other plastic surgery labs provided an insight into the fierce competitiveness of research at this level, and I was asked not to discuss in detail many of the lab's novel ideas and innovations outside of the lab.

Talking with other medical students heralded fair warning of the city Johns Hopkins is based in, Baltimore. Immortalised through the TV show, *The Wire*, Baltimore is indeed a dangerous city and was ranked 9th most dangerous city in the USA by the FBI. Our accommodation was a 10-minute walk from the hospital, and we were quickly advised to "make that a 5 minute run" by many of the doctors we met on our first day. However, my experience of Baltimore was very positive. I was fortunate enough to have excellent housemates (other medical students doing elective/Summer schemes at Hopkins) and although ambulance sirens, hospital helicopters and gunshots formed a fundamental part of the evening's ambience, there were plenty of nicer parts of the city and a strong security presence negated any fears of violent crime around the corner. During weekends I would travel to new cities with friends on the East coast and managed to experience a lot of what Boston, New York City, Washington D.C. and Philadelphia had to offer. My elective was an incredible opportunity to experience academic surgery as well as see a new part of the world. It far surpassed any preconceived expectations I had had and I would recommend an elective like this to anybody desiring similar experiences. I had planned out much of my professional future in England but now there are many life-changing decisions to make. Scientific minds never cease questioning the world around them; the beauty of research is that it can provide the answers.

Thank you for providing the financial means to make this elective a reality.

Yours sincerely,

Prateush Singh

BDIAP SPONSORED TRAINING SCHEME

Dr Muwada El Hassan

In 2011, the BDIAP sponsored several overseas pathologists to come to the UK and undertake honorary clinical attachments. Following successful completion and feedback, it was decided to run this scheme for a second time and below are the views of both trainer and trainee with regard to this venture.

Dr Muwada El Hassan:

I was awarded a BDIAP grant to spend a period of three months training started (29/01/2014) in UK at Royal Brompton Hospital, London, under the supervision of Professor Andrew G. Nicholson. Through this period I attended numbers of thoracic surgical specimen cut-up which include watching dissection of resections, macroscopic description and tissue sampling. Then I attended the sign-outs which were held daily. T

This attachment also provided me with a good opportunity to be part of different interesting projects. In particular, one of them was a service evaluation to assess the feasibility of intraoperative frozen sections diagnosis based on remote reporting by telepathology between Royal Brompton site and the Harefield site within the Foundation Trust. The work was then submitted and chosen to be a poster presentation in IAP 2014 conference n Bangkok, which I presented with the travel again sponsored by the BDIAP. A second project questioned whether cell pellets alone were sufficient for diagnosis in endobronchial ultrasound-guided transbronchial needle aspirations, for which I helped collect data.

The departmental staff were very helpful and cooperative with me in many different aspects. They gave me the chance to review the archival collection related to thoracic pathology cases that are rarely seen and reviewing lots of virtual slides of interesting cases.

This period has helped me in dealing properly with cases in our own department, now I have returned, and also has broadened my field of knowledge.

Prof. Andrew G. Nicholson and me

BDIAP SPONSORED TRAINING SCHEME

Prof Andrew Nicholson:

After the success of the first set of BDIAP sponsored fellows, where we hosted Dr Dalma Udovicic-Gagula, a pathologist from Sarajevo in Bosnia and Herzegovinia, I was delighted to provide a second attachment for Muwada, this time from Jordan. Having overcome the hurdles of administration for overseas fellows, for which Stephen Wells deserves special thanks, it was a pleasure to see someone with such enthusiasm for the specialty making the most of her opportunity, and she became very much part of the department during her attachment. I was especially pleased to see her helping with the various projects that we put forward for trainees to undertake, and I was delighted to have her presenting an abstract at the IAP meeting in Bangkok as the result of her work, in effect seeing the benefits of our overseas charitable activities first hand. Coincidentally, I also met Dalma again, attending the meeting, so it was doubly pleasing to see the careers of both pathologists benefiting from this initiative.

Prof. Andrew G. Nicholson, Dr. Dalma Udovicic-Gagula and me in Bangkok.

Summary of ISSP October 2014 Meeting

Dr Fionnuala O'Connell

The 12th annual meeting of the Irish Society of Surgical Pathology (ISSP) was held in October 2014 at the beautiful Carton House, one of Ireland's historic houses adjacent to the 18th century town of Maynooth in County Kildare. This meeting is the key Annual Symposium hosted by the ISSP and the largest academic meeting for surgical pathologists in Ireland. This meeting has gone from strength to strength over the last decade and continues to attract a very large attendance from Ireland, Northern Ireland, UK, US and Europe. It provides a high calibre academic programme and also serves as an excellent forum for pathologists to meet and discuss issues of common interest. The BDIAP very generously provided support for this meeting as they have done over the last number of years.

The academic programme at the meeting had a gastrointestinal theme. Professor Ray Mc Mahon, Manchester got the meeting off to an excellent start with a highly informative and very well received talk on anal neoplasia. Dr. Adrian Bateman of Southampton followed with an excellent lecture on the myriad that is encompassed in IGG4 related pathology of the gastrointestinal system. Professor Graeme Murray of Aberdeen delivered a very comprehensive talk on Biomarkers of colorectal cancer. The session closed with a talk by Dr. LiMun Wang on morphologic aspects of treatment response in colorectal neoplasia, a practical issue of great interest to all who report gastrointestinal pathology.

The afternoon symposium included a superb discussion of GI and Pancreatic Neuroendocrine tumours delivered by Dr. Paul Kelly, Belfast and a highly comprehensive review of GI mesenchymal tumours by Dr. Stephanie Curran, Galway. Professor Kieran Sheahan gave an update on the Irish Bowel Screen Programme which was very informative and of huge interest as this programme has been recently rolled out in Ireland.

A real highlight of this year's meeting was the trainee session which comprised trainee platform presentations of interesting case reports with a GI theme. The standard in terms of complexity and interest of cases and their delivery was outstanding this year and highly encouraging to those involved in pathology training in Ireland. In addition to this platform presentation session, there was a poster session which also attracted a large number of participants of equally high standard.

The Gala dinner was a huge success, was full to capacity and provided a great social aspect to the meeting.

The second day of the meeting also included talks from international speakers renowned in their fields including Dr. Judy Wyatt, Leeds who gave a superb talk on the role of needle core in liver neoplasia, Professor Michael Vieth, Germany who dealt with the challenging issues of neoplasia in Barrett's oesophagus and Professor Norman Carr, Southampton who delivered an excellent talk on LAMN and appendiceal neoplasms.

The ISSP were honoured to have Professor Michael O'Brien, Boston make the journey from the US to deliver the Inaugural Peter Dervan Memorial Lecture on Serrated neoplasia of the colorectum which was a provided a wonderful and fitting close to a successful meeting.

The BDIAP has traditionally been a great friend to Irish Pathology and the support by the BDIAP of this annual ISSP meeting is very gratefully acknowledged.

The 2015 ISSP annual meeting is scheduled to take place at Belfast on Oct 2nd and 3rd with themes of gynaecologic and dermatopathology. Details will be on the ISSP website this Spring.

International Junior Academy - 7th Summer School, Glasgow, August 14th - 18th 2014

Dr Kristin Henry

In 2007 Martin Hansmann from the IAP German Division (GDIAP) invited me to help in starting a School of Pathology in Germany along the lines of the Arab British School of Pathology set up in 2001 by the British IAP Division in collaboration with the Arab Division of the IAP. (ADIAP). The AB School was aimed at young/ trainee Pathologists coming from the twenty two countries which comprise the AD-IAP and would take place in selected venues with good teaching facilities in one of the ADIAP Countries.

This annual School has been a great success, and, as with other ABIAP Schools of Pathology subsequently set up in collaboration with pathologists from different IAP Divisions and countries, has been much appreciated by the young participating pathologists as well as making an important contribution to their postgraduate training. The Schools have also been a valuable experience for the teachers; and have helped promote the setting up of more such Schools.

The junior School Martin Hansmann envisaged would differ from the AB School in two important aspects. Firstly, the School was aimed at young pathologists worldwide – especially European countries. And secondly, the venue of the School would be in one country –Gemany- with students and teachers accommodated in the same location as the teaching facility. In this way, the young international students would not only interact with their tutors but could also interact also amongst themselves enabling them to share their experiences of pathology in their own country. A further important aim of the School was to enthuse young pathologists to undertake productive research.

This new School was to be called the International Junior Academy. The Co-organisers were Martin Hansmann and Kristin Henry, who together select the topics, plan the programmes and teach. The other invited teachers would vary according to the topics covered and chosen because of their expertise in their field, are known to be enthusiastic, dedicated teachers and are good communicators. The first four International Junior Academies (2008, 2009, 2010, 2011) were held in a delightful hotel- a converted monastery – with excellent IT and AV facilities- in Guisenheim -Johanesberg in a beautiful wine- growing area outside Frankfurt.

Since July or August were the best time to hold these Academies, they are now named the International Junior Academy – **Summer School**, are held jointly in the names of the GDIAP and BDIAP. And since 2012 they have alternated between Germany and elsewhere in Europe. viz,. the 5th Summer School was held in Portmarnock, Dublin, the 6th in Bonn, and the 7th in Glasgow. The Summer Schools usually extend over 2 ½ days. Each teacher gives 1-2 lectures and takes part in the Slide Seminar. Martina Schimdt,. Director of the GDIAP Headquarters is responsible for the management and financial arrangements and organises the social programme taking place on the second day afternoon and evening.

The 7th International Academy Summer School

The chosen venue was the Beardmore Hotel and Conference Centre in Clydeside.

This choice resulted from the invaluable assistance of Beverly Maclean from the Glasgow Conference Centre and her well organised site visit. The Beardmore provided all the requirements for the Summer School and the transport shuttle service to and from Glasgow International Airport were excellent- as was public transport between the Beardmore and Glasgow city centre.

The School started on the afternoon of Thursday 14th August. Altogether there were

32 participants from eleven countries. Following Registration efficiently organised by Martina Scmidt and her team, a short Welcome address was given by Kristin Henry. She explained what the aims of the School were and emphasised the importance of interaction between students and teachers and between the attending young pathologists. There were then four talks in the well equipped lecture room (Pic): the importance of Molecular Pathology in tumour diagnosis (Professor Reinhart Buttner, Cologne University): Classification of carcinoma of the lung (Andrew Nicholson, Royal Brompton Hospital): Classification of soft tissue tumours (Mary Leader, RCSI and Beaumont Hospital, Dublin): How to diagnose lymphomas (Professor Martin Hansmann). Dinner was at the hotel and all participants got to know each other.

On Friday 15th the programme started at 8.30 hrs and six talks were given: Application of immunohistochemistry to lymphoma diagnosis (Kristin Henry, Imperial College London): Colorectal carcinoma (Claude Cuvelier, Ghent University, Belgium): The challenge of prostate cancer diagnosis (Dan Berney, St Bartholomews Hospital , Cancer Institute, London): Classification of cutaneous lymphoma (John Goodlad, Western General Hospital and Edinburgh University): GIST (Reinhard Buttner): Endometrioid carcimoma (Mike Wells, Sheffield University).

Loch Lomond cruise.

Glengoyne Whisky Distillery.

After lunch, participants enjoyed a relaxing cruise on Loch Lomond following which there was a visit to the Glengoyne Whisky Distillery and an enlightening tour explaining and demonstrating the intricacies of whisky distillation. Dinner was held in the well designed dining room above the tempting gift shop of Glengoyne House.

The dinner was excellent with a selection of whiskies served before each course.. Most of the pathologists then travelled into the City Centre to sample Glasgow night life.

Saturday was a full day with another six talks: Hodgkin lymphoma (Martin Hansmann): Inflammatory bowel disease (Claude Cuvelier): Myxoid tumours, Mary Leader); Benign mimics of cutaneous lymphomas (John Goodlad): Trapdoors to testicular pathology: Melanoma diagnosis (Kristin Henry).

A three-hour Slide Seminar took place after lunch. Dan Berney, John Goodlad, Mary Leader, Claude Cuvelier, Mike Wells and Kristin Henry presented challenging and instructive cases. The School ended at17.30 hrs with a short talk on T-cell lympomas and closing remarks given by Martin Hansmann.

The feedback on the School was very positive; all the participants very much enjoyed the experience.

The 8th Summer School will take place in Bonn, August 6-8 in the new GDIAP Headquarters with its excellent teaching facilities- including microscopes.

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BDIAP SUBCOMMITEES 2015

The British Division of the International Academy of Pathology

Nominations and Membership Subcommittee

Chair - Past-President	Mike Wells
President	Alec Howat
President-Elect	Mary Leader
General Secretary	Andrew Nicholson
Belgian Representative	Pieter Demetter
Administrative Secretary	Carol Harris

This Committee will determine the President-Elect and be responsible for all membership issues, the awards of the Cunningham and President's Medal, new Officer and Honorary Member appointments. It will be responsible for all matters concerning ACCEA. Its deliberations will require ratification by Council.

Education and IT Subcommittee

Chair – Divisional Editor	Nafisa Wilkinson
Councillor	Fionnuala O'Connell
Councillor for Workshops	Nafisa Wilkinson
Councillor	Simon Cross
Trainees Councillor	Matthew Clarke

This Committee will consider applications for the Education Fund and applications for undergraduate and education support, known as the Underwood Initiative. It will also be responsible for bursary applications, the Newsletter, maintenance of the BDIAP website and publications in International Pathology.

Meetings and Programme Subcommittee

Chair – Meetings Secretary	Ian Roberts
Dutch Representative	Michael den Bakker
Councillor	Marco Novelli
Administrative Secretary	Carol Harris
Co-opted -Trainee Meetings	Lisa Browning
Trainees Councillor	Katie Allen
Meetings Secretary of Pathological Society *(co-opted)*	Adrienne Flanagan
Local Organisers of Meetings	as required

Finance Subcommittee

Chair – Treasurer	Ray McMahon
President	Alec Howat
Councillor	Andrew Wotherspoon
Councillor	Naveena Singh
Irish Representative	Fionnuala O'Connell

International Subcommittee

Chair – International Secretary	Dan Berney
President	Alec Howat
President Elect	Mary Leader
Vice President for Europe	Claude Cuvelier
General Secretary	Andrew Nicholson

EDUCATIONAL BURSARIES

The British Division of the International Academy of Pathology

The British Division of the International Academy of Pathology
wishes to make available a small number of bursaries, principally to permit trainee pathologists from less affluent countries to obtain training in one of the countries of the British Division. In most cases successful applicants will attend one of the educational meetings of the British Division. We also wish to encourage successful applicants to spend up to two weeks training in a laboratory while they are in the U.K. or other areas covered by the British Division. Accommodation expenses will be provided to facilitate this.

Final decisions on who will benefit from these bursaries will be made by the Education and IT Subcommittee of the British Division, but preference will be given to applicants who:

- Wish to travel from less affluent countries, and would not otherwise be able to travel abroad
- Are in training posts
- Can demonstrate how the information and training sought will be of benefit to their own institution

Detailed information on the conditions of the bursary are available through this link and must be read and understood by all applicants. Please note item (2) of the conditions; applicants are expected to have provisionally agreed a period of training in a UK laboratory. Bench fees of up to £100 per week can be paid to facilitate such agreements.

Information about forthcoming meetings is published in the Journal of the British Division, ***Histopathology***, and on this website.

Timing of applications: Applications should be made at least three months before the proposed educational meeting. All applications will be considered on receipt by the Education and IT Subcommittee and applicants will be notified, preferably by e-mail, within six weeks of receipt.

Select **this link to obtain a printable application form**. The Web page you obtain should be printed, filled in and posted to the address given. It is NOT an interactive web page.

Alternatively, select **this link to obtain an on line application form**.

Applicants will be asked to provide the names and addresses of two independent referees. A suggested **format for referees' reports can be obtained from this link**.

Alternatively, please contact the Administrative Secretary of the British Division of the IAP:

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