

THE HONG KONG COLLEGE OF PATHOLOGISTS

香港病理學專科學院

The Hong Kong College of Pathologists, Incorporated in Hong Kong with Limited Liability

Volume 15, Issue 1

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Editor:
Dr Alexander C.L. Chan

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homepage at:
www.hkcpath.org

Message from the President

Going Upstream and Out

I gave the following message to our new Fellows and Members at the last Admission Ceremony, and wish them to take a broader view on their future careers.

For all young Fellows, and even for us who have been in the profession for quite some years, I think we should not stop reflecting our past and debating on our way forward, for I believe it is our collective hope and desires that are important to shape our own future. So it may help if from time to time we could set ourselves free from all busy routine, take a moment to look back on the path that brought us here, and wonder how we should go forward - ask ourselves questions, get a different view, and critically rethink even the most obvious. You may perhaps also agree with me the two things I am going to say about what pathology is not, and realize that the profession may not be what you have taken for granted.

First, Pathology, despite its name, is not just about disease. Well, maybe we started off with examining diseases and deaths, just four centuries ago, when the compound microscope was invented and subsequently led to the discovery of cells and microorganisms. But if pathology were only about diseases,

then what we are doing today would be just repeating what pathologists had been doing two hundred years ago. Pathologists then would still only be observers of diseases and their complications as they unfold in the body and eventually cause death, and we would remain a spectator in the healthcare arena.

Quite on the contrary, with 70 to 75% of all hospital admissions anywhere in the world rely on laboratory to make diagnosis, pathology is actually at the core of modern healthcare systems. This is reflecting the fact that the focus of the profession has been shifted largely from the advance of diseases to the detection of the very first sign of deviation from normal, so that early treatment can be given to alter or avert the disease course. We have since adopted the role of a bridge between the bedside and the benchside, and constantly upkeep and evaluate the latest scientific progress, so as to transfer and transform new technologies into making clinical diagnosis ever more sensitive and specific.

In fact, much of the recent developments in the profession are made at the other end of the disease course - in prevention and in public health protection - like in infection control, in the prevention of emerging infectious diseases, in cytology screening for early cancer detection,

(Continued on page 2)

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in surveillance of genetic abnormalities and poisonous substances. The trend of the future of pathology is therefore going further upstream in the chain of events in disease progression. I firmly believe that, by setting our target at the upstream, pathology is positioned to yield a much bigger impact on the health of individual patients or that of the community than anywhere downstream.

So rather than about disease, pathology is actually about health; it is about turning evidence into effect, science into solution of health.

Second, Pathology is not a specialty. Rather, it is a major part of all medical professions. It is the foundation and the bedrock of scientific medicine; it encompasses many facets of medicine and belongs to every branch of medicine. As such, pathologists actually have no monopoly in the practice of pathology.

Not only that, the practice of pathology is now so diverse that it is difficult to set a scope for the profession. As I have said before, we are practising along a spectrum, from machine-based quantitative testing through interpretative opinions and direct patient care, to the detective work in crime scene and in public health arena. The only common phenotypic hallmark of pathologists is our ability to diagnose, to provide a range of investigative services to help prevention, treatment, and monitoring of diseases and other medical and health concerns.

Furthermore, specialization within pathology is only artificial, as traditionally the profession is subdivided by the specimen types being examined, or the aetiological agents targeted, with many overlaps in between. Emerging technologies, new discoveries and changing practices have already been causing blurring of the conventional boundaries. Molecular biology, in particular, has so profoundly changed everything in pathology that now we are starting to see convergence in many areas. Whether you are a chemical pathologist or an anatomical pathologist, for example, you may both employ the same molecular biology techniques to solve the puzzles of inherited genetic diseases of your paediatric patients.

That is why I think in pathology, specialization should never mean compartmentalization. Specialization in this sense is self-limited and thus incapable of stretching to cover new ground. Therefore, my advice to the new Fellows would be: your particular discipline is only where you start. Your best guides will be your patients' needs and your own desire to learn. You will be rewarded by asking the right question - if you want a big answer you must ask a big question. There should be no real boundaries, whether within or outside the traditional scope of the profession, to stop your pursuit. So be outstretched and ready to go upstream, for the future of pathology is bound to be exciting.

Dr. KC Lee, the President

INSPECTION OF THE LABORATORY FOR TRAINING OF PATHOLOGY

The Hong Kong Academy of Medicine requires all of its member-colleges to have formal pre-defined criteria for recognition of the training units. The College is responsible for the assessment and inspection of recognized training units. The training unit must be inspected at least once every 5 years. The last round of inspection for training was conducted in 2001; therefore it is necessary to have a new round of inspection for all the

training units this year before the expiry of being recognized as training units.

Please note that the sole purpose of the exercise is for the recognition of units for training, and it has nothing to do with laboratory accreditation or the unit's performance.

**Dr. WF Ng, Chairman,
Training and Education Committee**

CHAN WOON CHEUNG EDUCATION AND RESEARCH FUND

In 1991, friends, colleagues and former students of the late Dr. Chan Woon Cheung endowed a fund in his memory to promote education, training and research in Pathology.

Regulations Governing the Fund

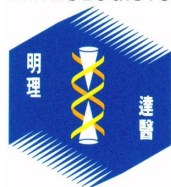
- a. The fund shall be named “The Chan Woon Cheung Education and Research Fund”.
- b. The fund shall only be applied towards the promotion of education, training and research in Pathology, such as:
 - i. Research grants for studies in Pathology, or
 - ii. Grants to support training in Pathology, including passage fees and subsistence, where the training is conducted in Hong Kong or the applicant is currently working in Hong Kong.
- c. Local and overseas workers in Pathology, both members and non-members of the Hong Kong College of Pathologists, may apply for grants for the purposes set out in b. above.
- d. Applications for support from the fund may be made on the form prescribed by the Council of the Hong Kong College of Pathologists, and shall be subject to academic scrutiny by the Council. The decision of the Council shall be final.

Administrative Arrangements

- a. The whole of the sum subscribed shall form the endowment fund and shall be invested at the discretion of the Council.
- b. Only the income shall be available for the payment of grants except under special circumstances as decided by the Council.
- c. **Deadline for application submission** is the **31st of May of each year**. The results will be announced to the applicants no later than the end of August of the same year.
- d. After providing for awards in any one year, or if no award is made, any sum remaining may be carried forward to meet the costs of awards in subsequent years, or may be added to the capital sum for investment.
- e. The Council may establish a committee to undertake preliminary assessment of the applications for advice to the Council.
- f. Principal grant holders receiving support from the fund will be required to submit a report at the end of the period of education or training and/or annual progress report to the Council.
- g. At the beginning of each financial year, the Hon. Treasurer shall supply to the Council an annual statement of account for the fund indicating the income available for allocation during the year in question.

Those who are interested to apply for the Chan Woon Cheung Education and Research Fund in Pathology, please visit the College website (www.hkcpath.org), download the application form, and return the completed application form to the Registrar for consideration before the 31st of May, 2006.

APPLY NOW!!!

THE HONG KONG COLLEGE OF
PATHOLOGISTSSCIENTIA ILLUMINAT MEDICINAM
香港病理學專科學院

Topical Update – The Hong Kong College of Pathologists

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Volume 1, Issue 1

March 2006

Editorial note from the Education Committee:

This is the inauguration issue of **Topical Update – The Hong Kong College of Pathologists** published by the Education Committee of the Hong Kong College of Pathologists. It is envisaged that this publication will provide a platform for the presentation and discussion of current topics in pathology and related disciplines, with the aim of updating practical knowledge and guiding best practices. Any feedback and suggestions could be directed to Dr. Janice Lo (e-mail: janicelo@dh.gov.hk) of the Education Committee, the Hong Kong College of Pathologists. Opinions expressed are those of the authors or named individuals, and are not necessarily those of the Hong Kong College of Pathologists. Happy reading!

Laboratory diagnosis of human disease caused by H5N1 influenza virus

JSM Peiris & Wilina Lim

Department of Microbiology, the University of Hong Kong & Virology Division, Public Health Laboratory Services Branch, Centre for Health Protection, Department of Health, Hong Kong SAR

Avian influenza A subtype H5N1 is endemic in poultry across south-east Asia and continues to cause zoonotic disease in humans. So far, transmission of virus from avian to humans appears very inefficient and sustained transmission from human-to-human has not occurred. However, with the continued opportunity for human exposure over an ever increasing geographic range, it is possible (though not inevitable) that H5N1 virus may acquire the ability to transmit efficiently from human-to-human, leading to a pandemic.

Human disease caused by H5N1 influenza virus typically presents either as a rapidly progressing viral pneumonia, often with evidence of marked lymphopenia, leucopenia and mild to moderate liver dysfunction. Some patients also have

evidence of diarrhea and other gastro-intestinal manifestations. The disease may progress to acute respiratory distress syndrome (ARDS), multiple organ dysfunction and death (1-5). However, in the individual patient, it is not possible to make a reliable diagnosis of avian influenza H5N1 purely on clinical grounds. Furthermore, some patients may manifest a milder course of the disease presenting merely as a self-limited influenza-like illness. Virological diagnosis is therefore essential.

Whom to test?

Although sporadic cases among wild birds and smuggled or backyard chickens have been detected, H5N1 virus is not presently active among poultry populations in Hong Kong. Thus, patients who require consideration for testing for

H5N1 virus are those with history of recent travel to areas where the virus is endemic with poultry exposure; those within Hong Kong exposed to H5N1 virus through occupation (e.g. laboratory staff working with infectious H5N1 virus); close unprotected contact with sick or dead birds; unexplained clusters of pneumonia and those in direct contact with known cases of human H5N1 disease.

In areas where H5N1 is endemic, a severe progressive viral pneumonia in otherwise healthy young adults or children beyond the period of infancy should raise suspicion of avian influenza. Cluster of disease within families is an additional cause for heightened suspicion. It should be noted that up to 30% of cases of avian influenza H5N1 in endemic regions do not have an obvious exposure history to sick poultry (5).

What clinical specimens need to be tested?

Respiratory specimens are required for virus detection and paired serum specimens are useful for a serological confirmation of H5N1 infection. Nasopharyngeal aspirates (NPA), nasopharyngeal swabs, throat and nose swabs are all useful respiratory specimens for detecting avian influenza H5N1. Endo-tracheal aspirates, broncho-alveolar lavage or lung biopsy, when available are excellent specimens for diagnosis of avian influenza H5N1. Nasopharyngeal aspirates were successfully used for H5N1 diagnosis in Hong Kong during the avian influenza outbreak in 1997. In addition, it provides the ideal specimen for rapid (4-6 hours) diagnosis of many other respiratory virus infections (e.g. conventional human influenza A or B, adenovirus, parainfluenza virus), thereby helping to exclude a diagnosis of avian influenza. Such an alternative diagnosis can be rapidly established on NPA specimens but not on swab specimens. Throat and nose swabs (rather than NPA) have been more generally used in recent human cases in Vietnam, Thailand and Indonesia and there is no good recent comparative data on whether swabs or aspirates are the superior clinical specimen for diagnosis of H5N1 disease. Available data comparing throat swabs with nose swabs tested in parallel appears to suggest that a throat swab

is superior to nasal swabs. The nose and throat swab may be placed in the same transport medium bottle. If nasopharyngeal secretions are present, for reasons outline above, it is best that a NPA is collected in addition to a throat and nose swab. Appropriate personal protection (mask, eye cover) should be used when collecting such respiratory specimens.

Virus RNA has been detected in faeces and in serum but viral load and diagnostic yield appears to be lower than that found in respiratory specimens. Thus, while these specimens may be collected for investigation, the primary diagnostic specimen should be a respiratory specimen (5).

Autopsy specimens are critical in confirming or excluding avian H5N1 influenza disease. If a full autopsy is not possible, a paramortem biopsy using the Tru-Cut needle is an alternative option.

Once collected, specimens for virus detection should be kept at 4°C until they are sent to the laboratory. They should NOT be frozen at -20°C. If a long delay (>3-4 days) is anticipated before being sent to the virology laboratory, the specimen should be frozen at -80°C.

Demonstrating a serological response to H5N1 virus in paired sera provide a retrospective confirmation of H5N1 infection. Seroconversion by micro-neutralization is generally detectable 14 days after onset of illness (6).

Laboratory tests

Options for detecting influenza A viruses in clinical specimens include a) virus culture, b) virus antigen detection, or c) detection of viral nucleic acid by RT-PCR methods (7). Isolation of H5N1 viruses in culture can be done by inoculation of embryonated eggs or of Madin Darby Canine Kidney (MDCK) cells. Growth of human influenza A viruses requires the addition of exogenous trypsin (2 mg/ml), but H5N1 virus is a “highly pathogenic avian influenza virus” and virus growth is independent of exogenous trypsin supplements. Viral culture may take 2-6 days but the availability of a virus isolate allows

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full genome sequencing and opportunity for antigenic characterization. Genetic sequencing of the virus will provide evidence of genetic reassortment or antiviral resistance and clues to possible changes of the virus that may reflect greater adaptation to human transmission.

Viral antigen detection may be carried out by immunofluorescence or enzyme immunoassay (EIA) methods. The EIA based methods are simple and convenient in use and may in theory be applicable as point-of-care tests. Presently, such tests are directed at conserved viral antigens (e.g. virus nucleoprotein, matrix protein) and detect all subtypes of influenza A viruses, whether of human or avian origin. Therefore these tests will not differentiate human virus subtypes H3N2 or H1N1 from avian influenza H5N1. A positive result will require additional tests (e.g. RT-PCR or culture) for differentiation of virus subtype (e.g. H5 vs. H3 or H1). Besides, current viral antigen detection tests, while being sensitive for the detection of human influenza viruses, appear to have low clinical sensitivity for the diagnosis of avian influenza H5N1. A negative result does not exclude H5N1 disease. Thus overall, presently commercially available antigen detection tests have limited clinical utility for diagnosis of H5N1 disease in humans.

RT-PCR tests can be targeted at genes that are

relatively conserved across all influenza A viruses (e.g. matrix gene) or to the haemagglutinin or neuraminidase genes which are subtype specific. In practice a panel of such RT-PCR assays (generic influenza A detection plus subtype specific H5 detection) are used to investigate suspected human H5N1 disease. Including the time taken for viral RNA extraction and for amplicon detection, the turn-round time of conventional RT-PCR assays are 6-8 hours (or overnight). However, real time PCR methods can shorten this time interval to around 4-6 hours while providing increased sensitivity and possibility of quantitation of the viral target gene (7).

The clinical sensitivity of tests for detection of avian influenza H5N1 in specimens collected from the upper respiratory tract appears to be lower than commonly observed in patients with conventional human influenza A disease. This lower clinical sensitivity is not explained by a reduced analytical sensitivity. Thus, the reason for the lower clinical sensitivity is likely to be due to the presence of lower levels of H5N1 virus in the clinical specimens collected. This may be due to poor specimen collection and transport. Alternatively, it is possible that there are differences in tissue tropism of the avian flu H5N1 virus, which may involve the upper respiratory tract less than conventional human influenza A. In any event, these observations point to the need for extra care and effort at



specimen collection and in laboratory testing when attempting a diagnosis of avian influenza H5N1.

In practice, the microbiologist must take into account the specimen quality, stage of disease, clinical condition and epidemiological exposure to decide on the management and infection control strategy, especially for a negative laboratory result in the context of clinical suspicion, in view of the limited resources such as isolation rooms. Additional investigations may be considered on a case by case basis.

As for serological diagnosis, apart from the micro-neutralization test, which is known to be the most sensitive method, single radial haemolysis and Western blot could be used as supplementary tests.

Quality assurance

With continued evolution of the H5N1 virus, mismatch with PCR primers and probes may occur and this should be taken into consideration when designing test protocols. It is essential that laboratories use only test protocols that have been evaluated against a number of H5N1 strains. Optimization of test methods may be necessary if different equipment is used. Training of personnel, appropriate design of facility and maintenance of equipment are other factors that may affect test results. Participation in external quality assessment programmes should be considered.

Laboratory safety

WHO recommends that procedures that involve virus replication (virus isolation, micro-neutralization tests) should be carried out in biosafety level (BSL)-3 containment. However, procedures that do not involve amplification of infectious virus by culture can be carried out at BSL-2 containment. All H5N1 virus isolates and specimens tested positive for H5N1 virus should be stored in an appropriate containment facility. Inventory of specimens, viruses and genetic materials should be kept and updated regularly.

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7. Ng EK et al. Influenza A H5N1 detection. *Emerg Infect Dis* 2005; 11: 1303-5.

***The next AGM of our College
will be held on
Nov 25, 2006 (Sat).
Mark it on your diary now!***

ANNUAL GENERAL MEETING 2005

Thank you all for your support for the College's AGM and Conferment Ceremony last November. **Prof. Lap-Chee Tsui**, our 14th T.B. Teoh Foundation Lecturer, delivered an excellent and enlightening lecture entitled 'Lessons learned from a single-gene disease'. Prof. Tsui also received our Honorary Fellowship in the same evening.

We wish to take this opportunity to thank **Dr. Jason So, Dr. Steve Wong, Dr. C.K. Ng, Dr. Edmond Ma, Dr. T.L. Que, Dr. Polly Lam, Dr. Derick Yau, Dr. Amanda Kan, Ms. Phoebe Wong, Ms. Ada Sung, Ms. Bonnie Chiu, Ms. Heidi Chu and Ms. Lenora Yung**. Without their help, the function would not be a success.

Dr. K.C. Lee, the President

Dr. Michael Suen, the Registrar

Dr. Alexander C.L. Chan, Chairman, Professional and General Affairs Committee



Prof. L.C. Tsui delivering the 14th T.B. Teoh Foundation Lecture.



Prof. L.C. Tsui capturing the attention of the audience with his enlightening lecture.



Dr. T.B. Teoh listening attentively to Prof. Tsui's lecture.



Dr. K.C. Lee, Dr. T.B. Teoh, Prof. L.C. Tsui, Prof. R. Young, Prof. I. Ng, Mrs. Teoh, and Dr. W.P. Mak (from left to right).



The 14th Annual General Meeting of our College.



Dr. K.C. Lee, our President (*right*), and Dr. Michael Suen, our Registrar (*left*), explaining the annual report.



Fellows and guests preparing for the conferment ceremony.



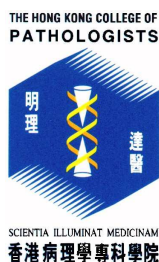
Prof. L.C. Tsui (*left*) receiving the honorary fellowship from Dr. K.C. Lee, our President (*right*).



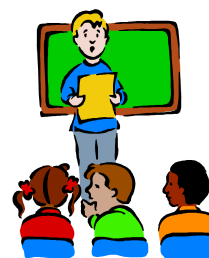
Official photo of the Council members and guests.



Fellows enjoying the dinner after the 14th Annual General Meeting.



The Hong Kong College of Pathologists Trainee Presentation Session



The first Trainee Presentation Session was successfully held on 26 November, 2005 on the day of AGM. There were a total of 7 presenters from haematology, anatomical pathology, chemical pathology and forensic pathology subspecialties. **Dr. Liz Yuen** (Chemical Pathology, PMH) presented on the "**Genetic Diagnosis of Inherited Nephrolithiasis in Hong Kong**" and won the best presentation prize. Thanks to Prof. Irene Ng, Dr. Raymond Yung and Dr. Raymond Chu who kindly helped to be the adjudicators.



The three adjudicators, Dr. Raymond Chu (*left fourth*), Prof. Irene Ng (*right fourth*) and Dr. Raymond Yung (*right third*) with Dr. Jason So (*left first*) and some of the presenting trainees.



Congratulation to Dr. Liz Yuen!

Dr. K.C. Lee, our President (*right*), presenting the best presentation prize to Dr. Liz Yuen (*left*).

The Committee will hold the second oral presentation session for trainees on the day of Annual General Meeting this year in November. Please make use of this platform to share your experience with colleagues and practice your presentation skill. Case reviews and project presentations are welcome. Again a best presentation prize will be given out.

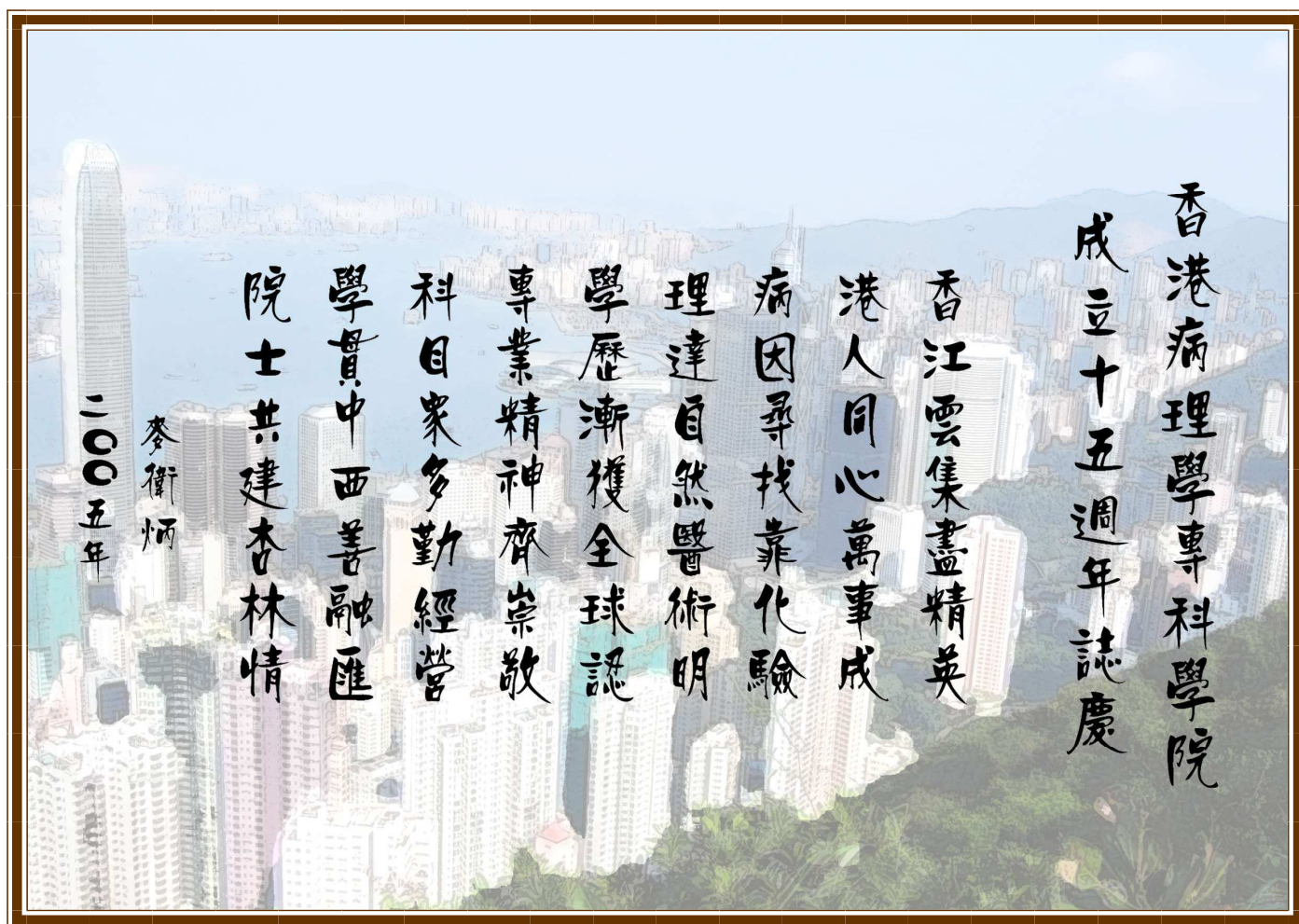
Look out for our invitation letter on programme and abstract submission details.

Dr. Jason So, Education Committee

POEM BY DR. W.P. MAK

In honour of the 15th anniversary of our College, Dr. W.P. Mak, one of our past presidents, has composed a poem for our College. We believe all of you would agree that the poem is very relevant to us!

Thank you, Dr. Mak!



A new look of the College Newsletter

**Starting from this issue, our College Newsletter will now be printed in colour!
Expect more changes in the near future.**

You can also visit our website at www.hkcpath.org to download this newsletter in pdf format.



CONGRATULATIONS!!!!!!



The examinations in Chemical Pathology and Haematology of 2005 finished after the publication of the last newsletter,. We are pleased to announce that the following candidates have passed the College membership examination/fellowship assessment. We hope you can join us to congratulate them on their success:

Dr. Poon Wing Tat (Fellowship Assessment in Chemical Pathology)

Dr. Mak Miu, Chloe (Fellowship Assessment in Chemical Pathology)

Dr. Yuen Yuet Ping (Fellowship Assessment in Chemical Pathology)

Dr. Leung Fung Shan, Kate (Fellowship Assessment in Haematology)

Dr. Leung Nga Sze (Membership Examination in Haematology)

MEETING ANNOUNCEMENT

- **10th Congress of Asian Association of Endocrine Surgeons** (10th AsAES) is scheduled on **12 - 15 March 2006** at the Hong Kong Convention and Exhibition Centre. The AsAES is a regional organization aiming at promoting the exchange of knowledge and advancements in surgical endocrinology. In 2006, the Association will have its Congress in Hong Kong for the first time in its 20-year history. (www.asaes2006.org)
 - **Fine Needle Aspiration Cytology—Multihead Microscopy Workshop on Breast, Lymph Node, Salivary Gland, and Thyroid:** organized by the Hong Kong Society of Cytology. **18 Mar, 1, 8, and 22 Apr, 2006.** (www.cytology.org.hk)
 - **XXVI International Congress of the International Academy of Pathology (100th Anniversary Congress of the IAP).** **16-21 Sep, 2006;** Montreal, Quebec, Canada. (www.iap2006.com)
 - **Asia-Pacific Society for Molecular Immunohistology (APSMI):** Annual Scientific Meeting. **2-3 Oct, 2006;** Bangkok, Thailand. Enquiries can be directed to Prof. Anthony Leong at: Anthony.Leong@newcastle.edu.au
 - **15th Annual General Meeting of the Hong Kong College of Pathologists,** the Hong Kong Academy of Medicine Jockey Club Building; **25 Nov, 2006** (www.hkcpath.org)
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Celebrating

捍衛民康 100 年

“One Hundred Years of Health Protection”



繪畫比賽小學組冠軍：張宗賜

細菌學檢驗所百年誌慶

暨

香港醫學博物館開館十週年

Centenary Celebration of the establishment
of the Bacteriological Institute
and
10th Anniversary of Hong Kong
Museum of Medical Sciences

18.3.2006

19.3.2006

健康嘉年華會 Health Carnival

日期 Date：星期六 Sat., 18-03-2006 from 3:00 p.m. — 6:00 p.m.
星期日 Sun., 19-03-2006 from 1:00 p.m. — 5:00 p.m.

地點：上環居賢坊卜公花園足球場

Venue：Football Pitch, Blake Garden, Kui In Fong, Sheung Wan

節目包括：武術示範，花式跳繩示範，健康講座，遊戲攤位，健康測試攤位，中醫義診，太平山區導賞，功夫舞表演，〈長者不倒翁〉，手杖運動等

Program includes：modern martial art demonstration, rope skipping tricks demonstration, health talks, game booths, health check booths, free Chinese traditional medicine consultation, Tai Ping Shan district docent service, Kung Fu dancing performance, walking stick measurement, and etc.

展覽 Exhibitions

日期 Date：18-03-2006 — 30-08-2006

地點：香港上環半山堅巷2號香港醫學博物館

Venue：Hong Kong Museum of Medical Sciences, No. 2 Caine Lane, Mid-levels, HK

展覽包括：

- 歷史長廊——重點介紹香港醫學歷史上對健康發展具影響的里程碑；
- 從中、西醫角度去看健康與疾病預防；
- 百年來病理檢驗所對維護及改進本港市民健康的貢獻；
- 以健康及舊病理檢驗所百年誌慶為題繪畫比賽作品展。

Exhibitions include：

- Key Events/developments in Health Timeline Exhibit;
- Health and disease prevention on heart, stroke, cancer, menopause, and osteoporosis from both Chinese and Western medical perspectives;
- Contribution of the Bacteriological Institute to protect the health of the community;
- Winning entries of picture competition.

博物館開放時間 / Museum Open Hours：

Monday 星期一 closed 休館

Tuesday to Saturday 星期二至六 10:00a.m. - 5:00p.m.

Sunday and Public Holidays 星期日及公眾假期 1:00p.m. - 5:00p.m.

查詢/Enquiry

Free Admission：Health Carnival, Health Timeline Exhibit and Exhibition at Lui Hac Ming Gallery

免費入場：健康嘉年華會，特備展覽（歷史長廊及呂鶴鳴展覽廳）

查詢：香港醫學博物館陳先生或林小姐
電話：25495123 或 網頁：www.hkmms.org.hk

Enquiry：Mr. Chan / Ms. Lam
Tel：25495123 or Website：www.hkmms.org.hk



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APPOINTMENTS OF CHAIRMEN AND MEMBERS OF STANDING COMMITTEES, CHIEF EXAMINERS, CHAIRMEN OF SPECIALTY BOARDS, AND CONVENORS FOR INSPECTION OF LABORATORIES FOR TRAINING

Training & Examinations Committee

Chairman:

Dr. NG Wing Fung

Vice-Chairman:

Dr. HO Pak Leung

Secretary:

Dr. CHAN Ho Ming, Michael

Members:

Dr. BEH Swan Lip, Philip

Dr. CHAN Yuk Tat, Eric

Prof. CHEUNG Nga Yin, Annie

Dr. LEE Kam Cheong

Dr. LOKE Shee Loong

Dr. LUK Wei Kwang

Dr. MAK Wing Lai, Tony

Dr. SHUM Shui Fung, Bobby

Dr. SO Chi Chiu, Jason

Dr. SUEN Wang Ming, Michael

Dr. WONG Kit Fai

Prof. YUEN Kwok Yung

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Dr. SHUM Shui Fung, Bobby

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Dr. LUK Wei Kwang

Secretary:

Dr. YUEN Yuet Ping, Liz

Members:

Dr. CHAN Keeng Wai

Dr. CHAN Kui Fat

Dr. CHAN Yuk Tat, Eric

Dr. LAI Sai Chak

Dr. LAM Woon Yee, Polly

Dr. LEE Kam Cheong

Dr. LO Yee Chi, Janice

Dr. LOKE Shee Loong

Dr. MA Shiu Kwan, Edmond

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Dr. CHAN Yan Wo, Albert

Forensic Pathology:

Dr. MONG Hoi Keung

Immunology:

Dr. CHAN Yuk Tat, Eric



THANKS TO RETIRED COUNCIL MEMBERS

DR. QUE TAK LUN, DR. MARGARET IP, AND DR. HO PAK LEUNG have finished their term of service and have retired from the College Council. We would like to take this opportunity to express our thanks for their contributions.

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NEW COUNCIL MEMBERS

We welcome three new members, **Dr. LAI Wai Man Raymond, Dr. LUK Wei Kwang and Dr. TO Ka Fai**, to our Council.

APPOINTMENT OF ADMINISTRATIVE ASSISTANT

We welcome **Ms Bonnie Chiu**, our new part-time Administrative Assistant. Bonnie will be working with Ms. Phoebe Wong, our College Secretary, in our College Chamber.

NEWSLETTER MATERIAL?

Do you want to share your thoughts with other fellows of the College? We welcome articles contributed by you. Please send your manuscript and comments to:

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Editor of Newsletter HKCPath,
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Queen Elizabeth Hospital.
Phone: 2958 6823
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