



SCIENTIA ILLUMINAT MEDICINAM

NEWSLETTER OF THE

# THE HONG KONG COLLEGE OF PATHOLOGISTS

## 香港病理學專科學院

OGISTS

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

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## Message from the President

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This year seems to have passed so quickly! Both our community and our College have gone through a number of traumatic events over the past months. During and following the episode of severe acute respiratory syndrome (SARS), a number of our Fellows have made major notable contributions in the battle against the disease, especially in the discovery of the underlying aetiological agent, the development of techniques for laboratory diagnosis of coronavirus, and in adding to our understanding of the pathogenesis of the disease. We congratulate all involved with the battle for their excellent work and also thank them for raising the community's awareness of our profession. While we hope that the disease will not return, the experience and knowledge gained will stand us in good stead for any further SARS outbreak or similar threats.

Another positive outcome of the SARS outbreak was the reinforcement of the need for us to re-think the future and trends of our postgraduate training in pathology. It has become increasingly obvious that we need to actively broaden our base and spheres of influence. In

part, such changes are reactive to external forces but amongst forward-looking fellows and observers of events in other places, such changes are inevitable. Areas that we may need to consider include incorporation of more clinical elements in our training programmes, especially in the disciplines of Clinical Microbiology and Infection and Immunology. The Council and Specialty Boards are actively exploring the advantages and disadvantages of engaging in joint fellowship programmes, particularly with the Hong Kong College of Physicians. These programmes are viewed as additional options to our existing monospecialty programmes.

As a further result of SARS, some of our educational activities (including the 23<sup>rd</sup> International Tutorial on Clinical Cytology and Biomarkers, initially scheduled for October 2-9<sup>th</sup>, 2003) have had to be postponed and some minor adjustment on the CME calculation has also been made. Luckily for our College's examination candidates, the annual examination cycle was little affected and we congratulate those who were successful and offer our support for those who were unsuccessful on this occasion.

The Hong Kong Academy of Medicine's 10<sup>th</sup> anniversary celebration and congress "New Challenges in Healthcare", November 28-30<sup>th</sup> 2003, draws closer. Please support your College and the Academy by participating, especially in those sessions that are proposed and arranged by the College. The 2003 Meeting of International Liaison Committee of Presidents will continue to be held over the coming 1<sup>st</sup> and 2<sup>nd</sup> of December in Hong Kong and many of the visiting presidents and other office bearers from our sister colleges and organisations have graciously agreed to attend the HKAM event before the meeting.

All agree that the issues of medical laboratory accreditation are of utmost importance to the future of medical testing services in Hong Kong and the Council and I believe that the vast majority of our fellows support and believe in the need for

Medical Laboratory Accreditation in Hong Kong. There have been a lot of discussions and meetings since the Hong Kong Accreditation Service released the draft proposals, with valuable comments raised by our fellows over the past few months. Combined with the hard work of the Members in the Working Party on Medical Laboratory Accreditation, I hope we can come to a scheme that is of internationally recognized standard, as indicated by the appropriate mutual recognition arrangement (MRA), and acceptable to most.

For fellow's information, at the most recent Council meeting the Council decided to forward a letter as shown to the Hong Kong Accreditation Service, re-iterating our support and belief in the need for a medical laboratory accreditation programme in Hong Kong.

### **"IMPORTANT EVENTS RELATED TO THE LOCAL LABORATORY ACCREDITATION SCHEME"**

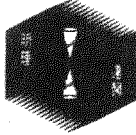
Important events related to the local laboratory accreditation scheme:

- 17<sup>th</sup> December, 2002: Signing of Memorandum of Understanding between the Hong Kong Accreditation Service (HKAS) and The Hong Kong College of Pathologists
- April, 2003: Request for Extraordinary General Meeting from a group of Fellows
- 30<sup>th</sup> April, 2003: Open forum with HKAS and informal meeting with our Fellows (replacing Extraordinary General Meeting), held in Hong Kong Academy of Medicine Jockey Club Building
- June, 2003: Dr. K.F. Wong replaced the President, Dr. R.J. Collins, as a member of the Accreditation Advisory Board and thus as Chairman of the Working Party on Medical Laboratory Accreditation
- 24<sup>th</sup> July, 2003: Second open forum with HKAS, held in Hong Kong Academy of Medicine Jockey Club Building
- August, 2003: Survey conducted by our College on HKAS' drafted proposal of local laboratory accreditation scheme (including requirement for laboratory directorship)
- September, 2003: Survey conducted by our College on requirement for laboratory directorship

For those who may be interested to read the documents related to the above events, please contact our Registrar, Dr. Wing-Fung Ng, at phone: 2208 0888 for further details.

## “LETTER FROM OUR COLLEGE TO THE HONG KONG ACCREDITATION SERVICE”

THE HONG KONG COLLEGE OF  
PATHOLOGISTS



SCIENTIA BLENDRAT MEDICINAM  
香港病理學專科學院

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Hong Kong Academy of  
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23<sup>rd</sup> October, 2003.

Dr L. H. Ng  
Executive Administrator  
Hong Kong Accreditation Service  
Innovation and Technology Commission  
36<sup>th</sup> Floor, Immigration Tower  
7 Gloucester Road, Wan Chai.

Dear Dr Ng,

I am writing on behalf of the Council of the Hong Kong College of Pathologists to emphasise our unwavering support and belief in the need for Medical Laboratory Accreditation in Hong Kong.

Health is critical to Hong Kong and the discipline of Pathology in its various forms provides the backbone to health services, impinging on almost every aspect of medicine. The medical laboratories underpin these pathology services thus it is essential that the quality of the service provided by the laboratories be the best achievable. Proclaiming that we have world-class facilities - as we indeed have in many institutions and organisations in Hong Kong - is not sufficient; independent accrediting bodies must attest to that quality. Recognising this, a number of medical laboratories in Hong Kong have sought accreditation, but these laboratories have looked towards Australasia or the USA for accreditation.

Hong Kong needs a medical laboratory accreditation program reflecting its needs and its status in the region. Such a program will provide a reassuring demonstration of standards and quality to both the local community and to any regional and overseas bodies who may be inclined to utilise Hong Kong's medical expertise.

The Hong Kong College of Pathologists is firm in its conviction of the need and its commitment to have a functioning Medical Laboratory Accreditation program in Hong Kong.

Yours sincerely

Dr Robert John Collins,  
President.

c.c. Dr WF Ng, Registrar.

## **“SARS CORONAVIRUS INFECTION: A CHALLENGE TO CLINICAL PATHOLOGISTS”**

**(Invited Author: Professor K.Y. Yuen)**

It is interesting to see that the case definition of SARS (severe acute respiratory syndrome) does not contain any objective parameters on the measurement of the severity of the respiratory disease. In fact, anyone who has a fever of 38 °C, a cough and a chest X-Ray infiltrate in Hong Kong as an affected area will theoretically fit the definition. If not for the history of epidemiological exposure, it will not be possible to make a diagnosis at the beginning of the epidemic. The identification of the novel coronavirus is an important breakthrough in the management of this condition with a mortality of 17%. Due to the availability of the complete genomic information, it is now possible to do RT-PCR for the rapid identification of the case. However, the test will only be positive if the patient is shedding the virus in secretions, excreta, blood or tissue, in the absence of inhibitors against the RT-PCR. As a result, only one third of the patient can be detected at the time of admission, though the positivity rate can go above 90% by the second to third week if stool and nasopharyngeal secretions are tested. After 21 days, over 80% of the patients will mount a four-fold rise in antibody titre or a seroconversion in the immunofluorescent antibody test. The latter is still the most important test from the epidemiological point of view.

It is obvious that we need a second generation of diagnostic test which will detect the virus at the time of admission. This is important because we do not want to put a patient without SARS with other possibly infected patients. A positive test will be an important criterion for enrolling a patient into clinical trials for antiviral therapy. Cost-effective contact tracing can be started immediately upon knowing the test results. The identification of the silent afebrile SARS patients is posing a big headache for infection control officers and will become very important amongst the geriatric patients. The availability of such a test will be very important for the coming winter since other human coronaviruses have a winter to spring seasonality.

As for the improvement of the serological test, recombinant protein can be used as the antigen for an ELISA test which can be more sensitive and specific. Other tests are important from the researchers' point of view. The viral load is an important way to monitor the progress of the patient and a determinant of whether the clinical deterioration is more related to uncontrolled viral replication or inappropriate immunopathological damage. A positive viral culture is without doubt the gold standard for making a diagnosis of coronavirus infection but the low sensitivity and long turn-around time are seriously impairing the usefulness of the test in the management of patients.

It is also important to remember that patients may not have any pneumonia but just disseminated intravascular coagulation, diarrhea or fever. They may not even develop pneumonia as the disease evolves. Thus, a positive test means the presence of the viral infection but not SARS. The epidemiological significance of this category of patient remains to be determined.

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## “FOURTH DRAFT OF GUIDELINES FOR RETENTION OF TISSUES AND ORGANS AT POST-MORTEM EXAMINATION & GUIDELINES ON STORAGE OF HUMAN TISSUE (OTHER THAN THOSE FROM POST-MORTEM EXAMINATION)”

### **Guidelines for Retention of Tissues and Organs at Post-mortem Examinations**

Despite development in the investigation and management of patients, post-mortem examinations continue to serve the public by providing information leading to advances in the practice of clinical medicine. New imaging techniques have not superseded the traditional post-mortem examination, but are evaluated against post-mortem examination as the ‘gold standard’.

In most cases, the post-mortem examination involves the retention of tissue samples or fluids for laboratory examination and, in some cases, there will be a need also to retain one or more whole organs for further examination in order to obtain anatomical evidence of the cause of death and to study the effects of treatment.

#### Post-mortem examinations required by law:

The retention of organs/tissues of all coroner cases performed in HK is governed by the Coroners Ord. Cap. 504. Section 5 of the Coroners Rules stipulates that

“A pathologist performing an autopsy shall make provision, so far as is reasonably practicable, for the preservation of material which in his opinion is relevant to the cause of or the circumstances connected with the death of the person the subject of the autopsy -

- (a) for such period as the coroner who ordered the autopsy specifies;
- (b) if no such period is so specified, for such period as the pathologist thinks fit.”

#### Post-mortem examinations performed with relatives’ agreement:

It is important that any tissue retained must match the relatives’ perception of what they agreed to being retained and its purpose. The form of agreement for post-mortem examination and the accompanying information should be sufficiently explicit and unambiguous so that the relatives’ understanding of what they are likely to be requested to agree for retention will match the pathologist’s requirements where these are known in advance. The form of agreement should distinguish between retention for the purposes of obtaining anatomical evidence of the cause of death and investigating the effects of treatment and retention for medical education and research. Relatives should also be given options for the lawful disposal of any tissue or organs retained for obtaining anatomical evidence of the cause of death and investigating the effects of treatment; these options should include allowing their further use for medical education and research.

The retention of tissue samples and fluids for laboratory investigation for the purpose of obtaining anatomical evidence of the cause of death and investigating the effects of treatment is an integral component of the post-mortem examination; therefore, this should be included in the agreement for the post-mortem examination itself.

#### Disposal of tissue retained at any post-mortem examination:

All histopathology and forensic pathology services should have written standard operating procedures and protocols for the disposal of tissues including regular review of tissue stores and maintenance of accurate records of the disposal of all specimens.

Except for further use or long term storage, all organs and tissues, after completion of examination, should be disposed of respectfully.

### **Guidelines on Storage of Human Tissue, Other Than Those from Post-mortem Examination**

These guidelines apply to all tissues (including organs) obtained from biopsies, resections and other procedures other than post-mortem examinations.

Preferably, consent has to be obtained from the persons from whom the tissues are taken for diagnosis, teaching and research.

For archiving tissues after examination, adequate reasons should be documented and sufficient records have to be made.

Except for archiving, all tissues after examination should be disposed of respectfully.

Please direct all comments to Dr. W.P. Mak, Chairman of Credentials Committee at [wp\\_mak@dh.gov.hk](mailto:wp_mak@dh.gov.hk) within one month after the publication of this Newsletter.

### **“FEASIBILITY OF SUBSCRIPTION TO OUR QUALITY ASSURANCE PROGRAMMES ON A “HOSPITAL CLUSTER” BASIS”**

The Quality Assurance Committee had received a recent request concerning the feasibility of subscription to Quality Assurance Programmes on a “hospital cluster” basis, i.e. cluster hospitals subscribing as a “single unit”. After discussion amongst members of Quality Assurance Committee, the following conclusions are drawn:

For Quality Assurance Programmes on Anatomical Pathology, Chemical Pathology and Haematology, subscription on a “hospital cluster” basis, though not encouraged, is possible.

For Quality Assurance Programmes on Cytopathology, Immunology and Transfusion Serology & Practice, subscription needs to be on an “individual laboratory” basis, mainly due to technical reasons. Cluster hospitals enrolling as a “single unit” will not be accepted at this moment.

For Quality Assurance Programme on Clinical Microbiology (which is jointly organised with Hong Kong Medical Technology Association), such subscription will be individually assessed.

### **“MINOR ADJUSTMENT OF CME CALCULATION DUE TO SARS”**

Owing to the SARS epidemics earlier this year, there has been marked decrease in the number of educational activities over the past few months. The Education Committee of The Hong Kong Academy of Medicine therefore proposed to give some leeway for those Fellows whose CME cycles ended before 31<sup>st</sup> December, 2003: for Fellows who failed to meet the required 90

CME points, they can make up their deficiency through approved remedial programmes if they have already gained 50 or more CME points. In other words, the lower limit for the group is now 10 points below the normally required 60 points. Other Fellows whose CME cycles are not ended within this year will not be affected.

## “POSTPONEMENT OF 23<sup>rd</sup> INTERNATIONAL TUTORIAL ON CLINICAL CYTOLOGY & BIOMARKERS”

Owing to the recent SARS epidemics in Asia, the Organising Committee of the 23<sup>rd</sup> International Tutorial on Clinical Cytology and Biomarkers has recently decided to postpone the event from 2<sup>nd</sup> – 9<sup>th</sup> October, 2003 to 25<sup>th</sup> September – 2<sup>nd</sup> October, 2004 (tentative) in the same venue at Hong Kong Academy of Medicine Jockey Club Building, Aberdeen, Hong Kong. Registrants may consider carrying over their

registration status to next year. The registration fee and programmes remain unchanged. For those who are interested, the Tutorial will be followed by FIAC / CTIAC examination on 3<sup>rd</sup> October, 2004. Please contact our Tutorial Secretariat, Ms. Louisa Chiu, at (852) 2871 8787 (E-mail: [confdept@hkam.org.hk](mailto:confdept@hkam.org.hk)/[info@cytology-tutorial.org](mailto:info@cytology-tutorial.org)) for further details.

## “DATE OF COMING ANNUAL GENERAL MEETING OF OUR COLLEGE”

The coming Annual General Meeting of our College has been scheduled on 6<sup>th</sup> December, 2003 (Saturday) at Hong Kong Academy of Medicine Jockey Club Building. The T.B. Teoh's Lecture will be followed by admission of new Fellows

and annual dinner. Please mark your calendar and make every effort to attend this important function. A symposium on SARS will also be organised by our College in the afternoon on the same day, shortly before the Annual General Meeting

## “CONGRATULATIONS TO THOSE SUCCESSFUL CANDIDATES IN COLLEGE EXAMINATIONS OF THIS YEAR”

### **Anatomical Pathology (Fellowship Assessment):**

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Tsui Po  
Yip Wai Lun*

### **Anatomical Pathology (Membership Examination):**

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Chiu Sin Chuen  
Kan Nim Chi Amanda  
Wong Shun*

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**The Hong Kong College of Pathologists**

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