



PathWay

THE ROYAL COLLEGE OF PATHOLOGISTS OF AUSTRALASIA



APRIL 2015 | Published by RCPA

Issue #046

In This Issue

- Health professionals unite to help Aussies choose wisely
- Diagnosing diabetes is not always black and white
- HIV oral rapid tests can screen but not diagnose HIV infections
- New RCPA and Leukaemia Foundation collaboration makes perfect sense

Welcome to the April edition of ePathWay

Lists from medical colleges and societies of tests, treatments and procedures that warrant scrutiny will be published on April 29 on the Choosing Wisely Australia [website](#). We spoke to the Program Implementation Manager for Australia about this new campaign and why it's trying to bring about a cultural shift.

Other topics featured in this issue - diagnosing diabetes, HIV oral rapid testing and a collaborative partnership between our College and the Leukaemia Foundation – show the breadth of the range of areas in health care where pathology adds value.

Keep checking in to our [Facebook](#) page (we're on our way to 800 likes) and follow our CEO Dr Debra Graves ([@DebraJGraves](#)) or the College ([@PathologyRCPA](#)) on twitter to keep up to date with pathology news.

You can also follow the Choosing Wisely Australia campaign through the official twitter handle [@ChooseWiselyAu](#).

Interesting Facts

Friday April
29

The day the lists from medical colleges and societies of tests, treatments and procedures to question is released on the Choosing Wisely Australia website.

Health professionals unite to help Aussies choose wisely

6

The number of medical colleges and societies that have joined the Choosing Wisely Australia campaign

2012

The year the first Choosing Wisely campaign was launched (in the USA).

Sources: NPS MedicineWise

Important Message



has an important message for you.

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Most people overestimate the benefits and underestimate the harms of tests, treatments and procedures. It's these misperceptions that the Choosing Wisely Australia campaign will challenge when it's launched on April 29.

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Diagnosing diabetes is not always black and white

Diagnosing diabetes can be fraught with grey areas. Some unrelated conditions can compromise a patient's blood results making the diagnostic process a bit trickier than usual. A case in point is diagnosing diabetes using a glycated haemoglobin (HbA1c) test which can be compromised by conditions that affect red cell survival rates.



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HIV oral rapid tests can screen but not diagnose HIV infections

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In a perfect testing world everyone at high risk of contracting Human Immunodeficiency Virus (HIV) would have regular samples sent to an accredited pathology laboratory for testing. But it's not a perfect testing world, and other means of trying to detect HIV infections such as HIV oral rapid tests are popping up to try and fill in the gaps.

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New RCPA and Leukaemia Foundation collaboration makes perfect sense

Pathology is an integral part of every blood cancer diagnosis, so it makes sense for the Royal College of Pathologists of Australasia (RCPA) and the [Leukaemia Foundation](#), as lead organisations, to work more closely together to achieve better outcomes for patients and their families.

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ePathWay

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Previous Editions



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ISSUE #045

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- RCPA launches world-first genetic testing standards
- Forensic pathologists use their skills to identify NPS-related deaths
- Expert guidelines needed to stem folate testing flurry
- Molecular tests to detect colorectal cancer could be a 'rescue strategy'

Welcome to the March edition of ePathWay

Pathology Update 2015 is over for another year, but there is still a buzz in the air thanks to its huge success.

Apart from the outstanding program and speakers, the conference generated excellent media coverage with articles and radio pieces placed across Australia and New Zealand to a potential audience of over half a million people.

The four articles in this edition are from presentations given at the conference. Once you've read them, put Friday 26 to Sunday 28 February in your diary for Pathology Update 2016 A Diamond Date.

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Health professionals unite to help Aussies choose wisely



Choosing Wisely Australia

An initiative of NPS MedicineWise

Most people overestimate the benefits and underestimate the harms of tests, treatments and procedures. It's these misperceptions that the Choosing Wisely Australia campaign will challenge when it's launched on April 29.

"We're hoping to create a cultural shift by challenging the notion that 'more is always better'," explains Dr Robyn Lindner, Program Implementation Manager at NPS MedicineWise. "To do this we have invited peak medical colleges and consumer groups to collaborate in this national initiative to improve the quality of healthcare and facilitate better conversations between doctors and patients."

Dr Lindner says the initiative identifies tests, treatments and procedures that are commonly used but often provide no or limited benefit to the patient, and in some cases lead to harm. Participating medical colleges and societies have been busy drawing up lists of tests, treatments and procedures that should be questioned to help facilitate optimal healthcare. The lists will provide targeted evidence-based information.

"The Royal College of Pathologists of Australasia (RCPA) is one of the leading colleges who have come on board right from the beginning," she says. "They are helping us to identify those practices that warrant scrutiny while drawing on the expert opinion of their members."

Other medical colleges and societies also committed to the campaign include:

- Australasian College of Emergency Medicine
- Australasian Society of Clinical Immunology and Allergy

- The Royal Australian College of General Practitioners
- The Royal Australasian College of Physicians
- The Royal Australian and New Zealand College of Radiologists

While you will need to wait another couple of days to see the lists on the [Choosing Wisely Australia](#) website, the official twitter handle [@ChooseWiselyAu](#) is active. Dr Lindner says she anticipates that the number of lists and participants will grow over time.

The Choosing Wisely campaign began in the United States in 2012, and many other countries are now on board including Canada, the Netherlands, England, Germany, Italy and Japan.

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Diagnosing diabetes is not always black and white



Diagnosing diabetes can be fraught with grey areas. Some unrelated conditions can compromise a patient's blood results making the diagnostic process a bit trickier than usual. A case in point is diagnosing diabetes using a glycosylated haemoglobin (HbA1c) test which can be compromised by conditions that affect red cell survival rates.

Dr Graham Jones, Chemical Pathologist at St Vincent's Hospital in Sydney, says diagnosing diabetes using an HbA1c test is no different from many other tests in having some pitfalls to watch out for.

"Nothing in medicine works without thought, even something simple like measuring someone's waist circumference properly," he explains. "There is also no drug without some side effects and no test without some pitfalls. We might wish it was all easy, but there are tricks and traps to look out for."

HbA1c is a single blood test that measures the average amount of glucose in the blood over a period of about two months. It doesn't require any special preparations such as fasting and drinking glucose drinks. HbA1c was added to the Medicare Schedule in Australia in November last year as a test to diagnose diabetes in high-risk patients. New Zealand has offered HbA1c as a diagnostic test for diabetes for more than two years.

"There are instances where diagnosing diabetes with the HbA1c doesn't work as well as the glucose tests. These can occur in haemolytic diseases, chronic kidney or liver disease and in a range of other conditions. There is quite a long list of possible causes of changed red cell lifespan, but any anaemia or an HbA1c that does not match glucose results should raise a concern. In these cases a glucose test would be a better choice for diagnostic purposes," says Dr Jones.

HbA1c is also covered in the [September 2012](#), [November 2013](#), [June 2014](#) and [December 2014](#) editions of ePathWay.

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HIV oral rapid tests can screen but not diagnose HIV infections



In a perfect testing world everyone at high risk of contracting Human Immunodeficiency Virus (HIV) would have regular samples sent to an accredited pathology laboratory for testing. But it's not a perfect testing world, and other means of trying to detect HIV infections such as HIV oral rapid tests are popping up to try and fill in the gaps.

Professor Bill Rawlinson, Senior Medical Virologist and Director of the Serology and Virology Division at the Prince of Wales Hospital, says point of care tests (PoCT) such as HIV oral rapid testing are here to stay, so we need to look at the most effective way to integrate them into the health system to achieve the best outcome.

“Sexual health clinics and high HIV case-load GP practices might use these types of tests as a way to quickly screen their patients to pick up HIV infections,” he explains. “But it is important to remember that these types of tests are screening tests and not diagnostic tests for HIV. Diagnostic serological testing for HIV still needs to happen in an accredited pathology laboratory.”

HIV oral rapid testing might also be a more acceptable type of test for some patients, potentially picking up infected people who might be less willing to front up for regular blood tests but will provide a saliva sample. Nevertheless, confirmatory serological testing from a blood specimen is still required for positive results and some negative results, so it can't be avoided altogether.

HIV oral rapid testing also may not pick up early HIV infections. This is because of the window when the infected person has not yet produced detectable levels of the specific antigens or antibodies that are measured by the test. The test results are also open to reader error, and so quality assurance of

testing is important.

“The HIV oral rapid test is currently not as accurate as other tests for HIV, including the rapid PoCT blood test, but it may have a place in our system. We all have the same aim which is to decrease HIV transmission, and we need to be realistic about the best ways to achieve it,” says Prof Rawlinson.

HIV is also covered in the [July 2011](#) and [February 2013](#) issues of ePathWay.

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New RCPA and Leukaemia Foundation collaboration makes perfect sense



Pathology is an integral part of every blood cancer diagnosis, so it makes sense for the Royal College of Pathologists of Australasia (RCPA) and the [Leukaemia Foundation](#), as lead organisations, to work more closely together to achieve better outcomes for patients and their families.

“Blood cancers are life changing and life threatening, and can affect anyone of any age at any time. Although survival rates are improving, blood cancers still claim more lives than breast cancer, prostate cancer, melanoma and ovarian cancer,” explains Ms Stephanie Hechenberger, General Manager of the Leukaemia Foundation in Victoria and Tasmania.

RCPA CEO Dr Debra Graves says the College welcomes the opportunity to work collaboratively with the Leukaemia Foundation towards goals such as:

- providing patients with access to information about new developments and technologies in pathology
- strengthening the relationship between haematologists and GPs
- sharing the human stories of blood cancers with doctors and the wider community.

“The human stories are very important,” explains Ms Hechenberger. “For people diagnosed with an acute blood cancer, treatment often commences the next day. Pathology is fundamental to the diagnosis of every blood cancer providing key diagnostic data from blood tests and bone marrow biopsies and delivering important feedback to clinical haematologists throughout the treatment protocol.”

Ms Hechenberger says the collaborative partnership will provide benefits to the 60,000 Australians living with blood cancer through joint activities and initiatives including:

- patient education sessions on pathology
- GP education about blood cancers and pathology
- industry events and updates for haematologists and pathologists
- specialist content and speakers at conferences and forums
- public awareness campaigns about blood cancers and pathology.

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