



PathWay

THE ROYAL COLLEGE OF PATHOLOGISTS OF AUSTRALASIA



MAY 2015 | Published by RCPA

Issue #047

In This Issue

- Community backs HPV vaccine for boys
- RCPA's online manuals receiving thousands of 'hits'
- Five pathology tests to question were chosen wisely by our experts
- Crocs versus bees – which is more deadly?

Welcome to the May edition of ePathWay

The human papillomavirus (HPV) vaccine was initially promoted as a cervical cancer vaccine. It's now offered to boys as well. We asked an expert to explain why in a nod to Men's Health Week.

Lists from medical colleges and societies of tests, treatments and procedures that warrant scrutiny are now live on the Choosing Wisely Australia website. Our College contributed five pathology tests, and we asked our President how these tests were selected.

The recent Food Allergy Awareness Week highlighted the statistic that 1 in 10 babies born in Australia today will have a food allergy. While this statistic is alarming, we looked for a dangerous non-food related allergy and came up with 'killer bees'.

Finally, education is part of our College DNA and two of our online publications are going so well they deserved more than a passing mention.

Keep checking in to our [Facebook](#) page (we're on our way to 1000 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](#).

Community backs HPV vaccine for boys

Interesting Facts

80%

The estimated number of people who will be infected with human papillomavirus (HPV) at some point in their life.

50-80%

The chance of HPV transmission after having unprotected sexual intercourse with a person infected with HPV.

More than 100 million

The number of doses of HPV vaccines distributed worldwide.

Sources: National Centre for Immunisation Research & Surveillance



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Professor Brett Delahunt

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The Choosing Wisely Australia campaign kicked off last month and our College was one of the first to jump on board. We submitted a [list](#) of five

pathology tests that clinicians and consumers should question along with the evidence to back them up. RCPA President Professor Peter Stewart took us through the process of how these tests were selected and why.



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Crocs versus bees – which is more deadly?

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Previous Editions



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

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

2015

[044 - February 2015](#)

[045 - March 2015](#)

[046 - April 2015](#)

2014

[033 - February 2014](#)

[034 - March 2014](#)

[035 - April 2014](#)

[036 - May 2014](#)

[037 - June 2014](#)

[038 - July 2014](#)

[039 - August 2014](#)

[040 - September 2014](#)

[041 - October 2014](#)

[042 - November 2014](#)

[043 - Dec 2014/Jan 2015](#)

2013

[022 - February 2013](#)

[023 - March 2013](#)

[024 - April 2013](#)

[025 - May 2013](#)

[026 - June 2013](#)

[027 - July 2013](#)

[028 - August 2013](#)

[029 - September 2013](#)

[030 - October 2013](#)

[031 - November 2013](#)

[032 - Dec 2013/Jan 2014](#)

2012

[010 - Dec 2011/Jan 2012](#)

[011 - February 2012](#)

[012 - March 2012](#)

[013 - April 2012](#)

[014 - May 2012](#)

[015 - June 2012](#)

[016 - July 2012](#)

[017 - August 2012](#)

[018 - September 2012](#)

[019 - October 2012](#)

[020 - November 2012](#)

[021 - December 2012](#)

2011

[001 - March 2011](#)

[002 - April 2011](#)

[003 - May 2011](#)

[004 - June 2011](#)

[005 - July 2011](#)

[006 - August 2011](#)

[007 - September 2011](#)

[008 - October 2011](#)

[009 - November 2011](#)

[« Back to Home Page](#)

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Community backs HPV vaccine for boys



The saying ‘what’s good for the goose is good for the gander’ is certainly true for the human papillomavirus (HPV) vaccine. It was initially communicated as a cervical cancer vaccine, but subsequent trials established that it is just as effective in males in terms of preventing HPV-related diseases.

Dr Julia Brotherton, Medical Director of the National HPV Vaccine Register in Australia, says she has been pleasantly surprised by the widespread acceptance of the vaccine for boys.

“The community has really come on the journey with us, although it hasn’t been a complicated message to sell because of the benefits of the vaccine. There has been a bit less uptake of the vaccine for boys compared to girls, but not by very much.”

The HPV vaccine was developed by RCPA Fellow Professor Ian Frazer and his team at the University of Queensland. It protects against the two high-risk HPV types (16 and 18) that cause 70% of cervical cancers in women and 90% of all HPV-related cancers in men. It also protects against some cancers of the head and neck, and against two low-risk types (6 and 11) which cause 90% of genital warts.

“The HPV-related cancers men might develop are penile and anal cancers. The vaccine protects males against these cancers, and we have already found the incidence of genital warts has dramatically declined in young men since the vaccine was introduced for girls eight years ago, due to herd protection effects,” explains Dr Brotherton.

Girls in their first year of high school have been offered the HPV-vaccine since 2007 in Australia and 2008 in New Zealand. It was extended to include boys in their first year of high school in 2013 in Australia, although boys up to 15 years were offered it for the first two years of the program as a catch up measure. Males between nine and 26 years can have the vaccine in New Zealand as a private purchase, as can males up to age 26 in Australia who are too old for the school’s program.

“We are a few years off seeing the real impact of the vaccine for boys,” explains Dr Brotherton. “But giving the vaccine to girls and boys prevents infections going to and fro between the sexes, resulting in even better herd immunity.”

[Men's Health Week](#) runs from 15-20 June in Australia. This year's topic is MoMENts in time.

HPV is also covered in the [April 2011](#) edition of ePathWay. Anal cancer is covered in the [November 2013](#) edition of ePathWay.

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"The Manual is now 25 years old, and we relaunched it again in February this year as a better version once again," explains RCPA CEO Dr Debra Graves. "The current Manual is the seventh edition, which is a great achievement in itself, and reflects the increasing role of molecular medicine in contemporary pathology practice."

The Manual's editor Professor Brett Delahunt says the current edition's popularity has exploded online. Since February this year it has received almost 155,000 hits.

"The Manual started as a hardcopy publication. It was then released as a CD-ROM before turning into an online publication for the fourth edition in 2004," explains Prof Delahunt. "It is open access so it can be used by anyone from pathologists to patients as a comprehensive resource for laboratory testing."

He says each time the Manual is reviewed all of its content is revised, resulting in an entirely new publication.

"A lot of people put a huge amount of time and effort into producing each edition," he says.

You can view the impressive list of contributors [here](#).

The newly minted Macroscopic Cut-Up Manual is an initiative of the RCPA Specialist Training Project. It's already a success story with almost 70,000 hits since it was launched in April last year, despite the fact some webpages are still under construction.

"It's a valuable resource for pathologists, pathology trainees and scientists. It can guide them through the cut-up process in real time on a device such as a tablet which they can set up in front of their work station," explains Dr Graves.

Associate Professor Paul McKenzie, an Anatomical Pathologist who was on the steering committee, says the Macroscopic Cut-Up Manual has many benefits including:

- Improving quality and standards for cut-up.
- Training pathology registrars.
- Training and guidance for best practice for non-pathologists performing cut-up under the supervision of a pathologist.
- Providing an up-to-date resource for laboratories in lieu of in-house cut-up manuals which are laborious to maintain and may become out of date.

Click on these links for information about the Macroscopic Cut-Up Manual's [development](#) and [contributors](#).

The manuals may have kicked off in different eras, but both deliver current evidence based information about pathology to a virtual audience. And if the number of 'hits' so far is any indication, both will be around for the foreseeable future.

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“The College already had a program to identify tests that could be used in different or more productive ways. We also release position statements on various tests to guide clinicians towards using them in the most appropriate way. We were therefore very enthusiastic about joining the Choosing Wisely Australia campaign as a further extension of our efforts in this area.”

Prof Stewart says the process of selecting five pathology tests to question was thoughtful and thorough.

“We had identified a number of tests that could qualify, but we could only put five forward in the first instance. We therefore presented our longer list of tests to our professional advisory committees to scrutinise and provide recommendations based on the current evidence. The College Board approved the final five tests based on these recommendations.”

Prof Stewart says it will be difficult to judge the effectiveness of the campaign in the short term in terms of behavioural change, but he believes it is a useful exercise.

“Hopefully by identifying tests that could be used in more appropriate ways, we will create opportunities for new tests identified as having valid applications to be funded.”

Choosing Wisely Australia is also covered in the [April 2015](#) edition of ePathWay.

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Dr Richard Steele, Clinical Immunologist and Immunopathologist in Wellington, New Zealand, says bees cause more deaths than any other animal on both sides of the Tasman from anaphylactic reactions to their stings.

"For people to have an allergic reaction to a bee sting, they must have had some sensitisation in the first place such as previous stings," he explains. "Not all reactions are serious, and anaphylactic reactions to bee stings affect just a small proportion of the population."

At the head of the list for serious reactions to bee stings are beekeepers. They are more likely to be stung and therefore have an increased risk of developing an Immunoglobulin E (IgE) mediated allergy to bee venom. IgE is a kind of antibody that plays a major role in allergic diseases.

"We can find out if a person has a sensitivity to bee venom through a skin test where we prick or inject specific venoms into the skin, or through a specific IgE blood test for bee venoms," explains Dr Steele.

"If a person has a positive test and has a systemic reaction to a bee sting then treatment involves bee venom injections to desensitise them to it. We can reduce a person's chance of having a reaction to bee stings from 60% to less than 10% with this treatment."

It may be difficult to picture a tiny bee as a bigger killer than a saltwater croc, but think of it this way. You're more likely to step on a bee than a croc, especially in New Zealand.

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