

The Association of Clinical Pathologists

Spring 2009

acp **N**ews

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A Sicilian saga

Kosovo: fragile state

Play the regeneration game

***Yersinia pestis*: a plague of doubt?**



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Calendar of Forthcoming Meetings

Date 2009 & Organisation	Title	Venue	Contact Details
16 May	Problems in Tumour Pathology	Postgraduate Education Centre, Christie NHS Foundation Trust	Mrs Liz Ryan Tel: 0161 446 3277 liz.ryan@christie.nhs.uk
11 - 12 June Association of Clinical Pathologists	ACP Annual Scientific Meeting - Histopathology and Forensic Pathology	RIBA 66 Portland Place, London	Alison Martin Tel: 01273 775700 alison@pathologists.org.uk
1 - 2 July Association of Clinical Pathologists	ACP Annual Scientific Meeting - Chemical Pathology	Taunton Conference Centre	David James david.james@tst.nhs.uk
2 - 4 September Association of Clinical Pathologists	ACP Management Course	Hardwick Hall Hotel, Sedgefield London	Jacqui Rush Tel: 01273 775700 jacqui@pathologists.org.uk
4 September	Gloucestershire GI Pathology Course	Cheltenham Racecourse	Neil Shepherd neil.shepherd@glos.nhs.uk

The ACP accepts no liability for errors or omissions in this calendar of meetings. Readers are reminded that advertised meetings may be cancelled. Those intending to attend are obliged to check the details on booking with the organiser in every instance. There will be a £25 administration fee per issue for entries in this table.



Dr Burton is Assistant Editor of acp News and Lecturer in Histopathology at the University of Sheffield



Prof Kerr is Assistant Editor of acp News and Consultant Microbiologist at Harrogate District Hospital



Dr Twomey is Assistant Editor of acp News and Consultant Chemical Pathologist at Ipswich Hospital

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Cover Story



In The Clinic

This photo is from a wall in the gynaecological clinic of one of the regional hospitals in Kosovo. The infrastructure of Kosovo, never its strong point, is now in a really parlous state. Roads, schools and hospitals are almost all in need of repair or replacement; unlikely given that the national GDP is the lowest in Europe. Perhaps unsurprisingly, it wasn't six o'clock when this photo was taken.

Invitation to Contributors

In addition to the constant flow of material from ACP Council, ACP committees and ACP branches, *acp News* needs new material from you, the members of the ACP.

Pathology news items (1200-1500 words): Any items related to the ACP or the College, pathologists in general, or medical and management matters that may have an impact on pathologists.

Articles (1500-2000 words): These can be papers, reviews, essays, commentaries, critiques or polemics. Submitted articles are always very welcome, as well as suggestions for articles and/or details of people whom the editor may approach.

Reports (1000 words): These may be personal views and reports on interesting meetings, travel or anything else of interest to the readership. Travel reports are specifically for holders of ACP travel fellowships; however, other reports from abroad are welcomed.

Columns (600 words): Regular and irregular columnists exercise their thoughts. Please feel free to rant.

Pathological creative writing: All literary forms, including short stories, serials, surrealism and even poetry.

Appreciations (1000-1500 words): We prefer appreciations on retirement, rather than obituaries. Please discuss these with the editor before submission.

Photo-journalism: Favoured subjects include pathologists doing something interesting, or College and ACP officers doing anything at all. Interesting or artistic photographs are welcomed.

Cartoons: Suggestions are welcomed.

Curetings: Jokes and humorous titbits are always needed.

Debate: Letters to the editor are welcomed, but may be shortened for publication, or even converted into articles. Please try to refrain from writing unless you are prepared to be published. All criticisms of organisations or named individuals will entitle the parties to a right of reply. Please bear in mind the UK libel laws!

Trainees: Trainees are especially encouraged to submit material in any and all of the above categories. These will normally be placed in the trainees' section. Appointments committees in particular value publications in *acp News*.

Editorial Policy: The editor would particularly encourage overseas contributors, material from trainees, material from non-histopathologists, commentary on current affairs in pathology, occasional columnists, innovations in pathology, humorous writing on pathology-related topics, and anything downright cantankerous.

Format: The *acp News* style guide was published in the autumn 2005 issue, pages 11-12, and copies can be obtained from the editor. The publication is a magazine, not an academic journal, and long lists of references are generally considered unnecessary. Where given, references should be in the Vancouver style and should be kept to a maximum of around six per article, unless absolutely necessary. Alternatively, authors may prefer to give a recommended reading list, or a list of relevant internet links. The editor prefers these as they take up less space.

All suggestions are welcome; however, the editor's decision is final.

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SPRING	February	5th December
SUMMER	May	5th March
AUTUMN	August	5th June
WINTER	November	5th September

Copy is best submitted by email, or on disc if the file size is large, in any version of Microsoft Word, although it should be possible to accommodate other formats. Submissions on paper by snail mail will also be accepted. Illustrations should be sent as JPEG digital images or hard copy prints. Please do not embed images in your text. Send them as separate files.

Please send email submissions direct to the editor at simon.knowles.acpnews@gmail.com

Big Brother and the clinical pathologist

The events surrounding the last days of the reality TV personality Jade Goody are set to become the source of endless postgraduate thesis dissertations on everything from the sociology of celebrity status to public perceptions of death and dying in the 21st century. Which is all well and good, but there are powerful messages in the story for clinical pathologists here as well.

Compliance is pivotal to successful disease prevention, whether through screening, immunisation or behavioural modification. That requires *social marketing*, which is just jargon for getting the message across. And social marketing has had some wins. The prototype “slip slap slop” campaigns in Australia dramatically slowed their epidemic of melanoma. Seat belt compliance, smoking cessation and preconceptual folate are other successful social marketing projects.

Compliance in cervical screening has become a bit of a problem latterly, with a significant decline in uptake amongst women aged 25 to 35 and in areas of social deprivation. So here is an area ripe for social marketing but, candidly, it's a difficult product to market and attempts to raise screening rates have been, until recently, fairly low impact. All this has changed.

There is every indication that the first message in the Goody story – this is about someone who defaulted from treatment, not from screening – was easily distilled from the heady mix of drama and speculation: if you are invited to go for colposcopy then go. A consistent report from clinics is that attendance is running at an all time high, with minimal DNA rates. The second message – cervical screening prevents cancers – also seems to have been recognised. There has been a clear increase in the number of samples coming into the laboratory.

But there has been a second increase in demand on our laboratories, from management and the media, local and national. They want detailed, timely quantitative data. Are we experiencing a “Goody Effect”? If so how big is it, how long will it last and what will be the impact on the service? The initial response has been that national data collection is done on an annual basis; please ask again next year. Locally it would appear that we aren't much smarter. Most of our laboratory informational systems are slow, cumbersome and bizarrely difficult to interrogate. This makes it difficult to respond to entirely reasonable requests for data; it makes it difficult to match demand with capacity; and it increases risk and governance issues every time there is a significant variance such as this.

Clinical pathologists traffic in information. That is the nature of our specialties. That is our business. Data must be accurate, readily available and easily accessible. And not just patient by patient but in the round, to show trends, variances and outliers. We need better, quicker and more responsive systems and, most of all, we need to control them. They are far too important to entrust to your local Informatics Department.

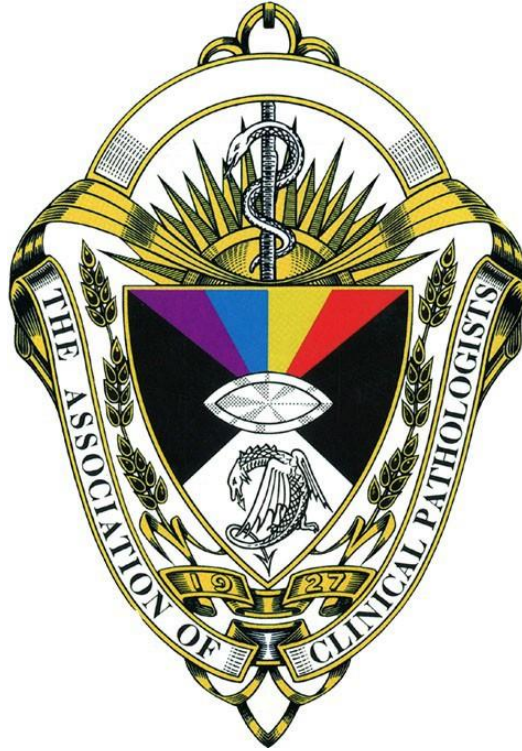
Elsewhere in this issue

The ACP is a dynamic organisation that works hard for the clinical pathologist, thanks to a lot of hard work from pathological activists and the staff at Hove. Proof, if proof is needed, can be found in the reports in this issue. There is a lot more, including excellent articles and some spleen venting by the usual columnists. And a quick note to thank Julian Burton for his work coordinating the book reviews. This task has been taken up by Ian Chandler who will, I am sure, rise to the challenge. Enjoy this Spring issue and ask yourself whether you too might have something interesting to contribute.



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