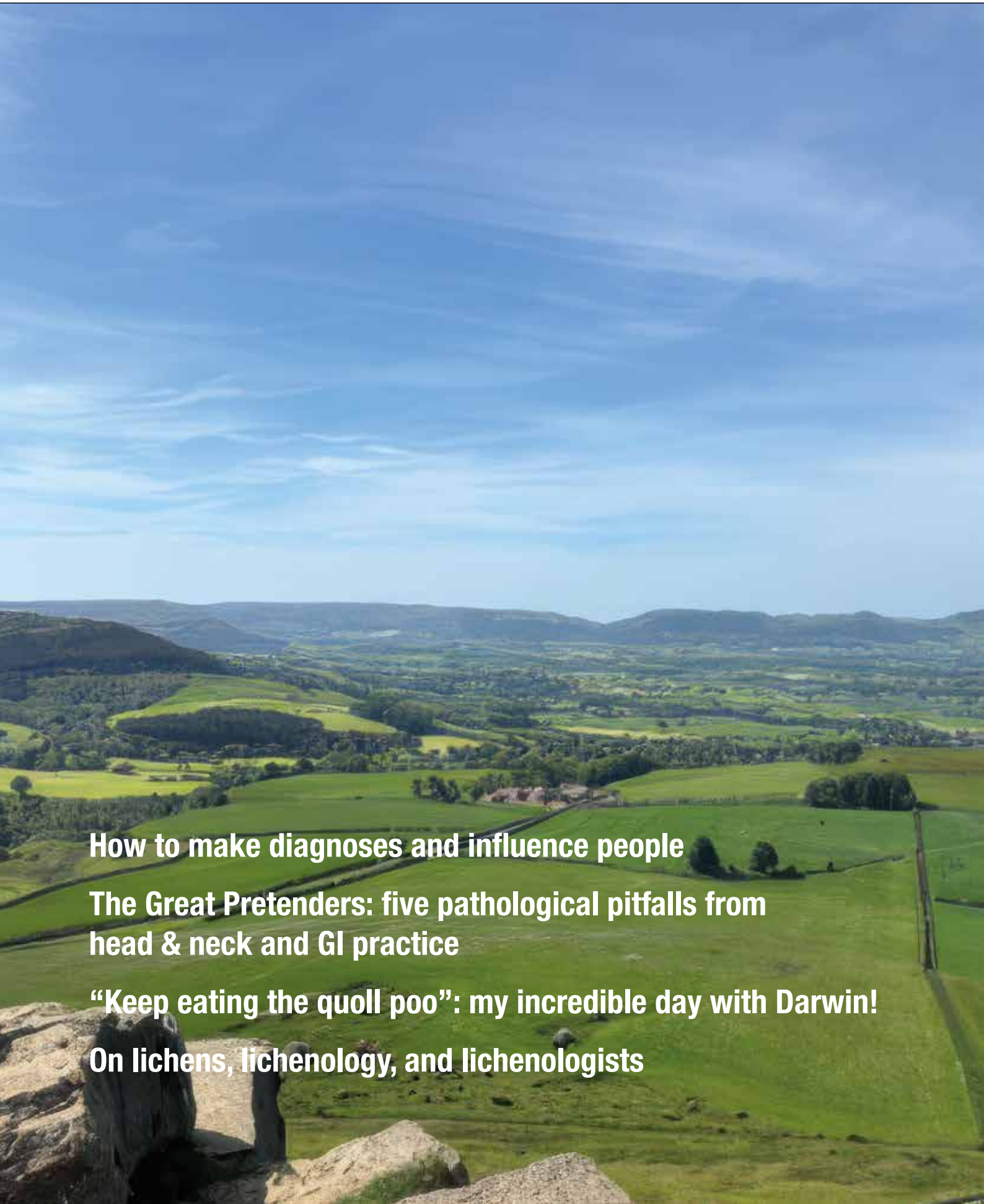


ACP news



How to make diagnoses and influence people

The Great Pretenders: five pathological pitfalls from head & neck and GI practice

“Keep eating the quoll poo”: my incredible day with Darwin!

On lichens, lichenology, and lichenologists

Association of Clinical Pathologists

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ASSOCIATION OF CLINICAL PATHOLOGISTS
2026 Meetings

Date	Time	Meeting	Type of Meeting
30 Sept – 2 Oct	All Day	ACP Leadership & Management Course	Chilworth Manor, Southampton
8 Oct	2pm – 4.30pm	Council Meeting	RMS Teams
27 Nov	9.30am – 4pm	Autopsy Update Day	Zoom Webinar
For further information please see the website: www.pathologists.org.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.

ACP news

Summer 2026

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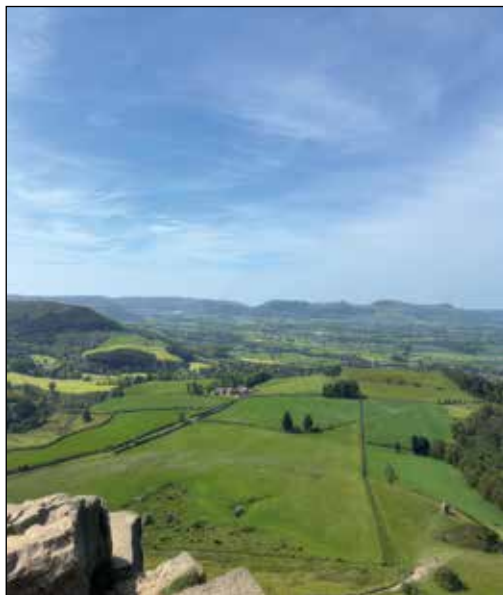
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This is the view from Roseberry Topping, Guisborough. The walk to the summit is a tad steep, but the view makes it completely worthwhile. From it, you can see Yorkshire's beautiful countryside stretching far and wide. And your walking efforts are richly rewarded with a lovely coffee in the car park afterwards!

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, URGENT Pull up banner - needed in circa 8 languages 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 is now available on line via the ACP website in PDF format at: http://www.pathologists.org.uk/allpagestuff/publications_frameset2.htm. 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. *ACP news* is published quarterly. Regular publication dates are:

Issue	Publication month	Copy date
SPRING	July	28 April
SUMMER	September	31 July
AUTUMN	November	31 September
WINTER	December	31 November

Copy is best submitted by email, 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 sruane@doctors.org.uk

In keeping with GDPR, please state if you wish your contact details to be published; they will appear in the print issue and will also be available as a PDF in the members' area of the website.

Dear Readers,

A warm welcome (quite literally) to the summer edition of the *ACP news*! Despite both ourselves and our paraffin blocks melting, it has been lovely to have a 'proper' British summer. For those with little ones, this has been even better, as the warm weather has actually coincided with the school holidays, a very happy co-incidence with six weeks of childcare to accommodate!



Figure 1. My lovely little family after breakfast in our local village of Prestbury



Figure 2: Jeeves cooling off with a doggie ice lolly!

The theme for this issue has been pitfalls and drivers in pathology. Across the sub-specialties of pathology, one thing is true – mistakes happen! Whether they are due to human error, operative error, or systematic error, they are an unfortunate fact of professional life. When I was an anaesthetic trainee I had a brilliant talk from a seasoned anaesthetist who spoke about the pointlessness of 'never events'. He very eloquently spoke about how, since the introduction of 'never events' (a particular hot topic in anaesthesia at the time), the incidence of never events had not decreased in any area. He recognised that striving to decrease preventable errors is a truly positive thing, but also the pointlessness of simply renaming something 'never' doesn't mean it becomes a never event! Similarly, striving to deal

with errors in a positive way, and shifting away from a 'blame culture' is so important, as only in a truly supportive environment can these errors be reviewed, acted upon, and meaningful changes put in place to prevent them happening again. Is that easy to say when we're not on the receiving end of an error? Perhaps. However, I think my involvement in unfortunately numerous errors in both anaesthesia and histopathology has led to me being more tolerant of the initial error, but exceedingly less tolerant of subsequent inaction! I had a rather conspicuous mole removed (thanks to six years in Australia!) and was awaiting the results over the Christmas break. I telephoned after two weeks (alas, yes, this was a private service before dermatopathologists wince at my unrealistic NHS expectations!) and was told it would be longer as per vacation/working days. After another two weeks I phoned up, a little worried (imaging it had been sent for every melanocytic marker and molecular testing!), and they quite calmly said the result had been available for two weeks and had been emailed to my email address (apparently Ruane has a double 'a' in it!) Understandably, after clearing up the confusion they were apologetic, but it was the aftercare and follow-up from the managing partner about how the processes had been reviewed and what extra training had been introduced to ensure this wouldn't happen again that calmed me. I was lucky to have a dysplastic naevus but I felt I had an overwhelming duty to a potential patient who might have had melanoma to make sure their treatment wasn't delayed by poor communication. I think it is this feeling of duty towards our patients that is the real driver for learning from errors, not calling it a never event, that truly invokes change!

On a lighter note, it's been both a wonderful and challenging time since the last *ACP news*. I went to the BDIAP/GDIAP summer school in Padua and it was brilliant! I was lucky enough to receive a bursary so off I went to Italy for three days. (Fig 2). Those of you (and I'm sure it's most) who are regular readers of *ACP news* know I have a fondness for soft tissue pathology, and I was excited to hear Professor Dei Tos speak about mesenchymal tumours. He was the inaugural speaker and didn't disappoint, but I don't wish to give away any report spoilers in my editorial! I also really benefitted from all the lectures from prostate pathology to molecular lung pathology as, now that I am independent reporting, I wanted to make sure I didn't fall into my own pitfalls! In the spirit of this edition I will admit that I fell

into a true humdinger of a pitfall in the ‘pitfalls in prostate pathology’ lecture. To my shame I diagnosed histiocytic infiltration as prostate adenocarcinoma – a mistake I won’t be repeating in a hurry.



Figure 3. The fantastic delegates of the Manchester Pathology 2026 Gala dinner

I have felt the post-exam, pre-CCT, and consultant application time in training quite challenging. I don’t think I was prepared not only to pass my exam, but to navigate this time with any logic or direction. I naively imagined this being a time where I learnt to dissect everything to a T and report wisely, refining my reporting style and catching errors before I

become a consultant. When asked a very simple question, ‘what do you want your career to look like in 10 years?’ I had a little panic. I know what sub-specialities I enjoy, and which despite repeated efforts from mentors (sorry GI team!) I seem to not be good at, but I didn’t put any serious thought into what I wanted to be achieving in the future and what my ideal job plan would be. I’ve been so very lucky in that I’ve had mentors, consultants, and directors trying to guide me through the process, and help me ‘put myself out there’, as I’ve struggled with both. My most treasured advice has been to apply for a job in a team in which you can see yourself growing, contributing, and enjoying being part of. I’ve taken this to heart, and through many pep talks (thanks guys!) have started to see my future with more clarity, and I’ve come to realise that feeling ready isn’t a feeling – it’s a decision. And after so many years as a trainee I’m ready for that decision.

All that remains is for me to wish you very happy reading. We have some dynamite articles in this issue, from featured favourites to new writers, so there’s bound to be something for everybody.

Best wishes,

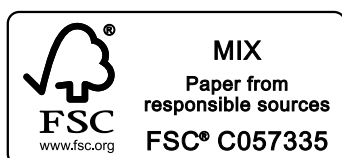
Sarah.



NEXT ISSUE

This is one of many beautiful river views in Padua, Italy. It was taken from a bridge I crossed in the city centre in the scorching heat, as I looked longingly at the cooler water! Padua is a beautiful city, and apart from the inspiring architecture, also has stunning parks and gardens. If you're looking for a city break with good food, good wine, and even better views, then Padua is the place for you!

The theme for the next issue is 'beauty in pathology'. Pathology can be frustrating, perplexing and challenging a lot of the time, but when we are lucky there are also rare moments of beauty and perfection! Whether it's finding a dinosaur-shaped endometrial biopsy or a heart-shaped blood vessel, or looking under the microscope and being fortunate enough to find the perfect example of an entity – one that's read the description in the books – we'd love you to share your experiences. Please email sruane@doctors.org.uk with them.



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ISSN No. 0260-065X