
Pathology News

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Looking northwest from Richardson Labs



Looking southeast at Richardson Labs

From the Head

2004 was an exciting year which saw us move forward with new initiatives across the department.

In the Clinical Laboratory Services program, we began the implementation of a major strategic initiative to restructure the laboratories using a front line leadership model. The department said good bye to **Mary Waugh, Linda Fidler and Anne Hanley**, who retired after long and successful careers as Laboratory Managers, and welcomed **Joyce Devette-McPhail** and **Susan Pugh**. In our new organization, Joyce takes responsibility for the Core Laboratory and Susan will manage Microbiology and Genetics. **Norma Layno** is the newly recruited Administrative Director and has just joined us. At the Faculty level, **Lorne Seargeant** was recruited to succeed the retiring Mike Raymond as the Director of Clinical Chemistry, and **Robert Liao** joined us as a clinical microbiologist.

Molecular diagnostic technology is being introduced into the Microbiology Laboratory. The infrastructure for this technology is now in place and its application to clinical diagnostics, under the leadership of **Robert Liao**, will begin in the New Year. Apart from providing cutting-edge diagnostic capability, the implementation of this technology will also facilitate the establishment of clinical and translational research programs.

The departmental teaching programs flourished in 2004. Under the leadership of **Caroline Rowlands**, the residency programs continued their rejuvenation. Ten residents are currently enrolled in our anatomic pathology and hematopathology residencies and it is anticipated that our capacity of fifteen residents will be reached in the near term. Newly renovated resident workspace was established on Douglas

1 and another, large residents' room will soon be established in recently acquired space in Etherington Hall. A major focus of the postgraduate program in 2005 will be the preparation for the Royal College Accreditation process which will take place in October and in which all Queen's University residency programs will take part.

The graduate program has also enjoyed significant recent growth and currently numbers 30 students. Seven students graduated in 2004. The department established the **Robert Kisilevsky** Endowed Research Fund to fund bursaries for first year PhD students, and **Zoya Shapovalova** was the first recipient of a **Daria Haust** Graduate Award.

Research programs in the department continue to be highly successful as total external research funding approximated \$6M for the year. We have recruited two new research scientists. **Chris Nicol** arrives early in the New Year, having recently completed his postdoctoral training at the NIH. His research will be focused on the potential role of PPAR receptors in cancer as well as other diseases. **Xiaolong Yang** came to us last fall following a postdoctoral fellowship at Yale. Xiaolong has been awarded a \$100,000 grant from the Canada Foundation for Innovation New Opportunities Fund for his work on the molecular pathogenesis of cancer, an amount that will be matched by the Ontario Innovations Trust.

The department has a strategic objective of increasing its capability and productivity in translational research. In collaboration with the NCIC-CTG, the department is establishing a Tissue Microarray Unit which will provide the infrastructure necessary to conduct high-throughput immunohistochemistry and in situ hybridization translational studies. **David LeBrun** is chairing a Translational Research Working Group through the Queen's Cancer Research Institute, the purpose of which is to develop and foster translational research collaborations between basic scientists and

clinical faculty. In December, following a protracted development and negotiation phase, the department reached a contractual agreement with the Ontario Cancer Research Network to establish a frozen tumour bank. Our department will be one of seven centres in an Ontario network of Tumour Banks funded by the OCRN. This network will be unique in that the tumour samples will be linked to longitudinal clinical data including individual patient therapy, response to treatment and outcome. **Phil Isotalo** is leading this project and tumour accrual will begin this winter.

2005 will see several major external influences come to bear on the department. The first is the outcome of the SEAMO negotiations for renewal of our AFP contract. These negotiations have been put on hold until a new master OMA agreement is ratified. In the meantime, SEAMO has agreed to a three month extension of the current contract and it is anticipated that, given the status of the OMA negotiations, at least one more three month extension will be necessary before our AFP negotiations can be concluded. The terms of the OMA contract will likely determine the framework of the AFP renewal contract.

Secondly, the effect of the Ministry's planned Local Health Integration Networks on the organization of laboratory services in the province should become apparent 2005. What the relationship of the provision of laboratory services will have to LHINs is currently uncertain but could be significant and determine our role in the delivery of regional laboratory services.

Finally, the provincial governmental approach to hospital financing, particularly with respect to balanced budget legislation, will potentially have a profound effect on the resources available to support diagnostic services. It is likely that, whatever the outcome, we will continue to be challenged to balance the necessity of efficient resource utilization with the service demands of

a sophisticated tertiary care diagnostic laboratories.

On a final note, I am very pleased to announce that the Canadian Society of Atherosclerosis, Thrombosis and Vascular Biology presented the Robert H. More Memorial Symposium at the Canadian Cardiovascular Congress that was held in Calgary last October. **Dr. Robert More** was Head of our department from 1951-1966 and played a critically important role in establishing the strong academic foundation on which our current department is built. **Dr. Daria Haust** delivered a tribute to Dr. More as part of the Symposium and she also subsequently published an account of his professional accomplishments (Pathology-Research and Practice 2004; 200:367-370).

I wish you all the best in 2005 – I am looking forward to another year of achievement and success for the department!

Iain D. Young, MD
Professor and Head

"USELESS WORDS"

Just as in the hospital world of apprentices in training (interns and residents), the commercial world has its own system of training. It can result in remarkable clonality. Browsing in a "Big Box" store is a risky business, particularly early in the day. There are few actual customers around and, like eager beavers, the shop assistants ("Sales Associates") descend like vultures as one innocently crosses from one invisibly defined zone to another. The unsuspected innocent is approached by a clean-cut, well-dressed Sales Associate who, with a forehead wrinkled with concern, asks "How are you today?"

Stunned by the apparent innovative extension of real healthcare delivery to the individual, the hapless shopper is ill prepared to reply in any meaningful fashion – A mumbled

reply "Um...er!" Understandingly, the Associate smiles, "If I can help in any way ... just ask".

The scene is played out three or four times more as the worthy shopper wanders from zone to zone. The question is always the same. The emphasis on words change subtly – sometimes it is on the "you", sometimes on the "today", but it sounds sincere. Maybe they do want to know these things. A rapid sort through of ones medical, surgical, and psychiatric history flashes through one's brain. Did I bring my health card? A mother's insistence on clean underwear bubbles to the surface. Perhaps, the examination room is round the back.

Spending ten seconds above the "prescribed by management school for merchandise examination" brings the inevitable Associate gliding silently to customer/patient's side. "And how are you today sir?" he unctuously enquires.

By this time, the answer is ordered and ready. All that has to be determined is the amount of information to impart. Should one start with Past Medical History, or just that of the Current Illness? Probably the latter would be best, but the former is clearly relevant.

"I have had this cough since Tuesday – worse in the morning, but ..." The moment has passed. With a vacant smile and a nod, the ever present "Associate" has slipped away having spotted another "patient" loitering in the haberdashery section.

I must be faster off the mark with my answers. Clearly, one must be much more speedy to the take benefit of this new and little-known MOH LTC pilot initiative, "Taking Healthcare Screening to the Workplace". Until it gets going and people have some experience in the new system, there are bound to be some teething problems. At least they got the question right!

On a more global span, there are aspects

of healthcare delivery and associated promise that are akin to the experience described. It is there, but in limited quantity, and the queue is long and the waiting time an issue for the government. The emphasis on preventative healthcare and improved lifestyle is a fundamental building block, but as our children and ourselves bulge alarmingly and chairs are redesigned to cope with our steatopygic sedentary lifestyle – we need more action and less intent, more sincerity, and less superficiality. As logos and themes are so popular, perhaps the following would suffice for healthcare – "And how are you today?"

I am now quite cynical of these pseudoenquiries and will hold my council next time. Passing by a patient room, I noted another trend emanating from Regionalization and Restructuring, namely that of Merged Health Care. The patient, recumbent on the bed, tubed in each orifice, and monitored at many, was greeted by the nurse, "And how are we today Mr. Smith?"

The nurse was young and vigorous, but the key observation was the absence of anyone else in the room. Suffering by transference, sharing of the healthcare burden, a peculiar form of von Munchausen's by proxy – or was this the new Machiavellian psychology of reducing RIWs and increasing ALC patients (Resource Intensity Weighting, Alternate Level of Care). This was clearly the as yet unrecognized reason for the increased numbers of Sick Days of the hospital healthcare worker – we all share the cost, but those in health care share the illness burden? Given a few hours, would the nurse develop fever and the dreaded "malaise" and the patient condition upgraded to "fair"?

In many ways, one harkens back to the early days of Medical School, as one learned of each new disease and its Pathophysiology, so would one recognize in oneself the earliest so subtle signs of each of the presenting symptoms. By second year, one had developed syphilis (secondary), a variety of dementias, diabetes,

central scotomas, and suspicion that at least one of one's classmates had a convincing tabetic gait. It was a jolly good way of learning medicine. Incipient hypochondriacs could be recognized early as a future burden to the Health Care System. Most of us got better over the course of time, so by residency, we were just tired and it was the patients who were sick.

Mind you being well and enthusiastic about it gets some very odd looks. A response to the usual empty health enquiry of "Simply ripping" or "absolutely fabulous" merely reclassifies one as an over indulger of Tim Horton's or just mad.

One realizes that it is an empty question – meaningless words and unworthy of thoughtful consideration, indeed, a nod and a smile and a quick reference to the temperature in Delhi or the dreadful floods in Lesotho, at least gets some facts on the table.

And how are you today?
David F. Dexter, MD

Upcoming Events

Please note for your calendars –

The next M Daria Haust Visiting Lecture will be held on Tuesday, April 26, 2005 at 4:00 pm. Guest speaker will be Dr. Timothy Triche of the Childrens Hospital Los Angeles.

Further info will follow at a later date.

Annual Reports are once again underway. Please note your deadline for submission of materials to Dr. Young.

QUFA Faculty	-	February 1, 2005
Clinical Faculty	-	March 14, 2005

The Haust Trust Fund

Applications are once again invited for the above-mentioned fund. The Terms of Reference were recently revised. The purpose of the trust is now twofold: a) to support scholarships for postdoctoral fellows and graduate students, and b) to provide full or partial support for educational leaves for faculty members with primary appointments in the Department of Pathology and Molecular Medicine (see below). The Committee of Iain Young, Bruce Elliott and Sandip SenGupta will review scholarship nominations and focus on leaves which will enable faculty to significantly increase their expertise in a particular area or to learn a special technique. These funds will be seen as supplementary to existing travel and research funds and can only be expended by the individual faculty member.

Applications should consist of a one-page letter and should include details concerning the location, purpose, duration and estimate of expected costs of the leave or scholarship. Applications should be submitted to my office by **April 22nd, 2005**.

The maximum single grant this year will be: scholarships - \$12,000 (may be renewed); and faculty leaves - \$5,000.

I.D. Young, MD

As per Terms of Reference - revised June 2003.

5. The purpose of the trust is twofold:
- a) to support scholarships for postdoctoral fellows and graduate students (MSc; PhD). These scholarships shall be awarded to physicians up to thirty-eight years of age ("38") who either reside in Canada, or are from underdeveloped countries of the Far East, Middle East, Africa, Central America, South America and Mexico or from Eastern

European countries previously within the Soviet bloc. The scholarships shall be awarded in support of graduate (preferential) or postgraduate studies in pathology in the Department of Pathology and Molecular Medicine at Queen's University. The primary criteria for admission to these programs must be in keeping with the standard and other policies determined by the Department of Pathology and Molecular Medicine and Queen's University. The support shall be up to \$12,000 per year (and may be renewed under special circumstances). This is not intended to be the entire support for living and study expenses, but as a complement to the support derived from other sources (supervisor's grant-in-aid; granting agencies; fellowships).

- b) to provide full or partial support ("grant") for educational leaves of primarily junior faculty members (pathologists) with primary appointments in the Department of Pathology and Molecular Medicine at Queen's University. The leaves may vary from a few days to three months, and shall be for purposes of education or research. The support shall be up to \$5,000.00.

NB: Should sufficient funds be available in a given year, support for applications of both above categories may be granted. Preference should be given to applicants in category a) when funds are limited.

If you would like to review the Terms of Reference for the Fund please see Barb Latimer.

**CSCC Award for Education Excellence
Sponsored by Beckman Coulter Canada Inc.
Christine Collier**

Christine Collier is a clinical biochemist in the Division of Clinical Chemistry, Kingston General Hospital and Associate Professor, Department of Pathology, Queen's University, Kingston, Ontario.

Chris received her B.Sc. in pharmacology at University of Toronto, M.Sc. in Clinical Biochemistry at U of T and her Ph. D. from the U of T and the Hospital for Sick Children. She then travelled west to Winnipeg to enrol in the post-doctoral training programme in Clinical Biochemistry at the University of Manitoba. After completing that programme, Chris was certified by the Canadian Academy of Clinical Biochemistry in 1989.

Since her appointment in Kingston, Chris has taken a leadership role within the CSCC, especially in a variety of professional education activities. From 1991-98, she was the registrar for the continuing education credits programme. Chris was a member of the professional affairs committee from 1992 – 95 and chaired the ad hoc committee developing and implementing a "maintenance of competency" programme for the CSCC and CACB. Chris was chair of professional affairs division from 1996 – 99 and has been the CSCC listserv coordinator since 1997. Her educational activities are well known to members of the Ontario Society of Clinical Chemists as professional affairs committee (member and chair), general listserv coordinator, councillor and president-elect (2001-2003).

In Kingston, Chris has served on a large number of committees in Clinical Chemistry at Kingston General Hospital and at Queen's University Faculty of Medicine.

Even with this impressive and productive commitment to education of students at Queen's University and her peers in the CSCC, Chris has authored several papers on various aspects of medical education and presented on numerous occasions in workshops, roundtables and symposia at professional meetings.

Dr. Christine Collier is a very worthy recipient of the 2004 CSCC Award for Education Excellence. On behalf of the Canadian Society of Clinical Chemists, I wish her continued success in educating a wide variety of students at Queen's University Faculty of Medicine and Kingston General Hospital. I am sure Chris will continue to be active in helping educate current and future clinical chemists in Canada.



Service Milestones

Queen's

KGH

5 years – Lynda Brennan,

Leslie Todd

10 years – David Hurlbut, David LeBrun, John Rossiter

15 years – Beverly Weaver, Ana Santos-Cachaco

20 years – Elisa Kelly, Frank Borgerink, Julia Smith and Barb Dafoe

30 years – Lori Servage, Elizabeth Holland, Lillian Campbell and Ana Dyke