



## Message from the President

*This year we are celebrating the 20th Anniversary of the College. Like what we did 10 years ago, we are publishing a book to commemorate the 20th birthday and review the milestones of the past two decades. On behalf of the Council, I write to invite all Fellows and members of the College to our Annual Dinner on 19 November in the Academy Building, including all Past Presidents. It is the time to meet all old and new acquaintances.*

*The contribution of scientists to laboratory science in our practice has long been recognized. During the last ILCP meeting, I realized the close collaboration among pathologists and scientists, especially when I was told that pathology residents in the States are assigned to molecular laboratories run by scientists as part of their training. The Royal College of Pathologists in Australasia established a Faculty of Science to enroll scientists (including pathologists with contribution in Medical Science) as Fellows. In order to facilitate our further collaboration, it may be time to consider extending our family to our scientific partners. A survey has been carried out under the Credential and Appeals Committee (CAC) recently on the admission of scientists, under the instruction of the Council. Details of the survey are included in this Newsletter. Having discussed in our Council, we understand we do not have the resources to finance and support a separate faculty. Hence we may consider creating a new category, separate from our existing categories (Fellow, Member and Associate) to accommodate our new partners. I would like to discuss more on this aspect with you in the near future in an open forum. At this point so far, I would like to thank our CAC, chaired by Drs. Raymond YUNG and Edmond MA, for their effort in organizing and carrying out the survey.*

*We are planning an EGM as we shall formalize a mechanism to appoint Honorary Fellow, after adopting the system of the Academy of Medicine. The nomination and voting for Honorary Fellow shall follow the practice of the Academy and shall be done by the Council Members and Officers by majority vote (details of the EGM will be elaborated by notification to all members).*



*Our President (third from the right) with presidents and representatives of the Hong Kong Academy of Medicine and our sister colleges at the opening ceremony of the Joint Congress of the Academies of Medicine of Singapore and Malaysia.*

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This will alleviate the problem of nominating Honorary Fellow in the very last minute, i.e. during the AGM right before the Conferment Ceremony takes place. We also make use of the opportunity to review the Terms of Reference of various Committees of the College, and the Memorandum and Articles as well as By-laws. You may access the College website to view the information at a later date.



*Our President (right) with Prof. L.M. LOOI (left), Distinguished Professor, Department of Pathology, Faculty of Medicine, University of Malaya, at the same gathering.*

On the external side, I attended the 45th Annual Singapore Malaysia Congress of Medicine 2011 in Singapore on 21-23 July on behalf of the College, by invitation from the Master of the Academy of Medicine, Singapore. Presidents of other sister Colleges of the Hong Kong Academy also joined to support the event. We were part of the Stage Party in the Opening Ceremony. This was followed by a business meeting to discuss on our current position and future development. It is an opportunity to strengthen our relationship and collaboration with neighboring countries. In October, I shall join the International Liaison Committee of Presidents (ILCP) Meeting in San Francisco. When it was held in Hong Kong last year, we issued a joint paper on cross border pathology practice (available in our website for your reference). I look forward to participating in discussions about pathology practice in member countries.

Dr. Michael SUEN,  
The President  
September 2011

## Programme of the 20<sup>th</sup> Annual General Meeting 19<sup>th</sup> November 2011 (Saturday)

**HKAM Jockey Club Building,  
99 Wong Chuk Hang Road, Aberdeen, Hong Kong**

<b>3:00 p.m. – 5:00 p.m.</b>	<b>The 7<sup>th</sup> Trainee Presentation Session</b>
<b>5:00 p.m. – 5:30 p.m.</b>	<b>Annual General Meeting</b>
<b>5:30 p.m. – 6:00 p.m.</b>	<b>Reception</b>
<b>6:00 p.m. – 7:00 p.m.</b>	<b>Admission of New Fellows and Members Presentation of Fellowship and Membership Certificates</b>
<b>7:00 p.m. – 8:00 p.m.</b>	<b>The 20<sup>th</sup> T. B. TEOH Foundation Lecture: “Whither Humanities” by Prof. Sum-ping LEE Dean Li Ka Shing Faculty of Medicine The University of Hong Kong Hong Kong</b>
<b>8:00 p.m. – 10:00 p.m.</b>	<b>Chinese Banquet Dinner</b>

# Questionnaire Response Favourable Towards Admission of Scientists to the Hong Kong College of Pathologists

A questionnaire survey to consult the opinion on admission of scientists to the Hong Kong College of Pathologists (HKCPath) has been undertaken in a 6-week period from 5 June to 15 July 2011 targeting Founder Fellows, Fellows and Overseas Fellows.

The response rate is 32% (82 out of 259). The majority (70 out of 82 i.e. 85% of the responders) believes that the HKCPath should admit scientists under a new category. Among those giving a positive response, the majority (56 out of 70 i.e. 80%) thinks that a new membership category rather than a new body should be created as the mechanism to admit scientists.

Regarding the admission criteria, the PhD qualification is preferred and the MPhil qualification is rejected by the majority. Both Fellowship by election or examination of a professional body recognized by the Council are considered acceptable, although slightly more are in favour of the examination route. Most agree that experience of service provision in a clinical diagnostic laboratory and publications are important criteria for consideration. The quality and impact factor of the publication should also be taken into account in addition to the number of papers. Evidence of leadership position within the profession is preferred. Likewise evidence of innovation such as invention or discovery and significant involvement in teaching and training in pathology are favoured. However research grant funding is not considered as important. The opinion is split on the necessity to work as Scientific Officer (or equivalent) or above in Hong Kong. Finally the criteria should best be comprehensively considered in combination and not in isolation.

In conclusion the response to the questionnaire on admission of scientist to the HKCPath is encouraging and constructive feedback is received. The College Council wishes to thank Fellows for their time in completing the questionnaire and valuable views that are expressed.

A forum will be organized to collect opinions from Fellows for formulating a consultation paper. Details will be announced in due course.

*Credentials & Appeals Committee*

# TOPICAL UPDATE

Volume 6, Issue 1 July 2011

**Editorial note:** Traditional Chinese Medicine (TCM) has been used for a long time in Hong Kong and China. There are misconceptions that TCM is not harmful as natural products are involved. In addition, large variation in clinical response to a standard dose of medicine was also noted in individuals with certain genetic makeup. Dr. W.T. Poon has provided a review of the important TCM poisonings as well as difference in genetic makeup causing altered blood level, and hence clinical response to drugs. We welcome any feedback or suggestions. Please direct them to Dr. Janice LO (e-mail: janicelo@dh.gov.hk) of Education Committee, the Hong Kong College of Pathologists. Opinions expressed are those of the authors or named individuals, and are not necessarily those of the Hong Kong College of Pathologists.

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## Laboratory Role in Toxicology: From Diagnostic to Theranostic



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### Introduction

Toxicology analysis involves detection, identification and measurement of foreign compounds and their metabolites in biological and other specimens. It plays a useful role in the management of poisoned patients when the diagnosis is in doubt, the administration of antidotes or protective agents is contemplated, or the use of active elimination therapy is being considered. As the scope and complexity of clinical toxicology continues to increase, continuing effort is required for the laboratory to expand its diagnostic capability and coverage. Apart from patient care, identification of a lethal or emerging toxin also serves to provide useful information for toxico-vigilance of potential public health threats and helps to prevent further poisonings. Some common and important herbal poisonings that have occurred in Hong Kong would be discussed as examples.

Apart from poisoning diagnosis, laboratory test can be used to predict the risk of adverse event to drugs in individual patients. It is now feasible to identify the genetic basis for certain toxic side effects and drugs will then be prescribed only to those who are not genetically at risk. Theranostic is the term used to describe the process of diagnostic therapy for individual patients - to test them for possible reaction to taking a new medication and to tailor a treatment for them based on the test results. In Hong Kong, genotyping for human lymphocyte HLA-B\*1502 is recommended prior to administering carbamazepine

for patients in order to avoid the development of Stevens-Johnson syndrome. An increasing number of pharmacogenetic tests are now available for clinical application. The criteria required of a pharmacogenetic test to make it useful for local application would be discussed.

*Theranostic is the term used to describe the process of diagnostic therapy for individual patients - to test them for possible reaction to taking a new medication and to tailor a treatment for them based on the test results.*

### Laboratory Role in Herbal Poisonings

Chinese herbal remedies have a history that dates back more than 5,000 years ago. The discovery of herbal remedies is ascribed to legendary emperor Shen Nung who was noted for tasting hundreds of herbs and said to have died of a toxic overdose. As is the case with western pharmaceuticals, some herbs are toxic and must be used with caution. Herbal poisonings often occur as a result of overdose or erroneous substitution. There are different ways to name an herb: the common name, the Latinized pharmaceutical name and the scientific name. Common names can be very loose. The same name can be applied

to several herbs and the same herb can have several names. This frequently leads to erroneous substitution of one herb by a toxic counterpart and result in poisonings. Toxicology analysis can help to identify culprit toxin in unused herbs, herbal remnants or biological samples and confirm a diagnosis of poisoning.

*Toxicology analysis can help to identify culprit toxin in unused herbs, herbal remnants or biological samples and confirm a diagnosis of poisoning.*

### **Aristolochic acid nephropathy**

Aristolochic acid nephropathy (AAN) is a unique nephropathy characterized by rapidly progressive interstitial fibrosis and urothelial cancer. It is related to the prolonged intake of Chinese herbal remedies containing the nephrotoxic and carcinogenic aristolochic acid 馬兜鈴酸 (AA). AAN was recognized and reported in the Chinese and English literature in the early 1960s. In 1963, Peters and Hedwall observed the loss of concentrating ability of the kidney as a result of intoxication with AA. However, there has been a delay in the appreciation of these findings until the early 1990s. In 1993, a Belgian weight loss clinic incorrectly administered Aristolochiae Fang chi (廣防己) in its slimming regimen. More than 100 patients subsequently developed severe renal failure.<sup>[1]</sup>

While AAN has been reported in many countries, there was no local case reported in Hong Kong until 2004. The first case presented to hospital with progressive renal failure and bladder cancer after taking herbs for 6 months. The herbs were sent for toxicology analysis and AA was detected. The non-toxic Herba Solani Lyrati (白英) in patient's TCM formula was found to be mixed up with the AA-containing Herba Aristolochia Mollisemae (尋骨風). Both herbs are furry in appearance and share a common name (白毛藤). The erroneous substitution was found to have occurred at the wholesaler level for many years. This led to the subsequent discovery of more AAN cases and total ban of AA-containing herbs in Hong Kong. AAN is a terrible example of what can go wrong when quality control measures of herbal products are insufficient or not observed. It also highlights the importance of improving the nomenclature system of herbs.<sup>[2]</sup>

### **Hidden Aconite Poisoning**

Aconite poisoning is one of the most common causes of herbal poisonings in Hong Kong. Both Radix Aconiti (川烏) and Radix Aconiti Kusnezoffii (草烏) have been used in Traditional Chinese Medicine for the treatment of various musculoskeletal disorders. Aconitum alkaloids are the active ingredients and the source of toxicity. Toxic symptoms include numbness, weakness, cardiac arrhythmia and hypotension. Patients with severe poisoning may die from refractory ventricular arrhythmias.

There are cases of aconite poisoning in which no aconite herb was present in the TCM prescription. Yet aconitum alkaloids were detected in the urine specimens and leftover herbal broth. Aconite was thus considered the 'hidden' cause of their acute poisoning. Inadvertent contamination with an aconite herb is a possible explanation. Intuitively, a mix-up between aconite herbs and other herbs can occur at a number of stages, including harvesting, during processing, transportation, storage, and dispensing. The fresh aconite roots are extremely toxic and must be processed before use. In addition, processed aconite roots should be decocted (先煎) for one or two hours in advance of other herbs to further reduce the toxicity. Naturally this particular procedure will not be carried out if the presence of an aconite herb is not intended. 'Hidden' aconite poisoning, hence, is far more dangerous than intentional use of aconite. It highlights the importance of quality assurance in herbs with low margins of safety.<sup>[3]</sup>

Generally, herbal poisoning is difficult to diagnose. This is in part due to inadequate knowledge about the toxicity of Chinese medicine.<sup>[4]</sup> In Taiwan it was reported that 47% of the potentially toxic effects of Chinese traditional medicines were either unknown or could not be found in the literature. Hence, toxicological problems associated with the use of herbal medicines may not be readily recognised. For example, yunaconitine was identified in some poisonings caused by aconitum species of Yunnan origin. It is not one of the common toxins (aconitine, hyaconitine, and mesaconitine) seen in aconite poisoning. The diagnosis would have been missed in these cases if laboratory screening for yunaconitine was not included.<sup>[5]</sup> While routine comprehensive toxicology screen can cover the commonly used western drugs, they are not sufficient for herbal poisoning. The herbal matrix is extremely complex and target analysis based on LC-MS/MS method, with enhanced sensitivity and specificity, is often required for laboratory diagnosis.

## Laboratory Role in Theranostics

The second part of this article will be focused on prevention of drug toxicity. While standard doses of most medicines work well for most people, some cause annoying and sometimes dangerous side effects. Although most severe adverse reactions are due to errors in prescription, allergies, or interactions between several medicines, occasionally toxic side effects may be explained by genetic variability which affects an individual's response to drug therapy. If we can identify the genetic basis for certain toxic side effects, drugs could be prescribed only to those who are not genetically at risk. For example, enzymes belonging to cytochrome P450 (CYP450) superfamily take part in metabolizing drugs. People can be classified into groups of poor, intermediate, extensive and ultra-rapid metabolizers. The poor metabolizers are at increased risk of drug-induced side effects due to diminished drug elimination or lack of therapeutic effect resulting from failure to generate the active form of the drug. On the other hand, the ultra-rapid metabolizers have increased metabolic capacity and may require an increased dosage.

An increasing number of pharmacogenetic tests are now available for clinical application. The US FDA has categorized them into 'for information only', 'recommended', and 'required'. On the other hand, polymorphic alleles of drug response-related genes vary among ethnic groups and overseas guidelines may not be applicable. Before applying a pharmacogenetic test to local practice, one should consider the following questions<sup>[6]</sup>: How prevalent is the genotype of interest? How closely is the polymorphism linked to a consistent phenotypic drug response? Are there metabolic, environmental or other significant influences on drug response? How effective are current monitoring strategies for preventing severe adverse drug reactions and predicting drug response? What are the sensitivity and specificity of the genomic test? How does the genomic test alter these outcomes? What alternative therapeutic options are available? Two examples are discussed below as models for local application of pharmacogenetic testing.

### Carbamazepine induced Stevens - Johnson syndrome

Carbamazepine (CBZ) is a commonly prescribed drug for treatment of epilepsy, bipolar disorder and neuropathic pain. However, CBZ is also associated with hypersensitivity reactions that range from benign urticaria to life-threatening cutaneous disorders, including Stevens-

Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN). The latter two disorders carry significant mortality even with early diagnosis and prompt withdrawal of causative drugs. In the past, there is no test or biomarker that can predict carbamazepine-induced cutaneous adverse reactions. Nowadays, it is known that SJS/TEN caused by CBZ is strongly associated with the HLA-B\*1502 gene. The allele is highly prevalent in Han Chinese with a carrier rate of ~10%. One Chinese study found that an individual with this genotype had ~1400-fold higher risk for development of SJS than an individual with the wild-type.<sup>[7]</sup> HLA-B\*1502 is therefore an ideal marker to predict CBZ-induced SJS with high sensitivity and specificity. Since 2008, the Hospital Authority has issued an alert to advise all clinical doctors to test for the HLA-B\*1502 allele in new patients receiving this drug and to prescribe carbamazepine only if tested negative. Patients who carry HLA-B\*1502 allele would be offered alternative treatment options.

### Thiopurine methyltransferase genotyping for azathioprine toxicity

Azathioprine and other mercaptopurine agents are used in gastrointestinal inflammatory disorders and leukemia. These compounds are metabolized to inactive metabolites by several metabolic pathways. One major pathway involves the thiopurine methyl transferase (TPMT) enzyme. Patients with TPMT deficiency may develop life-threatening myelosuppression with standard doses of azathioprine. TPMT genotyping is recommended by US FDA as a useful adjunct to a regimen for prescribing azathioprine. The TPMT\*3A mutant allele predominates in Caucasians and shows zero activity. Caucasians show a trimodal distribution of TPMT activity, with 89-94% possessing normal enzyme activity, 6-11% intermediate activity due to heterozygosity, and 0.33% extremely low or absent activity due to homozygosity.<sup>[8]</sup> The latter group would require substantial dose reduction. On the other hand, the role of genotyping in Han Chinese has not been established. Han Chinese shows a unimodal distribution of TPMT activity. The TPMT\*3A mutant allele has not been detected in Chinese. Instead TPMT\*3C is the predominate mutant allele and shows moderate activity.<sup>[9]</sup> Extremely low or absent activity is therefore very rare in Chinese. Besides, one third of Chinese patients with intermediate activity did not have any TPMT mutant alleles detected.<sup>[10]</sup> For pre-treatment testing purpose, TPMT enzyme level may be more useful than genotyping.

## Concluding remarks

Paracelsus (1493-1541) is considered to be the father of toxicology. He is credited with the classic toxicology maxim, "All things are poison and nothing is without poison". All substances are toxic under the right conditions. It is widely accepted that dosage is the chief criterion regarding the toxicity of a chemical. However, with the advances in knowledge and applications of personalized medicine, it is expected that host factor would become another major criterion for the assessment of drug toxicity in future.

*Paracelsus ... is credited with the classic toxicology maxim, "All things are poison and nothing is without poison". All substances are toxic under the right conditions.*

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# Out of the Whitecoat:

## On a Glass of Wine

**Prof. Fernand M. LAI,  
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*Between a glass slide and a glass of wine, there may be more common points that one might think of! Not so much for the transparency of glass, but for the kind of methodic approach to either the glass slide for interpretation and diagnosis, or to the glass of wine for full appreciation.*

*Don't get me wrong, to appreciate a good glass of wine, one does not need to be a specialist and guided by a connoisseur's arcane rules. One can relate to a glass of wine as a common mortal, and follow some steps to do justice to it.*

*With a glass of wine held in a hand, one can appraise five main tenets: colour (robe), swirl, smell (nose), taste (body), and savour (finish), with the connoisseur's language put in parenthesis. To follow these steps is not merely a prescribed ritual they are simply means to drink the wine and draw forth all its pleasing characters with an open mind. Don't we often adopt the same approach in many daily activities, be it a meal or listening to music? When going for a bowl of congee, we may pay attention to its dense homogenous appearance and appreciate the many hours it has been simmered, and we may further experience the smooth texture in the mouth feel or taste the sweetness of fresh meat!*

*Similarly, it is common sense rather than sophistication to visualize the bright clear colour of the wine in the glass, a reflection of its vigour and freshness, even from a bottle that has aged. The gentle swirl allows better oxidation of the wine, and the release of its rather mysterious "potentials". One cannot overemphasize that wine is a living creature, which comes to life from a hibernating state once a bottle is uncorked. Witness to this is the changing taste of the wine hour by hour, and progression to vinegar day by day! Uncontrolled or unconscious swirl defeats the purpose. The smell or nose helps to recognize the grape, and the varying degree of aroma that emanates from it. The taste, or the step to appraise the "body" of the wine, is arguably the most complicated one. It refers to the mouth feel of the contact, flavour, texture, sweetness, acidity..., a step that has generated a prolific and unending vocabulary, and descriptions that dazzle even the closest fellowship of connoisseurs. A final and often oversights step is the aftertaste or finish, a critical experience to appreciate a very good glass of wine.*

*The wealth of terms used to characterize and describe a wine has various explanations. Perhaps, an important one comes from the fact that wine produced from the same grape (cépage) in the same region can have very different characters. This relates to the concept of microclimate or "terroir" (earthy character), where to the extreme two nearby parcels of lands may produce a very different wine from the same grape, and that is why wine produced from any parcel is regarded as unique. Consequently, the character of a wine is described by the taste it evokes from various kinds of berries, fruits and flowers, and from any smell or sensorial experiences within a geographic environment or even beyond. It is clear that the each person's taste and sensory perception can be influenced by individual subjectivity, reflecting his/her own experience and background culture.*

*I would take a couple of observations from our wine gathering to illustrate this important point. While many easily evoke the taste of berries, citrus, pepper, or coffee, as many of us are unable to recognize “leather, mowed grass, haystack, truffles...”, perhaps because we are not familiar to the pastoral environment. In contrast, I would concur with a couple of my younger colleagues that some Bordeaux cabernet sauvignon evoke soya sauce or our traditional bean paste! Such a vocabulary has yet to be heard from the connoisseurs’ pursuit of exotic terminology! Finally, the ubiquitous sauvignon blanc, be it from France or Australia, provides a characteristic light scent of “pipi de chat” (cat pee), that none of the people I met in our locality can equate when they taste this white wine! Those who have spent time and rented a student room in UK or France may have acquired such a “cultural” exposure to find that the scent of cat pee can be thrilling in a glass of wine.*

*Wine is more often than not associated to foods, to a cheese or a dish. While the general rules of pairing white wine to seafood, and red wine to red meat may apply, as they*

*were set from long-standing and skillful dining experiences, one does not have to strictly adhere to these rules. I rather subscribe to the trial and errors approach, and determine the wine-dish alliance with an open mind. Wine does not have to pair with fine dishes, and I find most of our daily Cantonese dishes match well with a dry white wine, including hot spicy dish or a plate of bitter melon.*

*The shape of the glass itself is not critical, unless you want to be “politically correct” and have lots of shelves to store a large variety! A universal I.N.A.O. (National Institute to the Appellation of Origin) glass may do for its clear transparency, thin, short stem and a slightly narrow outlet (embouchure).*

*A glass of wine may have multiple facets, one that I regard as important is on the dining table, wine like salt and pepper is a positive spicy additive helping to enhance a dish. Wine may also set the relaxing environment where colleagues settle their difference and nurture their friendship. After hanging up your white coat, you should all look forward to tasting that glass!*



▲ *One of my favourite pairing is a cold Champagne with the thousand year egg, a bubbly acid white with a tasty alkaline dish is a delightful match (left). One other alliance is a Port-wine paired with foie gras in steamed egg (right).*



▲ *On the back row from left are the Alsace, Burgundy, Port-wine, Sauterne glasses, and forefront the INAO glass very similar to the Port-wine’s.*



On 9 June, the College celebrated this year's World Accreditation Day with its long term Memorandum of Understanding partner, the Hong Kong Accreditation Service (HKAS) and the Hong Kong Testing and Certification Council. The theme was how the international standard ISO 15189 had contributed to the quality improvement of medical testing. Over 200 participants from the medical testing field enjoyed this insightful sharing opportunity.

In the daytime seminar titled "Contribution of ISO 15189 to quality improvement of medical testing", President Dr. Michael W.M. SUEN reviewed how the seed of closer cooperation with HKAS was sown and nurtured. It all started back in 2002 when preparing for the medical laboratory accreditation programme. Our College Fellows contributed significantly to the setting of accreditation requirements and the drafting of supplementary criteria.

HKAS was a pioneer in using ISO 15189 as the accreditation criteria. This standard is now the de facto standard adopted by accreditation bodies in the world for medical laboratories. In the seminar, speakers from five accreditation bodies using this standard from the Asia-Pacific region including Thailand, Japan, Taiwan, Mainland China and Hong Kong, highlighted the features of their medical laboratory accreditation programmes and shared common non-conformities and difficulties encountered in assessments. Dr. NG Wai Fu, our College Fellow and an experienced HKAS assessor, contributed through presenting a review of assessment findings in anatomical pathology.

Following the seminar was a dinner gathering themed "You are indispensable to accreditation". From a wide perspective, Dr. Raymond YUNG envisioned the future of accreditation in the private sector. Dr. QUE Tak Lun fascinated the audience with his vivid account of the challenges presented by hospital and laboratory accreditation. In his interesting and informative talk, Dr. Michael H.M. CHAN shared his first hand experience as an HKAS assessor.



In fact, being an HKAS assessor is a most satisfying and eye-opening experience. Many College Fellows have already taken up the challenge. Our community needs more Fellows to contribute to accreditation to enhance the quality of local medical testing service. HKAS invites interested Fellows to contact Ms. Bella HO, Senior Accreditation Officer, Hong Kong Accreditation Service at 28294818 or [bellaho@itc.gov.hk](mailto:bellaho@itc.gov.hk).

## The Hong Kong Accreditation Service (HKAS)



## **New Requirements for the Applicants and Awardees of Chan Woon Cheung (CWC) Education and Research Fund**

The Council has recently endorsed a number of new requirements for the applicants and awardees of Chan Woon Cheung (CWC) Education and Research Fund:

### **Endorsed on 16 August 2010:**

- (1) Applicant is required to complete an application form for CWC Fund.
- (2) Applicant is required to provide a detailed protocol for the research project (e.g. end number, subjects of the research, etc.) (applicable to research project only).
- (3) Applicant is required to submit the ethics approval letter from local institution (applicable to research project only).
- (4) The award of CWC Fund must be the sole sponsorship for that particular project. If other sponsorships be subsequently awarded, the distribution of each fund must be submitted.
- (5) Awardee must comply with the requirements of the College on the CWC Fund award and acknowledge the fund sponsorship in the research reports.

### **Endorsed on 24 February 2011:**

- (6) The award is subject to audit, and awardee is required to keep expenditure summary and receipts (if any).
- (7) Surplus, if any, needs to be returned to the College.

### **Endorsed on 2 June 2011:**

- (8) Awardee is required to present in the Trainee Presentation Session at the nearest AGM after completion of the research project or within 3 years after approval of the CWC fund, whichever is earlier (applicable to research project only).
- (9) Awardee is required to submit a written report for publication in the College newsletter after completion of the research project or within 3 years after approval of the CWC fund, whichever is earlier (applicable to research project only).

# FELLOWS' LAURELS

We present our warmest congratulations to the following Fellows of the College who received Prizes and Honours in 2011:



## *Dr. John CHAN Kwok-cheung*

*Dr. Chan is awarded the Bronze Bauhinia Star (BBS) for his meritorious public health service, particularly his contribution to the development of pathology both locally and internationally.*

## *Professor Rossa CHIU*

*Prof. Chiu is awarded the 2011 International Federation of Clinical Chemistry and Laboratory Medicine (IFCC) Young Investigator Award and the Professors' Prize for Research in Clinical Biochemistry 2011 from the Association of the Heads of Clinical Biochemistry in the United Kingdom, for her significant contributions to non-invasive prenatal diagnosis of autosomal recessive diseases, the first development of non-invasive methods for the direct detection of foetal trisomy 21. Recently she was the first to perform a large scale study to demonstrate the effectiveness of massively parallel sequencing as a clinical diagnostic tool for non-invasive prenatal diagnosis of Down's syndrome.*



▲ *Prof. Gordon FERNS (left), Secretary, Association of Academic Heads of Clinical Biochemistry Departments in the United Kingdom, presenting the Professors' Prize 2011 to Prof. Rossa CHIU (right).*



◀ *Mr. Joseph PASSARELLI (left), Roche Diagnostics (sponsor), presenting the 2011 International Federation of Clinical Chemistry and Laboratory Medicine (IFCC) Young Investigator Award to Prof. Rossa CHIU (right).*



### **Professor Dennis LO Yuk-ming**

*Prof. Lo has just been elected a Fellow of the Royal Society, the UK's National Academy of Science. Founded in 1660, the Royal Society is the world's oldest scientific academy in continuous existence. Early fellows of the society include scientists such as Sir Isaac NEWTON, Robert BOYLE and Charles DARWIN. Prof. Lo is the second CUHK scholar being awarded the distinguished fellowship after former Vice-Chancellor of CUHK and Nobel Laureate in Physics, Professor Sir Charles KAO.*



*Prof. Lo is also awarded the Silver Bauhinia Star (SBS) for his distinguished service to the medical and scientific sectors, particularly his achievements in developing new molecular tests for prenatal diagnosis, cancer and infectious diseases, and contribution in showcasing local inventions in the global biotechnology arena.*

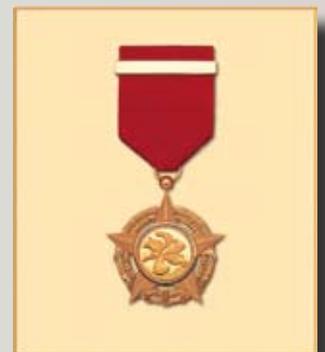


### **Dr. SETO Wing-hong**

*Dr. Seto is awarded the Silver Bauhinia Star (SBS) in recognition of his outstanding achievements in and contribution to the medical and health sector. In particular, he has made exemplary effort in enhancing infection control as well as pioneering quality and risk management in healthcare.*

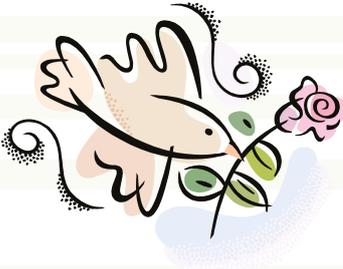
### **Professor TSUI Lap-chee**

*Prof. Tsui is awarded the Gold Bauhinia Star (GBS) for his distinguished public and community service, particularly his significant contribution to higher education in his capacity as the Vice-Chancellor of the University of Hong Kong (HKU). Under his leadership, HKU has firmly established itself as a premier university and a centre of intellectual excellence in Hong Kong, Asia and the world. Prof. Tsui is also an expert in the field of molecular human genetics and has made sterling contribution to genetic research.*



# OBITUARY: PROFESSOR ANTHONY S-Y LEONG

Prof. S-Y LEONG passed away on June 3, 2011 after a brief illness.



Tony (as he was called by his friends), graduated from the medical school in Malaysia, trained as a pathologist at University of Washington, Seattle and took his MRCPATH final examination in Hong Kong in early 70's.

In my 40 years of active practice in pathology, I have the privilege to come into contact and to know some of the prominent pathologists of my generation. Prof. Leong is one of them and I have known him for over 35 years. We met for the first time when he visited Hong Kong from Malaysia to sit for his final MRCPATH examination amid the threat of a number 8 typhoon. In 1975, he migrated to Adelaide and spent most of his professional life in Australia.

Tony had close connection to Hong Kong. In 1992, he had the distinction to be the first lecturer invited to deliver the inaugural T.B. Teoh Foundation Lecture by the Hong Kong College of Pathologists. He was made an Honorary Fellow of the College soon after the occasion. He spent over 2 years at the Chinese University of Hong Kong as a visiting professor from 1997-1998. We had had the opportunity to witness and celebrate together the handing over of the sovereignty on the night of 30th June 1997. At the encouragement of Dr. T.B. TEOH, he tried to take up golf and we had had a few good rounds of golf at The Hong Kong Golf Club, Fanling. His baseball grip was quite distinctive.

Over the years, from his original research and the discovery of silicone spallation from blood pump tubings which earned him the MD, he continued his prolific contribution to pathology in 3 main areas: research, education and advancement of pathology in the Asia-Pacific region.

In 2003, he told me that he had published 310 original papers, reviews and book chapters, 197 invited lectures, symposia and workshops, 125 abstracts and 16 textbooks/monographs. The text books have been on topics that include malignant lymphoma, hepatobiliary cancer, viral hepatitis and liver transplantation, immunohistology and diagnostic antibodies, tropical infectious diseases, cancer, diagnostic electron microscopy, histotechnology and general surgical pathology. He added much more to this list since then.

His most significant original contributions included the discovery of silicone spallation from blood pump tubings, pioneering work in antigen retrieval and immunohistochemical techniques and the applications of microwave irradiation in histotechnology, the latter culminating in the commercial development of the first microwave tissue processor. He was also in the forefront of telepathology and had made significant contributions in this field.

He was on the Editorial Boards of 25 international journals of medicine that include pathology, oncology, surgery, medicine and histotechnology. These journals represent the major pathology societies/colleges of the world.

He started and directed an advanced pathology tutorial course for Indonesia under the aegis of the International Academy of Pathology for nine years until economic circumstances and regional political unrest forced its suspension.

He started the first outreach programme for regional pathologists by initiating a research fellowship programme at Hunter Area Pathology Services. Over the past years, the programme had trained pathologists from Korea, Thailand, China and Sri Lanka.

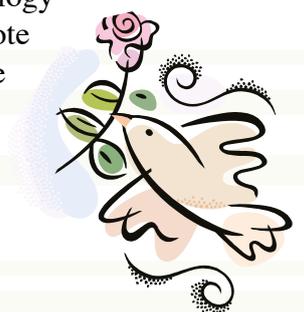
He had been invited to teach and lecture to numerous international organizations of pathology and has conducted many workshops in immunohistology at international congresses and has served on the teaching faculties of the UICC and WHO. He held visiting professorships at several universities in Asia and USA.

He was a fellow/member of many international pathology subspecialty societies including the foundation membership of new societies that include Society of Immunohistochemistry, Papanicolaou Society, International Society of Molecular Morphology, International Society of Breast Pathology, and International Academy of Telepathology. He had served on the Board of the International Academy of Pathology, Australasian Division and was President of the Division.

His contributions to pathology had been acknowledged by honorary fellowships of the College of Pathologists of Hong Kong and the Royal College of Pathologists of Thailand, the latter being the first awarded to a foreigner. Other awards included Distinguished Professor of the Australian Chinese Medical Association, Distinguished Pathologist of the International Academy of Pathology and a Honorary Professorship from the People's Liberation Army Hospital Beijing, China.

He was the Medical Director, Hunter Area Pathology Services from 1999 to 2010. He left this post and accepted an invitation to be the first Professor of Pathology, Monash Medical School, Malaysian Campus at Sunway Medical Centre, Petaling Jaya. He started the new job on November 1, 2010 with great expectation and enthusiasm. It would have been a grand finale for him as he was really attracted to this country where he and Wendy spent most of their formative years and he had great plan to build a first-class pathology department and a cancer centre from scratch. But this was cut short by his untimely death.

Tony is not only a great pathologist, an inspiring teacher, a creative innovator, but also a caring and genuine person. He is very loyal to his friends and colleagues and unselfishly giving them needy support and always stood by them in times of difficulty. It is indeed a great loss to us who know him well and also to the pathology community. In his last hours, he was still writing. But this time he wrote a 14-page 'Reflection' which was a touching chronicle of his life. He sent this to his close friends. He leaves Wendy, his wife of 41 years, a son Joel and a daughter Trishe, both pathologists. He died of liver cancer. His ashes rested in the beautiful Yarra River, Melbourne.



Dr. CHAN Keeng Wai

# CONGRATULATIONS!!

We are pleased to announce that the following candidates have passed the membership examination or fellowship assessment this year. Congratulations!

## Fellowship Assessment:

AP Dr. TAM Ka Yan Fiona  
 AP Dr. TO Ming Chun  
 CP Dr. CHEN Pak Lam Sammy  
 CP Dr. CHING Chor Kwan  
 CP Dr. SIU Wai Kwan  
 HM Dr. CHOI Wai Lap  
 M Dr. LUNG David Christopher  
 M Dr. WONG Han Ann

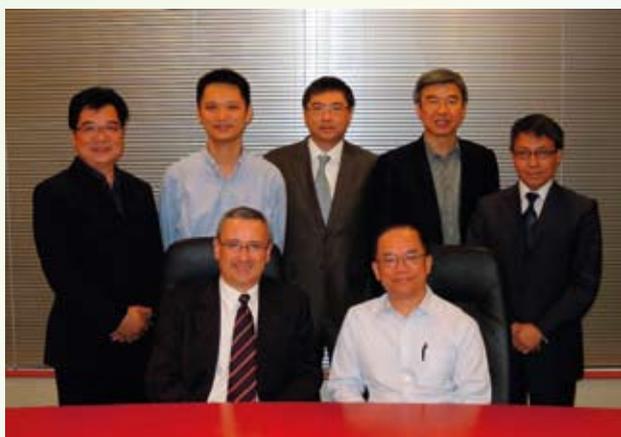
## Membership Examination:

AP Dr. CHAU Wai Suen Madeleine  
 AP Dr. NG Kwan Shun  
 AP Dr. LEUNG Kin Chung  
 AP Dr. WONG On Kit  
 AP Dr. SHUM Ka Shing  
 AP Dr. LAM Tit Leung  
 FP Dr. FOO Ka Chung  
 HM Dr. IP Ka Ling Rosalina

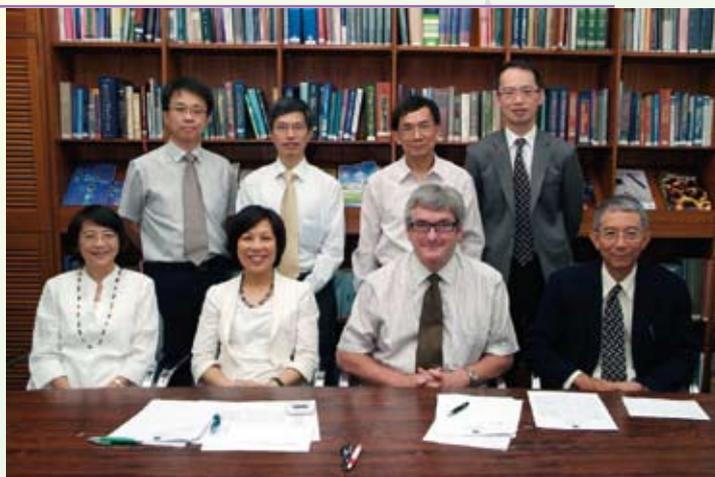
AP: Anatomical Pathology;  
 CP: Chemical Pathology;  
 HM: Haematology;  
 M: Clinical Microbiology and Infection;  
 FP: Forensic Pathology.



▲ Examiners' dinner for Haematology at Fu Tung Cantonese Cuisine on 22 September 2011: (front row from the left) Prof. CHAN Li Chong, Prof. Wendy ERBER (External Examiner) and Dr. Edmond MA (Chief Examiner); (back row from the left) Dr. Kate LEUNG (Chairlady of Hong Kong Association of Blood Transfusion and Haematology), Dr. Eudora CHOW, Dr. Clarence LAM, Dr. Jason SO, Dr. WONG Kit Fai and Dr. Raymond CHU.



▲ Examiners for Chemical Pathology: (front row from the left) Dr. Alan McNEIL (External Examiner) and Dr. Albert CHAN (Chief Examiner); (back row from the left) Dr. Tony MAK, Dr. Michael CHAN, Prof. LAM Ching Wan, Dr. Anthony SHEK and Dr. Sidney TAM.



▲ Examiners for oral examination of Anatomical Pathology: (front row from the left) Prof. KHOO Ui Soon, Prof. Irene NG (Chief Examiner), Dr. Kevin WEST (External Examiner) and Dr. CHAN Keeng Wai; (back row from the left) Dr. LAM Wing Yin, Dr. NG Wing Fung, Dr. NG Wai Fu and Dr. Alexander Chak Lam CHAN.



▲ A photo taken during the Examiners' Dinner for Clinical Microbiology and Infection in the evening of 29 August 2011: (front row from the left) Dr. NG Tak Keung, Prof. Margaret IP, Prof. Joan FAOAGALI (External Examiner), Dr. Janice LO and Dr. HO Pak Leung; (back row from the left) Dr. Raymond LAI and Dr. QUE Tak Lun (Chief Examiner).