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Message from the President

After completing two terms as President, I write this final message to bid you farewell.

The past four years have been a great challenge to me personally, and I believe my Council Officers and Members would feel the same. We have completed our inspection cycle on training centres for molecular pathology training. A revised training curriculum is now in place for our new trainees registered on or after 18 October 2012, with specific requirement to participate in structured molecular pathology training according to individual specialties. Though we encountered differences in opinion on the admission of scientists, I hope there will be closer liaison between our medical and scientific colleagues in future. Some of the scientists are, in fact, playing an important role in enhancing technical exposure of our residents in molecular pathology.

Our Extraordinary General Meeting held on 10 June this year was successful, after nearly three years' preparatory work. We updated our Memorandum and Articles of Association (M&A) to adopt a similar mechanism as the Academy on nomination and election of Honorary Fellows. The M&A have also been further modified as a result of numerous communications among the solicitor of the Companies Registry, the Registrar and our Legal Advisor. All Council Members participated actively in fine-tuning the changes. I am pleased to report that everything is now in place, and I hope that this will facilitate our future operation.

In the local scene, our College is in full support of the activities of the Hong Kong Academy of Medicine, led by the Academy President, Dr. Donald LI. In addition to our monthly Academy Council Meeting, followed by dinner with different sectors of health service providers including the Medical and Dental Council, the Hospital Authority, the Hong Kong Medical Association, and the Food and Health Bureau, etc., we participated in all public media meetings during the year hosted by the Academy to promote knowledge on health issues for the general public.

On the international front, we established good relationship with the Pathology Presidents and executives of the U.K., Ireland, Australasia, the States, South Africa and Malaysia through the annual meeting of the International Liaison of Pathology Presidents (ILPP). Our standard has been highly regarded by other members. As a matter of fact, the Royal College of Pathologists (U.K.) is considering co-organizing some activities with us in Hong Kong in future as they recognize we may become a focal point for meeting of pathologists from neighbouring South East Asian countries.

The Hong Kong Academy of Medicine is celebrating the 20th Anniversary, and will host a congress from 8 to 10 December this year. Our College is an active participant in a session titled: "The Era for Medical Genetics and Molecular Medicine". We would like to take this opportunity to demonstrate our advanced experience in this area to our local and overseas colleagues.

Lastly, I would give my sincere thanks again to my Council. I am particularly thankful to Alex and Victor, our Registrar and Deputy Registrar, and Michael CHAN, Training & Examinations Committee (TEC) Chairman, for their continual support. I would also thank our TEC members, laboratory convenors, inspectors, and Specialty Board members in making our new training programme possible. Finally, I would thank Adrienne, our College Secretary, for her dedicated service.



Prof. Yee KHONG, President of the Royal College of Pathologists of Australasia, receiving a souvenir from our President during the ILPP annual meeting.

September, 2013

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TOPICAL UPDATE

Volume 8, Issue 2 July 2013

*The Hong Kong College of Pathologists, Incorporated in
Hong Kong with Limited Liability*

Editorial note: Human papillomavirus (HPV) infection is of much current interest, with the availability and increasing use of the vaccines in different localities including Hong Kong. In this issue of the Topical Update, Prof. Paul Chan shares the local epidemiology of cervical HPV infection, in aid of formulating strategies to maximize the clinical benefits and cost-effectiveness of HPV-based diagnostic tests and vaccines. We welcome any feedback or suggestion. Please direct them to Dr. Janice Lo (e-mail: janicelo@dh.gov.hk), 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.

Epidemiology of Cervical Human Papillomavirus Infection in Hong Kong: Implications on Preventative Strategy



Prof. Paul KS Chan
*Professor, Department of Microbiology,
Prince of Wales Hospital
The Chinese University of Hong Kong*

Introduction

The family Papillomaviridae is comprised of a large group of viruses found in many mammalian species. Infection with papillomaviruses can be asymptomatic or results in the development of benign or malignant neoplasia. Cervical cancer is the most important consequence, in terms of disease burden, of human papillomavirus (HPV) infection. To date, the genomic sequences of more than 150 HPV types have been characterized. Of these, more than 40 types can infect the female genital tract, and at least 15 types are epidemiologically linked to cervical cancer. Over the last few years, there has been a vast increase in using HPV DNA detection as an adjunctive or primary tool in cervical cancer screening programmes. Primary prevention of cervical cancers associated with the two most common types (HPV16 and HPV18) can now be achieved by vaccination. A thorough understanding on the epidemiology of cervical HPV infection is essential to maximize the clinical benefits and cost-effectiveness of HPV-based diagnostic tests and

vaccines. In this review, some key epidemiological features of HPV infection in Hong Kong are presented to assist the formulation of strategies applicable to Hong Kong.

Prevalence of infection

“How common is cervical HPV infection?” This is always the first question to ask before any advice on vaccination can be made.

Local studies on “well-women” self-referred for cervical screening showed that the prevalence of cervical HPV infection (defined as having an HPV DNA-positive cervical scrape sample) was around 8% among adult women aged 26-45 years.^{1,2} The figure “1 in 12” is recommended for public education. While the studies reported a significant association between number of life-time sexual partners and smoking exposure, the prevalence among those without any recognizable risk factors is high enough to recommend vaccination in general for everyone.

Our patients with systemic lupus erythematosus (SLE) were found to have a higher prevalence of HPV compared to age-matched controls (12% vs 7%); and among those infected, the chance of carrying high-risk types was also higher (11% vs 4%).^{3,4} The impaired immunity associated with SLE might have hindered the clearance of high-risk HPV infection and allow progression to cervical intraepithelial neoplasia, which occurred 6 times more frequent in SLE patients compared to controls.⁴ Protection against HPV infection is certainly needed for SLE patients. However, safety and efficacy data specific for SLE patients are very limited for the two available vaccines. Maintaining regular cervical screening is therefore very important for SLE patients regardless of their history of vaccination.

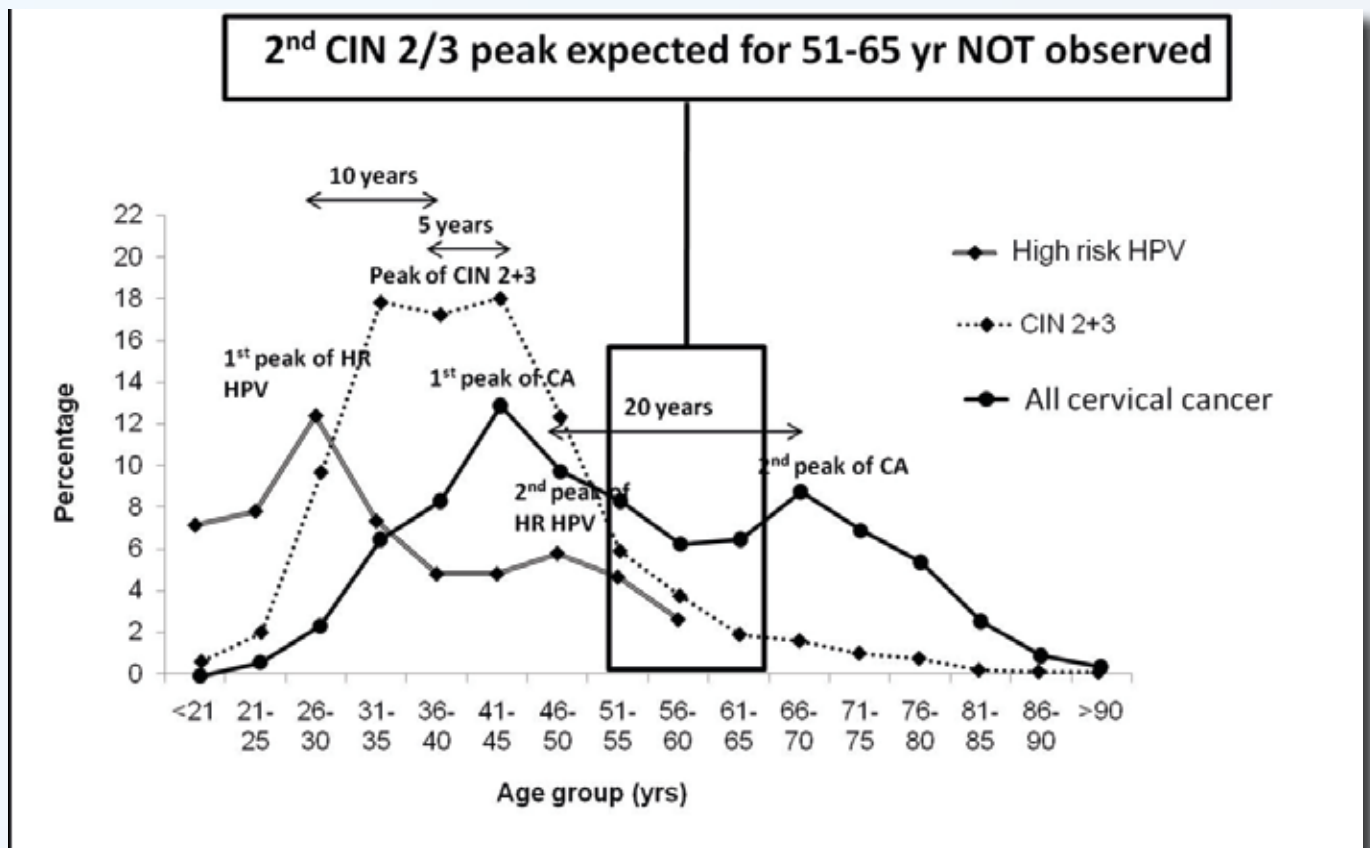
The prevalence of cervical HPV infection among those without any recognizable risk factors is high enough to recommend vaccination for everyone.

Two age-related peaks of infection

Of note, two age-related peaks of infection were observed in Hong Kong (Figure 1). The first peak occurring in young women 26-30 years is expected for a sexually transmitted infection like HPV. The second peak occurring at age 46-50 years could be due to new infections, reactivation of latent infections, or cohort effect. Nevertheless, the phenomenon of having a second infection peak has also been observed in many other countries. This age-related distribution of infection has a few implications to our local practice.

Firstly, the first peak of infection in Hong Kong appears later than those observed in other countries. This “later” peak indicates that the catch-up vaccination programme in Hong Kong should cover a wider age range, say up to 25 years.

Secondly, cervical cancer prevention programmes in Hong Kong should target both peaks of infection as each of them is followed by a peak of cancer about 15-20 years later (Figure 1). Offering vaccination to women beyond the age of the first peak of infection (26-30 years) needs more consideration. From the public health point of view, this



▲ Figure 1. Age distribution of cervical HPV infection, cervical intraepithelial neoplasia and invasive cancers in Hong Kong.

may not be cost-effective, and the efficacy is expected to be not as good as those clinical trial data collected from young subjects. However, individuals may feel that even some degree of decrease in cancer risk may be worth paying. So far, both vaccines are registered in Hong Kong for women aged up to 45 years. After all, vaccinating adolescent girls before their sexual debut is the best way to achieve maximum clinical benefit.

Thirdly, the fact that the first peak of infection in Hong Kong occurs “later” should be considered when formulating strategy of using HPV-based screening test. Most HPV-positive women who are within the age range of the first peak are having transient HPV infection that will soon be cleared by itself within 1-2 years. At the same time, the chance of having high-grade CIN and invasive cancers within this age group is relatively low. Thus, most HPV positive results are “false-positives”, i.e. background noise. The clinical value of HPV test can be increased by restricting the test for women beyond the “background noise”, i.e. age above 35 years based on local data.

Age-distribution of intraepithelial neoplasia and invasive cancer

A retrospective study on the age distribution of cervical intraepithelial neoplasia (CIN) and invasive cancers diagnosed in Queen Elizabeth Hospital and Prince of Wales Hospital showed that while there were two age-related peaks of cervical cancer as expected from the two age-related peaks of HPV infection, only one peak of CIN was observed (Figure 1). The absence of a second peak of CIN that one would expect to observe among women aged 51-65 years was most likely to be a consequence of poor screening uptake in this group of women who may perceive that their risk of cervical cancer ceases when they have reached menopause. HPV DNA test which offers a higher sensitivity and longer lasting negative predictive value is a better choice for this hard-to-reach group.⁵ A certain portion of the screening resource in Hong Kong should focus at this group, and the normal upper age limit (65 years) should not be applied to those who have not received a sensitive screening test in the last few years.

HPV DNA test which offers a higher sensitivity and longer lasting negative predictive value is a better choice for this hard-to-reach group (aged 51-65 years).

HPV type distribution

“What proportion of cervical cancers can be prevented by vaccination?” This is an important question from public health as well as personal perspective, as the current HPV vaccines only contain the two most common high-risk types (HPV16 and HPV18). It is very common to have multiple HPV types detected from a specimen of CIN or invasive cervical cancer. It is believed that only one of the multiple HPV types is the true culprit, but it is difficult to differentiate them in a cross-sectional study. The concept of “attribution” is used, which put a best estimated weight on each HPV type identified. Based on this approach, the estimated attribution of HPV16 and HPV18 among cervical lesions in Hong Kong was found to be: 59.5% for squamous cell carcinoma, 78.6% for adenocarcinoma, 35.9% for CIN3, 18.4% for CIN2, and 7.4% for CIN1.⁶ Since adenocarcinoma accounts for about 15% of invasive cervical cancers in Hong Kong, one could expect about 62% of cervical cancers in Hong Kong are covered by the current HPV vaccines. In fact, the overall protection could be higher as there is evidence showing cross-protection for other non-HPV16/18 high-risk types. This portion of additional protection is difficult to estimate, and the bivalent vaccine seems to perform better in this aspect.⁷⁻¹⁰

...one could expect about 62% of cervical cancers in Hong Kong are covered by current HPV vaccines.

Unique features in Hong Kong

The fact that HPV16 and HPV18 are the two most common types found in cervical cancers and high-grade CIN is consistently observed across the world. However, the distribution of other high-risk types shows some degree of geographical variation. For instance, the pooled attribution rates of HPV52 and HPV58 to cervical cancer were about 3-5 folds higher in East Asia compared to elsewhere.¹¹ In Hong Kong, HPV52 and HPV58 ranked the second and third among CIN and invasive cancers.⁶ The unusual high disease burden attributed to HPV58 was found to be associated with the circulation of a variant (E7 T20I, G63S) with higher oncogenicity in Hong Kong and the region around.^{12,13}

The higher disease attribution of HPV52 and HPV58 in East Asia, including Hong Kong, has important implications. Firstly, HPV-based screening assay should include these two types.

Secondly, it is more important for East Asian countries to verify and quantify cross-protection to these two types as conferred by current HPV16/18 vaccines. Thirdly, should any type replacement occur after wide-spread administration of HPV16/18 vaccines, it is easier to detect in East Asian countries provided that comprehensive data on HPV type distribution in pre-vaccine era are available.

Final remarks

The association between HPV and cervical cancer stands an excellent example how the prevention of a cancer can be enhanced by understanding its root cause. To date, at least 20% of human cancers are etiologically linked to viruses, and there could be more to come. Human tumour virology is a rapidly growing research field that deserves attention.

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Out of the Whitecoat:

Serpentes

Albert Einstein once said, "Our task must be to free ourselves by widening our circle of compassion to embrace all living creatures and the whole of nature and its beauty".



▲ *Ball python*



▲ *Ball python and laptop*



▲ *Japanese rat snake*

Ever since I was little, for as far as I can remember, I have liked to keep small insects such as butterflies, moths, bees, beetles, ants and cockroaches as 'pets'. Observing them and studying their behaviours gave me great satisfaction. I even dreamed of someday becoming an animal behaviourist, but fate eventually led me to pathology. However, this did not stop my love for animals.

I had hamsters as pets when I was a medical student. Later on, I kept two rabbits as companions. One day, when I was shopping for rabbit hay and snacks, I noticed that there were several reptile stores nearby. I went into these stores to check out the animals. To my surprise, they not only sold chameleons, turtles and huge tortoises, but they also sold all sorts of snakes too. I was immediately mesmerized by the varieties of colour, size and morphology. Out of curiosity, I bought my first snake and brought it back home. It was a small corn snake, a pet snake for beginners. It took me two whole weeks before I worked up enough courage to take it out of the cage. Taking care of a snake is not all that difficult. Water, food and warmth are all that it needs.

Later on, I acquired a few more snakes, including a ball python and two Japanese rat snakes. The ball python was the laziest. It only liked wrapping on my wrist like a watch and resting when I took it out of the cage. The two Japanese rat snakes were completely different. They were tree snakes with agility and speed. Ophiology (the study of snakes, a branch of herpetology, the study of reptiles) and pathology have much in common for me; they both inspire



▲ *Japanese rat snake and its molt*



▲ *Corn snake*



▲ *Guest snake - do you know who I am?*

an endless pursuit of knowledge. I never get tired of learning the identities of different snakes by their morphology and colours. Studying their anatomy, histology and pathology would be interesting too. A friend of mine once found a dead snake on a hillside, which was then put into formalin and was given to me as a "gift." This formalin-fixed snake is still sitting on my bookshelf pending dissection and histological examination.

Many of my friends and colleagues have asked me whether it is dangerous to keep snakes as pets. The answer has always been "yes and no." If you keep a large enough snake, such as a Burmese python, it is surely a danger to small kids and dogs, especially if it accidentally escapes. If you keep a venomous snake, which some people do, the risk is also self-explanatory. If you keep pets snakes which are held in captivity for generations, they tend to be harmless to humans, unless you irritate them so much that they bite you, leading to all sorts of scary sequelae.

All animals, no matter what they are, are gifts from nature, be they snakes, pigeons or cute puppy dogs. So... why art thou afraid?

Contributed by Dr. Kwok Ling KAM

College Activities

International Liaison of Pathology Presidents (ILPP)

The President attended this annual meeting held this year in Sydney, Australia on 27-28 May 2013.



▲ From left to right: Dr. Tim REYNOLDS (President, Association of Clinical Pathologists, UK), Prof. Dhiren GOVENDER (President, College of Pathologists of College of Medicine, South Africa), Dr. Archie PRENTICE (President, Royal College of Pathologists, UK), Dr. Michael SUEN, Prof. Mike WELLS (Vice President, Royal College of Pathologists, UK), Prof. Yee KHONG (President, Royal College of Pathologists of Australasia), Dr. Debra GRAVES (CEO, Royal College of Pathologists of Australasia), Mr. Daniel ROSS (CEO, Royal College of Pathologists, UK), Dr. Bronwen ROSS, Dr. Gene HERBEK (President Elect, College of American Pathologists, USA), Ms Suzanne ZIEMNIK, Dr. Joel SHILLING (President, American Society for Clinical Pathology, USA), Prof. Stanley ROBBOY, Dr. Michael HARRISON, Dr. Peter KELLY.

2nd AMM-AMS-HKAM Tripartite Congress & 47th Annual Singapore Malaysia Congress of Medicine 2013

The President participated in this event (organized by the Academy of Medicine of Malaysia and the Academy of Medicine, Singapore) in Singapore on 23-24 August 2013 with the President and Officers of the Hong Kong Academy of Medicine.



▲ *Group photo from the 2nd Tripartite Congress.*

Extraordinary General Meeting

Our College held an Extraordinary General Meeting (EGM) earlier this year on 10 June 2013 to pass a Special Resolution regarding a revision of our Memorandum and Articles of Association (M&A). The original purpose was to address the nomination and election process of Honorary Fellows. However, we were subsequently advised by the Companies Registry to further revise our M&A, mainly to bring it up to date in accordance with the current Companies Ordinance. Eventually we also took this opportunity to amend our M&A to clarify some existing practices, to address some consistency issues regarding terminology, and to correct some typographical errors.

Fellows' endeavour to educate the public

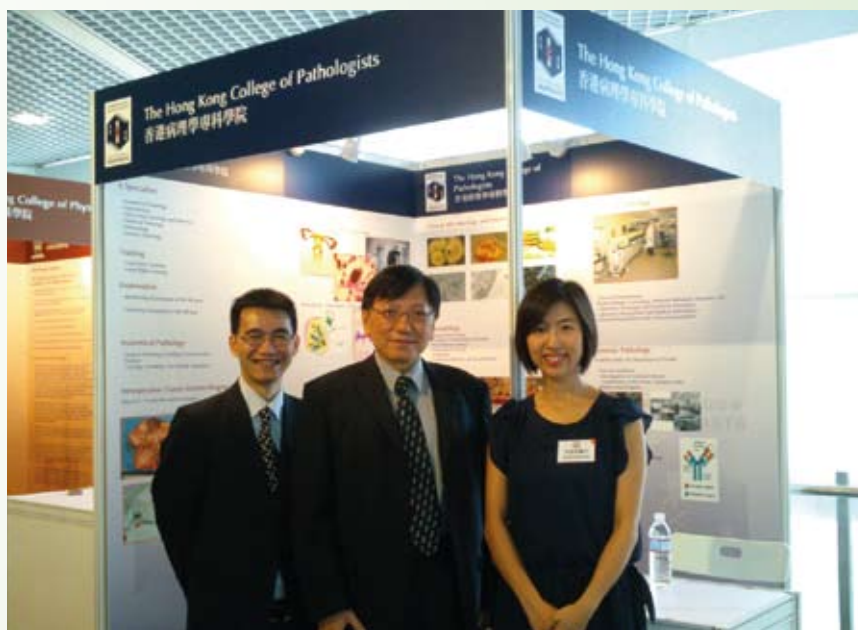
As part of the College's continuing effort to promote public understanding of pathology and the important role of pathologists in medical management, eight College fellows from various sub-specialties contributed to the popular health column “醫理” hosted by the Academy in the free Chinese newspaper <AM730> during 2013. The list of their contributions is as follows:

Date of publication	Title of Article (Translated title in English)	Author
7 August	走出兩難抉擇 (No More Dilemmas – An Introduction to Non-invasive Prenatal Diagnosis)	Prof. CHIU Wai Kwun Rossa
14 August	篩檢新生兒代謝異常 (Screening of Newborns for Metabolic Disorders)	Dr. YUEN Yuet Ping
21 August	輸血的安全性 (Transfusion Safety)	Dr. LEUNG Ngar Sze
28 August	拆解出血性疾病 (On Bleeding Disorders)	Dr. WONG Lap Gate Michael
4 September	肝臟移植與組織病理學 (Liver Transplantation and Histopathology)	Dr. LO Cheuk Lam Regina
11 September	冷凍切片在乳癌和卵巢癌手術中的作用 (The Use of Frozen Section in Breast Cancer and Ovarian Cancer Operations)	Dr. TSUI Po
18 September	急病猝死的法醫學剖驗 (Forensic Autopsy in Sudden Natural Deaths)	Dr. LAI Sai Chak
25 September	子宮頸癌的幕後黑手 (The Culprit behind Cancer of Uterine Cervix -- Human Papilloma Virus)	Prof. CHAN Kay Sheung Paul

If you have missed these excellent articles, they are still available at:
http://www.am730.com.hk/column_index-31§ion=3

The Hong Kong Academy of Medicine Open Day 2013

The Hong Kong Academy of Medicine (HKAM) hosted an Open Day on 5th October 2013 at the HKAM Jockey Club Building. The theme was "Climbing the HealthCare Ladder", which aimed to provide comprehensive information about the work of the Academy and its 15 specialist Colleges to those who are interested in pursuing a career in the field of Medicine or Dentistry. The Open Day comprised the Kick-off Ceremony, the Interactive Sharing Seminar and the Exhibition Gallery. The Kick-off Ceremony was graced by the presence of the honourable guests including Dr. Wing-man KO, BBS, JP (Secretary for Food and Health), Dr. Constance Hon-yeet CHAN, JP (Director of Health), Dr. Esther Yuk-fan HO (Hong Kong Association of Careers Masters and Guidance Masters), Professor Gabriel LEUNG (Dean of the Li Ka Shing Faculty of Medicine of HKU), Professor Anthony Tak-cheung CHAN (Associate Dean in External Affairs of the Faculty of Medicine of CUHK), Professor Edward Chin-man LO (Representative of the Faculty of Dentistry of HKU) and Dr. Donald LI (President of HKAM). The Interactive Sharing Seminar offered a golden opportunity to introduce to the audience the work nature of various specialties. The Interactive Sharing Seminar was chaired by Dr. Chi-lim LAW. Our College President, Dr. Michael SUEN, participated in the Kick-off Ceremony and gave a presentation in the Interactive Sharing Seminar. The Exhibition Booths were located at the Foyer of G/F and I/F of HKAM building. Dr. Charlotte LEUNG and Dr. Victor TANG interacted with the attendants at the Exhibition Gallery.



▲ The booth of our College on the HKAM Open Day. From left to right: Dr. Victor TANG, Dr. Michael SUEN, Dr. Charlotte LEUNG.

Examination Results

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

Anatomical Pathology - Fellowship Assessment

CHAU Wai Suen Madeleine
LAM Tit Leung
LEUNG Kin Chung
NG Kwan Shun
NG Mang Ting
SHUM Ka Shing
WONG On Kit

Anatomical Pathology - Membership Examination

AUYEUNG Kwok Him Rex
CHAK Pui Kwan
CHEUNG Tin Yan Elaine
HO Siu Lun
KAM Kwok Ling
LEE Wai Tung
LEUNG Ying Kit
NG Kwan Shing
PANG Chun Yin
TANG Hin Ning Alexander

Clinical Microbiology and Infection - Fellowship Assessment

CHENG Hua Yin Naomi
LAM Yiu Wing

Chemical Pathology - Fellowship Assessment

LEE Han Chih Hencher

Forensic Pathology - Fellowship Assessment

FOO Ka Chung

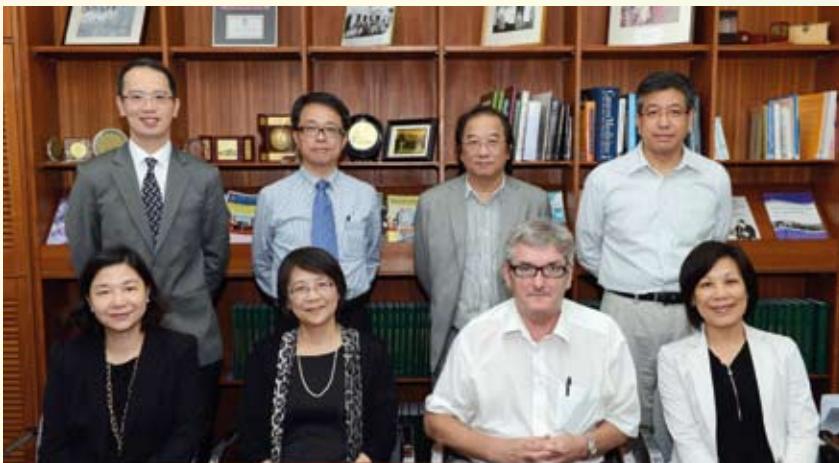
Haematology - Fellowship Assessment

IP Ka Ling Rosalina
SO Ka Li

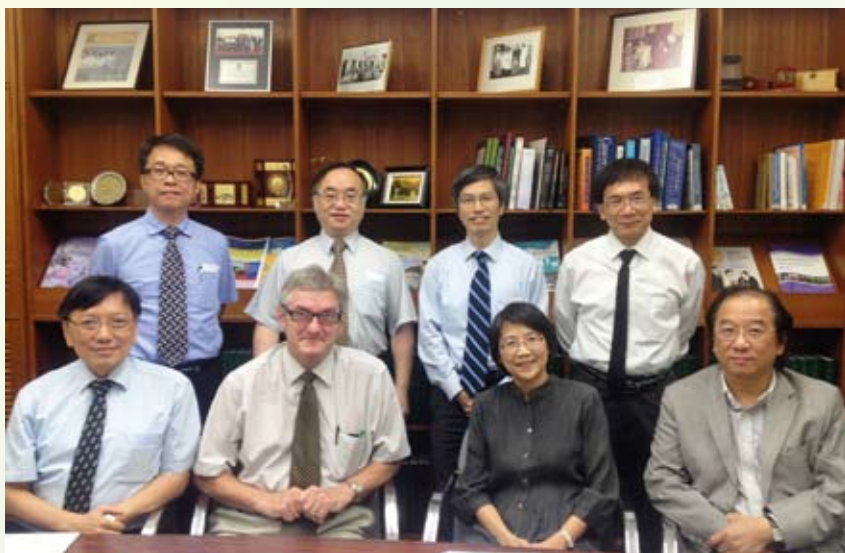
Haematology - Membership Examination

SIN Chun Fung

► *Haematology examiners: Back row from left to right: Prof Margaret NG, Dr Raymond CHU, Dr Clarence LAM, Dr Jason SO, Dr Edmond MA (Chief Examiner); Front row from left to right: Dr Eudora CHOW, Dr Jim MURRAY (External Examiner), Dr Patrick CHU (Chief of Service, Department of Medicine, HKU-Shenzhen Hospital), Prof LC CHAN.*



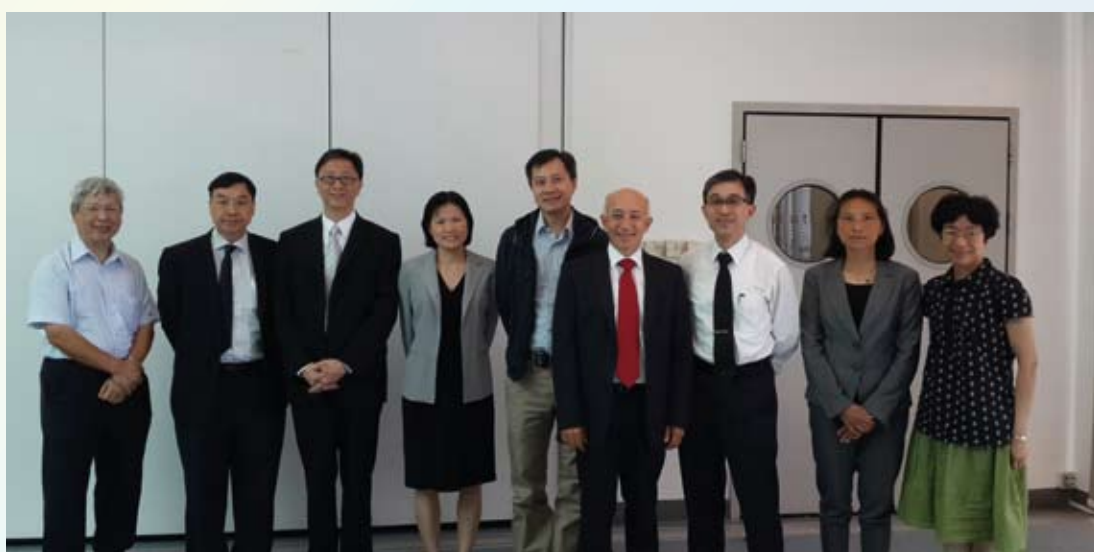
◄ *Anatomical Pathology Fellowship examiners: Seated from left to right: Dr Nancy YUEN, Prof US KHOO (Chief Examiner), Dr Kevin WEST (External Examiner), Prof Irene NG; Standing from left to right: Dr Alexander CHAN, Dr WY LAM, Prof HK NG, Dr John CHAN.*



◀ *Anatomical Pathology Membership examiners: Seated from left to right: Dr Michael SUEN, Dr Kevin WEST (External Examiner), Prof US KHOO (Chief Examiner), Prof HK NG; Standing from left to right: Dr WY LAM, Dr SL LOKE, Dr Wing Fung NG, Dr Wai Fu NG.*



▲ *Chemical Pathology examiners: Front row from left to right: Dr Tony MAK, Dr Anthony SHEK (Chief Examiner), Dr Alan McNEIL (External Examiner), Dr Sidney TAM, Prof CW LAM; Back row from left to right: Dr WT POON, Dr Angel CHAN, Dr Chloe MAK, Dr Liz YUEN, Prof Rossa CHIU, Dr Michael CHAN, Dr Morris TAI.*



▲ *Clinical Microbiology and Infection examiners: Left to right: Dr TK NG, Dr WK LUK, Dr PL HO, Dr Kitty FUNG, Dr Patrick WOO, Prof Dlawer ALA' ALDEEN (External Examiner), Dr TL QUE (Chief Examiner), Dr Margaret IP, Dr Janice LO.*

Programme of the 22nd Annual General Meeting

30 November 2013, Saturday

Hong Kong Academy of Medicine Jockey Club Building,
99 Wong Chuk Hang Road, Aberdeen, Hong Kong

- | | |
|------------------------|--|
| 2:00 p.m. – 5:00 p.m. | The 9 th Trainee Presentation Session |
| 5:00 p.m. – 5:30 p.m. | The 22 nd Annual General Meeting |
| 5:30 p.m. – 6:00 p.m. | Reception |
| 6:00 p.m. – 6:50 p.m. | Conferment Ceremony
Admission of New Fellows and Members
Presentation of Fellowship and Membership
Certificates
Group Photo of Stage Party
Conclusion of Conferment Ceremony |
| 7:00 p.m. – 8:00 p.m. | The 22 nd T. B. TEOH Foundation Lecture:
“Chromosomes and Genes: from Bedside
to Bench-top”
by Dr. WONG Kit Fai
Chief of Service and Consultant Haematologist
Department of Pathology
Queen Elizabeth Hospital
Hong Kong |
| 8:00 p.m. – 10:00 p.m. | Chinese Banquet Dinner |

Announcement

OUR COLLEGE'S PARTICIPATION IN THE 20TH ANNIVERSARY CONGRESS OF THE HONG KONG ACADEMY OF MEDICINE

To celebrate her 20th anniversary, the Hong Kong Academy of Medicine (HKAM) will host an international congress on 8 – 10 December 2013 at the HKAM Jockey Club Building. The theme is on manpower needs in medicine and moving with the times. This congress is going to be the largest ever organized by HKAM, featuring pre-eminent delegates such as Dr Margaret Chan, Director-General of the World Health Organization, Ms Li Bin, Minister of the National Health and Family Planning Commission of China, Dr W M Ko, Secretary for Food and Health of the HKSAR Government, Chairpersons of the Medical and Dental Councils, Deans of the two University Faculties of Medicine, together with other dignitaries, academicians, health professionals and overseas guests. Our College is aptly represented by two fellows and one honorary fellow as speakers, namely Dr H W Liu speaking on Service Needs in Medical Genetics – Strategic Plans and Practical Implementation, Dr Janice Lo speaking on Emerging and Re-emerging Infectious Diseases – Laboratory Aspects and Prof Dennis Lo speaking on Translating Novel Molecular Diagnostic Tests into Clinical Use – Examples Born and Bred in Hong Kong.

In the opening ceremony on the morning of 8 December 2013, a drum show will accompany the entrance of the academic procession. One representative of our College, new anatomical pathology fellow Dr Leung Kin Chung, will actively participate in this grand occasion as a drummer. The Congress Banquet will be held on the evening of 9 December 2013, the highlights of which will be various musical performances of talented medical doctors. Finally, there will be a HKAM Cup at the horse races on 11 December 2013. The College council requests the strongest support of everyone to both the congress and the celebration activities.

OBITUARY: DR TEOH TIAW BEE

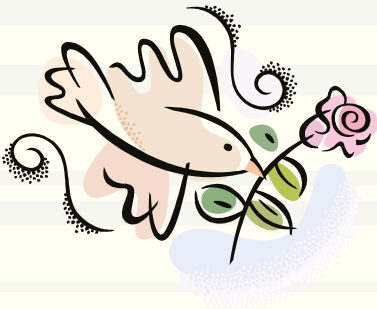
Some would describe him as the pioneer of our profession. Others would say he was the legend of our time. To many of us, Dr Teoh Tiaw Bee (張朝美醫生) was simply the “Father of Pathology” in Hong Kong.

Dr Teoh was a Malaysian Chinese born in Penang. He was awarded the Hutchings Scholarship by the Penang Free School in 1939 for studying medicine in the University of Hong Kong, before the Second World War broke out. On 25 December 1941, he was captured and imprisoned by the Japanese but he managed to escape and went to China the next year. He continued his medical education in the Hsiang-ya Medical College at Kweiyang, one of the oldest medical schools in the mainland, and served his internship in the Central Hospital of Kweiyang and the Army Hospital at Chungking.

After the war, Dr Teoh returned to Hong Kong in 1946 and continued his internship in the Queen Mary Hospital in the same year. He joined the re-established Department of Pathology in the University of Hong Kong in 1948 as a lecturer under Prof. Hou Pao-chang, which marked the beginning of his half-a-century career in pathology. Later he received the British Council Scholarship which enabled him to obtain the PhD from the Leeds University in 1952. He received further training in the University College of London under Sir Gordon Roy Cameron, who had great influence on his future emphasis on training and education of pathologists. He then returned to Hong Kong to work in the Department of Pathology in the University of Hong Kong. He took up the post of Government Pathologist in the Government Institute of Pathology in 1964, and was re-titled as Consultant Pathologist in-charge of the Government



▲ Dr and Mrs Teoh, and their two children.



Institute of Pathology in 1973. He also served as the Consultant Pathologist for the Tung Wah group of hospitals, and was instrumental in the planning and construction of the Clinical Pathology Laboratory of the Kwong Wah Hospital. He retired from public service in 1981 and set up single-handedly the histopathology laboratory in the St Paul's Hospital, providing his service in the private sector until 1998.

Dr Teoh was a man of many talents. He was a wine and culinary expert. For those who were privileged to be entertained by him would attest to this. He had once told a newly graduated technician to look beyond the display of gruesome specimen jars of human organs and the pungent smell of chemicals in the histopathology laboratory to see a career in histotechnology which he regarded as an art and not a science. "It is just like cooking. The ingredients and the recipe are the same but the end result is different for different person. Tasty food in cooking and awesome staining can only be achieved through the love and passion one has for his work." He was a good sportsman, winning the Badminton Open in his younger days. He was both a golfer and writer, as evidenced by his penning the "Golf and the Professor" for the 1975 MacFadzean Memorial Issue of the Caduceus, the latter being the official journal of the Hong Kong University Medical Society. His name first appeared in the world literature in 1953. He was a member of the expert panel for the first edition of the World Health Organisation Blue Book on the Classification of Salivary Gland Tumours. His interest extended, however, beyond histopathology as shown by his publications in the microbial field on *Campylobacter jejuni*, *Clonorchis sinensis* and amoebiasis.



▲ Dr and Mrs Teoh: Sitting - 2nd and 3rd from right.

Being a man of real character in an era of greatness, Dr Teoh was nicknamed "黑球" (black ball) by the staff in the Government Institute of Pathology. It was never known whether this reflects his typhoon signal 10-like temperament or his ball-shaped head which would turn black when he was serious and stern. Rumour has it that the medical technologists were all frightened of Dr Teoh when they brought him slides of unsatisfactory quality because he would immediately



▲ Dr and Mrs Teoh: Sitting.

throw all of them on the floor. This only demonstrates his insistence on perfection and pursuit of high standards. Hong Kong is now world-famous for the high quality of histopathology staining. He also held regular slide training sessions at the Government Institute of Pathology in Sai Ying Pun, and pathologists in training from various hospitals attended the sessions with great anxiety because they knew they would be “scolded” if they did not get the slides right. We are where we are today only because of him (嚴師出高徒).

Dr Teoh was also a man of action who rose to challenges. He took up golf at the challenge of the late Dr Steven Cheung, and had since beaten many of his opponents. He was the mastermind behind the development of structured education and training of pathologists to obtain overseas qualifications, which raised the standard of pathology service at that time, before the establishment of our College. He was always young at heart with an insatiable appetite for knowledge. He enjoyed doing crossword puzzles and Sudoku to keep his mind sharp after his retirement and used them to challenge his daughter. I am perhaps the last “younger generation” pathologist whom he made acquaintance with before his retirement from private practice. He often went to my office at the Queen Elizabeth Hospital to discuss haematology cases that he came across when he was working at the St Paul’s Hospital. He was a man with energy – we would stand next to the microscope bench talking for over an hour as he refused to oblige despite being offered a seat. Dr Teoh was kind to me and I was greatly honoured then.

Dr T.B. Teoh was born on 1st April 1921 and left us peacefully in his sleep on 11th October 2013. He is survived by his wife, Dr Chan Ching Haan whom many of us remember as our beloved and motherly microbiology teacher in the University of Hong Kong, his son Seng Kah and his daughter Siew Koon (nicknamed May), and also the fond memories of his fellow workers and students in pathology.

Contributed by Dr Kit Fai WONG



▲ Dr and Mrs Teoh: 3rd and 6th from right.



▲ Dr and Mrs Teoh: 4th and 3rd from right.

OLDEN DAYS ...



▲ Dr Teoh: 2nd from left.



▲ Dr Teoh: Middle.



▲ Dr Teoh: Middle.



▲ Dr and Mrs Teoh: 6th and 7th from left.

NOT SO LONG AGO ...



▲ Dr and Mrs Teoh: Sitting - 3rd and 1st from left.



▲ Dr and Mrs Teoh: 1st from left and right.



A note of thanks

The College would like to express our sincere gratitude to Dr Teoh's family for their arrangement in collecting donation for the T.B. Teoh Foundation Lectureship Fund.