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# Doctors' Newsletter

ISSUE 1 | 2018



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# Welcome



I would like to wish everyone a happy new year for 2018. It is once again my pleasure to introduce the Doctor's Newsletter . We have recently appointed two new pathologists to our team. I would like to welcome Dr Louise Prentice, a biochemist and endocrinologist based in Hobart and Dr Nada Dickinson, an anatomical pathologist based in Launceston. In this current newsletter, Dr Louise Prentice provides information on a blood test for liver fibrosis and Dr Catherine Robinson details of the Cervical Screening Testing Audit. Additional information on blood transfusion labelling requirements is also included. I hope that everyone finds the articles in the newsletter informative and of use in day to day practice. We are planning an additional three newsletters this year and are happy to receive feedback from our referrers with ideas for future articles.

## Dr Shaun Donovan

MB BS (Hons) FRCPA  
CEO Diagnostic Services Pty Ltd (DSPL)  
Hobart, Launceston and North West Pathology

## Thank you

Thank you to all referrers who completed our recent Doctor Survey.



## Dr Nada Dickinson B Pharm, GradDipHospPharm ,B Med FRCPA

Dr Dickinson gained her medical degree from the University of Newcastle in 2000. Prior to studying medicine, Nada worked as a Pharmacist at St Vincent's Hospital in Sydney. It was while working there, that she decided to see what life was like on the other side of the prescription pad and applied to study medicine. Nada gained her Fellowship in Anatomical Pathology in 2017, spending her final year at Launceston General Hospital and joined Launceston Pathology at the beginning of 2018. Nada has a strong interest in autopsy medicine, particularly perinatal pathology.



## Dr Louise Prentice MBBS FRACP FRCPA MAACB

It is a pleasure to welcome Dr Louise Prentice who has recently joined our practices as a Chemical Pathologist. Louise is a dual trained Physician (Endocrinology) and Pathologist and is also a Senior Lecturer in Medicine at UTas. Louise can be contacted on 6237 1203 for any clinical chemistry queries.

# Blood Bank Labelling requirements

Please be aware that all **antenatal/transfusion request forms AND sample tubes** must each be clearly labelled with:

**Patient's given name, Surname, Date of Birth  
Date and Time of collection and Signature of the collector.**

This is a requirement as per the Australian and New Zealand Society of Blood Transfusion (ANZSBT) and the National Pathology Accreditation Advisory Council (NPAAC). Unfortunately, incomplete request forms and/or sample tubes may result in patients having to have a repeat collection. Thank you for your compliance.

*ANZSBT Guidelines for Transfusion and Immunohaematology Laboratory Practice, 1st Edition, November 2016  
NPAAC Requirements for Transfusion Laboratory Practice, 3rd Edition 2017*

## Enhanced Liver Fibrosis Score (ELF)

We can now provide a noninvasive assessment of liver fibrosis by the use of direct blood markers.

Liver biopsy remains the gold standard for diagnosis and grading of the degree of fibrosis however, a number of noninvasive techniques have been developed to circumvent the need for biopsy eg Fibroscan.

Direct blood markers are products of activated hepatic stellate cells (myofibroblasts). These are the cells responsible for generating fibrosis in the liver. Monitoring these markers may be indicated when the patient's history, physical examination, imaging or indirect serum markers eg LFTs, INR are suspicious for fibrosis.

The 3 markers are the N-terminal peptide of procollagen III (P3NP/PIIINP), hyaluronic acid and tissue inhibitor matrix metalloproteinase 1 (TIMP-1) from which the score is derived.

The ELF score has been assessed in a number of studies and has shown comparable accuracy with the Fibroscan. Score interpretation:

### < 7.7: no to mild fibrosis

ELF values falling below **7.7** are associated with limited to no fibrosis in patients that have undergone biopsy. An ELF score of 7.7 or less would be expected to indicate minimal risk of any advanced fibrosis.

### ≥ 7.7 – < 9.8: Moderate fibrosis

Intermediate ELF values of **7.7–9.8** have been associated with moderate fibrosis (relative to biopsy). Clinical pathways for these patients may include subsequent testing to assess the risk of progressive fibrosis, alternate noninvasive assessment of fibrosis/liver stiffness such as imaging, or liver biopsy.

### ≥ 9.8 – < 11.3: Severe fibrosis

Elevated ELF scores of **9.8** or greater have been associated with significant, biopsy-proven fibrosis or cirrhosis. Patients with elevated ELF scores should be considered at risk and managed appropriately, including further assessment for fibrosis using imaging or liver biopsy.

### ≥ 11.3: Cirrhosis

Some evidence suggests a significant correlation of ELF score of **11.3** and greater with biopsy proven cirrhosis. Use of this additional cut-off is currently outside of claims, but is being explored by the manufacturer. Patients with scores of **11.3 and greater should be considered at significant risk.**

**What to order: Enhanced Liver Fibrosis Score (ELF)**

**Cost: Non Medicare rebatable, please contact the laboratory for cost**

**Test Frequency: Fortnightly**

**Further information can be provided by contacting Dr Louise Prentice on 6237 1203**

# Clinical Audit – Cervical Screening Test

Continuing professional development activity

The transition to the new Cervical Screening Test (CST) from the laboratory's perspective has been relatively smooth. Since December 1 2017, we have screened over 5000 CST samples.

Hobart, Launceston and North West Pathology have developed a CST Audit that provides personalised statistical audit reports at 6 and 12-monthly intervals, allowing participants to: reflect on the outcomes, look for practice improvement and educational learning opportunities. By selecting a representative group of women, participants can also monitor patients who need to transition into the new CST Program.

## Features

- No minimum number of referrals
- One of the largest clinical audits in Australia
- Generate patient results lists at any time using Sonic Dx

## Continuing professional development

### OBSTETRICIANS AND GYNAECOLOGISTS

#### RANZCOG Fellows

Practice Audit and Reflection (PAR) points

#### RANZCOG Certificants/Diplomates

RACGP category 1 points in the specific area of Women's Reproductive Health and ACRRM PRPD and Obstetric MOPS

### GPs

#### RACGP – QI & CPD program (Women's reproductive health activity)

40 category 1 points + QI component

#### ACRRM – PRPD points

30 PRPD and 30 Obstetric MOPS points

### NURSES/NURSE PRACTITIONERS

Continuing professional development activity

Register at [register.apps.sonichealthcare.com/audits](https://register.apps.sonichealthcare.com/audits)

or contact your Client Services Manager – 6237 1247

E: [clientservices@dspl.com.au](mailto:clientservices@dspl.com.au)

CPD for  
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GPs  
Nurse practitioners  
Nurses



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