

New Pathologists

Please welcome to the Medlab team



Dr Luke Soo
Haematology/Blood Bank
✉ lsoo@medlab.com.au
☎ 02 8745 6500



Dr Sowmya Sharma
Anatomical/Cytopathology
✉ ssharma@medlab.com.au
☎ 0417 062 537

Pathologists



Dr Kumar P Singh
Microbiology/Serology
✉ kps@medlab.com.au
☎ 0406 932 991



Dr Kyung Park
Anatomical/Cytopathology
✉ kpark@medlab.com.au
☎ 0406 699 659



Dr Tony Watt
Anatomical Pathology
✉ twatt@medlab.com.au
☎ 0447 663 987



Dr John Pauli
Anatomical Pathology
✉ jpauli@medlab.com.au
☎ 0422 275 071



Dr Richard Williamson
Anatomical Pathology
✉ rwilliamson@medlab.com.au
☎ 0468 498 234



Dr Nick Mellick
Anatomical Pathology
✉ nmellick@medlab.com.au
☎ 0407 076 674



Dr Rohan Mortimore
Anatomical Pathology
✉ rmortimer@medlab.com.au
☎ 0498 488 546



Dr Sam Mehr
Immunology
✉ smehr@medlab.com.au
☎ 02 8745 6500



Dr Amy Li
Chemical Pathology
✉ ali@medlab.com.au
☎ 0424 123 045

Laboratory Update

A Reminder from Haematology/Blood Bank

Just a friendly reminder to all our referring doctors to complete and sign the Collection Declaration section on the request form if a Blood Group and/or Antibody Screen or Antibody Identification is requested.

This includes a Blood Group and Antibody Screen/Investigation requested as part of an antenatal or prenatal profile.

In addition, all EDTA sample tubes collected for these tests need to be labelled by hand and signed by the Doctor (no stickers please).

These mandatory requirements are as per the NPAAC/ANZSBT guidelines.

For any enquiries relating to Blood Banking, please contact: **Haematology/Blood Bank Department or our Supervising Pathologist Dr Luke Soo on 02 8745 6500.**

Contacts

☎ 1300 MEDLAB
(02) 8745 6500
☎ (02) 8745 6572
@ info@medlab.com.au
🌐 www.medlab.com.au
✉ 3-5 Rawson Street, Auburn
NSW 2144 AUSTRALIA

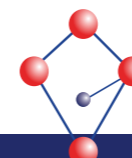
BILLING
Medlab Pathology will Bulk-Bill patients who provide a current health care, Pensioner or Veteran affairs card.

COLLECTION CENTRES
Medlab Pathology has many collection centres with more being added regularly. For your nearest collection centre details, visit our website on:
🌐 www.medlab.com.au

HOME COLLECTIONS
Our team of experienced home collectors ensure collection of samples from patient homes, hospitals, nursing homes or workplaces as required. Contact our customer service department to schedule a time that is convenient to your patients. NB: There will be no extra charge to patients for this service.
☎ (02) 8745 6549 ☎ (02) 8745 6567
@ home.collections@medlab.com.au

ELECTRONIC RESULT DOWNLOADS
HL7 or PIT file electronic result downloads are available to your preferred practice management software immediately upon completion and verification of test results. Please contact our IT helpdesk for further inquiries regarding this service.
☎ (02) 8745 6500 ext 603 @ support@medlab.com.au

COURIER NETWORK
Our extensive courier network ensures prompt pick-up of samples as well as delivery of hard-copy reports and supplies throughout the day, 7 days a week.
☎ (02) 8745 6500 ☎ (02) 8745 6588
@ couriers@medlab.com.au



MEDLAB
PATHOLOGY

"A truly independent laboratory
committed to you and your patients"

Summer 2014

Women's Health Bulletin 2014

Medlab Pathology offers a comprehensive cervical cytology service utilising the most modern technology available. As part of this women's health bulletin we aim to support your knowledge in the important area of cervical cancer screening by reminding you of the clear benefits afforded by liquid-based cytology with assisted computer analysis.

The ThinPrep Pap Test

Our laboratory supports the use of the ThinPrep® Pap test as an adjunct to the conventional Pap smear. The ThinPrep Pap test improves detection of precancerous cervical lesions and provides the added convenience of providing a platform for additional "out-of-vial" testing from a single patient sample. Human Papilloma virus (HPV), Chlamydia Trachomatis and Neisseria gonorrhoeae can be tested directly from the ThinPrep collection vial.¹

The ThinPrep system has been extensively studied, both locally and internationally, and is the standard of care for cervical screening in many countries with organized screening programs including the United Kingdom and New Zealand. At present in Australia, liquid-based cytology is offered as an adjunct to the conventional Pap smear. **"A review of the National Cervical Screening Program is currently evaluating the potential adoption of liquid-based cytology, automated screening systems, and HPV testing."**

The ThinPrep method results in a clearer, homogenous slide achieved by removing unwanted blood and mucus and by placing a representative sub-sample of cells on a slide in a thin even layer.²

The ThinPrep Imaging System

Medlab is part of a select group of leading laboratories which utilise the ThinPrep Imaging System in the reading of the ThinPrep Pap test. The ThinPrep Imaging System assists our cytotechnologists to read ThinPrep slides more accurately and efficiently. Its significant innovation is that it presents those portions of each ThinPrep slide that contain the most meaningful data for the cytotechnologist to review. This permits rapid resolution of the vast majority of slides that show negative results, allowing screeners to focus on the slides that show potentially suspicious cells. The system has been the subject of rigorous, independent clinical trials in Australia and overseas.

More effective results

Large independent Australian studies have shown the ThinPrep system is:

- **27% more effective** at detecting high-grade abnormal cells^{3,4}
- **56% more effective** at the detection of low-grade abnormal cells.³
- **Associated with a 94% reduction in the reporting of unsatisfactory results** when used as an adjunct to the conventional Pap smear.⁵

While there is a cost associated with having a ThinPrep Pap test in Australia, it is a small price to pay for the peace of mind that a more effective test provides. To make it a little easier on your patients, Medlab Pathology remains the most affordable provider of the ThinPrep Pap test and ThinPrep Imaging System service in New South Wales - **\$45.00**

Our team is always available to discuss any aspect of cervical screening and new technology, and can provide supporting clinical data and patient resources at your request.

References:
¹Data on file with Hologic, Inc.
²Hutchinson ML, et al. Homogeneous sampling accounts for the increased diagnostic accuracy using the ThinPrep® Processor, Am J ClinPathol. 1994;101:215-19.
³Davey E, et al. Accuracy of reading liquid based cytology slides using the ThinPrep Imager compared with conventional cytology: prospective study. British Medical Journal. 2007;335(7609):28.
⁴Roberts J et al. A three-armed trial of the ThinPrep Imaging System. Diagn Cytopathol. 2007;35(2):96-102.
⁵Roberts JM et al. Evaluation of the ThinPrep Pap Test as an adjunct to the conventional Pap smear. Med J Aust. 1997;167:466-7

THIS ISSUE:

- WOMEN'S HEALTH BULLETIN 2014
- NEWER ANTICOAGULANT DRUGS
- UNITS FOR THERAPEUTIC DRUG MONITORING
- NEW PATHOLOGISTS
- LABORATORY UPDATE
- CONTACTS



Newer Anticoagulant Drugs

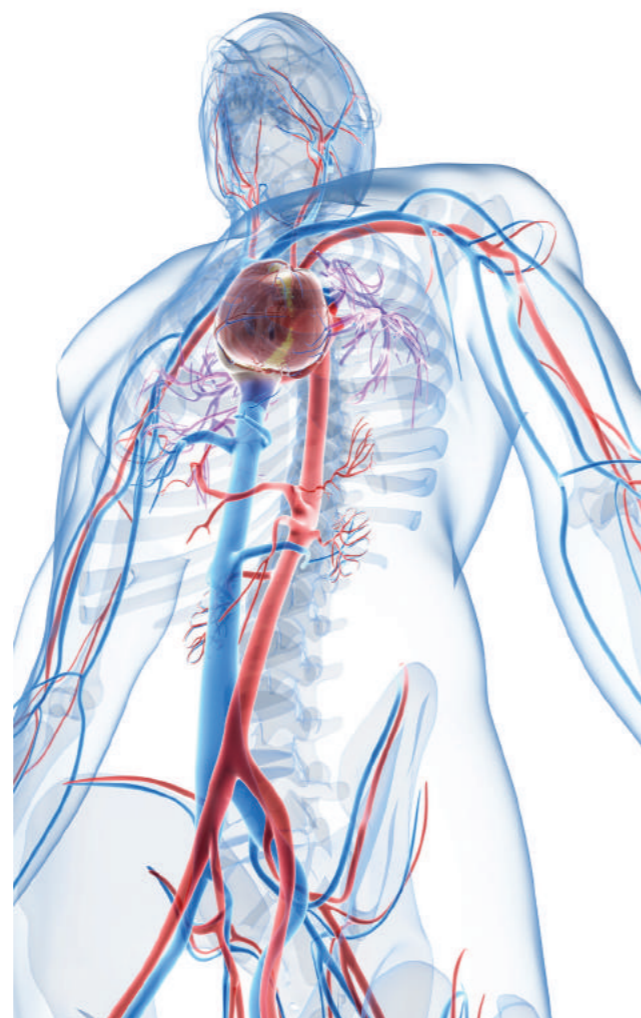
The newer oral anticoagulants (NOACs) Dabigatran (brand name Pradaxa), Apixaban (Eliquis) and Rivaroxaban (Xarelto) have recently been listed on the PBS for stroke prevention in atrial fibrillation.

These newer medicines will be subsidised by the Pharmaceutical Benefits Scheme (PBS) for preventing stroke in patients with non-valvular atrial fibrillation, and may therefore offer an alternative to warfarin for some of these patients.

To assist doctors in navigating the options provided by the NOACs, NPS MedicineWise (www.nps.org.au/anticoagulants) has developed a decision support tool for changing to an alternative anticoagulant. The support tool covers recommended dosing and timing for switching patients from warfarin to a NOAC (or vice versa), or from a NOAC to an alternative NOAC.

Doctors are urged to ensure patients are aware of the risks of the NOACs including that, unlike warfarin, there is currently no means of reversing bleeding quickly should it occur in a patient taking one of these newer drugs.

Although the NOACs are designed with the considerable advantage of not requiring routine monitoring or testing in the haematology laboratory, certain clinical situations may demand an assessment of coagulation status or drug level. The standard coagulation assays performed to monitor warfarin therapy (Prothrombin time or INR) or heparin therapy (APTT) are generally unsuitable for laboratory assessment of the NOACs. New coagulation assays are required, and where available, these are performed in specialised laboratories and require clinical consultation prior to ordering and sample collection.



An overview of the approved newer oral anticoagulants is as follows:

	Dabigatran	Rivaroxaban	Apixaban
Target	Thrombin	Factor Xa	Factor Xa
Half-life	14 -17 h	7 - 11 h	8 - 15 h
Application	Oral, twice daily	Oral, once daily	Oral, twice daily
Elimination	Renal	Renal and hepatic	Renal and biliary
Coagulation Monitoring	Not required	Not required	Not required
Specialised Assay (if available)	Diluted thrombin time	Anti-FXa assay	Anti-FXa assay

For any further enquiries regarding the newer anticoagulant drugs, please contact Dr Luke Soo, Haematology/Blood Bank at Medlab Pathology on 02 8745 6500.

References

1. Remember to weigh up risks and benefits of new PBS-listed anticoagulants 2013, accessed 12 November 2013, < <http://www.nps.org.au>>
2. Mani, H et al. influence of new anticoagulants on coagulation tests. White paper. Siemens 2012.

Units For Therapeutic Drug Monitoring

Medlab Pathology will be changing the units used for reporting the concentrations of several therapeutic drugs in the coming months.

This follows recommendations from the Royal Australasian College of Physicians, The Royal College of Pathologists of Australasia, the Australasian Association of Clinical Biochemistry and the Australasian Society for Clinical and Experimental Toxicology as published in the Medical Journal of Australia in April 2013 (Med J Aust 2013; 198 (7): 368-369). The paper is "open access" at www.mja.com.au.

The aim is for therapeutic drug measurements from all laboratories in Australia and all sources of supporting information relating to therapeutic drug concentrations to be in the standardised units to avoid clinical errors. In general this is the use of mass units (eg mg/L) with certain specified exceptions, eg lithium in mmol/L (as this is currently fully standardised in this unit) as well as iron in umol/L, thyroxine in pmol/L and vitamin D in nmol/L (as examples of drugs which are also endogenous substances where the usual unit is retained).

The use of mass units aligns drug concentration measurements with the units used for drug dosing and with the major English language sources of information on drug efficacy, metabolism and toxicity.

Results reported in the changed units will be marked with a footnote for a period of time to alert users to the change.

Change of Units for the Following Drug Assays

DRUG	Former Units	Recommended Units	To convert result from current to new units	To convert results from new units to current units	Proposed New Therapeutic Range
Carbamazepine	umol/L	mg/L	0.236	4.23	4.0-12.0
Phenytoin	umol/L	mg/L	0.25	3.96	10-20
Valproate	umol/L	mg/L	0.144	6.93	50-100
Digoxin	nmol/L	ug/L	0.781	1.28	0.5-1.0

If there are any questions, please contact the Clinical Chemistry department at Medlab Pathology on 02 8745 6585.

