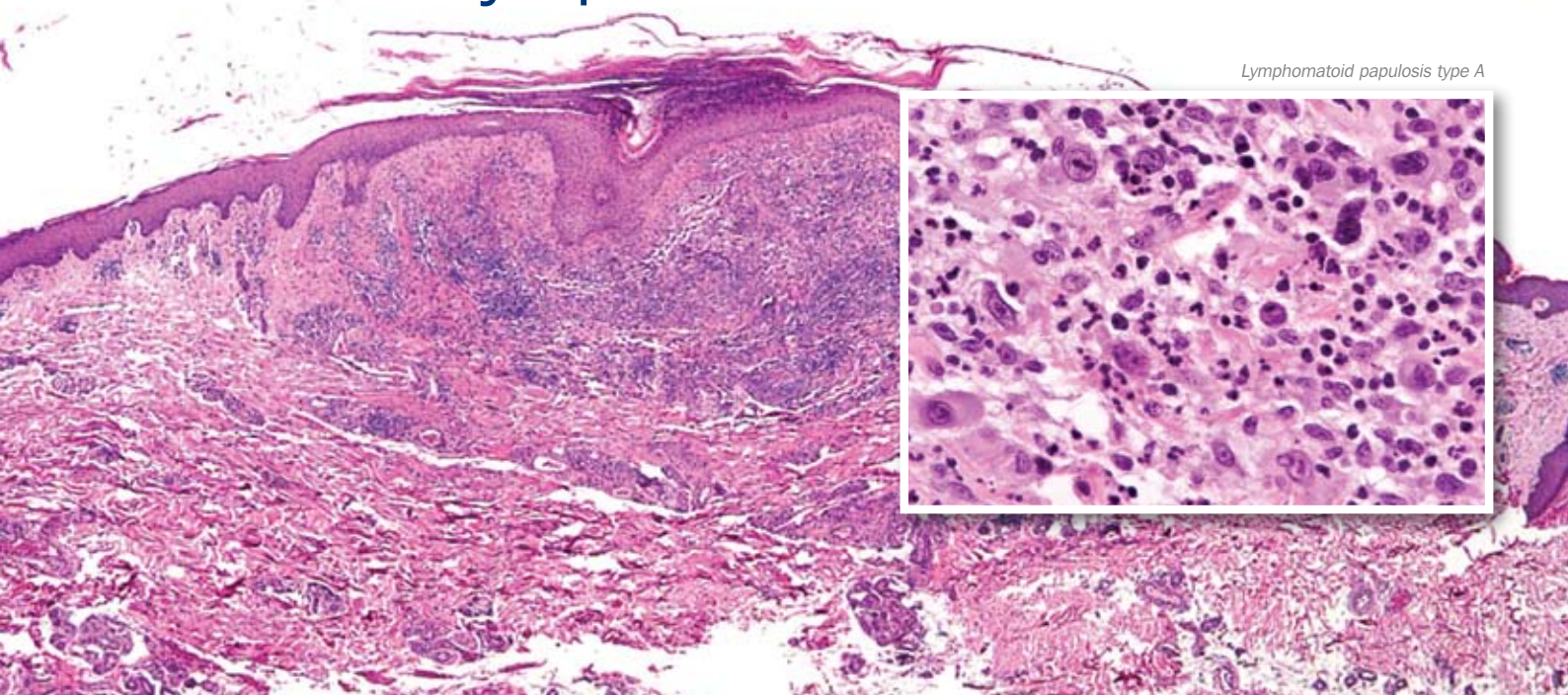


- > Cutaneous CD30+ Lymphoproliferative Disorders by Dr Debra Norris
- > The Diabetes Care Clinic
- > The Difference Pathology Makes by Kathy Harrison
- > Surgical Skin Audit

Cutaneous Lymphoma - What's in a Name?



CUTANEOUS CD30+ LYMPHOPROLIFERATIVE DISORDERS DR DEBRA NORRIS

A histology report of cutaneous lymphoma may cause concern and uncertainty for the treating doctor, and after Internet searches, disproportionate fear for the patient involved. In terms of cutaneous lymphoma – what's in a name – everything is in the name and details. The prognosis of these lymphomas varies widely, ranging from near 100% five-year survival, to zero percent. Whilst uncommon, in a series of articles I will present the most common of the cutaneous lymphomas that may be seen in general practice. This article will focus on cutaneous CD30+ lymphoproliferative disorders.

Cutaneous lymphomas (CLs) belong to the group of extranodal non-Hodgkin's lymphomas; and they represent the second most common member of this group (after gastrointestinal lymphoma). The incidence is estimated at 1 in 100,000 yearly (though with better definition, classification and diagnosis this figure may be an underrepresentation). Primary CLs develop by definition in the skin, and remain localised to the skin for long periods of time in the majority of cases; whilst secondary CLs reflect cutaneous spread from systemic nodal (usually) disease.

Primary CLs include a wide spectrum of clinically and histologically heterogeneous lymphomas, with at least 17 primary types described, and this number does not include the additional examples of secondary spread from systemic disease. Approximately 65% of CL are cutaneous T-cell lymphoma (CTCLs), 25% cutaneous B-cell lymphomas (CBCL) and 10% other uncommon forms.

CLs and nodal or extracutaneous extranodal lymphomas with the same cytomorphology may differ greatly with respect to clinical features, therapy and prognosis. Hence, an unqualified diagnosis of CL is totally unsatisfactory to the point of being meaningless. Thus, it is advisable for patients with CL to be managed by specialised centres or in close cooperation with such a centre, and to have the biopsy reviewed by an expert in the salient features of cutaneous lymphoma.

Until relatively recently, lymphoma classification schemes did not recognise CLs as unique entities, and did not appropriately emphasise the distinctive clinical, therapeutic and prognostic characteristics of CLs. This situation was rectified with the 2004 WHO/EORTC classification of cutaneous lymphomas, and incorporated into the recent 2008 WHO classification of lymphomas.

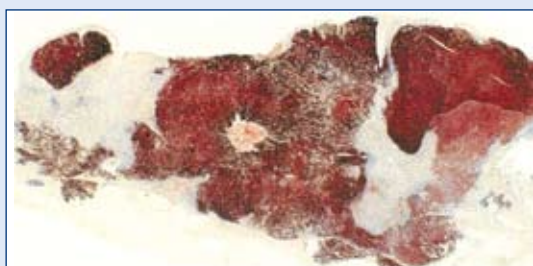
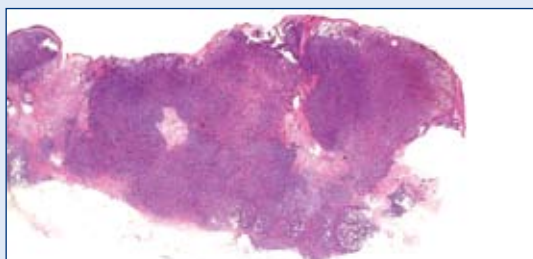
Primary Cutaneous CD30-positive Lymphoproliferative Disorders

Primary cutaneous CD30-positive lymphoproliferative disorders (LPD) are the second most common group of CTCL, accounting for approximately 30% of CTCL. This group includes lymphomatoid papulosis (LyP) and C-ALCL (primary cutaneous anaplastic large cell lymphoma). These entities are now regarded as a spectrum of disease, with histologic criteria alone, insufficient to differentiate the two ends of the spectrum.

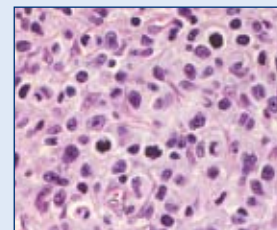
In either of these entities, there must be no history of mycosis fungoides, or immunosuppression, or systemic lymphoma.

Primary C-ALCL

- **Clinical:** This disorder affects mainly adults. Most patients present with solitary or localised nodules or tumours, and often show ulceration.
- **Histopathology:** Diffuse nonepidermotropic infiltrate of cohesive sheets of large CD30+ tumour cells.
- **Immunophenotype:** CD30+, CD4+, variable loss of T-cell markers (CD2, CD5 and/or CD3).
- **Genetic:** TCR gene rearrangement; t2;5 negative.
- **Prognosis:** 10 disease related survival >90% (compared to systemic ALK--ve ALCL approximately 50%).
- **Treatment:** Radiotherapy or excision, first choice of treatment in patients presenting with solitary or few localised nodules. Patients presenting with multifocal skin lesions best treated with radiotherapy, or with low dose methotrexate as in LyP.



Primary Cutaneous Anaplastic Large T-cell Lymphoma

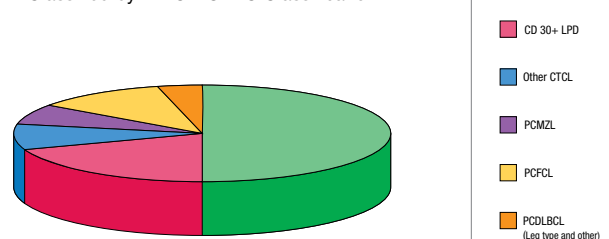


Lymphomatoid Papulosis

Lymphomatoid Papulosis

- **Clinical:** Generally adults, but also seen in children. Papular, papulonecrotic and/or nodular skin lesions at different stages of development, predominantly on trunk and limbs. Individual lesions disappear in 3 to 12 weeks and may result in superficial scars. Duration of disease may be months to many years (>40 years described). In 5 to 20% of cases, LyP may be preceded by, associated with or followed by another type of lymphoma (generally mycosis fungoides, C-ALCL or Hodgkin lymphoma).
- **Histopathology:** Extremely variable and in part correlates with age of lesion showing overlap with C-ALCL
- **Immunophenotype:** Same as described with C-ALCL
- **Genetic:** TCR monoclonal in approx 60-70% cases. The t2;5 is absent.
- **Prognosis:** Excellent.
- **Treatment:** Curative therapy is NOT available, and none of the available treatment options affect the natural course of the disease. Hence, the short-term benefits of active treatment must be balanced against potential side effects. Low dose oral methotrexate is the most effective therapy to suppress the development of new skin lesions. However, after discontinuation of therapy, the disease generally relapses within weeks or months. Thus, in patients with relatively few and nonscarring lesions, long-term follow-up without active treatment should be considered.

Relative Frequency of Cutaneous Lymphoma Classified by WHO-EORTC Classification



WHO-EORTC CONSENSUS CLASSIFICATION OF PRIMARY CUTANEOUS LYMPHOMAS

| | |
|--|---|
| Cutaneous T-cell and NK-cell lymphomas | |
| Mycosis fungoides | Mycosis fungoides variants and subtypes |
| Sezary syndrome | |
| Adult T-cell leukemia/lymphoma | |
| Primary cutaneous CD30+ lymphoproliferative disorders | Primary cutaneous anaplastic large cell lymphoma |
| | Lymphomatoid papulosis |
| Subcutaneous panniculitis-like T-cell lymphoma | |
| Extranodal NK/T-cell lymphoma, nasal type | |
| Primary cutaneous peripheral T-cell lymphoma, unspecified | Primary cutaneous aggressive epidermotropic CD8+ T-cell lymphoma (provisional) |
| | Cutaneous γ/δ T-cell lymphoma (provisional) |
| | Primary cutaneous CD4+ small/medium-sized pleomorphic T-cell lymphoma (provisional) |
| Cutaneous B-cell lymphomas | Marginal zone B-cell lymphoma |
| | Follicle center lymphoma |
| | Diffuse large B-cell lymphoma, leg type |
| | Diffuse large B-cell lymphoma, other <ul style="list-style-type: none"> - Anaplastic large B-cell lymphoma - Plasmablastic large B-cell lymphoma - T-cell/Histiocyte rich large B-cell lymphoma - Intravascular large B-cell lymphoma |
| Blastic Plasmacytoid dendritic cell neoplasm (formerly CD4+/CD56+ hematodermic neoplasm or blastic NK cell lymphoma) | |

Pathologist Profile



Dr Debra Norris FRCPA

MEDICAL DIRECTOR AND PATHOLOGIST IN CHARGE: HISTOLOGY

Graduating from the University of Queensland (MBBS Hons) (1984), Dr Norris trained in histopathology at the Mater and Princess Alexandra Hospitals, before obtaining a fellowship in pathology in 1994. She then took up a position as Staff Histopathologist at the Mater Hospital before joining QML Pathology in October 2002 as a Consultant Histopathologist at the Central Laboratory. In 1997, Dr Norris undertook a fellowship in haematopathology with world renowned authority Dr Nancy Harris at Massachusetts General Hospital.

Dr Norris has extensive experience in lymphomas and is consulted by medical practitioners from around Australia. She is currently a member of the Australian Cancer Network's working party to develop guidelines for the diagnosis of lymphoma. Dr Norris is also a member of the European Association of Hematopathology.

Phone: (07) 3121 4429

Email: Debbie.Norris@qml.com.au

QML Pathology's Diabetes Care Clinic



HOW THE DIABETES CARE CLINIC WORKS

- The Diabetes Care Clinic is run by Credentialed Diabetes Educators based at a number of conveniently located QML Pathology collection centres.
- The Diabetes Educators will work with the referring GP to develop a comprehensive management plan for each patient.
- Once the patient is enrolled in the Diabetes Care Clinic, the patient will be contacted by our Diabetes Care Clinic team and an appointment will be made for an education session.
- The Clinic will include:
 - ✓ A mixture of individual and group education sessions with a Credentialed Diabetes Educator
 - ✓ Organisation of appointments with appropriate allied health professionals, such as dietitians, exercise physiologists and podiatrists.

Introducing the Diabetes Care Clinic

BENEFITS FOR THE PATIENT

By attending the Diabetes Care Clinic, patients will be provided with the necessary skills and practices required to better manage their diabetes, including:

- Understanding how diabetes works
- Monitoring blood glucose levels at home and using the results to self manage their diabetes
- Understanding the importance of healthy eating and physical activity when managing diabetes
- Using diabetes tablets and insulin safely and effectively
- A 100% bulk billed service (subject to Medicare eligibility and guidelines).

BENEFITS FOR THE GP

- The QML Pathology Diabetes Care Clinic endeavours to develop a partnership with the GPs, nurses and medical centres managing patients with diabetes. Our Diabetes Educators will provide a team-based approach by working in conjunction with dietitians, exercise physiologists and podiatrists to ensure that we can provide the best possible care and outcome for your patients with diabetes.
- Each patient's GP will continue to oversee their diabetes management plan, with QML Pathology providing reports informing you of your patient's progress.
- The Diabetes Care Clinic will provide you with all of the relevant Medicare paperwork for you to submit in order to claim the practice incentives for diabetes management.

AVAILABLE GP REBATES PER PATIENT WITH DIABETES

| Name | Item No. | Medicare Fee (100%) Nov 2010* | Minimum Claiming Period |
|---|----------|-------------------------------|-------------------------|
| Preparation of a General Practice Management Plan (GPMP) | 721 | \$136.05 | 12 months |
| Preparation of team care arrangements (TCAs) | 723 | \$107.80 | 12 months |
| Contribution to a multidisciplinary care plan, or to a review of a multidisciplinary care plan, for a patient who is not a care recipient in a residential aged care facility | 729 | \$66.35 | 3 months |
| Contribution to a multidisciplinary care plan, or to a review of a multidisciplinary care plan, for a resident in an aged care facility | 731 | \$66.35 | 3 months |
| Review of a GPMP or coordination of a review of TCAs | 732 | \$68.00 | 3 months |

(Item no. for ATSI assessment: 715)

*Prices are correct at time of printing and are subject to change.

To enrol your patient or for further information, please contact Samantha Rowe, Diabetes Care Clinic Coordinator, on phone (07) 5441 0200 or email samantha.rowe@qml.com.au.

Our Credentialed Diabetes Educators



JANITA BIRD
Cert OHN GradDipNOH&S
GradCertDiabEdM RN CDE

Janita Bird completed her general nursing training to become a Registered Nurse in 1980 and worked in various nursing positions over the next eight years before gaining a position at the Sydney Opera House specialising in Occupational Health Nursing. In 1991 she completed her Certificate in Occupational Health Nursing and in 1993 her Graduate Diploma in Nursing (Occupational Health and Safety).

Janita moved to Queensland in 1994 and gained a position with Suncorp as the State Occupation Health and Safety Manager. She then took some time out to have her family and continued to work as a casual Registered Nurse in the aged care field.

Her passion for diabetes education began in 2000 when she gained a position as a

Diabetes Educator in an Indigenous Medical Centre on North Stradbroke Island. In 2007 Janita completed her Graduate Certificate in Diabetes Education and Management, and in 2008 moved into a diabetes training position with Brisbane South Diabetes, Respiratory and Cardiac Services.

Janita has worked in Diabetes Services at Ipswich Community Health, Redlands Community Health, Logan Diabetes Service and Princess Alexander Hospital, and has experience in type 1, type 2, group education, gestational diabetes management, and insulin initiation and stabilisation. Most recently, Janita worked for South East Primary Health Care Network where she upskilled GPs and Practice Nurses in diabetes management, insulin initiation and stabilisation and Diabetes Nurse led clinics.



KATHY HARRISON
B Nursing (Grad Cert Diabetes)
RN CDE

Kathy Harrison graduated in 2003 with Bachelor of Nursing from Australian Catholic University. After graduating she worked as a Registered Nurse in a variety of areas and specialised in endoscopy nursing for three years. In 2007, Kathy was selected to attend training on new endoscopic procedures at Wake Forest University Baptist Medical Centre, North Carolina.

While nursing Kathy developed a special interest in diabetes and pursued further studies, graduating with a Post Graduate Certificates in Diabetes Education. Kathy worked as a Diabetes Educator in Community Health Queensland and alongside the Endocrinologist at Ipswich General

Hospital. In 2010 she was the recipient of an ADEA – Abbott Case Study Award for her case study on 'the benefits of a no coding blood glucose meter'.

Kathy has experience working in a wide variety of clinics and situations as a Diabetes Educator, including indigenous health, inpatient services, type 1 and type 2 individual consultations, gestational diabetes, telephone consultations, rural hospital clinics and home visits. She is also an experienced communicator, delivering presentations to community groups, schools, cardiac rehabilitation services and nursing homes, and inservices to medical and nursing staff.



HELEN ROJAS
BSc Nursing GradCertDiabEdM CDE

Helen Rojas started her career in nursing post completion of the undergraduate degree at University of Sydney in 1994. After completing a six month graduate program at the Royal Prince Alfred Hospital in Sydney, Helen commenced a rural and remote placement in South West Queensland.

During her career, which has seen her work in London as well as Australia, she has worked in all areas of nursing ranging from paediatrics to ICU. Her interest in diabetes started in 2004 and she completed her Graduate Certificate

in Diabetes in 2009. Helen has consistently worked towards improving and expanding her knowledge in diabetes and became credentialed in April 2011.

She is actively involved in the Australian Diabetes Educators Association and has a strong interest in type 2 diabetes in the young. In 2010, Helen was successful in gaining a contract position with the ACT Diabetes Service at Canberra Hospital and has been running an outpatient clinic for type 1, type 2 commencing insulin, and gestational diabetes.

To enrol your patient or for further information, please contact Samantha Rowe, Diabetes Care Clinic Coordinator, on phone (07) 5441 0200 or email samantha.rowe@qml.com.au.

The Difference Pathology Makes

KATHY HARRISON, CREDENTIALLED DIABETES EDUCATOR

Credentialed Diabetes Educators support the GP with management of the patient with diabetes. In collaboration with the GP and the patient, the Educator can help the patient achieve mutually agreed clinical targets, improve health, and lessen or prevent the many serious complications of diabetes. Initial diagnosis, change in treatment or when clinical targets are not being met, are all occasions when an Educator's input can help with patient outcomes.

HOW DOES PATHOLOGY HELP THE DIABETES EDUCATOR?

There are particular pathology tests that help guide management in the treatment of diabetes. These include but are not limited to, HbA1C, renal function tests including; eGFR, creatinine and urinary albumin investigations, and lipid studies.

Without current pathology tests, which provide information about patients' glycaemic control and health in general, it is difficult for the Educator to focus on the areas in diabetes management which need to be improved or changed. It is not uncommon for a patient to arrive at their appointment with either little or no information to show how they have been managing their diabetes.

A current HbA1C result will give an indication of overall glycaemic control over the last three months. This can reveal how well the client is coping with diabetes. A result within target range can provide an opportunity to congratulate the patient on their management and provide positive feedback and support; an important part of keeping the client focused. An HbA1C reduction of 1% can reduce complication risks by 20-40%; a fact we can relay to patients to help keep them motivated and on track¹. If the HbA1C is above target or below target range we can then explore what is happening.

- Is the patient compliant with medications?
- If on insulin, are there issues with their technique?
- Do they require insulin adjustment or other medication changes?
- What lifestyle factors are impacting on control?
- Is the patient experiencing episodes of hypoglycaemia?

The HbA1C can help guide us to ask the right questions.

Diabetic nephropathy is a serious complication of diabetes, and renal function tests are important investigations that help guide treatment. The effects of some diabetes medications can be prolonged or contraindicated in people with poor renal function. For example, an elderly client on Glibenclamide, a potent sulphonylurea, describes symptoms of hypoglycaemia, although their dose or diet has not changed. The results of their pathology investigation may indicate that renal function has declined to a point that is likely impacting on clearance of the drug. This results in a longer duration of the hypoglycaemic effects of Glibenclamide. With these results at hand, an Educator with the GP could then suggest alternative treatment options, such as decreasing the dose or changing the medication to a formulation with a shorter duration of action which would lessen the risk of hypoglycaemia.

The microalbumin test plays a central role in assessing and monitoring the effectiveness of diabetic control and progression of tissue damage, the end result of which is the catastrophic small and large blood vessel damage so characteristic of older, poorly controlled diabetic patients².

It is recommended that the test should be performed in type 1 patients, five years after diagnosis and at least annually thereafter, and in type 2 diabetes, at least annually from the time of diagnosis. If a value is found to be abnormal, testing should be performed 3-6 monthly.

Interpretative guidelines are outlined below in Table 1.

| CATEGORY | TIMED URINE SAMPLE | FIRST MORNING SAMPLE | |
|--------------|--|----------------------------|----------|
| | Albumin ($\mu\text{g} / \text{min}$) | Albumin / Creatinine Ratio | |
| | | FEMALE | MALE |
| Normal | < 20 | 0 - 3.5 | 0 - 2.5 |
| Microalbumin | 20 - 200 | 3.6 - 30 | 2.6 - 30 |
| Macroalbumin | > 200 | > 30 | > 30 |

Table 1: Improving Diabetic Care and Outcomes: Principles of Care and Guidelines for the Clinical Management of Diabetes Mellitus²

Lipid pathology is another important tool to evaluate management. Are cholesterol and triglycerides within current recommended ranges of <4 mmol/L for cholesterol and 1.5 mmol/L for triglycerides? The population with diabetes has twice the rate of infarctions than those without diabetes³. Monitoring cholesterol and triglycerides is an important part of ongoing management. If results are above target range the Educator can assist you with education in this area.

Pathology results are a vital link to help guide the GP and Diabetes Educator towards relevant education and treatment for the client with the ultimate aim of improving health outcomes for the patient with diabetes.

| | ADULT TYPE 2 DIABETES | ADULT TYPE 1 DIABETES |
|---------------|---|--|
| HbA1c | <ul style="list-style-type: none"> • 3 - 6 months if insulin treated • 6 - 12 months if no insulin | <ul style="list-style-type: none"> • 3 - 6 months |
| Albuminuria | <ul style="list-style-type: none"> • At diagnosis, then 12 monthly if normal • 3 - 6 monthly if proteinuria | <ul style="list-style-type: none"> • 5 years post diagnosis, then 12 monthly |
| Lipid Studies | <ul style="list-style-type: none"> • Annually if normal • 3 - 6 months if abnormal fasting | <ul style="list-style-type: none"> • Annually if normal • 3 - 6 months if abnormal or treated abnormal (fasting) |

Table 2: Best Practice Guidelines for Diabetes Management²

REFERENCES:

1. UK Prospective Diabetes Study (UKPDS) Group. Intensive blood-glucose control with sulphonylureas or insulin compared with conventional treatment and risk of complications in patients with type 2 diabetes (UKPDS 33). *Lancet*. 1998 Sep 12; 352 (9131): 837-853
2. Appleton, C. Diabetic tissue damage. *QML Pathology Diabetes Pack*, 2007
3. Boucher, M.S., & Hurrell, D.G. Cardiovascular disease and diabetes. *Diabetes Spectrum*. 2008 Jul; 21, 154-155



National Diabetes Week: 10 - 16 July 2011

Each year Diabetes Australia celebrates National Diabetes Week to raise awareness about diabetes in Australia. The campaign aims to educate Australia of the risk factors for type 2 diabetes and how type 2 can be prevented.

During National Diabetes Week, QML Pathology will have information posters and brochures in the collection centres, and will be running a number of group activities. For further information, please contact Samantha Rowe, Diabetes Care Clinic Coordinator, on phone (07) 5441 0200 or email samantha.rowe@qml.com.au.

Anti Mullerian Hormone (AMH)

AMH is now available locally through our pathology network, ensuring a faster turnaround time and reduced test price for patients.

AMH is made by pre-antral and antral (early) follicles within the ovary and AMH levels may be helpful in the following settings:

ASSESSMENT OF OVARIAN RESERVE

Women concerned about fertility, women delaying child bearing and women with borderline FSH levels may gain further information from an AMH level. Importantly, low AMH levels may precede a rise in FSH.

POLYCYSTIC OVARIAN SYNDROME (PCOS)

Women with PCOS have been reported to have increased levels of AMH reflecting the increased number of early follicles present. AMH is not affected by the stage of cycle and can be helpful in women with amenorrhoea or irregular periods.

PRE-FERTILITY TREATMENT

AMH levels may be helpful in optimising fertility treatment regimes.

This test does not currently attract a Medicare rebate and patients will incur an out-of-pocket charge of \$60.00.



For further information, please contact Dr Kerry DeVoss, Endocrinologist on (07) 3121 4412.
For patient information brochures, please contact Marketing on (07) 3121 4506.



Library Services

QML Pathology has an onsite Librarian, Deborah Cronau, who aims to save you valuable time by sourcing and resourcing information through a variety of means, including periodical articles, information searches and contents page alerts.

Please contact Deborah on phone (07) 3121 4434 or email library@qml.com.au for assistance.

Surgical Skin Audit

The QML Pathology Surgical Skin Audit has been created for Doctors who have an interest in skin pathology and refer histology to QML Pathology.

ABOUT

The audit will enable Doctors to conduct a systematic review of their clinical practice; assessing identification processes, detection rates, and diagnostic and histological accuracy and treatment rates overall in the practice setting.

Doctors statewide can assess their practice and detection of histological and provisional diagnosis, against peers in a confidential setting via graphical and statistical information generated from all registered participants. This information can be used to further inform and improve surgical practice, with the ultimate goal of improving the quality of care for patients.

Some features and data included in the report are histological and provisional diagnosis, number of new and previously biopsied specimens in audit, diagnostic accuracy for lesion types, definitive management and number of procedures performed, and margin clearance.

All Doctors will receive their report on a monthly basis and at the finalisation of their audit, with an option of receiving a cumulative report three- or six-monthly.

REGISTRATION

For your convenience, we offer several methods of registering for the surgical skin audit:

- **Via our website** - Complete the registration form online at www.qml.com.au
- **Via fax** - Complete your registration form and return by fax to (07) 3121 4972
- **Via your courier** - Complete your registration form and give to your QML Pathology Courier.

Doctors will receive designated A4 Surgical Skin Audit request forms upon confirmation of registration. Both the front and reverse of these designated forms must be completed for lesions to be included in the audit.

The audit will continue for the calendar year with a minimum requirement of 80 excisions submitted.

RACGP QI&CPD POINTS

Eligible general practitioners with a current RACGP QI&CPD number may attain 40 Category 1 points by participating in the QML Pathology Surgical Skin Audit.

For further information, please contact your local Medical Liaison Officer or phone the Marketing Department on (07) 3121 4506.



Path-Way is now available as a free downloadable app for the iPhone and iPad from the iTunes store.

Go to www.apple.com.au/itunes/
> Enter 'Path-Way' into store search bar.



App
Available Now

QML Pathology.
Specialists in Private Pathology since the 1920s

Pathology results always available, in real-time, anywhere.



QML Pathology is now the only private pathology company providing a laboratory service in Hervey Bay

Opening of Hervey Bay Lab

QML Pathology is proud to announce the opening of its newest laboratory in Hervey Bay. By opening a state-of-the-art lab – the only local private pathology lab – QML Pathology is committed to delivering the highest level of quality and service to doctors and patients in Hervey Bay and surrounding communities.

The new lab will be able to perform a broad range of pathology testing, including FBCs, E/LFTs, coagulations, INRs, ESRs, Troponins, Beta HCGs, seminal fluid analysis and blood banking. The opening hours are Monday to Friday, 8.00am – 4.30pm.

This further commitment brings QML Pathology's local network to three collection centres and one laboratory, and continues the growth seen throughout our other centres in regional Queensland and northern New South Wales.

For further information, please contact:

Suite 5, Bay Specialist Centre
166 Boat Harbour Drive
Hervey Bay QLD 4655

Phone: (07) 4124 8645

Fax: (07) 4128 4786

Email: info@qml.com.au

Laboratory Supervisor: Peta Affleck

Area Manager: Chris Vohland

Supervising Pathologist: Dr Kerry DeVoss



If you would prefer to receive the QML Pathology newsletter via email rather than hard copy, please send your details to info@qml.com.au or phone (07) 3121 4506.

Collection Centre Updates

NEW COLLECTION CENTRES

ANNANDALE..... (07) 4728 5617

Shop 1, Village Shopping Centre
152 Marabou Dr
Opening Hours:
Mon – Fri: 7.30am – 11.30am
12.30pm – 4.00pm
Sat: 8.00am – 12.00pm

ARUNDEL..... (07) 5563 2605

152 Olsen Ave
Opening Hours:
Mon – Fri: 7.30am – 11.30am

BELLARA..... (07) 3408 8489

Shop 9, 19 Benabrow Ave
Opening Hours:
Mon – Fri: 8.00am – 12.00pm

BRUNSWICK HEADS (02) 6685 1728

2/14 Mullumbimbi St
Opening Hours:
Mon, Wed, Thu: 7.30am – 11.30am
Tue, Fri: 7.30am – 10.30am

BURLEIGH WATERS..... (07) 5568 0410

Shop 3, Treetops Plaza, 7 Classic Way
Opening Hours:
Mon – Fri: 7.30am – 12.30pm
1.30pm – 4.00pm

CAMP HILL..... (07) 3843 5963

Cnr Samuel St & Boundary Rd
Opening Hours:
Mon – Fri: 7.00am – 12.30pm
1.00pm – 3.00pm

COLLINGWOOD PARK..... (07) 3288 2397

Shop 1, 157 Collingwood Dr
Opening Hours:
Mon – Fri: 8.00am – 1.00pm

GATTON (07) 5462 2502

Cnr North & Williams Sts
Opening Hours:
Mon – Fri: 8.30am – 12.30pm

GLADSTONE..... (07) 4972 0932

Mater Misericordiae Hospital
Mater Suites, Rossella St
Opening Hours:
Mon – Fri: 9.00am – 2.00pm

GYMPIE SOUTH (07) 5483 6859

21 Exhibition Rd
Opening Hours:
Mon – Fri: 8.00am – 1.00pm

MAREEBA (07) 4092 7139

14 Sutherland St
Opening Hours:
Mon – Fri: 8.00am – 11.45am

MIAMI..... (07) 5520 4436

Miami Shopping Village
Shop 9, 110 Mountain View Ave
Opening Hours:
Mon – Fri: 7.30am – 11.30am

MITCHELTON (07) 3855 1381

Shop 87, Brookside Shopping Centre
159 Osborne Rd
Opening Hours:
Mon – Fri: 8.30am – 2.00pm

NINGI (07) 5497 6956

Unit 1 & 2 Ningi Plaza
1224 Bribie Island Rd
Opening Hours:
Mon – Fri: 7.00am – 11.00am

REDLAND BAY (07) 3829 3702

Cnr Gladstone & Stradbroke Sts
Opening Hours:
Mon – Fri: 9.00am – 2.00pm

ROCHEDALE SOUTH (07) 3341 1122

Parfrey Rd
Opening Hours:
Mon – Fri: 8.00am – 12.00pm

ROMA..... (07) 4622 8880

79 Arthur St
Opening Hours:
Mon – Fri: 7.00am – 3.30pm

SAMFORD..... (07) 3289 2619

Samford Country Centre
Shop 8b, 15 Main St
Opening Hours:
Mon – Fri: 7.00am – 12.00pm
12.30pm – 3.00pm

SOUTHPORT (07) 5591 5793

125 Nerang St
Opening Hours:
Mon – Fri: 6.00pm – 9.00pm

SOUTHPORT (07) 5531 1707

1st Floor, Scarborough St
Opening Hours:
Mon – Fri: 9.00am – 12.00pm

TOOWOOMBA..... (07) 4634 6845

Shop 47
Clifford Gardens Shopping Centre
Cnr James St & Anzac Ave
(Located within Terry White Chemist)
Opening Hours:
Mon – Fri: 8.30am – 12.00pm
12.30pm – 4.00pm

TOOWOOMBA (07) 4638 4873

Hooper Centre
187 Hume St
Opening Hours:
Mon – Fri: 8.00am – 12.30pm
1.30pm – 4.30pm
Sat: 8.30am – 11.30am

TOOWOOMBA (07) 4638 7989

70 Margaret St
Opening Hours:
Mon, Wed, Fri: 8.00am – 1.00pm

TOOWOOMBA..... (07) 4638 7879

Suite 1, 125 Russell St
Opening Hours:
Mon – Fri: 7.30am – 12.00pm
1.00pm – 4.00pm

TOOWOOMBA..... (07) 4634 2811

Wyalla Plaza
238A Taylor St
Opening Hours:
Tue, Thu: 8.00am – 1.00pm

UNDERWOOD (07) 3423 0378

Homemaker HQ, Shop 9
21 Kingston Rd
Opening Hours:
Mon – Fri: 8.30am – 12.30pm
1.00pm – 4.30pm

UPPER COOMERA (07) 5529 9789

1 Brygon Creek Rd
Opening Hours:
Mon – Fri: 8.00am – 12.00pm
12.30pm – 4.00pm

WOORIM..... (07) 3410 1243

Shop 3, 8 North St
Opening Hours:
Mon – Fri: 7.00am – 11.00am

RELOCATED COLLECTION CENTRES

MT TAMBORINE..... (07) 5545 3873

Suite 4, 12 Main Western Rd
North Tamborine
Opening Hours:
Mon – Fri: 7.00am – 12.30pm
1.30pm – 4.00pm
Sat: 8.00am – 11.00am

Doctor's Noticeboard

The Doctor's Noticeboard is a free service for practitioners to advise changes to their practice. If you would like to place a notice, please email details to info@qml.com.au.

MEDICAL SUITE AVAILABLE FOR SUB-LEASE

- Situated in Times Square – opposite Sunnybank Private Hospital
- Modern, attractive consulting room and adjoining examination room to sub-let
- Reception area available for secretary
- Large comfortable waiting room equipped with TV and childrens' area
- Secure undercover parking available for staff
- Ample free patient car parking underneath building
- Flexible lease terms
- Support services available in same rooms include Obstetric/Gynaecological Ultrasound and Foetal Medicine Specialist and a Geneticist
- Situated within walking distance at the Sunnybank Private Hospital – maternity unit, pathology services, x-ray and specialist centre

For enquiries, please contact Jenny Stuart:

Mobile: 0431 461 571

Phone: (07) 3371 4986

Email: jennystuart51@msn.com.

As part of the Queensland Health Cervical Screening GP Upskilling Project, **FAMILY PLANNING QLD (FPQ)** is offering a free 1 hour upskilling workshop in cervical screening:

Do you have the hang of HPV?

Have you nailed the new guidelines?

Are you interested in tips and tricks for Pap smear taking?

The workshop can be tailored to your particular needs or interests, and to answer any or all of your questions in this area. Current evidence on any aspect can be reviewed.

For further information contact:

Dr Kay Strom, Senior Medical Officer
Alfred St Clinic, Brisbane
Email: kstrom@fpq.com.au or

Diana Earl
Phone: (07) 3250 0249.

SUNSHINE COAST – QLD

FT/PT VR Doctor required for a busy four doctor privately owned surgery, fully computerised and recently accredited. We are a long established practice with a large treatment room and full RN support. Flexible hours and close to the beach.

Contact the Practice Manager on:

Phone: (07) 5491 9044 or

Email: currimundi@cmcnet.com.au.



DR JULIE JOYNER, Endocrinologist and General Physician, has commenced consulting at the Carindale Specialist Centre.

Dr Joyner is a University of Queensland graduate with 15 years consultant experience in endocrinology and internal (general) medicine.

Dr Joyner's medical interests are broad, encompassing diabetes mellitus and all general endocrinology, including, but not limited to, thyroid and calcium disorders, and osteoporosis.

Enquiries regarding referrals and appointments can be directed to:

The Carindale Specialist Centre
Carindale Shopping Centre, 1151 Creek Rd
Carindale QLD 4152

Phone: (07) 3398 9833

Fax: (07) 3843 6366

Email: jmjoyner@optusnet.com.au.

DR MICHELE CALVIRD, Consultant, Psychiatrist, advises that she is expanding her practice hours to Monday, Wednesday, Thursday and Friday 9.00am – 5.00pm. This will be effective from 11 July 2011.

Dr Calvird has interest in general adult psychiatry with special interest in womens' health, in particular perinatal care.

All referrals and appointments:

Suite 23, 7th Floor, Mater
Medical Centre, 293 Vulture St
South Brisbane QLD 4101

Phone: (07) 3217 2211

Fax: (07) 3846 1743.

Infectious Diseases Report

GEOGRAPHIC DISTRIBUTION - APRIL 2011

| ORGANISM | Regions (as per key below) | | | | | | | | | | | | | | | TOTAL | | | |
|---|----------------------------|------------|------------|-----------|-----------|----------|------------|----------|------------|-----------|------------|------------|-----------|------------|-----------|-------------|-------------|-------------|-------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | APR | MAR | FEB | JAN |
| Adenovirus (not typed) | 3 | 4 | 3 | 1 | | | 7 | | 3 | 2 | 6 | 4 | | 6 | | 39 | 43 | 37 | 41 |
| Adenovirus (typing pending) | | 2 | | | | | | | 2 | 2 | 1 | 2 | | | | 9 | 13 | 10 | 6 |
| Barmah Forest virus | 3 | 1 | | 3 | | | 2 | | | 5 | 1 | 4 | | 2 | | 21 | 27 | 21 | 43 |
| Bordetella pertussis | 4 | 34 | 11 | 5 | | | 27 | | 43 | 7 | 38 | 20 | 5 | 4 | 6 | 204 | 274 | 266 | 303 |
| Brucella species | 2 | 1 | 2 | | | | | | | | | | 1 | | | 6 | 9 | 18 | 5 |
| Campylobacter jejuni | | | | | | | | | | | | | | | | 0 | 0 | 1 | 0 |
| Chlamydia pneumoniae | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 |
| Chlamydia trachomatis, not typed | 54 | 110 | 33 | 20 | 6 | | 75 | | 46 | 30 | 139 | 36 | 23 | 41 | 12 | 625 | 811 | 737 | 621 |
| Coxiella burnetii | | | | | | | | | | 2 | | | 2 | 2 | | 10 | 12 | 6 | 9 |
| Cryptococcus species | | | | | | | | | | | | 1 | | | | 1 | 4 | 2 | 3 |
| Cytomegalovirus (CMV) | 2 | 3 | 2 | 1 | | | 10 | | 4 | 1 | 9 | 4 | | 2 | 3 | 41 | 85 | 60 | 55 |
| Entamoeba histolytica | | | | | | | | | | | | | | | | 0 | 2 | 0 | 0 |
| Enterovirus - not typed | | | | | | | | | | | | | | | | 1 | 0 | 0 | 0 |
| Epstein-Barr virus (EBV) | 7 | 14 | 4 | 4 | | | 15 | | 7 | 1 | 22 | 9 | 3 | 7 | 3 | 96 | 181 | 137 | 129 |
| Flavivirus unclassified | | 2 | 1 | | | | | | | | 1 | 1 | | | 2 | 7 | 9 | 15 | 16 |
| Hepatitis A virus | | | | | | | | | | | | | | | | 0 | 0 | 3 | 1 |
| Hepatitis B virus | 5 | 6 | 5 | | 1 | | 8 | | 3 | 1 | 33 | | | 2 | | 64 | 102 | 78 | 65 |
| Hepatitis C virus | 13 | 47 | 15 | 5 | | | 33 | | 28 | 6 | 62 | 25 | 10 | 6 | 10 | 260 | 333 | 308 | 210 |
| Hepatitis D virus | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 |
| Hepatitis E virus | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 |
| Herpes simplex Type 1 | 12 | 35 | 18 | 8 | | | 40 | | 29 | 4 | 42 | 20 | 5 | 8 | 5 | 226 | 294 | 247 | 304 |
| Herpes simplex Type 2 | 14 | 31 | 7 | 2 | | | 17 | | 13 | 1 | 38 | 19 | 4 | 5 | 5 | 156 | 191 | 174 | 148 |
| Herpes simplex virus - not typed | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 |
| HIV-1 | | 2 | | | | | 7 | | 1 | | 3 | | | | | 13 | 12 | 8 | 3 |
| HTLV-1 | | | | | | | | | | | | | | | | 0 | 1 | 0 | 0 |
| Influenza A virus | | 3 | 6 | | | | 13 | | 5 | 2 | 13 | 10 | 5 | 9 | 1 | 67 | 111 | 41 | 48 |
| Influenza B virus | | | | 3 | | | | | 1 | 1 | 1 | 1 | | 1 | | 8 | 8 | 15 | 8 |
| Legionella pneumophila (all serogroups) | | | | | | | | | | | 1 | | | | | 1 | 4 | 3 | 5 |
| Legionella species | | | 1 | | | | 1 | | | | 2 | | | | 2 | 6 | 4 | 6 | 5 |
| Leptospira species | 2 | | 1 | | | | | | | | | 3 | 1 | 1 | | 8 | 13 | 17 | 8 |
| Measles virus | | 1 | | | | | | | | | 1 | | | | | 2 | 0 | 0 | 0 |
| Mumps virus | | | | | | | | | | | | | | | | 0 | 1 | 0 | 1 |
| Mycoplasma pneumoniae | | 2 | 1 | 1 | | | 6 | | 4 | 1 | 3 | 4 | 1 | 2 | 1 | 26 | 28 | 42 | 31 |
| Neisseria gonorrhoeae | 10 | 4 | 3 | | | | 9 | | | 1 | 9 | 2 | 2 | 2 | | 42 | 54 | 44 | 35 |
| Parainfluenza virus Type 1 | | | 1 | | 1 | 2 | | | | | 2 | | | | | 6 | 1 | 0 | 0 |
| Parainfluenza virus Type 2 | | | 1 | | | 1 | | | | | 1 | | | | | 3 | 4 | 1 | 2 |
| Parainfluenza virus Type 3 | 1 | | | | | 1 | | 1 | | 5 | 2 | 1 | | | | 11 | 3 | 6 | 11 |
| Parvovirus | | | 1 | | | 7 | | 1 | | | | | | | | 9 | 7 | 11 | 13 |
| Pneumocystis carinii | | | | | | | | | | | | | | | | 0 | 0 | 2 | 2 |
| Respiratory Syncytial virus | | 13 | 15 | 1 | | | 23 | | 20 | 5 | 19 | 4 | 4 | 8 | | 112 | 145 | 51 | 31 |
| Rickettsia - Spotted Fever Group | 4 | 1 | | 1 | | | 2 | | | | | 2 | | | | 10 | 16 | 5 | 5 |
| Ross River virus | 4 | 8 | 5 | 1 | | | 9 | | 8 | 7 | 11 | 5 | 1 | 2 | 2 | 63 | 54 | 55 | 50 |
| Rubella virus | | | | | | | 2 | | | | | | | | | 2 | 0 | 0 | 0 |
| Salmonella paratyphi A | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 |
| Salmonella paratyphi B | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 |
| Salmonella typhi | | | | | | | | | | | | | | | | 0 | 1 | 1 | 0 |
| Shigella dysenteriae | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 |
| Shigella flexneri | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 |
| Streptococcus Group A | 6 | 5 | 4 | | | | 4 | | 2 | 6 | 12 | 2 | 1 | 4 | | 46 | 78 | 47 | 74 |
| Toxoplasma gondii | 1 | 1 | | | | | | | | | | | | | | 2 | 0 | 1 | 1 |
| Treponema pallidum | 16 | 2 | 1 | 1 | 2 | | 27 | | 5 | 6 | 22 | 3 | 1 | 14 | 1 | 101 | 116 | 86 | 112 |
| Trichomonas vaginalis | 11 | | | | | | | 1 | | | 2 | | 1 | 3 | | 18 | 21 | 11 | 18 |
| Varicella Zoster virus | 5 | 26 | 8 | 7 | 1 | | 31 | | 26 | 3 | 36 | 22 | 4 | 3 | 4 | 176 | 207 | 206 | 185 |
| Yersinia enterocolitica | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 |
| TOTAL | 180 | 358 | 152 | 65 | 10 | 1 | 379 | 1 | 252 | 94 | 535 | 205 | 75 | 104 | 57 | 2498 | 3279 | 2779 | 2605 |

REGIONS:

1 Cairns
2 Gold Coast/Northern Rivers
3 Ipswich

4 Mackay
5 Mount Isa
6 New England
7 North Brisbane Suburbs

8 Northern Territory
9 Redcliffe
10 Rockhampton
11 South Brisbane Suburbs

12 Sunshine Coast
13 Toowoomba
14 Townsville
15 Wide Bay/Burnett

MARCH 2010 AND FURTHER HISTORICAL CLINICAL DATA CAN BE OBTAINED BY CONTACTING YOUR LOCAL MEDICAL LIAISON OFFICER.

