



syzygy

August 2017

We welcome Dr Jill Magee — *Dr Michael Harrison, CEO - Sullivan Nicolaides Pathology*

It's my great pleasure to introduce Dr Jill Magee to you.

Jill joined the practice in November last year and is making a great contribution to patient care at SNP as a very experienced Dermatopathologist with a particular interest in the investigation of inflammatory skin diseases, the pathology of hair loss and pigmented lesions.

Hailing from the US where she did her initial medical and pathology training, Jill moved to Australia in 1996 to take up a position in Melbourne. Moving to Brisbane last year seemed inevitable as her husband Terry is a 'Brisbane boy' and this was an opportunity to work with the legendary David Weedon at the prestigious SNP Skin Pathology laboratory.

Apart from her knowledge and experience, Jill brings special skills honed through many years of working closely with dermatologists and skin cancer specialists. With more than 20 years of this experience in clinical medicine Jill has deep insight into the correlation between the patient's clinical presentation and the underlying pathology. I encourage you to read Jill's biography below, to learn more about her depth of experience.

Dr Jill Magee graduated with honours in Medicine from Cornell University Medical College in 1987, completed a residency in internal medicine and worked as a general practitioner for two years before going into pathology. She undertook her pathology training at the University of California, San Francisco, with specialist training in dermatopathology under the directorship of Dr Philip Leboit and Dr Timothy McCalmont. She was awarded a Dermatopathology Fellowship at the University of Colorado Denver, which involved concurrent training pathways in dermatology and pathology. It was at this time that she developed a special interest in alopecia which has remained an important area of her practice.

Dr Magee moved to Australia in 1996 and became highly respected for her work in the investigation of inflammatory dermatoses, alopecia and melanocytic neoplasia. She has participated in numerous research projects concerning alopecia, co-authoring many publications in this area. She is widely published with more than 20 journal contributions to her name. She has given several national lectures as well as numerous local lectures. She has fellowships and memberships of the Royal College of Pathologists of Australasia, the Australasian Society of Dermatopathology and the International Society of Dermatopathology.



Dr Jill Magee
BA (Hons), MA (Hons), MD (Hons), FRCPA

Special interests: Inflammatory dermatoses, alopecia, melanocytic neoplasia

Carrier Screening for SMA — *Dr Kym Mina, Director of Genetics - Douglass Hanly Moir Pathology*



Spinal muscular atrophy (SMA) is an autosomal recessive disorder characterised by degeneration and loss of the anterior horn cells in the spinal cord that results in symmetrical muscle weakness and atrophy. It has an estimated incidence of 1 in 10,000 live births and is the most common genetic cause of mortality in children under the age of two.

The clinical severity of SMA occurs on a spectrum, and as such this disorder

is further subdivided into types according to age of onset, motor milestone achievement and life expectancy. The clinical course is further complicated by respiratory, nutritional and orthopaedic comorbidities. SMA is not curable and management is supportive.

Importantly, approximately one person in forty is a carrier of an SMN1 gene mutation that can cause SMA. Carriers are asymptomatic and often have no family history of SMA, and so it is common for individuals to be unaware of their personal carrier status.

Joint HGSA/RANZCOG guidelines recommend that pre-pregnancy carrier screening for common genetic conditions, including SMA, be offered to all women.

Sonic Genetics, through Douglass Hanly Moir Pathology, now offers a test that can identify the great majority of SMA carriers by detecting deletions of the SMN1 gene. The test can be requested by any medical practitioner, and as is the case with all genetic tests, the importance of providing relevant family history cannot be overstated. It should also be remembered that any test which detects heritable mutations has important implications for other family members. Therefore testing should not be performed without consideration of the need for appropriate genetic counselling.

References

Prior TW, Finanger E, Spinal Muscular Atrophy, GeneReviews®, www.ncbi.nlm.nih.gov/books/NBK1352 (Accessed June 2017)

Prenatal screening and diagnosis of chromosomal and genetic conditions in the fetus in pregnancy (C-Obs59), RANZCOG College Statements and Guidelines, www.ranzcoog.edu.au/Statements-Guidelines (Keywords Prenatal screening)(Accessed June 2017)



New STI collection kit – endocervical sampling – Chlamydia and *N. gonorrhoeae* PCR + *Trichomonas vaginalis*

We are changing to a new collection kit to be used for women being tested for Chlamydia, *N. gonorrhoeae* + *Trichomonas vaginalis* (PCR) and for males where a urethral swab is being collected for PCR.

The new kit contains two swabs: one larger, to remove cervical mucus; and one smaller flocked swab, to collect a sample from the endocervical canal. The smaller swab is also used for urethral collection in males (for PCR). A PCR media tube is also provided. If culture is required (and is recommended) a blue top Amies swab is also required.

The change has been made to improve sampling.

Order on your next stores order (Item 46047)



Cervical screening program changes — update

As we approach the launch of the new cervical screening program on December 1 2017 it is important that women due for cervical screening continue to be tested using a cytology-based Pap test.

As more of our doctors order ThinPrep® as they prepare for the scheduled introduction of CST testing, a number of points have emerged that require clarification.

Lubricants

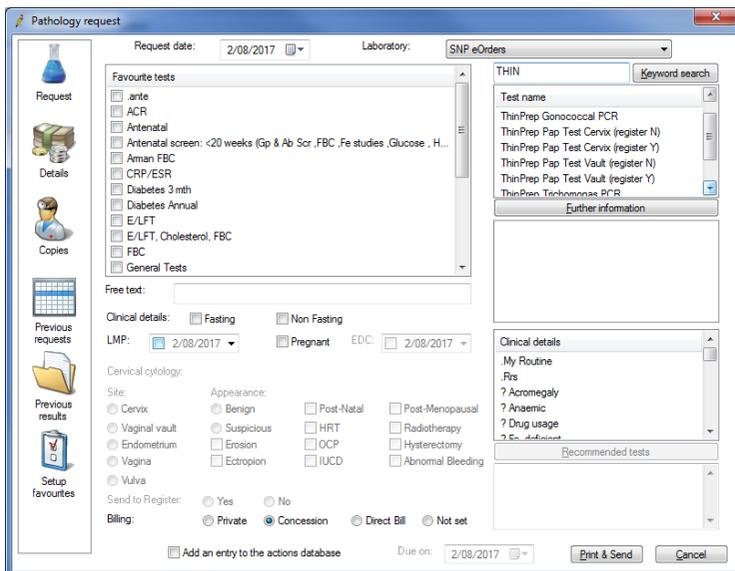
Lubricants can interfere with the ThinPrep® Pap and HPV tests.

If lubrication of the speculum is required, a little warm water should be used. If the use of lubricant is necessary, a small amount of water-soluble lubricant that is carbomer or carbopol-polymer free should be applied sparingly to the outer portion of the speculum. This must be done with great care to avoid the tip as it may interfere with the ThinPrep® test process. Please check the lubricant's ingredient list before use.

Requesting a pap smear

Please state ThinPrep®/pap smear when ordering the test. (If only ThinPrep® is written on the request form it will not meet Medicare criteria for requesting a pap smear.)

SNP eOrdering via your practice management system



When ordering via SNP eOrdering on your practice management system it is important you use the items in the drop down box. (If you type the test as free text the test code will not be sent to our Laboratory Information System.)

Support Information

For details of the available Medicare rebates, collection advice and a comprehensive list of links to relevant sources, please visit the Cervical Screening Renewal page – accessed from the home page or through the Doctors Services section – on our website snp.com.au

