

**ANNUAL NEWSLETTER
QUEEN'S PATHOLOGY ALUMNI (QPA)**

DECEMBER 2006

**Department of Pathology and Molecular Medicine
Queen's University
Kingston, Ontario**

**Editors:
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EDITORIAL

Dear Queen's Pathology Alumni (QPA),

It has been exactly one year since we last communicated with everyone. We had intended to contact all of you in August but a near tragedy in Bob Kisilevsky's family at the beginning of August precluded his involvement until the end of October, after which other duties claimed priority until the end of November.

David Dexter has graciously agreed to participate as co-editor of the QPA Annual Newsletter and has also prepared a contribution entitled "Passing the Baton" which we hope you will enjoy.

It is with great sadness that we inform you of the death of Dr. Juan Lechago. Dr. Lechago emigrated from Argentina, to Canada, in the mid 1960's and completed his PhD with Dr. Sergio Bencosme and his Pathology Residency in the late 1960's and early 1970's, respectively. Dr. Lechago was internationally known for his expertise in gastro-intestinal pathology, publishing approximately 100 peer-reviewed papers, and many book chapters in his chosen area during his career. Juan had been suffering from ALS that progressed rapidly over a period of 2 years, and he died September 29, 2006, in Los Angeles, California. An obituary contributed by Dr. Mahul Amin, Chairman, Department of Pathology and Laboratory Medicine, Cedars-Sinai Medical Center, Los Angeles, California is appended.

The on-going activities in the Department of Pathology and Molecular Medicine over the last year are high-lighted on the departmental web-site and can be accessed at www.path.queensu.ca/ and click on news and under the annual reports at www.path.queensu.ca/ and click on alumni. The latter contains the reports covering the years 1999 – 2005, inclusive. Hard copies of the 2006 Annual Newsletter and the departmental 2005 Annual Report will be mailed to those alumni for whom we do not have e-mail addresses. If you do not receive a copy of the 2005 Annual Report with your Newsletter then you will have already received a copy mailed out earlier in 2006.

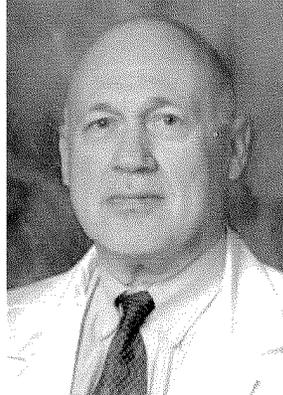
We also take this opportunity to encourage much greater participation of alumni than we have experienced over the last 18 months. In mid-July 2005 125 mailings were made to alumni either by hard copy or e-mail. During the succeeding 18 months but 17 responses were received equally split between e-mail and regular mail. Such a low response rate is not adequate to provide us with information about what you found interesting in the previous Annual Newsletter, nor does it provide information, or images, which you may wish to share with other alumni. We encourage you to take a more active role in providing information that we can disseminate in the Annual Newsletter.

David and I wish you the best of the season and a Happy 2007.

Bob Kisilevsky, and
David Dexter

Juan Lechago, M.D., Ph.D.

1942-2006



Our friend, colleague and teacher, Juan Lechago, died on Friday, September 29, 2006.

Juan was an internationally renowned pathologist who educated and inspired pathologists and other physicians for more than thirty years. He was widely respected for his expertise in gastrointestinal pathology and was acknowledged as one of the world's authorities on neuroendocrine tumors.

Juan was born in Barcelona, Spain. He received his undergraduate and medical degrees in Cordoba, Argentina and his M. Sc. (Pathology) and Ph.D. from Queen's University, in Ontario, Canada. He completed his residency in Pathology at Kingston General Hospital and Hotel Dieu Hospital in Kingston and then joined the faculty at Harbor-UCLA Medical Center in 1973 where he remained for 14 years, rising to the rank of Professor at the UCLA School of Medicine. He moved to University of Texas Southwestern Medical School, Dallas, in 1987 to be Professor and Vice-Chairman of the Department of Pathology and Chief of the Laboratory Service at the Veterans Affairs Medical Center, as well as Director of the Morphology Core of the Center for Diabetes Research. In 1990 he moved to Baylor College of Medicine in Houston as Professor of Pathology and Professor of Medicine (Gastroenterology) and Director of the Surgical Pathology Service at the Methodist Hospital.

In 2002 we recruited him to be head of the gastrointestinal pathology and endocrine services in the Department of Pathology and Laboratory Medicine at Cedars-Sinai Medical Center where he earned the greatest respect, admiration and affection from his colleagues, residents and fellows and support staff in Pathology as well as from clinicians.

Dr. Lechago had more than a hundred articles in peer-reviewed journals and 25 book chapters. He edited or co-edited four books, including *Cellular Basis of Chemical Messengers in the Digestive System*, *Endocrine Pathology Update*, and *Bloodworth's Endocrine Pathology*. His newest book, *Intraoperative Pathology* is to be published. He was a gifted, highly articulate and entertaining speaker and was an invited lecturer at medical centers and at scientific symposia throughout the world.

His many friends will particularly remember him for his great warmth, the extraordinary depth of his medical knowledge, his support of colleagues and students, and his unswerving devotion to, and love for, the practice of Pathology. He delighted in studying cases, rendering diagnoses and teaching. He was highly cultured and loved music, art, travel, good food and wine and was as informed in these areas as in medicine. He delighted in sharing his knowledge and experiences and was the most genial professional associate and social companion. Juan was without guile or artifice and, despite his extraordinary abilities and accomplishments, was modest and unassuming.

His greatest love was for his family. He revered and admired his mother, recounting that much of his abilities and accomplishments came from her guidance and teaching. He found great love with his first wife, Lea with whom he had three children, and after her death with his current wife, Zunilda, who became his mate, his companion, his comfort and his inspiration. He had the greatest pleasure in talking about his children, who he greatly and unconditionally loved. He was proud of the accomplishments of John and James and Sarah, but mostly found joy in their personal qualities. He was especially proud to have contributed to the development of three such fine human beings.

The passing away of this legendary pathologist leaves an immeasurable void in our discipline. He will be greatly missed by all who knew him.

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PASSING THE BATON

As a new crop, and quite a large one at that, of pathology residents near the completion of their training, one wonders how well we have prepared them for the world outside. The Royal College has set requirements and expectations that have changed over time, though not always in “sync” with expected or deliverable abilities of laboratories away from the prime academic centres.

In the seventies, residents learned many unique and, in some cases, unusual skills. There were no Pathology Assistants and the “cutting in” was done by both pathology residents and by residents in other programmes rotating through our department. It was a time when a little pathology training for surgeons, gynaecologists, and their ilk was thought of value. Certainly, the residents became pretty slick at “grossing” and at the selection of diagnostic tissue. I am less convinced that our more recent graduates have quite the same foundation and confidence.

Skills in dark room photography linked with electron microscope use is a dying art, but was a “big” thing back then when the department had at least four electron microscopes at Kingston General Hospital plus one at the Hotel Dieu Hospital as well.

Conferences in the wood panelled library on Richardson 5 were different. Residents presenting their cases had to enlist a helper for articles, and references were in journals and in bound volumes, all of which had to be sequenced and bookmarked to be projected through a Rube Goldberg apparatus onto the screen. Residents were quickly sorted into those with accurate concepts of three dimensions (i.e. which side was up!) and those with little or no such grasp.

Quiz slides were a tradition. Four cases selected by the staff and circulated to all the week before, were vigorously debated and no one was immune from interrogation. This meant that the cases were seen by all! It was, however, the means of slide projection that gave the whole affair entertainment value.

The projection microscope has disappeared – at least I have not seen it in years. It was grey and somewhat torpedo-shaped with a lens turret towards the front. A clouded grey inspection window was mounted on the side. Boxes of carbon sticks slightly thinner than pencils were stored on the shelves underneath. The light source was by carbon arc and the light was generated by apposition of the carbon sticks, which were mounted on chain drives aligned at right angles. To start the beast required passing large quantities of electric current through the electrodes. This was accompanied by loud cracks and sparking, all of which was quite entertaining and generally served to keep the audience awake. Fine-tuning of the tip placement required a delicate touch from the resident to avoid the tips meeting, fusing, and the light fading.

The projected image was quite good if not a bit on the dim side. A benefit of the library location was that it lacked windows, but with a disadvantage that the semi-dim lighting during the case presentation encouraged snoozing, if not the occasional snore – notable from the odd senior staff man (unnamed of course). You had to keep awake for the slide image was transient,

and the light and heat intensity of projection faded the slide before one's eyes. One did learn, as a by-product, that bleached slides can be re-stained.

The library was also the location for morning coffee. Dr. Kipkie would hold court at one end of the table and many staff, researchers, and residents would attend. The conversation would range widely for there was much to learn from one's elders. Philosophy, opinion on things political, religious, or administrative were grist to the mill. Wild and fanciful ideas and concepts abounded from cancer causation to idealistic sewage systems for the Kingston region. The pathologists of the time seemed of great character and eminence. Even their cars were a little exotic, if not eccentric, as evidenced by an Alfa Romeo 1750, a Porsche 914 (the Volkswagen one!) and a Checker Cab!

No more do we do things this way! Rounds are by Power Point. References from the rabid proliferation of journals are by PubMed or Ovid and are on-line as ".pdf's. Everything can be "Googled" and images snatched from the worldwide web. Gone are the photographic skills forced by the use of Kodachrome film – everything is digital. Queen's University has recently upgraded the Richardson Amphitheatre and we are now sharing our Grand Rounds through video links to Brockville, Belleville, and Peterborough. We are getting used to seeing ourselves projected on screens from various angles and, hopefully, this will encourage stronger links and interaction with our colleagues in the region.

I think we have lost some of the valued activities from the past. We have no communal gathering for heated debate of the days happening. We are too busy! Productivity is the rule and somehow the time one had to wax lyrical and professorial in case discussions in the best of university traditions and to debate approaches to tumour diagnosis, seems rather scant if not gone entirely. The library sits in darkness, its tomes and texts gather dust. There is no rush for the current journal of Cancer, Blood, or the American Journal of Surgical Pathology – we do not subscribe to them anymore – they are all on line!

What can we pass on to those that follow? A love of morphology and a challenge of differential diagnosis certainly. But as Juan Rosai said in a philosophical moment at a recent meeting in New York, "that we are losing some of the sharpness of morphologic diagnosis" to the thundering pantechinons of molecular pathologic techniques. Our reliance on flow cytometry, cytogenetics, FISH, microarray analysis, and DNA analysis is becoming addictive.

The new generation will be much more comfortable with the alphabet soup of modern pathology. Their lingua franca will be of bcr-2, myogenin D, and CD103 and they will be the leaders there. (For the elderly pathologist "CD" is not a music disc, nor does the number refer to one of Haydn's symphonies).

It is with regret we must put aside those skills and fonts of peculiar knowledge so necessary for survival and success back then. These new chaps do not need them. Modern technology has galloped on. It is a new and ever changing world - still challenging, still exciting, and still so full of opportunity.

So what is in our time capsule, our baton so to speak, for those that follow? We can offer our enthusiasm for solving the diagnostic challenge, the thrills of past chases, and the excitement of discovery. But I think we have done pretty well. We can stand tall on our record of stellar research, excellence in teaching, and high calibre diagnostics. By golly, we have set a pretty high standard, but it will be the new generation's game, and ten years from now the laboratories will have evolved and there will be yet another new chapter in pathology. I think the baton will be in good hands!

David Dexter