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.

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.

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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.

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 scabs. 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.
### WHO-EORTC CONSENSUS CLASSIFICATION OF PRIMARY CUTANEOUS LYMPHOMAS

<table>
<thead>
<tr>
<th>Category</th>
<th>Subcategory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cutaneous T-cell and NK-cell lymphomas</td>
<td>Mycosis fungoides</td>
</tr>
<tr>
<td></td>
<td>Mycosis fungoides variants and subtypes</td>
</tr>
<tr>
<td></td>
<td>Sezary syndrome</td>
</tr>
<tr>
<td>Adult T-cell leukemia/lymphoma</td>
<td>Primary cutaneous anaplastic large cell lymphoma</td>
</tr>
<tr>
<td></td>
<td>Lymphomatoid papulosis</td>
</tr>
<tr>
<td>Primary cutaneous CD30+ lymphoproliferative disorders</td>
<td>Primary cutaneous anaplastic large cell lymphoma</td>
</tr>
<tr>
<td></td>
<td>Lymphomatoid papulosis</td>
</tr>
<tr>
<td>Subcutaneous panniculitis-like T-cell lymphoma</td>
<td></td>
</tr>
<tr>
<td>Extramedical NK/T-cell lymphoma, nasal type</td>
<td></td>
</tr>
<tr>
<td>Primary cutaneous peripheral T-cell lymphoma, unspecified</td>
<td>Primary cutaneous aggressive epidermotropic CD8+ T-cell lymphoma (provisional)</td>
</tr>
<tr>
<td></td>
<td>Cutaneous γ/δ T-cell lymphoma (provisional)</td>
</tr>
<tr>
<td></td>
<td>Primary cutaneous CD4+ small/medium-sized pleomorphic T-cell lymphoma (provisional)</td>
</tr>
<tr>
<td>Cutaneous B-cell lymphomas</td>
<td>Marginal zone B-cell lymphoma</td>
</tr>
<tr>
<td></td>
<td>Follicle center lymphoma</td>
</tr>
<tr>
<td></td>
<td>Diffuse large B-cell lymphoma, leg type</td>
</tr>
<tr>
<td></td>
<td>Diffuse large B-cell lymphoma, other</td>
</tr>
<tr>
<td></td>
<td>- Anaplastic large B-cell lymphoma</td>
</tr>
<tr>
<td></td>
<td>- Plasmablastic large B-cell lymphoma</td>
</tr>
<tr>
<td></td>
<td>- T-cell/Histiocyte rich large B-cell lymphoma</td>
</tr>
<tr>
<td></td>
<td>- Intravascular large B-cell lymphoma</td>
</tr>
<tr>
<td>Blastic Plasmacytoid dendritic cell neoplasm</td>
<td></td>
</tr>
<tr>
<td>(formerly CD4+/CD56+ hematodermic neoplasm or blastic NK cell lymphoma)</td>
<td></td>
</tr>
</tbody>
</table>

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**Dr Debra Norris FRCPA**  
**Medical Director and Pathologist in Charge: Histology**

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

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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.
**QML Pathology’s Diabetes Care Clinic**

**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**

<table>
<thead>
<tr>
<th>Name</th>
<th>Item No.</th>
<th>Medicare Fee (100%) Nov 2010*</th>
<th>Minimum Claiming Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation of a General Practice Management Plan (GPMP)</td>
<td>721</td>
<td>$136.05</td>
<td>12 months</td>
</tr>
<tr>
<td>Preparation of team care arrangements (TCAs)</td>
<td>723</td>
<td>$107.80</td>
<td>12 months</td>
</tr>
<tr>
<td>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</td>
<td>729</td>
<td>$66.35</td>
<td>3 months</td>
</tr>
<tr>
<td>Contribution to a multidisciplinary care plan, or to a review of a multidisciplinary care plan, for a resident in an aged care facility</td>
<td>731</td>
<td>$66.35</td>
<td>3 months</td>
</tr>
<tr>
<td>Review of a GPMP or coordination of a review of TCAs</td>
<td>732</td>
<td>$68.00</td>
<td>3 months</td>
</tr>
</tbody>
</table>

*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.
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.
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.

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 patients.

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.

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

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>TIMED URINE SAMPLE</th>
<th>FIRST MORNING SAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albumin (µg / min)</td>
<td>Albumin / Creatinine Ratio</td>
<td></td>
</tr>
<tr>
<td>FEMALE</td>
<td>MALE</td>
<td></td>
</tr>
<tr>
<td>Normal</td>
<td>&lt; 20</td>
<td>0 - 3.5</td>
</tr>
<tr>
<td>Microalbumin</td>
<td>20 - 200</td>
<td>3.6 - 30</td>
</tr>
<tr>
<td>Macroalbumin</td>
<td>&gt; 200</td>
<td>&gt; 30</td>
</tr>
</tbody>
</table>

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 diabetes. 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.

<table>
<thead>
<tr>
<th>ADULT TYPE 2 DIABETES</th>
<th>ADULT TYPE 1 DIABETES</th>
</tr>
</thead>
<tbody>
<tr>
<td>HbA1c</td>
<td>Albuminuria</td>
</tr>
<tr>
<td>• 3 - 6 months if insulin treated</td>
<td>At diagnosis, then 12 monthly if normal</td>
</tr>
<tr>
<td>• 6 - 12 months if no insulin</td>
<td>• 3 - 6 monthly if proteinuria</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 2: Best Practice Guidelines for Diabetes Management

REFERENCES:
2. Appleton, C. Diabetic tissue damage. QML Pathology Diabetes Pack, 2007
**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.

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**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.

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**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.

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


Pathology results always available, in real-time, anywhere.
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: 8.00am – 12.00pm
1.30pm – 4.00pm

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

MINTREE ......................... (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

REDELD 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

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

RELOCATED COLLECTION CENTRES

MT TAMBARINE .................. (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

WOORIM ........................ (07) 3410 1243
Shop 3, 8 North St
Opening Hours:
Mon – Fri: 7.00am – 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 children’s 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.

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.

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.
### Infectious Diseases Report

#### Geographic Distribution - April 2011

<table>
<thead>
<tr>
<th>Organism</th>
<th>Regions (as per key below)</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ARDS</strong></td>
<td><strong>1</strong> Cairns</td>
<td><strong>39</strong></td>
</tr>
<tr>
<td><strong>ARDS</strong></td>
<td><strong>2</strong> Gold Coast/Northern Rivers</td>
<td><strong>43</strong></td>
</tr>
<tr>
<td><strong>ARDS</strong></td>
<td><strong>3</strong> Ipswich</td>
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<td><strong>4</strong> Mackay</td>
<td><strong>10</strong></td>
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<tr>
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<td><strong>5</strong> Mount Isa</td>
<td><strong>13</strong></td>
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<td><strong>6</strong> New England</td>
<td><strong>10</strong></td>
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<td><strong>ARDS</strong></td>
<td><strong>7</strong> North Brisbane Suburbs</td>
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<td><strong>252</strong></td>
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<td><strong>ARDS</strong></td>
<td><strong>14</strong> Townsville</td>
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**TOTAL**

|                | 180 | 358 | 152 | 65 |

**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

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