

2000 Dr. Olufemi Dada, Nigeria

5REPORT ON THE 2001 SPONSORSHIP BY
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By DR M.O. DADA MB.BS. FMCPath.
(RECIPIENT OF THE AWARD)

I start by giving thanks to Almighty God, World Association of Societies of Pathology and Laboratory Medicine and the elected officers of this August body for this wonderful opportunity to learn immunophenotyping at Kings College Hospital, London under Prof. Ghulam Mufti.

I arrived at London Heathrow airport on the 7th December 2002 at 7a.m and immediately proceeded to the bedsit arranged for me by my sister in Lewisham area of London.

On the 9th of December 2002 after a good rest on Saturday and Sunday, I left for Kings College at Camberwell. Luckily for me there was a straight bus from Lewisham to Camberwell which I made use of all through my stay in the United Kingdom.

I was well received by the personal assistant to the Professor, Ms Paula Coombs who after ascertaining who I was ushered me into the professor's office. The Professor, now a British citizen born in Kashmir region of India was very warm and pleasant. He quickly briefed me on the activities of the department and routine of every Medical and non-Medical staff of the Department. He then introduced me to Drs Stephen Deveraux and Tony Pagliuca, both consultants in Haemato-Oncology.

The Professor advised that since I will be spending six weeks it was better I start with clinical attachment i.e attending clinics, ward rounds, teaching rounds and routine lab work for the first 3-4 weeks after which I will end up in the immunophenotyping laboratory. It was explained to me that to carry out the procedure was very easy but the problem was to master the interpretation which I was made to understand will depend on the number of specimens I am able to analyze and that the scientist in that Laboratory, Mr Fishlock had

Immediately after the X-ray meeting was the clinical meeting of the Dept where all the patients were reviewed and every staff ranging from the counselor to bone marrow coordinator, nurses were in attendance. Also consultants from virology, microbiology and any other necessary dept were invited. The problems encountered on each patient are usually highlighted and solutions proffered. After the meeting the consultant ward round follows and similar to the pattern of Monday's consultant ward round.

Finally day 5 starts with the trephine meeting and here the histopathologists and the haematologists review the slides from the week cases. There is also some teaching and brainstorming by consultants on both sides.

All I have discussed above repeated itself throughout the first 4 weeks I was in the hospital.

On the 2nd of January 2003 I reported for work as usual and Dr Deveraux, the consultant who oversees the immunophenotyping laboratory took me to the lab and introduced me to the two-biomedical scientists in charge, Mr Keith Fishlock and Miss Anne Both were very warm and nice and promised to do their best for me. Immediately afterwards Mr Fishlock gave me a 2 hr lecture on the procedures/mechanisms and interpretation of immunophenotyping using flow cytometry.

On the average, there are about 3-4 samples received daily both from Kings College and other hospitals especially in the Southeast of England.

We started with basic principles behind the technology of flow cytometry, which is basically laser technology analyzing particles by size and granules. Also the methodology of preparing the samples before analysis was explained and the different antibodies shown to me. He also explained how panel to be prepared follows the suspected diagnosis from morphology of the sample. Also colour analysis on the computer was explained.

I stayed in this Lab daily till 17th January 2003 going through the routine, observing the analysis of the sample from beginning to the end. Also everyday the consultant comes in around 3pm to confirm the diagnosis and sign out the report and also offer his opinion on the occasional difficult cases.

It was clear to me during my stay that immunophenotyping solved more than 98% of the difficult slides.

been doing it now for more than 14 years and yet occasionally runs into difficulties.

That morning the Lymphoma clinic was to hold and professor Mufti advised I join the consultant Dr Deveraux. He saw about 8 patients mainly follow-ups and discussed each case with me. The consultant was always pleased to answer my questions. Shortly after the clinic I joined the professor with his specialist registrars and senior house officers for a ward round which started at 1 pm. The cases on the ward range from white cell disorders and malignancies as well lymphoid disorders/malignancies as well as pre transplant and post transplant patients.

The next day Paula Coombs gave me a copy of the time-table/schedule of the department known as Haematological medicine. The professor advised that since I was here mainly to learn immunophenotyping I should concentrate on haemato-oncology. Later on I joined the specialist registrars to see how they run the clinic and also spent sometime in the daycare (haematology) center.

After lunch there was a slide review session with Dr Deveraux and the registrars. "Difficult slides" were brought and each of us was asked to review with multiple eye-piece microscope. It was here I was stunned at how "easy-looking" and "wrong" a perception of an easy slide can be.

After we had expressed our opinion, Dr Deveraux will then bring out the immunophenotype report of the slide to confirm the diagnosis. At this point I imagined back home in Nigeria the many wrong diagnoses my colleagues and I may have made as a result of this lack of facility i.e immunophenotyping

Day 3, Wednesday 11th December 2002 was Prof. Mufti's clinic. As expected it was a very busy day which started at 9.30 a.m after the journal club meeting from 8.a.m to 9a.m.

Cases seen at the clinic included B-CLL, Lymphomas, myelofibrosis, MDS, CML, Eosinophil granuloma, AML-M2,M7, CMML,GVHD e.t.c. It was obvious that cytogenetics and immunophenotyping had significantly helped to confirm these diagnoses.

On Thursday 10th December 2002 the day started with X-ray meeting. Chest x-ray, MRI and CT scan films were reviewed and opinions expressed mainly by the consultants in both the departments of Haematology and radiology.

However on the 14th of January 2003, the consultant felt I should see the APPAP (anti alkaline anti alkaline phosphatase) procedure. In his opinion this was far less expensive to set up and run especially for a developing country like Nigeria. He made arrangement for me to spend the whole day of 14th January 2003 at Royal Free Hospital in Hampstead. Here Ms Faith Wright was in charge of the immunophenotyping laboratory here. A pleasant, very warm and active lady she devoted the whole day to me. I watched the procedure starting from the cytopspin to the preparation of the slide. She expressed so much confidence in APAAP especially with regards to gammopathies. I also watched analysis on their flow cytometry, which is more modern and colourful than that at Kings College. Theirs is a 4-colour analyzer.

Ms Wright also kindly gave me handouts, write-ups, diskettes, CD-ROM on immunophenotyping and flow cytometry and slides on APAAP.

At this point I thank all those who have made this training and exposure a reality.

Furthermore I have been granted another opportunity by professor Catovsky of the Royal Marsden Hospital, Chelsea to further my learning of the immunophenotyping since he is more into the Chronic Leukaemias.

I intend to use the money left to achieve this sometime in the year 2004 when I am granted permission by my employers.

May I finally at this point solicit for assistance to my center be it in the area of APAAP or flow cytometry from any center that may have a machine still functional that they want dispose of. My address is as follows: Department of Haematology and Blood Transfusion, College of Medicine, Lagos State University, P.M.B. 21266, Ikeja, Lagos.

E-mail : femidada2000@yahoo.com

Thanks to you all,

My warm and best regards,

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