

THE QUARTERLY SLICE



IN THIS ISSUE

Crossword.	P. 1-2
Safety & Other Considerations as a New PA	P. 3-7
What's That Specimen?	P. 8
Embryology & Common Congenital Defects	P. 9-13
PA/Gross Room Spotlight	P. 14-15
Announcements.	P. 16
TD Canadian PA Student Advocacy Scholarship Info	P. 17
Contact Us	P. 18
CE Quiz Link	P. 18
Crossword Key	P. 19

UPCOMING

October Breast Cancer
Awareness Month

January 2026 The
Quarterly Slice Volume 3
Issue 1 Released

January 15, 2026 The
Quarterly Slice Volume 2
Issue 4 CE Quiz closes

November 17-20, 2026
Joint CAP-ACP & ASCP
Annual Scientific Meeting
in Montreal, QC

Earn CE Credits through The Quarterly Slice!

- Complete the quiz (link at the end of the issue) for **1 credit**
- Submit a case study or similar content for **3 credits**



Breast Cancer Awareness Month Crossword

Key on Page 18



Breast Cancer Awareness Month

Crossword - Clues

Across

- 6.** The most common benign, biphasic stromal tumour of the breast in adolescents and young women
- 7.** A type of satellite lesion which upstages breast cancer to T4b
- 12.** A type of breast cancer associated with a loss of E-cadherin, resulting in classic discohesive pattern
- 14.** A common finding on mammography that may represent benign and malignant conditions
- 17.** A rare form of breast cancer that can resemble fibroadenoma, with a well circumscribed, pushing border and fleshy appearance
- 19.** Breast cancer with more than one discrete lesion
- 20.** A benign inflammatory condition resulting from adipose injury

Down

- 1.** A type of chemotherapy which precedes surgical resection to downstage the disease
- 2.** The development of a secondary malignant lesion, away from the primary breast lesion
- 3.** Term used to describe the many causes of breast cancer
- 4.** A group of germline mutations responsible for 25-30% of familial breast cancers (acronym)
- 5.** A type of "negative" breast cancer, associated with an extremely poor prognosis due to an absence of IHC expression
- 8.** A term used to describe irregular, star-shaped borders
- 9.** The structure of the breast that gives rise to the majority of breast cancers (acronym)
- 10.** A type of breast cancer associated with peau d'orange
- 11.** The first lymph nodes to receive lymphatic drainage and metastasis from a tumour
- 13.** A neoplastic proliferation of mammary ductal epithelial cells confined to the ductal-lobular system without invasion through the basement membrane (acronym)
- 15.** A biphasic fibroepithelial neoplasm with leaf-like epithelial pattern and stromal proliferation
- 16.** Infection or inflammation of breast tissue, often in association with lactation
- 18.** A disease classified by the proliferation of malignant glandular epithelial cells (in situ carcinoma) in the nipple areolar epidermis

October is Breast Cancer Awareness Month!

The international campaign aims to increase awareness of the disease and raise funds for research into its cause, prevention, diagnosis, treatment, and cure.

Breast cancer remains the most common cancer amongst Canadian women.

The role of PAs is essential to provide these patients with appropriate care and treatment!

Safety & Other Considerations as a New Pathologists' Assistant

Kristen Crewe (ASCP)^{cm}, (CCCPA-CCCPA)

Leadan Chartier (ASCP)^{cm}, (CCCPA-CCCPA)

Reformatted by: Taylor Horlock, PA (ASCP)^{cm}, (CCCPA-CCCPA)

Personal Protective Equipment (PPE)

Basic gross room PPE to wear daily:

- Scrubs
- Fluid resistant outer layer
 - surgical gown or plastic apron ideal
- Eye protection (safety glasses or goggles)
- Proper footwear
 - Closed toes
 - Fluid resistant
 - Anti-slip
- Nitrile gloves



Fig. 1: Depiction of basic PPE required in the gross room.

Additional gross room PPE:

- Cut-resistant gloves
- Face shields
- Masks (surgical/procedural or N95)
- Respirators



Fig. 2: Example of a full face respirator.

Respirator features:

- Coverage
 - Half-face - covers lower half of face (nose and mouth)
 - Full face - covers entire face, including eyes,
 - Full face respirators should be worn in areas of formalin exposure (ie. spills/loading/tissue discard, etc)
- Cartridge type
 - There are different cartridges available depending on the types of chemicals and substances the user will be interacting with
- Usage
 - The hazards used will dictate the type of respirator required for proper protection
 - In general - use if exposure of chemical fumes is present
- Cleaning
 - Respirators must be properly cleaned and maintained to function properly

Chemical Hazards in the Gross Room

Common chemicals encountered:

- 10% Neutral Buffered Formalin
- Decalcifying solutions
- Cleaning solutions
- Alcohols

Important information to know:

- Storage - each chemical has specific storage requirements
- Discard - chemical waste must be disposed of properly
 - eg. Formalin must be neutralized before discard

Material Safety Data Sheets (MSDS) include the below information. Refer to MSDS for chemical information when necessary.

- Identification
- Hazards
- Storage
- Handling
- First aid
- Disposal

Chemical Safe Handling

Formalin:

- Always handle open containers within a fume hood or while wearing a full face respirator outside of a fume hood
- Wear gloves, gown, and eye protection
- Properly labelled *formalin waste* jugs
- Store in a well-ventilated area
- Thoroughly wash hands if skin comes in contact

Decalcifying Solutions:

- Work within a fume hood
- Wear gloves, gown, and eye protection
- Labelled *chemical waste* jugs
- Store stock solutions in flammable cabinet (well-ventilated, cool, and dry area)
- Thoroughly wash hands if in contact for 15 mins or more

Alcohol:

- Work within a well ventilated area
- Wear gloves, gown, eye protection
- Labelled *flammable waste* jugs
- Store stock solutions in flammable cabinet

Using decalcifying solutions:

- Formalin and hydrochloric acid (HCl) based decalcifying solutions can form bis-chloromethyl ether when mixed
 - Bis-chloromethyl ether is a carcinogen
- Tissue must be fully fixed before decalcifying
- Fixed tissue must be rinsed well in water before placing in decal solution, and again when returning to fixative (2 hours in running water)



Fig. 3: Proper procedure for decalcifying a bone specimen.

Cleaning Up Hazardous Spills

General guidelines:

- Clear the area
- Use a respirator (half or full face)
- Utilize a neutralizer (eg. polyform F) if appropriate
- Call code brown if required

Code brown:

- Activated for larger spills
- Dependent on the size of the spill and how easily it can be contained
- Different sites will have specific protocols

Safe Blade Handling

Types of blades used in the gross room:

- Feather blades
- Scalpel blades
- Scissor blades

Safety considerations:

- Respect your blades. Don't fear them.
- Never touch the sharp edge of the blades
- Blades kept in well visualized areas
- Easy access to sharp bins
- Use blade removers
- Always visualize where cutting in relation to your hand/digits
- Minimize distractions
- Discard blade when leaving work area
- Utilize cut proof gloves
 - NOTE: these are not "poke-proof"



Fig. 4: Example of cut-proof kevlar gloves.

What to do in the event of a cut:

- Cuts are almost inevitable at some point in your PA career, but not unpreventable
- Notify your supervisor, and apply first aid
- Follow blood and bodily fluid exposure protocol
- Report to occupational health if during work hours
- Visit the ER after hours or if bleeding does not stop or if dealing with fresh tissue
- Make a safety report

The Importance of Proper Gross Room Cleaning

Vital for preventing cross-contamination between specimens and cases, and maintaining the functionality of tools and equipment.

Tips for decreasing the risk of cross-contamination:

- Changing gloves between cases/parts
- Wash tools between specimens
 - Utilize soaps/enzyme cleaning detergents and disinfectants
- New underpad for each specimen
- Clean cutting board between cases
- Utilize grossing aids for friable tissues
- Do not reuse cotton tip applicators
 - If more ink required, new applicator. Don't contaminate ink source.

Fume hood maintenance:

- Key to ensuring equipment remains functional
- Components may include:
 - Cleaning logs to ensure tasks are being performed
 - Ensuring ventilation works properly
 - Ensuring sinks & garburators (if applicable) are fully functional

Gross room maintenance/organization:

- Eye wash stations
 - Should be regularly checked to ensure they are functional & set to an appropriate temperature
- Cassette printer cleaning
 - Ensures cassette labels are printing properly & clearly
- Ordering supplies & managing inventory
- Properly organizing specimens
 - Ensures specimens and their requisitions are accounted for
 - Pulling ahead urgent specimens to be grossed ahead of routine specimens



Ergonomics

Important to prevent fatigue, discomfort, and pain in grossing staff

- Maintain proper posture in all positions (sitting & standing if working at an adjustable bench)
- Utilize proper lifting techniques
- Keep tools within reach in fumehood
- Utilize ergonomic tools if available
- Stand and stretch every hour or so

Standard Operating Procedures (SOPs) and Training

SOPs provide a reliable process that establishes consistent outcomes

Proper SOPs and training ensure:

- Consistency - procedures are performed the same way amongst staff
- Competency - each staff member is full competent in their required duties
- Updates to procedures (CAP AJCC) - changes are communicated and available for staff
- Experienced & new PAs - have support to grow & maintain their skills
- Students & residents - have resources & support to facilitate their learning

Psychological Safety

Transitioning from a new grad to a working PA comes with it's own unique challenges

- New/different technology
- Gaining responsibilities
- Training
- Studying for certification

Common concerns amongst new grads:

- Grossing speed
- Expectations
- Lack of confidence
- Unfamiliar tools
- New specimens

Mental health concerns as a new PA:

- Workload
- Responsibilities
- Training and competencies
- Teaching others

Watch for signs of burnout:

- Negativity
- Irritability
- Isolation
- Decrease in productivity
- Physical symptoms
- Change in sleep habits

Dealing with & preventing burnout:

- Recognize the signs
- Set boundaries
- Balance
- Seek support
- Talk to supervisors
- Talk to your physician
- Access the Canada Crisis Hotline
 - Call or text 9-8-8
- Utilize your Health and Wellness Programs
 - Eg. Telus Health Employee Assistance Program



Fig. 5: It's important to seek help if you are feeling symptoms of burnout!

Remember: You have a community of PAs to lean on as well. If you have concerns about issues in your workplace, reach out to your PA Section Community



References:

- 3M. (2023). *Selection Guide for 3MTM Reusable Respirators*. Saint Paul, Minnesota.
- Airgas. (2024, October 4). Safety Data Sheet: Isopropyl Alcohol. Radnor.
- Apex Engineering Products Corporation. (2018, July 26). Safety Data Sheet. Aurora.
- Brouhard, R. (2023, August 7). *The Four Types of Bone*. Verywell Health. <https://www.verywellhealth.com/the-four-types-of-bone-4771778>
- Canadian Centre for Occupational Health and Safety. (2025, June 2). *WHMIS- Safety Data Sheet*. Canadian Centre for Occupational Health and Safety. https://www.ccohs.ca/oshanswers/chemicals/whmis_ghs/sds.html
- Canadian Centre for Occupational Health and Safety. (2025, June 20). *Formaldehyde solutions*. Canadian Centre for Occupational Health and Safety. https://www.ccohs.ca/oshanswers/chemicals/chem_profiles/formaldehyde.html
- Canadian Centre for Occupational Health and Safety. (2025, June 24). *Formaldehyde solutions*. https://www.ccohs.ca/oshanswers/chemicals/chem_profiles/formaldehyde.html
- Canadian Centre for Occupational Health and Safety. (2025b, June 24). *Mental health - job burnout*. https://www.ccohs.ca/oshanswers/psychosocial/mh/mentalhealth_jobburnout.html
- Eprelia. (2025, March 24). *Safety Data Sheets (SDS)*. <https://www.epredia.com/sds>
- First aid treatment for lab workers*. First Aid Treatment for Lab Workers - Health and Safety Directorate. (n.d.). <https://www.qmul.ac.uk/hsd/a-z/first-aid/first-aid-treatment-for-lab-workers/>
- Grand Valley State University. (n.d.). *What to do when Someone Gets Cut in the Chemistry Lab*. Allendale, Michigan.
- Greenfield Global . (2021, May 4). Safety Data Sheet: Isopropyl Alcohol. Mississauga.
- Kumareswaran, S. (2023). Burnout among employees: A narrative review. *European Journal of Humanities and Social Sciences*, 3(2), 15–20. <https://doi.org/10.24018/ejsocial.2023.3.2.410>
- Laboratory ergonomics*. Human Resources - Western University. (n.d.). https://www.uwo.ca/hr/safety/well_being/ergonomics/lab/index.html
- Leica I PC. (2021, October). Automated printing system for tissue cassettes. Nussloch.
- Nacipria. (2020, April 3). *COVID-19 Resources*. Gross Pathology Manual. <https://voices.uchicago.edu/grosspathology/tag/ppe/>
- Occupational Health and Safety Administration, Hazard Communication Standard: Safety Data Sheets (2012). Retrieved June 10, 2025, from <https://www.osha.gov/sites/default/files/publications/OSHA3514.pdf>
- Queen Mary University of London . (n.d.-b). *First Aid Treatment for Lab Workers*. First Aid Treatment for Lab Workers - Health and Safety Directorate. <https://www.qmul.ac.uk/hsd/a-z/first-aid/first-aid-treatment-for-lab-workers/>
- Reinsch, S. (n.d.). *How to keep sops up to date: A guide to having effective standard operating procedures*. BOC Group. <https://www.boc-group.com/en/blog/bpm/how-to-keep-sops-up-to-date/>
- Rolls, G. (2013, April 22). *An introduction to decalcification*. Anatomical Pathology Equipment & Workflow Solutions: Leica Biosystems. <https://www.leicabiosystems.com/en-ca/knowledge-pathway/an-introduction-to-decalcification/>
- Sigma-Aldrich. (2024, July 13). Safety Data Sheet. <https://www.sigmaaldrich.com/CA/en/sds/SIGMA/HT501128?userType=undefined>
- Sundaragiri, K., Shrivastava, S., Sankhla, B., & Bhargava, A. (2014). Ergonomics in an oral pathology laboratory: Back to basics in microscopy. *Journal of Oral and Maxillofacial Pathology*, 18(4), 103–110. <https://doi.org/10.4103/0973-029x.141341>

What's that specimen?



Can anyone guess what type of specimen this is?
Answer to follow in future newsletter releases!

Email: canadianpathas@gmail.com with your guess for a special shout out in future newsletters.



Embryology and Common Congenital Defects

Irina Shipilova (CCCPA-CCCPA)

Reformatted by: Nicole Herbers, PA (ASCP)^{cm}, (CCCPA-CCCPA)

Embryology:

Embryology is the branch of biology that studies the formation, early growth, and development of living organisms, particularly the process from fertilization of the egg to the development of the fetus.

In humans, embryology focuses on:

- Fertilization - the union of sperm and egg
- Embryonic development – formation of major organs and body structures during the first 8 weeks
- Fetal development – continued growth and maturation from week 9 to birth

Stages of Embryonic Development:

- Fertilization and Zygote Formation
- Cleavage and Blastocyst Formation
- Gastrulation
- Neurulation
- Organogenesis

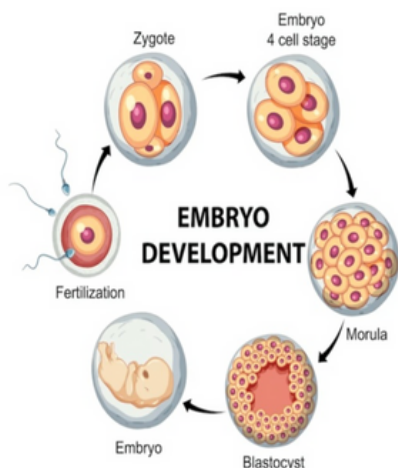


Fig. 1: Overview of Human Embryonic Development

Critical periods of Development:

There are specific time frames during which the embryo is highly sensitive to internal and external factors:

- Genetic
- Environmental teratogens (drugs, infections, radiation)
- Maternal conditions

Why do we care?

- Time and type of insult correlate with specific congenital anomalies
- Enables precise histopathological correlation in postmortem exams and anomaly diagnosis

Week 1-2: “All or None” – Damage results in embryo loss or full recovery

Week 3-8: Organogenesis occurs = high risk for major structural malformations

Week 9-birth: Functional maturation and growth – defects are still possible but less structural

Examples by system:

Nervous system	Weeks 3-6 (neural tube defects)
Heart	Weeks 3-7 (septal and structural defects)
Limbs	Weeks 4-7 (amelia, phocomelia)
Eyes/Ears	Weeks 4-8
Palate	Weeks 6-9 (cleft lip/palate)
External Genitalia	Weeks 7-9 (development continues later as well)

What is a Congenital defect?

Congenital defect = Congenital Anomaly = Birth Defect

A structural, functional, or metabolic abnormality present at birth that results from disruptions in normal embryonic or fetal development.

Key Characteristics

Can affect:

- Body structure (e.g., heart, limbs, neural tube)
- Organ function (e.g., metabolic disorders)
- Physical appearance (e.g., cleft lip)
- Development (e.g., intellectual disability)

Defects can be:

- Major: life-threatening or requiring medical intervention (e.g., congenital heart defects)
- Minor: cosmetic or asymptomatic (e.g., skin tags, accessory nipples)

Pathologist's role:

- Postmortem evaluation of congenital anomalies
- Histopathological correlation with developmental timing
- Contribution to diagnostic accuracy and prevention strategies

Main Teratogenic Insults & Examples:

Infections (TORCH):

Teratogen/Agent	Source/Risk factor	Key Pathological features
Rubella virus	Maternal Infection	Cataracts, PDA, deafness (classic triad)
Syphilis (<i>Treponema Pallidum</i>)	Maternal infection	Hepatomegaly, facial deformities, saber shins
Herpes simplex Virus (HSV)	Perinatal transmission	Microcephaly, vesicular rash, encephalitis
Varicella-Zoster Virus	Maternal chickenpox	Limb hypoplasia, microcephaly, skin scarring
<i>Toxoplasma gondii</i>	Undercooked meat, cat feces	Hydrocephalus, intracranial calcifications, chorioretinitis
Cytomegalovirus (CMV)	Transplacental	Periventricular calcifications, microcephaly, hepatosplenomegaly

Diagnostic considerations:

Rubella	Congenital rubella triad, histology of cardiac valves
Syphilis	Silver stains (Warthin-Starry), serology
<i>Toxoplasma gondii</i>	Placental pathology, PCR, IHC for <i>T. gondii</i>
CMV	Owl's eye inclusions (IHC/ISH), brain autopsy
HSV	PCR, IHC, herpetic inclusions in CNS

Drugs and chemicals:

Agent	Mechanism	Key Pathological features
Alcohol	Cellular apoptosis, oxidative stress	Smooth philtrum, short palpebral fissures, CNS underdevelopment
Valproic acid	Folate antagonism	Neural tube defects (spina bifida), midline facial defects
Isotretinoin	Retinoic acid pathway disruption	Micrognathia, heart defects, CNS malformations
Warfarin	Inhibits vitamin K-dependent proteins	Nasal hypoplasia, stippled epiphyses, CNS anomalies

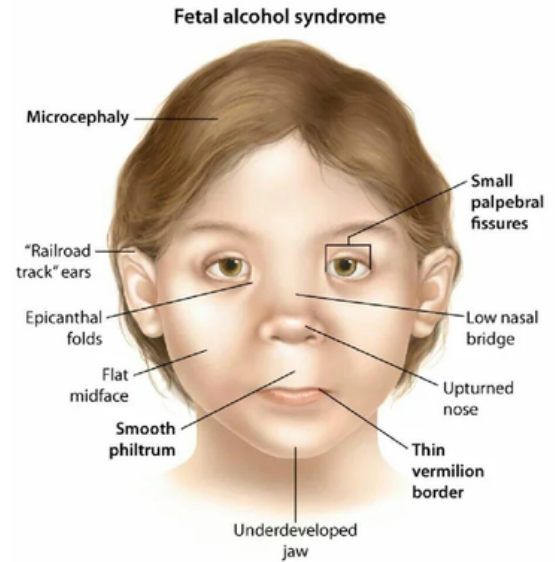


Fig. 2: Fetal alcohol syndrome facial features

Environmental exposures:**Lead:**

While lead exposure rarely causes gross structural malformations identifiable at autopsy, it is a recognized cause of subtle neurodevelopmental defects, detectable through:

- Neuroimaging studies showing reduced brain volume
- Histopathological evidence of neuronal loss or gliosis in experimental models
- Long-term cognitive and behavioral assessments

High maternal lead levels should raise suspicion for:

- Poor fetal growth
- Subtle CNS anomalies
- Increased perinatal morbidity

Mercury:

- Methylmercury is a confirmed neuroteratogen, with dose-dependent effects on fetal brain development
- No gross structural anomalies outside the CNS are typically observed
- Subclinical neurological deficits can occur even at low exposure levels

Radiation:

- Pre-implantation (0–2 weeks): High-dose exposure → all-or-none effect (embryonic death or survival without defect)
- Organogenesis (3–8 weeks): Major structural malformations, growth restriction
- Fetal period (>8 weeks): CNS most vulnerable → microcephaly, cognitive impairment, intellectual disability

Genetic conditions:

Chromosomal Abnormalities

- Aneuploidies
- Structural rearrangements

Single-Gene Mutations

- Monogenic disorders (e.g., Cystic Fibrosis, Achondroplasia)

Epigenetic Errors

- Imprinting defects (e.g., Beckwith-Wiedemann Syndrome)
- DNA methylation abnormalities affecting gene regulation

Types of Chromosomal Abnormalities:

- Numerical Abnormalities (Aneuploidy):
 - Extra or missing chromosomes
 - Commonly due to meiotic nondisjunction
 - e.g., Trisomy 21 — Down syndrome, Trisomy 18 — Edwards syndrome
- Structural Abnormalities:
 - Deletions, duplications, translocations, inversions
 - May be inherited or de novo

Chromosomal congenital syndromes often present with multi-system anomalies that follow recognizable patterns. As pathologists, correlating these patterns with genetic testing is essential for diagnosis, family counseling, and prevention strategies.

Trisomy 21 (Down Syndrome) 47,XX or XY,+21-

- Atrioventricular septal defects
- Hypotonia, macroglossia
- Duodenal atresia
- Increased leukemia risk (AML, ALL)
- Distinct craniofacial dysmorphisms (flat nasal bridge, epicanthic folds)

Trisomy 18 (Edwards Syndrome) 47,XX or XY,+18-

- Severe intrauterine growth restriction (IUGR)
- Micrognathia, prominent occiput
- Overlapping fingers with clenched fists
- Rocker-bottom feet
- Congenital heart defects (VSD, ASD)

Trisomy 13 (Patau Syndrome) 47,XX or XY,+13-

- Midline facial anomalies (cleft lip/palate)
- Holoprosencephaly
- Polydactyly
- Severe CNS malformations
- Cardiac anomalies

Monosomy X (Turner Syndrome) 45,X-

- Cystic hygroma (prenatal lymphatic malformation)
- Bicuspid aortic valve, coarctation of the aorta
- Gonadal dysgenesis (streak gonads)
- Short stature
- Lymphedema of hands/feet at birth

Klinefelter syndrome 47,XXY, 48,XXXY, 48,XXYY

- Primary testicular failure
- Tall stature, long limbs
- Hypogonadism, gynecomastia
- Reduced fertility or infertility
- Mild cognitive or behavioral impairment

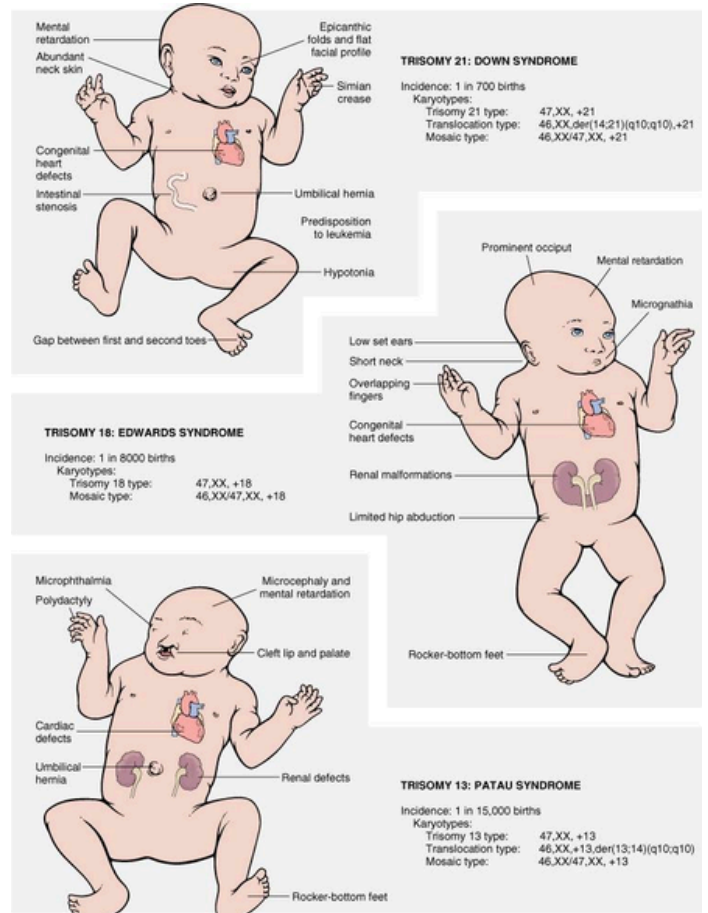


Fig. 3: Trisomy 21 (Down Syndrome), Trisomy 18 (Edwards Syndrome), and Trisomy 13 (Patau Syndrome) features

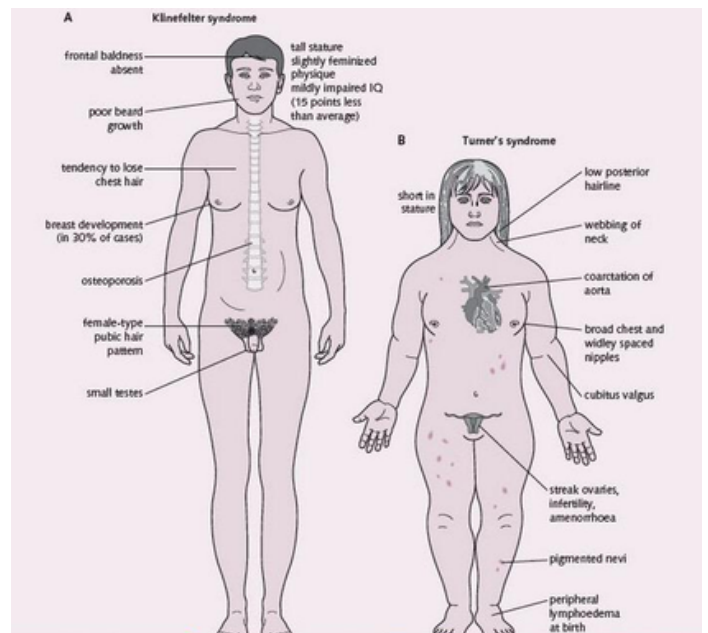


Fig. 4: Klinefelter and Turner Syndrome features

At Autopsy:

Primary Objectives

- Establish the presence, extent, and type of congenital anomalies
- Determine possible etiology — genetic, teratogenic, or multifactorial
- Provide critical information for family counseling and future pregnancy risk assessment

External Examination:

- Growth parameters (weight, length, head circumference)
- Craniofacial features (e.g., dysmorphisms, micrognathia, hypertelorism)
- Limb anomalies, polydactyly, syndactyly
- Skin findings (e.g., edema, rashes, petechiae)
- High-quality photographs for clinical correlation

Internal Examination:

CNS:

- Brain weight and morphology
- Assess for microcephaly, holoprosencephaly, cortical malformations

Cardiovascular System:

- Examine for septal defects, outflow tract anomalies (common in trisomies)

Gastrointestinal Tract:

- Check for atresias, malrotations

Genitourinary System:

- Renal anomalies, ambiguous genitalia

Placental and Umbilical Cord Evaluation:

- Placental weight, shape, insertion site
- Cord length, vessel number (e.g., two-vessel cord)
- Histology for signs of infection, infarction, or vascular anomalies

Tissue Sampling for Ancillary Studies:

Cytogenetic Analysis:

- Karyotype, FISH, or microarray for suspected chromosomal disorders

Molecular Testing:

- Gene panels for specific syndromic presentations

Toxicology:

- Maternal and fetal samples for suspected teratogenic exposures

Summary:

- A systematic, meticulous approach at autopsy enhances diagnostic yield
- Correlation with genetics, toxicology, and imaging is essential
- Autopsy findings inform recurrence risk, guide genetic counseling, and contribute to epidemiological surveillance

Pathologists and PAs performing autopsies play a pivotal role in:

- Diagnosing congenital anomalies
- Identifying underlying genetic or environmental causes
- Supporting recurrence risk assessment and prevention strategies
- Accurate autopsy findings guide clinical management, genetic counseling, and contribute to epidemiological understanding



Cross Room Spotlight:



VERNON JUBILEE HOSPITAL Vernon, BC

- Part of Interior Health Authority (BC has five regional health authorities)
- Provides core medical and surgical specialties for the area

Average Number of Specimens/ Year:

- ~18,000
- Includes surgical specimens from Salmon Arm, Revelstoke, and Trail

Specimens: Good mix of small and large specimens

- Biopsies, smalls
- Benign larges
- Routine cancer cases: breast, GI, uterus, some GU (kidneys, testicles, prostates), thyroid
- Rare complex en bloc cases (usually GI)

Autopsies: autopsies are not currently performed by PAs

- ~ 10 hospital cases per year
- The BC Coroner's Service also operates out of the hospital,
- and performs ~ 500 forensic cases per year

PA Schedule: 8-hour day shifts only

- 0600-1400, Monday to Friday
- No call, weekend, or autopsies

Team:

- 2 grossing benches
- 1 full-time PA and 1 full-time gross tech

Teaching:

- No strict teaching/clinical instruction
- Will have residents, medical and MLT students shadow

Wage Scale:

- \$42.27 to \$52.81 per hour as of October 2025
- See the [HSPBA collective agreement/website](#) for the most up-to-date information

Fun fact: Processing is centralized to Kelowna General Hospital (KGH), and all blocks and slides are transported between the two sites. KGH also helps with grossing when workload is too high, or staff are on vacation. Overall, there is good support between sites in the Interior Health region (depending on staffing levels, workload etc.).





Pathologists' Assistant Spotlight:



TAYLOR HORLOCK
PA (ASCP)^{cm}, (CCCPA-CCCPA)

Advancing Education and Excellence in the Okanagan

This quarter, we're pleased to feature Taylor, a dedicated pathologists' assistant whose career reflects a deep commitment to both excellence in the lab and the advancement of continuing education for PAs across Canada.

Taylor began her academic journey at the University of Alberta, earning a BSc in Physiology and Developmental Biology (2010–2014). She went on to complete a Medical Laboratory Technologist diploma at SAIT (2015–2017) and an MSc in the Pathologists' Assistant Program at the University of Calgary (2017–2019).

After graduating, Taylor launched her career in Saskatoon, gaining valuable experience in a busy pathology environment. In 2021, she relocated to Okanagan, where she now works at a smaller site serving the North Okanagan region. The site handles a high volume of small specimens and biopsies from surrounding clinics, creating a fast-paced but collaborative work environment. Taylor values the supportive, close-knit nature of her team and the diversity of cases that come through the lab.

Recognizing that continuing education (CE) can be harder to access in smaller or rural centres, Taylor has become a strong advocate for making CE more readily available to all Canadian PAs. Since 2023, she has served as Chair of the CAP-ACP Education Committee, and since 2024, as Secretary of the CAP-ACP Executive Committee. Her leadership and innovation in these roles earned Taylor the 2025 Lloyd A. Kennedy Award for outstanding contributions to education.

Under Taylor's guidance, the Education Committee has been instrumental in developing the Essential Skills sessions at the CAP-ACP Annual Scientific Meeting, providing practical and relevant learning opportunities for PAs. The committee also launched and continues to curate *The Quarterly Slice*, gathering and editing content that connects and informs the national PA community.

Outside of work, Taylor embraces the Okanagan lifestyle—paddling local lakes in summer and snowboarding through winter. She also skates with Skate of Mind, a competitive adult synchronized skating team that has earned gold at the Western Canadian Championships for two consecutive years. Taylor exemplifies dedication, leadership, and passion—qualities that continue to elevate the PA profession and inspire their colleagues nationwide.



Announcements

2026 Joint CAP-ACP ASCP Meeting

The CAP-ACP has something very exciting planned for the 2026 Annual Scientific Meeting! The CAP-ACP and ASCP have announced a joint annual meeting to bring together Canadian and American Pathologists, PAs, and Medical Laboratory Professionals!

The meeting will take place **November 17-20, 2026 in Montreal, QC**

There will be an option for online attendance for the Essential Skills Section portion of this conference. Stay tuned for more details!

2026 CAP-ACP PA Summit

The Education Committee is working in conjunction with the Executive Committee to organize an inaugural PA Summit!

The event is tentatively scheduled for fall of 2026, and will feature lectures and workshops specifically for PAs. The summit will provide high quality continuing education, as well as an opportunity for PAs across the country to connect, network, and learn from one another.

Stay tuned for dates and more details!

Call for Speakers/Content!

The PA Section of the CAP-ACP has several upcoming opportunities for PAs to present their own original content! This is a great way to earn CE credits for recertification, as well as share your unique knowledge with your colleagues across Canada!

Upcoming opportunities include:

Virtual Education Series (VES) hosted by CAP-ACP - online speaking opportunities
Multiple dates available in 2026

CAP-ACP Annual Scientific Meeting - in person speaking opportunity
November 17-20, 2026 in Montreal, QC

CAP-ACP PA Section Summit - in person speaking opportunity
2026 (specific date and location TBD)

Case study/content publication in The Quarterly Slice
Released quarterly

For more information, to express your interest, or submit your content, please reach out to us at: [**canadianpathas@gmail.com**](mailto:canadianpathas@gmail.com)



TD Canadian Pathologists' Assistant Student Advocacy Scholarship

Introducing the Canadian PA Student Scholarship donated by TD bank

Final details are being worked out, however, we are proud to announce the TD bank and the PA Section Advocacy Committee have come together to create an annual scholarship for first PA students enrolled in a Canadian PA program. The first recipient of this award is tentatively to be in 2026.

The scholarship will be in the amount of \$2,500.00, and will be awarded to one student annually who is currently enrolled in their first year of a Canadian Pathologists' Assistant Masters Degree program.

The award recipient will be announced at a PA event (either the PA Summit or the Annual CAP-ACP Scientific Meeting - to be determined), and the winning essay and student bio will be published in the following issue of The Quarterly Slice.

The below are the requirements that must be met in order to be considered for the scholarship:

1. Proof of enrolment in a Canadian Pathologists' Assistant Masters Degree Program
2. Proof of membership to the PA Section of the CAP-ACP (student membership)
3. 750-1000 word essay to address the following points:
 - a. Describe what inspired you to pursue the pathologists' assistant profession.
 - b. Describe your involvement within the PA community.
 - c. What leadership roles, if any, have you undertaken, and/or how do you envision your role in advancing the PA profession?
4. Letter of recommendation from a pathologists' assistant who is a PA Section member in good standing with the CAP-ACP

More information will be available on the canadianpatha.ca website once final details are confirmed between TD, CAP-ACP, and the PA Section. [Canadian PA program directors](#) - please keep an eye on your emails! Details should follow soon for you to provide to your students.

If you have any questions regarding the scholarship, please email us at canadianpathas@gmail.com





Contact Us

Submit Your Ideas and Content!

Submissions of original content or ideas for future issues of this newsletter can be submitted to canadianpathas@gmail.com.

- Contributors can earn up to three CE credits for recertification with the CCCPA-CCCAP (check out the [recertification guide](#) for specific details)

If you have any photos or videos you would like to share with the Canadian PA community, please also send them our way!

- We would love to see your gross room staff or any interesting specimens you have!

If you would like a PA you work with or your gross room to be featured in the next PA/gross room spotlight, please e-mail us for details!

Check Out the PA Section of the CAP-ACP Online!

Follow us on Instagram - [@canadianpatha](#)

Connect with Canadian PAs on Facebook - [Canadian Pathologists' Assistants \(PA\)](#)

Learn more on our website - <https://canadianpatha.ca/>

Connect with the PA Section - canadianpathas@gmail.com

For questions regarding certification/recertification, reach out to info@cccpa-cccacp.org

Complete the CE Quiz!

Open Until January 15th

The quiz will remain open until the release of the next quarter's issue. A minimum score of 70% is required to receive a CE certificate. Certificates will be sent to the provided email address within a week of completion. Please allow up to seven business days for receipt.

[Complete the quiz via Google Forms HERE!](#)

