



The Royal College of **Pathologists**
Pathology: the science behind the cure

RCPATH Wales Symposium 2026

Tuesday 8th September 2026

Event to be held at the Seminar Room, Wales Genomic Health Centre,
Cardiff Edge Life Sciences Park, Longwood Drive, Whitchurch, Cardiff, CF14 7YU



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#RCPATHWales

General Information

Thank you for registering to attend the RCPATH Wales Symposium 2026, which will be held **in-person only** at the *Seminar Room, Wales Genomic Health Centre, Cardiff Edge Life Sciences Park, Longwood Drive, Whitchurch, Cardiff, CF14 7YU* on **Tuesday 8th September 2026 at 1pm (Lunch being served from 12pm)**.

Further information about arriving at the venue and parking can be found on the Wales Genomic Health Centre Visitor Leaflet available on the event's webpage.

Certificates of attendance

Certificates of attendance will be emailed to all attendees, within a fortnight of the conference. This conference is eligible for 3 CPD credits.

Speaker presentations

Where permission has been given, speaker presentations will be available after the conference.

Feedback

A link to an online feedback form will be emailed to you after the conference, please do complete. All comments are confidential and will be taken into consideration in the development future conferences.

RCPATH Wales Symposium 2026

- 12:00 Lunch
- 13:00 Registration
- 13:15 Welcome and introduction
Dr Emma Short, Chair of the RCPATH Wales Regional Council
Ms Victoria Heath, Chief Healthcare Science Officer
- 13:30 RCPATH update: past, present, future
Dr Bernie Croal, RCPATH President
Professor Sarah Coupland, RCPATH President-Elect
- 14:00 Recent advances in Genomics
Sally Ann Spillane, All Wales Medical Genomics Service
- 14:25 “Next Generation Diagnosis” – Are we there yet?
Professor Stefan Dojcinov, Morriston Hospital
- 14:50 Creating more doctors for Wales – North Wales Medical School update
Professor Angharad Davies, North Wales Medical School/Public Health Wales
- 15:15 Break
- 15:30 Delivering the First Gene Therapy for Haemophilia in Wales
Dr Deepan Gosrani, University Hospital of Wales
- 15:55 Chilled for the Challenge: Cold Stored Platelets to Treat Traumatic Bleeding
Dr Chloë George, Welsh Blood Service
- 16:20 Where are we and why/ how should we care about our Wellbeing?
Dr Umakant Dave, Morriston Hospital & Swansea University
- Award winning poster presentations**
- 16:45 Case Report: Whole exome sequencing unmasks late-onset ADA2 deficiency to enable precision therapy
Alasdair Purves, Cardiff University
- 16:55 A survey of repeat sample request compliances in the Specialist Porphyrin Laboratory, University Hospital of Wales
Rwiti Banerjee, Department of Medical Biochemistry, Immunology and Toxicology, University Hospital of Wales, Cardiff
- 17:05 Summary and close
Dr Emma Short, Chair of the RCPATH Wales Regional Council

3 CPD Credits can be claimed for attendance at this meeting

Presenters

Dr Emma Short

Dr Emma Short is a consultant histopathologist in Swansea Bay University Health Board, specialising in gastrointestinal and soft tissue pathology. She read pre-clinical medicine at Cambridge University and clinical medicine at Oxford University. She completed her histopathology training in South Wales and her PhD with Cardiff University. Emma is the Chair of the Wales Regional Council for the Royal College of Pathologists, and is also a pathology QA advisor for Bowel Screening Wales and a committee member of the Pathological Society of Great Britain and Ireland.

Ms Victoria Heath

Chief Healthcare Science Officer

She was appointed as Wales' first Chief Healthcare Science Officer for the Welsh Government in March 2025.

Victoria recommends the most effective ways to use healthcare science for better policies. This includes modernising and introducing new diagnostic technologies and treatments.

She supports and represents over 50 disciplines across healthcare science in Wales including:

- laboratory sciences
- physiological sciences
- physical sciences and biomedical engineering
- health informatics or bioinformatics
- imaging sciences

Victoria began her career as a biomedical scientist trainee in Oxfordshire. She registered as a biomedical scientist in 2010 and began as a clinical scientist in 2023. She has experience in healthcare science roles cross the UK and was deployed to Sierra Leone in 2015 to help with the West African Ebola Outbreak.

Also, Victoria is an award-winning science communicator. She works to raise the profile of careers in healthcare science.

Dr Bernie Croal

President

Dr Bernie Croal is an NHS Chemical Pathologist from Aberdeen specialising in intravenous nutritional support. He is a science and medicine graduate, and trained in general medicine, chemical pathology and Health Services/Public Health Research. He has spent a long career in various leadership roles within NHS Scotland including clinical director and regional lead for pathology, NHS Scotland demand optimisation lead and chair of the Scottish Clinical Biochemistry Network (SCBN). He is also the current Past President of the Association for Clinical Biochemistry and Laboratory Medicine (ACB). He is a fellow of both the Royal College of Physicians and Surgeons of Glasgow and the Institute of Biomedical Science. Within RCPaTh he has chaired many committees, been Scotland Regional Council Chair for 9 years and a Trustee for 15 years. He served as Vice-President from 2011-14 and is now President until November 2026.

Professor Sarah Coupland

President-Elect

Professor Sarah Coupland is a senior consultant histopathologist at the Liverpool University Foundation Hospital Trusts with expertise in ophthalmic pathology, haematopathology, molecular pathology and biobanking. She leads one of the 4 supraregional NHSE Eye path services.

Sarah is also the current (and first female) 'George Holt Chair of Pathology' at the University of Liverpool, and leads the 'Liverpool-Ocular-Oncology-Research-Group', focusing on ocular melanomas and lymphomas. From 2014 to 2019, she was also Director of the North West Cancer Research Centre at University of Liverpool. She is also General Secretary of the Pathological Society of Great Britain and Ireland, and actively promotes academic pathology. She contributed significantly to TNM/AJCC and WHO tumour volumes.

Sarah undertook her undergraduate medical studies in Sydney, Australia (UNSW) before completing her PhD (University of Sydney). She moved to Germany where she did her pathology training, and worked as a consultant pathologist in the Charité University Hospital Benjamin Franklin in Berlin. In 2005, Sarah moved to the UK with her husband and 3 children. Outside work, she enjoys sports, music and photography.

Sally Ann Spillane

Sally Spillane is the Operational Lead for Cancer Genomics at the All Wales Medical Genomics Service. Having started her career as Wales' first supernumerary trainee in Clinical Cytogenetics, she has worked through every major technological shift in genomic testing over the past three decades, from karyotyping and FISH to microarrays and next-generation sequencing.

After over two decades in constitutional genetics, Sally moved into cancer genomics in 2015, working across both haematological malignancy and solid tumour testing, including supporting major national clinical trials such as CRUK SMP2. Since 2022, she has led cancer genomics operations within AWMGS, helping to deliver an expanding portfolio of genomic services across Wales.

Sally is a UK NEQAS GenQA assessor and Royal College of Pathologists Senior Examiner in Genetics. When not working, she can usually be found supporting Cardiff Rugby or planning her next cruise.

Professor Stefan Dojcinov

Professor Stefan Dojcinov is a Consultant Pathologist and Professor of Pathology at Swansea Bay University Health Board and Swansea University. He developed his expertise in haematopathology as a Research Fellow with Dr Elaine Jaffe at the National Institutes of Health in Bethesda, USA, and has continued his research in EBV-related lymphoproliferative disorders and the molecular diagnosis of lymphoma. He has served as Secretary and subsequently Chair of the British Lymphoma Group, as well as Haematopathology Subspecialty Advisor to the Royal College of Pathologists. He is currently Chair of the Engagement and Communication Subcommittee of the British Division of the International Academy of Pathology. He has authored more than 90 peer-reviewed publications and has contributed to RCPATH guidelines and to the WHO and International Consensus Classifications of haematolymphoid neoplasms.

Professor Angharad Davies

Professor Angharad Davies qualified in medicine from Cambridge University and undertook specialty training in medical microbiology at the Royal Free Hospital in London. Following an MRC Clinical Research Training Fellowship at UCL she returned to Wales, where she is a clinical academic and honorary consultant medical microbiologist with Public Health Wales. She shares her academic time between Swansea University medical school and North Wales Medical School, where she is lead for widening participation and for quality.

Dr Deepan Gosrani

Dr Deepan Gosrani is a consultant haematologist with a specialist interest in inherited bleeding disorders across all age groups. He completed his specialty training in Wales and undertook a

fellowship at Great Ormond Street Hospital. For the past four years, he has served as co-director of the Cardiff Haemophilia Centre and Bleeding Disorder Network Wales.

He is passionate about teaching and serves as Training Programme Director for haematology training in Wales.

He is committed to patient-focused care and to supporting multigenerational families affected by inherited bleeding disorders.

Dr Chloë George

Dr Chloë George is a Consultant Clinical Scientist at the Welsh Blood Service (WBS) with 25 years' experience of working in the field of transfusion medicine. Her role is both clinical, providing advice on patient transfusions across Wales and research focused, with a special interest in the use of cold stored platelets in trauma and major haemorrhage. Chloë's research group has focused on improving the scientific understanding of platelet function during storage and she is passionate about finding ways to provide platelet transfusions outside of hospital environments. Through her research, Chloë has formed active collaborations with Universities and the Centre for Defence Pathology. She has recently been awarded funding from UK Defence Innovation to run a clinical trial of cold stored platelets in the pre-hospital environment.

Dr Umakant Dave

Dr Umakant Dave (MBE, MD, DNB (Gastro), PGCE, FRCP, FAcadMED)

Dr Umakant Dave is a consultant physician/ gastroenterologist in Swansea, UK and an Honorary Senior Lecturer in Swansea University. He is a visiting Faculty Member, MUCM, Antigua. His clinical work includes general gastroenterology clinics and complex endoscopies (ERCP, advanced colonoscopies). He has established a national registered charity (registration number 1150282) with two colleagues to enhance endoscopy training in Bangladesh. He is a trustee for Swansea Mind and Mindfulness Wales charities.

Dr Dave's particular passion is for training and wellbeing of doctors and other healthcare workers. He has attended mindfulness teacher training (Bangor university 2016-2019) and multiple mindfulness teacher training retreats/ courses. He has been teaching mindfulness in Swansea Medical School (2016 onwards) and has run many mindfulness and wellbeing study days/ sessions for healthcare workers in the UK and internationally. Dr Dave has published a number of articles and contributed to a book chapter in the field of mindfulness/ wellbeing in healthcare professionals/ medical students. He is a president of Welsh Association of Gastroenterology and Endoscopy (WAGE). Dr Dave's "Wellbeing" work was recognized by the Royal College of Physician (2020). He was awarded "MBE" in the queen's jubilee celebration for the contributions to NHS (2022).

Alasdair Purves

Alasdair Purves is a 5th year medical student at Cardiff University.

Other poster authors include:

Dr Ian Tully is a Consultant Clinical Geneticist at CAVUHB

Dr Mark Ponsford is a Consultant Clinical Immunologist at CAVUHB

Dr Emma Tallantyre is a Clinical Reader (Honorary Consultant) in Neurology at Cardiff University/ CAVUHB

Rwiti Banerjee

Rwiti Banerjee: Chemical pathology ST3, Cardiff and Vale Health Board.

Other poster authors include:

Danja Schulenburg-Brand : Consultant chemical pathologist and Lead of Cardiff Porphyria Service, University Hospital of Wales.

Abstracts

Welcome and introduction

Dr Emma Short, *Chair of the RCPATH Wales Regional Council*
Ms Victoria Heath, *Chief Healthcare Science Officer*

RCPATH update: past, present, future

Dr Bernie Croal, *RCPATH President*
Professor Sarah Coupland, *RCPATH President-Elect*

Recent advances in Genomics

Sally Ann Spillane, *All Wales Medical Genomics Service*

Learning points:

1. Understand the current landscape of genomic testing across Wales and the technological advances driving service transformation.
2. Appraise the clinical impact of recent developments in rare disease diagnostics, cancer genomics and liquid biopsy testing.
3. Evaluate how genomic test pathways and emerging technologies will shape the future delivery of precision medicine within the NHS.

Genomic medicine is transforming the diagnosis and management of both rare diseases and cancer, driven by significant advances in sequencing technologies, bioinformatics, and test delivery models. This presentation will provide an overview of recent developments within the All Wales Medical Genomics Service (AWMGS) and highlight how genomic testing has evolved to support modern healthcare.

The talk will review the progression of next-generation sequencing (NGS) technologies and the implementation of new genomic tests across Wales. Recent achievements in rare disease diagnostics and cancer genomics will be showcased, illustrating how genomic information is increasingly informing clinical decision-making and enabling more personalised patient care.

The presentation will also discuss the role of the National Genomic Test Directory in standardising access to genomic testing and explore the emerging applications of circulating tumour DNA (ctDNA) as a minimally invasive approach to cancer diagnosis, monitoring, and treatment selection.

Finally, the session will consider future developments in genomic medicine, including technological innovations and their potential impact on pathology services and patient outcomes across the NHS.

“Next Generation Diagnosis” – Are we there yet?

Professor Stefan Dojcinov, *Morriston Hospital*

Learning points:

1. Next-generation diagnosis is integration, not simply NGS, digital pathology or AI.
2. Genomic information is moving from an ancillary test to a constitutive component of disease diagnosis, classification and treatment selection.
3. Future diagnosticians require cross-disciplinary literacy, not abolition of specialist expertise; technology alone will not create next-generation diagnosis: education, service redesign, interoperability and close links with translational research are equally necessary

Rapid technological developments in cancer diagnostics, including molecular genomics, digital imaging and artificial intelligence, are increasingly entering routine clinical practice. In parallel, emerging multiplex technologies enable the simultaneous interrogation of multiple molecular and phenotypic

features within tissue, providing multilayered analysis of complex phenotypes and spatial gene expression at single-cell resolution. Although predominantly research tools at present, these technologies are rapidly progressing towards diagnostic application.

This presentation considers the impact of these developments on the diagnosis of haematological malignancies. Their convergence offers the potential for more comprehensive, integrated and precise diagnosis, but also challenges conventional models of diagnostic practice. Effective implementation will require new skills, new forms of interaction between laboratories and potentially new profiles of diagnosticians whose expertise extends beyond traditional subspecialty boundaries.

At the same time, rapidly evolving molecular classifications and increasingly biomarker-driven therapeutic strategies place growing demands on diagnostic services for greater accuracy, breadth and speed. Meeting these demands requires more than the introduction of new technologies. It requires timely and systematic preparation through appropriate education and training, organisational and laboratory integration, and, importantly, close interaction between diagnostic services, academia and translational research.

The question is therefore no longer simply whether next-generation technologies are ready for pathology, but whether all participating diagnostic specialties, are ready to integrate them.

Creating more doctors for Wales – North Wales Medical School update

Professor Angharad Davies, *North Wales Medical School/Public Health Wales*

Learning points:

1. Update on progress at the new North Wales Medical School
2. Why is creating doctors from Wales, for Wales, important?
3. How do we widen participation in medicine in Wales?

The new North Wales Medical School has now admitted its first two student cohorts as an independent medical school. The School's remit from Welsh Government is to train more doctors who will stay in the region, as well as more Welsh speaking doctors. This talk will give an update on progress, then focusing in particular on the importance and challenges of widening participation in medicine in Wales.

Delivering the First Gene Therapy for Haemophilia in Wales

Dr Deepan Gosrani, *University Hospital of Wales*

Learning points:

1. Current prophylaxis options for haemophilia and why converting a severe phenotype to a moderate phenotype is insufficient to eliminate bleeding.
2. Trial outcomes of gene therapy for haemophilia B
3. The practical requirements for healthcare systems, patients and the multidisciplinary team to deliver gene therapy safely and effectively.

Haemophilia is an X-linked deficiency of either factor VII or IX affecting around 1 in 5,000 males. In severe haemophilia prophylaxis is required to reduce mortality and decreases the risk of spontaneous joint bleeds. However, converting from a severe phenotype to a moderate one does not abolish bleeding or lifelong arthropathy.

Two AAV vector-based gene therapies are now licensed for haemophilia, one of which has been recommended by NICE. In the HOPE-B trial of gene therapy for haemophilia B (Pipe et al., NEJM, 2023), 96% of the 54 participants discontinued prophylaxis and remained off treatment, with mean factor IX activity of 38.6% at three years.

This session describes the implementation of gene therapy for haemophilia in Wales, including the practical requirements, the challenges overcome and the treatment of the first patient in Cardiff.

Chilled for the Challenge: Cold Stored Platelets to Treat Traumatic Bleeding

Dr Chloë George, *Welsh Blood Service*

Learning points:

1. Platelet transfusion reduces mortality in severely bleeding patients but room temperature storage has logistical difficulties
2. Cold stored platelets enable platelet transfusions outside of hospital settings in austere environments
3. The COLD-FIRST clinical trial will assess if transfusion of cold stored platelets will improve outcomes in severely injured bleeding patients in the pre-hospital environment

Platelet concentrates (PC) are used to treat bleeding in hospital patients alongside red cell and plasma transfusions and have been clinically proven, if given early in severely injured bleeding patients to improve haemostasis and reduce mortality. However, PC can be problematic: they are stored in bulking incubators at 20-24°C with continuous gentle agitation, have very short shelf lives and are prone to bacterial contamination and for these reasons are only available for transfusion in the hospital setting. Cold stored platelets (CSP) offer an alternative: they can be stored with red cells at 2-6°C, have longer shelf lives, have been shown to develop thicker, stronger clots than standard platelets and are less likely to grow bacteria. This introduces the possibility of using platelets in more austere environments such as in pre-hospital medicine and for military combat casualties. COLD-FIRST is the first clinical trial of a novel blood component to be set up and run from Wales, and has been designed to determine if pre-hospital transfusion of CSP will improve clinical outcomes in bleeding patients with traumatic injury.

Where are we and why/ how should we care about our Wellbeing?

Dr Umakant Dave, *Morriston Hospital & Swansea University*

Learning points:

1. There are significant wellbeing/ mental health problems in NHS workforce
2. We can become aware of the issues and factors leading to them
3. Mindfulness has high-quality evidence to improve healthcare workers' wellbeing

This interactive presentation will cover state of mental health of doctors in the UK. We will then look at some of the reasons behind and solutions to help the situation. Later in the discussion we will focus on mindfulness as a key part of the solution with evidence base and review of some personal experience. Session will end with a short practice followed by Q and A.

Award winning poster presentations

Case Report: Whole exome sequencing unmask late-onset ADA2 deficiency to enable precision therapy

Alasdair Purves, *Cardiff University*

Deficiency of Adenosine Deaminase 2 (DADA2) is a rare autosomal recessive autoinflammatory disorder typically presenting age ≤ 10 years. We present a case of late-onset DADA2 in a 63-year-old female carrying a single pathogenic variant.



A survey of repeat sample request compliances in the Specialist Porphyrin Laboratory, University Hospital of Wales

Rwiti Banerjee, *Department of Medical Biochemistry, Immunology and Toxicology, University Hospital of Wales, Cardiff*

Diagnosing porphyria relies on the timely collection of appropriate specimens. Urine porphobilinogen (PBG) and blood porphyrin analysis are the recommended first line tests for suspected porphyria. Inappropriately dilute urine or faecal samples received as first line, necessitate the laboratory to request repeat appropriate samples by telephoning referring laboratories and providing interpretive comments on reports. This service evaluation aimed to assess referring location compliance with repeat sample requests.



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