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14TH ASIA PACIFIC PATHOLOGY CONGRESS NOVEMBER 13-14, 2017 OSAKA, JAPAN



Bryan Knight

Southern IML Pathology, Australia

Fracture analysis and assessment: From materials to large-scale steel structures

Fracture failure has emerged as one of the most common failure modes in modern large-scale steel structures subjected to cyclic or extreme loads caused by artificial or environmental action. to cyclic or extreme loads caused by artificial or environmental actions. The integrity assessment of the fracture requires a detailed understanding on the mateThe Australian National Cervical Cancer Screening Program commenced in 1982 and has reduced the incidence of cervical cancer from 20 per 100,000 women to 9 per 100,000 in 2010. The rate of reduction of cancers has leveled off and remained relatively unchanged since 2010. In 2007, a National HPV Vaccine program for girls and young women was commenced and in 2009 it became school based and expanded to include boys. Up-take of the quadrivalent vaccine is in the region of 85% and the incidence of HPV-related high-grade lesions has fallen in the vaccinated population. There has been a reduction in prevalence of high-grade lesions in older unvaccinated women, suggesting a herd-immunity effect. With the reduced incidence of cervical lesions, detection of abnormal smears on conventional Papanicolaou smears will become more difficult. In the HPV vaccine era, a more sensitive and specific test with a high negative predictive value is needed, predicating a change to HPV DNA testing. Numerous studies have shown that HPV DNA testing with partial genotyping confers the most cost-effective and effective means of population based cervical screening. The Renewed Cervical Screening Program commences in December 2017. Implementation of a new National Cancer Screening Register will change the way women are invited to screening or recalled for follow-up and will reduce under-screening. A new initiative to screen woman who for cultural or other reasons have not been screened, will enhance the efficacy of the program. A further reduction of the incidence of cervical cancer in Australia is anticipated.

Biography

Bryan Knight was trained at the Godfrey Huggins School of Medicine and was qualified in Pathology and has obtained his PhD at the University of Cape Town. He has practiced in Cape Town for 20 years and was a Lecturer at UCT and Director of the Yvonne Parffitt Cytology Laboratory. He has also worked in Canada, where he was Associate Professor of Pathology in Edmonton, Alberta, then Laboratory Director at the BC Cancer Agency in Vancouver.

Bryan.Knight@southernpath.com.au