epidemiological and case data of decedents and the comparison to existing published data.

CARDIOTOXICITY OF IMMUNOTHERAPY IN A FORENSIC SETTING

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Cardiotoxicity has been a known side effect of chemotherapy for many years. This talk will examine the cardiovascular effects of newer immunotherapies, in particular immune check-point inhibitors (ICI). These have shown to be a promising treatment for many different types of cancers. In the past cardiotoxicity was known to occur with cumulative doses of anthracycline chemotherapeutic agents and was recognised to be more severe in those with underlying cardiovascular disease. Whilst being less cardiotoxic overall, ICIs have been reported to cause fatal myocarditis after a single dose or many years later in people with no other cardiac risk factors. The prevalence of myocarditis has been reported between 0.06% and 2.4%. Even though myocarditis has been the most widely documented side effect, case examples of pericardial disease, vasculitis, Takotsubo syndrome, atherosclerotic lesions, venous thromboembolism and conduction abnormalities with arrhythmia have been reported. These cases can present in forensic practice following a sudden death in cancer patients, either in remission or on treatment. This talk will highlight some forensic cases that demonstrate some of the histological changes that can be observed.

References

1. Cardinale D, Colombo A, Bacchiani G, *et al.* Early detection of anthracycline cardiotoxicity and improvement with heart failure therapy. *Circulation* 2015; 131: 1981–8.
2. Balanescu DV, Donisan T, Palaskas NL, *et al.* Emerging concerns in cardio-oncology: immune checkpoint inhibitor cardiotoxicity. *American College of Cardiology*. 24 Jun 2019; cited Dec 2019. <https://www.acc.org/latest-in-cardiology/articles/2019/06/21/08/45/emerging-concerns-in-cardio-oncology#.XbiPA3WTwOw.email>
3. Wang DY, Okoye GD, Neilan TG, *et al.* Cardiovascular toxicities associated with cancer immunotherapies. *Curr Cardiol Rep* 2017; 19: 21.

RENAL HISTOPATHOLOGY IN A FORENSIC SETTING

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Forensic pathologists see an enormous amount of renal histopathology in the course of their daily work. Compared to organs like the brain or the heart, the kidney is rarely a site of the direct cause of death, but renal histology may provide important information about the cause of death, or about longstanding conditions in the patient that may be relevant to the final formulation of the case. There are some challenges for forensic pathologists who try to make sense of renal histology in their patients, however. Autolysis may render components of the tissue unrecognisable, the classification of renal disease has evolved considerably since today's pathologists were medical students or registrars, and in many cases additional clinical, serologic, biochemical or molecular genetic information can be crucial in

interpreting the histologic findings. With some help from the laboratory, and with a recognition of the strengths and limitations of autopsy renal histology, useful information can often be obtained and the presentation will cover ways of maximising the yield.

PHOTOGRAPHY IN CLINICAL FORENSIC MEDICINE: AN AUDIT

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The public are increasingly media savvy. The presenting of clinical forensic photographs to jurors in court of documented injuries is now common practice for forensic physicians. An audit was undertaken of 50 sexual assault cases by 10 different doctors where clinical forensic photographs were taken. The purpose of the audit was to assess and potentially establish standard practices for the taking of clinical forensic photographs. Photographs were assessed regarding identification, quality of injury documentation and quality of the photography. Recommendations were made for practices that would protect patient privacy and dignity, as well as maintain a clinical context for the photographs.

'CLEARED' AS MUD. COMMUNICATION BETWEEN HEALTH SERVICES AND POLICE: RISKS TO DETAINEES IN POLICE CUSTODY

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In Victoria, a significant proportion of forensic medical officer caseload includes attending police stations to assess fitness for police interview of detainees in police custody. Detainees may be particularly vulnerable if they have existing medical conditions, require medications, are at risk of substance withdrawal, or have sustained recent trauma during their alleged offence or arrest. There may be a delay until they can be assessed by custodial healthcare staff if they are transferred to a remand centre. Detainees in police custody are entirely reliant on police custodians to activate health seeking channels to facilitate medical assessment, and to reactivate healthcare channels if the detainee's clinical situation changes. A series of near miss incidents with regard to detainee safety are presented, identified at the time of fitness for police interview assessment by forensic medical officers, in which detainees had been reportedly already 'cleared' medically. The concept of medical 'clearance' is discussed, and the inherent misunderstanding of this as a static and binary state, including the role of the forensic medical officer in facilitating communication between the health care and criminal justice systems.

COUNTER-INTUITIVE RESPONSES TO SEXUAL ASSAULT

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