March / April 2011

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Word from the IFCC President: Graham Beastall

Invitation
I wish all readers a belated Happy New Year for 2011. It promises to be an exciting year for IFCC with our triennial IFCC WorldLab being held in the fantastic city of Berlin from May 15–19. This will be an excellent congress – full details are available from the IFCC website (www.ifcc.org). I look forward to meeting you there. This congress will be preceded by two days in Berlin by the International Congress of Paediatric Laboratory Medicine – again full details are on the website.

Membership
I am delighted to announce new members for IFCC. The Nepal Association for Medical Laboratory Science (NAMLS) has been accepted as our 85th Full Member National Society. The Philippine Council for Quality Assurance in Clinical Laboratories has joined as an Affiliate Member. We also welcome two new Corporate Members at the start of 2011: Unilabs, based in Switzerland, and Labquality, based in Finland.

Conference
At the end of February the IFCC OCD Conference was held in Paris on ‘Pregnancy Related Disorders: Present Perspectives and Emerging Challenges’. This was a highly successful event with an excellent scientific programme and an audience with representation from 28 countries. This was a great example of the best of IFCC. The scientific presentations are available from the IFCC website.

Congresses
At the time of writing the Executive Board is evaluating eight high quality bids to host the IFCC WorldLab 2017 congress. These are all excellent bids and it is noteworthy that they come from four continents. An announcement of the winning bid will be made no later than the IFCC Council meeting in May. Within Europe there is also intense competition to host the 2015 EuroMedLab congress with six competitive bids. The member countries of EFCC will select this venue.

Awards
The recipients of the seven IFCC awards have been chosen. There was a strong field of candidates for all these prestigious Awards. The Award winners will be announced during the Opening Ceremony for IFCC WorldLab Berlin 2011 on Sunday 15 May and the presentations will be made at a special function two days later. A Press Release will be available shortly, check the IFCC website for details.
Elections for the IFCC Executive Board 2012–14
The elections for the next IFCC Executive Board will take place at the IFCC Council meeting on 15 May. The list of candidates has been published since December. Full Member National Representatives are encouraged to ensure that they will be present at the Council meeting to participate in this important election process.

Annual Report and Accounts
The annual accounts for the year 2010 have been audited. A copy is available to members on application to the IFCC Office. The Annual report is in the final stages of preparation and will be available from the IFCC booth in Berlin.

First Joint Meeting of WASPaLM and IFCC Representatives in Mexico
Contributed by Rosa I. Sierra-Amor, PhD, IFCC National Representative of the Mexican Association of Clinical Biochemistry (AMBC) and Roberto Ruiz-Arenas, MD, WASPaLM, Director–at–Large and Member of the Mexican Federation of Clinical Pathology (FEMPAC).

During the XL Congress of Clinical Pathologists that took place in Guadalajara, Jal., Mexico, on November 3–5, 2010, a symposium entitled Early Detection of Kidney Disease was organized by the World Association of Societies of Pathology and Laboratory Medicine (WASPaLM), in conjunction with the International Federation of Clinical Chemistry and Laboratory Medicine (IFCC) in Mexico. The symposium introduction was carried out by Roberto Ruiz–Arenas, followed by a description of the international liaisons organization activities that IFCC is promoting worldwide by Rosa I. Sierra–Amor, member, the IFCC Task Force on International Clinical Liaisons, chaired by Ian Watson, PhD. In the opinion of the organizers, this symposium represented the first joint activity in Mexico between WASPaLM and IFCC representatives. The symposium covered the actual situation of renal disease in the country that was presented by Héctor Ramón Martínez–Ramírez, MD, clinical investigator of the Research Medical Unit on Kidney Diseases, “Hospital de Especialidades, Centro Médico Nacional de Occidente” in Guadalajara. From Australia, and by videotape, Graham Jones, MD, chair, IFCC SD Working Group of CKD, presented the technical aspects of creatinine measurement. The third speaker was Dave Secombe, MD PhD, member of the Working Group of the NIH–NKDEP for the standardization of creatinine, subcommittee on nephrology guidelines of the Canadian Society of Nephrology, Canadian Committee on Quality Systems in Laboratory Medicine, and chair, International Collaboration EQA Digital IPT from Canada, who spoke about the relation between the clinic and the laboratory and the Canadian experience in the standardization of creatinine. The whole activity was fully recorded and will be distributed to the audience and to any clinical laboratory along the country
interested to review the information. It is important to point out that among the audience there were several nephrologists that participated with valuable and interesting comments. At the end, a survey was distributed which almost 80% of the audience completed; with this valuable information the organizers expect to coordinate a national protocol to implement eGFR standardization in Mexico with the full support and help of more than one medical organization from general practitioner to specialized nephrologists. After the symposium a short meeting took place to discuss how this project should start in México, where Guillermo Garcia-Garcia, MD, President of the National Association of Nephrologists of Mexico (ANNM) and Chair of the International Society of Nephrology–Global Outreach Committee on Kidney Health in Disadvantage Populations joined the group. It was decided, that a Task Force should be integrated by clinical and scientific organizations with the objective to standardize the creatinine measurements in the clinical laboratories including the eGFR calculation in the final report.

Prof. Dr. Graciela Queiruga, from Uruguay, receives prestigious award from the Spanish Royal Association for Disability in Spain.

Contributed by Professor Stella Raymondo, IFCC National Representative Uruguay
was given to Professor Queiruga and her Bank of Social Prevision (BPS) multidisciplinary laboratory team for their work and expertise in the field of Neonatal Research.

The prize underlines the outstanding work done over more than 10 years on a single line of research on the prevention of mental retardation and other disabilities through the Uruguayan National Newborn screening program. This international recognition has only been preceded in our country by the "Reina Sofia" award given to our prestigious writer Mario Benedetti, for his major contribution to our literature.

The "Reina Sofia" award is accompanied by a sum of 50 000 Euros that will help Professor Queiruga in equipping the BPS Molecular Biology laboratory that will enhance the ability of screening and preventing mental disabilities. Professor Queiruga is a graduate of the Faculty of Chemistry at the University of the Republic, in Uruguay, where she obtained the position of full professor that she still holds as Free Teacher. She has devoted her professional practice to clinical chemistry, focused on disease prevention. We are proud of her achievements that reflect on our field and we consider that she plays a role model for our students and graduates.

This award, through our colleague, tells the world that Uruguay has a legislation that sees that all newborns have free access to a program that decreases mental retardation and disabilities in our population. Her fame, through this award brings Uruguayan and Latin American clinical chemists some reflected glory.

Edited by Edgard Delvin
IFCC eNewsletter Editor
Report on a visit to Uruguay and Argentina on a CSCC Travel Grant

After a 24-hour trip I arrived in Montevideo via Toronto and Sao Paulo. I was scheduled to speak at the VII Congresso Uruguayo de Bioquimica Clinica. This was a 3-day conference with over 400 attendees and 72 presenters from 7 different countries. Dr Maurizio Ferrari (Italy) represented the IFCC and there were speakers from Paraguay, Guatemala and Brazil as well as Uruguay. Presentations consisted of plenary lectures, discussion forums in which 4 or 5 people made 20 minute presentations followed by a question/discussion period and poster presentations. There were presentations on microbiology, hematology, coagulation and clinical chemistry. The majority of attendees at the conference were biochemists. In both Uruguay and Argentina these individuals have had 4 years of undergraduate training and have passed a national exam. They can practice in the areas of clinical chemistry, microbiology, hematology and coagulation. In Argentina there is a possibility of additional 4-year training program with the designation of laboratory specialist at the conclusion. There is no post-doctoral program as we know it. The lectures were held in the ANTEL telecommunications building and commenced each morning at 8:30 continuing until 8:30 in the evening with a 1-hour lunch break. The opening reception was held on the 39th floor of the building which offered spectacular views of the city.

The topic of the Friday discussion forum was Diabetes and I opened the session with an historical overview of diabetes detection and management. Using the 2008 Canadian Diabetes Association Clinical Practice Guidelines for the prevention and management of diabetes in Canada as a basis I presented the current views on detection and monitoring of diabetes in Canada. The next speaker, an endocrinologist, spoke on a clinicians approach to diabetes and made many references to my presentation in her talk and later she commented after how well the presentations had fit together. Two clinical chemists rounded out the session with presentations on the laboratory’s role in the detection and monitoring of diabetes. In the Saturday plenary lecture I spoke about the analytical, demographic and clinical factors that can affect HbA1c results. As with all sessions there was simultaneous translation. As I was entering the conference area after lunch on Saturday I was “ambushed” by about 12 students who wanted to know about laboratory medicine in Canada.
and we had a long discussion about the differences in training between Uruguay and Canada. They then asked me to give them a lecture and so, in the conference registration area, I gave an impromptu lecture to about 20 individuals. The conference organizers mentioned afterwards that this impromptu lecture was a first for the conference. It was a highlight of my trip.

The last of my presentations was a discussion group on external quality control and I used a paper in Clinical Chemistry (Clin Chem 2009;55:1876–80) on an HbA1c external quality control program to illustrate the many challenges of external quality control programs. The other speakers spoke about the challenges of operating a quality control program in a country with many laboratories and very little mandatory regulation.

The Gala Dinner in the evening, starting at 11 pm, was held at a race course and we had to place bets, by placing our betting slip into designated boxes, on horses named fT4, PSA, TSH, CEA etc. Although I picked the winner my name was not picked out the box. It was a great event and we started to eat dinner at 1230 am.

In Buenos Aires I spoke on HbA1c at laboratory rounds at the Centro de Educacion Medicae Investigaciones Clinicos Centre. This facility has 2 locations with 140 beds in the main location and 25 beds in the satellite location but also receives samples collected in physician offices and clinics. They offer an extensive menu of laboratory tests that would be comparable to many teaching hospitals in Canada. Quality control is similar to Canadian practice. About 50 people attended the lecture that included both laboratory and clinical staff. The laboratory is well equipped by Canadian standards and operates an external quality control program with participants throughout South America. Within 5 blocks of the hospital where I spoke there are 3 public hospitals and at least 4 private laboratories. The duplication of laboratory services is a serious problem in Argentina leading to waste. Everyone recognizes it but there does not seem a mechanism to change as this problem was discussed in my previous visit to Argentina 4 years ago. We also examined physician-ordering practices and I had to comment that even when compared to Canadian practice there is over utilization of the laboratory with, for example, up to 4 creatinine requests per day on individuals with normal renal function.

I was invited back to speak in both Uruguay and Argentina and both countries gave me topics that they wanted me to speak on when I return. There is no hesitation in their mind that I will return; just when? As one organizer in Uruguay said “The students love you. We all love you. Please come back soon. You are welcome any time.”

I felt satisfied as I faced the long trip home that I had made a small contribution to Clinical Chemistry in both Argentina and Uruguay.
I am grateful to the Canadian Society of Clinical Chemistry for giving me an International Exchange Grant and to Roche for sponsoring this award.

Postscript
Two Uruguayan students recently spent a 2-week period of study at DynaLIFEdx. They stayed in our home and commented that they saw more real situations in one day than they had in their 3-month clinical rotation.
Recent Certified Fellows of the Canadian Academy of Clinical Biochemistry

Contributed by Dr. Isolde Seiden Long, Associate-Editor, CSCC eNewsletter

Dr. Marie-Eve Habel

Marie-Eve Habel completed her post-graduate studies in clinical Biochemistry in 2008. She did most of her training at the Centre Hospitalier Universitaire de Montreal (CHUM). She received her specialist certification by the Ordre des chimistes du Québec (OQC) in February 2009 and the Academy certification in July of the same year. She recently received her fellowship from the Academy. Since then, Dr Habel has been working as a clinical biochemist at the Centre Hospitalier Regional de Rimouski, in Québec, where she is also the head of Biochemistry Department.

Dr. Michael Chan

Michael obtained his PhD from the Department of Clinical Biochemistry, University of Toronto. He began his career at a clinical research organization in Montreal. This was followed by an appointment as Senior Clinical Biochemist at the University of Hong Kong and Queen Mary Hospital in his hometown. He was a founder and a Past President of The Hong Kong Society for Clinical Chemistry. Michael returned to Toronto and joined Med-Chem Laboratories in 1995.
His next appointment was with MDS Sciex during the early days of tandem mass spectrometry as Principal Clinical Chemist and Head of Biomedical Mass Spectrometry. Michael introduced this technology to many clinical institutions and facilitated the installation of over 150 units in clinical laboratories throughout North America and internationally.

Later, Michael served as Director of Research & Development at NMS Laboratories in Pennsylvania. In 2009 he returned to Canada as Clinical Biochemist at Kingston General Hospital and Associate Professor in the Department of Pathology and Molecular Medicine at Queen’s University. He is delighted to team up with Dr. Christine Collier, a long time friend and fellow graduate student of Dr. Steve Soldin.

Michael and his wife, Lillian, are thrilled to have discovered “small town Canada”, and enjoy their home in Bath, Ontario. They plan to stay there permanently.

Dr. Yanping Gong

As a medical graduate from Hebei Medical University in China, I finished two–year residency in 1996 and then started further graduate and post–doctoral study in Neurochemistry, in China, in the USA, and in Canada. Clinical Chemistry training at the University of Toronto, started in 2006, was both enjoyable and challenging. After this training, I started to work at the Vancouver Island Health Authority in Victoria in 2008, which not only exposed me to the astonishing sceneries, but also the excellent Clinical Chemistry service on the west coast.

Currently working in Children’s Hospital of Eastern Ontario in Ottawa with several wonderful colleagues in the region, I focus more on Pediatric biochemistry and Toxicology. In addition to being certified in Clinical Chemistry by CACB, I am certified in Clinical Chemistry and Toxicology by ABCC as well, which allows me to hold fellowships with CACB and NACB.

Being a family person at home, I cherish the time with my daughter and my wife, and sometimes play basketball with friends. It is time for me hide umbrellas and embrace various winter activities in Ottawa.
Dr. Hui Li

Dr. Hui Li obtained her BSc degree in Medicinal Chemistry from Shanghai Medical School in 1993 and her PhD degree in Molecular Pharmacology from the National University of Singapore in 2001. Her undergraduate education and her first job in a University analytical lab emphasized Synthetic and Analytical Chemistry. The four papers published during her PhD study described her work in receptor regulation and cell signalling transduction in myeloid cells. From 2001 to 2008, she went through postdoctoral training in both academic and industrial environments. The focus of her research was the application of gene microarray and real-time PCR on diabetic research and development of anti-cancer drugs and molecular biomarkers for cancer prognosis/diagnosis. Following postdoctoral training in Clinical Biochemistry at the University of Toronto, she was certified as a Fellow of CACB and a Diplomate of ABCC in 2009. Dr. Li worked as a Sanford Jackson Clinical Chemistry Fellow at the Hospital for Sick Children at Toronto before she joined LifeLabs in Toronto in November 2008. Her current areas of specialty/interest include Immunoassays, TDM/Toxicology, Protein Electrophoresis and Molecular Diagnostics.

Clinical and Laboratory Standards Institute (CLSI) announces its participation to the IFCC–World Lab and Euro Med Lab in Berlin, Germany

Clinical and Laboratory Standards Institute (CLSI) is pleased to announce that it will be attending the IFCC–World Lab and Euro Med Lab in Berlin, Germany 15–19, May 2011. CLSI is a nonprofit organization that promotes the development and use of voluntary laboratory standards and guidelines. CLSI and IFCC have a partnership that promotes global harmonization of clinical laboratory practices. IFCC’s involvement in the development of CLSI standards and guidelines helps to create publications with a broad international perspective. Learn more about CLSI documents and StatisPro, a new methods evaluation software at CLSI’s booth C07 at the IFCC–World Lab and Euro Med Lab or by going to CLSI’s website at www.clsi.org. News From CLSI
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Forthcoming meetings

VI European Symposium: CLINICAL LABORATORY AND *IN VITRO* DIAGNOSTIC INDUSTRY "Clinical laboratory accreditation according to the standard ISO 15189:2007 in the European Union"  
Barcelona, 5 and 6 May 2011  
For more information please visit: http://www.acclc.cat/continguts/proq2010f.pdf

6th International Conference on Biochemical Markers of Brain Damage (BMBD 2011)  
Lund, May 9–11, 2011  
For more information please visit: http://www.bmbd.org

XII International Congress of Pediatric Laboratory Medicine – ICPLM  
For more information please visit: www.icplm2011.org