



OUR MISSION IS TO BE THE LEADING
ORGANIZATION IN THE FIELD OF
CLINICAL CHEMISTRY AND
LABORATORY MEDICINE WORLDWIDE

eNewsletter



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Editorial

Dr. Jocelyn M. B. Hicks, President IFCC



It is difficult to imagine that we are now starting 2008. It seems as if it was only yesterday that there was all the talk about the new millennium! The Executive Board of the IFCC last year continued to work on the Vision developed last year for the IFCC. If you remember from last year we decided to concentrate on:

1) Developing integrated projects so that the work that is done by the Scientific Division (SD) in establishing reference methods and materials will be integrated with the other Divisions. The Education and Management Division (EMD) will assist with educational materials understanding these reference methods and new standards and materials. The Communications and Publications Division (CPD) will be sure that information about these changes will be posted on our web site and disseminated as widely as possible. The Congress and Conference Division (CCD) will ensure that meetings contain sessions devoted to the newest work from the SD. Thus, the loop will be completed. I am pleased to tell you that the Past President, Professor Mathias Müller, is spearheading this effort. The work is starting on a project related to pharmacogenetics, and another will be started next year on screening for renal function.

2) Improvement of public relations is of high priority. We must work, through CPD, to make members of our Member Societies are fully aware of IFCC activities. According to current WHO data, fully 80% of diagnoses is based on laboratory results. We need to work with physicians to enable them to understand our role in their success with patient diagnoses and therapies.

Likewise, we need to make the global community of present and future patients understand our role.

I am delighted to announce that the Communications and Publications Division (CPD) are working together with Abbott Laboratories and their "Labs are Vital" program to ensure that the knowledge of what IFCC does not only reaches our Members, but also the general public. We are also striving to be timelier and more thorough with getting information re our programs on our web site, www.ifcc.org.

In addition, the Congress and Conference Division has worked well with CPD in getting a large variety of meetings announced on our web, and has been active in encouraging the use of auspices and the IFCC logo to get information about these widely distributed.

3) Education. We should develop educational programs that involve not only our Member Societies, but clinicians and patients as well. We must continue to develop many specialized educational programs, such as the one in evidence-based medicine and in analytical quality. I have previously reported that in late 2006 we obtained a substantial grant from Abbott Diagnostics to allow us to expand our Visiting Lecturer Program to developing countries in a major way. I am happy to report that this effort is now well underway under the leadership of the Education and Management Division.

4) Assisting Developing Countries should be a priority. One of the critical needs of those of our Member Societies that qualify as developing countries is improvement of analytical results and helping these nations learn about new and better approaches to our discipline. As I mentioned above, to this end we have strengthened our VLP and we have also obtained a very generous grant from Ortho Clinical Diagnostics Inc. (OCD), to allow us to hold a biannual specialized program at a low registration fee, so that it is easier for persons to attend. We have also obtained a grant from Roche Diagnostics Gbmh to enable persons from developing countries to apply for travel grants to our various meetings.

5) Reflect better the fact that the term "Laboratory Medicine" is part of the name of our organization. We should seek areas in which we can expand our

scientific activities, such as in Microbiology and Virology. The SD should set up Working Groups to deal with these expansions. This part of the vision is being looked at, but as yet I have nothing definite to report.

I have been very busy raising corporate monies to either strengthen existing programs or to add new ones. I have been deeply involved with working with the Scientific Division over the resistance by clinicians to the implementation of the new recommendations regarding the measurement of HbA1c. I worked with the Executive Director of the American Diabetes Association to have a "summit" meeting in Milan with key players on both the scientific and clinical side to develop an agreement about how we should proceed. I have visited many Member Societies during 2007. These include Egypt, Tunisia, Croatia, Turkey, China, Italy and Uruguay. I have been very impressed with their enthusiasm and their willingness to learn new areas of Laboratory Medicine, ranging from management issues to pure science, exciting new areas such as In Vitro Fertilization and to what the future holds for our discipline. I have worked extensively with the very efficient IFCC office to plan The General Conference and to work on the logistical side of the first OCD Conference; the Chair of the Scientific Division, has organized an excellent Scientific program. It is also a pleasure to work with a very helpful, supportive and enthusiastic Executive Board, as well as with the Division Chairs who keep all the activities of IFCC running very effectively. I hope to see the National Representatives from all our Member countries and all our Corporate Members at the General Conference in Turkey next April. We have organized sessions for all of the representatives to be involved in helping develop recommendations for the future of IFCC. I also wish to remind you that the triennial Congress of IFCC is in Fortaleza, Brazil, starting on September 28. This is where the voting will take place for the next Executive Board. It is important that all national Representatives attend or send a proxy so that the voting is representative of all your views. For this, my last year as President, I plan to continue my corporate donation program. I also plan to try to get sub-Saharan Africa more involved with IFCC, and to start some initiatives in other parts of laboratory Medicine, other than Clinical Chemistry. I would love to hear from any readers at president@ifcc.org I wish you all a successful and healthy 2008.

News from National Associations and Federations

11th Asian-Pacific Congress of Clinical Biochemistry, Beijing, 14-19 October 2007-11-18
Contributed by Joseph Lopez, APFCB, President

The APCCB is the triennial congress of the Asian and Pacific Federation of Clinical Biochemistry (APFCB). The 11th APCCB was held in Beijing from 14–19 Oct 2007. A total of 775 registrants from 35 countries participated in this congress.

The Opening ceremony was held on the evening of the 14th October. Guests and participants were treated to entertainment that featured awesome displays of martial arts, delightful dances, acrobatic displays of unimaginable dexterity and exquisite calligraphy during a sit-down dinner of superb Chinese cuisine.



From left to right: Drs Sun Fei, Joseph Lopez, Rita Horvath, Leslie Lai, Yang Zhen Hua
Professor Jocelyn Hicks, President of IFCC, addressing the attendees at the Opening Ceremony

The scientific program commenced the following day with the opening plenary from Professor Shen Ziyu of Mainland China. Professor Shen provided an excellent account of the regulatory requirements for clinical laboratories in China and, among other things, described in detail the impressive number of inter-laboratory quality assurance programs offered within China for public sector laboratories. Each of the subsequent mornings also opened with a plenary, bringing to a total the number to five. The following day's plenary was by Professor Dennis Lo of Hong Kong who presented his exciting and cutting edge lecture on plasma nuclei acids. Dr Leslie Lai of Malaysia, the APFCB Traveling Lecturer, delivered his Traveling Lecture on 17 October as a plenary when he spoke on Diabetes Mellitus and the Metabolic Syndrome. Professor N Hamasaki of Japan spoke on the Standardization of Clinical Laboratory Measurements on Thursday, while Professor Andrea Rita Horvath of Hungary delivered the plenary on Evidence-Based Laboratory Medicine on the last

day. Professor Horvath's plenary was made in her capacity as the IFCC Visiting Lecturer to the APFCB region. The scientific program contained a total of 36 symposia that covered a wide range of topics. Of these 20 were society-sponsored and were presented by national societies of clinical biochemistry, the APFCB and the IFCC and the European Federation of Clinical Chemistry. Participants contributed a total of 620 papers and poster. In addition there were lunchtime industrial workshops sponsored by some multinational *in vitro* diagnostics (IVD) vendors.

The trade exhibition with about 85 exhibitors was one of the biggest seen in the recent history of the APCCB. While the multinationals were well represented, interestingly, it was the local IVD vendor companies that predominated in numbers. This, perhaps, should not come as a surprise considering China's tremendous economic growth.

Twenty-seven scholarships were awarded by the congress and of these 23 winners attended the congress. In addition the APFCB awarded 5 scholarships, and provided financial support for 4 APFCB Council members to attend the APFCB Council meeting, a gesture that was unprecedented. The organizer waived the registration fees for all scholarship holders and these Council members. The generosity of the organizers was remarkable and evident in many other ways, not least of which was in the excellent hospitality accorded to senior IFCC and APFCB officials.

As with most congresses, several organizations took the opportunity to hold meetings held on the side. The IFCC Executive Board, the CCD and the CPD held their meetings. In addition, the APFCB held its triennial Council meeting, a planning meeting of the its newly elected officers and a joint meeting with the IFCC officers and the AACC President. China is an ancient country and with a rich and varied history. Participants took the opportunity to visit the Great Wall and several other famous locations in and around Beijing, besides other places further away. They were spotted engaged in active bargaining at the Pearl and Silk Street flea markets and many emerged from these places with wide smiles and large shopping bags. However these experiences were but appetizers of what this great country has to offer, like morsels of delectable "Peking duck" that you savor and long for more on another day. This was a very enjoyable meeting with a lot of good science and good fun. The 12th APCCB will be held in Korea in 2010.

About the United Kingdom

Jocelyn M. Hicks, President, IFCC



The United Kingdom of Great Britain and Northern Ireland is now commonly referred to as the UK. It is located in the northwest segment of Europe. It is both a parliamentary democracy and a constitutional monarchy that is made up of four constituent countries: England, Scotland, Wales and Northern Ireland. It is one of the few countries in the world that does not have a codified constitution, the other two being New Zealand and Israel. Its Parliament is made up of the Queen and two legislative houses: an elected House of Commons and an appointed House of Lords. Members do not have a limited term of office, but a new election must be called for within five years of the last election. The UK is a permanent member of the United Nations Security Council, a member of G8 and NATO, and has a "special relationship" with the United States. It has been a member of the European Union since 1973. The UK still controls many overseas territories that are remnants of the former British Empire which, at its height, encompassed about 25% of the world's surface.

The Associations for Clinical Biochemistry

Contributed by Dr Michael Thomas, Member of the IFCC Executive Board and Dr Ian D Watson, Chair, Association for Clinical Biochemistry, UK and National Representative to IFCC

The Association for Clinical Biochemistry (ACB) was founded in 1953 and is one of the oldest such Associations in the world.

Its creation owes much to the influence of Professor Earl J King who was Professor of Chemical Pathology at the Postgraduate Medical School in the University of London between 1942 and 1962. King is particularly known for his work in clinical enzymology and colorimetric methods. Although he had no medical qualifications he was endowed with a Honorary MD degree.

His influence within the Biochemical Society saw clinical papers filling their meeting programme and as chairman of the clinical biochemistry section he saw the inclusion of the topic at the 1st Congress of Biochemistry held in Cambridge in 1949. This was the first time that clinical biochemistry appeared in its own right at an international meeting. In 1951 the International Union of Pure and Applied Chemistry (IUPAC) set up a commission with King as its president. On 24th July 1952 the Commission decided to set up the International Association of Clinical Biochemists and this in its turn (July, 1953) became the IFCC.

Because of his involvement in these international affairs King was able to ensure that when the ACB was formed as a national society it immediately fitted in with the international pattern of clinical biochemistry being developed.

The final step in the formation of the Association was taken on Saturday, 28th March 1953 at the Hammersmith Hospital, London when 75 people signed a resolution that "an Association of Clinical Biochemists be now founded".

Report from the 6th Romanian Symposium on magnesium with international participation

Contributed by dr. Manole Cojocaru MD, PhD, member of Director Committee of the RSMR, member of Scientific Committee of the Symposium



Magnesium is the second most abundant intracellular cation, after potassium, taking part in all important life processes. Progresses in magnesium research are opening a wide field for therapeutic its use. Health care delivery is no longer a simple process of examining the patients and writing a prescription. It is very important to recognize that laboratory data form the basis for Evidence-Based Medicine (EBM) and that magnesium research can help to prepare proper guidelines for diagnosis and directives for treatment. Magnesium research is a

dynamically field, and understanding mechanisms of magnesium misbalances, involvement into the pathology of many processes have shaped the existence of some magnesium dependent regulatory cellular mechanisms. One of the best opportunities for international communication is provided by scientific congresses and symposia. To achieve further progress, a new impetus in magnesium research is needed.

The 6th Romanian Magnesium Symposium was held at the Technical University "Gh Asachi" Aula (Main Hall) in the beautiful city Iassy, from September 27–28, 2007. Iassy, one of the most beautiful Romanian cities deserves to be seen. This symposium dedicated special attention to the progress achieved in the last year as well as to the methodology and practical issues of the development of magnesium research.

Prof. Mihai Nechifor from Iassy, organized and presided this symposium, and Prof Paul J. Porr, from Cluj–Napoca, President of the Romanian Society for Magnesium research and co–organizer, delivered the opening address. The welcome party, sponsored by an antibiotic manufacturer from Iassy, followed the opening ceremony.

More than 100 attendants, from around the world, had the opportunity to attend this symposium of excellent scientific level. Diverse topics, such as magnesium in water and soil, magnesium in plants, involvement of magnesium in physiologic and pathologic processes, magnesium mechanisms of action at cellular level, role of magnesium in the CNS, magnesium in microorganisms, magnesium in immunity, magnesium in therapy, pharmacology and toxicology, magnesium sources, magnesium in veterinary medicine were discussed with great interest.

There were 4 sessions with plenary lectures, 3 with free communications and 1 for poster presentations. Worwag Pharma and Sanofi Synthelabo also organized 2 scientific workshops.

The new developments on magnesium research were presented by prestigious scientific personalities: Magnesium in the food chain of plants, animals and man (M. Anke, Jena Germany), Magnesium in acute brain injury (R. Vink, Adelaide, Australia), Magnesium involvement in bipolar disorders (M. Nechifor, Iassy,

Romania), Mineral waters as good source of magnesium -Polish mineral waters from the south Poland (M. Schlegel-Zawadzka, Krakow, Poland), Magnesium content in the diets used for nutrition of patients staying in the military institute of aviation medicine hospital in Warsaw (A. Klos, Warsaw, Poland), Magnesium deficiency detected at several elderly persons (L. M. Deac, Cluj-Napoca, Romania), Possible implications of magnesium deficiency in the pathogenesis of irritable bowel syndrome - basis of a new therapeutical strategy? (P. J. Porr, Cluj-Napoca, Romania), explosive magnesium efflux and H₂O₂ induced apoptosis in red blood cells (J. M. Lou-Bonafonte, Zaragoza, Spain), Assessment of nutritional norms for magnesium fulfillment by food rations used for polish soldiers' alimentation within the space of last 30 years (J. Bertrandt, Warsaw, Poland), Magnesium, lead and delta-aminolevulinic acid dehydratase activity in vitro (R. Naginiene, Kaunas, Lithuania), Magnesium metabolism in insulin resistance, cardiometabolic syndrome and type 2 diabetes (M. Barbagallo, Palermo, Italy), Input of new advances in biology to better understanding of magnesium needs (A. Mazur, St. Gen's Champanelle, France), Variations in magnesium distribution and cardiovascular disorders (I. S. Djunic, Belgrade, Serbia), Serum magnesium in patients with acute ischemic stroke (M. Cojocar, Bucharest, Romania), Effects of magnesium sulphate on immobilization - induced gastric ulcerations in rat (V. I. Sandor, Cluj-Napoca, Romania), Magnesium and cardiac arrhythmias (C. Zeana, Bucharest, Romania), Synthesis of magnesium complexes with biological molecules and their crystal structures (T. Theophanides (Athens, Greece), Stress and immune system in athletes (M. Laires (Cruz Quebrada, Portugal), In vitro antioxidant activities of magnesium compounds (A. Szentmihalyi, Budapest, Hungary), Neuroprotective properties of 6-hydroxy-flavanone in two murine models of epilepsy: magnesium deficiency-dependent audiogenic seizure and pentylenetetrazole tests (P. Maurois (Paris, France), Magnesium effect on the interaction of statin molecules with an immobilized phosphatidylcholine monolayer (A. Berthelot, Besançon, France).

In terms of social events, the participants had the opportunity to visit the beautiful city of Iassy and her surroundings. The organizers had prepared an excursion program for the participants and the accompanying persons. The tour included the astonishing area of the oldest Moldavian Neamt Monastery, founded in the 14th century and built by Stefan the Great. This jewel of 15th century architecture, surrounded by old forests and is situated at the foot of

mountains, has witnessed many historical events of the nation.

In conclusion, this 6th Romanian Magnesium Symposium was a successful event that provided a forum for exchanging ideas on magnesium research, and allowed participants to join efforts to improve the development of research in this exiting domain. Discussion of timely topics by renowned scientists assured that this symposium was informative and that the newly acquired information on magnesium be useful to practicing physicians in their clinical settings.

On behalf of the Scientific Committee, I take this opportunity to acknowledge the exceptional work of the organizers that assured the success of the Symposium, and thank the delegates for their contribution.

Reflection on the 5th RoEQALM Symposium Adaptation to EC standards is advisable

Contributed by Manole Cojocaru MD, PhD, RoEQALM President

How can we improve and guarantee the medical laboratory services? What are the differences between Romania and other countries from EU? What is the best way for learning from the European experience? How should quality assurance programmes be organized? How should quality assurance be undertaken? What should quality assurance programmes accomplish? These are questions addressed during the 5th Quality Assurance in Laboratory Medicine (QALM) symposium organized by the Romanian Society for External Quality Assurance in Laboratory Medicine (RoEQALM) in Sibiu (European Cultural Capital in 2007), last May.

The Romanian Ministry of Health has mandated RoEQALM, a non-profit foundation, owned by the Romanian Society of Laboratory Medicine and the National Commission of Laboratory Medicine of Ministry of Health, is a member of the European Committee for External Quality Assurance Programmes in Laboratory Medicine (EQALM) and collaborator to the Institute for Standardization and Documentation in Medical Laboratories (INSTAND). RoEQALM grants special importance to the organization of programmes for education and specialization in the field of quality control, and aims to develop theoretical materials necessary for ensuring quality in the field of medical

laboratory. Experts of the working groups were trained in the INSTAND-WHO Training Course (IWTC) on Quality Management and Quality Assurance in Medical Laboratories.

The meeting was organized under auspices IFCC, with the participation of INSTAND-WHO, Germany. Inspiring plenary lectures and workshops that explained the principles and significance of the EQA schemes, adequately covered the topic of this symposium, "European regulations and standardization on internal and external quality control in laboratory medicine". A collection well versed speakers from Germany lectured on a variety of relevant subjects listed in table 1 below.

Dr. Hans Reinauer, Dusseldorf	Acceptability Criteria in EQAS-accuracy and precision
Dr. Patricia Kaiser, Berlin	HbA1c and diabetes monitoring-the reference measurement procedure and standardization
Dr. Hans-Peter Grunert, Berlin	Internal quality control for virus diagnostics based on the INSTAND external quality assessment schemes
Dr. Sebastian Suerbaum, Hannover	Internal quality control in bacteriology
Dr. Klaus Janitschke, Berlin	Internal quality control in parasitology
Dr. Claus Heuck, Dusseldorf	Performance targets in laboratory medicine
Dr. Heinz Zeichhardt, Berlin	Waived tests for virus diagnostics
Dr. Folker Spitzenberger, Bonn	The role of EQAS in the European vigilance system for in vitro diagnostic devices
Dr. Michael Spannagl, Munchen	Recommendations for testing in haemostasis and blood transfusion
Dr. Alexander Halliassos, Dade Behring	External quality control in internet era

Plenary sessions also allowed the presentation of the RoEQALM and EQAS recommendations, and for Romanian colleagues to display their results. Table 2 lists the presenters and the topics covered.

Table 2

Dr.Olga Mihaela Dorobat	RoEQALM Recommendations concerning the Internal Quality Control in Bacteriology
Dr. Suzana Cilievici	RoEQALM Recommendations concerning the Internal Quality Control in Parasitology
Dr. Crezante Lazar	RoEQALM Recommendations concerning the internal Quality Control in Clinical Chemistry
Dr. Manole Cojocaru	RoEQALM Recommendations on Internal Quality Control for Immunological Quantitative Test
Dr. Crezante Lazar	Results of the EQA schemes organized by RoEQALM in Clinical Chemistry in 2006–2007 years
Dr. Ioana Culea	European Regulation on Medical Education and Training in Blood Transfusion
Dr. Maria Enea	Quality Assurance Using RANDOX 24/7 internet QC
Dr. Iurian Sabina	The Evaluation of Standards Utility for Antimicrobial Susceptibility Tests in Clinical Laboratory of Microbiology
Dr. Alina Dobrota	Quality Requirements for Ensuring Blood Safety in Hospitals
Dr. Mariana Patiu	The Blood Smear in Automated Analysers Era
Dr. Mihai Aldica	Education, Training and Development of Professionals in Laboratory Medicine
Dr. Ioana Culea	Presentation of CLSI Guideline H54–A, 2005 ♦ Procedures for Validation of INR and Local Calibration of PT/INR Systems
Dr. Camelia Grigore	The External Quality Control in Immunology: the French Model
Dr. Simona Avram	Presentation of NCCLS (CLSI) Guideline H47–A 1996 - One stage Prothrombin Time (PT) and Activated Partial Throboplastine Time (APTT) Tests

RoEQALM also organized two workshops, Internal Quality Control of Pre-analytical Phase and Internal Quality Control of Post-analytical Phase, during the symposium. The topics listed above show that the 5th Quality Assurance in Laboratory Medicine symposium has addressed many of facets of quality assurance thereby reaffirming the will of the RoEQALM to promote efficient and effective quality assurance programs in Romania that will enhance confidence of the user in the final laboratory report.

I take this opportunity to thank the Institute for Standardization and

Documentation in Medical Laboratories for its input in realizing a major progress in quality assurance in Romania.

Report on the first National Congress of Clinical Laboratory: A great meeting

Contributed by Dr. Francisco V. Alvarez, President of the scientific committee

Seville had the honour to host the first National Congress of Clinical Laboratory, a merge of the LIV National Congress of AEBM, the XXII National Congress of AEFA and XXVI National Congress of SEQC. This first congress was a great success in terms of attendance with 1500 delegates, mainly from Spain but also from Portugal, and in terms of the number of exhibits set in a beautiful area of approximately 3000 m²

Members of the Scientific Committee would like to thank the Local Organizing Committee for the great attention paid to quality and variety of social events among which the visit to Reales Alcazares, the concert at the Cathedral, the opening cocktail outside the Palace of Congresses, the Peralta's Cortijo, for the closing dinner. Moreover the delegates enjoyed Seville clement weather, 20 to 25 °C with sun shining every day. I am convinced that the Local Organizing Committee played an important role in this issue, as the neighbouring cities were experiencing, at the same time, torrential rain. "Seville has a special flavor" as goes a famous popular saying, and for sure it is a matter of fact that it was one of the key-points of this success.

It was initially challenging to create a new scientific committee, resulting from the merge of two congresses and three societies, each with its own culture. Nevertheless, all members easily put their shoulder to the cart in a convivial atmosphere assuring the creation of an exciting scientific program.

Half-day courses, offered to a limited number of attendants, preceded the Congress. They covered accreditation and certification of clinical laboratories, molecular biology, flow-cytometry and statistics application in the clinical laboratory. Two well-attended symposia, one on cardiovascular risks: from photometry to proteomic, and the other on obesity: endocrine and metabolic alterations, were held immediately before the official opening of the Congress.

The Congress opened with a well-deserved tribute to Professor Jose Luis Castaño, former President of SEQC, who passed away last December. An emotional video on his personal life, with classical music as background, was shown. It was followed by a plenary conference on Fernando III, King of Castile and Leon, masterly delivered by Professor Manuel Gonzalez and the opening cocktail held in front of the Palace of congresses with a superb temperature and a flamenco group of singers and dancers.

The scientific program consisted of 2 plenary sessions, focused on hereditary cancer and emerging infectious diseases, 10 state-of-the-art symposia and 17 workshops on a wide panel of topics such as the role of the clinical laboratory in the diagnosis and follow-up of diabetes mellitus, molecular diagnosis of hepatitis B and C, laboratory automation, latest information on NT-proBNP, chromatography, laboratory quality control issues, international consensus.



The success of the meeting resided also in the 906 posters that were displayed near the exhibit area during the three and half days of the congress to allow good visibility for the sponsors and liberal exchanges among the delegates. The Scientific Committee had selected 20 poster submissions to be presented in a two oral sessions, of which 10 received awards that were announced during the official dinner. It was rewarding to hear from the delegates that such a National Congress of Clinical Laboratory, issued from a merge of two yearly national congresses, should have been done years before.

Finally, the Members of the Scientific Committee wish to congratulate all speakers for the quality of their presentations witnessed by the high ranking in the evaluation. They also want to thank all poster presenters, members of Congress Organizing Committee for their efforts, pharmaceutical companies for the beautiful exhibition area and their generous contribution, MZ Congressi for the outstanding organization. This Congress would not have succeeded without

the presence and active participation of the attendants.

We heartedly invite you to attend the 2nd National Congress of Clinical Laboratory in A Coruña, a beautiful city located in the northwest of Spain, in June 2008. We realize that it is a challenge as it is only 7 months away but we are confident that it will be a success as the Organizing Committee is ready to get down to the job.

Report on the 39th National Congress of the Italian Society for Clinical Biochemistry and Clinical Molecular Biology

Contributed by Dr. Mario Plebani, SIBioC President

The Italian Society for Clinical Biochemistry and Clinical Molecular Biology (SIBioC) has celebrated in Rimini on October 2–4 its 39th National Congress entitled "Laboratory Medicine in Primary Care". More than 1200 delegates attended the Meeting that was extremely appreciated both for the scientific program and the effective organization.

Professor Jocelyn Hicks, *IFCC* delivered the opening ceremony key-note lecture, and gave a visionary talk on "Present and future of laboratory medicine worldwide". Professor Hicks started her presentation remembering the roots of the discipline, including the evolution of instrumentation in clinical laboratories from 1920 to the present situation, and dealing with future developments.

In particular, Professor Hicks stressed the importance of molecular diagnostics and its contribution to better patient care in the field of infectious diseases, personalized medicine and disease prevention. Other important topics of the lecture were the "omics" revolution, not only regarding genomics, proteomics and pharmacogenomics, but also nutrigenomics, the growing contribution of information technology to effective laboratory services, the global harmonization of IVDs, and the efforts to reduce laboratory errors for improving patient safety.

At the end of this key-note lecture, Professor Mario Plebani, current SIBioC President, gave, on behalf of the Society, a honorary membership to Professor Jocelyn Hicks, recognizing her outstanding contribution to the development of Laboratory Medicine at an international level.



In the photo, Professor Jocelyn Hicks receives the plaque attesting the honorary membership.

The main scientific sessions of the Congress were dedicated to "management of individuals with gammopathies", "laboratory-clinical interaction in the management of diabetics", "drug allergies", "laboratory markers of bone metabolism", "extra-analytical variability" and "information technology and clinical Governance".

Other interesting plenary lecturers were delivered by Dr. Antonio Tiengo on "metabolic control of diabetics", by Dr. Paolo De Coppi on "Stem cells from amniotic fluid and placental tissues", and by Dr. Mitchell Scott (US) on "Education of laboratory professionals."

Nomination on the Communication and Publication Division (CPD) Committee



We are proud to announce that Dr. Mario Plebani, current President of the Italian Society for Clinical Biochemistry and Clinical Molecular Biology, has been nominated as Editor of the Documents for the CPD. A resume that highlights his career follows.

Dr. Mario Plebani obtained his medical degree *summa cum laude* from the Medical School of the University of Padova in 1975. He completed residency training and specialization in Laboratory Medicine (1978), and subsequently in Gastroenterology (1983), at the same University. In 1991 he was appointed Head of the Clinical Laboratory of the University–Hospital in Padova and in 2001 Chair of the Department of Laboratory Medicine, a position that he still holds. In 2003 he has been appointed Full Professor of Clinical Chemistry and Clinical Molecular Biology (BIO/12) at the Medical School of the University of Padova, and in 2007 he has been appointed Director of the Post–Graduate School in Clinical Biochemistry. He was appointed in 1993 Chair of the Center of Biomedical Research, a specialized center for quality in laboratory medicine of the Veneto Region operating in Castelfranco Veneto.

He was President (2004–2008) of the International Society of Enzymology (ISE) and President of the Italian Society of Clinical Biochemistry and Molecular Clinical Biology (SIBioC) for the years 2006–2007. He has been Chair of the IFCC (International Federation of Clinical Chemistry and Laboratory Medicine) Working Group on Laboratory Errors and Patient Safety (WG LEPS), member of the Working Groups on Accreditation and ISO/CEN of the European Federation of Clinical Chemistry and Laboratory Medicine (EFCC), and of the ISO/ Technical Committee 212 WG1.

He has published 550 original papers in peer reviewed journals, and is recipient of national and international awards, including that of the International Society of Enzymology King Prize for achievement and original research in Clinical Enzymology in 1990 and the AACC Management Sciences Division.

He is Reviews Editor of Clinical Chemistry and Laboratory Medicine, Associate Editors of Clinical Biochemistry, CRC Clinical Laboratory Sciences and International Journal of Biological Markers and Editor in Chief of the journal "Clinical Governance: dalla gestione del rischio al miglioramento continuo della qualità", as well as member of the Editorial Board of Laboratory Errors and Patient Safety, Clinica Chimica Acta, and Clinical Proteomics.

He is serving on the AACC Patient Safety Advisory Group from 2004, and on the International Advisory Group. The main areas of research are quality in

laboratory medicine, biomarkers in cancer and cardiovascular diseases, and in vitro allergy diagnostics.

Letter to the Editor – Personalized Medicine " Cookies"

Submitted by Bernard GOUGET, SFBC–EFCC representative and SFBC–Committee on International Affairs, Under Secretary General, International Francophone Federation of Clinical Biology and Laboratory Medicine (FIFBCML)

The latest catchphrase in the lab–medical community is personalized medicine. This new healthcare jargon is capturing the public's imagination raising expectations for therapies that are safer, more effective, and targeted to individual health needs. Personalized medicine is a relatively new field that recognizes and takes advantage of a patient's individual genetic and physiologic make–up, as well as specific environmental influences. It has been alternately broadly and narrowly defined. Under its broadest definition, clinicians have been providing personalized medicine for as long as there has been medical practice: doctors employ diagnostic tools, whether in vitro tests, imaging techniques, or symptomatology to determine a particular condition, and then go on to prescribe the appropriate treatment, drug or otherwise.

Personalized medicine covers a wide range of topics, but it generally refers to tailoring drugs and procedures based on the genetic makeup of an individual patient. While most human genes are the same in every individual, there are quite a few that contain differences. Changes in those genes might make you more susceptible to getting a disease, or determine how you will respond to a drug. In fact, it is the "–omics", the ability to test for variations in genes and their expression through molecular diagnostics and then to treat with targeted drugs, that shapes a narrower, and more potent, definition .The increasing interest in this field is driven by the development of a number of molecular diagnostics–based tests that determine a patient's genetic predisposition to a given disease or to adverse drug reactions. Today, there are genetic tests clinically available for close to 1,000 diseases, and several hundred tests are in

development, making genetic testing the fastest growing area of laboratory diagnostics. Genetic testing is becoming an increasing part of medical care, and is used in screening, diagnosis, treatment, and prevention. The "omics" promise to open up a new frontier in medicine. Within the next decade, molecular diagnostic products will likely enable researchers to predict a patient's response to therapy based on the genetic makeup of a tumor (in the case of cancer), a viral genotype (for viral infections) or the genetic makeup of the patient (for a wide variety of conditions).

Conceptually, The personalized medicine is reconfiguring the research/development as well as the business models of diagnostics and pharmaceutical companies. The diagnostic test could be considered as an increasingly valuable tool, offering both clinical and economic value to manage the appropriate use of expensive drugs avoiding expensive prescriptions for a non responder or drugs with dangerous side effects. The longer-term opportunity for these diagnostics companies will be to link test development programs to drug development programs and then launching the approved drug and test as a true tandem from the outset. A nearer-term opportunity for diagnostics companies is the development of tests that are linked to currently marketed therapies. Currently marketed drugs that could benefit from a test to identify optimal responders are near-term target markets for diagnostics companies.

For personalized medicine to work, quality genetic testing requires good tests and competent laboratories., there must be a sufficient level of confidence that the laboratories offering these tests are performing them correctly and that the tests themselves yield information that is relevant to health care decision making. A guidance on the co-development of drugs and diagnostic tests will ensure continued innovation and accelerate the translation of these products from the laboratory bench to the patient's bedside.

As these efforts continue, It is necessary to create a innovative environment between the stakeholders biomedical and pharmaceutical companies, laboratory scientists and physicians and patients that is favorable to both the basic research that is required for innovation of effective personalized medicine solutions, as well as their eventual commercialization. The system will also require new regulatory approaches, revamped medical education curricula,

integrated health information technology, strong patient privacy protections, and an insurance reimbursement system that encourages preventive medicine and supports access to the tests and treatments that enable physicians and patients to personalize care.

Upcoming IFCC related meetings

IFCC–Worldlab Fortaleza 2008

20th International Congress of the Clinical Chemistry and Laboratory Medicine. Fortaleza – Brazil. 28 September – 2 October 2008. Web site: <http://www.fortaleza2008.org/>

The International Congress of Pediatric Laboratory Medicine. Fortaleza – Brazil. 28 September – 2 October 2008. Web site: <http://www.icplm2008.org/>
11th Bergmeyer Conference: Markers of kidney diseases, under the auspices of IFCC. Garmisch–Partenkirchen, Germany. March 3 – 5, 2008. Web site: www.ifcc.org

Les 2imes Journées Nationales de l'AMBM, sous les auspices de l'IFCC, Marrakech, Maroc, Avril 4–5, 2008. Web site: <http://www.ambm.ma/>

IFCC General Conference for National Representatives and Corporate Representatives, Antalya, Turkey, 14–15 April 2008.

International Symposium: New trends in clinical biology: Emerging technologies and their impact on laboratory medicine and management under the auspices of IFCC. Brussels May 15 – 17, 2008. Web site: <http://www.bvkc.be/FileEvents/Bruxelles 2008-V3.pdf>

The Canadian Society of Clinical Chemists 2008 Annual Conference, under the auspices of IFCC. St. John's, Newfoundland, June 8 – 11, 2008. Website www.csccl.ca.

EUROMEDLAB Innsbruck 2009 18th IFCC–FESCC European Congress of Clinical Chemistry and Laboratory Medicine 7–11 June 2009. Web site: www.innsbruck2009.org

RECENTLY PUBLISHED IFCC DOCUMENTS & RELATED PUBLICATIONS IFCC

The following documents have been published by IFCC Divisions/Committees/Working Groups:

Mueller MM. IFCC and Clinica Chimica Acta–50 years of partnership. Clin Chim Acta 2006; 369:153–157

The following recently published papers relate to IFCC documents and Committee–Working Group activities:

Barlow–Stewartand K, Burnett L. Ethical Considerations in the use of DNA for the diagnosis of diseases. Clin Biochem Rev 2006; 27:53–61.

Jansen R, Schumann G, Baadenhuijsen H, Frank P, Franzini C, Kruse R, Kuypers A, Weykamp C, Panteghini M. Trueness verification and traceability assessment of results from commercial systems for measurement of six enzyme activities in serum. An international study in the EC4 framework of the Calibration 2000 project. Clin Chim Acta 2006; 368:160–167.

Savoca R, Jaworek B, Huber AR. New "plasma referenced" POCT glucose monitoring systems–are they suitable for glucose monitoring and diagnosis of diabetes? Clin Chim Acta 2006; in press.