



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



Editor: Edgard Delvin Ph.D  
CHU Sainte-Justine  
Centre de Recherche  
3175 Côte-Ste-Catherine  
Montréal, Québec  
H3T 1C5, Canada  
e-mail: [edgard.delvin@recherche-ste-justine.qc.ca](mailto:edgard.delvin@recherche-ste-justine.qc.ca)

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## Editorial

Dr. Jocelyn M. B. Hicks, President IFCC

Dear Colleagues:

I wish our readers a happy, healthy and successful 2007, and peace worldwide.

It is difficult to believe that I have completed the first year of my term as President of the IFCC. I suppose that the old adage, 'time passes quickly when you're having fun' applies to my experience as well.

The past year has been a challenging and exciting period. The IFCC Executive Board created a mission statement for the organization, and developed a vision for the future. Our mission statement starts off with the words, "Our mission is to be the leading organization in the field of clinical chemistry and laboratory medicine worldwide." The full mission statement may be found at our website, [www.ifcc.org](http://www.ifcc.org).

We developed our vision by prioritizing our ideas, as follows:

– Integration

Implement Integration of all of our projects among our Scientific (SD), Education and Management (EMD), Communications and Publications (CPD), and our Congress and Conference (CCD) divisions. For example, if a new scientific standard is recommended by the SD, the EMD will assist with educational sessions designed to explain the new standard to IFCC's Members, the CPD will assure that the new scientific standard gets worldwide publicity on the web and elsewhere, and the CCD will assure that there are sessions at congresses and conferences that will deal with the new standard. Prof. Mathias Müller (Past President) and Dr. Michael Thomas (EB member) are working on a specific example to demonstrate how helpful such integration will be to our member Associations.

– Improvement of public relations

We realize that we must work more diligently to make members of our Member Associations more aware of our activities. It is also important that we make clinicians and the public worldwide aware of the IFCC and what it does for their benefit. Drs. Paivi Laitinen (IFCC Secretary) and Norbert Madry (EB Corporate Member) are working together with our CPD on this activity.

– Education

The World Health Organization has recently presented data showing that currently 80% of medical diagnoses are made on the basis of laboratory tests. It is clear, therefore, that we must develop a program of 'targeted education' that will involve not only our Member Associations, but also clinicians and the lay public. We must develop more specialized activities, such as evidence-based medicine. We must develop more monographs on such targeted programs. Prof. Vladimir Palicka (IFCC Vice-President) and Dr. Ghassan Shannan (IFCC Treasurer) lead this effort.

#### – Assisting Developing Countries

One of the most crucial needs of such countries is improvement in analytical quality. The EMD is in the process of developing a strategic plan for how this goal may be achieved. Money has been set aside in the IFCC budget to implement this activity. Once high analytical quality has been achieved, we can then assist in accreditation efforts.

As part of this activity, we hope to strengthen our Visiting Lecturer Program and our Professional Scientific Exchange Programme. These programmes are especially helpful to developing nations to learn about new and better approaches in clinical chemistry and laboratory medicine.

A major challenge to the IFCC has been the acceptance of its science-based recommendation for glycosylated haemoglobin (HbA1c) and its implementation worldwide. While the IFCC continues to stress that analytical valid methods and units must be used, it must also appreciate the views of the clinicians who will have to incorporate a new test into their practice and explain new units to their patients. It is imperative therefore, that the IFCC work with clinicians to assist them in introducing IFCC recommended new standards.

The greatest pleasure of my Presidency thus far has been working with an extremely able, helpful and supportive Executive Board and with the very competent Division Chairs, and visiting many of our Member Countries or Regions. I not only attended annual congresses in Brazil, Croatia, France Mexico, Paraguay, Spain, and Syria, but in many cases also conferred with their executive boards on future cooperative activities.

Last, but not least, please be sure to attend at least one of these congresses and conferences in 2007: EuroMedLab in Amsterdam June 3–7; the Balkan meeting in Antalya, Turkey (Sept. 4–7); the Asian–Pacific Federation of Clinical Chemistry Congress in Beijing (October 14–19); the Latin American Congress of Clinical Biochemistry in Panama Nov. 28–Dec 1.



The photograph above shows all of the members of the Executive Board, standing at the back.

These are all elected by the National Representatives from your country's Society or Association.

They are from left to right: Dr. Michael Thomas, Member (UK), Mr. Joseph Lopez, Member (MY),

Dr. Ghassan Shannan, Treasurer (SY), Prof. Mathias Müller, Past-President (AT), Prof. Vladimir Palicka, Vice-President (CZ), Prof. Jocelyn Hicks, President, (US), Dr Päivi Laitinen, Secretary, (FI), Dr. Norbert Madry, Corporate Member (DE), Prof. Daniel Mazziotta, Member, (AR).

Sitting in the front are the Division Chairs. These are all appointed by the Executive Board.

They are from left to right: Dr. Ellis Jacobs, Chair, Communications and Publications Division, (US), Prof. Mauro Panteghini, Chair, Scientific Division, (IT), Ms. Janet Smith, Chair, Education and Management Division, (UK), Dr. Albert Fraser, Chair, Congress and Conference Division.

This Photograph was taken at the Executive Board meeting in Milan, Italy in November, 2006. It is customary to invite the Division Chairs to the last EB meeting

each year to report on their Division's activities and to work with them on the following year's budget

## Feature country: ARGENTINA



**Confederacion Unificada Bioquimica de la Republica Argentina, CUBRA**

**Unified Biochemical Confederation of the Argentine Republic, CUBRA**

**By Daniel Mazziotta, Member of Executive Board of IFCC & LM**

### **Introduction**

The Unified Biochemical Confederation of the Argentine Republic, CUBRA, was created in 1982 as a result of merging the two main biochemical national organizations, the Clinical Biochemist Confederation of the Argentine Republic (1954) and the Argentine Biochemical Confederation (1971). It has legal status and is a non-profit organization integrated by provincial organizations (federations, associations and colleagues). CUBRA and its member organizations will not have political, racial or religious discrimination. CUBRA is recognized by the health authorities of Argentina as the only National Representative of all Clinical Biochemists in the country.

### **Structure**

CUBRA is governed by its Executive Commission, which in turn carries out the decisions made by the Confederation Assembly, which is the supreme body. The Confederation Assembly comprises representatives of all provinces and holds meetings on a monthly basis. The Executive Commission has a President, Vice-President, Secretary, pro-Secretary, Treasurer, pro-Treasurer, 4 nominal members and 4 substitute members. The term of all positions is 2 years, and occupants of these positions can be re-elected. The EC appoints members to several committees that are responsible for specific issues, i.e. education, scientific, private work rules and awards, etc.

### ***Objectives***

CUBRA promotes scientific, professional and social biochemical improvement through activities designed to improve professional training. CUBRA preserves and

defends the legitimate professional interests of biochemists within the government, public or private institutions, universities, and the private sector. It seeks to establish links with other national and international professional health institutions.

### ***Professional activities***

The manner in which CUBRA meets its objectives is determined by the characteristics of the objectives. For example, CUBRA seeks to assure employment opportunities and adequate salaries for Clinical Biochemists, particularly within the Social Security System that, in Argentina, comprises private, national and provincial organizations. For another example, CUBRA promotes the use of centralized purchase of consumables and reagents, which helps Clinical Laboratories to keep the cost of analyses down. Other services for Clinical Biochemists include malpractice insurance, as well as a coverage system for highly complex surgery. Such coverage is available to family members and employees of the laboratory.

CUBRA has participated in the creation of the National Commission of Biochemist Certification, COCERBIN. This commission is integrated in the Coordinator Body of Academic Units of Pharmacy and Biochemistry, CUBRA, Legal Colleges and other organization. COCERBIN is intended to harmonize the certification of all biochemists using the same standards. A score system was created to assess the activities of each professional in training and keeping up with new and technology. CUBRA participated in 2004 in Argentina's first National Survey of Health and Nutrition. This participation consisted of the networking of the country's laboratories to perform blood tests. The External Quality Assessment for Clinical Laboratories of the Argentine Biochemical Foundation, of which the executive committee CUBRA is a member, standardized these laboratories.

### ***Educational activities***

Historically, a primary concern of CUBRA has been the education and scientific prowess of biochemists. Educational opportunities are made available through courses, seminars, workshops and national and international congresses. In Argentina, as well in most countries of the Latin-American region, the Clinical Laboratory is multidisciplinary, performing testing in all areas of what is called Laboratory Medicine: Clinical Chemistry, Hematology including Coagulation, and Microbiology as well Quality Control and Quality Management. Currently, a program of remote learning is running in combination with the Universidad del Litoral.

### ***Scientific activities***

Since 1991, CUBRA has organized through its provincial organizations, the National Biochemical Congress that is held every other year. This Congress is held in different provinces each time to encourage the participation of local colleagues. For this purpose, the Confederation Assembly assigns the organization of the Congress to one of the provincial organizations that is a member of CUBRA. The Scientific Commission of CUBRA works together with the local Scientific Commission of the Congress in the preparation of the scientific program. CUBRA has made the journal Acta Bioquímica Clínica Latinoamericana the official scientific journal.

### ***Relationship with other organizations***

CUBRA is interested in developing relationships with national and international organizations, with matching objectives for the profession. To this end, CUBRA is a founding member (1971) of the Latin-American Confederation of Clinical Biochemistry that has had 6 presidency, including the current one.

CUBRA also has been a member of IFCC since 1971, being one of the first Member National Societies in the Latin-American region. At the national level, CUBRA is a member of the General Confederation of Professionals of the Argentine Republic.

CUBRA will continue working towards better health care, collaborating with the National Health authorities, and promoting excellence in professional services to the community.

More information (in Spanish) can be found in [www.cubra.org.ar](http://www.cubra.org.ar)

## **About Argentina**

### **Jocelyn M. Hicks, President, IFCC**

In 1816, the United Provinces of the Rio Plata declared their independence from Spain. Bolivia, Paraguay and Uruguay went their own way, and the area that remained became Argentina.

The country's population has been strongly influenced by Europe, especially as the result of a large emigration from Italy and Spain from 1860–1930.

After World War II, there was a period of Peronist authoritarian rule that was followed by military junta that took power in 1976. A democratic form of government was re-established in 1983. The present government has faced several

serious challenges, including a severe economic crisis in 2001–2002. Successful negotiations with the International Monetary Fund have allowed Argentina to move forward. Since 2003, the government's efforts to stem the crisis have led to rapid economic recovery.

Argentina, the second largest country in South America, is bordered by the South Atlantic Ocean to the east, Chile to the west and Uruguay to the north. It occupies about 2,766,800 sq. km. Its climate is mostly temperate, but is arid in the southeast and southwest. It is composed of the rich plains of the Pampas in the northern half, flat and rolling terrain in Patagonia in the south, and the rugged Andes on its western border. Parts of the country are subject to earthquakes, violent windstorms and heavy flooding.

Argentina's natural resources include many ores (lead, zinc, tin, copper, iron, manganese and uranium) and petroleum. Of course, Argentina's cattle may also be considered to be a natural resource. About 10% of its land is arable, and produces lemons, soybeans, grapes, corn, tobacco, peanuts and wheat.

Argentina, as do most nations with a developing industrial economy, suffers from the same environmental problems, including deforestation, soil degradation and water pollution. Argentina leads, however, in setting voluntary greenhouse gas limits.

The total population is about 40 million, with a distribution of 25% 0–14 y, 64% 15–64 y, and 11% 65y and older. The life expectancy is about 72.4y for males and 80y for females. The fertility rate is 2.16 children per woman. Its ethnic group distribution is 97% Caucasian and 3% other groups. The country is nominally 92% Catholic (although with only about 20% practicing), 2% Protestant, 2% Jewish, and 4% others. The official language is Spanish, but Italian, English, German and French are widely spoken. Argentina enjoys a literacy rate of 97%.

The government is a republic, and is composed of 23 provinces and one federal district. The legal system is a mixture from The United States and Western Europe. The current President is Nestor Kirchner. There is a bicameral legislature consisting of a Senate and a Chamber of Deputies.

The challenges that Argentina continues to face include an 11% unemployment rate

and 38% of the population living below the poverty line. Despite these challenges, Argentina is a fascinating country, and its capital, Buenos Aires, is referred to as the 'Paris of South America'.

I hope to be able to visit Argentina during my Presidency

## Report from the Canadian Society of Clinical Chemists (CSCC)

Contributed by Sherry L Perkins, CSCC president

The year 2006 has been exciting for the members of the Canadian Society of Clinical Chemists, as they celebrated their 50<sup>th</sup> anniversary in grand style with mementos for all members, production of a documentary on the first 50 years, a special issue of CSCC's official journal *Clinical Biochemistry*, and a conference that will be unforgettable in so many ways. Our destination for the 2007 conference is the Westin Harbour Hotel, Toronto Ontario, June 9–14. This will be a joint conference with the Canadian Association of Pathologists (CAP) - the Canadian Laboratory Medicine Congress (CLMC), which will offer an excellent program of symposia, workshops, roundtables, and exhibits. The conference theme is 'At Risk Populations and Modern Epidemics'. The conference will begin with a keynote address by Dr. Catherine Whiteside, Dean of Medicine at the University of Toronto. This will be followed by five symposia covering the following topics: Pathobiology of Neurodegeneration, Prenatal and Neonatal Screening, Biomarkers in Metastatic Bone Disease, Steatosis in Liver Diseases, and Metabolic Syndrome. The CAP will present a concurrent series of symposia and delegates will be free to choose which topic they will attend.

As Canada's largest city, Toronto has a multitude of activities to offer to every taste and interest. The conference hotel is situated on the scenic banks of Lake Ontario and provides a relaxed and beautiful setting for the conference. For more information on the conference please visit [www.clmc.ca](http://www.clmc.ca)".

## Report from the Cyprus Association of Clinical Laboratory Directors, Biomedical and Clinical Laboratory Scientists

Contributed by Spyroula Christou, Secretary

The Association founded in 1986 represents the majority of Clinical Laboratories, the Biomedical and Clinical Laboratory Scientists that live and work in the island of

Cyprus. Among our members are professors of the University of Cyprus. The Association is the only one officially recognized by the Government for the practice of Clinical Chemistry and Laboratory Medicine in Cyprus.

The officers of the Association authorized to act for the Association are 9 (nine) professionals, organized as Members of the Board of the Association as follows:

- Mr. Charis Charilaou, President
- Mr. Ntinios Georgallides, Vice-President
- Mrs. Spyroula Christou, Secretary
- Mr. Constantinos Theocharides, Assistant Secretary
- Mr. Kyriacos Lambrou, Treasurer
- Mr. Kyriacos Yiannoukas, Assistant Treasurer
- Mrs. Marina Iordanous, Member
- Mr. Francisco Rudas, Member
- Mr. Demetres Demetriou, Member

The Association is involved in the field of clinical laboratory science and its members are mostly persons employed in clinical laboratory science on a professional level, the number of its active members is 120, and holds regular meetings that include scientific programs, seminars and symposia. The Association has as its main objectives the improvement of clinical laboratory services in health care and medicine, the advancement of knowledge and the encouragement of research in Cyprus. The IFCC is pleased to welcome this new Member

## The presence of the Tunisian Association highlighted at the JIB Meeting in Paris"

**Contributed by Bernard GOUGET, SFBC-FESCC representative, FESCC advisory board member**

During the Journées Internationales de Biologie (JIB) meeting in Paris last November, Tunisia hosted the laboratory exposition opening ceremony at their Medina "Ibn Khaldoun", located at the end of the central alley, in presence of Dr. Mohamed Ridha KECHRID, Minister of Health of Tunisia, Mr. Tijani HADDAD, Minister of Tourism of Tunisia, and Mr Mohamed Raouf NAJAR, Ambassador of Tunisia in Paris. Dr Mohamed Ridha KECHRID pronounced the opening remarks. At the JIB 2006, Tunisia demonstrated a very strong presence with nine organisations representing the country in the field of laboratory medicine: the Société Tunisienne de Biologie Clinique, the Syndicat National des Biologistes de

Libre Pratique de Tunisie, Tunisie Bio-formation, the Ministère Tunisien de la Santé Publique, the Ministère Tunisien du Tourisme, the Ministère Tunisien de la Culture, the Ministère de l'Office National de l'Artisanat Tunisien, the Centre de promotion des Exportations Tunisiennes and the Agence Tunisienne de Communication à l'extérieur. Tunisia Scientific Day covered the history of the health care system to the development of laboratory medicine highlighting health priorities, social security reorganization and associated medical expertises. Scientific sessions were focussed on the Quality Assurance System at the National Blood Transfusion Centre, Gastric pathologies such as Helicobacter pylori, and Haemoglobinopathies. Attendees had the opportunity to enjoy Tunisian cuisine from the Northern African Maghreb tradition at the gala reception, where the siren sounds that call you to Tunisia were heard. The hospitable land of colors and contrasts, spices and scents invited us to enjoy its natural beauty, ancient cities, lively festivals and warm friendship of its people! We are looking forward to meet our Tunisian and international colleagues in Hammamet at the next Tunisian Congress in 2007. For information, please contact: Pr Abderrazah Hedhili (hed5087 [hedili.fam@gnet.tn]) President STBC



Left: Dr. Mohamed Ridha KECHRID, Minister of Health of Tunisia  
Right: Pr Abderrazah Hedhili (hed5087 [hedili.fam@gnet.tn]) President STBC

## Past Meetings

**Information about the 2nd FESCC symposium for the Balkan region and the XVth congress of medical biochemistry and laboratory medicine**

**Contributed by: Prof. Dr Nada Majkić-Singh, President Society of Medical Biochemist of Serbia.**

The 2nd FESCC SYMPOSIUM FOR THE BALKAN REGION was held from October 17th to October 21st 2006, along with the XV Congress of Medical Biochemistry and Laboratory Medicine, in the organization of the Society of Medical Biochemists of Serbia. Both congresses were held under the auspices of the IFCC and FESCC, as well as the Ministry of Science and Environment Protection of the Republic of Serbia.

The topic of the held 2nd FESCC Symposium for the Balkan Region was 'New Diagnostic Tools and Quality in Laboratory Medicine'. The coordinators of the Symposium were Professors Nada Majkić-Singh, president of the Society of Medical Biochemists of Serbia, Victor Blaton, president of the FESCC, and Svetlana Ignjatović, president of the Commission of the Society of Medical Biochemists for external quality control. The Symposium and Congress were attended by some 400 medical biochemists from Serbia and other Balkan countries.

The 2nd FESCC Symposium was organized in such a way as to have four parts. In the first part of the Symposium under the title 'New Diagnostic Tools in Clinical Chemistry' the application of new diagnostic techniques such as SELDI-TOF MS, 2 D-HPLC and protein microarrays was proposed in lectures such as 'Application of SELDI-TOF MS in Protein Profiling: Promises and Pitfalls' (given by Prof. Marja M. P. van Dieijen-Visser, Maastricht, Netherlands); 'Application of 2 D-HPLC System for Plasma Protein Separation' (by Dr. Isabela Levreri, Genova, Italy), and 'xMAP technology as a new tool for clinical and immunological diagnostics' (by Dr Wolfgang Gubisch, Austria).

In the second part the application of biomarkers of diseases according to the principles of evidence-based medicine was discussed (Prof. Svetlana Ignjatović, Belgrade, Serbia), supported by outstanding examples relating to the cardiac natriuretic peptide, complexed PSA and HER-2 neu and the bone markers in

lectures 'Cardiac Natriuretic Peptides in Risk Assessment of Patients with Acute Myocardial Infarction of Congestive Heart Failure' (Prof. Johannes Mair, Innsbruck, Austria), 'Complexed PSA (CPSA) and Serum HER-2 neu: Clinical Aspects Using These Serum Markers in Prostate and Breast Cancer (Prof. Rainer Neumann, Germany), and 'The Clinical Value of the Biochemical Markers of Bone Remodeling in Assessment of Bone Metabolic Diseases' (Prof. Jan Stepan, Prague, Czech Republic).

In the third part of the Symposium titled 'Application of Quality Indicators in a Medical Laboratory' the following lectures were given: 'The Quality of the Sample and its Impact on Clinical Decisions' (Dr. Dučko Mirković, Belgrade, Serbia) and 'ISO 15189 and Interlaboratory Comparison Programs' (Dr. Jakub Hejsek, Czech Republic), as well as a discourse about 'Modern Sample Management' (Dr. Sanja Stanković, Belgrade, Serbia).

In the fourth part of the Symposium, 'Round Table Discussion on Presented Topics', the opportunities for applying new techniques and the awareness of the principles of evidence-based laboratory medicine in the Balkan region were discussed, as well as the need for organizing further education of laboratory staff along those lines. As the third part of the Symposium, relating to the application of Quality Control Indicators in Medical Laboratories, in a way followed the discourses given in the 1st FESCC Symposium (Belgrade, June 2005), it was concluded that during the next FESCC Symposiums for the Balkan region all aspects of introducing and maintaining quality in laboratories should be discussed, at the same time analyzing the situation in the countries of the Balkan region.

Participants of the Symposium rated the 2nd FESCC Symposium as having high quality, recommending that they be held on a regular basis, organized by the Society of Medical Biochemists of Serbia and the FESCC.

The XV Congress of Medical Biochemistry and Laboratory Medicine, held after the 2nd FESCC Symposium, was organized through seven plenary and poster sections, which dealt with the questions of genomes and proteomes, contemporary aspects of the atherothrombotic disease, biochemical markers of diseases, cardiovascular diseases and cardiac markers, methods in clinical chemistry and proteins and enzymes. Along with the Congress, several workshops of various companies were organized, as well as an exhibition

showing apparatuses and equipment.



Photo Legend: Organizing Committee (from left to right): Cica Lazarevic, Olivera Jankovic, Nada Majkic-Singh, Nada Maksimovic, Tatjana Vodnik, Milanka Petkovic, Bata Bogunovic

### **JIB 2006 in Paris(FR): satisfying the biologists needs for state of the art information**

**Bernard GOUGET; SFBC-FESCC representative, FESCC advisory board member and Damien GRUSON, Cliniques Universitaires St Luc, Bruxelles (BE)**

The 51st Journées Internationales de Biologie (JIB) took place on November 7–10th, 2006 at the CNIT Convention Centre in Paris. Tunisia was our guest of honor. This event was the most important event in the field of clinical chemistry and laboratory medicine in France. A lab exposition and trade show with more than 170 exhibitors were combined with a scientific programme focused on the state of the art of this discipline and on current practices in the medical laboratory . The JIB met the expectations of biologists in the private and hospital sector, biomedical engineers, technicians and hospital physicians, allowing them to collect extensive and comprehensive information on the progress and technical advances achieved in this speciality.

During the SFBC General Assembly, held during the JIB meeting, Pr Alain Legrand was elected as the new SFBC President (see photograph). Alain Legrand is professor of clinical biochemistry at the faculty of Pharmacy–University René Descartes–Paris V, director of the biochemistry department at the University Hospital Kremlin–Bic-tre, Assistance Publique–Hôpitaux de Paris. He has been

active in the SFBC since the late 1970s. Among his many leadership positions, he was Editor in chief for the 'information scientifique du biologiste'; one of the official journals of the SFBC. He is internationally recognized for his research, which has focused on free radical biology and antioxidants in diseases, lipid biochemistry and atherosclerosis and inflammation.

The 2006 edition of the JIB was distributed around 12 sessions and 85 keynote speakers. The Société Française de Biologie Clinique (SFBC) and the Inserm (National Medical Research Institute) opened the programme on Tuesday, November 7, 2006 with a day dedicated to the Comité d'Interface Inserm – Biologie Clinique dedicating on "Metabolic Diseases and Rare Diseases". The session on "Rare inherited metabolic and genetic diseases", "Diseases induced by aggressive treatments", were also organized. The Comité Scientifique de la SFBC reported on the advances of the SFBC working groups: "Hepatic fibrosis", "Biology of renal functions" and "Markers of Tabacco's"; "Biological markers of hepatic fibrosis"; "Biology of renal functions and renal insufficiency" and the "Impact of nicotine replacement therapy". The SFBC afternoon session was devoted to 'Principles of molecular imaging and its main domains of application in Biology'. The SFBC session on continuous training for clinical chemists, was devoted to 'Chronic lymphoproliferative disorders in the clinical laboratory', starting with practical analytical methods, diagnostic approaches and confirmation of the diagnosis.

The 'café scientifique' was designed as a discussion forum enhancing free debates and exchanges between speakers and visitors on current or specific topics in the biology field. The programme included also a session on 'POCT: technological improvement and practical applications' organized by Isabelle Rivière, Biotribune and sponsored by Instrumentation Laboratory. The session was chaired by Pr Philippe Gillery, past SFBC president and IFCC representative and co-chair by Damien Gruson. Pr Jocelyn HICKS, IFCC president and invited guest, gave a lecture on the management of POCT. Dr. F Daures (Montpellier,FR), Pr. M. Philippe (Bruxelles,FR), Dr. A. Gruson (Arras,FR) reported their expertises and presented guidelines for the implementation of POCT in the new environment of the hospital to fulfil the patient needs. Jocelyn HICKS attended also the administration council of SFBC where she presented the IFCC activities and strategies reinforcing the collaborations between SFBC and IFCC Pr HICKS was nominated to receive the 'SFBC honorary membership 2007'. The SFBC thanked Pr Jocelyn HICKS for her visit and contribution to the scientific activities of the SFBC in her aim to promote IFCC leadership worldwide.



Professor Alain Legrand newly elected president of the SFBC

## Conticanet: a European network for rare connective tissue cancers

**Contributed by Bernard GOUGET, SFBC-FESCC representative, FESCC advisory board member**

Conticanet (CONnective Tissue Cancers NETwork) has recently been launched with the aim of improving care provision for these rare cancers (representing 1%–2% of all cancers). Coordinated by the Claude Bernard University in Lyon, France, and supported by funds of more than 9 million Euros through the EU's FP6 (contract number LSHC CT-2005-18806), the network brings together 20 partners (universities, clinical and industrial partners from 9 European countries (Germany, the UK, Belgium, Spain, France, Ireland, Italy, the Netherlands and Slovenia). Targets include the improvement of the comprehension, diagnostic and clinical management of rare connective tissue cancers, as well as the development of new therapies, data collection, the improvement of researchers' mobility and better integration of methods and legislation at the European level. For more details: Simon (Braconnier ([sbraconnier@canceropole-lara.com](mailto:sbraconnier@canceropole-lara.com)) or <http://www.orpha.net>.

## Diabetes epidemic out of control

**Contributed by Bernard GOUGET, SFBC-FESCC representative, FESCC advisory board member**

The International Diabetes Federation (IDF) has published new data indicating the enormity of the diabetes epidemic. Data published in the Federation's Diabetes Atlas, third edition, show that the disease now affects a staggering 246 million people worldwide, with 46% of all those affected in the 40–59 age group. The global number of people living with diabetes will exceed 380 million by 2025, according to newly released data from the IDF. The majority, more than 300 million, will live in the developing world. Despite the fact that low and middle-income countries will bear the brunt of the forecast explosion, they account for less than 15% of global diabetes spending.

The IDF warned that diabetes threatens to subvert the gains of global economic advancement if nothing is done to address this imbalance. Interestingly, the IDF's 19th World Diabetes Congress took place on December 3–7 2006 in Cape Town (<http://conference.idf.org/4DCGI/webpage/monday.shtml> ). More than 300 presentations from the congress are available for view in the [World Diabetes Congress Library](http://www.idf.org/) (<http://www.idf.org/>). The Diabetes Declaration and Strategy for Africa was launched during the congress by the IDF Africa Region. The purpose of the Diabetes Declaration for Africa is to raise community and political awareness about diabetes and to improve diabetes care by working through a coalition of individuals, community, corporations and governments. Moreover, The General Assembly of the United Nations has passed a landmark Resolution recognizing the global threat of the diabetes epidemic. This marks the achievement of the main objective of the IDF-led Unite for Diabetes campaign, which has brought together the largest ever diabetes coalition, including patient organizations from over 150 countries, the majority of the world's scientific and professional diabetes societies, many charitable foundations, service organizations and industry. Help celebrate and support the Resolution! [www.unitefordiabetes.org](http://www.unitefordiabetes.org)

## Letters to the editor

Do we have to enter the 'blogosphere'?

In past issues I have defended the idea of forum of discussion on the IFCC website to facilitate the contact with lab professional all around the world and collect easily opinions, questions and comment about laboratory medicine. By this way we could provide expert assistance and keep a daily contact without distances.

In the same time, the popularity of blogs is growing exponentially (60 million blogs in November 2006), connecting people for daily discussions and reactions.

If we consult the Wikipedia encyclopedia, "a blog is a website where entries are made in journal style and displayed in a reverse chronological order. Blogs often provide commentary or news on a particular subject, such as food, politics, or local news. A typical blog combines text, images, and links to other blogs, web pages, and other media related to its topic. The ability for readers to leave comments in an interactive format is an important part of many blogs". The term "blog" is derived from "Web log." "Blog" can also be used as a verb, meaning to maintain or add content to a blog.

So, considering the level of evidence of the interactivity capacity of blogs, one of my actual questions is, do we have to enter the 'blogosphere' to reinforce our interactivity? I will be happy to receive your comment and try some exchanges on my own blog (<http://improvelaboratorymedicine.blogspot.com/>) before a possible implementation at a larger scale-

Damien Gruson  
Unité de Diabétologie et Nutrition Cliniques  
Universitaires St Luc

## Recently published IFCC documents & Related Publications

The following documents have been published by IFCC Divisions/Committees/Working Groups during 2006:

IFCC eNews January – February 2007 issue

## **Executive Board**

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

## **Scientific Division**

### **C 8.2.21 Reference Systems of Enzymes**

Schumann G, Aoki R, Ferrero CA, Ehlers G, Ferard G, Gella FJ, Jorgensen PJ, Kanno T, Kessner A, Klauke R, Kytzia HJ, Lessinger JM, Miller WG, Nagel R, Pauwels J, Schimmel H, Siekmann L, Weidemann G, Yoshida K, Ceriotti F. IFCC primary reference procedures for the measurement of catalytic activity concentrations of enzymes at 37 degrees C: Part 8. Reference procedure for the measurement of catalytic concentration of alpha-amylase [alpha-Amylase: 1,4-alpha-D-glucan 4-glucanohydrolase (AMY), EC 3.2.1.1]. Clin Chem Lab Med 2006; 44:1146–1155.

## **Scientific Division**

### **C 8.2.22 Committee on Point of Care Testing (SD–WG 8.3.3 Working Group on Selective Electrodes)**

Rayana MC, Burnett RW, Covington AK, D'Orazio P, Fogh-Andersen N, Jacobs E, Katakya R, Kulpmann WR, Kuwa K, Larsson L, Lewenstam A, Maas AH, Mager G, Naskalski JW, Okorodudu AO, Ritter C, St John A. Recommendation for measuring and reporting chloride ISEs in undiluted serum, plasma or blood. Clin Chem Lab Med 2006; 44:346–352.

The following recently published paper relates to IFCC documents and Committee–Working Group activities:

Bakker AJ, Bakker A, Renting–Wiering H. Cellular content in plasma of Becton–Dickinson lithium–heparin tubes: cause of unreliable results in the IFCC–recommended lactate dehydrogenase method. Ann Clin Biochem 2006; 43:510–512.

## **Light–hearted clinical chemistry**

### **Bedside testing**

During an international clinical chemistry congress in Helsinki, a Finnish participant invited a Scottish colleague in for drinks in his hotel room. The

bottle of vodka was soon empty, but the host said: "Let's buy more liquor down in the harbour". Back in the hotel the host decided to test the bottle for methanol, not wanting to put the guest in danger of getting blind. The Finn poured a drop of the content on his finger and using one of the oldest clinical chemistry methods, tasting, immediately discovered that he had been cheated, expert as he was on tasting liquors. Disgustedly he began to empty the bottle in the bathroom sink. Then the Scott said: "No, no, no, please give the bottle to me. I will give it to my brother, he is already blind".

Recollected by Nils Tryding, Kristianstad

## Upcoming IFCC related meetings in 2007

EUROMEDLAB Amsterdam 2007, 17th IFCC – FESCC European Congress of Clinical Chemistry and Laboratory Medicine, RAI Congress Centre Amsterdam, Amsterdam, The Netherlands, 2–7 June 2007. For more information please visit [www.ams2007.org](http://www.ams2007.org)

Canadian Society for Clinical Chemists Annual Meeting and joint Conference with the Canadian Association of Pathologists (CAP) and the Canadian Laboratory Medicine Congress (CLMC), 9–14 June 2007, Westin Harbour Hotel, Toronto, Ontario, Canada. For more information on the conference please visit [www.clmc.ca](http://www.clmc.ca).

American Association for Clinical Chemistry 2007 Annual Meeting, San Diego, CA, US 15–19 July 2007. For more information please visit [www.aacc.org/AACC/events/ann\\_meet/annual2007/](http://www.aacc.org/AACC/events/ann_meet/annual2007/)

The 15th Balkan Clinical Laboratory Federation (BCLF) Meeting, Antalya, Turkey, 4–7 September 2007. For more information please visit

11th Asian Pacific Congress of Clinical Biochemistry (APFCB), Beijing International Convention Center, Beijing, China 14–19 October 2007, [www.chinamed.com.cn/11apccb](http://www.chinamed.com.cn/11apccb)

IFCC General Conference for National Representatives and Corporate Representatives, Antalya, Turkey, 14–15 April 2008. For more information please visit the web site at:



IFCC Divisions, Working groups and Committees are able to function thanks to the invaluable help and dedication of the 3 members of the Head Office staff in Milan shown in the photograph above. Many thanks to all 3. They are from left to right: Paola Bramati, Lisa Ionescu, Iris Parth.