



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

eNewsletter



IFCC NEWS, Nov – Dec 2006 issue

By Ellis JACOBS, IFCC News Editor

EDITORIAL: IFCC CONGRESS AND CONFERENCE DIVISION

Core IFCC values include promoting the science of clinical chemistry and laboratory medicine worldwide and providing education for national societies and their memberships. The mechanism for offering educational programmes and new advances in clinical aspects and research in our discipline is through the regional and international congresses of clinical chemistry and laboratory medicine. The IFCC Executive board established a Congress and Conference Division (CCD) with the mandate to coordinate all congress and conference activities for the federation. The main tasks of CCD include:

1. Monitoring of the organization and development of the international congresses of Clinical Chemistry and Laboratory Medicine (ICCCLM).

For the ICCCLM held in Orlando, USA in July 2005, CCD received regular updates on congress planning and on aspects of the programme and activities relevant to the IFCC and to the clinical chemists attending from around the world. CCD attention is now focused on the next two triennial international congresses scheduled for Fortaleza, Brazil (IFCC Worldlab 2008 ICCCLM) from 28 September – 02 October 2008 and the IFCC Worldlab 2011 scheduled for Berlin, Germany.

2. Monitoring the organization and development of the four regional congresses of clinical chemistry and laboratory medicine (RCCCM).

One example of this activity is assuring that these congresses proceed according to the IFCC Guidelines for Regional Congresses of Clinical Chemistry and Laboratory Medicine. Since 2005, a CCD member will be a full member of the organizing committee for each future regional and international congress. This active CCD participation will assure that there is always someone speaking on behalf of IFCC on the organizing committees and providing IFCC support and advice to each congress organizing committee. A CCD

member (Professor Istvan Vermes) from the Netherlands is a member of the organizing committee for the 17th IFCC FESCC European Congress of Clinical Chemistry and Laboratory Medicine (EuroMedLab 2007) scheduled for Amsterdam from 03 – 07 June 2007. Professor Tomris Özben (Turkey) was on the organizing committee for the 11th Arab Federation of Clinical Biology congress (ArabMedLab 2006) held in Damascus, Syria from 29 April – 02 May 2006. Dr. Andreas Rothstein (Columbia) was the CCD member liaison for the COLABOCLI Latin American Congress of Clinical Biochemistry held in Asuncion, Paraguay from 04 – 07 April 2006. In the Asia Pacific region, a CCD member (Dr. Sunil Sethi from Singapore) is the CCD liaison for the Asian Pacific Congress of Clinical Biochemistry scheduled for Beijing, China from 14 – 19 October 2007. Prof. U Tuma (the newest CCD member from Brazil) is the CCD liaison for the IFCC Worldlab 2008 ICCCLM scheduled from 28 September – 02 October 2008 in Fortaleza, Brazil.

3. Oversight and management of the triennial IFCC General Conference.

Approximately half way between each international congress, an IFCC General Conference is held. These conferences are scheduled at a time and location where each individual IFCC working units can get together for division and working group meetings and offer an opportunity to learn about other IFCC programmes. The General Conferences differs from all other congresses in that it is primarily a business meeting, not a scientific meeting. General Conferences are organized by CCD and IFCC head office staff. Representatives of each national society member and corporate members of IFCC are invited to attend the general Conference. The most recent General Conferences were held in Dubrovnik, Croatia (2001) and in Sousse, Tunisia in 2004. The location for the next General Conference (2008) is Antalya, Turkey from 14–16 April 2008.

4. Guidance on “How to Organize a Successful Congress”

A timetable with specific deadlines prior to a congress is available for anyone on the IFCC web site. CCD is also responsible for reviewing applications from national society member meetings and other scientific meetings who apply for IFCC auspices for their conference and congresses. Granting of IFCC auspices is very straightforward and is based on the scientific content of meetings which must be open to all scientists. IFCC auspices can be applied for by completion of a one page form available on the IFCC web site. Two major benefits of obtaining IFCC auspices is that your meeting announcement

is sent out electronically to a very large IFCC distribution list at no cost and your meeting is also able to use the IFCC logo in promotional material.

5. IFCC Involvement in Congress Scientific Programmes

CCD is responsible for coordinating all IFCC involvement in the scientific programmes for regional congresses and ICCCLM. IFCC Divisions such as the Scientific Division and the Education and Management Division always have new information to contribute to the scientific programme of congresses. CCD collates these requests and brings the information to the Executive Board of IFCC for review. The activity involves working with the scientific and organizing committees of congresses often several years prior to a congress. Recent activity focused on the programme for the 2008 IFCC Worldlab Fortaleza.

6. Selection of future IFCC Worldlab sites

CCD developed a point rating system that is used when evaluating the member country applicants for future IFCC Worldlab congresses. This point system is transparent to member countries applying to host future IFCC Worldlab congresses (ICCCLM). The point rating system is sub-divided into five categories that are: 1. Participation 2. Facilities 3. Accommodation 4 Financial and

5. Miscellaneous.

The application and point system is available for review via a link on the IFCC web site (Congress and Conference Division):

http://www.ifcc.org/divisions/CCD/Documents/ICCCLM_Guidelines_2004_Revised_May_2005.pdf Emmezeta Congressi based in Milan, Italy is the preferred IFCC meeting/congress professional congress organizer. Emmezeta works closely with CCD on various congress matters such as the evaluation of applications for FESCC (EuroMedLab) congresses and ICCCLM congresses. Specifically, Emmezeta evaluates the proposed commercial exhibits site, hotels, and the logistics of hosting a major IFCC congress in the site proposed by a member society.

Unlike other IFCC divisions, the administrative structure of CCD is straightforward. There is an executive committee and no working groups. In October 2006, there are six CCD members: Ulisses Tuma (BR), Tomris Özben (TK), Sunil Sethi (SG), the CCD secretary Istvan Vermes (NL), the EB representative Daniel Mazziotta (AR) and the Chair Albert D.

Fraser (CA). New members are chosen from nominations submitted by member societies. Several of the current CCD members served initially as associate members based on national society nominations and their interest and participation in CCD activities. These associate members were subsequently made full members by the Executive Board. Further information about CCD activities is available from any CCD member.

Albert D. Fraser

Chair, IFCC Congress and Conference Division

PERSPECTIVES: NEW BIOMARKERS TO SCREEN THE RISK OF PRE-ECLAMPSIA

Contributed by Damien Gruson, Member, IFCC News Working Group

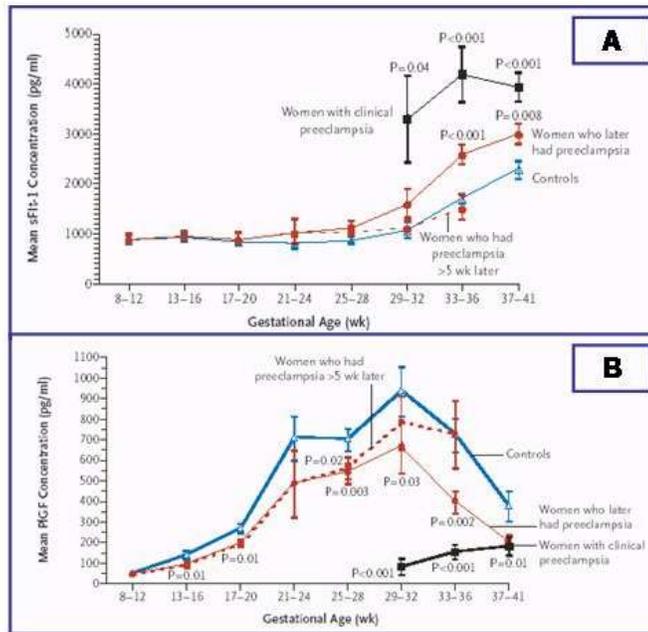
I was recently in Chicago for the AACC annual meeting and was positively surprised by the offering of several sessions or workshops on new diagnostic biomarkers for pre-eclampsia and eclampsia. Probably there is a bias in this interest! Why? Because it reminds me of the extremely difficult times before the birth of my son, Arthur, when my wife, Caroline, developed pre-eclampsia and HELLP syndrome. It was a nightmare for the entire family, with intensive monitoring and important therapy with magnesium salt for Caroline and, finally, a two months stay in intensive neonatology department for Arthur.

So, I had been too personally involved with the disease to have a critical viewpoint and I was too responsive to these activities at the AACC meeting. But, after epidemiological research, I think that I can eliminate this bias and speak about general health interest, especially when we know that pre-eclampsia and eclampsia affects approximately 5% of all pregnancies. Thus, there is a real need for earlier detection of pre-eclampsia and eclampsia risk, and here, there is a potential place for the use of biomarkers. The recent AACC meeting and peer-reviewed articles on pre-eclampsia offers us some interesting perspectives on this subject.

Pre-eclampsia is a pregnancy-specific syndrome, recognised from antiquity as a leading cause of maternal and perinatal mortality. The earliest record of eclampsia was in the Kahun papyrus from Egypt of 3000 years ago. The actual diagnosis of pre-eclampsia is based on increased blood pressure and proteinuria during pregnancy. In such disease, the severity of established pre-eclampsia and the transition to eclampsia stage is in part monitored by the levels of liver enzymes and platelets (HELLP syndrome: High Enzyme Liver Low Platelet).

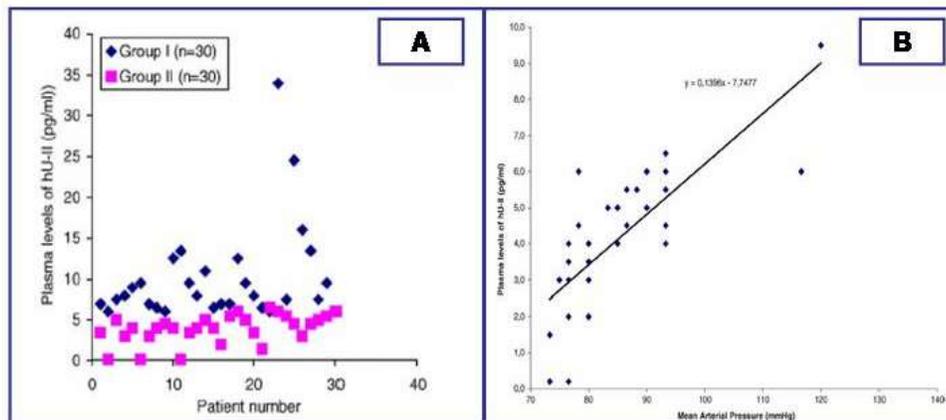
After more than a century of intensive research, pre-eclampsia remains an enigmatic set of conditions. Nevertheless, the hypothesis that the cause of pre-eclampsia and eclampsia is at least partly genetic is broadly suggested by its occurrence in time and space. In genetic terms, the most recent hypothesis to be advanced is genetic imprinting (Roberts et al., Lancet 2001). Another unifying notion is that vascular endothelium could be an early target for pathophysiological modification in pre-eclampsia caused by toxic molecules carried by the placenta. Pre-eclampsia is proposed to be a disorder secondary to decreased placental perfusion causing an interaction with maternal constitutional factors which results in oxidative stress, endothelial activation, and finally a multi-systemic maternal disease. Some similarities (activated neutrophils, oxidative stress, endothelial dysfunction and dyslipidemia) are encountered with other diseases involving the vascular, like atherosclerosis and diabetes. Thus, it is not surprising to find vascular endothelial growth factor (VEGF), placental growth factor (PlGF), soluble fms-like tyrosine kinase 1 (sFlt-1 – a soluble receptor for VEGF and PlGF), Urotensin II (U-II) and B-type Natriuretic Peptide (BNP) as potent early biomarkers for pre-eclampsia,

VEGF and PlGF are two pro-angiogenic factors important for the placental growth. sFlt-1 is a soluble form of Flt-1, the tyrosine kinase receptor for VEGF and PlGF. sFlt-1 is the major endogenous inhibitor of angiogenesis found in the placenta. During the last two months of pregnancy in the normotensive controls, the level of sFlt-1 increased and the level of PlGF decreased (Levine et al, NEJM 2004). These changes occurred earlier and were more pronounced in women in whom pre-eclampsia later developed (see Picture 1).



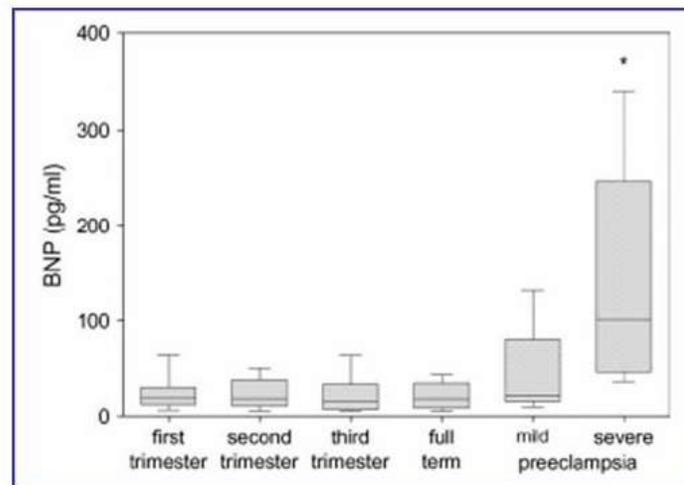
Picture 1: Evolution of circulating levels of sFlt-1 (A) and PlGF (B) in pre-eclamptic women compared to control women. From Levine et al., NEJM 2004.

Ull is a cyclic undecapeptide isolated after studies on fish neuroendocrinology. Ull is the most potent vasoconstrictor described and is cited to contribute in the pathophysiology of cardiovascular diseases. Recently, Balat et al., reported a significant increase in plasma Ull levels in preeclampsia-eclampsia women compared to control group (10.11 ± 5.94 pg/mL vs 3.93 ± 1.73 pg/mL, respectively - Picture 2). Moreover, Ull levels and mean arterial pressures are correlated in both groups. These results suggest a possible role for Ull in the pathophysiology of pre-eclampsia and eclampsia.



Picture 2: Circulating levels of Urotensin II in pre-eclamptic women (Group I) and control women (Group II) (A). Relation of Ull levels with blood pressure in pre-eclamptic women (B). From Balat et al., European Journal of Obstetrics & Gynecology and Reproductive Biology, 2005.

BNP, a natriuretic peptide, is synthesized in cardiac ventricles in response to volume expansion and is a well known marker to rule out heart failure in emergency department. Resnik et al. have recently reported that the median BNP levels in normal patients, mild pre-eclamptics, and severe preeclamptics were 17.8, 21.1, and 101 pg/mL, respectively, with the severe group being significantly higher than the mild group ($P = .003$) and any phase of normal pregnancy ($P < .001$ in each case). A BNP cut-off of 40.6 pg/mL had a negative predictive value of 92% in excluding pre-eclampsia. These data may reflect ventricular stress and/or subclinical cardiac dysfunction associated with pre-eclampsia.



Picture 3: BNP plasma levels in normal pregnancy and in different forms of pre-eclampsia. From Resnik et al., American Journal of Obstetrics and Gynecology 2005.

These cited markers could provide additive information to current clinical and conventional laboratory findings for diagnosis of pre-eclampsia. They could be consider separately for complementing the early screening of pre-eclampsia and eclampsia risk or could enter a multi-marker strategy for the screening of another possible multi-factorial disease.

Finally, I would like to dedicate this short paper to my wife, Caroline, my son Arthur and to all pregnant women with pre-eclampsia who demonstrated an extraordinary courage and determination in a so difficult condition.

ABOUT FRANCE

Submitted by Prof. Jocelyn M. Hicks, President, IFCC

France is, in area, about 80% of the size of Texas in the USA, that is, about 549,000 sq. km. Its population is approximately 61 million. It is bordered by the Atlantic Ocean on the West, Spain and the Mediterranean sea on the South, and Belgium, Luxembourg, Germany, Switzerland and Italy on the East. It boasts the highest mountain in Western Europe—Mont Blanc, with a height of 4,810 meters. Its largest city and capital is Paris, with a population of almost 10 million persons.



France has been settled since the Paleolithic times. The Celts, later called Gauls, migrated from the Rhine Valley in 600 BC. Greeks and Phoenicians settled along the Mediterranean. The Romans under Julius Caesar conquered this area in about 57–82 BC, and it remained Roman until the late 5th century AD.

During the 14th century AD France was the most powerful country in Europe. However, some French provinces were held by the Plantagonist King of England. There were many years of war between the French and British until, by 1453, the only possession still held by the British was Calais.

The First French Republic was formed in 1792, after the French revolution which occurred in 1789, and Napoleon Bonaparte was Emperor from 1804 to 1815. France did not fare well in either World War I or II, and was occupied by Germany in 1940. In more recent years France has suffered some internal problems, mainly related to unemployment and immigration.

The official language is French, although there are regional dialects in Breton, Alsatian, Corsican, Catalan and Basque.

France's ethnicity is mixed: Celtic, Latin, Teutonic, Slavic, North African, African, Southeast Asian and Basque.

The religion is primarily Roman Catholic (83–88%), Islam (5–10%), Protestant (2%) and Jewish (1%).

The literacy rate is about 99%, and unemployment is high (9–10%). Life expectancy is about 80 y.

Its agricultural products are mainly wheat, cereals, wine grapes, cheese, beef, dairy products and fish.

Natural resources include coal, iron ore, bauxite, zinc, uranium, antimony, gypsum and timber.

The monetary unit is the Euro.

I like to think of France as the home of great wines and food, and great colleagues within the IFCC.

Vive La France!

APFCB TRAVELING LECTURES 2006

Contributed by C W K Lam , Past IFCC EB Member

Editor's Note. The Asian and Pacific Federation of Clinical Biochemistry (APFCB) is composed of clinical biochemistry societies of 13 Asian and Pacific countries (or areas): Australasia, China, Hong Kong, India, Indonesia, Japan, Korea, Malaysia, Pakistan, Singapore, Taiwan, Thailand, and Vietnam, 9 corporate members and 1 affiliate member. Its Scientific, Education, and Laboratory Management Committees conduct activities for the advancement of Clinical Biochemistry in the region including coordination of the IFCC Visiting Lectureship, APFCB-Beckman Coulter Education Symposium, and APFCB Traveling Lectureship.

APFCB Traveling Lectures 2006

The APFCB was conspicuously represented at the IFCC General Conference that was held from 14 to 17 May 2004 in Sousse, Tunisia, with participation by its president, secretary, and chairmen of education and scientific committees. During the conference dinner, Education Committee Chairman Leslie Lai and Secretary Joe Lopez very kindly suggested that I should serve as the 5th APFCB Traveling Lecturer (2005–2006) following Dr Peter Garcia-Webb of Australia (1999), Professor Evelyn Koay of Singapore (2000), Professor Dennis Lo of Hong Kong (2001–2002), and Dr David Sullivan of Australia (2003–2004). The nomination was approved by the APFCB Executive Committee in July 2004.

Subsequently, Dra Endang Hoyaranda, the newly elected Education Committee Chairman for 2005–2007, in collaboration with committee member Professor S C Shiesh of CACB, very efficiently undertook scheduling of my traveling lectures in 2006. To facilitate

maximum attendance, they thoughtfully arranged my visits to coincide with the annual scientific meetings of the following eight APFCB member associations/societies interested in my visit: CACB (March), SACB (March), MACB (June), JSCC (August), CSLM (October), AACB (October), IACC (November) and ACBI (November). In fact, KSCC was the first member society to request my visit in snowy February. Regrettably, the invitation could not be accepted due to too-short notice for canceling a previous commitment.

The title and contents of my Traveling Lecture underwent several consensus metamorphoses before settling for The Laboratory Medicine of Infectious Diseases covering the chemical pathology, clinical immunology, molecular epidemiology, and diagnostic virology/bacteriology of newly emerged acute infections. Cytokine and Chemokine Immunopathology of Allergic Asthma was presented whenever there was a request for an additional lecture (Taiwan, Malaysia, Indonesia, and India). This second presentation was aimed to illustrate modern methodology and instrumentation in genomics, proteomics and multi-immunofluorescence flow cytometry for laboratory diagnosis and investigation of a prevalent chronic illness. The following are brief reports of my visits to Taipei, Singapore, Kuala Lumpur, and Sapporo for APFCB traveling lectures from March to August 2006.

The 21st Joint Annual Conference of Biomedical Sciences, 18–19 March 2006, Taipei

The above conference was jointly hosted by the (1) Chinese Association for Clinical Biochemistry (CACB, APFCB member and Principal Organizer), (2) Toxicology Society of Taiwan, (3) Chinese Physiological Society, (4) Pharmacological Society in Taiwan, (5) Association of Anatomists of the Republic of China, (6) Taiwan Society for Biochemistry and Molecular Biology, and (7) Chinese Society of Cell and Molecular Biology. It enabled nearly 3,000 colleagues in related disciplines to use the excellent facilities of the gigantic National Defense Medical Centre in Taipei for simultaneous scientific sessions and a combined industrial exhibition. The executive officers of CACB comprise enthusiastic colleagues from all over Taiwan (President Professor S C Shieh is from the prestigious Cheng Kung University Medical College in Tainan, a southern city). They form a collegiate and synergistic group (Figure 1). Many teaching, government, military, and private hospitals in Taiwan were built or rebuilt during the period of economic prosperity in the 1990s; they are huge and excellently equipped. I was very impressed that my

presentations on unfamiliar topics of infectious diseases and allergy could each illicit 25 minutes of questioning and discussion by many colleagues in the audience. This gave testimony to the advanced practice of clinical and laboratory medicine in Taiwan.

Upon my request, CACB colleagues very generously accommodated my wife and I in the hill-top Grand Hotel that was commissioned by Generalissimo Chiang Kai Shek and has over the years hosted several US presidents. I wanted to show my wife the spacious verandah of its over-sized guest rooms overlooking Taipei City. Many famous cities of the world have a famous river flowing through them, e.g. The Thames of London, or River Seine in Paris. Taipei has two: the Danshui and the Keelung Rivers. On Sunday, 19 March I joined my wife in taking a 40-minute train journey to Danshui City located at the outlet of the river into the Taiwan Strait. This was a small resort in relaxed and breezy spring weather with 200 shops in the Old Street area offering over 50 varieties of local foods and drinks. I dined on nano-thin fried transparent noodles (made of green-bean flour) with spinach, while listening to an artist playing the electric guitar. That simple lunch was in a different way as enjoyable as the luxurious Speakers' Banquet two nights ago, with 22 guests (one keynote speaker plus two officers and one plenary speaker from each of the seven participating societies) sitting round a single big table feasting on countless dishes originated from a substantial portion of both the animal and plant kingdoms.

SACB Annual Scientific Meeting, Singapore, 25 March 2006, Singapore

SACB colleagues are old hands in organizing scientific meetings. They always do it themselves and if they engaged a commercial organizer, they would not let go entirely so as to preserve the academic and professional essence of the conference. The programme of the Saturday afternoon ASM comprised my APFCB Traveling Lecture, followed by the inaugural Professor Tom Whitehead Memorial Lecture presented by Professor Evelyn Koay, and ended with a lecture on bio-entrepreneurship by the CEO of a biotechnology company.

As introduced by Dr Tan It Koon, the late Professor Whitehead is a most respected teacher in our region having trained several senior clinical biochemists in Singapore and conducted quality assurance courses in Thailand and Malaysia. I have previously listened to young physician scientists or scientist physicians in Singapore and Hong Kong presenting ruthless and breath-taking updates of their specialist topics in 20-minute

sessions. I could therefore reliably anticipate how much Molecular Diagnostics I was destined to learn from Professor Koay in her hour-long presentation. If I were the anesthetist who prepared the audience and Evelyn were the surgeon who performed the operation, the third speaker who ended the perfect afternoon was definitely not a post mortem pathologist because he delivered the message of a new life – tomorrow's most successful entrepreneur will likely be one with a scientific or laboratory background !

Note. At the invitation of Dr Wong Mo Sim, I served as the External Examiner of the SACB Professional Examination in the morning before the afternoon lectures.

On Sunday, 26 March my wife and I took taxi journeys to visit our former residences at No. 2, Pasir Ris Terrace, Pasir Ris in north Singapore and Apartment 5, Delhi Court, 6 Westbourne Road, in the Portsdown district between the old and new university campuses. Current residents of these two addresses were exceedingly kind to let us in for reminiscence of our earlier life working in Singapore.

The 16th Annual Scientific Meeting of the Malaysian Association of Clinical Biochemists – 23–24 June 2006, Kuala Lumpur

The two-day programme comprised my APFCB Traveling Lecture, two plenary lectures, three symposia and one industrial workshop, and was preceded by a one-day MACB–AACB–APFCB Quality Assurance Workshop. It was held in the nostalgic Pan Pacific Hotel, where the 8th Asian and Pacific Congress of Clinical Biochemistry (1998) was hosted. Some of the 200+ delegates whom I talked to had flown in from distant provinces of Malaysia. As I was the first speaker of the first day and last speaker on the second day, I stayed at the venue most of the time. To me the plenary lecture and symposium on endocrine testing were particularly impressive. I asked a question to the pair of clinical and laboratory speakers on the coordination of the intervention radiologist, endocrinologist and chemical pathologist in bilateral adrenal venous sampling, which can often result in a pre-analytical nightmare of sample mix-up wasting everyone's time and effort. I was gratified with the positive answers, and hoped that these colleagues were happy with their correct choice to practice clinical and laboratory medicine in their own country after overseas specialist training.

This traveling lectureship should also have benefited the spouse accompanying the lecturer. My wife habitually buys me the last supper before departure. It was a Saturday

evening in Kuala Lumpur when taxi drivers were demanding exorbitant fares 3–4 multiples of the median. We decided to use the mass transit train and buy the tickets at the station counter. I smirked as I heard my wife informing the ticket staff of her destination in Malaysian language, “Plaza Rakyat”. For a brief moment my imagination was that I was being taken out by a local beauty!

25th Summer Seminar of the Japanese Society of Clinical Chemistry, 3–5 August 2006

Sapporo, Hokkaido

Thank you very much, Professor Itoh, for your exceedingly kind introduction. President Hamazaki, Chairman Chiba, distinguished colleagues, ladies and gentlemen. It is my great pleasure.... As I bowed deeply to begin my presentation, I was not wearing any formal attire or even a necktie for the serious occasion. This was because according to the etiquette of the prestigious JSCC Summer Seminar, speakers and delegates should dress causally for the prevailing weather of the season. Coincidentally, Hong Kong has also been trying to encourage similar practice with upward adjustment of the air-conditioning temperature for energy saving and environmental protection. It has not been comfortable in our hospital to the extent that at a recent unit-head meeting, colleagues teased the Chief of Medicine to clarify what temperature was most favorable for our hypothalamic thermoregulation.

I was advised by Professor Hitoshi Chiba, Chairman of the Summer Seminar, to concentrate on SARS and avian influenza. He and several colleagues seemed keenly interested in my description of using MALDI-TOP-MS for efficient mass screening of H5N1 viral RNA during the early phase of an epidemic. This trip to Sapporo was my second visit to Japan. It was my huge pleasure meeting senior distinguished JSCC colleagues Professor Takashi Kanno, Professor Hiroaki Okabe, President Naotaka Hamasaki, and Professor Tsutomu Nobori whom I have previously acquainted and worked with for the ICCC Kyoto 2002.

After the Seminar, my wife and I were treated to a driving holiday of Hokkaido under the great friendship and tremendous hospitality by Professor Yoshihisa Itoh, Dean of Laboratory Medicine at the Asahikawa Medical College, and Professor Kiyoshi Ichihara of the Yamaguchi University School of Medicine. Yoshi and I share a long-standing interest in plasma proteins. We have worked together for more than a decade in the APFCB and

IFCC. Kiyoshi has been a very close and enthusiastic collaborator in recent years on plasma proteins, ethnic differences in reference internals, and data-mining of patient information, again for projects of both the IFCC and APFCB. Within 4.5 days the four of us covered a large proportion of the Hokkaido territory in a spacious seven-seat sedan hired by Kiyoshi, visiting latent volcanoes, hell valleys, bubbling hot springs, crater lakes, mountain gaps, and lavender fields in the Furano plain (Figure 2). I drove under global satellite navigation for the first time, and found it an immensely comforting experience being reassured once every two minutes by a soft female voice from the navigation system that I was doing just great. In real life, Kiyoshi is as dedicated and serious about his food as when he published an academic introduction of one kind of Japanese cuisine each day in the Congress Newspaper of ICC Kyoto 2002. We sampled all kinds of excellent and exotic food including raw fish and cooked crab, and soba noodles made from buckwheat. Kiyoshi is also critically serious on ramen noodles paying meticulous attention to the variety and quality of the three essential ingredients: noodle, toppings and soup. The rest of us were extremely lucky to have been guided by Kiyoshi for the gastronomic adventure. I have a lot to learn from him – it would be ideal if I could acquire his co-morbidity of utmost seriousness and scholastic expertise in food and research work.

We did work on 8 August at Yoshi's Division of Laboratory Medicine at the Asahikawa Medical College collecting 250 ml of fasting venous blood from Kiyoshi (Figure 3). This was for a new batch of reference materials for plasma proteins similar to the former IFCC CRM470. In Hokkaido, summer is short and autumn is transient before arrival of the long winter. On the last day (9 August), we visited the fish market of Sapporo at 6 am before sightseeing at 8 am the scenic Hokkaido University in late summer.

Discussion

I shall report on the second half of my lectureship to China, Australia, Indonesia, and India that will take place in October and November 2006.

Motivated and led by former APFCB President Dr Tan It Koon and other distinguished colleagues, I have served in the region for many years. My observation from this lecture tour remains that variance in the level of practice of clinical biochemistry has been diminishing in our region. This is consistent with the Law of Thermodynamics that things are spontaneously evening out with continuous increase in the world's entropy. If this is a pleasing phenomenon, IFCC, APFCB and clinical biochemists from advanced nations should be thanked for having provided education and training for the less endowed. Those who have benefited must continue to accelerate. However, the situation might also have been caused by another effect of kinetics; namely, advancement of clinical biochemistry in some leading areas has decelerated. If this is really happening and we acknowledge that the universe is still expanding, senior colleagues in such areas should perform endoscopic or retroscopic examination of their new culture or practice so as to identify and remove any disease burden for maintaining their leading position.

Acknowledgement

Chris Lam and APFCB thank (1) Roche Diagnostics Asia Pacific Pte Ltd for sponsoring the airfares of the Traveling Lecturer and (2) participating member associations / societies for providing local accommodation.

THE VIETNAMESE ASSOCIATION OF CLINICAL BIOCHEMISTS (VACB)

Contributed by Prof. Dr. Hoang Van Son, VACB National Central Committee

Vietnam is one of the three most crowded nations in the Southeast Asia with nearly 85 millions inhabitants. The Vietnamese Association of Clinical Biochemists (VACB), founded on June 1st 1963, is one of the oldest associations of the Vietnam Medical Association (VMA). Since 1995, the Association of Clinical Biochemists of Hanoi and North Vietnam (ACBHN), the Society of Clinical Biochemists of Centre Vietnam (SCBC) and the Association of Clinical Biochemists of Hochiminh City and South Vietnam (ACBHS) makeup the VACB. Clinical biochemists graduated from faculties of medicine or faculties of pharmacy,

biologists graduated from universities, biology scientists of research institutes, and bachelors of medical techniques high schools are members of the VACB. Students have to complete studies in universities or high schools to be member of the association. The Association has four categories of membership: medical doctor, pharmacist, biologist and bachelor of medical techniques. The VACB promotes, encourages and improves clinical laboratory service, investigation and training in Vietnam. The private sector in health care services is growing rapidly, therefore the association has the responsibility to support the organization and quality control program in this field. There are post - graduate trainings of biochemistry or biology for medical doctors and pharmacists for two years to become specialists grade I, then for three more years to be specialist grade II. There are also master and doctoral degrees of biochemistry for 3 - 4 years in the universities and faculties.

Students graduated from the medical techniques high school receive the diploma of bachelor of techniques. The Vietnamese Association of Clinical Biochemists (VACB) organizes National Congress every five years to determine the association's program, elects the National Central Committee and holds a Scientific Conference. The 9th National Congress in Hochiminh - City in October 2005 elected as new President, Prof. Dr. Dai Duy Ban. The official Journal of the VACB is "Hoa sinh y hoc" (Medical Biochemistry), published every year. There are four committees: organization, training, science, and international relation. The last congresses of the ACBHN, SCBC and ACBHS were organized in 2005. The VACB has been a full member of IFCC since 1989, and of the Asian - Pacific Federation of Clinical Biochemistry (APFCB) since 1991. Every year, the ACBHN, SCBC and ACBHC hold scientific conferences in North, Central and South Vietnam. Since 1996, every two years, National Scientific Conference with the participation of overseas colleagues have been very attractive and interesting. Of the 6 National Conferences, the first one in Hochiminh City in 1996 and the 5 th in Hanoi in 2003 were very successful with the attendance of many colleagues from 13 and 10 countries (USA, UK, France, Australia, The Netherlands, Japan, India, Thailand, Singapore, Germany, Italy, etc...). They are best chances to develop and maintain friendly relations with colleagues from overseas in the spirit of friendship, study and exchange of experiences. The VACB offer thematic workshops, basic courses and post-graduate training programs to members, sponsored by the Ministry of Health of Vietnam, the universities and companies. In 1997, the IFCC, la société Française de Biologie Clinique, the Canadian Society of Clinical Chemists and

the VACB organized a one week training course on Quality Assurance and Quality Control in Clinical Chemistry in Hochiminh City. The team of Prof. Marie Madeleine Galteau (Nancy, France) and Prof. Jean - Claude Forest (Quebec, Canada) laid basic stones for VACB members, continued the first step of QA and QC in Vietnam in 1994 with the generous support of the APFCB (Dr Tan It Koon, Dr Les Watkinson, Dr Andrew St John) and AVL Medical Instruments in Singapore. Recently, in 2003 - 2005, with the help of Dr. Renze Bais (IFCC, AACB) the QA and QC programs of the VACB, supported by the AACB, were implemented successfully in Hanoi and Hochiminh City.

Each of the 64 provinces in Vietnam has one provincial hospital with a Clinical Chemistry Department where routine analyses are performed. There are also Departments of Hematology and Blood Transfusion, Bacteriology, Cytology, etc. In the big cities, such as Hanoi, Hochiminh City, Hue, Da Nang, and Haiphong, techniques of endocrinology, oncology, and immunology are routine. In Hochiminh City, molecular techniques are well developed. A section of Proteomics will be organized in 2007 within the structure of the VACB. The Association aims to rapidly develop molecular techniques in Vietnam's big cities from 2006 to 2008. After the IFCC membership in 1989, the relations between the VACB, the ACBHN, the ACBHS and international organizations such as the IFCC, APFCB, IATDMCT, AACC, AACB, SFBC have been developing very good. The IFCC Scientific Exchange Program gave great opportunities for VACB members to study in Hong Kong, Sweden, Australia, and Thailand. Two young VACB scientists have received awards from the IFCC - AVL and IFCC - Roche Critical Care Award Programs. At the 40th Anniversary ceremony of the VACB in Hanoi in 2003, we highly appreciated and welcomed the greetings of Dr. Renze Basis (IFCC), Prof. Dr. Victor Blaton (FESCC), and Prof. Dr. Yoshihisa Itoh (APFCB). We are very proud to work and cooperate with the IFCC and APFCB to improve Laboratory Medicine in Vietnam.

FRENCH NATIONAL PROGRAMME FOR RARE DISEASES 2004-2006: 40 NEW APPROVED REFERENCE CENTRES

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

The French national monitoring committee for rare diseases under the auspices of the Ministry of Health and Social Protection has issued this summer a new list of nearly 40 additional approved reference centres for rare diseases and groups of rare diseases from all around France. This third wave of approved centres brings the total number of reference centres of this type to 103. Previous designations of reference centres date from November 2004 and October 2005. Their chief aims are to offer quality of service, draw up recommendations for clinical practice and establish care networks supported by these reference centres. 6–8% of the world's population are likely to be concerned, at some level, by these diseases: more than 3 million people in France, 27 million in Europe and 27 million in North America. The improvement in health care provision for rare diseases constitutes a major challenge for public health owing to the epidemiological data, the consequences of these pathologies for quality of life of the patients and their families and the challenges for research in domains of diagnosis and treatment. The complete list of approved reference centres in France is available at: http://www.orpha.net/actor/EuropaNews/2006/doc/RC_GB.xls

CONGRATULATIONS TO NEWLY ELECTED AACC LEADERS

Robert Murray, JD, PhD, AACC's Secretary, announced the following election results on September 7th.

President-Elect:	Larry Broussard, PhD
Treasurer:	Ann Gronowski, PhD
Board of Directors:	Daniel Farkas, PhD Catherine Hammett-Stabler, PhD
Nominating Committee:	Larry Kricka, DPhil, Chair-Elect David Grenache, PhD Patricia Jones, PhD Joseph McConnell, PhD

RECENTLY PUBLISHED IFCC DOCUMENTS & RELATED PUBLICATIONS

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

SD-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.

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

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; 372:199-201

LIGHT-HEARTED CLINICAL CHEMISTRY

A fat man wanting to lose weight

In the 1960s I was approached by the local radio station in south Sweden and asked to participate in a new program "Cholesterol, food and exercise". Why me? Probably because I was the local person around dealing with this new tests, cholesterol, on a daily basis and also had a reputation for enjoying my daily morning run.

Listeners called the switchboard and questions were delivered to us in the studio on small pieces of paper. One day the message said: "Fat man wants to lose weight". Connected to the man we suggested he should cut down on food and take regular exercises, e.g. swimming? "No water here and too far to a swimming pool." "What about cycling?" To which he replied: "Yes I like chicken (phonetically very close to cycling in Swedish) and

yesterday I had turkey and carrots". We could only say "Fine, fine" and were saved from further embarrassment by the technician, who put on a tune called Chicken Polka.

The program was still ongoing ten years later. The producer decided to mark the occasion by digging up funny events. What about Tryding's famous cockup? Let's see what we can do about that?

So it came to be that on the anniversary day, without me being told, the radio station called the Fat Man and said: "Hello, this is the local radio station. Do you remember calling this program about your weight problem ten years ago?" After a long silence the reply came: "Are you calling because that doctor has now found the answer?"

Recollected by Nils Tryding, Kristianstad, Sweden

UPCOMING IFCC RELATED MEETINGS IN 2006/07

2nd Symposium "Education & Training in Clinical Chemistry and Laboratory Medicine"

Prague, Hotel Olympik, November 17-19, 2006 www.cbtravel.cz

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, www.ams2007.org/

American Association for Clinical Chemistry 2007 Annual Meeting, San Diego, CA, US 15-19 Jul,

2007, www.aacc.org/AACC/events/ann_meet/annual2007/

11th Asian Pacific Congress of Clinical Biochemistry (APFCB), Beijing International

Convention Center, Beijing, China 14-19 October 2007, www.chinamed.com.cn/11apccb