At the end of five intensive but fully enjoyable days we can state that the Euromedlab 2013 succeeded in delivering an extraordinary mixture of scientific information offered by outstanding speakers and more practical opportunities offered by Educational Workshops organized in cooperation with Diagnostic Companies. All this has been made possible by the joint efforts of a great number of people, who worked together during the Congress and for the three years before it. In particular, the contribution of the Organizing Secretariat of MZ Congressi should be recognized, together with that of all the Colleagues involved in the various Committees, i.e., the Congress Organising Committee, the Scientific Programme Committee, the Abstract Evaluation Committee, the Bursary and Poster Awards Committees and the International Scientific Advisory Board. Euromedlab Congresses have always been an extraordinary opportunity to meet friends and colleagues from all over the world and to exchange with them opinions and fruitful discussions. Milan 2013 made no exception and everybody working for that has to be thanked warmly. Next Euromedlab meeting will be in Paris, 21-25 June 2015.
Ethics in Laboratory Medicine

Our profession is characterized by an important presence of technology and informatics: this has possibly induced us to perceive ethical issues as marginal. Actually, these points should be considered essential in Laboratory Medicine as it is in any other disciplines of human healthcare.

There are however unique ethical aspects in Clinical Chemistry and Laboratory Medicine that require particular attention. Among these:

1. **The indirect patient contact**: the relationship between the Clinical Biochemist and the patient is complicated by the fact that in most circumstances there isn’t a direct contact with the patient but there is rather a contractual relationship between the requester and the laboratory. There is therefore the risk that this relationship (which is often commercial) could be seen as more relevant; however the laboratory’s commitment is to ensure and pursue the interest and the well-being of the patient. The patient’s wishes and needs are however very often conveyed to the laboratory not by the patient but rather by the patient’s clinical caregivers. The Clinical Laboratory should carefully handle this kind of relationship and secure that the intermediary healthcare workers act within a similar ethical framework as Clinical Chemists do.

2. **Storage and use of physical samples**: A clinical laboratory may store aliquots of the patient’s primary samples for a number of reasons like internal quality control, instrument checks, method development, teaching and research. These activities may result in additional information to which the patient may not have originally consented. Laboratories should have documented policies for handling unrequested information, considering legal implication and national or local requirements.

Another important issue shared with the entire scientific community is the publication ethics. The topic is so relevant that the Congress planned a Workshop on Publication Ethics held by the Clinical Chemistry Editor, to serve as a guide for young scientists both to scientific writing and to ethical conduct when preparing and submitting a paper to a journal. Publication ethics can be defined as the correct conduct in the entire process of publication. This issue is emphasized today by the enormous number of scientific journals, by the easy access to the electronic databases which allow the consultation of even local journals, together with the career pressure (publish or perish!).

The Laboratory Medicine professional members should be guided by ethical principles in any facets of their work because of their responsibility towards patients and the scientific community they live and work in.

Information, Guidelines and Discussion on Ethics in Science and in Laboratory Medicine can be found at:

- 15189 ISO Annex C;
- Council of Europe, Committee of Ministers, Recommendation Rec(2006)4 of the Committee of Ministers to member states on research on biological materials of human origin. https://wcd.coe.int/ViewDoc.jsp?id=977859

Society Name Change:

“SIBioC – Laboratory Medicine”
(The Italian Society of Clinical Biochemistry and Clinical Molecular Biology)

During its most recent general assembly on April 15, 2013, an amendment to the scientific society’s by-laws was ratified by the board and the full membership. While leaving the glorious SIBioC acronym unchanged, they changed the society’s name to “SIBioC – Laboratory Medicine” (The Italian Society of Clinical Biochemistry and Clinical Molecular Biology).

As with the previous change that led the IFCC to become the “International Federation of Clinical Chemistry and Laboratory Medicine”, this change responds to a recommendation from the European Federation of Clinical Chemistry and Laboratory Medicine (EFLM) inviting all members to start including laboratory medicine in their title. This request is the logical consequence of last year’s decision by EFLM member societies on the most appropriate descriptive name for our profession: “specialists in laboratory medicine”. This is the first stage in a two-step process to enable us to progress toward recognition of the profession under a European common-training framework.
Over the past two decades there have been dramatic changes in the diagnosis, treatment and prognosis of acute coronary syndromes (ACS). Several new treatment modalities have been added. The prognosis after acute myocardial infarction (AMI) has improved, e.g. the 30 day mortality has been more than halved the last decade.

Biomarkers have crucial roles in the management of ACS: for diagnosis as well as for prognosis and selection of treatment. At present, cardiac troponin (cTn) is the biomarker of choice for diagnosis of AMI. Currently, there are no other biomarkers, especially after the introduction of the high sensitivity assays, which can compete, neither regarding specificity nor regarding early sensitivity. However, there is still a clinical need of a biomarker able to reliably rule-in or rule-out AMI, immediately on admission. Secondly, a marker able of separating type I from type II infarctions would be clinically very useful. Thirdly, for the diagnosis of unstable angina a biomarker of cardiac ischemia is needed. MicroRNAs seem to be the most promising new candidates for diagnostic purposes. The optimal combination of biomarkers and new imaging techniques is another important area for research. The list of biomarkers associated with an adverse prognosis in ACS is long. However, for most of them it has been very difficult to prove an added clinical value. Only cTn, and to some degree also B-Type natriuretic peptides, is widely used in clinical practice for risk assessment. Among new markers, growth differentiation factor 15 and the mid-regional part of the prohormone of adrenomedullin, have shown some promising results. The importance of moderate decrease in renal function for the prognosis has been much overlooked in the past. And since the renal function must be assessed anyway, i.e. for correct dosing of many drugs, it seems logical to utilize also the prognostic capacity of markers of the renal function. Cardiac troponin has been proven useful for selection of antithrombotic, antiplatelet and invasive treatment. Besides cTn, no other markers have consistently been shown to be useful for selection of specific treatments. However, in the predicted future era of "personalized medicine", new biomarkers for selection of treatments are much needed.

**NEWS FROM MIDDLE EAST**

**ISRAEL EXPANDS GAZA FISHING ZONE AND STOPPED THE VISIT OF UNESCO**

GAZA - Israel announced an expansion of the designated fishing zone off Gaza from 3 to 6 nautical miles in the Mediterranean Sea. The move was approved by Israeli Prime Minister Binyamin Netanyahu and Defense Minister Moshe Ya’alon. Israel restricted the designated fishing zone in March in response to rocket attacks on southern Israel. The Oslo Accords between Israel and the Palestinians in 1993 stipulated that Israel would permit a 20-nautical mile fishing zone off Gaza. Again Israel, at the last minute, postponed the visit of a Unesco delegation to Jerusalem’s Old City. “The visit of the Unesco mission is a preface for the victory of Palestinian and Arab diplomacy,” a newspaper said, quoting a statement from the Palestinian Ministry of Information in Ramallah.

**NEWS FROM AFRICA**

**NIGERIA TO FREE “TERROR” WOMEN**

Nigeria’s President Goodluck Jonathan has ordered the release of all women held in connection with “terrorist activity”, the defence ministry says. The decision was aimed at enhancing peace efforts in Nigeria, it added. The army is conducting an offensive in three states, where an emergency was declared last week to fight the militant Islamist group Boko Haram. The group had set the release of women and children as a condition for talks with the government. More than 2,000 people have died in the conflict in Nigeria since Boko Haram launched its insurgency in 2009 to create an Islamic state. Earlier this month, it said it had abducted women and teenage girls in response to the security forces arresting the relatives of its fighters.

**NEWS FROM WORLD**

**IS THE CANNES FILM FESTIVAL STILL NUMBER ONE?**

It has glamour, history and tons of media hype – but is Cannes still the best place to launch a new film? It’s been called the strawberry heaven - the red-carpeted steps leading up to the Palais des Festivals at Cannes where top directors and stars congregate each night. It is one of the most media-saturated spaces on Earth, making Cannes a particularly desirable platform for the big studios.

Last year four thousand journalists were accredited to cover the festival; forty years ago there were just over a quarter of that amount. What the festival can do to bring attention to a film is perhaps unbeatable. But as a marketing machine Cannes is not without its perils – a spanner can easily get thrown into the works.

The festival can amplify a film’s perceived weaknesses and any harsh critical comment that surrounds it. It is sort of a double-edged sword.

**NEWS FROM EUROPE**

**CHAMPIONS LEAGUE FINAL: IS FUSSBALL COMING HOME?**

With Borussia Dortmund playing Bayern Munich in the Champions League final on Saturday, thousands of German fans will be heading to the home of English football, Wembley. But is it also the home of German football? “Fussball is coming home” ran the headline in the Bavarian-based Sueddeutsche Zeitung early in May.

It will all leave Karl Planck turning in his grave. In the 1890s, this German gymnast and patriotic teacher raged against the “foot-louts” in Germany suffering from what was called “the English disease”. Planck hoped that Germans would stick to gymnastics, seen as better at producing young men fit for military service. But the thousands of today’s German fans will be heading to the home of English football, Wembley. German fans will be heading to the home of English football, Wembley.
The Cultural and Social Evening at the Castello Sforzesco yesterday night was an extraordinary experience. The participants could enjoy the site’s special atmosphere and partake of a luscious buffet. There also was the opportunity to visit the Castle Museums open until late for Euromedlab guests. Of particular interest was the possibility to admire the Michelangelo’s statue named “Pietà Rondanini” (by the name of one of its owner).

At the end of the evening, the show of the Flying Acrobats “Sonics” in the “Piazza delle Armi” was simply breathtaking.
**CONGRESS BURSARIES**

**EFLM BURSARIES**
1. Calibasi Gizem (Turkey)
2. Canu Giulia (Italy)
3. Cardinalels Eline (Belgium)
4. Dunlop Allan (United Kingdom)
5. Elce Ausilia (Italy)
6. Hansson Charlotte (Sweden)
7. Isgrò Maria Antonietta (Italy)
8. Martínez Lopez De Castro Ana Maria (Spain)
9. Min San (United Kingdom)
10. Oliveira Rodriguez Myriam (Spain)

**EC4 BURSARIES**
1. Rizou Myrto (Greece)
2. Wlazel Rafal N. (Poland)

**A. MENARINI BURSARIES**
1. Omuse Goffre Amuka (Kenya)
2. Scorza Manuela (Italy)
3. Surapaneni Krishna Mohan (India)

**THE BINDING SITE BURSARIES**
1. Giordano Sonia (Italy)
2. Kost Andriy (Ukraine)
3. Vilchez-Aguilera Juan Antonio (Spain)

**THERMO FISHER BURSARIES**
1. Albea Brenda (Argentina)
2. Begoli Gramos (Kosovo)
3. Chakraborty Sutirtha (India)
4. D'argenio Valeria (Italy)
5. Martínez-Villanueva Miriam (Spain)
6. Ntola Vuyolwethu Comfort (South Africa)
7. Wang Bei-Tzu (Taiwan)

**MIILANO BURSARY PROGRAMME**

**RECIPIENTS**
1. Brady Jennifer (Ireland)
2. Bugrov Alexey Viktorovich (Russia)
3. Depreter Barbara (Belgium)
4. González M. Santamaría (Spain)
5. Jacobs Leo (The Netherlands)
6. Jensen Christina Munch (Denmark)
7. KovacevicTamar (Serbia)
8. Lacevic Dzenana (Bosnia Herzegovina)
9. Mazeikien Asta (Lithuania)
10. Mueller Daniel (Switzerland)
11. Paiva Teles Maria José (Portugal)
12. Pourpouridou Nikoletta (Greece)
13. Simon Diána (Hungary)
14. Sonsala Alicja (Poland)
15. Sudmann Ashild Amelie (Norway)
16. Supak Smolcic Vesna (Croatia)
17. Tannkulu Kucuk Sevda (Turkey)
18. Tingerides Alexis (Cyprus)
19. Vasatova Martina (Czech Republic)
20. Vlkant Natali (Estonia)
21. Vuorenmaa Katarina (Finland)

**THE BINDING SITE ITALIA AWARDS**

**WINNERS**
1º ex-aequo: Lucia Paolini (Brescia, Italy)
Elena Zani (Bologna, Italy)
3º: Vittoria Barchiesi (Napoli, Italy)

**IFCC-ROCHE TRAVEL SCHOLARSHIPS**
1. Barbullushi Alma (Albania)
2. Chhitarmma Anchalee (Thailand)
3. Das Saswati (India)
4. Dayanath Bolonghoge (Sri Lanka)
5. Lumano Hillary (Zambia)
6. Mansour Neda Isa (Jordan)
7. Osegbie Ifeyinwa Dorothy (Nigeria)
8. Widodo Joko (Indonesia)

**PHOTOGALLERY**

1. The registration desk: MZ Congressi Staff at work
2. A crowded exhibition area
3. IFCC and EFLM booths
The quality of molecular methods in the age of personalized medicine
Florence, Italy

Representatives of Scientific Societies acting in the area of Laboratory Medicine (IFCC, EFLM, ESPT, DGKL), of International organizations (CLSI, IRMM, CERM, EDMA, EAPM), and representatives of International Projects and Networks (SPIDIA, PHGEN, EU-ROGENTEST, EMON, APOGEE-Net/CanGeneTest, IMPACTS, ITT, GOIRC) have presented at the Satellite Meeting their view on the role of Molecular Methods in Personalized Medicine and how to monitor the quality to allow the clinical use of these new diagnostics. The meeting was attended by 38 participants.

Plasma proteins: from the basic to the optimal clinical application
Pavia, Italy

The aim of the meeting was to explore the world of plasma proteins from the basic to the clinical applications. In the first session the studies from international experts on The Antibody Factory were illustrated; the second session explored the Inflammasomes in Health and in Disease”. In the afternoon the Evidence-Based Applications for the use of cytokines and monoclonal gammopathy investigation were illustrated. The last session of the meeting was dedicated to the presentation of clinical cases and to their general discussion with the audience. The meeting was attended by 87 participants who appreciated the presentations very much and actively participated to the discussion.

Fundamental in Porphyrias
Luzern, Switzerland

Thanks to the Swiss Society of Clinical Chemistry that organized the Pre-Congress Satellite Meeting as the last topic of their Annual Assembly in the fascinating, historical city of Luzern, this event had an extraordinary attendance, with more than 400 persons, registered to learn more on this rare clinical condition. Most of them moved then to Milan by train for EuroMedLab main congress. We would like to note that a group of young colleagues coming from Africa joined both the meeting of Luzern and the Congress in Milan. This is the evidence that close collaboration within Clinical Chemistry Societies always offers great opportunities to the laboratory world of young scientists. The Pre-Congress Satellite Meetings were beautifully and efficiently organised by Biomedia.

SEE YOU in ISTANBUL 2014 and PARIS 2015
The Congress President and the Congress Organising Committee wish to thank warmly all the Companies/Organisations listed below for their invaluable support.

**PLATINUM SPONSORS**

- Abbott
- Beckman Coulter
- Diasorin
- Roche
- Siemens
- Sysmex

**GOLD SPONSORS**

- A. Menarini Diagnostics
- Mindray
- ThermoFisher Scientific

**SILVER SPONSORS**

- Bio-Rad
- HORIBA Medical
- TOSOH BIOSCIENCE

**BRONZE SPONSORS**

- Binding Site
- TOSOH Biodiagnostic Systems
- Ortho Clinical Diagnostics

**SPONSORS**

- A. De Mori
- A. Menarini Diagnostics
- AB SCIEX
- ABBOTT
- ADVANCED INSTRUMENTS
- ALIFAX
- AXIS-SHIELD / ALERE
- BECKMAN COULTER
- BECTON DICKINSON
- BIoKIT
- BIOMÉRIEUX
- BIOPORTO DIAGNOSTICS
- BIO-RAD LABORATORIES
- BIOSYSTEMS
- BPC BioSed
- BSN
- BÜHLMANN
- Celavision AB
- CHROMSYSTEMS
- CLONIT
- DAKO
- DIAGN
- DIAMOND DIAGNOSTICS
- DIASORIN
- DIASYS
- DIESEL
- DIRUI
- DRG
- ELGA LABWATER
- ELITECH GROUP
- EOS
- ERBA MANNHEIM
- EUROIMMUN
- GLP SYSTEMS
- GREINER BIO-ONE
- HEMOCUE AB
- Hologic / Gen-Probe
- HORIBA MEDICAL
- IDS
- IMMUNDIAGNOSTIK
- INOVA
- INSTRUMENTATION LABORATORY
- INTERLAB
- IRIS INTERNATIONAL
- LABQUALITY
- LTA
- MINDRAY MEDICAL INTERNATIONAL
- MITSUBISHI CHEMICAL EUROPE
- M+T
- NOEMA LIFE
- NOVA BIOMEDICAL
- NOVATEC
- ORTHO CLINICAL DIAGNOSTICS
- PERKINELMER
- RADIOMETER MEDICAL
- RANDOX LABORATORIES
- R-BIOPHARM
- RECIPE
- ROCHE DIAGNOSTICS
- SACACE BIOTECHNOLOGIE
- SAMSUNG ELECTRONICS
- SARSTEDT
- SEBIA
- SENTINEL
- SHENZHEN NEW INDUSTRIES
- BIOMEDICAL ENGINEERING
- SIEMENS HEALTHCARE DIAGNOSTICS
- STAGO
- STERIL FARMA
- SYSMEX EUROPE
- TECHNO MEDICA
- TERUMO EUROPE
- THE BINDING SITE
- THERMO FISHER SCIENTIFIC INC.
- THERMO FISHER SCIENTIFIC, IMMUNODIAGNOSTICS DIVISION, PHADIA
- TOSOH
- VACUTEST KIMA
- VELA DIAGNOSTICS
- WAKO CHEMICALS
- WATERS
- WEST MEDICA