



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

eNewsLetter



IFCC NEWS, July-Aug 2005 issue
By Ellis JACOBS, IFCC News Editor

EDITORIAL: THE IFCC CONGRESSES – A TRADITION – A STORY OF SUCCESS.



Mathias M. Müller

IFCC President

Institute of Laboratory Diagnostics, Kaiser Franz Joseph Hospital, Vienna, Austria

In 2005 the IFCC is organising its two major meetings – the International and the European Congress of Clinical Chemistry and Laboratory Medicine in Orlando, USA, and in Glasgow, UK, respectively. Therefore it is reasonable to reflect on the term “congress” and its impact on our profession.

The word “congress” has its origin in the Latin word “*congressus*” meaning the gathering of people with similar interests, background and similar visions in policy, business, science and a given profession. The major objectives of these meetings are discussions and solutions of open questions or issues as well as communication of pertinent and new knowledge in a discipline. In the past also formal meetings of sovereigns, politicians and diplomats for the settlement of international affairs were called congresses. One famous congress of the latter type was the “Viennese Congress” in 1814/15, where in the aftermath of the Napoleonic wars monarchs, politicians and diplomats established a new order of Europe. Similar to our understanding of a congress several issues were developed in commissions or committees and consequently summarized in a final document in order to establish a new concept. Like today the personal interaction between the participants contributed to a successful outcome.

Congresses and meetings organised by the IFCC are like a journey through the history of the Federation. Some of the pertinent events and achievements are closely linked with IFCC’s congress business. At the occasion of the international IFCC congresses the IFCC Council gathers, an institution that can also be seen as the “IFCC parliament”. Fundamental milestones in the evolution of the Federation were based on these gatherings, where individuals developed their visions for new frontiers in policy, in social life and in science. This principle also applies to the foundation of IFCC. It took place at the International Congress of Biochemistry in Paris in 1952 when members of the IUPAC Commission on Clinical Chemistry decided the formation of the International Federation of Clinical Chemistry as an independent professional organisation.

The first IFCC International Congress was held in Amsterdam in 1954 followed by the congress in New York in 1956. In Stockholm in 1957 it was decided to organise the ICCCs every 3 years. In addition to the international congresses the series of IFCC European Congresses started in 1974 with a bi-annual cycle. In addition to these international meetings organised and sponsored by IFCC, regional congresses were established in Arabic Countries in 1974, in the Asian Pacific Region in 1981 and in Latin America in 1991 by national diagnostic laboratory organisations, now affiliated with IFCC.

The rich and nearly countable and continuously expanding knowledge in science and research is prospering since decades. The last two decades however need special recognition, since during this period genomics, proteomics, metabolomics, cellular signalling patterns entered medicine, changing the basis of several diseases and physiological conditions. In addition new analytical and communication techniques were established in the diagnostic laboratory. Outstanding scientists in basic and applied research changed the overall concepts. More than 30 years ago there had been specific European, American, Japanese models of laboratory diagnostics. Due to globalisation and the international and regional standardisation process our discipline has become more unified. The concepts fostered by IFCC and other international professional organisations intend to create a uniform and harmonised attitude. Regionally developed concepts are nowadays checked for their global benefit. Through knowledge management tools using the internet e-learning platforms can be established enhancing the individual's expertise. The main advantage of this kind of accumulating knowledge is the fact that the individual doesn't have to leave the office in order to gather information: The great disadvantage is that the scientific discourse like it has been exercised by scientists since ancient Greece is altering in respect that the individual is more often solely reflecting his visions.

In contrast to the electronic accumulation of knowledge, congresses give the participants the opportunity to discuss developments in science critically with the lecturers, in order to broaden one's horizon by reflecting on current issues and future trends. At IFCC congresses the participants have the opportunity to meet with those outstanding colleagues in person they usually know from literature. By verbal communication one can participate in the experts' experiences and might establish collaborations and friendship. Congresses represent the personalised way to obtain pertinent, prevailing and for the profession useful updated information presented by world's leading experts. Thus meetings with exhibitions encourage the re-organisation of diagnostic laboratories by providing an insight into the current state of the profession. Therefore the participation in scientific congresses with multicultural participants is fascinating, challenging and of overwhelming importance for our scientific community today, as we seek to grasp from our past lessons.

A NEW FULL MEMBER OF THE IFCC: PORTUGAL.

Contributed by Jocelyn M. Hicks, PhD, FACB, FRCPATH, IFCC Executive Board

Dr. Mathias M. Müller, the President of the IFCC, and the entire Executive Board, are pleased to welcome Portugal back as a Full Member.

As in many countries, there were in Portugal two major associations whose members practiced clinical chemistry or laboratory medicine. The IFCC is able to recognize only one such organization as a Full Member. Wisely, and in a spirit of good will, the two Portuguese associations (Ordem dos Médicos and the Ordem dos Farmacêuticos), both recognized and registered by the Ministry of Health to practice clinical chemistry and laboratory medicine, have worked together to merge their two associations into a single organization that would be eligible for full membership in the IFCC. This has now been accomplished. It should be noted that blood banking is a separate medical specialty. The President of the combined associations is Dr. J. Germano de Sousa, who is also the immediate Past President of the Ordem dos Médicos.



Professor Germano de Sousa, Servico de Patologia Clinica, Hospital Fernando de Fonseca, Amadora, Portugal

There are 1250 active clinical chemists in Portugal, 450 of whom are medical doctors and the remainder pharmacists. The basic training to become an MD in Portugal is six years plus one practical year, and five and a half years to become a Pharmacist. Pharmacists must re-register with the Ordem dos Farmacêuticos on an five year basis, and continuing education is mandatory.

Specialty training takes place in an approved laboratory (university, hospital, and public and private clinics). Programs generally follow the European syllabus. The final examinations after this specialty training are the responsibility of the aforementioned two professional associations.

Directors of clinical laboratories must be either doctors of medicine (MD) or of pharmacy (Pharm.D) and must have taken the appropriate specialty training in clinical pathology and clinical analyses.

In October of 2004, I had the pleasure of meeting with the Board of Directors, the members of which were extremely enthusiastic about their renewed membership in the IFCC, and are anxious to serve on IFCC committees and working groups, as well as to attend the IFCC Congress in Fortaleza, Brazil in 2008. I was then hosted to an elegant dinner in the beautiful building that houses the medical association. I have attached photos taken at this meeting and dinner.



Board of Directors Meeting. From left to right; Professor Cristina Marques, Laboratorio de Fisiopatologia, Faculdade de Farmacia, Univ.Lisboa. Lisboa (Lisbon); Professor Jocelyn Hicks, Treasurer, IFCC; Professor Germano de Sousa, Servico de Patologia Clinica, Hospital Fernando de Fonseca, Amadora, Portugal; Dr Henrique Reguengo. Servico de Quimica Clinica, Hospital Geral de Santo Antonio, Porto; Professor Tiago Guimaraes, Faculty of medicine, Porto and Servico de Imunologia, Hospital de Sao Joao. Porto; Dr Joao Pessanha Moreira, Servico de Quimica Clinica, Hospital Geral de Santo Antonio, Porto.

I thought that it might be of interest to include a few facts about Portugal. The country is located in southwestern Europe, bordering the Atlantic Ocean on the west and Spain on the east. The country's land area is about 100,000 sq. km. , which includes the Azores and Madeira islands. It is mountainous north of the Tagus River, and there are rolling plains in the south with well-known beaches in the Alentejo region. At the time of the latest census the population is about 10.5 million, of whom about 66% is between the ages of 15 to 64 yrs. The remaining 34% is evenly divided between those under 15 yrs. and over 64 yrs. The religion is predominantly (97%) Roman Catholic, with 2% Protestant and 1% other.



Portuguese Board Dinner. From left to right; Professor Cristina Marques, Professor Germano de Sousa, Professor Tiago Guimaraes, Dr Joao Pessanha Moreira, Professor Jocelyn Hicks, Dr Henrique Reguengo.

The Kingdom of Portugal was first recognized in 1143, and the country became a Republic in 1910. However, it was not until 1974, after a left-wing military *coup d'etat*, that broad democratic reforms were introduced. The President is elected by popular vote for a five-year term. The President appoints the Prime Minister, who is the leader of the majority party.

Portugal has been a member of the European Community since 1986, and in January 2002 it switched to the Euro currency, along with eleven other European Union member countries.

In closing, I must mention that Portugal has a rich sea faring past, superb beach resorts, beautiful small towns, and a landscape full of olive groves, vineyards and wheat fields. There are local markets where one can obtain fresh fruits, fish and flowers. Music, particularly the *fado*, recalls past loves and glories. On a personal note, I highly recommend a holiday visit to this lovely country.

Please join the Executive Board in welcoming Portugal as a full member.

My thanks to Drs. Henrique Reguengo and Germano de Sousa for their help with this article.

CHANGE OF NAME OF THE ASSOCIATION

The Association, known nationally and internationally as 'the ACB', is recognised as the premier specialist society for Clinical Biochemistry in the United Kingdom, so why is a change of name deemed appropriate?

The ACB was founded in 1953, by a small group of dedicated scientists working, often single-handedly, in hospital laboratories in the UK. . An excellent account of the early history of the Association can be found in 'The Association of Clinical Biochemists: The First Forty Years'.⁽¹⁾

Since those early days, the ACB has grown from strength to strength and developed into an organisation with diverse activities and relationships with other organisations. Its publications include the Annals of Clinical Biochemistry, Venture Publications series, CD ROMs, ACB News and most recently, the LabTestsonLine initiative. All these support the Association's educational and scientific functions. The ACB has the delegated responsibility to provide Grade A and Higher Specialist

Grade B clinical scientist training and organises training courses and training days, open to all those entering the discipline. Both the Education and Scientific Committees award bursaries and grants to support members to develop their knowledge and experience and to conduct research and the latter provides expert advice to government and other bodies on the science underpinning the specialty.

Another area which has expanded and achieved international recognition in the past two decades is that of conference organisation. The Focus meetings have been an enormous success and provided the infrastructure for us to organise two highly successful international meetings, the 1996 ICCC meeting in London and most recently, Euromedlab 2005, in Glasgow. The expertise of the ACB in this area has also been used in the organisation of collaborative meetings with other bodies, such as AACC and the Dark Report.

As well as being a forum for training and continuing medical education, each Focus meeting is the showcase, through its exhibition, for another key aspect of ACB activities, its close relationship with the Diagnostics industry. The interests of those working in clinical laboratories and our colleagues in industry are interrelated and at present we are working closely with our Corporate Members in the public relations initiative 'Promoting awareness in Laboratory Medicine' (PaLM).

This outline provides a flavour of the breadth of activities under the umbrella of the ACB. Our portfolio is one for the specialty, in the wider arena of medicine and our membership categories permit inclusivity for all involved or interested in it. As such, the name of the Association should reflect this. A change is not only appropriate, but probably belated. The ACB is the UK national member organisation of IFCC; the name change brings us into line with most of the other national member organisations.

The Association has now changed its name to 'The Association for Clinical Biochemistry'. The change was agreed at the 2005 Annual General Meeting, held in Glasgow on 8 May 2005.

Our new name gives a more accurate description of what the Association is and I'm sure it will still be known universally as 'The ACB'.

References

1. Broughton P, Lines J. The Association of Clinical Biochemists: The First Forty Years. Ed. R Sherwood. Venture Publications 1996.

'reprinted with permission from the Annals of Biochemistry'

REPORT ON EUROMEDLAB 2005.

Contributed by Prof C W K Lam, Ph.D., IFCC Executive Board

I belong to Glasgow ¹



I had never before attended any Focus meeting of the British Association for Clinical Biochemistry (ACB) because it always coincided with the Chemical Pathology final examination of my university. Therefore, after several months of diligent preparation, I was really looking forward to participating in the 16th IFCC-FESCC European Congress of Clinical Chemistry & Laboratory Medicine cum Focus 2005 meeting that was hosted from 8-12 May in the reputable city of Glasgow. I had high expectation that many great masters in the UK, other countries of Europe, and elsewhere would speak on very advanced knowledge of clinical

biochemistry, or discuss new approaches to its practice.

Attending the rich scientific programme (8 plenary lectures, 30 themed symposia, 28 industry-sponsored workshops and 1100 posters) produced effects similar to a greedy swallow of excellent Scottish malt whisky, which was immediately overpowering followed by emergence of multiple gratifying and long-acting sensations.

In his plenary lecture on Tuesday afternoon (10 May), Professor Philippe Gillery showed photos of himself at childhood and middle age (same genetic constitution) to illustrate post-translational modifications of proteins causing or marking diseases (e.g. oxidized LDL and HbA1c, respectively).

Without prejudice, it is always a pleasure to watch Professor Dennis Lo delivering his lecture (Wednesday morning). His facial expression and hand gestures signified that he was genuinely interested in and devoted to his highly intelligent research; the contents impressed that he truly had some very sharp knives and was actively using them. Professor Denis Hochstrasser (Thursday morning plenary on Proteomics in Laboratory Medicine) displayed a cooler phenotype. Calmly he informed his audience that he had the sharpest knife in the world (many units of MALDFI-TOF-TOF-MS), and was meanwhile carving up some dinosaurs (bacterial and human proteins). His prediction was that advanced mass spectrometry would soon become the imaging tool of modern clinical chemists, similar to the use of MRI and PET scans by diagnostic radiologists.

In the last morning of the congress, I sacrificed going to one of the four other equally interesting simultaneous sessions for the sake of attending the 5th symposium on POCT, and found myself feasting on a banquet of near-patient testing.

Mr Mark Shephard of Adelaide described his dedicated work on community POCT for 4% of the Australian population thinly dispersed in 75% of the rural continent under unfavorable dusty conditions in extreme temperature and humidity with rapid staff turnover.

Dr Peter Gosling of Birmingham in contrast demonstrated how POCT should be organized in the high technology but unstable and critical settings of the ITU. I particularly admired his definition and slides on shock.

Dr Paul Collinson of London (POCT on Patients with Chest Pain) preached what I have failed to convince those hospital administrators constantly disturbing my budget – it is pointless to worry whether a cTnT assay will cost \$ 2.30 or \$ 2.50, a procedure of intervention cardiology can easily spend \$ 2,500.

The spacious and airy Scottish Exhibition & Conference Centre (SECC) located at the bank of River Clyde (Figure 1), where the scientific meetings and an elaborate trade exhibition were held, was a very comfortable venue to be settled in for the week of intellectual marathon.

Delegates could conveniently walk across to get an alcoholic drink from the exhibitors to steady themselves after being overwhelmed by a powerful presentation.

The theme of the congress was *Focus on the Patient*. Between the scientific sessions, colleagues (>2,500 from 75 countries) could focus on meeting old friends and establishing new acquaintance. I

congratulated Chairman Dr Graham Beastall for being a recurrent Six Sigma conference organizer. Like most British professors of chemical pathology, Scientific Committee Chairman Professor Alan Shenkin explains problems using simple words and solves them rationally. I enjoyed my re-union with Dr Dermot Neely of Newcastle Upon Tyne, who was my work-mate in lipoprotein research at the Royal Prince Alfred Hospital Sydney in 1993. In the central passageway of SECC, I was intercepted by a colleague who introduced himself as from



Kingston on Thames. It turned out that both of us were colleagues of Professor R Swaminathan some 15 miles downstream in St Thomas's London. A New Zealand chemical pathologist and I always attended the same sessions; he took a center seat in the third row not far from my left aisle in the second. We remembered having dinner in 2002 after my AACB Roman Lecture at the Auckland Hospital, when he told me about his farming and sailing. At the closing lunch hosted for EuroMedLab 2007 Amsterdam, a lady doctor from the Karolinska Hospital (Stockholm) discussed with me infection control during a viral epidemic. It was my special joy greeting Professor Per Venge of the University of Uppsala. He is the most knowledgeable expert on eosinophils in Europe who kindly taught me fractionation of these cells of beauty and mystery (Paul Ehrlich, 1879). I enjoyed the whole congress social programme and was particularly benefited from the cultural aspects of the Scottish Pageant on Monday evening (Figure 2). At the Wednesday night Gala Dinner, there was a galaxy of stars not only above but also on the ground of the historic Stirling Castle. Colleagues were basking in the glory of emeritus clinical biochemistry celebrities named Clayton, Morgan, Marks, and Elder, just to cite a few.

Immediately after the congress, I took my wife for a Scottish driving holiday quite stylishly in a hired Mercedes C200 Kompressor that was very responsive but probably too powerful for the highland roads. We covered St Andrews, Dundee, Aberdeen, Inverness, Isle of Skye, Isle of Mull, and Fort William before visiting my former head of department Professor Magnus Hjelm in his 23-room castle near Requista of county Aveyron in southern France (Figure 3). As predicted by plenary lecturer Professor James Westgard (Thursday afternoon, 11 May), nowadays problems occur more frequently during the pre-analytical and post-analytical phases. When we



went to collect the hired car according to the Glasgow address provided by the Hong Kong agent, we found that the company had since many months ago moved far to the other side of the river. Two weeks after our return to Hong Kong, we received a Scottish police ticket for speeding offence in Inverness. All our souvenirs (3 congress ties, 8 congress scarves, 32 Scottish tea towels and 4 CD of traditional Scottish songs) were light-weighted, yet before boarding the budget flight from London to France with stringent luggage allowance, we had to discard many high-density items.

Clinical biochemistry is real-life biochemistry. Clinical biochemists should be interested in human activities besides disorders of human metabolism. My department has always preferred to sponsor colleagues to participate in a congress with oral and / or multiple poster presentations rather than just attending it. For maximum benefit, an additional requirement might be that the sponsored colleague should also take a short holiday in the host country to sample the local culture, chromatograph the different walks of life, and immunoassay its philosophy of life and ethics of value. Please see the Postscript and Footnote below for two illustrations of possible cultural enrichment from conference participation.

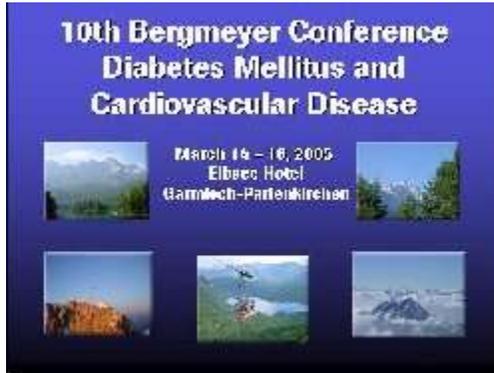
C W K Lam
June 2005, Hong Kong

Postscript. Since returning home I have embarked on a longitudinal study to investigate the synergistic effect of statin and malt-whisky combination therapy for dyslipoproteinaemia. The former has been kindly prescribed by my Professor of Cardiology, the latter was a gift from the EuroMedLab organizer with an attached SOP on how to eye, nose and taste it in a proper tulip-shaped glass. To my knowledge, this could be the first serious study despite Scotland being famous for its whisky and Glasgow a world center of excellence for clinical lipidology and lipoprotein research (Professors Shepherd and Packard).

Note: *I belong to Glasgow* is the title of a cheerful traditional Scottish song. Two hundred such songs can be sourced on <http://www.rampantscotland.com/songs>. Information is courtesy of Dr Ian Godber, Wisaw General Hospital, Lanarkshire, UK and Mr Brian Smith, BD Diagnostics, Perth, Australia. Different states of mind can result in discordant art appreciation. Personally, I find many Scottish songs and music generally sad but demonstrate endurance, perseverance and bravery. They can be a source of strength.

ROCHE DIAGNOSTICS HOSTED THE 10TH BERGMAYER CONFERENCE .

Contributed by Dr. Werner Poppe, Roche Diagnostics, Member CPD Executive Committee.



Roche Diagnostics hosted the 10th Bergmeyer Conference on Diabetes Mellitus and Cardiovascular Disease in Eibsee March 14-16

The Roche sponsored Bergmeyer Conference is a master discussion and brain storming forum of international experts for projects to be executed by Scientific Divisions, Committees or Working Groups.

The Bergmeyer Conferences, which are hosted by the International Federation of Clinical Chemistry and Laboratory Medicines (IFCC) and Roche, were initiated in

1988 with the objectives to:

- stimulate the communication between clinicians and laboratory medicine professionals
- improve the clinical value of laboratory data
- improve method standardization and contributing to the harmonization of laboratory and medical guidelines

The 10th Bergmeyer Conference, which took place on March 13-16 in Eibsee / Grainau (Germany) this year - together with the IFCC Standardization Committee of Markers of Cardiac Damage - was focused on "Diabetes Mellitus and Cardiovascular Disease". Thirty speakers and sixty participants of twenty-three countries followed the objectives of these two conferences.



Prof. Mathias Müller, president of the IFCC and Steering Committee of the Bergmeyer Conference

The major recognitions and observations of the Bergmeyer event were that diabetes mellitus and cardiovascular diseases seem to follow one route beginning with genetic predisposition, metabolic syndrome, pre-diabetes, insulin resistance, cardiovascular and ischemic heart disease and cardiac events. Study findings, based on population and outcome studies, are demonstrating that powerful markers are available for diagnosis, prognosis and therapy monitoring leading to the improvement of patient care by potentially earlier intervention and guided treatment.

It was the overall agreement at the end of the Bergmeyer Conference that increased quality of life and economic benefits can be achieved in the area of diabetes mellitus and cardiac disease with the employment of innovative markers.



Participants of the 10th Bergmeyer Conference

The participants agreed upon the plan of action:

- Development of evidence-based guidelines
- Standardization of biomarkers (current and new) of clinical relevance: traceability concept
- International cooperation: IFCC, other International Organizations (JCTLM, IRMM, NIST, NCCLS, etc.), and manufacturers.

The proceedings of the congress will be published in the Scandinavian Journal of Clinical a Laboratory Investigation.

“THAT WAS GLASGOW 2005...”

Contributed by Dr Damien Gruson, IFCC News WG

Euromedlab 2005, the 16th IFCC-FESCC European Congress of Clinical Chemistry and Laboratory Medicine, was organized this year in the city of Glasgow, Scotland. This city of Glasgow was very attractive for multiple reasons, a great city with Scottish style building, exiting art collections, marvellous and romantic green areas, famous whisky industries, wonderful beers (and I speak with my Belgian experience), typical Scottish cows, a very pleasant and architecturally surprising convention centre and ...two world famous football teams, the Rangers and the Celtic, both summarizing a part of the history of Scotland and Glasgow city. We also have to underline the high scientific level context of such a city, with world notorious university and hospital, and world famous scientist and clinical chemists.



The Scottish Exhibition Centre (left) and the congress closing ceremony in the splendid Stirling castle (Right).

This congress was a great opportunity for thousands laboratory professionals from all horizons to discover new laboratory challenges, to attend to high level scientific sessions with original and actual topics (such as metabolic syndrome, cardiovascular diseases, interferences and errors in laboratories or accreditation in Europe), to assist to various roundtables and to be surprised by five marvellous scientific days under the unexpected sunshine of Glasgow.

Euromedlab 2005 was also the opportunity, before Orlando to discuss, to listen and to appreciate motivations, projects and perspectives of the different IFCC board candidates.

On Sunday, everybody had enjoyed the two opening plenary lectures from Pr. J. Shepherd about the role of statins in cardiovascular diseases therapy and from Dr. J. Swan about the art and science of malt whisky. In the same Clyde Auditorium, the exiting Dr. G. Beastall received the FESCC-Roche Award and after all many congress delegates had the possibility to enjoy piping band demonstration and Scottish dances. What could we say about the amazing Sunday opening ceremony in the Glasgow Science centre: Scottish foods, folkloric attractions, IMAX cinema, highland games, speed boat trips on the river Clyde and typical Scottish food.

On Monday afternoon, after the first scientific sessions and the discovery of an exhibition with a human size and with opportunity the last new devices from major laboratory material manufacturers, congress delegates could attend to Scottish Pageant which illustrated and beautifully represented the long and fascinating history.

Near the exhibition area, about one thousand posters were displayed for the week and a number of posters in each session have been chosen for further discussion in "poster clinics" areas, which will be led by an expert in the field.



The exhibition in the convention centre: latest manufacturer's devices were exposed in a concentrate and "realistic" expo.

We also have to congratulate Dr Andrea Griesmacher and her committee for their superb presentation about Innsbruck and for the victory of her team. After this demonstration, we are looking forward an excellent meeting in Innsbruck in 2009.



Victory celebration: IFCC president, Pr. Mueller, with the Innsbruck 2009 organizing committee

Finally, two special congratulations, one for the Pr P. Gillery, the recipient of this year's Thermo Electron Award, and author of a fascinating lecture about the post-translational modifications of proteins and the other for the French society of Clinical Biology which made a real attraction with the "flashing" Eiffel Tower pin's, build to promote the Paris 2011 candidature.



Glasgow "instantanés": Dr. G. Beastall wearing folkloric Scottish clothes with Dr. Sierra Amor (Left), the Belgian corner with Pr. V. Blaton and Pr. Blankaert (top right) and Pr. J.C Forest and Dr. B. Gouget (bottom right)



IFCC members in a typical Scottish pub (top left), Pr. Gillery between Pr. Hicks and Dr. Sierra Amor for award winner congratulations (bottom left), EC4 Dr. S. Zerah with Dr. D. Gruson (Top right) and the marvellous Belgrade team with the smiling Pr. N. Singh (bottom right).

Euromedlab 2005 in Glasgow was a very well organized (so congratulations to the talented and dynamic organizing committee) and was a real scientific and social success for everyone.

THE V INTERNATIONAL CONGRESS OF THE COLEGIO NACIONAL DE BACTERIOLOGIA DE COLOMBIA”

Contributed by Andreas Rothstein, Member CCD IFCC.

A meeting for Excellence.

The V International Congress of the Colegio Nacional de Bacteriología de Colombia took place between the 29th of October and November 1st where support, commitment and search of a common agenda were the main objectives for all clinical laboratory scientists present at the Gonzalo Jimenez de Quesada Convention Center.

The opening lecture was given by Dr. Ignacio Ruiz Moreno, president of the Association of Healthcare Workers, Assosalud, who highlighted the participation of the laboratory workers in this organization that continuously is looking for the benefits of all healthcare workers in Colombia.

The meeting had an attendance of 1.700 laboratory personnel from different regions in the country, and was possible thanks to the initiative of the CNB to congregate all professionals in the area of health, regarding the causes that matter to all of them like the reform of the healthcare system, a subject which was addressed in depth by many speakers.

The main axis of the event was “Science, technology and Research with Social emphasis, and at the meeting 11 international speakers had the opportunity of sharing their knowledge and making this Congress the best in recent years.



From left to right: Eva Blanco, Past-president CNB; Ignacio Ruiz, President Assosalud; María Eugenia Cuellar de Suárez, President of the Congreso; María Eugenia González, President, CNB; Luis Alfredo Ramos, Colombian Senate; Nelly Susana Rueda, Vice-president, CNB; Andreas Rothstein, Scientific Coordinator of the Congress; Sonia Yaneth Torres, Secretary, CNB

The lectures were many, and covered many aspects of the laboratory field. For example, Prof. Mathew McQueen, from Canada, former president of IFCC spoke about cardiovascular risk and the role of the clinical laboratory in its prevention. Dr McQueen spoke also about glycosylated hemoglobin, as part of the need in Colombia to know the participation of IFCC in the global campaign of Diabetes. Prof. Alejandro Ruiz Argüelles, from Mexico and IFCC VLP, spoke about flow cytometry, as a new technology for the typification of leukemias.

Another subject addressed during the Congress was quality in the clinical laboratory in charge of Dr. Daniel Mazziotta, an Argentinean biochemist and member of the IFCC EB, who spoke about Traceability in the Clinical Laboratory and Standardization of the Instruments in the Clinical Laboratory. Dr. Mazziotta gave also a workshop on Biological Variation and Analytical Quality, which was much appreciated by the participants. Another international speaker who was very much appreciated was Dr. Jaune Clariana Fresno from Spain, who contributed with his knowledge regarding the way to integrate the clinical laboratory in just one unit. These were subjects that had never been presented in Colombia and in view of the process of accreditation, which is beginning in the country, were received with great interest.

Also present were over 60 national professionals who gave many lectures during the Congress. Among the industrial exhibitors, and with the opportunity of presenting their latest technological advances, were Bayer, Beckman Coulter, DPC, Roche, Biosystems and Wiener Lab, among others. The Industrial Exhibition had over 70 booths.

Very appreciated were the many workshops and luncheon roundtables, which gave the opportunity to participants of customizing their own congress.

Next year's meeting will be held in Cartagena de Indias, a wonderful ancient Spanish city from October 14th to October 17th.

INITIAL INVITATION TO ACB OF INDIA 32ND ANNUAL CONFERENCE

" Association of Clinical Biochemists of India is holding its 32nd Annual Conference at Patna, India from 18 to 21 December 2005. On behalf of the Organizing Committee I have the pleasure of inviting Clinical Biochemists of member Societies of IFCC for participation in the conference. The details of the conference will keep on appearing on our Website: www.acbindia.org . For more information contact Dr. B. N. Tiwary, Organizing Secretary, Professor of Biochemistry, Nalanda Medical College, Patna - 800020, India. Telephone: 91-612-2354691, Tel. & Fax: 91-612-2531212, E-mail: acbicon2005@yahoo.co.in Website: www.acbindia.org "

CONGRATULATIONS TO THE NACB 2005 AWARD WINNERS

Through its annual awards program the National Academy of Clinical Biochemistry (NACB), the Academy of the AACC, celebrates the achievements of colleagues who have made significant contributions through scholarship and service to the profession. The NACB is pleased to announce and to congratulate the 2005 Academy award winners.

- NACB Distinguished Scientist Award For Outstanding Research Advances in the Field of Clinical Biochemistry – **Leonard Jarett** , MD, FACB
- NACB Alvin Dubin Award for Distinguished Contributions to the Discipline and Practice of Clinical Biochemistry - **Charles D. Hawker**, PhD, MBA, FACB
- NACB George Grannis Award for Excellence in Research and Scientific Publication - **Jennifer A. Snyder**, PhD

IFCC DOCUMENTS RECENTLY PUBLISHED

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

8.1 Scientific Division

Panteghini M, Forest JC. Standardization in laboratory medicine: new challenges. Clin Chim Acta 2005; 355:1-12.

8.2.6 Committee on Nomenclature, Properties and Units

Nordin G, Klintonberg B, Persson B, Forsum U. Can a laboratory investigation be called anything? "The NPU system" sorts out the concepts and gives systematic stringency. Lakartidningen 2005; 102:1308-1315.

8.2.19 Committee on Standardization of Markers of Cardiac Damage

Apple FS, Wu AH, Mair H, Ravkilde J, Panteghini M, Tate J, Pagani F, Christenson RH, Mockel M, Danne O, Jaffe AS. Future biomarkers for detection of ischemia and risk stratification in acute coronary syndrome. Clin Chem 2005; 51:810-824.

8.2.22 Committee on Point of Care Testing

Ben Rayana MC, Burnett RW, Covington AK, D'Orazio P, Fogh-Andersen N, Jacobs E, Kulpmann WR, Kuwa K, Larsson L, Lewenstam A, Maas AH, Mager G, Naskalski JH, Okorodudu AO, Ritter C, St John A. Guidelines for sampling, measuring and reporting ionized magnesium in undiluted serum, plasma or blood. Clin Chem Lab Med 2005; 43:564-569.

The following papers based on IFCC documents have been published recently:

Ferard G, Imbert-Bismut F, Messous D, Piton A, Ueda S, Poynard T, Lessinger JM. A reference material for traceability of aspartate aminotransferase (AST) results. Clin Chem Lab Med. 2005; 43:549-553.

Rosenthal-Allieri MA, Peritore ML, Tran A, Halfon P, Benzaken S, Bernard A. Analytical variability of the Fibrotest proteins. Clin Biochem 2005; 38:473-478.

LIGHT-HEARTED CLINICAL CHEMISTRY

Non-starter research project

An eager senior house officer at a gastroenterology department in a British teaching hospital cultivated a research interest in digestive enzymes. As part of the research project he requested the London Zoo to send him elephant manure, hoping to extract the enzymes of interest from this material. However, the research came to an abrupt end when his appointment was not extended. This was probably related to the matter of the elephant manure. To be helpful the London Zoo sent a generous truckload of the circular, brick-like droppings, which was unceremoniously off-loaded onto an empty parking space in the hospital courtyard. This must have caused some consternation among patients and hospital staff. The worse part was still to come. The particular slot was exclusive reserved for the professor of surgery (upper GI) to park his Rolls Royce. What transpired when the professor arrived, discovering that "his" space" was blocked by a big heap of dung, could have been taken from a "Carry on" movie.

Recollected by Chris Lam, Hong Kong, from his time in the United Kingdom

UPCOMING IFCC RELATED MEETINGS IN 2005/2006

3rd IFCC Clinical Molecular Biology Course organized by the Committee on Clinical Molecular Biology Curriculum of IFCC, Milan, Italy, San Raffaele Hospital, 5-9 July, 2005, www.ifcc.org/divisions/emd/documents/Programme_San_Raffaele_2005.pdf

XIX International Congress of Clinical Chemistry (ICCC) IFCC/AACC 2005 Annual Meeting, Orlando, Florida, USA, 24-28 Jul 2005, www.aacc.org/2005AM/

X International Congress of Pediatric Laboratory Medicine (ICPLM) East Meets West: Meeting the Challenges in Pediatric Diagnosis and Management, Raffles City Convention Center, Singapore, 3-6 Sep, 2005, www.sacb.org.sg

4th International Conference on Circulating Nucleic Acids in Plasma/Serum, Kings College, London, 4-6 Sep, 2005 www.cnaps4london.co.uk

VII Czech National Congress of Clinical Biochemistry, Olomouc, Czech Republic, 11-13 Sept, 2005, www.cbtravel.cz/cskb05/

Course on Evidence-Based Laboratory Medicine organized by the Committee on Evidence-Based Laboratory Medicine of IFCC, Budapest, Hungary, 21-24 Sep, 2005
www.ifcc.org/divisions/emd/c-ebim/pdf/EBLM_course%20preliminary_programme.pdf

IFCC/Beckman Coulter Flow Cytometry Course: Strategies for the diagnostic Monitoring of the specific Immune Response, Bremen, Germany, Bremen, Germany, 7-9 Oct, 2005,
www.graphicmail.com/members/1345/ftp/Pictures/FlowCytometry1st%20Announcement.pdf

XIV Congreso Chileno de Química Clínica, Conference Town, Reñaca, Viña del Mar, Chile 19-21 Oct, 2005, www.schqc.cl/congreso-2005.htm

32nd Annual Conference of Association of Clinical Biochemist of India, Patna, India, 18-21 Dec, 2005, www.acbindia.org

XVII Congreso Latinoamericano de Bioquímica Clínica , Hotel Yacht and Resort, Asunción, Paraguay , 4-7 April, 2006,
<http://www.ifcc.org/products/congresses/HotelYachtCasinoResorting.pdf>

III "Biologie Prospective" Santorini Conference 2006, Santorini Island, Greece, 28 Sep – 2 Oct, 2006, biol.prospective-conf.u-nancy.fr