



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

eNewsletter



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## EDITORIAL



**Editorial by Ellis Jacobs, Chair, IFCC Communications and Publications Division**

### **A Year for Change**

This year will see significant changes within the Communications and Publications Division. There has been a reorganization of the CPD Executive Committee (EC) with some individuals assuming new responsibilities and several new appointments. After serving as IFCC News Editor for six years, I was appointed Chair of the division, with my three-year term starting on Jan 1, 2007 and Dr. Grazyna Sypniewska became the new Editor of the IFCC Journal, vacating her position as Website Editor. There are four new faces on the CPD EC: Prof Khosrow Adeli (CA) - Vice Chair/Public Relations Coordinator, Dr. Hassan El Sayed (SY) - Website Editor/Distant Learning Coordinator,

Prof Edgard Delvin (CA)–News Editor, and Dr. Franz Bauman (DE) - Corporate Representative.

Thus it is with great expectation, and a little trepidation, that I look forward to the beginning of my term as Chair of this division. Due to the success of the previous Chairs, the seat left for me is large and the expectations are great. One of the first challenges will be for the new CPD EC to come together as a cohesive team. It is my intention that the CPD EC develops a strategic plan to cover the following issues:

- 1) Improve interdivisional communications within IFCC
- 2) Ensure that the website is updated in a timely manner
- 3) Enhance distance learning opportunities
- 4) Increase the number of IFCC related publications
- 5) Working with the EB and other divisions to enhance IFCC Public Relations

Two new CPD working groups were recently approved by the IFCC Executive Board to help in meeting these goals: Working Group on Public Relations and Working Group on Internet and Distant Learning, with the CPD Vice Chair and Website Editor chairing them, respectively. Anyone interested in serving on one of these new working groups should contact either the WG Chair, any member of the CPD EC or the IFCC office.

Over the past several years, we have been, and will continue, exploring ways of employing new digital technologies, such as Voice Over IP telephony and Really Simplified Syndication, to enhance our ability to provide distant learning opportunities, e.g., distribution of recorded lectures, podcasting. An upgraded website was launched in mid-year and with it the tools to allow IFCC committees and member national societies to have their own web pages on the IFCC website which they control and edit, thus enhancing communications. We will be hosting the IMCLGS/CLGGS consortium (Clinical Laboratory Genomic and Genetic Standards) using the IFCC infrastructure. Discussions are being held with the C–NPU in regards to hosting the IFCC–IUPAC coding system on the IFCC website, currently there are over 22,000 entries in the database. Thus, we are continually looking for new ways to service the IFCC and its members using up to date technology.

The new Communications and Publication Division Executive Committee is comprised of excellent individuals who bring the right mix of skills to address the

challenges ahead. The talents and experiences they bring to the table, are immense and range from software development and creation of distant learning programs to previously serving as journal editors. It is due to them that I have great excitement and enthusiasm for the upcoming year. I not only hope that you will share my feelings but that you will see the fruits of our labors.

## NEWCOMERS TO THE CPD – Short biographies

### **Khosrow Adeli**



Dr. Adeli is currently head and full professor of clinical biochemistry at the Hospital for Sick Children and the Departments of Biochemistry and Laboratory Medicine & Pathobiology at the University of Toronto in Toronto, Canada. Dr. Adeli is a fellow of the Canadian Academy of Clinical Biochemistry and detains a diploma of the American Board of Clinical Biochemistry.

Dr. Adeli is actively involved in basic and applied research on lipoprotein metabolism in insulin resistance for the last decade and has published over 190 articles and abstracts to date. His research program is focused on molecular biology of type 2 diabetes and insulin resistant states. His group has particularly focused on elucidating the molecular mechanisms linking diet-induced insulin resistance and metabolic dyslipidemia. Dr. Adeli served as the Editor-in-Chief of the Clinical Biochemistry journal for 7 years (1999–2006). He is currently an editorial board member of the Clinical Biochemist Reviews.

Dr. Adeli has received several national and international awards for research excellence including the Canadian Society of Clinical Chemistry National Award for outstanding contributions to clinical chemistry (2006), Canadian Academy of Clinical Biochemistry National Award (2004), the Canadian Society of Clinical Chemistry Research Excellence Award (1999), Bristol-Meyers Squibb Young Investigator (1995), the Merck Senior Investigator Award (1997), and the Simon-Pierre Noel Award (2001) from the Canadian Lipoprotein Conference.

Dr. Adeli is also currently the President of COMACC, the Commission on Accreditation in Clinical Chemistry, a North American organization responsible for accreditation of clinical chemistry training programs in the USA and Canada.

Dr. Adeli has generously accepted to be appointed as Public Relations Coordinator and Vice-Chair of the CPD. We are assured that he will make important contributions in coordinating divisional activities at the IFCC-CPD as well as in establishing and coordinating public relations. His proposed initiatives related to promoting the international activities of the IFCC to the public, governmental organizations, as well as other medical specialties, will enhance the visibility of IFCC at all levels worldwide.

### **Hassan El-Sayed**



Dr. El-Sayed is presently the Managing Director of the InfoTech Center and Advisor to the Syrian Virtual University in Damascus, Syria. He also is Information Technology (IT) consultant to the Syrian Clinical Laboratory Association (SCLA), scientific consultant to the Arab League Educational Cultural and Scientific Organization (ALESCO) and member of the expert team of the Arab World Open Source Project of ALECSO.

Dr. El-Sayed after receiving his Bachelor's Degree in Applied Mathematics and Physics from the University of Damascus. He pursued his training first, at the Imperial College of Science and Technology in London, England where he obtained a Master's degree in Applied Mathematics and Atmospheric Physics., and then at the University of Maryland, USA, where he completed a Ph.D. program in Applied Mathematics and Computer Sciences.

Dr. El-Sayed is proficient in designing and writing computer-based information systems for the scientific and business environment. He has long time experience in computer modeling and expert system design and implementation in several domains. He is the founder of the Arabic-Computer-Assisted Translation Section at SYSTRAN Inc. located in La Jolla, California.

His mission statement is: -IT Literacy – No Lab Scientist is left behind-. He has set himself 3 goals that are paraphrased as: IT literacy to all, Improved knowledge and

accessibility, and International reach-out to all working in the field of clinical Chemistry through the IFCC website.

His background and his past achievements warrant the success of his future endeavors within the IFCC CPD.

### **Edgard Delvin**



Dr. Edgard Delvin is presently Chief of the Department of Clinical Biochemistry at the CHU Ste-Justine and Professor at the Department of Biochemistry of the Faculty of Medicine, University of Montreal.

Besides his clinical duties, Dr. Delvin has constantly been active in research holding grants from the Shriner's Foundation and from the Canadian Institutes for Health Research. He has authored or co-authored over 140 papers in high-level international scientific journals and several book chapters. He has won the young investigator award from the Fonds de Recherche en santé du Québec and received the Canadian Society for Clinical Chemists award for excellence in research.

Dr. Delvin has received his Ph.D. in biochemistry from the University of Montreal. He pursued his training first as a post-doctoral fellow at the Institute Armand-Frappier in Immunochemistry and then in Biochemical Genetics at the Montreal Children's Hospital at Mc Gill University.

In his mission statement, he has set himself goals of enhancing the perception of the Newsletter as a worldwide forum in which opinions are shared and discussed in a lively manner and of assuring a representation of all continents on IFCC eNewsletter working group he chairs.

## FEATURE COUNTRY

### AUSTRIA

By Andrea Griesmacher, IFCC National Representative of Austria and Jocelyn Hicks, President, IFCC

#### Its history

As a territorial concept, Austria refers to a state that frequently and dramatically changed dimensions throughout the course of its history. From 996 to around 1500, Austria was smaller than it is today. After 1500, it assumed truly imperial dimensions and remained imperial until 1918. As a political concept, Austria also has referred to different forms of government. After 1282, the Habsburg dynasty bore the name of Austria, "the House of Austria," and Austria was coextensive with the lands they ruled. In the 18th century, the term Austrian Monarchy (Monarchia Austriaca) came into use. In 1804, Austria was reconstituted as an empire, Kaisertum Österreich (Austrian Empire). In 1867, it was restructured into the Austro-Hungarian monarchy, and Austria referred to the western part of the monarchy. After World War I, Austria became the name of the First Austrian Republic. After the Anschluss, the Nazi occupation of Austria in 1938, Austria was incorporated into the Third Reich, and the Nazis banned the word Austria. In 1945, the Republic of Austria, the so-called Second Austrian Republic, was re-established. In 1955, Austria regained its full sovereignty after the signing of the Austrian State Treaty.

**Some facts of interest** Austria is a largely mountainous country due to its location in the Alps. It borders Germany and the Czech Republic to the north, Slovakia and Hungary to the east, Slovenia and Italy to the south, and Switzerland and Liechtenstein to the west. Its capital city is Vienna.

Austria is a parliamentary representative democracy consisting of nine federal states, and is one of six European countries that have declared permanent neutrality, and one of a very few countries that includes the concept of everlasting neutrality in its constitution. It has been a member of the United Nations since 1955, and it joined the European Union in 1995.

The population of Austria is just over eight million. Its official language is German. However, many of its population speak excellent English. Austria has a well developed market economy, and it enjoys a high standard of living, and the literacy rate is high. Although its major religion is Roman Catholic, there are persons practicing Protestantism, as well as Eastern Orthodoxy. There are a few Jews, and a growing Muslim community. The latter is due to an influx of persons from South-Eastern Europe, particularly from Turkey and the countries arising from former Yugoslavia.

Austria and particularly Vienna has been the working place of many famous composers such as Mozart, Haydn, Schubert, Strauss and Mahler, to name a few, as well as of many famous artists and scientists. Vienna and Austria in general are considered to be very culturally advanced. I (Jocelyn) hope to be able to attend the WorldLab / EuroMedLab in Innsbruck in 2009, and I hope many of our readers will also visit this beautiful country on that occasion.

## REPORT FROM THE ASIAN PACIFIC FEDERATION OF CLINICAL BIOCHEMISTRY

### **The APFCB's Education Activities in 2006**

**Contributed by Joseph Lopez – President of the APFCB and Member of the IFCC Executive Board**

The APFCB's education programme constitutes the bulk of its activities in the period between its triennial congresses. These activities have grown in recent years. They may indeed may the most valuable contribution of the APFCB to the Asia-Pacific region. The activities are made up of travelling lectureships, the APFCB's scholarship programme funded by its Philanthropic Fund and educational meetings that are held within the region.

### **The traveling lectures**

The traveling lectures of the APFCB are organized on the understanding that corporate sponsors meet the travel costs of the lecturer while the host association is generally responsible for local costs in most instances. Three such lectureships were undertaken in 2006.

**The APFCB Traveling Lectureship:** The APFCB TL was established in 1999. Its purpose is to bring to clinical biochemists in the Asia-Pacific region the latest advances in knowledge in our discipline. Five eminent speakers have thus far served as Traveling Lecturers since its inception. Professor Chris Lam of Hong Kong, the most recent lecturer, spoke on the laboratory medicine of infectious diseases at their national meetings of 8 APFCB members. Starting his tours in the early part of 2006, he visited, in chronological order, Taiwan, Singapore, Kuala Lumpur, Japan, Mainland China, Australia and Indonesia before concluding his lectureship in India in November. Roche Diagnostics Asian Pacific Pte Ltd., a corporate member of the APFCB sponsored this lectureship. The next Traveling Lecturer will be APFCB Vice-President Dr Leslie Lai whose lectureship will be on diabetes mellitus and the metabolic syndrome. It will be jointly sponsored by Abbott Diagnostics, which is also an APFCB corporate member, and, Abbott Diabetes Care.

**The APFCB-Beckman Coulter Educational Symposium lectures:** The focus of this series of lectures is the day-to-day activities of the laboratory, and, in particular, laboratory management. The series is sponsored by Beckman-Coulter and, the lecturer is selected jointly by the sponsor and the APFCB. Though the Symposium lectures were initially intended to last for 3 years ending 2005, Beckman-Coulter has graciously extended this program till 2008.

The lecturer in 2006 was Dr Ralph Dadoun of Canada, an expert on laboratory automation, visited Kuala Lumpur, Bangkok, Hong Kong and Qingdao in Mainland China as the Symposium lecturer on the subject for 2006 in late August and September. In China, Dr Dadoun spoke at the meeting of the Chinese Association of Clinical Laboratory Management, an affiliate member of the APFCB.

**The IFCC Visiting Lectureship:** The IFCC Visiting Lectureships to the Asia-Pacific region are unique in its origin and execution. The Visiting Lecturship to the region are based on the agreement, between the IFCC and the APFCB, on the Asia-Pacific Congresses of Clinical Biochemistry (the APCCBs). The APCCB is the triennial congress of the APFCB. The IFCC provides the lecturer and pays for the airfare of the VL while the APFCB arranges the itinerary and the national association provides local hospitality. This is an excellent example of multilateral cooperation where national/area associations of clinical biochemistry, which are members of the IFCC,



and a regional federation, work cooperatively with the world federation for the benefit of an entire region. It should serve as a cost-effective model for the execution of the VL Programme in other regions of the IFCC.

The first Visiting Lecturer under this scheme was Professor Jean-Claude Forest. The VL to the region in 2006 was Professor Rita Horvath of Hungary. Professor Horvath visited India, Malaysia and Indonesia from 7 - 26 November, to deliver lectures and conduct workshops on Evidence-Based Laboratory Medicine. She will visit the region again in 2007 and conclude her lectureship as a plenary speaker at the 11th APCCB, in Beijing.

### **The APFCB Philanthropic Fund and the APFCB Scholarship Programme**

The APFCB Philanthropic Fund was established in 2005. It was seeded by the recently introduced annual grant to regional federations from the IFCC. A further grant received in 2006 was added to bolster it. The Philanthropic Fund will be primarily used to provide scholarships to young deserving scientists from our region to attend major meetings to present their work and to receive training in specialized areas of clinical biochemistry.

Funding for the APFCB's scholarship programme comes, in the main, from the APFCB Philanthropic Fund. The scholarship programme got off to its start when the recipient of the APFCB-Anon Scholarship, the first scholarship ever awarded by the APFCB, was announced. The recipient was Dr Ronald CC Wang of the Chinese University of Hong Kong. The scholarship is sponsored for 3 years by a senior clinical biochemist from the Asia-Pacific region and is meant to enable a young scientist from the region to attend the Annual Scientific Meeting of the Australasian Association of Clinical Biochemists.

The APFCB expects to award a number of travel awards to young scientists from our region to present their work at the 11th Asian-Pacific Congress of Clinical Biochemistry (APCCB) to be held in Beijing in October next year and training scholarships in the future.

In addition to the above, the APFCB has signed an agreement with Dade Behring in late 2006, to administer the Emile von Behring scholarships that will be provided by the company.

## Joint meetings within the Asia–Pacific Region

A recent development has been the organization of meetings jointly undertaken between the APFCB members and other organizations. The following are some recent activities that have taken place:

- In 2005, the Singapore ACB conducted a workshop on laboratory automation in conjunction with the AACC and later in the year hosted the International Congress of Paediatric Laboratory Medicine, both in Singapore.
- The Australasian ACB and the AACC had joined together, for the first time, to offer a two–day conference on future trends in laboratory medicine themed, - Planning for Tomorrow's Technology-, from May 29–30, 2006, in Cairns, Australia.
- In June 2006, the AACB conducted a workshop on laboratory quality in Kuala Lumpur, Malaysia, in conjunction with the MACB.

It should be emphasized that while the APFCB cannot claim to have initiated any of these activities, the APFCB strongly encouraged them and has in some instances, acted as catalyst.

## REPORT FROM DIVISIONS

### The 2006 Report from the IFCC Scientific Division

**Contributed by Prof. Dr. Gerhard Schumann, Chair of IFCC Committee on Reference Systems of Enzymes (C–RSE)**

The work on the reference procedure for  $\alpha$ -amylase was completed by publication (1).

C–RSE and network members cooperate with the institute for reference materials and measurements (IRMM) in preparation of a certification campaign for a reference material for AST. The campaign shall be executed in 2007. A feasibility study for the proposed reference procedure for ALP is in preparation. Network reference laboratories shall investigate deep–frozen stored and shipped pooled human sera and also processed lyophilized control material. The study shall be the final evaluation step before the reference procedure is recommended for publication.

C–RSE is in contact with C–RIDL in order to find solutions for the difficult situation that reference intervals for the coming IFCC procedure for ALP are missing while the procedure is ready for publication.

One reference laboratory of the enzyme network has achieved official accreditation according to ISO 17025 / ISO 15195 for  $\alpha$ -AMY, ALT, AST, CK, GGT and LDH. Other reference laboratories are in the final stage of the accreditation procedure. The complicated matter of the budget of uncertainty of measurements is well understood now and communicated among the reference laboratories of the network.

The chairs of SD, C-RIDL and C-RSE have send a letter to the editor of the journal Liver international regarding the publication "Re-evaluation of serum alanine aminotransferase upper normal limits and its modulating factors in a large-scale population study". The publisher and the reviewers are asked to pay more attention to analytical aspects when redefining reference limits for enzymes (2).

1. Schumann G, Aoki R, Ferrero A, Ehler G, Férard G, Gella F-J, Jörgensen PJ, Kanno T, Kessner A, Klauke R, Kytzia H-J, Lessinger J-M, Miller WG, Nagel R, Pauwels J, Schimmel H, Siekmann S, Weidemann G, Yoshida K, Ceriotti F. IFCC primary reference procedures for the measurement of catalytic activity concentrations of enzymes at 37°C, Part 8. Reference procedure for the measurement of catalytic concentration of  $\alpha$ -amylase. Clin Chem Lab Med 2006;44:1146-1155.

2. Ceriotti F, Schumann G, Panteghini M. Letter to the editor: Redefining reference limits needs more attention to the analytical aspects. Liver International 2006;26:1155-1156.

## OPINIONS

Contributed By Bernard GOUGET SFBC-FESCC Representative, FESCC Advisory Board member

Integrated projects and translational research: Re-engineering the Laboratory Medicine Enterprise.

**There is science and the application of the science, like the fruits of a tree"**

*Louis Pasteur*

2007 is an exciting time for laboratory medicine and health, with growing awareness that Laboratory Medicine, health and wellness are not just a national issue, but also an international one. Recently, Jocelyn Hicks, IFCC President and Mathias M Muller, IFCC past President, crystallized ideas, developed tangible

strategies and defined very valuable new integrated project plans to stimulate networking between IFCC divisions. The aim is to galvanize action, to facilitate and to support cross-fertilization of knowledge to make significant progress on standardization and to promote good practice in laboratory medicine with the primary goal of improving patient safety and of promoting health in underserved communities. These major scientific innovative multi-sectional programmes will be defined collectively, with the objective to identify some thematic areas that no single working party or group could tackle alone, but that the whole of the IFCC needed to address.

Moreover, basic bioscience is revolutionizing the potential to improve the lives of individuals at risk and patients with acute or chronic diseases. Advances in our understanding of biologic systems and the development of powerful new tools that can be applied at both the bench and the bedside offer unprecedented prospects for advancing knowledge of human disorders in a translational context. Many laboratory findings hold tremendous potential for improving health care. In particular, research advances in genomics, proteomics, transgenic animal models, structural biology, biochemistry, immunology, signal transduction and imaging technologies have led to novel diagnostics and therapeutics. There is also a need to identify innovative road map initiatives to held major opportunities for advancing Lab medicine in the 21st Century. Translational Research is one of those themes and represents a broad new movement aimed at forging a meaningful interface between the basic and clinical sciences and its application in a clinical setting for the diagnosis, treatment, or prevention of a disease.

Today, combined with opportunities for true scientific inquiry in an intellectual environment conducive to such endeavors, there are good reasons to believe that the scope of knowledge and expertise need to be an effective translational. Clinical and translational science is an emerging discipline that encompasses both acquisition of a new knowledge about health and disease prevention, pre-emption, and treatment, and methodological research, which is necessary to develop or to improve research and diagnosis tools. The translational projects represent innovation in a broad array of scientific disciplines, with teams composed of researchers including basic or applied laboratory scientists, and physicians. The goal is to develop and disseminate technologies, compounds and expertise that will have a fundamental impact on both biology and medicine. The core strengths of the

translational research will include the areas of combinatorial chemistry, protein engineering including therapeutic proteins, drug development, instrument development, informatics, proteomics and other "-omics" approaches to understanding biological systems, diagnosing disease and manipulating biological systems. The major argument for the integrated and translational research projects is rooted in the belief that advances in these areas have the potential to revolutionize the practice of Laboratory medicine, and to be a bridge to clinical practice.

The IFCC is continuously developing and maintaining a spirit of scientific cooperation and communication among its members. By the way, translational laboratory and clinical research are core components of full spectrum integrated projects. It is the first time that a robust, bidirectional information flow between basic and translational scientists is so necessary. The Federation, gathering international expertise, is also able to stimulate the development of novel approaches to unravel the complexity of biologic systems and their regulation and to provide unprecedented intellectual freedom to highly creative thinkers investigating problems of biomedical and behavioral importance. It is the responsibility of the laboratory scientists who are involved in today's biomedical and laboratory medicine enterprise to translate the remarkable scientific innovations into health gains for the patient and the citizen. As members of the world's largest organization in Laboratory medicine, we have the responsibility to work toward dissolving the artificial barriers, to challenge the status quo in transforming ways, through a "bottom-up" consultative approach, to stimulate the development of a brighter vision for integrated projects and translational research, ensuring that the laboratory scientists remain powerful engines of creativity. Finding a common language and a common ground of discourse among all may be the key to success of ambitious projects.

## NEWS FROM IUPAC

The current issue of the IUPAC News is available on line at <http://www.iupac.org/news/e-news/070130.html>>

The subjects covered in this issue are:

- Shortcut to News & Notices from IUPAC

- Recent publications
- Recent IUPAC reports & recommendations
- Provisional recommendations
- New pages on iupac.org
- Projects front
- IUPAC-sponsored Events
- Beakers & Flasks

We also draw the attention to the 44th IUPAC General Assembly that will be held in Torino. The information is available at <http://www.iupac.org/symposia/conferences/ga07>. The GA will be held 4–12 August 2007, in Torino, Italy, concurrently with the 41st IUPAC Congress. Please do remember that participation in the GA is restricted to members of IUPAC bodies and invited observers. Registration is free, but required. When applicable, a Claim Form will only be sent on receipt of a completed Participation Questionnaire. Participation Questionnaire must reach the IUPAC Secretariat no later than 31 March 2007. Thank you for your cooperation! The program of the 2007 Congress –Chemistry Protecting Health, Natural Environment, and Cultural Heritage– is online at <[www.iupac2007.org](http://www.iupac2007.org)>. For travel assistance (only for chemists under 40 – sorry!), see: <http://www.iupac.org/news/archives/2006/41stCongress-yc.htm>

## NEWS FROM NETWORKS

### EudraPharm – the European medicines database

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

The European Medicines Agency (EMA) has launched a new public database designed to facilitate access to information about medicines available in the European Union. The database, called EudraPharm, is a long-term project to give on-line access to information about all medicines, both human and veterinary, available to EU citizens. The database can be accessed at: [www.eudrapharm.eu](http://www.eudrapharm.eu). In the first phase the database gives access to information about medicines that have been authorised by the European Commission following assessment by the EMA. These are mainly innovative new medicines, intended for treatment of diseases such as different types of cancer, AIDS/HIV, diabetes, neurodegenerative disorders and rare conditions ("orphan drugs"). All of these so-called "centrally authorised medicines" are approved for use in each of the 25 EU Member States and also in

Iceland, Liechtenstein and Norway. The database includes the summary of product characteristics, package leaflets and the labelling of medicinal products. It currently gives access to information only in English, but information in the other official EU languages will be available at a later phase.

## OBITUARY

**Desmond (Des) Kenny MSc MCB FICI FRCPATH Eur Clin Chem, 1941 - 2006**



Clinical chemists around the world were shocked to learn of the sudden death of Des Kenny on 18 December 2006. A tireless worker for the profession and a good friend to very many people, he will be much missed in his native Ireland and abroad.

Des was born on 31 December 1941, the only child of devoted parents who both died during his teenage years. After taking his biochemistry degree at University College, Dublin and a Master's degree in Clinical Biochemistry at Trinity College, Dublin, he joined the laboratory at Our Lady's Hospital for Sick Children in Crumlin, on the outskirts of Dublin, where he worked for nearly 40 years, rising from trainee to Consultant Clinical Biochemist. A private and reserved man, he concentrated wholeheartedly on his scientific work at the Children's Hospital, which became the centre of his life for decades. He died within a fortnight of his formal retirement from the job he loved and to which he gave so much, although arrangements had just been completed to allow him to carry on working.

Des Kenny made an immense contribution to Clinical Biochemistry in Ireland and further afield. He had been a member of the Association of Clinical Biochemists in Ireland (ACBI) since its foundation in 1967, and served continuously on its Council for 35 years, holding the offices of Secretary, Treasurer and three periods as Chairman during that time. His twin passions were laboratory computing and the quality of laboratory work. In the 1970s he was responsible with Barry McSweeney and Professor Barry Duggan for setting up an informal External Quality Assurance Scheme for ACBI members, which evolved into the Irish External Quality Assurance Scheme (IEQAS). Des had chaired the IEQAS Steering Committee on many occasions and was the incumbent Chairman when he died.

His work for ACBI led to international collaboration, and Des represented ACBI at the inauguration of EC4 in 1977, when just six countries were involved. He was closely involved in the development of the EC4 Quality Manual and the EC4 Register of Specialists in Clinical Chemistry and Laboratory Medicine, and was the ACBI representative to the EC4 Register Commission. Perhaps his greatest achievements were in the areas of accreditation and international quality standards. He was invited by the National Standards Authority of Ireland (NSAI) to join ISO Technical Committee 212, which was responsible for the development of ISO 15189:2003, the international standard for Quality Management in Medical Laboratories. He eventually chaired Working Group 1 of TC212 on Quality and Competence in the Medical Laboratory, and made a considerable contribution both to the Standard itself and the understanding and implementation of ISO 15189 in laboratories in many countries. Des was also the Irish representative to CEN TC 140 on in vitro diagnostic devices, and played a leading role in the campaign to ensure appropriate interpretation of the EU In Vitro Diagnostics Directive. Within EC4 he chaired the ISO/CEN standards Working Group and was a key member of the Accreditation Working Group.

Des Kenny was ACBI's representative to FESCC and had served as an Editorial Board member for the European Journal of Clinical Chemistry and Clinical Biochemistry, the predecessor of CCLM. Within IFCC, he had served on the Committee on Plasma Proteins and the Working Group on calibrators in Clinical Enzymology, and on the joint IUPAC-IFCC Committee on Nomenclature, Properties and Units, which he chaired from 1995 to 1997.

All this was in addition to a lifelong commitment to training and education for clinical scientists and medical students and to his exceptional contribution to laboratory medicine at the Children's Hospital, described as 'irreplaceable' by the Director of the Division of Pathology and Laboratory Medicine, Dr Niamh O'Sullivan, in her eulogy at his funeral, at which all the areas of his life and work were represented. He died suddenly on a Monday morning while he was getting ready for work. There was something fitting about that.

But we're remembered for who we are as much as for what we do, and a great many people have cause to remember Des as a lovely man and a great



friend. When the news of his untimely death was announced, tributes and messages of condolence poured in from colleagues in many countries. As well as his professional skills, he was remembered for his friendship and his kindness, his gentle nature and his enthusiasm, his infectious chuckle and dry wit. He was an excellent companion over a beer (whether Irish or continental), on which he could discourse with authority. He had a great knowledge of all kinds of music, and was well known in Irish traditional music circles. At social gatherings or with friends in Dublin pubs he would bring out his tin-whistle and entertain colleagues, friends and anyone else who would listen. He will be missed as a scientist, but also as a man who brought pleasure and laughter.

It was said, at his funeral, "Desmond Kenny was a good man and did good and important work". So he was, and so he did. There could be no better epitaph.

Mike Hallworth  
President EC4

## LETTERS TO THE EDITOR

Contributed By Bernard GOUGET SFBC–FESCC Representative, FESCC Advisory Board member

### **Achieving gender equality and women empowerment**

The society is fundamentally structured by collective power differences, formed along such lines as class, race, gender, ethnicity, and sexual preference. Individuals can only be understood in the context of the structured power relations that operate, both within and between cultures, if we are to facilitate real changes in people's lives. Women's health involves their emotional, social and physical well-being and is determined by the social, political and economic context of their lives, as well as by biology. However, health and well-being elude the majority of women.

There is growing evidence that the greater involvement of women in labor market, business and politics is also associated with lower level of corruption and better governance. Promotion of women's participation in all levels of decision-making should be seen as a key issue for the improvement of global democracy. A major barrier for women to the achievement of the highest attainable standard of health is inequality, both between men and women and among women in different

geographical regions, social classes and indigenous and ethnic groups. Women also have different and unequal opportunities for the protection, promotion and maintenance of their health. In spite of considerable advances, gender discrimination due to inequalities with regards to rights, resources and voice persists in all countries. Health policies and programs often perpetuate gender stereotypes and fail to consider socio-economic disparities and other differences among women and may not fully take account of the lack of autonomy of women regarding their health. Women are subject to particular risks due to inadequate responsiveness and lack of services to meet health needs. Complications related to pregnancy and childbirth are among the leading causes of morbidity and mortality of women of reproductive age in many parts of the world. HIV/AIDS and other sexually transmitted diseases, the transmission of which is sometimes of a consequence of sexual violence, are having a devastating effect on women's health. Medical problems can affect women and men differently. Each stage of a woman's life requires that important preventive health care steps be taken in order to provide early detection of medical problems, or to prevent them entirely. The most consistent top health topics for women are: prenatal care, menopause and hormone replacement therapy, hypertension, obesity that contributes to developing cardiovascular disease, type 2 diabetes, osteoarthritis, some cancers as breast cancer. It is estimated that one in every 12 women in Europe will develop breast cancer at some points of their life; risk factors including genetic predispositions, hormonal effects and age. Chronic physical or mental health problems can hamper participation in daily life. Determinants of women's health stem from both sex and gender differences. Interdisciplinary research is necessary to tackle inequalities. The first step is the desegregation of all health and health care statistics by sex to provide a more complete picture of women's health. The IFCC-FESCC has an essential role in providing leadership and reinforcing interdisciplinary collaborations as well as playing its part through economic, social health policies. Issues like health promotion, preventive medical check up, complementary medicine, gender mainstreaming in health care or gender-based medicine and research, deserve our full attention. At the EU level efforts are underway to establish gender neutrality in the health care system, so that women are in no way disadvantaged. But there are still a number of conceptual barriers to overcome to get across this message. To ensure gender mainstreaming in health, it is necessary to make explicit how women's physical, psychological and social health should be

addressed at every stage of their lives. A modern health care system must aim at providing gender-sensitive care that fully meets the demands of women. The involvement and experiences of the women acting at the highest level in our organizations should help us.

## UPCOMING IFCC RELATED MEETINGS 2007

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

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

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

44th IUPAC General Assembly that will be held in Torino. The information is available at <http://www.iupac.org/symposia/conferences/ga07>. The GA will be held 4–12 August 2007, in Torino, Italy, concurrently with the 41st IUPAC Congress.

The 15th Balkan Clinical Laboratory Federation (BCLF) Meeting, Antalya, Turkey, 4–7 September 2007. For more information please visit [www.bclf2007.org](http://www.bclf2007.org)

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

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