ACBNews

The Association for Clinical Biochemistry & Laboratory Medicine | Issue 672 | August 2021

In this issue

Unmasking the new President

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ACB News

The bi-monthly magazine for clinical science

Issue 672 • August 2021

The Association for Clinical Biochemistry & Laboratory Medicine

Better Science, Better Testing, Better Care

ISSN 2754-0863

President's Message – August 2021

I have been an active member of the ACB for 27 years and so taking over as President for the next two years is a huge honour and privilege. My main role of course will be to represent the Association and its Members, liaise and assist ACB staff and promote ACB strategy. Every President is faced with new and unique challenges. For Neil Anderson, clearly this was the COVID-19 pandemic – and we owe a huge thanks to Neil and the ACB office team for steering the Association through this difficult time and providing strong leadership throughout.

My focus for the next two years will mainly be around healthcare recovery as we hopefully move into a post pandemic period. It is vital that laboratory services are supported going forwards, so that they can in turn play the important roles that we all know are essential for efficient, appropriate healthcare. Much of our ACB strategy is of course already aligned to this aim but a more focused approach will likely be needed to enable collaborative thinking and the development of a suite of resources that our members can use in their day jobs to meet the challenges that we will all inevitably face over the coming years. Sharing of ideas, innovation, new ways of using existing tests, business cases for new tests, appropriate testing guidance/education, demand optimisation strategies and of course ensuring the ACB is ready and potent to influence healthcare strategy decision making at the highest levels and establish itself more firmly as a go-to professional asset.

The development therefore of a Taskforce around the role of laboratory medicine in healthcare recovery, pushed by the theme of "Build Back with Labs", will be an appropriate focus, and I urge you all to get involved both collectively and locally – let's not forget, this will become a large part of the day job for most of us anyway, so let's not re-invent the wheel every time.

While there was an element of risk taking, the recent UKMedLab21 virtual meeting was a huge success, with over 400 delegates over five days.

UKMedLab22 is already being explored and is hopefully going to be a hybrid face-to-face/virtual event based near the ACB offices in London Bridge towards the Autumn of next year – I invite you all to engage as much as possible. ■

Message from the CEO

First of all I want to offer my thanks to Neil Anderson who demitted as President of the ACB at the AGM in June. Neil has been hugely supportive during my first 18 months as we focussed on developing the ACB's strategy and 5 year plan, organising our response to the many issues thrown up by the pandemic and instigating a programme of change. I also want to welcome Bernie Croal and I look forward to working with him over the next two years

It's been a busy few months since the last *ACB News.* Much time has been taken up with the planning and delivery of the ACB's first online national meeting – UKMedLab21 – which I am delighted to report was a great success. We worked with a new event organiser this year – Ashfield Healthcare Events – who expertly guided us through the intricacies of remote event delivery. As many organisations are finding out, online events take just as much resource and planning as face-to-face events. We are delighted to have had such positive feedback from delegates which numbered in excess of 400 for the first time for a number of years. You can find out more on pages 29-30 in Sarah Robinson's report.

Work on Tooley Street is progressing and we are planning to fully reopen the office to members for meetings from September. I am attending the office most days whilst the rest of the team are working remotely.

On the staff team front, congratulations

are due to Mike Lester and Cheryl Taylor who were awarded the President's Shield this year in recognition for both their long service and dedication over the past year in helping to implement a significant change programme.

On a personal note, I am delighted to have been elected as a Trustee of the Board of the Science Council which, alongside its accreditation services, provides a voice on policy and ethical issues affecting the science community. The Science Council has a particular focus on equality, diversity and inclusion and environmental sustainability, two of the key themes of the ACB's strategy.

Best wishes to everyone for the holiday season and I hope you manage to make time for a well-deserved break – wherever that may be. ■

ACB National Audit Online Event

24th September 2021, 9.45am – 4pm

We are pleased to announce that the next ACB National Audit Event is to take place on Friday 24th September 2021. This event will be held online.

This programme will be an excellent opportunity to hear about both national and local audits recently carried out by Clinical Scientists and Medical staff working in Laboratory Medicine and forthcoming national audits. The programme will cover clinical perspectives on the use of B type natriuretic peptide and the clinical aspects, assessment and management of heart failure as well as sweat testing and the clinical aspects, diagnosis and recent new therapies for cystic fibrosis. ■

For further information and to book your place, click here.

Statement to Members

A statement to members issued in connection with the Union's annual return for the period ending 31st December 2020 as required by Section 32A of Trade Union and Labour Relations (Consolidation) Act 1992 can be found here:
https://www.acb.org.uk/resource/members-statement-2020.html ■

Sudoku

This month's puzzle

	M		Y		S		C	
			M		E			
		R				H		
		S	C		T	E		
		Y				S		
		H				I		
T								E
	S	E				Y	I	
	I	C		E		M	T	

Solution for June

H	E	R	Y	T	I	S	C	M
Y	I	C	S	M	R	H	T	E
M	S	T	E	C	H	Y	I	R
S	Y	I	R	H	T	M	E	C
C	H	E	M	I	S	T	R	Y
T	R	M	C	E	Y	I	S	H
R	T	H	I	Y	E	C	M	S
I	C	S	H	R	M	E	M	T
E	M	Y	T	S	C	R	I	I

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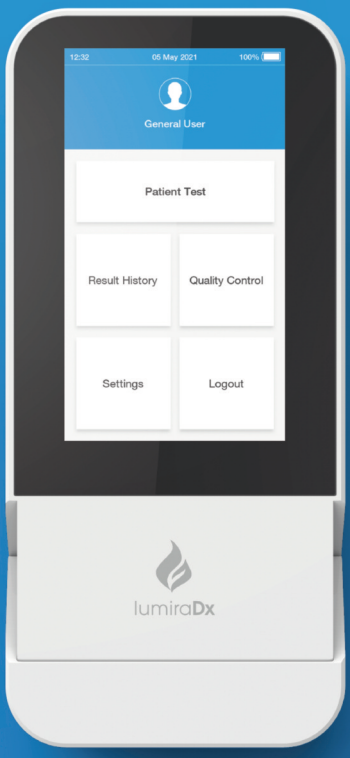
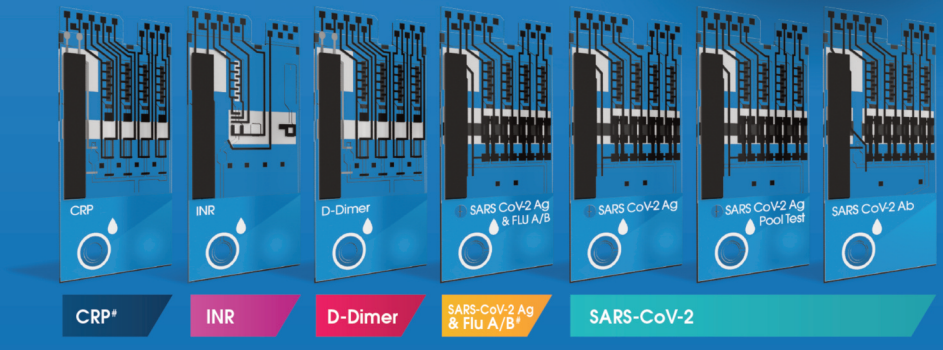




lumiradx.com

*Represents assays available and in development. Not all products are available in all countries and regions. # In development. S-COM-ART-01403 R3

Creating social impact with the refurbishment of Tooley Street

Painting and decorating work on the 3rd floor of Tooley Street is now completed, ready for reopening to members in September.

As part of the ACB's commitment to inclusivity we contracted the team from Bounce Back (pictured) to undertake the work. Bounce Back is a Charity and a social enterprise focused on the training and employment of people in, and leaving, prison.

They work inside, and out of, prisons to train ex-offenders in painting and decorating with a firm belief that everyone has the ability to change and deserves an opportunity to do so.

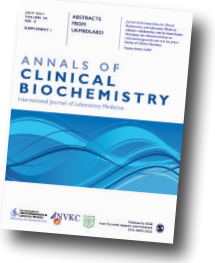
As well as the impact on the lives of the individuals and their friends and families, the resultant reduction in reoffending has a major economic impact. The annual cost to the UK of reoffending is £15 bn and the national reoffending rate is 50%. One of the main contributors to reoffending is the lack of paid employment. The Bounce Back reoffending rate is 12%. So this is a formula that works.

Alongside this, the quality of the work and finish the team produced is excellent, their pricing is competitive and they were a pleasure to work with.

If you want to know more about Bounce Back **visit their website**. ■

Annals Supplement

The Proceedings of UKMedLab21 are ready to be published as a supplement to the Annals of Clinical Biochemistry and Laboratory Medicine. It contains speaker abstracts from all the sessions including the interactive clinical cases and the ACB Medal award. There are also abstracts for the posters submitted. These posters are displayed on the ACB website and can be downloaded as pdfs. ■



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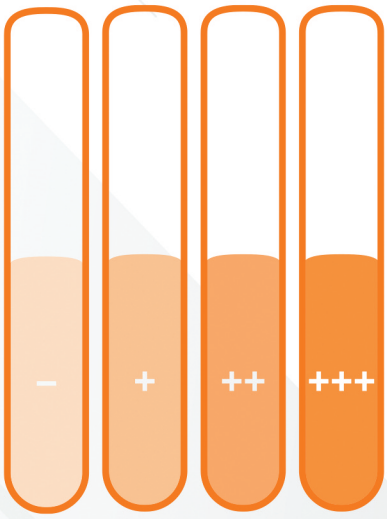

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UKMedLab21 Awards

ACB Foundation Award

Dr Julian Barth who spoke on *Normality and uncertainty in laboratory medicine*

ACB/AACC Transatlantic Award

Dr David Grenache who spoke on *Direct-to-consumer genetic testing*

RCPath Flynn Award

Professor Ana-Maria Šimundic who spoke on *Quality of the preanalytical phase*

Clinical Cases Poster Award 2020

- **Winner:** Chris Hughes with *"Urinary sodium to chloride ratio: A useful test for investigating hypokalaemia"*
- **Runner Up:** Diya Patel with *"The significance of a high ALP in pregnancy"*

Audit Poster Award 2020

- **Winner:** Adrian Heald with *"Recalibration of thinking about adrenocortical function assessment: how the 'random' cortisol relates to the Short Synacthen Test verdict"*
- **Runner Up:** Jennifer Nobes with *"Intelligent liver function testing: an update from 18 months of active service"*

Professor Neil Anderson and Dr Julian Barth

Clinical Cases Poster Award 2021

- **Winner:** Corey Pritchard with *"A case study of siblings with autoimmune Polyendocrinopathy Syndrome Type 1"*
- No Runner Up

Audit Poster Award 2021

- **Winner:** Sally Hanton with *"An audit of follow-up of small bands detected on serum protein electrophoresis"*
- **Runner Up:** Jennifer Simpson with *"Audit of ethylene glycol and methanol testing over a 5-year period"*

Clinical Cases Presentation Session Award

- **Winner:** Darmiga Thayabaran with *"After the laughter"*
- **Runner Up:** Niamh Horton with *"Sometimes it is a zebra"*

Medal Award

- **Winner:** Jenny Nobes with *"Enhanced liver fibrosis (ELF™) scoring: a solution to reducing indeterminate fibrosis diagnoses in the intelligent liver function test pathway?"*
- **Runner up:** Rachel Griffiths with *"Automation of the thiopurine S-methyltransferase phenotyping assay using the Biomek NXP and Biomek i5 automated liquid handling workstations"*

Quiz

- **Winner:** Alison Bransfield

Quiz Winner Alison Bransfield from Cork University Hospital, Republic of Ireland

Other ACB Awards

Presidents' Shield

- **Winners:** Cheryl Taylor and Mike Lester for their outstanding contribution to the Association over many years

Membership Awards

- Emeritus: Jonathan Berg
- Fellow: Frances Boa
- Fellow: Paul Cawood
- Fellow: Edward Kearney
- Fellow: Joanna Sheldon
- Honorary: Frank Finlay

Equality, Diversity and Inclusion 2021 – our progress to date

Rachel Wilmot, Equality, Diversity & Inclusion Champion

In 2017 the ACB participated in the first Diversity and Inclusion Benchmarking exercise conducted under the joint auspices of the Science Council and the Royal Academy of Engineering. The purpose of that exercise was to progress diversity and inclusion across 63 engineering and scientific professional bodies constituting their membership. We published a commentary on our report in the *ACB News* in 2018. Earlier this year we completed a second round of this Benchmarking and in June, we received back our initial report.

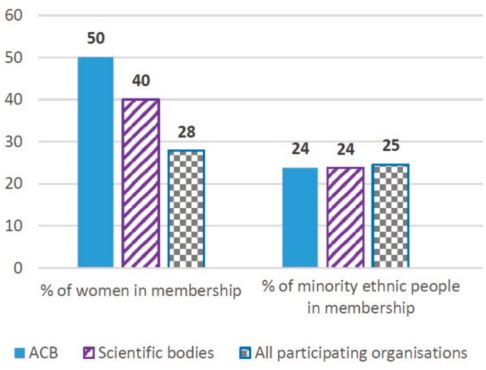
This Benchmarking exercise has two main parts – gathering data on the membership of the organisations and a self-assessment of our maturity in EDI (Equality, Diversity and Inclusion) over 10 areas of activity.

Looking first at our data

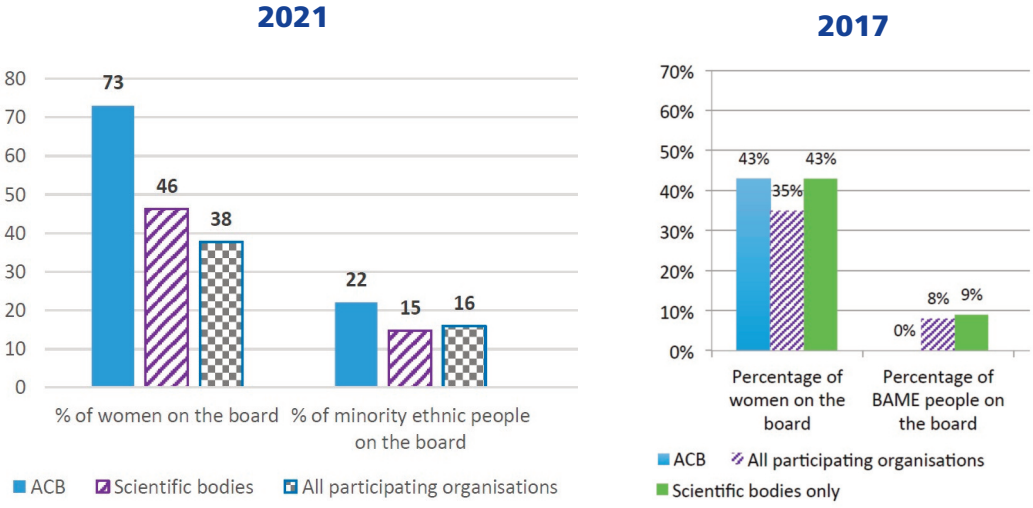
In 2017, whilst we had solid data on the gender and age makeup of our membership, our data on ethnicity was reliant on survey returns. Data on other aspects of diversity – LGBTQ+, disability, etc was almost non-existent. The first lesson we took on board from that was therefore to increase our knowledge of the diversity of our members so we can better understand their needs and whether we are adequately reflecting our membership at all levels of the ACB. All new members are now asked to complete EDI data on application and we took the opportunity of the launch of our new website to fill in the gaps in our knowledge of our established membership.

Fifty percent of our membership are women (term used inclusively for all identifying as women). Amongst our non-retired members this percentage is

Gender and Ethnicity in Membership 2021



Gender and Ethnicity on the Board



higher and this high representation of women is something we have in common with a number of other healthcare-based societies within the Science Council. It is however in marked contrast to many other participating science organisations and particularly some engineering professional bodies. This gives the ACB a real opportunity to act as a great advocate for Women in STEM and to encourage girls and women to continue in science education.

In 2017 our BAME membership looked low compared to many sister organisations at only 9%, however, this was partly down to the paucity of data within the ACB and other organisations. Now we have better data we can see our BAME membership is an encouraging 24%. However, from our own analysis of the data, we can see the picture differs between our Medical and Scientific members, so we continue to make this an area in which we need to make further progress.

We took board level to mean, for the ACB, members of the Executive and Council. What is really encouraging is the increase in diversity of representation at this level, with ethnicity breakdown comparable to that in our membership. Women now make up a majority of Board level membership. What is not recorded here is that much of this increase in diversity and particularly the larger number of women involved is due to many more younger members participating at this level, a great achievement for the ACB going forward as organisations dependent on a small number of increasingly older members struggle to maintain relevance.

The second part of the benchmarking of all our activities and our self-analysis of our maturity across four levels described as: initiating, developing, engaging and evolving.

In my next article in the October *ACB News* I will update you on our progress and plans against the framework and, as always, I am keen to hear from any members who wish to engage further on this agenda.

2021-2023 – IFCC C-KD Call for Nominations for one member position

The Association for Clinical Biochemistry and Laboratory Medicine has been made aware of a Member position vacancy on the IFCC Education and Management Division (EMD) Committee on Kidney Disease (C-KD).

The EMD is a key resource for all members of IFCC. EMD facilitates the development of managerial skills, supports educational activities in Laboratory Medicine and offers critiques, advice and cutting-edge expertise on issues and problems related to laboratory management, teaching and education. EMD provides many of these educational, teaching and consultative services through its Committees.

The IFCC are inviting nominations for one Member position on the Committee on Kidney Disease (C-KD) for the term of office 2021-2023.

The candidates should have extensive experience in the area of work of the Committee. For further information, please visit: **https://www.ifcc.org/ifcc-education-division/emd-committees/task-force-on-chronic-kidney-disease/**

Much of the work of all EMD committees is conducted by email, but C-KD meets in general once per year.

All National Society Members are requested to encourage appropriate members to apply for these positions. Applicants who are not selected as members may be eligible for corresponding membership.

Nominations require National Society support and we therefore ask that any interested members send the following by email to Christina Petzny (christina.petzny@acb.org.uk) by noon on Monday 9th August 2021:

1) Name, professional address, e-mail address and telephone number of the nominee.
2) A full Curriculum Vitae describing your professional and/or academic career (including a list of publications), particularly highlighting the issues which could be important for your selection.
3) Suggested wording we can use in a letter of support of your nomination from the ACB. ■

Condolences

We regret to inform you of the sad news that ACB Fellow Dr Cyril Weinkove passed away on 14th July 2021.

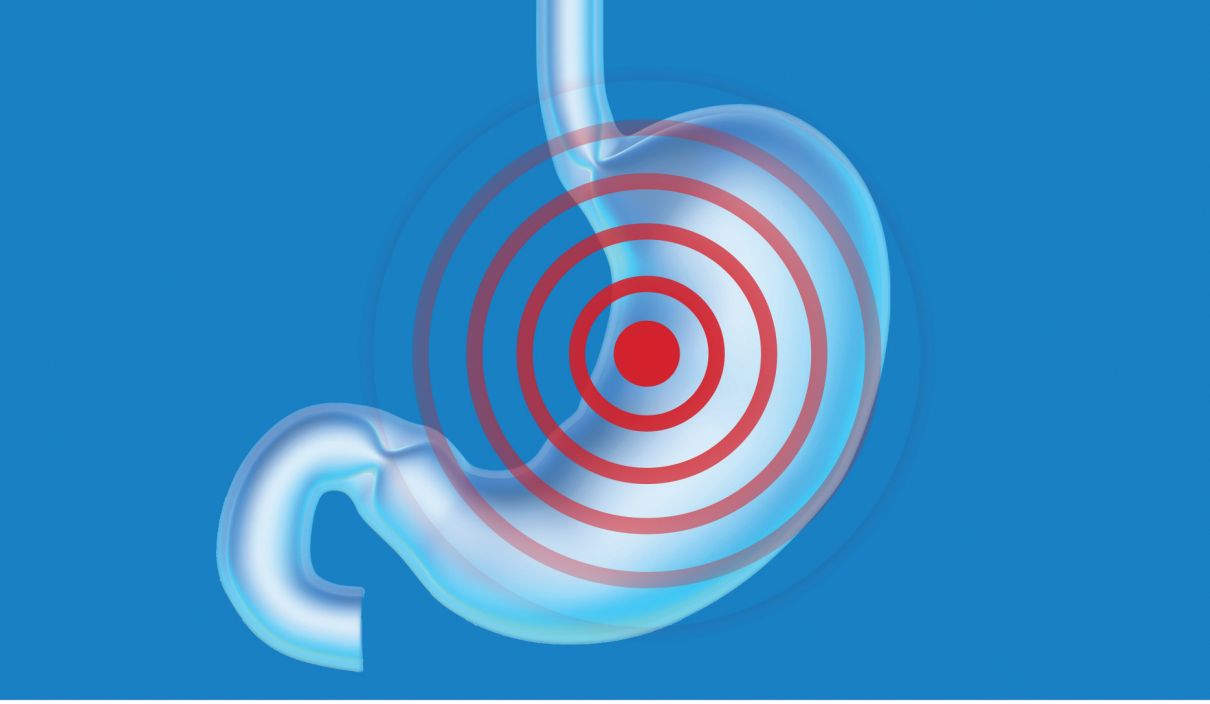
Dr Weinkove, once of Salford Royal Hospital (Hope), joined the ACB in 1978 and was awarded Fellow membership in 2003. ■

SAVE THE DATE!

ACB South West & Wessex Regional Scientific Meeting (Virtual)

Immunology at the Biochemistry Interface

Friday 1st October 2021



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XV International Congress of Paediatric Laboratory Medicine

Munich, Germany 26th-28th November 2021

On behalf of the Organising Committee of the XV International Congress of Paediatric Laboratory Medicine (ICPLM) and the International Federation of Clinical Chemistry and Laboratory Medicine Committee of Emerging Technologies in Paediatric Laboratory Medicine (C-ETPLM) we invite you to the re-scheduled Congress due to the COVID-19 pandemic to be held in Munich, Germany on 26th-28th November 2021.

The Congress theme will focus on the emerging technologies in all areas of paediatric clinical and diagnostic Laboratory Medicine and we are certain that all participants will be enthused by the program. Taking place immediately before the EuroMedLab 2021 – XXIV IFCC-EFLM European Congress of Clinical Chemistry and Laboratory Medicine, the congress offers you the unique opportunity to gather the latest information in Laboratory Medicine with a special focus on children. The scientific programme will cover a wide range of topics and includes sessions on emerging technologies in paediatrics, mass spectrometry, applications of NGS, haematology, data mining approaches to clinical values, AI/machine learning and the response to the COVID-19 pandemic in paediatrics. The programme offers the opportunity to interact and network with a wide variety of professionals including laboratory physicians, scientists and technologists, as well as practicing clinicians in paediatrics, neonatology, infectious disease and family medicine.

We would also like to encourage you to submit your latest scientific research results to be presented in scientific oral and poster sessions. Abstracts are welcome in all fields of Paediatric Laboratory Medicine, (Clinical Chemistry, Haematology, Clinical Molecular Biology and Laboratory Medicine). A limited number of abstracts will be selected for oral presentation during an abstract presentation session on Sunday. Abstract submission deadline: **31st August 2021.**

Registration is now open and detailed information about the 2021 ICPLM Munich and its program can be found at the following link: **www.icplm2021.org**

Scholarships

The Society for the Study of Inborn Errors of Metabolism has again generously offered 20 travel grants (500EURO each) to support individuals with an interest in inherited metabolic diseases. The aim of the Society, founded in 1963, is to foster the study of metabolic and related topics, and to promote ideas exchange between professionals in different disciplines in inherited metabolic disease (**www.ssiem.org**). Information about selection criteria may be found on the congress website.

Please save these dates in your calendar – we look forward to hosting you in Munich in November 2021. ■

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Produced by The Association for Clinical Biochemistry & Laboratory Medicine

With support from The Royal College of Pathologists — Pathology: the science behind the cure; IBMS

Lab Tests Online-UK is a non-commercial website written by practising laboratory medics and scientists with lay editorial review of content to ensure its suitability. The aim of the website is to help patients and the public, including healthcare professionals, understand the many clinical laboratory tests that are used in diagnosis, monitoring and treatment of disease.

LTO-UK fact of the month

Content on the site is arranged under tests or conditions so patients with, for example, diabetes mellitus, can look up tests specific to their condition.

Meet the Lab Tests Online-UK Board

Michelle Brereton, IBMS and Haematology Representative

Michelle is a Chief BMS and part of the Haematology Management Team at Manchester Foundation Trust, covering three hospitals across Greater Manchester. She was on the UK NEQAS(H) Committee which launched a Blood Cell Morphology Scheme in 2008 and continues to contribute cases to this valuable resource for professionals reporting morphology. Michelle was awarded a professional doctorate in reporting errors of morphology in 2017. This work has been published and presented on four continents. You can often find her tweeting about morphology @MichelleBreret4 and she contributes to the Haematology etc website. No stranger to working alongside ACB Members, Michelle was part of The National Pathology Harmonisation Project, promoting standard units in haematology. She went on to chair a working group with the International Committee for Standards in Haematology (ICSH), which produces standardised units for FBC results. Her involvement with LTO-UK stems from an interest in electronic transfer of results and how they are presented to patients. She now represents the IBMS on the LTO-UK Board.

As well as being an advocate for raising standards, Michelle is also an enthusiast of high-quality chocolate so, in lieu of a Willie Wonka Golden Ticket, she is open to contributions to this obsession if you meet her on the LTO stand at meetings!

What's new on LTO?

On the front page, we have an article about the outcome of a study into screening for ovarian cancer using CA125 in 200,000 patients with a 16 year follow up.

How to get involved

Join the editorial team

If you are interested in contributing to the vital work of the editorial team to keep the website up to date and to introduce new material, please contact us for more information.

Become a Lab Tests Online-UK champion

Join our champions and promote LTO-UK locally and nationally. Champion packs provide a great starting point with ideas and marketing materials, for more information or to join our champions please contact us.

Email: **labtestsonlineuk@acb.org.uk** Website: **labtestsonline.org.uk** Follow us

Promoting Healthcare Excellence – will you be a winner of a UNIVANTS of Healthcare Excellence award?

Sarah Robinson, Director of Conferences and Events
Alex Yates, Director of Scientific Affairs
Kam Chatha, Director of Publications & Communications

The UNIVANTS of Healthcare Excellence programme is a global and prestigious recognition and award forum that was created by Abbott in partnership with leading healthcare organisations to inspire and foster healthcare excellence across the world. UNIVANTS recognises and celebrates multidisciplinary teams that, with their exemplary work, transform clinical care through measurably better healthcare performance.

Annual awards are designed to promote healthcare excellence, where Laboratory Medicine has had a substantial and measurable input that improves patient care and clinical service delivery in innovative ways.

Winning initiatives are given opportunities to highlight their success internationally and inspire others to adopt best practices around the globe.

Why is the ACB promoting this programme?

UNIVANTS aligns with the ACB mission to raise the profile of Laboratory Medicine and to promote and highlight best clinical practice. The programme is supported by distinguished partners across the globe including leading professional societies, institutions and associations.

The ACB believes that Laboratory Medicine professionals are in a position to lead and contribute to strategic integrated

Sarah Robinson

Alex Yates

Kam Chatha

clinical care initiatives that drive measurably better healthcare. We know that there is an enormous amount of such work occurring, led by ACB members, and we want to celebrate and promote this. This is an opportunity to celebrate the successes of winners and share their stories and also to inspire our ACB members to apply for recognition.

The programme has reached millions of healthcare professionals across 159 countries to date with over 325 media articles promoting the programme or recognising the award winning practices.

Who can apply for UNIVANTS of Healthcare Excellence recognition?

This prestigious award is open to all healthcare teams and professionals. If your team has comprised members from at least three different disciplines including Laboratory Medicine and you have been part of an integrated team that has advanced care in clinical practice, you should submit an application for this award. ■

How to apply

Applications are submitted online and if they meet minimal requirements, they will advance to judge review.
All programme partners (excluding Abbott) play a role in the scoring process, with 3 top winning teams each award cycle. All Clinical Care Initiatives must meet the minimum requirements for application submission:

1. The clinical care initiative must be implemented into clinical practice.
2. The clinical care initiative must include at least three disciplines (including Laboratory Medicine).
3. There must be at least one measurable impact or Key Performance Indicator (KPI) associated with each of the four stakeholders: patients, clinicians, health systems, and budget holders.
4. Impact is assessed with at least two quantitative metrics that support the improved healthcare performance within the application, and no more than four qualitative metrics.

See **www.univantshce.com** for more information.

When

Application cycle opens: **1st August 2021** and closes **15th November 2021**
Winners announced: **Summer 2022**

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Learn more and apply for the UNIVANTS of Healthcare Excellence Award at **UnivantsHCE.com**.

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AACC
EHMA European Health Management Association
Modern Healthcare
HIMSS
NAHQ National Association for Healthcare Quality
IHE
INSTITUTE OF HEALTH ECONOMICS

Association of Clinical Pathologists

Chemical Pathology virtual monthly Zoom webinars 2021

Thursday 9th September 13:00-14:00
Lipids: PCSK9 inhibitors and novel lipid lowering agents – *Dr D Preiss*

Thursday 14th October 13:00-14:00
Nutrition: Nutritional concerns before and after bariatric surgery – *Dr C Le Roux*

Thursday 11th November 13:00-14:00
Parenteral nutrition *Dr W Simpson*

If you would like to register for any of these meetings, please email Rachel Eustace at rachel@pathologists.org.uk ACP members: free of charge (conditions apply)
Non-Members: £10 per webinar or £50 for the year ■

West Midlands Region

Poster and Oral Presentation for the Robert Gaddie Prize

virtually via MS Teams on Tuesday 28th September 2021

10:00 Welcome and Introduction – *Mr Pervaz Mohmand, West Midlands ACB Chair*
10:05 Five trainee presentations selected from abstracts (20 minutes each)
11:45 TSH receptor antibodies: Past, Present and… *Dr Tejas Kalaria, Royal Wolverhampton NHS Trust*
12:20 Presentation of award
12:25 Closing remarks – *Mr Pervaz Mohmand, West Midlands ACB Chair*

Registration required via the ACB website. Free to ACB Members, £10 for non-Members.
Full details on the competition are available on the **ACB Events page of the website.** ■

Publication Deadlines

To guarantee publication, please submit your article by the 1st of the preceding month (i.e. 1st September for October 2021 issue) to:
editor.acbnews@acb.org.uk
We try to be as flexible as possible and will accept articles up to the 20th to be published if space allows. Otherwise they will be held over to the next issue.
If we are aware that articles are imminent, this gives us more flexibility and we can reserve space in anticipation.
If in doubt, please contact Gina Frederick, Lead Editor, via the above e-mail. ■

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Deacon's Challenge Revisited

No 15 - Answer

25 mg of bilirubin ($C_{33}H_{36}O_6N_4$) were dissolved in 4 mL of dimethyl sulphoxide; 200 µL of this solution was diluted to 250 mL with chloroform. This solution gave an absorbance of 0.502 when measured in a 1 cm cell against a chloroform blank. Given that the molar absorptivity of bilirubin under these conditions is 6.07 x 10^4, calculate the percentage purity of the bilirubin.

MRCPath, May 1995

First calculate the concentration of bilirubin in the final solution:

$$A = \varepsilon \times c \times l$$

Where A = absorbance = 0.502
ε = molar absorbivity = 6.07×10^4 cm^{-1}
c = concentration in mol/L = ?
l = path length = 1 cm

$$0.502 = 6.07 \times 10^4 \times c \times 1$$

Rearranging: $c = \frac{0.502}{6.07 \times 10^4} = 8.27 \times 10^{-6}$ mol/L $= 8.27 \times 10^{-3}$ mmol/L

Use this concentration of the final solution to calculate the bilirubin content of the weighed bilirubin:

The final solution was prepared by diluting 200 µL (i.e. 0.2 mL) of stock to 250 mL

Therefore concentration of stock $= \frac{8.27 \times 10^{-3} \times 250}{0.2} = 10.34$ mmol/L

4 mL (the volume of DMSO the bilirubin was dissolved in) contains:

$$\frac{10.34 \times 4}{1000} = 0.0414 \text{ mmol bilirubin}$$

Convert to wt of bilirubin:

Wt bilirubin (mg) = mmol bilirubin x MW

$$\text{MW bilirubin} = (33 \times 12) + (36 \times 1) + (6 \times 16) + (4 \times 14) = 584$$

$$\text{Therefore wt bilirubin} = 0.0414 \times 584 = 24.2 \text{ mg}$$

$$\%\ \text{purity} = \frac{\text{Amount of bilirubin by assay} \times 100}{\text{Weighed amount of bilirubin}} = \frac{24.2 \times 100}{25} = 97\% \text{ (2 sig figs)}$$

Question 16

A tumour marker X is used to guide a decision on chemotherapy after the resection of the main tumour mass. The concentration decays exponentially. If the half-life of the tumour marker is less than 75 hours, then this is indicative of tumour clearance and chemotherapy is withheld. If the half-life is greater than this, it indicates that residual disease is present and chemotherapy is indicated. The precision of the assay is such that measurements can be safely made at a precisely timed interval of more than 36 hours from two or more days after surgery.

The level of X at 50 hours post surgery is 1756 ng/L and at 94 hours it is 1050 ng/L. Calculate the half-life and indicate whether you can say with confidence whether chemotherapy needs to be given.

MRCPath, May 2000

The Diggle Microbiology Challenge

These multiple-choice questions, set by Dr Mathew Diggle, are designed with Trainees in mind and will help with preparation for the Microbiology Part 1 FRCPath exam.

Question 25 from June's ACB News

Which of the following organisms can be associated with dog bites?

A. Pasteurella septica
B. Bordetella pertussis
C. Clostridium perfringens
D. Escherichia coli
E. Bacillus subtilis

Answer – *P. septica* (multocida) is carried in the mouths of many animals including dogs and cats. *C. welchii* (perfringens) and *E. coli* are members of the normal human enteric flora. *B. pertussis* is a pathogen with a human reservoir and *B. subtilis* is non-pathogenic.

Question 26 - the following statements require a true/false answer:

Viruses
A. Contain both DNA and RNA
B. May have an envelope
C. Have their own metabolism
D. May contain enzymes for replication
E. Have a cell wall

The following are DNA viruses
A. Herpesviruses
B. Orthomyxoviruses
C. Enteroviruses
D. Hepadnaviruses
E. Parvoviruses

The following are RNA viruses
A. Picornaviruses
B. Adenoviruses
C. Papillomaviruses
D. Rhabdoviruses
E. Rotaviruses

The answers to Question 26 will appear in the next issue of ACB News – enjoy!

FIS 2021 programme now available!

Two sessions organised by the ACB Microbiology Group are in the Tuesday online programme – one on SARS-CoV-2 and one on AMR.

There are some excellent speakers throughout and ACB Members get the FIS society rate of just £20/day or £40 for both Monday and Tuesday of the online programme. There is also a significant discount on the face-to-face day meeting.

5th November | Manchester (limited places)

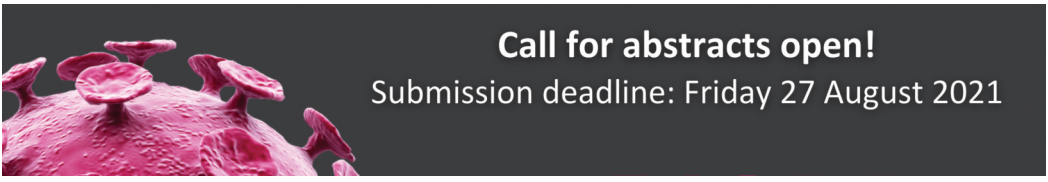
The face-to-face day of conference will feature:

- The FIS Plenary Lectures –
  Lowbury Lecture: Professor Marc Bonten;
  JD Williams Lecture: Professor Grace Smith;
  Barnet Christie Lecture;
  and Clinical Grand Round
- Networking opportunities
- Oral paper sessions
- Industry symposium and an exhibition

8th & 9th November | Online (unlimited places)

The two-day, three-stream programme has been designed to provide delegates with an engaging and interactive online experience and includes: 25+ sessions hosted by a broad selection of the infection community with live Q&A, internationally renowned speakers, virtual posters, sponsors' area and industry symposia. Presentations will be available to view on catch-up for one year.

View the programmes here.



Bringing accessibility to quality

Rehana Ayub, Leeds Teaching Hospital NHS Trust and Rachel Wheeler, St George's Hospital

UK NEQAS for Immunology, Immunochemistry and Allergy (IIA) provides an important service by running programmes to facilitate quality assurance within laboratories. The focus is to provide a service to ensure quality and consistency amongst laboratories, however, a key part of the scheme has always been committed to education. One such way to provide users with information is the UK NEQAS IIA Annual Participants' Meetings. These include excellent talks, plenty of networking opportunity and free space to meet with peers and vendors sharing the same specialty. Unfortunately, spaces are limited and under the current restrictions not everyone has had the pleasure of attending these.

Recently, new resources have been made available on the website. UK NEQAS Pre-Analytical Scientific Webinars 2020 was an 8-part series on the topic of Reducing Pre-Analytical Errors in Laboratory Medicine. These were successfully delivered live on Zoom every Thursday during October and November 2020 by experts in this field and were a bonus to having UK NEQAS membership.

More recently, a series called "Mysteries of Myeloma" in June 2021 included talks and discussion with an expert panel looking at myeloma from the patient and the laboratory's perspectives. Dr Fenella Willis, Dr Joanna Sheldon and Dr Ross Sadler answered participants' questions on all aspects of laboratory testing for myeloma.

These series provided excellent relevant content and helpfully, the talks were available via the UK NEQAS Sheffield website for a limited time after the events.

Through an exciting new initiative, the UK NEQAS IIA Digital Academy have stepped up and created a fantastic new series of educational videos that are available on YouTube (search for "**UK NEQAS**"). These are free of charge and accessible any time and place! Currently there are 27 videos with over 100 views each. The focus has been on how to interpret quantitative/qualitative EQA reports. The series does small step-by-step videos breaking down each section of the report and giving advice on not only interpretation but also required actions. Since then, it has expanded to include useful information including changing method details and ordering repeat samples. The series has also provided information on the recently ISO-accredited SARS CoV-2/COVID-19 Antibodies EQA scheme.

The reception of these videos has been incredibly positive including the following:

"The accessible YouTube videos are an excellent educational tool for those new to interpreting quantitative EQA and those requiring a refresher."
Rachel Strafford, Advanced Biomedical Scientist, Clinical Immunology Quality Lead, Leeds Teaching Hospitals

"The UK NEQAS YouTube videos are extremely helpful. The information is presented clearly and the bite size, short videos are easy to process and learn from. They are very helpful for clinicians who are learning about the laboratory"
Dr Claire Stockdale, Immunology Registrar, Leeds Teaching Hospitals

We look forward to the continuing success of this video series and more is to come.

Building a new platform for the future

Sarah Robinson, ACB Director of Conferences and Events

UKMedLab21
Online • 14-18 June

The ACB's first UKMedLab Conference took place online between the 14th and 18th June 2021

This was the first ACB National Meeting since May 2019 and combined the leadership and management sessions formerly delivered by the Frontiers in Laboratory Medicine (FiLM) conference series with the science and education sessions previously provided by the ACB Focus meetings. Additional sessions covering the ACB Medal Competition, an update on scholarships, clinical cases, the Training Day, and a series of industry focused workshops made up the comprehensive offerings over five content packed days.

Over 60 speakers were involved covering training, leadership and management, and science and education. An impressive 409 delegates registered for the meeting with 173 registering for the Training Day.

Notable highlights included Dr David Grenache, President of the American Association for Clinical Chemistry (AACC), presenting a detailed insight into the area of direct-to-consumer genetic testing, highlighting the huge advances in technology but also the pitfalls that exist because of lack of regulation, data security and unintended consequences the knowledge might bring. Prof Ana-Maria Šimundic, President of the European Federation of Clinical Chemistry and Laboratory Medicine (EFLM), gave an update on how best to monitor the pre-analytical phase and how such factors can affect our results. Professor Julian Barth, ex-ACB President, spoke on the much-misunderstood concept of "normality" in Laboratory Medicine and how we should best approach reference ranges including how to interpret results against them.

The Science and Education content included sessions on big data, paediatric biochemistry and pregnancy, laboratory science of the future and POCT.
A Laboratory Medicine and clinical practice

session focussed on sepsis, renal transplant and transgender biochemistry, with a session on biochemistry required in bariatric surgery delivered from the airport departure lounge, confirming that the on-line meeting really did access all areas!

The Management and Leadership sessions focussed on optimising laboratory services, the expansion of pathology and its workforce, and how laboratories should be set up and equipped to respond to and move forward from the pandemic.

The ACB Medal Award was admirably contested by four excellent speakers, with Dr Jenny Nobes from Dundee taking first place with her talk "Enhanced liver fibrosis (ELF™) scoring: a solution to reducing indeterminate fibrosis diagnoses in the intelligent liver function test pathway?". Runner up was awarded to Rachel Griffiths for"Automation of the thiopurine S-methyltransferase phenotyping assay using the Biomek NXP and Biomek i5 Automated Liquid Handling Workstations". The interactive clinical cases, hosted by Dr Danielle Freedman, were excellent as usual, with eight cases being presented. Darmiga Thayabaran's case titled "After the laughter", highlighting an unusual case of B12 deficiency secondary to nitrous oxide therapy, was awarded first prize, with second prize going to Niamh Horton for her case "Sometimes it is a zebra", focusing on anti-NMDAR auto-immune encephalitis.

A total of 107 posters were presented virtually and the abstracts will be published in an online supplement to the September issue of the *Annals of Clinical Biochemistry.*

Congratulations are due to the winners of the Poster and Audit awards as well as thanks to everyone who submitted a poster to the virtual ePoster Gallery – see pages 10 and 11.

Staging a social event in an online environment is not easy but Kevin Deans and Emma Dewar took up this task with relish and delivered a brilliant and engaging remote quiz for all the delegates on the Thursday evening of the meeting. We'll be telling you more about the winner in the next edition of *ACB News.*

Thank you to all of those who have fed back from the meeting. Delegate feedback has been very positive to date with over 90% of delegates saying they would recommend future UKMedLab meetings to colleagues. We have lots of practical feedback too about how to make the experience even better so we'll be taking that on board for the future.

UKMedLab is now established as the ACB's national meeting and it will continue into the future, bringing together elements of training, science, leadership and management. We know members are keen to get back together to meet face-to-face but we have also seen the benefits of online meetings and the improved accessibility they provide. So our future plans will look to combine the best of both.

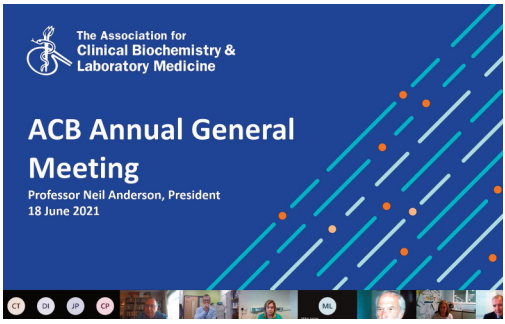
In his closing address, Bernie Croal announced that, in place of Focus 2022 in Belfast (postponed from 2020), UKMedLab22 will take place in London in September or early October.

We welcome all ideas and feedback to ensure that meetings are relevant to our membership, please do not hesitate to contact us if you have ideas or wish to be involved in the future planning of our conference.

We look forward to seeing you next year. ■

AGM Report for 2021

Dr Sarah Glover, Company Secretary



The 68th ACB AGM was held on Friday 18th June following a hugely successful inaugural UKMedLab programme. The AGM was held virtually for the second time and once again, we were thrilled so many members we able to join, a total of 68 voting members.

After covering a few housekeeping rules and accepting the minutes of the previous meeting, we began with an excellent presentation by our outgoing ACB President, Professor Neil Anderson. Neil gave an overview of the annual report and activities of the ACB over the last year. Neil spoke of the continued work on our strategy throughout 2020 and the cross-committee work taking place on equality, diversity and inclusion, web content and mentoring.

Neil highlighted many of the activities delivered by the ACB during a very challenging year, including taking positive steps forward in education, being an active member of the Pathology Workforce Group and Patient Group Directives and improving links with Health Education England. Neil spoke of the digital transformation undertaken by the ACB, including successfully conducting numerous online events and meetings and updating entire systems including a new website, membership and finance systems. The premises at Tooley Street have been cleared and streamlined, with the possibility of operating from one, rather than both, floors.

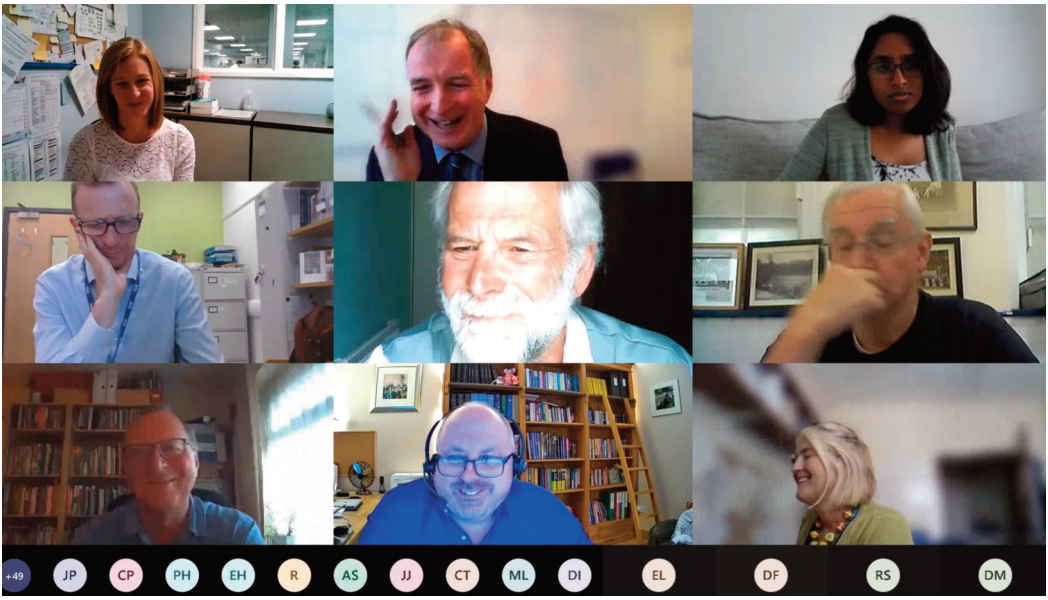
Neil reflected on the launch of our new brand for the National Meeting, UKMedLab and the success of this year's online event attracting over 400 delegates.

Neil gave his sincere thanks to the members of Executive and Council, the staff team, our Chief Executive, Jane Pritchard and gave his best wishes to Dr Bernie Croal who has now assumed the role of President.

Mike Bosomworth, Director of Finance, followed by giving an overview of the Association accounts. Mike reported an overspend of approximately £116K (largely due to infrastructure investment in digital technology and IT) which was within the projected budget. He spoke of ongoing work to diversify income through new strategic industry partnerships and conducting funded project work and the plan for meetings to come back into surplus.

Mike proposed a small increase in membership fees, in line with the consumer price index, to be adopted in January 2022. He spoke of the recent successful tender process to appoint auditors for the Association next year. Following a rigorous scoring process to assess the four responses, Mike put forward the proposal from Council to appoint H W Fisher. Both proposals were accepted without any objections.

I was honoured to announce the six regional nominations received for the election of Fellow, Honorary and Emeritus members, all of which were approved. Please refer to the separate article in this month's *ACB News* on pages 10-11 for



details of all the 2021 award winners. Nominations were received from Scotland, Southern and West Midlands Regions. The ACB Council would like to encourage nominations from all regions to recognise the achievements and contributions to the ACB of individual members. Please keep a look out for the nominations call in the *ACB News* early next year.

The final agenda item was the proposal of the Special Resolutions agreed by Council, for changes to the Articles and Bye-laws of the Association. This saw the unopposed change of name of the National Meetings Secretary to Director of Conferences and Events, removal of the requirement for all regional and sectional activities to be reported to the Company Secretary, and a minor amendment to the setting of the dates of forthcoming Council meetings.

The final amendment was in line with the Association's ongoing work towards its aims for greater transparency and strategic vision around diversity and inclusion, in both the Association and profession. With the newly invigorated Nominations Committee overseeing appointments to Council and Executive, we sought to expand the eligibility for the post of President, beyond those who have previously been elected to positions on Council, which was also accepted unopposed.

At the close of the meeting Professor Neil Anderson reached the end of his term of office as President, so becoming Past President. Dr Bernie Croal assumes the Presidency until the AGM in 2023. On behalf of everyone at the ACB, sincere thanks to Neil Anderson for the incredible contribution he has made to the Association during his time as President.

A huge thank you to Mike and Christina from the staff team, for their hard work and organisation to ensure the smooth running of the AGM and to all members who participated. ■

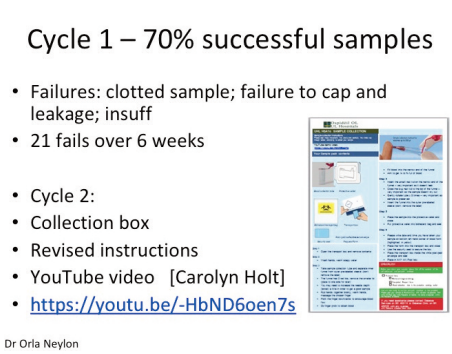
The new normal in the Clinical Biochemistry laboratory

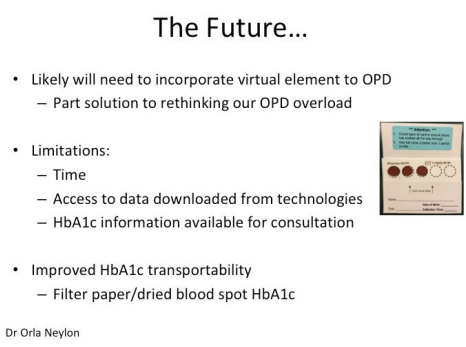
Karen Heverin, Chemical Pathology, Beaumont Hospital, Dublin; Dr Ciara Cunning, Dr David Green and Dr Peadar McGing, Clinical Biochemistry & Diagnostic Endocrinology, Mater Misericordiae University Hospital; and Jim Kelly, Clinical Biochemistry, Coombe Women and Infants University Hospital

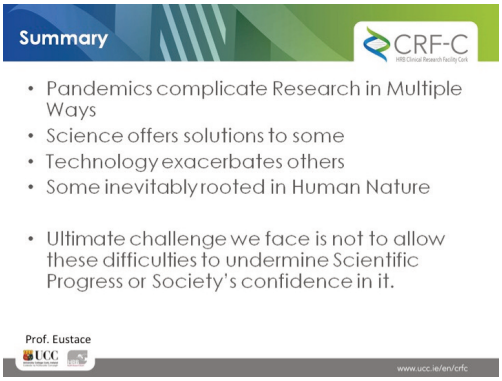
The annual ACB Republic of Ireland regional meeting was held on 29th January and was organised in collaboration with the Association of Clinical Biochemists in Ireland (ACBI). The meeting was held amid our 3rd Level 5 national lockdown due to the COVID-19 pandemic and therefore ran exclusively online via Zoom. An array of fantastic talks and members' papers were presented, all with excellent speakers, scientific content and thought-provoking questions provided by the virtual attendees.

Accommodation of a paediatric diabetes out-patient service to a pandemic

The opening presentation by Dr Orla Neylon, Consultant Paediatric Endocrinologist at University Hospital, Limerick (UHL) was titled "Accommodation of a paediatric diabetes out-patient service to a pandemic". This talk highlighted the significant care burden of paediatric type 1 diabetic patients and the possible solutions on the horizon, including the ongoing development of a 'closed loop' insulin pump. Dr Neylon described the HbA1c test as the prism through which a consultation is viewed. She stressed the importance of obtaining Hba1c values despite the issues posed by current social distancing measures due to the unfortunately common issue of patients falsifying self-reported glucose values. Discussion centred around a 2018 pilot project on virtual clinics which unwittingly turned out to be a practice run for the current pandemic. Having described Diabetes as predominantly an out-patient service, emergency measures had to be taken when in March 2020 all outpatient appointments were cancelled. Cue upgrade of the pilot project as the team at







David Marshall

UHL switched to virtual appointments via Webex and had patient HbA1c samples sent to the laboratory in capillary tubes via the post in 'franked' prepaid envelopes. Problems encountered during the initial roll out of this response to the pandemic prompted the idea of using dry blood spots for HbA1c analysis for such patients. Although neither method was superior to phlebotomy, the overall roll out was very successful and will likely shape the nature of such consultations going forward in what we now know to be the 'new normal' for our healthcare systems.

The challenges of undertaking research during the pandemic

The second presentation was by Professor Joe Eustace of University College Cork, who spoke of "The challenges of undertaking research during the pandemic". Professor Eustace began by outlining some of the challenges in conducting clinical trials in a general sense, and then went on to show how all the usual challenges are accentuated by the unique circumstances of a pandemic. COVID-19 has necessitated a redirection of much research effort toward the goals of treating, preventing and ultimately eradicating a life threatening contagion, one that a little over a year ago did not even exist. Although COVID-19 was new, some lessons had been learnt with the SARS epidemic, particularly the need for systems preparedness. The talk also pointed out the pressure to react experienced by scientific and lay individuals alike, in some cases without any proof of the efficacy of the advice, drawing upon the example of hydroxychloroquine use which gained some popularity at the beginning of the pandemic. Professor Eustace finished up with a discussion on how political and private interests may clash with public interest. Particular problems can arise from political statements by non-scientists as well as scientists publicising their work through press releases before peer review. He used the example of FDA approval for emergency use of the antiretroviral drug Remdesivir. Better quality evidence subsequently published by the World Health Organisation proved to be more disappointing with regard to efficacy. However, despite this, the FDA ultimately opted to approve the drug for use in the treatment of non-COVID-19. A final word from Professor Eustace warned of the adverse effect of the pandemic on non-COVID trials, with some 20% of studies being unable to continue, also raising questions about how to interpret interim results.

Tacrolimus and creatinine analysis by LC-MS/MS using Mitra® microsampling devices

The third presentation was delivered by David Marshall, Senior Clinical Scientist at Wythenshawe Hospital, Manchester

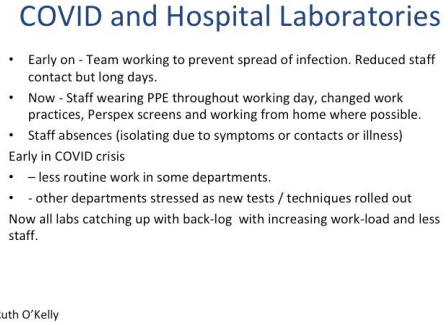
University NHS Foundation Trust. David spoke about the importance of monitoring tacrolimus and creatinine and how their lab was working while running both tests on their LC-MS/MS analysers. Tacrolimus is a highly toxic immunosuppressant which has a narrow therapeutic window, with low levels increasing the risk of graft rejection and high levels associated with adverse complications. The utility of concurrent creatinine measurement is to identify a sudden rise in creatinine that is often the first sign of rejection in kidney transplant patients. David explained how they had been studying the use of hydrophilic polymer tips (Mitra®) as a practical alternative to capillary tubes or blood spots for blood collection.
He described previously published research carried out by the group to validate the Mitra® devices for LC-MS/MS analysis of tacrolimus and creatinine levels in renal transplant patients. They validated the assays, including all the pre-analytics, and used whole blood pools loaded on to the Mitra® devices to check stability. Concordance with standard assays post phlebotomy was satisfactory (albeit with some bias and variability). This practice greatly lowers the burden on patients posed by previously frequent attendance at outpatient clinics. The COVID-19 pandemic provided the impetus to bring this methodology out of a research setting and into clinical practice with early data indicating high levels of satisfaction from both patients and clinicians. The results proved sufficiently promising that the group are building upon this repertoire of LC-MS/MS tests that can be run using Mitra technology, with David describing more recent work toward validating the devices for the use of monitoring of a standard steroid panel of testosterone, androstenedione and 17-hydroxyprogesterone, which showed equally promising results.

As with many of the talks of the day, the main point, which was eloquently executed by David Marshall and intimated earlier by Dr Neylon, was the often overlooked positives for technological and methodological development of our laboratory services that can be taken from catastrophic situations such as the COVID-19 global pandemic.

Assessing in the virtual age: challenges and opportunities

The final presentation of the day was by Ruth O'Kelly, Irish National Accreditation Board (INAB) Technical Assessor. Ruth provided a very interesting talk on the process of virtual INAB inspection, describing the various challenges and opportunities encountered. Attendees from outside the Republic of Ireland no doubt have found all her points to be equally relevant and applicable to their own accreditation and inspection processes. Ruth highlighted the challenges presented to laboratories as a result of the COVID-19 pandemic.
She commended laboratories for their hard work in maintaining high standards while faced with staff shortages, supply chain issues and altered working hours that came with the onset of the pandemic.

Ruth also commented that the current pandemic has highlighted to the public the important work carried out by clinical laboratory scientists and that it was great to see public recognition of the essential work we as a profession carry out every day.



Amongst the many topics covered, Ruth gave some pointers to laboratories on how to get ahead with virtual inspections. She highlighted the need for the laboratory to ensure good quality IT connectivity was in place and tested in advance of the inspection and that labs should have all necessary documentation readily available to present to assessors on the day or ideally forwarded to INAB in advance of inspection. Of course lack of on-site presence does pose some challenges for assessors. In particular Ruth mentioned not being able to meet staff in person, more difficulty in getting a 'feel' for the laboratory, and difficulty in assessing new analyers in situ. Remote assessment may not be suitable for new applicants, but her experience over the past year has been very positive and she has been very impressed by the laboratory staff she has met.

Member presentations

The half-day meeting concluded with a session for our regional member presentations, all of which were of exceptional quality and surprisingly dynamic given that they had to be recorded in advance of the day!
Our shortlist of successful abstracts included: (1) Mr Paul Carlyle, "Derivation of population and age appropriate phosphate reference intervals in a paediatric population"; (2) Ms Ruth Cullen, "Diagnostic utility of GGT as a differentiator of hepatic or bone source of raised ALP"; (3) Ms Alison Bransfield, "Audit of serum electrophoresis requesting"; (4) Ms Emma Heffernan, "Performance characteristics of five SARS-CoV-2 serological assays: clinical utility in healthcare workers"; and (5) Ms Mary Anderson, "Troponin requesting, resulting and reporting – From Emergency Department to Clinical Laboratory and back again – current processes and proposed streamlining".

Best member presentation was awarded to Ruth Cullen, Senior Clinical Biochemist at the Mater Misericordiae University Hospital for her detailed account of the results of a retrospective 21 year study which concluded that GGT demonstrated 84% sensitivity and 79% specificity in determining the isoenzyme(s) contributing to ALP elevations and when used, a gender specific GGT reference range also increased specificity to 83%.

Having given an insight into the wonderful scientific content, special mention must go to the ACB Head Office, in particular Mike Lester and Christine Hall-Shelton for the flawless operation behind the scenes both in preparation of the meeting and with the running of the virtual platform on the day.

Feedback in relation to the virtual nature of the event was very positive. A strong desire for future events to be held virtually, or at least in part, was expressed, with evidence for this being the show of support from attendees from other regions. ■

Eric Carlyle

9th December 1945 – 15th May 2021

John Eric Carlyle was born in Dumfriesshire in December 1945. He studied Biochemistry at the University of Glasgow, graduating in 1967. That same year, he started his first job in Clinical Biochemistry in Stobhill Hospital, Glasgow. The following year he married Sheena and they went on to have two children, Paul and Julie. He moved to Glasgow Royal Infirmary in 1971, before being appointed as a Principal Biochemist at Gartnavel General Hospital in 1975. In 1979, Eric was appointed to a Top-Grade Biochemist job at Law and Stonehouse Hospitals, and it was here in Lanarkshire that he would spend the rest of his successful career.

The 'Godfather' of Clinical Biochemistry in Glasgow, Gemmell Morgan, was involved in appointing Eric to the job at Law Hospital – a challenging post that Eric rose to and made his own. At that time, it was unusual for a person without a medical background to become a Clinical Director, but Eric achieved this and went on to transform the laboratory services in Lanarkshire. One of his most notable achievements was overseeing the planning and construction of a new state-of-the-art laboratory within the newly built Wishaw General Hospital (now University Hospital Wishaw) in 2001, to which services from Law and Bellshill Hospitals were transferred. It was no joke that Eric knew the location of every sink, tap and plug socket throughout the laboratories, and his tour of the department for new starters was surely unique in including the roof space above the lab, to see a cold room and pneumatic tube system from above. His meticulous attention to detail and desire to strive for the very best meant that the laboratory in Wishaw was the source of much envy from other departments. When the laboratory was in jeopardy from a fire a few years later, Eric personally put out the fire and saved the department from potential disaster. He ended his career as Clinical Director for Laboratory Medicine across Lanarkshire bringing together all of the laboratory disciplines from the three District General Hospitals under a single management structure.

Eric was a man who cared deeply about science and his department, but he also cared deeply about his colleagues and the patients he worked so tirelessly for. He showed utmost respect for his colleagues and worked to ensure the best possible working conditions for his staff. Eric was a true gentleman, who would put the needs of others above himself time and time again.

Eric joined the ACB in 1968, and was active in the organisation throughout his career, holding positions including Chair of

ACB Scotland, Regional Representative on Council and Member of the Scientific Committee. He was awarded Emeritus Membership in 2011, following his retirement in 2010.

Eric was also a CPA Assessor for many years, and was very active in the Scottish Consultant Clinical Biochemists group and would advise the Scottish Government on matters relating to Clinical Biochemistry.

Eric enjoyed a party, and was always seen at the departmental Christmas Parties. Upon his retirement, he opened his home and garden to the whole department, hosting a party to celebrate. His contribution to Medicine was fittingly acknowledged with an invitation to the Queen's Garden Party at The Palace of Holyroodhouse.

Eric had a love of fast cars and motor bikes and was often seen in the lab in his leathers on a Saturday morning. He passed on his love of motor bikes to his son, who completed the Dakar Rally in 2010.

Upon his retirement, Eric continued to work tirelessly, holding many voluntary roles in the village where he lived, including a museum trustee, Church Treasurer and Chair of a windfarm committee.

Eric passed away peacefully at home on 15th May 2021, following a short illness. He is survived by his beloved wife Sheena, his children Paul and Julie and grandchildren Robyn, Thomas and Rory. While his loss will be felt by many, his legacy within the Hospital, the community and amongst his friends and family will live on in the things he achieved and the inspirational way in which he achieved them. ■

SJC and IRG

Professor Joan Zilva

23rd November 1925 – 6th May 2021

Professor Joan Zilva, probably best known by generations of medical and scientific trainees for the book *'Clinical Chemistry in Diagnosis and Treatment'* died recently at the age of 95 of frailty of old age.
She was born and spent the first part of her childhood in South London.
She remembered having her tonsils removed under open ether anaesthesia at the age of 5, and seeing molten glass from the burning Crystal Palace flowing in gutters in 1936.

She was evacuated to Canada early in the Second World War, an experience that she recorded in a pamphlet, and which stayed with her all her life.

She qualified in Medicine from the Royal Free Medical School (women-only at that time), including an intercalated BSc in Physiology. There was considerable prejudice against women in medicine at that time (and for many years after) and she sacrificed the possibility of marriage for her career. She trained in general medicine and pathology and was appointed Consultant and to a Chair in Chemical Pathology at the Westminster Hospital Medical School.
She was a pioneer. She saw the subject blossom from its early days as a minor branch of pathology to a specialty in its own right, a process to which she made a considerable contribution.
'Clinical Chemistry', co-authored by Peter Pannell, a Registrar in her department and later a Consultant in Australia, became the leading textbook

of the subject and was published in several editions. She was made an Emeritus Member of the Association and was an active member of the Medical Writers' Group of the Society of Authors. She served as Assistant Registrar to the Royal College of Pathologists for three years.

After retirement, she enjoyed travel and spending time with friends old and new, including the occupants of the apartment building where she lived for many years. She was a kind and generous person and provided practical help to her neighbours that was reciprocated as her own mobility and health (but not her wit) deteriorated in her later years. Her death at the age of 96 marks the end of an era. ■

WJM

Postscriptum

Joan Zilva was born and raised in London. Her father worked as a biochemist for the Medical Research Council and had advised the government on nutrition during the First World War. Her mother studied history at Cambridge and trained as a health visitor.

As a teenager during the Second World War she was sent to Canada (1940-43) for safety. The Imperial War Museum has records of her letters from Canada to her parents in Croydon and her later reflections on the long term effects of wartime evacuation experiences.

In the 1980s I trained in Chemical Pathology in her department at the Westminster Hospital and remember her kindness and unstinting support towards passing the College membership qualifications. Her textbook *Clinical Chemistry in Diagnosis and Treatment,* first published in 1971 and frequently updated, was regarded by my contemporaries as "the bible of clinical biochemistry" and a good way of understanding the complexities of the specialty. She was especially good at teaching on clinical liaison through ward bedside visits and on data interpretation with the use of hand written cumulative biochemistry reports. She encouraged asking questions at medical presentations and making laboratory management meetings last for no more than one hour.

She will be remembered by many for inspiring an interest in Clinical Chemistry and for being a role model for women wanting to succeed in a then male dominated profession. ■

CvH

Picture of Joan Zilva when evacuated overseas during the Second World War

Industry Insights: August 2021

Doris-Ann Williams, Chief Executive, BIVDA

Within BIVDA we have been taking stock of our priorities moving forwards and have realised what a big regulatory burden we are facing to support the UK industry since leaving the EU. For as long as most of us can remember, and certainly in the last 25 years, all our regulation for IVDs has come from the EU and BIVDA has benefitted from the expertise and staff at our European Association, now MedTech Europe (formerly EDMA). However, now we don't just have to consider the proposals for the new UK regulation of medical devices and IVDs (hopefully a consultation will be out by the time you are reading this), but also all the environmental and safety regulations which will be handled by different Government departments, and the new UK REACH which will control the registration, evaluation, authorisation and restriction of hazardous chemicals.

We are also continuing to focus on market access and procurement issues which is the other significant pillar for the industry, at the same time looking to capitalise on the increased awareness of the role of diagnostics across Government and the NHS management as well as more generally within the public courtesy of the pandemic. So, this is another main focus, and we are putting considerable resource into amplifying our voice to stakeholders for the sector.

Procurement by the NHS is complex, as you will all know, and we have been working with NHS Supply Chain on shared key performance indicators to help streamline the process, as well as with other parts of the medical technology sectors on the issue of industry staff credentialing which has increasingly become a costly and bureaucratic activity for companies.

We have resumed much of the activities suspended last year, particularly including Anti-Microbial Resistance which continues to be a significant threat to global health, as you will all be well aware. BIVDA is part of the global industry initiative to look at how both drugs and diagnostics can be better developed and utilised for AMR. We also have started a new group on genomics and another on environmental issues so there is plenty to be doing.

A harder part, in common with many other organisations, is trying to work out what we will need next as an organisation practically. We are planning to have a mixed attendance at our London offices so we will be diary driven. We are investing in the latest technology to enable meetings with 'three-dimensional attendance' to be blended with attendees who are unable to travel or prefer to attend remotely. Obviously, it is unlikely that everything

will be able to go back to what was normal until COVID-19 really becomes an infection of the same profile as flu – managed by vaccinations and treatment but without the need for a seasonal shutdown.

So, I am looking forward to going through policy such as the Government's **Life Sciences Vision** launched on 7th July and working through the consultation for the UK regulation of IVDs as well as having a two week holiday at the end of August in Cornwall, COVID-19 willing! ■

ACB News Crossword

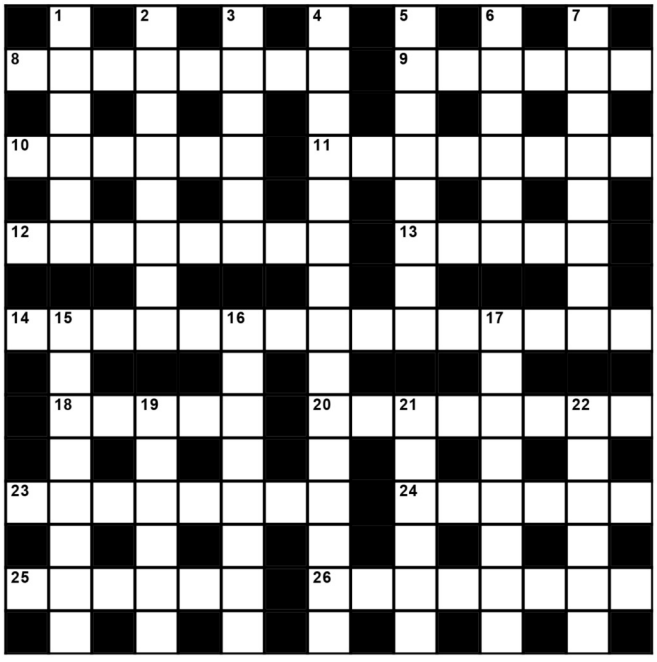
Set by Rugosa

Across

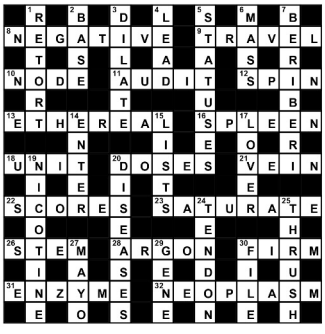
8 Nitrogen-deficient python may develop problem with strength (8)
9 Some medical procedures seem an affliction (6)
10 Unit in plant making plastic (6)
11 First emergency operation for discharge (8)
12 Data transfer device not meant for entertainment originally (8)
13 Boredom from dealing with insurance (cars excluded) (5)
14 Teasingly hinted about a cleaning job (6,9)
18 I abandon outlandish milieu for site of 21 (5)
20 Causes cancer once gone amok (8)
23 Overripe, dropped, decomposed (8)
24 Complaint: not named in inaccurate documentary (6)
25 Opening returning doctor admitted could possibly suit (6)
26 Second year with no small cylindrical glass container for this fluid (8)

Down

1 Cancelled task, mistakenly re-ordered organic insulator (6)
2 Self-evident apps are not so abstract (8)
3 Drug for immediate use at home (6)
4 Hid my prehistory about cause of weight loss (15)
5 Recurrent deficiency disease (8)
6 Time of year main bearing in operation (6)
7 Social worker problem: work out energy units (8)
15 Pepys' lie about problem with fitting (8)
16 A doctor deferred paying my cash, reversed tumour diagnosis (8)
17 Disallow around four for being uncooperative (8)
19 Bring to light when unreliable speciality pays out (6)
21 Scorn hospital treatment for inflammatory disease (6)
22 Customary distribution (6)



Solution for June Crossword



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