

Clinical Biochemistry News

May 2007

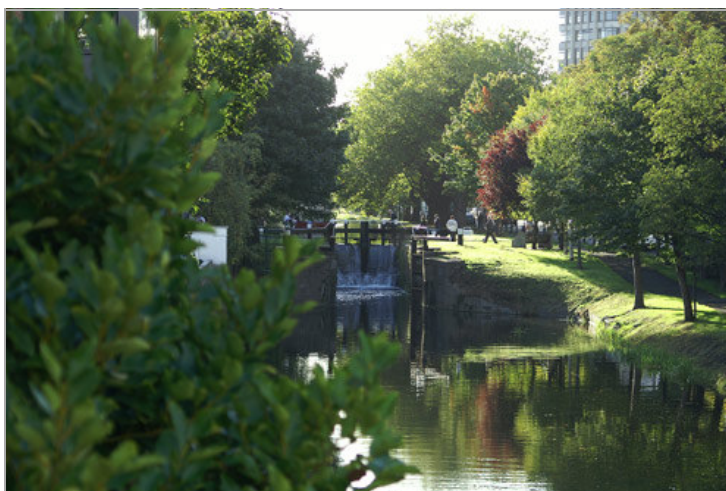


ACBI



ACB

Newsletter of the Association of Clinical Biochemists in Ireland
and the Association of Clinical Biochemists (Republic of Ireland Region)



**ACBI 2007 will be held in the Hilton Hotel
on the banks of the Grand Canal Dublin.**

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From The President: Passing and Renewal

Some thoughts from ACBI President
Dr. Alan Balfe

The beginning of the term of office of a new president is an opportune moment to pause and reflect on the many activities of the Association, on the successes and failures, the strengths and weaknesses, and on the tasks which will require attention in the year ahead. It is useful at this time to remind ourselves of the objectives of the Association as described in the Constitution and Rules:

- To promote the advancement of Clinical Biochemistry.
 - To promote the teaching of and training in Clinical Biochemistry of Scientific, Medical and Technical staff.
 - To foster research, development and high scientific standards in Clinical biochemistry and to arrange lectures, seminars and demonstrations.
 - To maintain and improve standards of advice, interpretation and the efficient use of Clinical Biochemistry in Medical Care.
 - To encourage and promote a Register of Clinical Biochemists in Ireland.
 - To promote honourable practice, to repress malpractice, and to settle disputed points of practice and to decide all questions of professional usage and etiquette.
 - To represent the profession of Clinical Biochemistry in Ireland, both domestically and internationally.
 - To promote the professional interests of Clinical Biochemists in Ireland.
 - To co-operate with other appropriate professional bodies for the furtherance of mutual objectives.
 - To petition the Government and its agencies in the interests of the profession of Clinical Biochemistry in Ireland.
 - To apply for, promote and obtain any Act of the Oireachtas, privilege, concession or authorization of government, state, municipal or other authority to enable the Association to further its objectives, and to oppose proceedings or applications which may be deemed directly or indirectly prejudicial to the interests of the Association.
 - To organize social and other such functions which promote the interests of the Association.
- To do all things incidental or conducive to the attainment of the above objectives.
- This is an ambitious and onerous set of objectives. I

have chosen to list them here to highlight them for us, as a source of inspiration for our efforts, and a benchmark against which to measure our results. The ACBI can be proud of many achievements over the years in the pursuance and fulfilment of these objectives.

The Association has been very well served by dedicated members who have worked on its various committees over the years, with some members working for the Association for very many years. But we cannot be complacent, and leave the tasks to the same willing workhorses year after year. Our efforts must be continually re-vitalised and renewed. There is always the need for new blood, for fresh enthusiasm and new ideas. I am therefore most grateful to those members who responded so readily and positively when I asked them to take on various tasks for the year : to Ruth O'Kelly who agreed to chair the Scientific Committee and to Paula O'Shea, Martin Healy, and Jennifer Brady who agreed to serve on that committee; to Sean Maguire and Eileen Byrne who agreed to join Martin Healy on the newsletter editorial team; to Paula O'Shea who agreed to chair the Education Committee, and to Peadar McGing who continues to serve on that committee; to Ruth O'Kelly, Ned Barrett and Sean Cunningham who accepted co-options to Council for the year; to Sean Cunningham who agreed to continue as representative to the IFCC. I also want to acknowledge Marguerite Mac Mahon and her team at the Mater Hospital who have agreed to take on the organising of our Annual Conference in 2008, and of course Deirdre Deverell and her colleagues in Temple Street who are working away on this year's conference after their excellent achievement with ACBI 2006.

Just before Christmas, we suffered a very sad loss with the sudden death of Council member Des Kenny, Consultant Biochemist at Our Lady's Hospital for Sick Children, Crumlin. Des was a stalwart worker for the ACBI in many capacities for the past 30 years, including three terms as Chairman. Des was a man of many parts, and again we owe our thanks to the following people who accepted the invitation to step into the breach to take on the various roles which Des was fulfilling: to John O'Mullane, our new representative to the EC4, and also to the Joint Working Group on Hospital Laboratory Accreditation where he joins our other representative, Nuala McCarroll; to Tom Smith, our new nominee to the

IEQAS Steering Committee, where he joins our other representative, Ned Barrett; to Maria Fitzgibbon, who accepted a co-option to Council in place of Des. John O'Mullane has also been appointed by the Minister for Health and Children to the Registration Council for Health Professionals. I also want to thank here our representatives on the joint working group who have just completed the task of producing guidelines on Point-of-Care Testing, Helen Grimes and Nuala McCarroll, for their sterling work in what proved to be a difficult task.

Sadly, two other past members of the Association have also recently died. On Good Friday, Paddy Moore, formerly Consultant Biochemist at St. James's Hospital, a founder member of the ACBI and a former Chairman died at the age of 83, after a long illness. It is a tribute to him and the other founders, and to the many members who have worked for the Association over the years, that

we have the thriving organisation which exists today. One of these, former Hon. Secretary of the ACBI Padraic Blake, who had been Principal Biochemist in the Endocrine Laboratory at Beaumont Hospital, died at the end of April after a long illness. Obituaries will appear in the next edition of Clinical Biochemistry News.

I will end now by asking all the members to reflect a little on the objectives of the ACBI, to support Council and the various committees and representatives during the year, to support and participate in the activities of the Association, and to be ready next year and in the years ahead to help in the further renewal and continuance of the work of the Association.

In the literature

Lotito SB, Frei B. Consumption of flavonoid-rich foods and increased plasma anti-oxidant capacity in humans: cause, consequence, or epiphenomenon? *Free Radic Biol Med.* 2006 Dec 15;41(12):1727-46. Epub 2006 Jun 3. Review.

Flavonoids, polyphenolic compounds, have long been known as strong antioxidants. It is in this role that they have been promoted as anti-ageing, free radical mopping agents whose intake in higher than normal doses is beneficial. The above study, however, shows that this is not the case. In vitro, they are indeed strong antioxidants but in vivo they have little or no value in that role. Research has demonstrated that flavonoids are poorly absorbed by the body and most what is absorbed is rapidly metabolised into glucuronides and excreted. Consequently, the concentration of flavonoid metabolites in plasma is very low, yet the reported increase in antioxidant capacity of plasma after flavonoid-rich foods are consumed often greatly exceeds the increase in plasma flavonoids. Subsequently it was shown that plasma antioxidant capacity increased concomitantly with transient increases in plasma uric acid, which is also an important biological antioxidant. So, it was an increase in uric acid levels after consumption of flavonoid rich foods such as apples that was associated with the antioxidant benefit of these foods. This was a surprising finding since apples do not contain uric acid or its dietary precursors, such as inosine or other purines. Further work demonstrated that increase intakes of fructose, found in high concentrations in fruits such as apples, was associated with raised plasma uric acid levels. This is interesting because chronic intake of fructose in refined foods and chronically elevated concentrations of uric acid have a deleterious effect on health. However, there is no evidence that consumption of fructose through ingestion of 'healthy' foods such as apples is harmful in healthy individuals and recent work has shown that uric acid may protect against multiple sclerosis and other inflammatory conditions.

Where does this leave flavonoids? Well, the body sees them as foreign compounds and tries to eliminate them. In doing so, induction of enzymes involved in their metabolism also helps to eliminate mutagens and carcinogens. Flavonoids may also induce mechanisms that help kill cancer cells and inhibit tumour cell invasion. They may also increase the activation of existing nitric acid synthase a key factor in preventing cardiac disease. So keep eating the apples!

(Thanks to Sean Maguire for highlighting this article)

Members' Publications

Duffy MJ. Role of tumor markers in patients with solid cancers: A critical review. Eur J Intern Med; 18 (3): 175-184, 2007.

SJ Thorpe, A Heath, S Blackmore, A Lee, M Hamilton, **S O'Broin** BC Nelson and C Pfeiffer. International standard for serum vitamin B₁₂ and serum folate: international collaborative study to evaluate a batch of lyophilised serum for B₁₂ and folate content. Clin Chem Lab Med; 45(3): 380-386, 2007.

M L Healy, **TP Smith** and TJ McKenna. Diagnosis, Misdiagnosis and Management of Hyperprolactinaemia. Expert Reviews in Endocrinology and Metabolism; 1 (1): 123-132, 2006.

L Kavanagh, TJ McKenna, , MN Fahie-Wilson, J Gibney and **TP Smith**. Specificity and Clinical Utility of Methods for the Detection of Macroprolactin. Clin Chem; 52:1366-1372, 2006.

[If anyone wants to highlight publication of their work they can send details to me at mhealy@stjames.ie]



News

The 26th of March 2007 saw the official launch of the Health and Social Care Professionals Council, the purpose of which is to protect the public by promoting high standards of professional conduct, education and competence. The Council, chaired by Mr Finbarr Flood and consisting of 25 members, will lead to the statutory registration of twelve health and social care professions, including clinical biochemists. A Registration Board will be formed for each of these professions and it will be charged with establishing and maintaining a register of members of that profession. Each Registration Board will comprise thirteen members, six members from the profession and the remaining seven members will be from outside the profession. Dr. John O'Mullane will be the clinical biochemist representative on the Council. The Council will, through appropriate co-ordination and oversight, ensure the consistency and coherence of the system as a whole and will promote uniformity of practice among Registration Boards.

Jenny Hamilton,
Department of Clinical
Biochemistry, Royal
Victoria Hospital
Belfast reports on a
Paediatric Study Day
meeting in Great
Ormond Street
Hospital London.

*“.... it became
clear that
measurement of
VLCFA is more
useful as a
screening tool for
peroxisomal
disorders....”*

Paediatric Study Day – Very Long Chain Fatty Acids

As our laboratory has just obtained a new “toy,” a very bright and shiny Tandem MS, it was decided that a representative from the laboratory should attend the Paediatric Study Day on VLCFA, which was held in Great Ormond Street Hospital. To date, we had been sending samples away to other laboratories for VLCFA analysis, but this has become a costly exercise due to the increase in sample numbers being received by the Regional Paediatric Laboratory in Belfast. This Study Day was to provide a basis for developing the technique in our laboratory using the new Tandem MS. The course was available to members of the paediatric network and the attendees ranged from the totally inexperienced, to experts on the topic.

The first talk delivered by Dr Tony Reynolds was a general introduction describing the metabolism of VLCFA, which set the scene for the subsequent lectures. This talk was perhaps the most vital for those of us who were newcomers to this topic. Professor Peter Clayton then proceeded to give an interesting insight into the clinical manifestation and management of the various peroxisomal disorders, describing numerous cases from his own experience. The final lecture by Dr Ying Foo assessed the techniques available for measuring VLCFA, which evolved into a discussion where the representatives of the various laboratories who measure VLCFA routinely shared knowledge and tips on the best methods available and their pitfalls.

After a buffet lunch, the interpretation exercises began. This session was led by Dr Steve Krywawych and we were given details from several cases to examine and decide on the most likely diagnosis. During this session it became clear that measurement of VLCFA is more useful as a screening tool for peroxisomal disorders, rather than providing a definitive diagnosis. There were several lively debates about the answers to some of the cases, and considerable emphasis was placed upon the need to examine the clinical information as well as the results from VLCFA analysis during interpretation, in order to reach the correct probable diagnosis and decide which confirmatory tests to perform.

The meeting ended promptly and I left London somewhat more enlightened than when I arrived. Hopefully at the next meeting of its' kind, the representative from our laboratory will be able to participate fully in the discussion about how we measure VLCFA.

Des Kenny - An Appreciation

*Consultant Biochemist, Our Lady's Hospital for Sick Children, Crumlin.
Born December 31st 1941; died December 18th 2006.*



Clinical biochemists, and all who knew Des Kenny, were shocked to learn of his sudden death on 18 December 2006.

Des was born in Birmingham on 31 December 1941, the only child of devoted parents from Gorey, Co. Wexford who both died while he was a schoolboy. He qualified with a biochemistry degree from UCD and a Master's degree in Clinical Biochemistry from TCD. He subsequently joined the laboratory at Our Lady's Hospital for Sick Children in Crumlin where he worked for nearly 40 years, rising from trainee to Consultant Clinical Biochemist. A private and

reserved man, he concentrated completely on his scientific work which became the centre of his life. He died suddenly, within two weeks of his formal retirement, on a Monday morning while getting ready for work. There was something fitting about that. Des Kenny made an immense contribution to Clinical Biochemistry in Ireland and further afield.

Des Kenny made an immense contribution to clinical biochemistry in Ireland and further afield. He was a member of the Association of Clinical Biochemists in Ireland (ACBI) which he joined in 1967, and served continuously on its Council for 35 years including three periods as Chairman. Des had two work-based passions; computing in laboratory medicine and quality assurance of hospital laboratories. 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. He was ACBI's representative to FESCC and an Editorial Board member for the European Journal of Clinical Chemistry and Clinical Biochemistry. Within IFCC, he 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 education and mentoring in clinical sciences and medicine. His exceptional contribution to laboratory medicine at the Children's Hospital was described as "irreplaceable" at his funeral. All areas of his life and work were represented there.

We are 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 his death became known, tributes and messages of condolence poured in from colleagues in many countries. Beside his professional skills he was remembered for his friendship and his kindness, his gentle nature, enthusiasm, infectious chuckle and his dry wit. He was an excellent companion

over a beer (whether Irish or European), 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 Des would bring out his tin-whistle and entertain, in public or in private. He will be missed as a scientist but also as a man who brought pleasure and laughter.

It was said at his funeral that “Desmond Kenny was a good man and did good and important work”. So he was, and so he did. There is no better epitaph.

[Mike Hallworth] [John O’Mullane] [Olwyn Lanigan]

Marie Martin - An Appreciation



Her friends and former colleagues in the Biochemistry Department at St. James’s Hospital were deeply saddened by the sudden death of Marie Martin on the 26th of January. A native of Freetown, New Jersey, Marie left the U.S.A. in 1961 to come to Ireland. Armed with a B.S. degree in Biochemistry, she moved from the Mayo Clinic, Rochester, Minnesota, to the Pharmacology Department at TCD where she obtained her M.Sc.

In 1965, Marie went to work as a Biochemist in the Metabolic Unit at the Biochemistry Department at St. Kevin’s Hospital, Dublin, and remained there for the rest of her working life. This Unit, set up by Dr. Victoria Coffey, Consultant Paediatrician, and Professor Paddy Moore, Chief Biochemist, was the first laboratory specialising in the diagnosis of Inborn Errors of Metabolism in the Republic of Ireland. In those early years, there was considerable contact with Dr. Nina Carson, the doyenne of the Inborn Errors service in Belfast. Following the publication of the Fitzgerald Report in 1968, St. Kevin’s Hospital was designated for re-development as one of the major Dublin teaching hospitals, and was re-named St. James’s in 1972.

The Metabolic Unit screened mentally-handicapped children living in residential care for PKU, maple syrup urine disease, homocystinuria and other amino acid disorders, and for the mucopolysaccharidoses. Marie carried out qualitative analysis of serum and urinary amino acids by paper chromatography and the Alcian blue test for urinary glycosaminoglycans. She also determined the lecithin : sphingomyelin ratio in amniotic fluid for the Maternity Unit in St. James’s, using TLC. Publications from the Unit at that time included “A Survey of Inborn Errors of Metabolism in Ireland 1965-1976” in the Irish Journal of Medical Science in 1977, “Screening for Biochemical Abnormalities in the Urine of the Mentally Handicapped in Dublin” in the Journal of Mental Deficiency Research in 1972, and “Argininosuccinicaciduria – a Case Report on a Rare Condition” in the Journal of the Irish Medical Association in 1968. In the early 1970’s another biochemist, the late John Stafford joined the Unit and automated quantitation of amino acid profiles by high pressure ion exchange chromatography on the Locarte amino acid analyser was added to the repertoire. Other biochemists who worked there with Marie for considerable periods over the years were Gerry Cox, Alan Balfe and Asun McGrath. The Unit continued to operate until after Paddy Moore’s retirement in December 1987. By then, the Metabolic Unit at the Children’s Hospital, Temple Street, which had been set up in 1966, had been designated the National Centre for the diagnosis of Inborn Errors of Metabolism. The great pity was that the years of experience and expertise in this field built up at St. James’s was lost, and a way could not have been found to integrate it into the National Centre. The St. James’s Unit’s swansong was the publication in Archives of Diseases in Childhood in 1989 of “Type II Hyperprolinaemia in a Pedigree of Irish Travellers (nomads)”.

By then a Senior Biochemist, Marie spent her last seven working years delivering the HbA_{1c} assay service at St. James’s. She retired in December 1995.

To all who knew her, Marie was characterised by her kindness and honesty. She was very straight and direct in anything she said and did. Paddy Moore’s wife, Mary, has great memories of Marie’s warm welcome for their two

children whenever they came to the lab to collect their father. Marie was a heavy smoker until a health scare at age 62 motivated her to quit. When Mary Brooks, her friend and housemate, died in early 1996 very soon after Marie's retirement, she had to leave her home of many years, a rented house in Terenure, and move to Belgard, something which was very difficult for her. However she enjoyed a happy retirement, and made a couple of visits back to relatives in New Jersey. She continued to keep in contact with her old friends and neighbours in Terenure and they would meet regularly at the Templeogue Inn. Paddy Quigley ensured that she also kept in regular contact with us in the Biochemistry Department at St. James's. We celebrated her 75th birthday last August, and she was out with us for Christmas 2006.

Marie had no family in Ireland. The mourners at her funeral were led by her nephew, Dr. Bill Martin, who had travelled from North Carolina, and included her friends and neighbours, and former colleagues. Marie had Irish forbears, and there was a family connection to the famous "Humanity Dick" Martin of Ballinahinch, Co. Galway, the Irish M.P. of the late 18th and early 19th centuries, who as well as campaigning for Catholic Emancipation, was a pioneer of animal rights. He piloted a Bill through parliament in 1822 to give protection to domestic animals. This became known as Martin's Act, and led to the foundation of the RSPCA in London in 1824, at a meeting attended by Martin. During her life in Ireland, Marie kept a succession of dogs as household pets, and her kindness to animals was a fitting tribute to her illustrious ancestral relative.

[Alan Balfe]

Geraldine Roberts Bequest

Geraldine Roberts, Consultant Biochemist in the Royal Group of Hospitals/Belfast Link Laboratories, who sadly died in 2006, has bequeathed a sum of money from her Estate which will be administered by Mr Brian Sheridan, Head of Service, Belfast Link Laboratories. In consultation with Geraldine's mother it was decided that a fitting tribute would be to use a portion of the bequest to strike a medal in Geraldine's honour. The medal will be presented to the winner of the best poster presented at the ACBI Annual Conference and will be awarded on an

annual basis for a period of ten years. Geraldine was a long-time member of the ACBI and served on Council. She also regularly attended the ACBI Annual Conference. This award reflects Geraldine's commitment to the advancement of the science of Clinical Biochemistry and her encouragement of all grades of staff. The first award will be made at ACBI 2007.

Details and criteria for selecting the winning poster will be published in the next edition of *Clinical Biochemistry News*.

Members' News

Both Sean O'Broin (St. James's Hospital) and Professor Joe Duffy (St. Vincent's University Hospital) were invited reviewers for *Clinical Chemistry*, the journal of the American Association for Clinical Chemistry, in

2006.

Sean O'Broin was also a collaborative participant in a World Health Organisation study on the establishment of an international standard for Vitamin B₁₂ and serum

folate.

Dr Thomas Smith has been nominated by Council to join Ned Barrett as ACBI representative on the IEQAS Steering Committee.

ACBI 2007

Friday 19th - Saturday 20th October

This year's ACBI Annual Conference is once again being organised by Temple Street Children's Hospital. Last year's conference was a big success and the committee, chaired once more by Deirdre Deverell, The venue again is the Hilton Hotel, Charlemont Place, Dublin 2.

Major topics for presentation include:

Renal pathophysiology

The lows and highs of sugar

Molecular medicine

Case Histories.

The usual excellent social events will, of course, also take place.

Call for Case Histories of Interest



The case history section of ACBI 2006 proved very popular and a similar session will be held at this year's conference.

There will be an afternoon session on 'Case Histories' on Sat 20th Oct. An expert panel will lead the discussion. For those interested in submitting a case a brief summary should be sent to the address below. The case should have interesting laboratory findings, that will generate good discussion, and make a demonstrative point. The presentation of cases will require the permission of the patient's Consultant and must be anonymised.

The expert panel will select a maximum of six cases for inclusion in the session. Details of cases fulfilling the above criteria should be sent to:

Deirdre Deverell, Chairperson, ACBI 2007 Conference Committee.

Biochemistry Department, The Children's University Hospital, Temple St., Dublin 1

Tel +353 01 8784724

Fax +353 01 8784670

E-mail: deirdre.deverell@cuh.ie

Stem Cell Research; Scientific and Ethical Issues

An article by Martin Clynes, Professor of Biotechnology, Director National Institute for Cellular Biotechnology, Dublin City University

Differentiated cells throughout the body constantly die and need to be replaced. Most tissues contain stem cells which are usually dormant but which, on exposure to appropriate environmental signals, can divide and differentiate to replace dead or damaged cells. Some stem cells are pluripotent – e.g. the haematopoietic stem cell can give rise to all the blood cell types via a number of more narrowly-committed stem cell lineages, which can generate only a limited repertoire of differentiated cell types. There is currently great interest in using stem cell therapy to repair damaged tissues. Bone marrow recovery before intensive chemotherapy and radiotherapy in cancer, followed by replacement of the bone marrow to regenerate blood cells, is a well-established form of stem cell therapy. More experimental types of adult stem cell therapy are being investigated worldwide including research on cardiac and joint repair at REMEDI in NUI Galway and on ocular and pancreatic stem cell therapy at the National Institute for Cellular Biotechnology in Dublin City University in collaboration with the Royal Victoria Eye and Ear Hospital and Beaumont Hospital respectively.

The stem cells of the very early embryo obviously give rise to all the cell types in the body, and so they are – theoretically at least – totipotent. Stem cell lines established from early animal embryos have been available for research for over 25 years but the first human ES (Embryonic Stem) cell lines were established in 1999. This technology has received enormous publicity in both scientific and popular media, but it seems clear that adult stem cell research is more likely to contribute to treating human diseases at least in the short and medium term. There is some concern that the hopes and fears of people with serious diseases and disabilities have been exploited by over-optimistic claims for the potential of human ES cell therapy.

While much of the scientific establishment and government agencies in many countries favour human ES cell research, many scientists and ethicists have misgivings about the ethical issues involved. The only currently available and reliable methods to generate human ES cells involve destroying early human embryos, which are generated either by IVF or by so-called therapeutic cloning (also known as somatic cell nuclear transfer). Since this process involves premature termination of the life of a new human individual with its own unique DNA programme, many scientists feel that this procedure violates basic human rights. It is not true to say that the only options to deal with left-over IVF embryos are destruction or destructive research; IVF embryos have been successfully donated for adoption (a process permitted by the current Irish Medical Council Guidelines). It is possible that cures could be achieved using either adult stem cell or ES cell approaches and it seems preferable to concentrate research effort on the former area rather than follow a path that might lead to cures which will be based on routine destruction of new members of our own species - something which, for reasons which are unclear, was the majority recommendations of the Irish Commission on Assisted Reproduction.

There is a good free electronic up-date from an Australian Bioethics Organisation. Google Bioedge to find the site. This gives regular up-dates on both and scientific and ethical issues relating to stem cells, cloning etc.

Report of the National Renal Strategy Review Group Expected Shortly

Dr Ned Barrett, Consultant Biochemist, Limerick Regional Hospital represented the ACBI on the National Renal Strategy Review Group. Here he gives a brief outline on the background to the establishment and terms of reference of the Review Group.

The National Renal Strategy Review (NRSR) was commissioned by the Department of Health and Children following the publication of the Health Strategy, *“Quality and Fairness – A Health System for You”* in 2001. The Department envisaged that this review would develop a framework to meet the anticipated growth in demand for renal services.

Dr. Liam Plant, Consultant Renal Physician at Cork University Hospital, was appointed chairman of the NRSR in February 2003. By September 2003, terms of reference were agreed.

The Review Group was asked to advise on: (1) the early detection of renal disease; (2) the development of appropriate services at primary care level; (3) the most efficient and effective configuration of consultant provided services, including renal transplantation, for patients with renal disease; (4) the potential for widening availability of alternative dialysis

treatment programmes to allow patients to manage their dialysis care at home.

The Review Group commenced work on 1st June 2005. The responsibility for the delivery of the NRSR has been entrusted to the Population Health Division of the Health Service Executive.

The NRSR Group completed its report in late December 2006. The report is with the Health Service Executive (HSE). It will be presented to the HSE Board shortly.

The report is expected to make detailed recommendations on the early detection, primary and secondary prevention of renal disease; general nephrology services; end-stage kidney disease services; acute renal failure services; paediatric nephrology services and renal health intelligence.

It is anticipated that clinical biochemistry laboratories will play an important role in the successful implementation of the NRSR Group's recommendations, particularly in the early detection of renal disease. The adoption of the report is likely to have a significant impact on clinical biochemistry services and workloads.

A Summary of the Honorary Secretary's Report presented at the ACBI AGM 2006

During 2005-2006 two longstanding clinical biochemists and members of the ACBI died. John Stafford, retired Senior Biochemist in St. James's Hospital, died last November 2005 and Geraldine Roberts, Consultant Biochemist in the Royal Group of Hospitals/Belfast Link Laboratories in the North died in January 2006.

The biochemists posts remain unfilled in Tallaght Hospital.

The Consultant Biochemist post in St. James's Hospital remains vacant.

The vacant Consultant Biochemist post in the Mater Hospital is being filled in an acting capacity.

Ned Barrett has been appointed Consultant Biochemist in Limerick Regional Hospital.

A Principal Grade Biochemist was appointed to Galway Regional Hospital.

The Principal Grade vacancy in St James's Hospital arising out of Tony McGill's retirement is to be advertised.

The IMPACT/HSE regrading exercise continues with regradings taking place in Beaumont Hospital and St. Vincent's Hospital.

During the year Orla Maguire kept Council up to date on developments in the Benchmarking 2 process. This will focus on pay issues. Each group will be asked to make a presentation to the body.

This year also saw the implementation of a National Pathology Review Group whose remit was to examine Pathology Services in the State. Sean Cunningham is a member of the Steering group established to advise the Review Group on terms of reference for the process.

Ned Barrett was appointed Chair of the Education and Training Committee and he was assisted by Paula O'Shea. Peadar McGing and Rachel Cullen will organise tutorials for the MRCPATH training group. Trainees who are full members of the ACBI, who are employed in a biochemist post, and who have a record of attendance at the tutorials will be eligible for funding from trainees grants.

ACBI 2005 was held last year in the Castleroy Hotel, Limerick. Council thanked Ned Barrett and his committee for their efforts. ACBI 2006 is being organised by Temple Street Hospital, Dublin with Deirdre Deverell chairing the organising committee. They have also agreed to organise ACBI 2007 which will be the 30th Annual Conference.

The annual ACB (NI)/ACBI scientific meeting took place in Belfast on the 24th of March 2006. The meeting

was organised by Dr Mark Lynch of Altnagelvin Area Hospital. The meeting was of the usual high standard and everyone enjoyed the trip.

ACB (R of I Region) organised 2 scientific meetings with input from ACBI members (January and August 2006).

The HSE have set up a number of expert advisory groups. Helen Grimes and Ned Barrett are members of the Emergency Medicine and Diabetes groups respectively.

Ned Barrett has been involved in the national roll-out of eGFR. Ned is a member of a committee chaired by Dr Liam Plant (Cork University Hospital) looking at issues related to eGfr and its implementation.

The scientific committee has commenced work on a booklet entitled Biochemical Aspects of Fluid Analysis.

Mr. Rowland Reece continues to represent the ACBI on the Irish Expert Body on Fluorides and Health which was set up by the DoHC in 2004 to implement recommendations of a previous forum on fluoridation. This body has representatives from Dentistry, Oral Health Research, Public Health, Environmental Agencies, FSAI, Paediatrics, Clinical Biochemistry and HSE.

Two editions of the newsletter, *Clinical Biochemistry News*, were published in 2006.

Des Kenny represented the ACBI at a number of meetings on standardisation issues including Working Group meetings to discuss updates of the ISO15189 standard and the ISOTC212WG1 standard (quality and competence in the laboratory

Des Kenny and Nuala McCarroll represented the ACBI on the joint Working Group dealing with accreditation issues in the Republic. At European level Des Kenny attended a meeting of EA – the European Co-operation for Accreditation which is the association of the national accreditation bodies.

IEQAS moved to new headquarters in Rathfarnham, Dublin.

IEQAS is organising a QC scheme for labs providing eGFR calculations.

The establishment of a Registration Council was passed into law by the Oireachtas in 2005.

The interim Provisional Register, set up by the ACBI, will continue to function until individual Registration Boards are set up.

-Martin Healy