



European Union of
Medical Specialists
Section of Laboratory Medicine/
Medical Biopathology



EFLM
EUROPEAN FEDERATION OF CLINICAL CHEMISTRY
AND LABORATORY MEDICINE



10 - 13 OCTOBER 2018

“LABORATORY MEDICINE AT THE CLINICAL INTERFACE”

TITANIC BEACH LARA HOTEL, ANTALYA – TURKEY

Under the Auspices of



**The
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Başöğretmen Caddesi
Mor Orkide Sokak No:3
Küçükbakkalköy, Ataşehir/ İstanbul

Phone : +90 (216) 594 58 26
Fax : +90 (216) 594 57 99
E-mail : info@eflm-uems-antalya2018.org

Dear Colleagues,

You can now register online for “5th EFLM-UEMS European Joint Congress in Laboratory Medicine”. And do not miss the last abstract submission deadline, it has been extended to June 30th. In the third issue of our newsletter, we bring together with you, Prof. Michael Neumaier and Prof. George D. Lundberg as our keynote speakers.



I look forward to welcoming you all in Antalya, October 10-13, 2018.

*Prof. Ozkan Alatas
Chair Congress Organizing Committee
President of Turkish Society of
Clinical Biochemistry*

The Patient-focused Laboratory

George D. Lundberg

Chief Medical Officer, Self Care Catalysts
Editor in Chief, Cancer Commons
Editor at Large, Medscape
Executive Adviser, Cureus
Consulting Professor of Pathology and Health Research and Policy, Stanford
President and Chair, The Lundberg Institute
Editor in Chief, Curious Dr. George Blog



Clinical laboratories work for patients. Their organization and management should always bear that first in mind. When a patient gets sick, it does not matter what day of the week or time of day it is. Laboratories should be organized to maximize the clinical usefulness of test results for action.

The frequency with which a lab test can be performed varies from never to constant monitoring of all parameters. Which lab tests should be done? How quickly should the results be available.

This presentation will address why physicians order laboratory tests, when the critical laboratory value came to be recognized, and how the brain-to-brain laboratory test loop came into existence.

Patient focus committees and modified delphi balloting can be useful techniques to establish best practices.

Plasma diagnostics of cell-free nucleic acids in malignant disease: towards actionable health information in Laboratory Medicine

Michael Neumaier

EFLM President

Institute for Clinical Chemistry,
Medical Faculty Mannheim of Heidelberg University,
Mannheim, Germany



The detection of malignant disease has been among the most daunting challenges for Laboratory Medicine for a number of reasons. To acknowledge the importance of the recent analytical developments, one needs to appreciate the methodological capabilities available in routine diagnostic health care so far.

Traditionally confined to the phenotypic analysis in blood and bodily fluids, laboratory diagnostics had to rely on surrogate markers as defined by monoclonal antibodies since the 1980s. The vast majority of these markers are normal tissue differentiation antigens - mostly proteins - and are by no means “tumour-specific”, but rather “tumour-associated” and thus are not recommended for early and primary diagnosis. Importantly, no markers exist in Laboratory Medicine to assess tumour variability, dignity and tissue of origin, internal micro heterogeneities and dynamic biological properties, the tumour’s different metastatic capacity or ability to lie dormant for years.

Irrespective of the limitations of phenotypic analysis, all tumours feature molecular defects for the initiation of malignant growth and progression of systemic disease. With the advent of Genomics and functional Genomics, these defects are routinely being investigated by the Molecular Pathologist as specific genomic footprints in the tumour tissue.

Recent advances in molecular methods now allow the identification of these tumour-specific genetic footprints in blood and bodily fluids, thus changing the tables for Laboratory Medicine. As genetic defects constitute potential targets for new biomolecular therapies e.g. antibodies or small molecules, the molecular tumour profiles of circulating tumour-derived cell-free nucleic acids in blood (liquid profiling) represent actionable health information with direct impact for clinical decision-making. There is a rapidly increasing body of literature demonstrating the implications of liquid profiling (aka liquid biopsy) for therapeutic decisions, early detection of therapy failure due to escaping mechanisms. Very recently, the combination of proteomic approaches in combination with the detection of circulating tumour-DNA has been suggested for early primary diagnosis and possibly for screening for some cancers (1). Interestingly, the “protein diagnostic arm” in this study really represented well-known classical serum tumour markers like CEA, PSA, CA-125 and others.

The presentation will focus on the systematic principles, recent analytical advances and their implications and the potential that a combined genotype/phenotype strategy may have for future improved cancer diagnostics in Laboratory Medicine.

Literature

Cohen JD et al. Science (2018); 359 (6378), 926-930

You Can Register and Book Your Hotel Now Online!



Online registration is the quickest and easiest registration method available to you – you will automatically receive an email confirmation and you will be able to re-enter the system at any time to make changes.

CLICK HERE TO
SUBMIT YOUR ABSTRACT

We would like to remind you that abstract submission is already open at: <http://eflm-uems-antalya2018.org/>

Deadline for abstracts submission has been extended to: June 30th 2018

Guidelines for authors:

<http://eflm-uems-antalya2018.org/abstract-submission-2/>



A STAR ALLIANCE MEMBER 



Aspendos Amphitheater, Antalya, Turkey

Turkish Airlines is the official airline of “**5th EFLM-UEMS European Joint Congress in Laboratory Medicine**” and special discounts are offered on certain booking classes. In order to proceed with the online booking tool for Turkish Conventions please visit the Turkish Conventions website <https://www4.thy.com/TKC/app/main?language=en> and use the event code “**008TKH18**” under delegate section.