

## Living a Long Time in Good Health in Europe

by Dr. Bernard Gouget

SFBC-EFLM Representative; IFCC Treasure;  
Secretary General, International Francophone Federation  
of Clinical Biology and Laboratory Medicine (FIFBCLM)

Europe boasts one of the best life expectancies in the world, but this is without taking into account the degree of disability of the elderly. Monitoring the European Healthy Life Years (HLY) disability-free life expectancy (LE) indicator shows that living longer does not necessarily mean living in health. Although life expectancy is steadily increasing in the European Union countries, living longer is not always synonymous with aging well. Knowing until what age a person really lives in good health is a completely separate question, which makes sense in the context of living in an increasingly degraded environment.

The European Joint Action on Healthy Life Years / European Health and Life Expectancy Information system (JA.EHLEIS) made public the latest data concerning life expectancy and Healthy Life Years in the 27 EU countries during its last annual meeting in Paris.

In 2009, men in the European Union (EU27) could expect 61.3 Healthy Life Years, representing almost 80% of their life expectancy ([www.news-medical.net/health/Life-Expectancy-What-is-Life-Expectancy.aspx](http://www.news-medical.net/health/Life-Expectancy-What-is-Life-Expectancy.aspx)) at birth of 76.7 years. Women could expect 62 Healthy Life Years, 75% of their life expectancy at birth of 82.6 years in 2009. In 2010, Sweden had the longest life expectancy at birth (79.6 years) for men in the European Union and Lithuania the shortest (68 years). Swedish men also had the most (71.7 years) with men in the Slovak Republic having the least (52.3 years), a gap of almost 20 Healthy Life Years. Again Sweden had the highest proportion of years lived without disability (HLY/LE) in 2010 with 90% of life expectancy without limitations in usual activities.

France and Spain had the longest life expectancy at birth (85.3 years) for women in the European Union and Bulgaria the shortest (77.4 years), a gap

of nearly eight years. In 2010, Malta had the highest Healthy Life Years (71.6 years) for women and the Slovak Republic the lowest (52.1 years). In the short time period 2008-2010, again Lithuania experienced the largest gain in Healthy Life Years in women (2.4 years).

Concerning the differences between men and women, while the gap in life expectancy between men and women was around 6 years (5.9 years) in the European Union in 2009, the gap in Healthy Life Years was less than one year (0.7 years). Thus the proportion of years lived without disability was 5 percentage points lower for women compared to men (75% vs. 80%).

In 2010, Lithuania had the largest gap in life expectancy between men and women (10.9 years) and Sweden the smallest (4 years). Lithuania had also the largest gap in Healthy Life Years (4.6 years) and the Slovak Republic the least (0.2 years). When these two measures are looked at in combination, Portugal had the largest gap in the proportion of years free of disability (HLY/LE) between men and women at almost 9 percentage points and Bulgaria the smallest gap at around about 3 percentage points.

However, in all European countries women live longer than men live and spend a greater proportion of their lives with disabilities. Differences in Healthy Life Years between men and women are much smaller than differences in life expectancy and in 7 cases out of 27, men experience a slightly more Healthy Life Years than women. This was indeed the case in 2009 for Belgium, Denmark, Italy, The Netherlands, Portugal, Spain, and Sweden, a significant number of western European countries.

France, which had the longest female life expectancy in 2009, occupies the 10th place in terms of Healthy Life Years, illustrating a case



where long life does not coincide with a low report of activity limitation. French men occupy respectively the 8th place (out of 27 MS) in terms of life expectancy and 11th place for Healthy Life Years with respect to 2009 values.

Why are Healthy Life Years particularly low in France? Several factors could explain this French paradox. It appears that in countries where life expectancy is already high, gains in life years take place at the oldest ages, when a large proportion of people are frail. It is recognized that culture influences the age of becoming dependent. Preventing cardiovascular diseases, promoting physical activity in maturity and even old age, the quality of the diet, and maintaining social activities also play a major role. But what about prevention among disadvantaged populations?

These data strongly shade the great hope raised by extending life. Too often, this increase is considered as irrefutable proof that our lifestyle, however disastrous for the environment and therefore for our health, is the best that humans can hope for. In fact, the environment in many countries is in a sad state: the water is polluted, the air is unhealthy in urban areas, biodiversity continues to decline while rural areas are massively contaminated by pesticides. At the same time, aberrant industrial exploitation of the living leads to health scandals. People are increasingly exposed to carcinogenic chemicals, while our behavior is clearly not improving, continued physical inactivity and addictions. As such, Europe is the continent where the most people die of tobacco use and where the most alcohol is consumed. Also numerous are so-called emerging illnesses, and cancers are constantly increasing. There are many causes, but only 5% to 10% have an endogenous cause (genetic alteration). The others, that is to say 90% to 95% of cancers, are linked to exogenous causes, meaning the environment in the broad sense. This includes lifestyle (smoking, alcohol, physical inactivity, dietary habits, sun exposure, etc.) and exposures to environmental factors, such as chemical, physical, and infectious agents in the general and workplace environment.

Disability-free life expectancy is therefore a valuable indicator to understand better the conditions of our end of life and to put an end this blind optimism: living longer does not necessarily mean living one's old age in good health and this changes everything. Maintaining life at all costs and enjoying it are two completely different conditions. This study represents great progress due to its large scale. It must serve the ambitions of European health authorities who want to increase the life expectancy of the population by 2020. It leads to political actions to push back the age of becoming dependent as far as possible. It even leads to providing the necessary structures and jobs to encompass the inevitable dependencies. The EU, which has proven its expertise in the curative sector, may also ask itself about efforts to provide preventive measures and about the merits of real education of patients as well as young people as they enter school. The JA.EHLEIS aims to establish a Europe-wide surveillance in order to understand the differences among countries and to increase life expectancy in Europe two years by 2020. This is also a way to challenge the authorities to improve the quality of life of older people. And as Dr. H Nakajima, former WHO General Director states: "Increased longevity without quality of life is an empty prize. Health expectancy is more important than life expectancy."

## EuroMedLab 2013 Preliminary Program Announced

The Preliminary Program has been just printed and it is ready to be spread all over the world. You can download your own copy directly from the homepage.

### Registration now open

The Congress is approaching and we invite all those who like to register to proceed with their registration. We invite you to visit the "Registration" section and follow the instructions: you will find an easy way to

register to the congress and enjoy the early registration discount available for those people who submit their registration by March 31, 2013.

### Submit your abstract

The Online Abstract Submission System is now active. Please note that abstracts can be submitted via the Internet only.

For a correct submission of your abstract, we recommend to strictly abide to the instructions published on the appropriate web site section: we advise you to download the instructions file in advance and prepare your abstract offline because you will be asked to upload the complete file to finalize the on-line submission procedure.

### Key dates

- November 15, 2012, 18:30 CET: Deadline for abstract submission
- March 31, 2013: Deadline for reduced registration fees
- May 19-23, 2013: EuroMedLab Milan 2013 Congress



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## Lab Tests Online Meeting in Rome Charts Further European Expansion

by Shweta, Kulkarni, European Diagnostic Manufacturers Association (EDMA) Brussels

The economic crisis has ushered in an era of austerity in virtually every aspect of contemporary society. Needless to say, healthcare has hardly been spared from the cuts by means of public spending and national budgets. Yet to ensure sound healthcare expenditure, wise investment will provide concepts, tools, techniques and strategies rather than random or haphazard cuts to the future of healthcare. Online tools to provide health literacy have thus gained importance as they provide patients with accurate and reliable information that help better understand disease prevention, monitoring and treatment. In turn, this carries the potential of reducing the strain of healthcare costs-on both individuals and the state-throughout the EU, as higher awareness can lead to the reduction of lifestyle-related diseases and preventable complications.

### Responding to the demand for reliable diagnostic information

The Lab Tests Online initiative has become one such valuable tool for the promotion of health literacy in the context of laboratory testing. As a patient-centric, peer-reviewed, and noncommercial platform, it is the premiere resource for patients seeking to obtain information on screening, health conditions, and the diagnostic tests that they may require. It also provides news and research articles related to laboratories, how they work, what they do, and what impact they have on patient outcomes.

### Advancing traditional doctor-patient communications

The website, which was initially launched in the United States in 2001 by the American Association for Clinical Chemistry (AACC), has since grown into a communication success. It has branched out to include local information for 16 countries and in 13 languages in order to help answer the call of doctors, patients and their families of facilitating the localization of information on laboratory testing. All of the national Lab Tests Online websites are certified by the Health on the Net Foundation (HON)-an international nonprofit organization working to promote the publication of useful health information online and providing guidelines to ensure reliability.

### Improving health through health literacy

The Lab Tests Online sites supply the public with an ethical service by giving them clear and reliable informa-



Photo: Representatives from 12 EU countries, during the last LTO ICC meeting in Rome.

tion to facilitate understanding of testing procedures. When patients have an awareness of what tests are used for and how they work, they are more likely to ask the "right" questions of their doctors and express specific concerns, factors that the medical community considers to be conducive to correct diagnosis and treatment. The reviews, recommendations, and awards that the websites receive have made it clear that the Lab Tests Online project is filling a niche that patients appreciate and offers information that has long been sought after-all in one place.

### Bringing together cross-border interactions

Beyond the patient empowerment that the initiative grants to users, it also performs a service to patients seeking medical services beyond their home country, but in their mother tongue. Lab Tests Online/Spain, for instance, has become a pillar for Spanish-speakers living abroad when they are in need of explanations or guidance regarding their healthcare. This is possible thanks to the overlap between some countries in the types of tests that they provide. Specifically, a Spaniard living in Romania is getting a test that is also available in Spain; she can attain more information in her mother tongue through Lab Tests Online. The website's reliability with users even earned it the Web Médica Acreditata, awarded by the Medical Association of Barcelona, in recognition of the websites adherence to their high standards of quality.

During the last LTO ICC meeting that took place in Rome on July 9,

2012, representatives of 12 EU countries held discussions on the EU traffic, the evolution of the Engitel platform, evaluated their national site, and reviewed new guidelines and features in development. As the European

healthcare industry continues to grow more cohesive, the Lab Tests Online initiative will follow suit and provide more opportunities for cross-border interaction that serves both citizens and the healthcare community.



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## MESSAGE FROM THE PRESIDENT by Dr. Ian Watson, EFLM President

**E**FLM/EC4 consulted member societies last year on the most appropriate descriptive name for our profession, the outcome was to use the term "Specialists in Laboratory Medicine."

The adoption of this descriptive title for our profession has important implications for our profession because of the evaluation and revision of the Directive 2005/36/EC of the European Parliament and of the Council on the recognition of professional qualifications.

The document proposed by the European Commission to the European Parliament was published on December 19, 2011 – COM (2011) 883 final 2011/0435(COD) – for discussions and amendment proposals, and will be published by the end of

2012 (attached is the agenda of the Parliament).

We are very happy to have obtained the principal of "common training," (harmonization of education = free movement) similar to the "common platform" (establishing the differences = compensatory measures). But, to be able to propose "common training", a profession must have a name. It is written in the draft Document Page 42 §4:

"4. Member States shall notify to the Commission the professional title to be acquired in accordance with the common training framework referred to in paragraph 3."

If the Member States do not notify the same name, we will never succeed to propose "common training." It is therefore essential for progress that the profession adopts the descriptive name "Specialist in Laboratory Medicine" and to use this term whenever describing the profession at National level.

The board of EFLM, through Simone Zerah who

attends all meetings in Brussels, is following very closely the evolution of this crucial subject. We are preparing the amendments important for our profession, as the role of the professionals.

With the agreement of National Societies and with this vote on our professional name we logically need to move to including Laboratory Medicine in the title of our National Societies, as this is a first stage in a two-step process to enable us to progress recognition of the profession under a common-training framework.

This will be the main topic of the EFLM General Assembly in Dubrovnik on October 12, 2012.

We will need all the help of the National Societies to do lobbying at the Parliament level (attached are the names of the rapporteur and "shadow rapporteurs").

We will come back to you. Do not hesitate to ask questions.

Kind regards

## Memorandum of Understanding for Collaboration Between EFLM and ESPT

**A** Memorandum of Understanding has been prepared to define a collaborative working relationship between EFLM and the European Society for Pharmacogenomics and Theranostics (ESPT), to foster the cooperation and to advance Clinical Laboratory Medicine. The ESPT is a nonprofit organization, whose aims are to promote the education and research in pharmacogenomics and

theranostics, to ensure the high standards in their application to clinical practice for improving the delivery of medicines, to provide a scientific basis for official recommendations and to provide education materials for patients, clinicians and all health workers. For further information the document is downloadable at the following link: <http://efclm.eu/downloads> (section: Agreement).

## New President Takes Helm at Croatian Society

**A**fter 13 successful years of the Croatian Society of Medical Biochemistry under the Presidency of Elizabeta Topic, the society has elected its new President. Newly appointed President is Ana-Maria Simundic, who is also currently serving the role of EFLM Executive Board Secretary

and chair of the EFLM Working group for Preanalytical phase (WG-PA). Moreover, Croatian Society of Medical Biochemistry has changed its name in accordance with the EFLM recommendation into Croatian Society of Medical Biochemistry and Laboratory Medicine.

## New Type of EFLM Affiliation: Young Membership

**T**he EFLM Executive Board has invited National Societies to send nominations, in order to strengthen the role of Young Scientists within its Working Groups. The number of Full Members' positions within each EFLM Working Group has been enlarged to enable Young Scientists to take part in the WG activities.

A large number of nominations were received and the selected candidates are as follows:

**Cardiac Markers (WG-CM):**

Christopher Duff (UK); **Biological Variation (WG-BV):** Federica Braga (IT); **Guidelines (WG-G):** Shivani Misra (UK); **Test Evaluation (WG-TE):** Philip Monaghan (UK); **Pre-analytical Phase (WG-PA):** Michael Cornes (UK); **Congresses and Postgraduate Education (WGCPPE):** Andjelo Beletic (SRB); **Distance Education and e-Learning (WG-DE):** Darya Kisilichina (RU); **Accreditation and ISO/CEN (WG-A/ISO):** Kanella Konstantin角度 (GR).

**BCLF 2012 BELGRADE MEETINGS**

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Helen Andrus Benedict Professor of Surgery (Biomedical Engineering), and Health Sciences and Technology, Harvard Medical School; Massachusetts General Hospital (MGH)



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Department of Chemistry and Biochemistry  
The Florida State University  
1996 Nobel Prize in Chemistry



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## News from EFLM Working Groups

### Working Group: Preanalytical Phase (WG-PA)

The pre- and post-analytical phases of the laboratory testing process are now widely recognized as the major source of laboratory errors. Preanalytical errors are the most common and account for up to 2/3 of the total number of errors. The risk for errors in the laboratory testing process quite is underestimated in the everyday clinical practice. To reduce the error risk, important steps are to increase the awareness of the importance of the preanalytical phase in the total testing process and recommend guidelines for the best preanalytical practices. Efficient indicators and educational tools should be provided in order to implement the best preanalytical practices. For this reason, a new EFLM WG was created under the Chairmanship of Prof. Ana-Maria Simundic (Croatia). This WG will focus their work on the following:

1) To promote the importance of the quality of the

- preanalytical phase of laboratory medicine;
- 2) To define the best practices and provide recommendations for some critical activities in the pre-analytical phase;
  - 3) To design and validate questionnaires for assessing the current practices related to some preanalytical variables;
  - 4) To conduct surveys using validated questionnaires with the aim to assess the current preanalytical practices;
  - 5) Organize symposia, workshops, webinars, or training courses on preanalytical phase issues. One of the main future activities of this WG will be to organize the 2nd EFLM-BD Conference on preanalytical phase, during March 1-2, 2013, in Zagreb (Croatia).

### New Task and Finish Group: TFG on Critical Results (TFG-CR)

EFLM and AACB (Australasian Association of Clinical Biochemists) recognize the added value of

working together to foster cooperation and to advance Laboratory Medicine. To formalize this cooperation a joint Task-and-Finish Working Group on Critical Values (TFG-CV) has been established for a 2-year period. Action points that are of mutual interest to both parties are:

- 1) To expand the recent Australasian survey on critical values management to Europe;
- 2) To publish results of the European survey of critical value management jointly with AACB;
- 3) To develop joint recommendations on best laboratory practice for communicating critical results;
- 4) To perform a European survey on what critical result management procedures and policies laboratories have and how critical values are established and used in European laboratories.

- Chair: Éva Ajzner (HU) (ajznereva@josa.hu)
- Members: Kristin Moberg Aakre (NO)  
Craig Campbell (AU)
- Advisor: Andrea Rita Horvath (AU)

## Travel Grants for EFLM-Sponsored Events: How to Apply

by Silvia Cattaneo, IFCC Office Staff Member

### EFLM-UEMS Congress (Dubrovnik, Oct. 2012)

Travel grants are available to contribute to your travel and accommodation expenses.

Eligible candidates must come from EFLM Member Societies (only one applicant per country will be selected) and meet following criteria:

- 1) Young participants (<35 years on October 1, 2012),
- 2) Applicant must submit a poster and poster should be accepted by the Scientific Committee.

Travel grant requests have to be sent to [info@dubrovnik2012.com](mailto:info@dubrovnik2012.com)

Applications must be accompanied with:

- 1) Short CV;

- 2) List of publications;
- 3) Letter of recommendation from national society president;
- 4) Notification of poster acceptance.

Preference shall be given to the candidates with more publications. Quality of papers will be taken into account.

### 12th EFLM Continuous Postgraduate Course, (Dubrovnik, Nov. 2012)

The 12th EFLM Continuous Postgraduate Course in Clinical Chemistry entitled "New Trends in Classification, Diagnosis, and Management of Gastrointestinal Diseases" will take place in Dubrovnik, Croatia on November 10-11, 2012, .

The EFLM will award 10 travel grants to young participants.

The grants will cover the costs of travel and accommodation expenses up to 500 EUR. Candidates must come from a European country and must be younger than 35 (born after November 10, 1977). Please submit your travel grant application online ([www.dubrovnikcourse.org](http://www.dubrovnikcourse.org)), accompanied with the following:

- 1) Scanned copy of the Passport (proof of the age of the applicant);
- 2) Letter of support from your National Society, signed by the president of the society (scanned copy);
- 3) Short CV with a list of publications.

The postponed application deadline is October 1, 2012. All applicants will be notified of the results by e-mail, latest by October 10. Further information on the Course is available at [www.dubrovnik-course.org](http://www.dubrovnik-course.org)

### EuroMedLab Milan 2013 (Milan, May 2013)

Information about Milan bursaries is available at the following link [www.milan2013.org/pages/bursaries.php](http://www.milan2013.org/pages/bursaries.php)

### IFCC Professional Exchange Program

IFCC offers a small number of scholarships each year to facilitate professional exchange programs for young scientists. The purpose of professional exchange programs is to:

- Promote international cooperation between laboratories
- Facilitate the exchange of young laboratory scientists between IFCC Member societies;
- Share high level scientific or management skills;
- Introduce new or improved scientific or management skills to the applicant's laboratory;

IFCC has developed two categories of professional exchange program:

- Professional Scientific Exchange Program (PSEP);
- Professional Management Exchange Program (PMEP)

Further information as well as the application forms are available at the following link [www.ifcc.org](http://www.ifcc.org)

Please do not hesitate to contact us for further information.

### Invitation: 2nd EFLM-BD European Conference on Preanalytical Phase (Zagreb, March 1-2, 2013)

After last year's successful meeting in Parma, Italy, it is with great pleasure that we now announce the 2nd EFLM-BD European Conference on Preanalytical Phase to take place in Zagreb, Croatia on March 1-2, 2013.

Scientific Program and Abstract Submission are available at [www.preanalytical-phase.org](http://www.preanalytical-phase.org)

We especially encourage you to submit posters presenting preanalytical case studies, but other preanalytical

topics are also welcome. Abstract submission deadline is December 1, 2012.

Rooms are available at the Westin Hotel at special conference rates for those who make their reservations prior to the end of November.

To help with the promotion of the event, we would be very grateful if you could post the conference announcement on your society's website.

We look forward to see you in Zagreb next year!

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