As June nears closer, this will be the last article counting down the days until we welcome everyone to Saint John, NB for the 2019 CSCC Meeting. For the last installment of this countdown series, I’d like to share some of my favorite restaurants, shops, and other locations with members, as I hope everyone will have some free time to explore this wonderful city that I call home.

Saint John is located in the southern part of New Brunswick, which is Canada’s only official bilingual province. It is the largest city in the province with a population of approximately 67,000 (which I’m sure sounds small to the majority of you coming from much larger cities across the country!). But, what it lacks in population, it makes up for in charm. The uptown core, where the conference will be taking place, is ripe with history, a thriving arts community, beautiful brick buildings and some of the best restaurants in the country (Port City Royal was ranked #2 in 2015!) all set against the backdrop of the Atlantic Ocean. Furthermore, you will not find people more proud of what the city has to offer and where they come from than Saint Johners.

In terms of restaurants, Saint John has something to offer everyone, no matter your preference or dietary restrictions. Some of my favorites include:

Vegolution
26 Germain Street, www.vegolution.ca
Vegolution is the newest restaurant to hit the food scene in Saint John and is the city’s first vegetarian/vegan restaurant. I am convinced that one meal here can turn even the most die-hard meat eaters into a lover of vegetarian cuisine.

Port City Royal
45 Grannan Street, www.portcityroyal.com
Named the second best new restaurant in all of Canada in 2015, Port City Royal has solidified itself as one of the best restaurants this city has to offer. Self-described as a restaurant seeking to interpret the old in a fresh way, it offers some incredibly unique menu items and not to mention some of the best cocktails in the city!

East Coast Bistro
60 Prince William Street, www.eastcoastbistro.com
This restaurant serves a wide variety of menu items to suit everyone’s palate. For those looking for seafood, they have a “Fresh from Fundy” section on their menu that will not disappoint.

The Robertson Restaurant at Shadow Lawn Inn
3180 Rothesay Road, www.shadowlawninn.com
This is by far my favorite restaurant in the greater Saint John area. Although it’s actually located about 15 minutes outside of the uptown core in the picturesque community of Rothesay, it’s definitely worth the drive for those who will have vehicles on site. Owned by Jamie and Mary Ann Gallagher, this historic inn and restaurant is over 150 years old and has the best service and food in the area, hands down.

Submitted by Dr. Jennifer Shea, Co-Chair CSCC 2019

Continued on Page 2
Continued from Page 1

Other notable restaurants worth checking out include the **Saint John Ale House** (1 Market Square), **Italian By Night** (97 Germain Street), **Britt’s Pub and Eatery** (42 Princess Street), and **Pomodori Pizzeria** (34 Canterbury Street).

If you’d like to cap off your meal with a drink (be it caffeinated or alcoholic), I’d suggest checking out one of these places:

**Happinez Wine Bar**  
**42 Princess Street, www.happinezwinebar.com**

Happinez is an intimate wine bar that feels like a wine cellar. The staff are incredibly knowledgeable and can help you pick out the perfect wine to enjoy after eating at one of the restaurants listed above.

**Rogue Coffee**  
**36 Grannan Street, facebook.com/roguecoffeensj**

Another new addition to the Saint John scene, Rogue is owned by the husband and wife team of Mike and Vanessa Duncan. These two take their coffee VERY seriously and as a result, serve some of the best coffee the city has to offer. And for those with Celiac Disease or gluten sensitivities, their gluten free treats can’t be beat!

**Picaroons General Store**  
While I’m not much of a beer drinker, my husband swears by this place so I’d be remiss not to include it on my list. Based out of Fredericton, NB, they recently opened a pub in uptown Saint John that serves a variety of craft beer.

Keeping with the food and drinks theme, I would also encourage everyone to visit the **Saint John City Market** during their stay here. It’s the oldest continuously run farmer’s market in the country with a charter dating from 1785. The market is open six days a week and offers a unique shopping experience for visitors including lots of fresh food, produce, baked goods, and local arts and crafts.

Speaking of shopping, I would also suggest checking out these boutiques that each feature carefully curated items that will leave you wishing you had brought an extra suitcase to bring your goodies home!

**Tuck Studio**  
**122 Prince William Street, www.tuckstudio.ca**

Owned by Judith Mackin and located in the historic Trinity Royal District, Tuck Studio is THE design and decor destination in Saint John. Judith carefully selects each piece that is sold through Tuck and is a huge supporter of the local arts community. You will find the work of many local artists displayed throughout her store.

**Backstreet Records**  
**124 Germain Street, www.backstreetrecords.blogspot.com**

The late Stuart MacLean, of CBC’s Vinyl Café, called this place one of the best music stores in the country.

Although there are many shops worth visiting while in Saint John (too many to list in just one article), I would also suggest checking out **Lordon** (20 King Street), **Boutique Zekara** (101 Prince William Street), **The Feel Good Store** (89 Germain Street), and **Handworks Gallery** (12 King Street).

Aside from eating and shopping, there are plenty of other things to see and do here. I would suggest taking in the **NB Museum**, which is located just a short walk from the hotel in Market Square. Whale sightings are guaranteed all year long here as the museum is home to the **Hall of Great Whales**, which is where the opening reception for the conference will be held. For outdoor enthusiasts, **Rockwood Park** and the **Irving Nature Park** offer plenty of hiking trails, beautiful scenery, and lakes for swimming. And for those with an adventurous spirit, you may also want to check out the skywalk at the **Reversing Falls Rapids Tourist Centre** that provides a great view of the phenomenon created by the collision of the Bay of Fundy and Saint John River.

I hope that this article listing my favorite places in Saint John will be helpful to you during your stay here. And if you want any further recommendations or have any questions, I’d be happy to answer them!
CACB is pleased and honored to announce that Professor Eleftherios P. Diamandis, MD, PhD, will receive the 2019 CACB Award for Outstanding Service to the Profession of Clinical Biochemistry. This award recognizes an individual who has made unique contributions in laboratory medicine and had a worldwide impact in clinical medicine.

Dr. Diamandis currently serves as Division Head of Clinical Biochemistry at Mount Sinai Hospital and Biochemist-in-Chief at the University Health Network and is Professor & Head, Clinical Biochemistry, Department of Laboratory Medicine and Pathobiology, University of Toronto, Ontario, Canada. His research activities revolve around discovery and validation of cancer biomarkers, proteomics, mass spectrometry and translational research.

Dr. Diamandis received his B.Sc. in Chemistry, Ph.D. in Analytical Chemistry and M.D. from the University of Athens, Greece and a Diploma in Clinical Biochemistry from the University of Toronto, Canada. He is a Certified Clinical Chemist by the Canadian Academy of Clinical Biochemistry and the American Board of Clinical Chemistry.

Dr. Diamandis is or has been a Member of 45 Journal Advisory Scientific and Editorial Boards, including The Journal of Biological Chemistry, Cancer Research, Molecular Cancer Research, Journal of Clinical Oncology, Clinical Chemistry and Journal of Proteome Research. He has received numerous awards from both national and international organizations. These include: American Association for Clinical Chemistry Award for Outstanding Contributions to Clinical Chemistry in a Selected Area of Research (1999); Van Slyke Award, the New York Metro Section of the American Association for Clinical Chemistry (1999); Miriam Reiner Award from the Capital Section of the American Association for Clinical Chemistry (2001); Abbott Award from the International Society for Oncodevelopmental Biology and Medicine (ISOBM) (2002); Annual Education Excellence Award of the Canadian Society of Clinical Chemists (2003); Frey-Werle Commemorative Gold Medal from the Frey-Werle Foundation (2007); The Morton K. 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The 2019 CSCC Award for Outstanding Contributions to Clinical Chemistry is awarded to Dr. SM Hossein Sadrzadeh. Dr. Sadrzadeh is the current Section Chief, Clinical Biochemistry at Calgary Laboratory Services (CLS), Co-Director of the Clinical Biochemistry Fellowship Program at CLS and Clinical Professor at the University of Calgary. He has made tremendous contributions to the field of clinical chemistry in teaching, service and research. Dr. Sadrzadeh has held academic appointments at Harvard Medical School, the University of Arizona, the University of Washington, Cedars Sinai Medical Centre, and the University of Calgary/CLS. He is certified in clinical chemistry by the American Board of Clinical Chemistry and the National Registry in Clinical Chemistry. He is also licensed by the State of California as a clinical chemist scientist and is a fellow of the American Association for Clinical Chemistry Academy (formerly the National Academy of Clinical Biochemistry). He has maintained a very active research program receiving over $4,000,000 in research funding to study a wide array of topics in clinical chemistry, including oxidative free radicals, iron and haptoglobin, and use of dried blood and urine specimens for chemistry and toxicology testing. He has authored over 80 papers, books and monographs, and over 115 abstracts. Dr. Sadrzadeh has an energetic and passionate devotion to clinical service and this has been consistent throughout his career. At CLS, he championed the implementation of LC-MS/MS testing in both the toxicology and endocrinology labs, resulting in the development of five new clinical assays and the funding of four new LC-MS/MS systems through rigorous interdepartmental competitions within CLS. This is transforming the analytical toxicology and endocrinology laboratories at CLS, and will hopefully position them as leaders in mass spectrometry testing within Alberta and across Canada.

Dr. Sadrzadeh is also a dedicated teacher and mentor. He has been a research mentor to more than 50 undergraduate, graduate and postdoctoral trainees. He has also trained over 30 clinical chemistry fellows, and has served as the program director for fellowship training programs in California, Washington, Arizona and Calgary. Notably, he has been instrumental in supporting and developing the clinical biochemistry fellowship program at CLS, which is only one of two programs in Canada to be accredited by both the Canadian Academy of Clinical Biochemistry (CACB) and the Commission on Accreditation in Clinical Chemistry (COMACC).

The CSCC Award for Educational Excellence is awarded to the Post-doctoral training Program in Clinical Chemistry of the University of Montreal. Many prominent clinical chemists have been involved in the educational and leadership roles and activities for this program: Drs. Bernard Vinet, Jean-Pierre Emond, Karim Benkirane, Edgar Delvin, and Roger Sanfaçon, Wolfgang Schneider, Raymond Lepage, and other clinical chemists involved in clinical placements across the province. The current program director is Dr. Jean-Pierre Émond and co-director is Dr. Karim Benkirane. This active educational community has run a large program, maintaining accreditation by both the Canadian Academy of Clinical Biochemistry and the Ordre des chimistes du Québec for up to five trainees per year.

Dr. Vathany Kulasingam is awarded the 2019 CSCC Award for Research Excellence. Dr. Vathany Kulasingam is currently the Deputy Head Clinical Biochemist at University Health Network, Toronto, Ontario, Canada and an Associate Professor of the Department of Laboratory Medicine and Pathobiology, University of Toronto. She is a Fellow of the Canadian Academy of Clinical Biochemistry and serves

CSCC Award for Educational Excellence
Sponsored by Beckman Coulter Canada

Université de Montréal

CSCC Award for Research Excellence
Sponsored by Ortho Clinical Diagnostics

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on several journal editorial boards and as a guest editor for special issues. Dr. Kulasingam’s research has focused on applications of mass spectrometry to discover and evaluate cancer biomarkers and she has authored over 50 peer-reviewed publications, many in top-rated journals. Dr. Kulasingam is a co-inventor on two patents related to the detection and monitoring of breast cancer and other cancers. As an invited speaker she has presented her research across Canada and the USA and also in Germany, France and Greece. Dr. Kulasingam and her team have developed novel approaches to using tandem mass spectrometry to evaluate proteome and metabolome subsets in various cancers and disease states to provide new tools for laboratory diagnostics. Dr. Kulasingam has supervised two PhD students and numerous clinical chemistry post-doctoral fellows and undergraduate students involved in research.

The 2019 CSCC Award for Innovation in Laboratory Medicine is awarded to the Toxicology Network of the Alberta Public Laboratories (APL). The Toxicology Network, a committee of Clinical Toxicologists, Clinical Chemists, Pathologists, Laboratory Technologists and Administrators, was established to recommend best practices, standardization and new testing for all laboratories in Alberta. The Toxicology Network examined toxilogical and therapeutic drug monitoring testing conducted throughout the province, working with all laboratory providers and with the clinical users of testing, to understand testing needs and reinforce standardized best practices and recommended changes. The Network was originally chaired by Dr. Penny Colbourne and is currently chaired by Dr. Jessica Boyd, both CSCC members.

Dr. Vathany Kulasingam

CSCC Award for Innovation in Laboratory Medicine
Sponsored by Roche

The current research interests of Dr. Diamandis include: Kallikrein biology and pathophysiology; proteomics; tumor markers; mechanisms of carcinogenesis and metastatic progression; Cancer therapeutics; Male infertility and neurodegeneration.

Fellow of the Canadian Academy of Health of the Sciences (2012). He has published 133 review papers, over 700 research papers and co-authored 4 books and 42 book chapters. He is the inventor of 28 issued and 26 pending patents and supervised 22 MSc. and 35 PhD. theses.

The current research interests of Dr. Diamandis are quite diverse and include: Kallikrein biology and pathophysiology; proteomics; tumor markers; mechanisms of carcinogenesis and metastatic progression; Cancer therapeutics; Male infertility and neurodegeneration.
Introducing: “The Lab Report” Podcast

Submitted by Dr. Lori Beach, EPOCC Committee Chair, on behalf of the Social Media and Podcast subcommittee

Microphone? Check.
Content? Check.
Platform? Check.

We are a few short months away from an exciting launch of a new Education and Public Outreach – Clinical Chemistry (EPOCC) committee initiative. From Fall 2018 and onward, the social media subcommittee of EPOCC added a new angle on its activities: Let’s launch a podcast!

A great concept from the minds of two energetic EPOCCians, Dr. Felix Leung and Victoria Higgins, and over the autumn we matured the idea. In our proposal submission to Council in early 2019, we outlined the objectives (“why”), the target audience (“who”), the format and content (“what”) and the technical components (“how” and “where”). As a proof of concept, Felix and Vicki recorded a pilot episode for Council to hear (“TA-DA!!!”).

Audio recordings or episodes (i.e. podcasts) are a technically feasible and consumer-growing medium for reaching the general public with relevant and timely information about clinical chemistry. To gain and maintain a following of listeners, we are developing an educational and entertaining audio series. These episodes are purposefully concise (less than 20 min), employ narrative and interview modes to promote interest, and are a polished, high-quality product.

We are ardently focused on what will make this series unique among other medical/scientific podcasts available. In particular, we are choosing and phrasing topics around the question: How will a non-medical individual personalize/apply this information; what does it mean to them? Using stories and examples, and carefully defining terms without our usual technical parlance are important components of the script-refining process. In addition, this series will feature Canadian content, with interviewers and expert interviewees represented from Coast to Coast on launch. The diversity of experts will ensure clinical biochemistry perspectives from different health care regions and jurisdictions are captured. As the podcast matures, we anticipate there may be Q &A possibilities as listeners engage and opportunities to collaborate with other podcast communities in the health/science space.

We are preparing 5-6 episodes to have ready at launch, anticipated in Fall 2019, with a new episode released monthly. So if you get an email from a friendly EPOCC member, asking if you’d like to be part of the podcast series, we hope you’ll agree!

Keep an eye out in the next months for our official launch announcement with our new podcast artwork!

If you have questions or suggestions, you can reach your EPOCC committee at epocc@csc.ca

2019 CSCC Travelling Lectureship
Clinical Proteomics: What Every Sample Wants

SPEAKER: Andrew Hoofnagle, MD, PhD

Professor, Head, Division of Clinical Chemistry, Director, Clinical Mass Spectrometry
Assistant Director, Clinical Immunology, Director, Nutrition and Obesity Research Center, Analytical Core
Department of Laboratory Medicine, University of Washington, Seattle WA

Andy Hoofnagle is Professor of Laboratory Medicine, Head of the Division of Clinical Chemistry, and Director of Reference Laboratory Services in the Department of Laboratory Medicine, University of Washington, Seattle. His laboratory focuses on developing novel methods for the quantification of proteins and small molecules in clinical samples using LC-MS/MS. His grant-funded research continues to focus on using analytical chemistry to epidemiologically answer questions in vitamin D biology, kidney disease, cardiovascular disease, and cancer. Professor Hoofnagle mentors students, fellows, and residents in gaining a deeply respectful admiration for the power of mass spectrometry in the care of patients.
Maximizing adhesion to international standardization through local initiatives: A new model for Quality Indicators

Laboratories across the country are facing the same challenge: improving productivity with minimal impact on quality. As Clinical Chemists and laboratory professionals, it is our responsibility to ensure that our patients receive services with the highest standard of care. Quality Indicators (QIs) are powerful metrics for monitoring our processes. Furthermore, laboratory accreditation such as ISO15189 requires our pre-analytical, analytical and post-analytical processes to be monitored with QIs in a very structured and proactive way. Although most laboratories are using these metrics, the limited standardization in the QIs field restrains the potential of improvement through comparison. Two key elements are needed for any standardization initiative: a high rate of participation of laboratories and guidelines. We believe local initiatives in line with international guidelines can maximize adhesion and standardization for the use of QIs.

Local initiatives maximizing adhesion to QIs monitoring

The Quebec Society of Clinical Biology (Société québécoise de biologie clinique) launched in 2017 a provincial program for QIs comparison. A Working Group (WG) of 13 Clinical Chemists is leading this initiative. Working across the province, each of them use different analytical platforms, different Laboratory Information Systems (LIS) and have variable test volumes. Quality of data through field validation is a priority for the WG. The choice of QIs are established based on participants’ needs through surveys, clinical values of QIs, capacity to access information in LIS easily, identification of factors leading to erroneous data as well as compatibility with the QIs program of the International Federation of Clinical Chemistry and Laboratory medicine (IFCC). Free subscription of users, collection of data and production of personalized reports are managed by an interactive web platform. Seventy laboratories have participated in the QIs program in 2018. In collaboration with the CSCC, the program is now available across Canada.

Promoting standardization through international guidelines

Our national program is working very closely with the Working Group on Laboratory Errors and Patients Safety (WG-LEPS) of the IFCC. In 2013 and 2016, a consensus group of experts established and validated a list of QIs that should be monitored in laboratory medicine to cover the whole testing processes. The WG-LEPS also developed a platform for comparison of QIs between countries. However, adhesion and continuous participation of laboratories can be quite challenging. To address this, the WG-LEPS developed a new structure in which National leaders can promote the use of QIs and manage all submissions and reports for their country. Canadian laboratories can be proud to be the first country testing this model. We are working to connect our two platforms to transfer data for the evaluation of common QIs. Identification of laboratories will be denotative for confidentiality purposes. This collaboration will provide new reports to Canadian laboratories, including a comparison with their international peers. With more than 70 laboratories participating, Canada has the potential to become one of the leaders in the QIs field. Join our initiative and monitor your QIs by participating in our national QIs program completely free of charge at www.caqbc.sqbc.qc.ca. We are also looking for provincial leaders across Canada to promote the use of QIs and their standardization.
The Archives Corner

OSCC in the early and middle years

Submitted by Dr. Robert Moore

The Ontario Society of Clinical Chemists (OSCC) was established in 1969 at the prompting of the Canadian Society of Clinical Chemists. The two main functions of the OSCC initially were professional affairs in Ontario and the setting up and managing the annual scientific meeting.

The first OSCC president was Gilbert Hill with Sandford Jackson as secretary treasurer and Arlene Crowe as councillor. In 1970 Alan Pollard joined the triumvirate as vice president to succeed as president after two years. Arlene Crowe followed Alan Pollard as vice-president and then president in her turn. Leebert Wright joined the executive in 1972, Muriel Weatherburn in 1974 and myself in 1975.

In 1976, Chris Walker was president and the team expanded to include Max Patterson, as vice president, Angelo Mazzuchin, Alan Lane and I as councillors. In 1980, with Angelo Mazzuchin as president, I took over the newly created portfolio of professional affairs and the OSCC executive began to prepare a submission to the Ontario Ministry of Health to have us recognised as a College under the Health Professions’ Regulation Act. A document explaining why we should be recognised in this way was submitted during Chris Walker’s second presidency term in 1982-83.

There were face-to-face meetings near St. Lawrence Market with lawyers representing the Ontario Ministry of Health. We were told that our numbers were too small, that we had no direct contact with patients, and that our medical colleagues were already in a College and the medical laboratory technologists who were likely to be allowed to form a College covered the laboratory liability to the public. We did seek an alliance with the Ontario’s College of Physicians and Surgeons (CPSO) but this was rejected by them.

We believed that the arguments against us having a College were not plausible. The midwives and speech pathologist for example were granted Colleges and their numbers were relatively small. Technologists and radiologists usually do not have face-to-face contact with patients. It should be noted that in the UK the radiologists and clinical scientists are combined under a similar system to the College but this idea did not appeal to the Ontario Ministry of Health negotiators.

After this first failure other OSCC executives took over as the years went by and added their voices to the need for regulation. Peter Bunting, Graham Ellis, Sherry Perkins and Stephen Hill all led major efforts to earn us recognition of our value to the health care system. Their submissions to the Ontario Ministry of Health are found in the OSCC archives.

In the 1980s I served on the Advisory panels for the technologists’ and the radiologists’ Colleges. The radiologists had a similar divergence to ours where the doctoral scientists did not want to be in a college with the radiation technologists.

It is ironic that at the present time the Toronto Star is running a campaign, with evidence that the Colleges have not adequately managed to protect the public from malpractice – a primary purpose. The College which has the fewest complaints against its members is that of the technologists.

Sometimes OSCC professional affairs challenged the hiring of people as clinical chemists who did not have any formal training in the discipline. Sometimes letters were written to the newspapers about issues of the day. We sought and sometimes achieved inclusion in advisory councils related to our sphere of practice and influence. I served for twenty-two years as the point man on professional affairs and another five years as treasurer or as councillor.

The main activity each year was the annual scientific meeting. Unfortunately for the archives my records go back in detail only to 2000 and also, for some reason, 1994 and 1988. If anyone out there has a record of the date, place and topics of meetings before 2000, the OSCC archivist would appreciate the information to add to the record. For the first few decades the annual events were held in Toronto where most of our members are congregated. In 2003 the event was held in Hamilton and since then every alternate year the meeting is held outside of the Toronto area. From 1994 -1996 the Laboratory Proficiency Testing Program (LPTP) was a significant help to the OSCC executive’s staging of the annual meeting.

From 1986 to 1991 Andy MacRae produced a lively newsletter. In recent times this role has been taken over by the online publication Turn Around Times. If you have not seen this publication on the CSCC website take a look.

In 1988, a representative of the post-doctoral training programs was given a seat at the OSCC executive table. Peter Bunting held this post for three years then Lynn Allen took over for the next thirteen years. Stephen Hill followed in 2004 and holds this mandate to the present day.

Continued on Page 10
Dr. Alan Pollard

Submitted by Dr. Barry Hoffman, on behalf of Toronto’s Mount Sinai Clinical Laboratory

It is with deep regret that we announce the passing of Dr. Alan Pollard, MD, on April 6, 2019. Alan was Biochemist-in-Chief at the Department of Clinical Biochemistry, Mount Sinai Hospital, for over 30 years. He trained in Britain and was recruited to head the Mount Sinai Clinical Biochemistry Laboratory and clinical service at the dawn of automated testing. He was gifted at identifying emerging advances in automated analyzers and with a deft touch kept the lab in the forefront of automated testing during his tenure. He recognized early on the crucial role that computers and informatics would play in Laboratory Medicine and made pioneering advances in bringing their promise to bear in clinical service and laboratory operation. Alan was noted for the breadth of his knowledge, quality of his teaching and humane, gentle nature. After retiring in 1993, Alan continued caring for patients at Mount Sinai Hospital. An avid music lover, Alan played the viola at numerous performances with a group of other physicians in the Princess Margaret Hospital lobby and at other venues. Alan was predeceased by his wife Flora and is survived by his two daughters. He will be sorely missed.

Submitted by Dr. Robert Moore

I first met Alan Pollard at the Mount Sinai Hospital Laboratory in 1967. The last time that we talked was at a book store some years ago. We discussed and compared our tastes in literature with animation. He told me then that he continued to work at a lipid clinic at Mount Sinai. He was in his eighties at that time. I hoped for many years of active life for him.

Alan came from St. Thomas’ Hospital, London, England to head the laboratory at Mount Sinai. He brought with him Jeremy Clapp, a live wire who always made a visit to Mount Sinai interesting. Alan was more reserved, he had a dry, laconic wit. He was his own man, not afraid to take on an unpopular cause that he believed in. He tried to make Mount Sinai the most modern and productive laboratory that he could and he succeeded. Mount Sinai was the first in Toronto to use the autoanalyzer SMA 12/60, which gave the laboratory unused, capacity for testing. He developed the In-Common Laboratory, with the idea that this would be the joint laboratory for routine services for the downtown Toronto hospitals. The other laboratory leaders did not share his vision so the In-Common Laboratory management reached out to the smaller hospitals and laboratories for work to do. The operation was moved from Mount Sinai to College and Yonge and then to Coldwater Road, North York. A network for the smaller hospitals and remote communities was set up with a useful manual of tests developed. Much of the routine work eventually was carried out at the Wellesley Hospital under Lee Wright’s direction. The teaching Hospitals in time, came on board carrying out specialty testing for a fee.

It was Alan who recruited me for the Laboratory Proficiency Testing Program (LPTP) Advisory committee and I will be forever grateful for the experiences I gained from being at that table.

Under his direction Mount Sinai continued to lead. When clinical chemists realized that computerization was necessary to fulfill our mission, Mount Sinai made its own effort with the acronym MOSES. Unfortunately the commandments from MOSES to Mount Sinai did not catch on as in earlier times.

Alan Pollard mentored and helped develop the careers of many clinical chemists. Once at a presentation at the Banting Institute, University of Toronto, for Diana Schatz’s 25 years of service to clinical chemistry Alan said to me “Where is your gold medal, you have served the department well for more than 25 years?” I countered “Where is your medal?” I believe that he had earned such recognition and more, the medal was merely a token.

Submitted by Dr. Arlene Crowe

In the mid-1970’s, when I had been working at Hotel Dieu Hospital (HDH) in Kingston about ten years, I was able to arrange a "mini-sabbatical" for three days per week at Mount Sinai Hospital in Toronto, thanks to Dr. Alan Pollard whom I had gotten to know through OSCC meetings. I had told him how I was feeling quite out of touch with respect to the number of tests that we were referring out, mainly to the In-Common Laboratory in Toronto but also smaller numbers elsewhere for other less often performed tests that were requested by HDH clinicians that the Kingston General Hospital laboratories were also not offering on site. What I was hoping for particularly was learning more about the interpretation of the results. Alan was the epitome of hospitality and I was astonished that he could give me a whole office to myself for the Tuesdays to Thursdays; not all my time was spent at Mount Sinai but rather attending rounds at the other downtown hospital rounds and some of the Clinical Chemistry seminars that Dr. Allan Gornall held weekly for those PhD clinical chemists who were intending to become certified, and so were enrolled in a year-long course that rotated through several (most?) of the large clinical chemistry labs, both public and private. (I should perhaps mention that this followed Dr. Gornall’s success in obtaining a provincial stipend for those enrolled in the course that was equivalent to the support Ontario gave for medically qualified MD’s, and it was a treat to have time with several of the younger clinical chemists during their time in Toronto).

Continued on Page 10
In 1991, Education and Communication initiatives beyond the annual scientific meeting were added to the tasks of the executive. First to lead this was Tiitu Ambus for three years. Paul Yip took this on in 2003 to 2011, developing the website. In the 1990s Lynn Allen ran a series of conference calls under the Telemedicine aegis. Since its beginning, OSCC members helped the Laboratory Proficiency Testing Program, the Canadian Society of Clinical Chemists and the Academy in their educational activities.

When Jean Jacques Arsenault was president, 2002-2003, he spearheaded a project of the OSCC executive and other members to publish a series of one-page handouts to help otherwise unsupported technologists in smaller laboratories. One unexpected consequence was that these briefs became the standard of practice. There have also been position papers produced by teams led by OSCC members including Christine Collier, and focused on topics such as reporting on androgen estimations and kidney function testing.

In middle age the Ontario Society of Clinical Chemists has survived, become robust and significantly improved the practice of laboratory medicine. Now we have to worry about the diseases of older age not only on behalf of those we serve but also the health and functions of the Society itself.

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**In Memoriam – Continued from Page 9**

Alan Pollard was very generous with his time and helped me ensure I was able to maximize the time I spent not only in Clinical Chemistry at Mount Sinai, but also in a few other labs (e.g. Endocrinology, Immunology), and I don't recall now how often I would go off to rounds with the clinical chemists on staff, e.g. Michael McNeely, Jeremy Clapp, Clay Dymond, and whoever might be in attendance from Toronto General, Sick Kids, etc. The discussions were stimulating and informative and I relished them greatly. I recall that I also had the opportunity to meet Alan's wife, Flora, when she and Alan invited me to dinner one evening, and I met their two daughters that evening; of course, they were very young then. Alan also helped me arrange with a researcher located in the Medical Sciences Building to send him specimens from a kindred located in Kingston who were being investigated for Multiple Endocrine Neoplasia Type II; while urinary epinephrines and nor-epinephrines could be done in Kingston, there were no reference labs at that early stage for plasma calcitonins. All in all, it was Alan who made the few months of my mini-sabbatical so fruitful and I really appreciated that. I was always pleased to exchange updates with him when we saw each other at conferences or such until his retirement and missed his gentle counselling after his retirement.

*Submitted by Dr. Bushan Kapur*

It is with great sadness that I pen these few words in memory of Dr. Alan Pollard who was a mentor to me. It was early 1971 when I started at the Addiction Research Foundation (ARF) and was given the task to set up a clinical laboratory for the Clinical Institute of the ARF. As an organic chemist I had very little exposure to biochemistry, and here I was going to setup a clinical chemistry lab. Having used thin layer chromatography, gas chromatography and mass spectrometry as part of my PhD thesis, toxicology instrumentation was not an issue, but clinical chemistry was quite another thing. Dr. Alan Pollard with Drs. Ray Ogilvie and Jack Porter devised a training program for me which would be based at Mount Sinai Hospital (MSH). I soon found that Dr. Pollard was the person to go to for help and advice. Being a neophyte I could use all the help I could get. In Dr. Pollard I found the softspoken mentor I needed. I recall him sending me to visit the In-Common Laboratory which had started only a few years ago to see how the Auto Analyser and the Peak-Picker worked. He also put me in contact with Baycrest Hospital Laboratory as their workload was similar to the one I was going to have at ARF. Over the years I went to see him at MSH many, many times. His advice and mentorship in all aspects of “running” a clinical laboratory was just invaluable. It did not matter if it was an instrument or chemistry or interpretation or personal issue he was there when I needed his advice. I made arrangements to have all the tests that were not offered at ARF lab to go to MSH. In 1995 when the ARF lab was going to close I had recommended that the best site to transfer the ARF lab would be MSH. I met with him to draw up staffing and floor plans, but as fate would have it, the lab was transferred to SickKids. I recall visiting him at his residence for an afternoon tea. He was a wonderful host. I have some very fond memories of time spent with Alan and he will be sorely missed.

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**Café Chat**

*Check this The Globe and Mail link to read more about Dr. Ralph Spitzer’s life.*

[https://www.theglobeandmail.com/life/article-feminist-socialist-scientist-and-musician-ralph-spitzer-was-once/]

*A shout out to our NB biochemist Dr. Yu Chen in the local Fredericton news.*

Check this link to find out about Dr. Chen’s study on Delayed Cord Clamping. The New Brunswick Health Research Foundation (NBHRF) has named him and this team the Researchers of the Month for January.

[https://huddle.today/local-medical-researchers-do-groundbreaking-study-on-procedure-that-helps-newborns/]

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Check Your Knowledge!

Cardiovascular Challenge

Across
2. A lipid-laden macrophage in the blood vessel wall (2 words)
6. Most widely used 10-year risk score for cardiovascular events
8. Directs the LDL receptor to a degradation pathway (abbreviation)
9. Equation to calculate LDL-C
11. Disease with low HDL-C caused by ABCA1 mutations
12. Enzyme activated by ApoC-II (2 words)
14. Lipoprotein particle with lipid:lipoprotein ratio of approx. 99:1
15. Repeat domains found in Lp(a)
16. Drug class targeting HMG-CoA reductase
17. Protein bound by cTnT
20. NT-proBNP levels ____ with age (direction of change)

Down
1. Enzyme that degrades circulating BNP
3. Heart inflammation that can increase troponin levels
4. Common post-translational modification on NT-proBNP
5. Source of BNP (heart chamber)
7. Deposition of fatty plaques within blood vessel walls
10. Original reference method for cholesterol (2 words)
13. Type 1 AMI if cTn >99th URL, rise and/or fall of cTn, and evidence of acute ____
18. Syndrome with high waist circumference, elevated BP, dyslipidemia and dysglycemia
19. Site of synthesis of ApoB-100

If you have any questions, need a hint, or want to submit your own Check Your Knowledge activity, send a message to michelle.parker@dynalife.ca
The CSCC News is published bimonthly by the Canadian Society of Clinical Chemists and distributed to the members by the Society. Letters to the Editor must be signed and should not exceed 200 words in length. Chairs of Committees and Local Sections are requested to submit announcements and reports of activities.

Deadline for Submissions:
- December 31: January issue
- February 28: March issue
- April 30: May issue
- June 30: July issue
- August 30: September issue
- October 30: November issue

Notices from members seeking employment may be inserted without charge, and box-number replies may be arranged. Notices from institutions will be invoiced at $150 and include a notice on the website on the Job Opportunities page.

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