



HKIMLS Newsletter

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香港醫務化驗學會

Hong Kong Institute of Medical Laboratory Sciences

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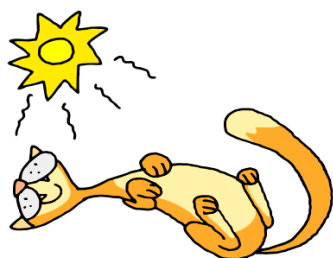
The Hong Kong Institute of Medical Laboratory Sciences is a professional body that endeavours the advancement of medical laboratory science and technology. This is done by organizing monthly scientific seminars and participation of conferences at regional and international level.



The communication among members is an important role that the Institute has to fulfil. I wish to thank our web-master Mr W.M. Wong and colleagues for uploading the updated information and activities in our homepage. Publication of newsletter is our traditional mean of communication. In this I must thank Mr. T. T. Cheung who has put a lot of effort in it. Whatsoever we have done, the support and participation of members is of paramount importance. This year is the election year, the Institute needs young and energetic members to serve in the council and various committees. Your nomination and voting in the election is of vital importance. The Annual General Meeting is scheduled to be held on 25 July 2010.

Detailed information will be sent to qualified members accordingly.

*YL Tsim,
President*



第三屆亞太醫學檢驗科學國際研討會
—台北

亞洲醫學檢驗學會委員會會議代表



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第三屆亞太醫學檢驗科學國際研討會—台北

台灣 MT

會議由台灣醫檢師公會聯合會（公會）主辦，活動從五月一日至三日進行，其中有學術研討會，參觀化驗室，聯誼活動和亞洲醫學檢驗學會（Asia Association of Medical Laboratory Sciences, AAMLS）委員會會議。本會委派三位委員包括會長詹瑤林、秘書組的郭志廉和註冊組的梁志成參加這次活動，同時出席的還有一位會員 Ms Jo. R. Marcelo。

台灣有兩個主要的醫學檢驗組織：上述的公會和台灣醫事檢驗學會（學會），其中學會和 HKIMLS 及中華醫學會檢驗分會合作舉辦了九屆華人檢驗醫學研討會，第十屆會議將於明年十一月在台北舉行。台灣公會會員人數較學會多，因為在台灣醫學檢驗的從業員需要成為公會會員後才可以申請工作註冊，所以台灣地區每個縣市都有公會的組織，聯合會就是由地區公會推選所組成。公會有鑒於 2014 年在台北與學會共同主辦 International Federation of Biomedical Laboratory Sciences (IFBLS) 年會暨國際研討會，為了推動本地醫學檢驗與世界業界接軌和配合大會使用英語為會議語言，公會由 2008 年開始分別在台中、高雄及今年在台北舉辦亞太醫學檢驗科學國際研討會，講者需要以英語發言，並邀請了 AAMLS 各屬會推薦學者專家來台演講，其中本會學術組委員黎子韻被邀請在 2009 年第二屆會議上介紹 Health Check in Hong Kong。與此同時，因為大部份的 AAMLS 委員都有出席會議，所以從第二屆開始，在亞太會議期間一併召開 AAMLS 委員會會議，而 HKIMLS 是創會的成員。

今次大會主題是 “Advanced technology and biomarkers in biomedical laboratory science”，參加人數約二千三百人，其中海外代表只有二十多人，發表的口頭報告文章有三十多篇，壁報論文有一百九十篇和五個 workshops。台灣有近八千名的註冊醫學檢驗從業員，出席人數佔註冊名單三分之一。相對 HKIMLS 也主辦過不少的大型學術研討會，但是本地從業員的出席率，往往只佔註冊人數約十分之一左右，而出席的海外代表一般都比預估的多，可能香港是一個國際大都會的關係罷！究竟兩地的差別在那裡？我嘗試分析箇中原因，雖然僅屬個人意見和只有單一地區的比較，沒有進行其他資料搜集，但希望成為日後學會籌備學術會議的參考。

持續專業發展制度的比較：首先台灣政府執行一個強制性的持續專業發展制度，從事醫學檢驗的工作者必需在六年內參加認可的進修課程或學術活動，取得不少於一百五十個學分，才可以申請延續下一個工作的執照。雖然香港政府在 2005 年已經推行這個類似的試驗計劃，但到今天我們還是停留在自願參與的模式，對專業發展缺乏主動的推動力量。

專業教育的比較：台灣擁有十三所大專院校和一間五專（類似香港的專科和技術學院）學校提供醫學檢驗教學，每年訓練多達千名畢業生，看來有點兒超越實際的需求。但是根據註冊從業員和地區總人口的比例計算，香港目前七百萬的人口有 2750 位註冊醫務化驗師，和台灣二千三百萬的人口有近八千名醫檢師是相若的。假如以 2750 這個數字推算，

而每位化驗師平均工作生涯是 35 年的話，香港每年需要近 80 名新血來補充這個行業的運作，但是目前的香港理工大學畢業生經常找不到醫學化驗的工作，我們在那一個環節出現了問題？香港醫療化驗的教育能否有進一步發展的空間嗎？

專業團體的比較：人力資源是一個很明顯的差別。每次參加台灣的研討會，除了看到大量的新進委員執行工作外，還有很多學生協助整個會議過程，包括接待，註冊，會議的進行等等工序，明顯地，台灣從業員對醫學檢驗的事務投入情緒比香港同業來得強烈。反觀

HKIMLS 組織內的委員，很多在學會服務超過二十年或以上，雖然經驗豐富和滿腔熱誠，但精神和體力卻今非昔比，學會是需要增加新血，保持學會的活力和引入新思維，將學會推向一個新的里程碑。

政府支持力度的比較：台灣政府除了提供場地給台灣專業團體舉辦學術研討會外，很多政府官員和民意代表出席會議或活動以示支持，雖然政治意味較濃，但卻不失鼓勵的作用，總比香港政府的自由放任態度來得實際。



A Closer Look at Stem Cell Treatments: What you don't know can hurt you.

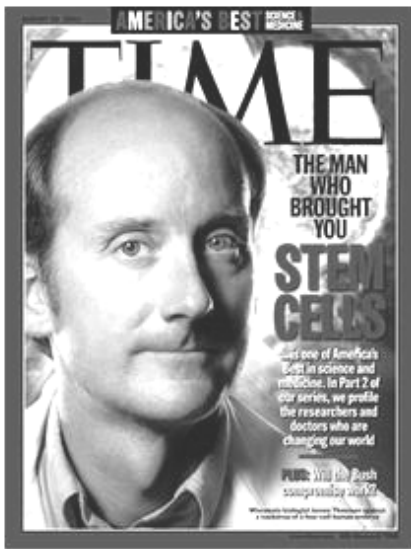
KS Tsang

Bone Marrow Transplant Laboratory, Division of Haematology, The Chinese University of Hong Kong, Prince of Wales Hospital.

Scientific advances have progressed in an incredible phase in the last five decades. There are many breakthroughs in basic biomedical research say; stem cell technology, with the hope that they will soon translate into more effective treatments to human diseases which are incurable with the currently available modalities. Stem cells trigger lots of expectations and speculations from not only professionals in the clinical arena but also general public at large, as evident by their debut and repeated highlights on the front cover of three separate issues of the globally influential TIME magazine since year 2001 (Figure 1). In line with many other countries and nations, there is no exception to Hong Kong and

stem cells become the talk of the town nowadays. In early May, the headline of local newspapers unveiled xeno-transplants of rabbit stem cells to more than 10 patients, suffering either cerebral palsy or Down's syndrome, by a local medical practitioner in his clinics for the past three years [1,2]. Thereafter comprehensive coverage emerged in multimedia including newspapers, magazines, TV and internet [3-8].

The experimental stem cell therapy in a clinic sparked a series of overwhelming discussions, arguments, debates and even condemnation, urging the concerned authority to strengthen regulations on unproven use of



20th August, 2001



7th August, 2006



9th February, 2009

Figure 1. Stem cells appeared on the front cover of three separate issues of TIME magazine in the past 10 years.

stem cells on patients. On 19th May, 2010 Dr York Chow, the Secretary for Food and Health of Hong Kong SAR, together with Professor Tse Hung-Fat, an internationally renowned cardiologist of Department of Medicine, The Hong Kong University and Professor Poon Wai-Sang, a globally famous neurosurgeon of Department of Surgery, The Chinese University of Hong Kong, paid one-day visit to Hannover and learnt from the Germany experience in clinical trial, stem cell therapy and code of practice among researchers at Hannover Clinical Trial Centre which was founded in year 2005 to offer an excellent record of clinical studies on a wide therapeutic range. They then called on the Cluster of Excellence in Regenerative Biology and Reconstructive Therapies of the Hannover Medical School to gain first hand information on the development of stem cell therapy in Germany [9].

What are stem cells and why are they important?

They are unspecialized cells that renew themselves for long periods through cell division. Depending on the stages of development, they can be divided physiologically into embryonic stem cells and adult

stem cells. Embryonic stem (ES) cells, as their name suggests, are derived from embryos. Most ES cell lines are established from eggs that have been fertilized *in vitro* and then donated for research purposes with informed consent of the donors. They are not derived from eggs fertilized in a woman's body.

ES cells are pluripotent in the sense that they are capable of differentiating into multiple cell types of our body. When undifferentiated ES cells are injected into an immuno-compromised mouse, a teratoma which is a benign tumour consists of a mixture of many differentiated or partially differentiated cell types is developed.

Adult stem cells typically generate the cell types of the tissue in which they reside. They maintain and repair the tissue. Scientists prefer to use the term, “somatic stem cell”, instead of adult stem cell, where “somatic” refers to the body, and it can be distinguished from germ cells; sperms or eggs. With the advent of technology, adult stem cells are found in many more tissues than they are once thought. Apart

from the most extensively studied haematopoietic stem cells derived from bone marrow and umbilical cord blood [10], there are myriads of reports in the literature demonstrating the existence of mesenchymal stem cells [10], neural stem cells [11], skin stem cells [12], epithelial stem cells [13], limbal stem cells [14], cardiac stem cells [15], skeletal muscle stem cells [16], hepatic stem cells [17], pancreatic stem cells [18], dental pulp stem cells [19], hair follicle stem cells [20], adipose stem cells [21] and endometrial stem cells [22]. Very recently, Professor Shinya Yamanaka and co-workers of Kyoto University extended their pioneering work on reprogramming of mouse fibroblasts to human cells and successfully induced pluripotent stem cells from adult human fibroblasts, which they coined “induced pluripotent stem cells”; iPS cells in short [23,24].

Irrespective of ES cells and adult stem cells, they can be induced to become cells with special functions under certain physiologic or experimental conditions. Besides, the discovery of stem cell plasticity, which is the ability of adult stem cells to cross lineage barriers and adopt the expression profile and functional phenotypes of cells that are unique to the tissues, also prompt the trans-differentiation of adult stem cells into lineage cells of interest for cell therapy. That sheds twilight to newer therapies for patients whose current treatments are ineffective to diseases and disorders related to cell loss or degeneration.

Brave pioneers or clinical cowboys?

Some stem cell researchers move ahead with clinical trials of stem cell therapy and are criticized by others arguing that the transition is premature. Despite a plethora of pre-clinical studies of stem cell therapy displaying terrific outcomes in animal disease models, many turned out to be totally discouraging and devastating in human. In fact, there are many uncertainties and questions to be answered say; among many adult stem cells, what is the best kind of cells? What is the optimal cell dose? What is the

mechanism? How and when are they administered? What is the stage of disease that would be most benefitted by stem cell therapy? Is it safe? Any adverse effect? Is there any clinical improvement? All these can only be resolved and addressed by well planned and controlled clinical trials [25]. Clinical trials should proceed along with basic research.

Medical tourism

There are advertisements all over the internet, touting stem cell treatments for everything from amyotrophic lateral sclerosis to diabetes to breast reconstruction. Believe it or not? Last Christmas the author received a email from a hospital in China promoting stem cell therapy and offering “buy one get one free”! Some enterprisers take advantages of the expectation and illusion of stem cells from desperate patients and make unjustified claims and exaggerate the efficacy of regenerative medicine that stem cells are capable of treating more than 100 human diseases such as diabetes, cardiovascular diseases, Alzheimer's disease, stroke, etc. and applying to plastic surgery say; facelit, mammoplasty, buttock and penis augmentation. Medical conmen were spotted preying on dying victims by using pitches that capitalize on the promise of stem cells to cure almost any disease [26].

Others lobby prospective parents banking umbilical cord blood, umbilical cord and even dental pulp stem cells of their expected babies as a biological insurance which provide them with peace of mind, otherwise they will feel shameful and guilty. In fact, umbilical cord blood is not the only means and hope for treatment of the aforementioned diseases and disorders. At birthing procedure, the utmost importance is the safety of the mother-child pair. The Royal College of Obstetricians and Gynaecologists reviewed commercial umbilical cord blood banking in 2001 and concluded that directed banking was not recommended because the benefits of directed banking in low-risk families had not been proven. It also created burdens on midwifery and

obstetric staff that might interfere adversely with the birthing procedure. Whether umbilical cord blood be successfully collected or not is minor. Most of the local patients in need of haematopoietic stem cell transplant have allografts derived from either family members or donations of Hong Kong Red Cross Blood Transfusion Service.

Among a total of 61 paediatric patients having undergone umbilical cord blood transplant at Prince of Wales Hospital, none was infused with autologous umbilical cord blood. Our local experience attests the readouts of a recent survey report that autologous umbilical cord blood was rarely used. In year 2005, the American College of Obstetricians and Gynaecologists estimated that the incidence of autologous umbilical cord transplant was 1 in 2,700, whereas the American Pediatric Society forecasted the rate of 1 in 200,000 [27]. It was noted in the States that 99 of 460,000 umbilical cord blood units stored at private banks were used. The American College of Obstetricians and Gynecologists, American Academy of Paediatrics, American Society for Blood and Marrow Transplantation, American Medical Association and The Royal College of Obstetricians and Gynaecologists, UK disregarded that private banking of umbilical cord blood could effectively safeguard health. The beneficial effect to most of the subjects is very scarce. Conversely, donation to public umbilical cord blood banks can benefit those in need [28].

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Lifestyle 道聽途說

諗多咗

早期的地鐵車廂，六座位是一塊非常平滑的鋁板，中間無任何阻隔，要坐穩其中也要下點功夫。

車門打開，進來了一個四眼少年，害羞地坐在一端，另一端坐著一個穿迷你裙少女，不知何故，總是覺得四眼男看不順眼，唯有步步為營，列車忽然來一個急停，四眼男從一端滑到另一端，眼看就要碰上那少女，他卻能及時按停，左手按在座位上，右手卻不偏不倚地按在少女的大腿上。少女來不及尖叫，四眼男衝口而出：「好滑！」少女怒不可遏，狠狠地給那四眼男一記耳光。四眼男摸著紅了的臉，喃喃自語：「事實上是很滑嘛！」少女怒目而視：「仲講！」

小智慧

三個士兵犯了法，長官是一個殘酷的人，要他們通過以下測試：

三人前、中、後地面向前方，站立在一條輸送帶上，機器隨機地為他們戴上一頂黑色或白色的帽子（二黑一白或二白一黑），輸送帶啟動後有兩分鐘時間將他們輸送到另一端，在這兩分鐘內，只要他們其中一人，能準確說出自己頭上帽子的顏色，他們便算通過測試，否則在到達另一端時，將會被射殺。

測試開始，鴉雀無聲，因無把握而亂說，那真是累街坊了。時間一秒一秒地過去，他們也接近另一端盡頭，時間在倒數，五、四、三 就在這時，其中一人大聲叫出“白色”，答對了，他們全部逃出生天！

問題是，三人中，是那人準確地說出了自己頭上帽子的顏色，道理何在？

(答案在最後一頁找)

春遊雜談

梁志成

香港醫務化驗師學會（HKIMLS）在今年年初舉辦了兩次春季旅遊，首先是一月三十、三十一日的開平世界文化遺產碉樓群兩天遊，跟著是三月二十一日的食得是福新春行大運番禺一日遊。無論參加人士喜愛尋幽探古之旅或大快朵頤的美食，均可各有所屬或甚至魚與熊掌兼容。康樂組的委員為了吸引更多的會員參與這項活動，除了提供優惠的團費外，並搜羅大量的禮品作為抽獎，希望人人有獎，永不落空。今次參加活動的會員和家屬人數分別有三十位和七十位，大家可以從照片中，看到參加者歡樂的和滿足的表情，因此我不再複述春

遊活動的過程，看官如欲分享其中的感受，下次請儘快報名，以免向隅。

HKIMLS 每年要籌辦的康樂活動不多，但是年中的會員大會，或是有大型的學術會議舉辦時，康樂組的同事都需要負責協調場地運作和提供餐飲服務，有時候還要準備一些餘慶節目來款待嘉賓。我沒有直接參與康樂組的工作，不過卻可以感受到她們所受的壓力！既然幫不上忙，唯有執筆將她們工作上所遇到的困難記錄下來與會員分享。

早期的康樂活動，主要是聖誕聯歡聚餐

和本地旅遊，是會員每年的大聚會，參加人數非常擁擠。多年的活動下來，香港各大酒店的餐廳和本地著名的旅遊景點，都留下不少 HKIMLS 會員的足印。然而後期所舉辦的旅遊活動，出席人數慢慢下降，康樂組為了增加會員的新鮮感，也嘗試過安排郵輪兩日一夜的項目和深圳廣東的旅遊，但是參加的人數還是沒有明顯的提升。所以每次開會談論到下次的康樂活動時，康樂組同事就開始惆悵了，這一次要有甚麼新意來吸引會員參加呢？委員一面要向財神爭取較大的預算，為會員謀取福利，但另一方面，卻擔心參加活動人數不足，要學會補貼短缺之費用。在每次活動後，負責的委員都會很緊張地詢問參加者：「你滿意嗎？」一瞬間，委員失落的或滿足的表情，隨著回話人的答案而顯露在她的臉龐上。

關於聖誕聚餐參加人數減少的問題，經過委員詳細探討後，歸納了兩個主要的原因，其一是：有委員指出近年收到聖誕聚會的邀請增多了，而且經常與 HKIMLS 所主辦的時間重疊，因此很多時不能出席。其次是：近年香港市民流行外遊，大家會利用這個長假期出外旅遊，所以參加人數相對地也減少。因此會議決定將這個活動改在農曆新年前舉辦，近年 HKIMLS 再沒有聖誕聚餐的活動了。

還有會員投訴最近有些活動發出通知的時間太倉促，往往看到資料時已經過了報名的時間。實情上，郵寄通知這份工作近年已成為會務中一件沉重的負擔，由於會員人數每年不斷增加，而學會活動頻繁，需要處理的郵件倍增，雖然學會已聘請了一位兼職助理，協助日常的會務，但當遇到人事變遷時，往往會影響郵遞發出的時間。本來電子郵件可以解決這個問題，奈何部分會員還沒有習慣使用電子郵件，為了統一發放訊息，郵寄經常拖延了發出通告的時期。

從踏足醫學檢驗這個行業的早期，我已加入 HKIMLS 委員會的工作，斷斷續續的已有二十多年了，在這段期間看著她的成長和茁壯，有艱苦的和歡樂的時刻，也有不少爭拗的片段，但這一切都成為學會前進的推動力。HKIMLS 會員有來自公私營的醫院，教育和科研機構，亦有從事私人化驗所和醫療公司等等，是香港醫學檢驗界的一個大家庭。學會除了推動本地醫療化驗的水平及聯誼活動外，更積極地參與海外的交流，成為中國地區、亞洲以至世界醫學檢驗專業組織的活躍和核心成員，一切都有賴全體委員們努力地工作和無私的貢獻精神。

最後本人希望會員能積極參加本會日後舉辦的活動，更鼓勵熱愛醫學檢驗工作的會員，當看完本篇文章，趁著一股尚未冷卻的衝動，趕快加入委員會，我們需要你的參與和支持，共同努力推動香港醫學檢驗的事務。



睇清楚的啲，我係跟 HKIMLS 上開平
睇碼樓咋！



邊個靚的呢??



阿媽：我中獎啦！



博物館前大合照。



人人中獎，齊齊開心。

大家咁高興，不如飲杯勝！

小智慧答案

三人中，站在最前的是全沒有機會的。最後的那個是最有利，因為只有他才能看見前面二人帽子的顏色。但前題是，只有前面二人的帽子顏色都是要相同的，在這情況下，測試一開始，他便能在極短時間內，說出自己頭上帽子的顏色。由於他遲遲沒有說出，站在中間那個便肯定自己頭上帽子顏色是和前面那個不相同，既然他看見前面那頂帽子是黑色，因此在最後關頭，便能肯定地說出「白色」，BINGO！

