Due to the global COVID-19 outbreak this conference was postponed from May 2020 until April 19th and 20th 2021.

We wish you all the best, good health to you, your family and friends!
Quality management in laboratory medicine 2.0

The world is on the move -- traditional systems are replaced by brand new ones, new technologies are introduced, new alliances are made, all kind of opportunities are popping up.

Laboratory medicine is also taking steps forward. What will be in the spotlight in laboratory medicine in 2025? Quality management as a systematic approach started a century ago in the slipstream of the industrial revolution around 1900. Will trend analysis, Westgard rules and total-error specifications survive in the (near) future?

A grasp of the changes these days: the material change (from venipuncture blood towards finger prick blood), the instrumental change (from high-end robotics to small POCT instruments and nano technology), the personnel change (from lab workers towards everybody) and so on ...

Away from paperwork, back to the bench! Now that we accomplished total error and uncertainty measurements in daily laboratory testing, we now can focus on quality’s future -- what are the real needs?, how can these be achieved; what and where are the opportunities, ...?

Away from paperwork, back to the bench! A challenging and historic meeting will be in Antwerp in April 2021. Join and enjoy! Bring your question and we will search together for the answer.
Laboratory medicine 2.0

For many years we advocated “Think outside the box”, now we presume we are outside the box but .... how do we proceed ? Here are some of the speakers, edutainers, that will inspire us and lead the way.

The Westgard Quality Award will again be presented to an outstanding scientist in the field of TQM in medical laboratories. Speakers such as Prof. Sharon Ehrmeyer and Prof. Jim O. Westgard, but also youngsters and many others will again guarantee an inspiring and thought-provoking program.

We are also on the move and in good company! The 2018 meeting on NEXT GENERATION was very positive, inspiring and provocative at the same time. Youngsters as well as oldsters gave their scientific views on the present and future world of laboratory medicine. The room was filled with millennial’s, in the audience and on stage. Having noted this, it is now time to move on. We adapted to disruptive innovations, we thought outside the box, we distinguished between genuine science and fraud, so now it is time to move on. 2021 is coming and the laboratory medicine world is changing. It is becoming more customer’ driven, POCT, more reliable and more outcome focused. Results from evidence-based laboratory medicine studies accompany the introduction of new laboratory tests. The cell phone as a testing device is becoming a common phenomenon. Nevertheless statistical analysis is still key. Learn from and contribute to this ongoing discussion. Register for this meeting early, join your colleagues in Antwerp!

Conference address:

Lindner Hotel
Lange Kievitstraat 125
B-2018 Antwerp
Belgium
Question:  How to organize QC for POCT?
Answer:  Antwerp conference April 19th and 20th 2021

Could a blood test for Autism be on the way?

New blood test said to predict onset of arthritis

Test accurate within three-year window, said in 2019. A blood test for people at risk for rheumatoid arthritis can identify those who will develop the disease within 3 years, new research shows.

Does science have a clue? Industries like Roche Diagnostics, negotiate directly with the hospital management excluding the laboratory management. They offer guaranteed quality, fixed prices and scientific support in a business like way. A recent editorial of Michael Neumaier and Ian Watson testified to a growing sense of reality.
One of a kind ‘green field’ conference with a lot of interaction between speakers and participants

What is a green field?

A place where one can start a project without the need to consider any prior work. A place to reach out for innovation, no limitations because of the production says, a place to think outside the box, a place to dream ....

Do you have a green field in your organization, and in your head?

A place that inspires, challenges and allows you to think, without limitations, on your trade? Such a place provides The Antwerp Conference. In April 2021 we meet again in Antwerp with high-level speakers and workshop leaders to focus on quality in laboratory medicine. No politics, no colleagues to take into account: just you, your head and soul mates. You will not agree with all of them but the will for sure start you thinking. Join in!
Over the years we advocated ‘thinking outside the box’ and that was precisely what we are doing in the Antwerp series of scientific meetings. In a way they are unique, mainly because of the atmosphere that the participants, together with the speakers, create.

These speakers are world-class but, happily, have an open mind. And, also important, they represent a broad selection of views to enlighten a specific quality subject such as Measurement Uncertainty, Biological Variation or QC in POCT.

This conference will be organized for the 19th time covering a period of 1995 until now, so 25 years. But now all materials are digital, the interaction between the organization and the participants and between the participants themselves is by mail and Skype or FaceTime. So all of that is of this time and age but the original idea to create a green field and to play together, to discuss, to learn is still the same, from the start..... The setting, in a state-of-the-art hotel in the center of Antwerp also contributes to this atmosphere.

Join in, you are most welcome.

POCT

POCT really is taking off. In many physicians’ offices, analytical instruments appear and the gamut of available tests enlarges. Not only are CRP, glucose and pregnancy tested for, but also HbA1c, HDL-cholesterol, BNP and HIV. Is the quality well defined; who is responsible for a correct analytical test result, the interpretation and archiving?

This technology is changing our world and also our perception and assessment of quality. For instance in the larger American institutions (e.g., St Louis Medical System), the control of the number and quality delivered by POCT glucose meters used throughout the hospital is totally lost. However correct results for the 12% of critically ill patients is still essential.

Join the groove in quality management in laboratory medicine
Current status

By reading and searching the literature over the past couple of years and, in addition, studying the programs, abstracts and papers of recent scientific meetings, the conclusion could be that the field of laboratory medicine has reached a standstill.

There are a number of reasons for this stagnation:

The scientific world organized itself in societies, committees and steering groups. Here the scientifically desired conclusions are drawn and proclaimed. Protocols and procedures are designed and introduced as if law with little or no creativity.

In addition the diagnostic industry, like the rest of the established industry, produces and sells products and services that maximize profit with the least effort. So few new tests, no real improvements and no disruptive innovations.

Furthermore there is a lack of charismatic ‘out-of-the-box’ thinkers. And in case they appear the traditional scientific establishment virulently attacks them. Of course the story of Elisabeth Holmes is a peculiar one but, at the least, she had a refreshing look at laboratory medicine. The quality thinking in medicine and in particular in laboratory diagnostics took a flight of the past half century. The translation of industrial quality definitions into the science of laboratory medicine was enlightened and contributed to a better, patient oriented, quality. The Westgard rules as well as the Fraser principle of biological variation should be seen in this respect. However at the same instance this clearly unveiled that the analytical quality of many tests should be markedly improved when in use in clinical practice. Almost all current tests are underperforming. Here industry as well as science is in default. They call upon so-called guidelines that release them from responsibility. On top of that the crippling discussion between the supporters of ISO and MU versus the total error (TAE) and biological approach took a lot of useless energy. Here non-statisticians enter they arena and trouble the discussion with many none arguments.

Should we let other parties take responsibility in order to take the lead in this field? Why not take the lead ourselves and come-up with workable new approaches to quality in clinical testing?

Given the fact that the scientific establishment as well as the industry is currently not very active in improving the quality of the analytical outcome it makes our sector vulnerable.

What if a scandal breaks out highlighting poor quality of POCT results? Just look at the work that Erna Lenters did on the subject of HBA1c POCT. It would be an ideal opportunity for politicians and media to call for strict regulation by a regulatory body that does not have in-depth knowledge of the field.

Or do we (science and industry preferably together) come-up with a new approach where we dare to take a “greenfield” approach. Why not join the groove in finding and promoting alternative approaches to this subject?
Place to meet
One could wonder if and how the field of laboratory medicine, industry as well as science, is capable of doing this. Probably changes from outside the field will cause such disruptions. But if there is a place to discuss this it has to be one that is independent, not linked to any society of interest group and of sufficient level and input. Fortunately that place still exists every two years now in Antwerp. Quality in the Spotlight is not only the place to be it is the place that we now establish our hope upon.

Achievements
Big and small steps were taken. The EFQM model was introduced to laboratory medicine; it gave a useful overview for the organization of the medical laboratory. A comprehensive model (NEXUS) defined the ultimate goals in analytical performance. The process for medical diagnosis and the contribution to that from laboratory medicine was studied and understood into detail. The biological variation could be coupled to the total allowable error as well as the measurement uncertainty. The physicians requesting laboratory tests proved to be highly sensitive for the quality delivered and the test results to be expected. Software was designed to generate accurate automated diagnosis as well as to support the patient in when to refer to and visit the GP office. However a simple algorithm to establish how many multiplicate should be measured to achieve the desired quality was not used in medical and analytical practice. But major steps were taken trough genomics, trough the automation of PCR techniques leading to POCT microbiology tests, through the application of portable XRF analytical methods, through miniaturization, etc, etc. Within laboratory medicine incidental useful practical applications were certainly revealed such as POCT troponin, POCT CRP and POCT lipid profiling.

VR vaccine was a new and creative way to concur the fear of children for vaccination. A virtual reality is used to smooth the vaccination process.

How to proceed
A provocative program was composed for the April 2021 edition to inspire the participants and the field of laboratory diagnostics.

POCT quality specifications


During a one day symposium entitled "Point-of-Care Testing" near patient testing was evaluated by clinical chemists, laboratory managers, health care assures, and intensive care physicians. Pros and cons were discussed in depths and the outset to a model of nine specific items, such as

1) test quality, 2) turn around time, 3) total costs, 4) hazard analysis, 5) test frequency, 6) user friendliness, 7) managed care score, 8) situation characteristic, and 9) responsibility, was given to facilitate a proper choice.

Total quality was the paramount feeling for all the persons involved. Measurements should be reliable concerning the precision as well as the accuracy without any interference.
17:00 – 18:00  Registration desk open and welcome drink for all participants both at the 12th floor of the Lindner hotel; top floor with a dazzling view

20:00  Speakers dinner in town

Day 1  Monday April 19th  2021

09:00 – 09:05  Welcome and opening conference
chairman Henk Goldschmidt
co-chairman Stacy Walz

09:05 – 09:40  Anne Vegard Stavelin (Noklus, Norway)

General info on POCT
The Noklus quality system uses different tools to obtain harmonization and improvement: (1) external quality assessment for the pre-examination, examination and post examination phase to monitor the harmonization process and to identify areas that need improvement and harmonization, (2) manufacturer-independent evaluations of the analytical quality and user-friendliness of POC instruments and (3) close interactions and follow-up of the participants through site visits, courses, training and guidance (Harmonization activities of Noklus - A quality improvement organization for point-of-care laboratory examinations. Clinical Chemistry and Laboratory Medicine. 57: 106-114.) How is the problem of sample origin solved? What are the recommendations for quality? (Essential aspects of external quality assurance for point-of-care testing. Biochemia Medica. 27: 81-85.) What to do with discrepancies between POCT and CL?

09:40 – 10:15  Annette Thomas (Weqas, UK)

General info on POCT
How real is the support of an EQAS scheme in POCT? Let us go to real live and back to the basics. How good or bad is the quality of POCT? In general, in comparison with the central laboratory? Is it possible to measure POCT quality using minute whole blood samples? What can we demand and expect from non-laboratory workers? Are building checks possible and how can EQAS contribute?
10:45 – 11:20  Kathy Freeman (Syn Labs, TDDS Labs, UK)

Animals
POCT quality in veterinary laboratory testing. One of Kathy Freeman favorite quotes is “Better to trust the man who is frequently in error than the one who is never in doubt.” As an inspired scientist Kathy has a broad view on veterinary sciences. Being a veterinary clinical pathologist she will enlighten us on the subject of biological variation within medical laboratory testing of many species, humans being one of them. Her current professional activities are being a clinical pathologist at SYNLAB-Veterinary Pathology Group, Exeter, UK, Veterinary Information Network Consultant, and member ECVCP Committee for Laboratory Standards and member Quality Assurance and Laboratory Standards Committee, ASVCP. The main question here is: what can we learn from each other? Where is the field of veterinary science with regard to quality compared to human medical diagnostics, and vice versa. The concept of biological variation and the battle between GUM and TAE is relevant in veterinary diagnostics as well? Is POCT common practice? How is the quality of POCT defined and regulated? All of this with a touch of brexit ....

11:20 – 12:00  Sharon Ehmeyer (WU, USA)

Regulations and guidelines
POCT quality -- what the regulations say. More than 250 years ago, one of the founding fathers, Benjamin Franklin, published a yearly Poor Richard’s Almanack with useful information and advice. For decades, this best seller provided indispensable advice and encouragement to struggling settlers in the new world. Summoning that spirit, Dr. Sharon S. Ehmeyer writes The Poor Lab’s Guide to the Regulations, a plain-language discussion of the rules, requirements and regulations that govern US medical laboratories. Sharon will discuss both US and ISO POCT quality requirements and will report on actual POCT quality practices reported on a global survey recently published in JALM.
Q: How to organize QC for POCT?
A: Ask Sharon
11:00 – 12:00  
Sten Westgard (Westgard OC Inc., USA)  

Training: bring your own case  
Workshop “The future of Quality Control Testing in POCT”.  
Sten explained: “Laboratories have not significantly modified their QC procedures for almost half a century. It’s time for laboratories to bring quality control into the 21st century and adopt more efficient, effective procedures. The Westgard rules have been used by laboratories around the world for many years, allowing the detection of both random and systematic errors, but application of full Westgard rules may not be necessary to maintain standards for highly reproducible, automated laboratory testing. If an assay is of sufficiently high quality, and suitably rigorous maintenance schedules are in place, then the risk of erroneous results is significantly reduced. In these cases, we can redesign QC testing strategies to reflect the reliability of the assay, freeing up staff time and other resources.” Sten is traveling the world – what is really new in quality thinking in laboratory medicine? Sten will conduct a Kahoot interactive session that will give us an opportunity to form an opinion of what kind of QC should be used in POCT testing.

12:35 – 14:00  
Lunch break

14:00 – 15:00  
James Westgard (UW, USA)  

Statistics  
Introduction to "The Right QC", even for POCT? Being a rock star in the scientific area of statistics in laboratory medicine, Jim Westgard devoted much of his time to explaining the rules that have to be applied to guarantee an appropriate quality. He visited the Antwerp conference many times and in each meeting we learned a lot. But the ultimate challenge: how to define quality in a POCT setting; or does the setting not matter? The YouTube presentation (https://youtu.be/qoipEVoTHCe) on EP23 gives maybe part of an answer ...

Seeing the future from history (从历史中看未来) including rules for the new generation instruments.

15:00 – 15:30  
Tea break
15:30 – 16:15  Ester Talboom - Kamp, Maarten Kok (TWIHC, The Netherlands)

What's up? We have news!
Together we innovate health care with the acronym TWIHC is Esther Talboom - Kamp’s spin-off of the laboratory she is running. It does not sound very scientific but the way a test result is used defines the desired quality to a large extent. She knows as GP as well as director of the laboratory very well how to put the patient in the spotlight. Besides of that she has a neck for practical innovations and does not, primarily, bother about existing political structures. However being a senior scientist at the university of Leiden as well, she stresses the fact that innovations should be evidence-based. Maarten Kok speaks the language of medical laboratory diagnostics and can ease us into the far-fetched ideas of Esther. An inspiring Podcast (in Dutch) on BNR radio is worth listening to; it reveals many of the ideas behind TWIHC.

16:15 – 16:30  Westgard award ceremony

16:30 – 17:00  Westgard awardee Vanessa Ghislain

Why is laboratory testing not flawless?

After obtaining a Master's degree in biomedical sciences in 2002 (Vrije Universiteit Brussel), Vanessa Ghislain worked for 11 years as a scientific collaborator at the pathology department of the Brussels University Hospital. She started with executing, supervising and developing molecular biology assays dedicated to cancer diagnosis and therapy, mainly FISH (fluorescent in situ hybridization). As from 2009 an ISO 15189 accreditation for molecular testing became mandatory, she took on the role of quality manager of the department. Later on, she started performing dissection of routine surgical pathology and biopsy specimens. She was also involved in several research projects of molecular oncology and reproductive medicine.

In 2013, she joined the former Institute of Public Health (WIV-ISP), now Sciensano, to work as a scientific collaborator at the Department Quality of medical laboratories. As coordinator of the national external quality assessment (EQA) program for the Belgian pathology laboratories, she is now responsible for the execution and development of quality assessment schemes in the field of pathology.

Works in:

- Quality of laboratories
- EQA for histopathology and immunohistochemistry
- Pathology and molecular pathology
- Virtual microscopy
EQA programs have become imperative to give confidence in the quality of laboratory testing and to ensure delivery of consistent and accurate results that, ultimately, impact a patient diagnosis. They enable laboratories to evaluate their performance and methods compared with that of their peers or with the whole laboratory community. This report provides an insight into the Belgian EQA program for the immunohistochemical assessment of HER2 expression, estrogen receptor and progesterone receptor status in breast cancer.

17:00 – 17:05  Closing

Evening program at Restaurant August a former cloister of Parisian nuns

19:00 – 23:45  Reception and dinner
Admission only with a dinner ticket

The dinner speech will address The Quality of Life by Strahinja Medić (VetLab DOO, Belgrade, Serbia)
Quality of life is put in the spotlight! Laboratory medical diagnostics contributes to the quality of our life. Can this be increased and in what way? Is genetic testing a blessing or a curse? Is POCT a blessing or a curse?

Hotel-restaurant August
Jules Bordetstraat 5
B-2018 Antwerp

A former Augustinian cloister becomes a modern-day sanctuary under the guidance of legendary Belgian architect Vincent Van Duysen. The August site is a combination of five buildings. The biggest challenge for Van Duysen and his team was to link them together in an optimal way without falling foul of heritage restrictions. The nuns’ former private chapel will be the main lounge and bar area.

There are two terraced townhouses with gardens adjacent to the site, one of which will accommodate a spa complete with an outdoor swimming pool with its own filtering reed bed. The building behind the chapel, which was the nuns’ living quarters, will contain most of the guestrooms, the kitchen, and a guests’ library.
Q: How to proceed with POCT?
   Stacy Walz is the Chair of the Clinical Laboratory Sciences program at Arkansas State University.
   Understanding Analytical Characteristics and Their Impact on Cardio Clinical Care with Cardiac Troponin Assays POCT as well as from the centralized laboratory, will be commented on.

A: This power girl is very well able to enlighten us on their ideas upon the US POCT situation. Is home testing the future? What kind of tests is and will be offered by Walgreen? A review of POCT risk management is constructed. Risk meaning what are the changes that the POCT is wrong as opposed the central laboratory testing (Point Of Laboratory Testing versus Point of Care Testing). Risk of damaging the patient’s health through POCT because it took too long to get the answer.

09:35 – 10:00 Oral poster presentations

10:00 – 10:30 Coffee break

10:30 – 11:10 Ivan Brandslund (SDU, Denmark)

We have more news!
The solution we never thought ourselves but Ivan did! Thinking outside the box is a rule of life for Ivan. Next to that he is an inspiring and challenging colleague. From his point of view is POCT not really a need for in Denmark because his lab processes samples extremely fast. Why is POCT fake news? Or isn’t?
The moving average (MA) method is one of the oldest in QC in LM: can it be applied to POCT as well? Let us ask one of the experts. Huub van Rossum is member of the IFCC working group on the subject and will share his ideas. New insights in the understanding and practical application of patient based real time quality control also known as moving average quality control (MA QC) have been obtained. MA QC differs in several ways from statistical internal QC and combining both techniques allows improved analytical quality assurance and a more (cost-) efficient QC plan. Challenges for laboratories are how to obtain proper laboratory specific settings and how to operate MA QC in routine practice. Recently tools and documentation that addresses these issues has become available for medical laboratories, amongst others via an IFCC working group. In what way can MA QC be of value for POCT testing especially because the quality control materials in current use are far from the nature of patient materials? Is here an opportunity available?

How does industry regard POCT, just another segment or the paved way to the future? QC on POCT is a new challenge! Patient outcomes depend on accurate test results that depend on operator proficiency. The calibration issue is addressed. This session will present a comprehensive model for managing the risk of patient harm from erroneous results from a population of POCT instruments. Operator proficiency as well as the integrity of individual devices and the unit testing cartridges will be addressed.

And how about the patient? POCT in a broader perspective; a patients' view. The relationships between the various fields in medical care with regard to laboratory diagnostics are discussed. Christian is a registered clinical chemist but also chairman of the medical board of the hospital he is working. In the past he ran a program that patients allowed medical laboratory testing on their own initiative. So in a way he has personal experience in various lines of medical care. How does POCT fit in here? What is the minimal quality? What are the logistics needed? He will elaborate the paper “Point-of-Care vs Central Lab ‘Discrepancies”: Getting the message across” (Robert Moran, JALM, Febr. 2017), based upon his own experience. It is clear that the role of the clinical chemist has to change. Not only the commutable quality has to be accounted for but much more the quality of the
laboratory test result is defined as how well it fits the context of the patient. POCT: curse or blessing for the treating physician and his / her patient?

12:30–14:00  Lunch break

During the break the scientific advisory board as well as the board of recommendation will meet.

14:00 – 14:30  Gilbert Wieringa (NHS, UK)

Is Point of Care Testing a disruptive innovation? The 20th century digital revolution has seen the introduction of faster, innovative and easier to use technologies that have taken laboratory medicine services closer to people and patients at the point of care. The 21st century is ushering in opportunities for global, information technology providers to disrupt clinical and diagnostic services with evidence-based artificial intelligence-driven algorithms. A new leadership challenge emerges for specialists in laboratory medicine to extend their knowledge, skills and competence beyond the laboratory for a) guiding appropriate services for local environments based on clinical need, b) ensuring POCT solutions are cost-effective, safe and reliable, c) developing the business acumen to market, negotiate and manage change d) gaining a better understanding of imaging technologies, genomics, and health information science (data mining and health economics). In providing examples of the new ways of working this talk will also highlight the leadership role of the specialist at the center of potentially conflicting agendas to ensure effective use of resource across the diagnostics and information technology industries, clinicians, service commissioners, academia and policy related healthcare organizations.

14:30 – 14:50  Oswald Sonntag (Technopath, DE)

Independent QC and POCT: a contradictio in terminis? Oswald will present his view on quality within the field of POCT, which quality supporting products (also from Technopath) are available and sensible.

14:50 – 15:15  Industrial and scientific snapshots

Finbiosoft in cooperation with Tommi Hirvonen will present two subjects.

Validation Manager: From Excels towards a brighter future: How to ensure quality and save time in validation and verifications studies by using Validation Manager to collect your verification data, analyze the results with the latest CLSI protocols and create
standardized reports automatically. Introduction to Validation Manager software service along with customer experiences from around the Europe.

EQA Manager: From Excels towards a brighter future: How to ensure quality and save time in quality assessment rounds by using EQA Manager to keep up with your EQA rounds with total visibility to the state of each round, required corrective actions and overall performance. Introduction to EQA Manager software service and how it can help your laboratory manage your EQA rounds effectively.

15:15 – 15:45 Tea break

15:45 – 16:15 Snežana Jovičić (Center for Medical Biochemistry, Belgrade, Serbia)

Let’s get practical. The quality evaluation of smartphone applications for laboratory medicine was performed by an EFLM working group. Their conclusions were devastating: apps designed for patients, are of the poorest quality, considering the total quality of the content and information they provide, estimated using the MARS tool. This estimation needs to be validated for laboratory medicine apps, and eventually modified after consideration of specific quality benchmarks. However this trend is unstoppable …. so how to deal with these quality issues?

16:15 – 16:30 Let’s get practical once more, pending
Let’s get practical once more, pending
The story of the APS chart enabling the calculation within the medical laboratory of APS (Analytical Performance Specifications, see the summary of the conference of 2018 for details). Ina Mathilde Kjaer is working on her PhD thesis under the supervision of Ivan Brandslund. At the 2018 edition of the Quality in the spotlight meeting in Antwerp she presented an energetic lecture on how the principle of biological variation and error budgeting was put into the practice of medical diagnostics. She showed us a flow chart that was introduced on the medical wards. Now, after two years we would like to now the status of this project. Did it die or did it survive? Can one use this cart also in POCT situations? Ina Mathilde is unable to present but the questions stated will be answered.

16:30 – 16:45 Conference statement

Based upon an historical overview of POCT developments especially with regard to quality. What are the analytical, logistical and financial desired specifications? Is xPOCT the future?

16:45 – 17:00 Closing remarks

17:00 – 17:30 Social gathering
From slow quality to fast quality seems a logical development

In parallel we went from fast food to slow food, from food cheaply and fast produced towards slow food that grow naturally and with respect for the environment, prepared in a simple, traditional way.

In laboratory medicine we are used to slow quality; it is solid as a rock, takes time and causes a marked delay to the results produced. A good example of such is the reporting of a strongly deviating and clinically relevant test result. We will take an extra look at the QC, to make sure it was passed and we will rerun the sample to make also sure the result to be reported is correct. This while because of the nature of the result one would expect bot a slower but an faster response. We especially in POCT we need fast quality.
Antwerp 2021

Conference venue:
Lindner Hotel
Lange Kievitstraat 125
B-2018 Antwerp
Belgium

You will find the chic but casual Lindner WTC Hotel & City Lounge Antwerp in the glitzy diamond district, right next to the cathedral-like central station (well worth a visit by the way).

It is a charming home away from home and a top business location that leaves nothing to be desired. Centrally located yet absolutely quiet, it offers breathtaking views of the city whether you are relaxing in the lounge or working out in the fitness room.

Hotel lobby

Sky lounge conference room
Abstract Submission Form for Posters

Fill in the form and save it as MS word document under “Name.poster.doc” Send it to: TQMantwerp@gmail.com confirming the reception will be sent to the e-mail address indicated in the form.

E-mail address

Title of the poster

Name and Title of the corresponding and presenting author

Additional Authors

Abstract: Maximum of 200 words; use font Times New Roman 12

Posters will be on display during the entire conference, with appointed times for interaction with the authors. Posters will cover a wide range of subjects including: software for QM, accreditation costs, laboratory-hospital interface, reference materials, error management, validation, and human resources management. A poster award will be presented at the Conference Dinner.
Submissions for the poster session will be reviewed by the program committee on the basis of a short abstract of not more than 200 words. As a guideline, the following questions should be answered:

- Describe the problem you have addressed.
- Why is this problem important?
- What is the original contribution of this work?
- Does it check and/or extend previously reported work?

Optional: if accepted, the author may choose to prepare a full paper on the topic for publication in the workshop proceedings.

Deadline: for poster submissions 1st of April 2021 will be used as a deadline for approval and inclusion within the program.

Procedures
In the past the conference proceedings were published in the “Journal of Accreditation and Quality Assurance”, at least in part. The papers in JAQA give a fair impression of what the quality communion kept busy over the last decade. So far so good. What will happen with the papers during the next decade is unclear. The conference organization is still looking for a proper platform to publish, Prof. Ivan Brandslund (editor CCLM) is involved in exploring the possibilities.

Practical information

Conference Location
Antwerp lies at the heart of the European Union: It is a lively city whose international feeling and hospitable people enthusiastically welcome foreign guests.

The town first became a world commercial centre in the sixteenth century and was the cradle of commercial printing and Flemish art. It possesses a very large and vigorous harbor as well as being the diamond centre of the world. The city is a mixture of many cultures. The citizens are called Sinjoors (Seigneurs) because of their elegance and enthusiasm for style and Burgundian way of life. This international awareness makes each person a citizen of the world and keenly supportive of commerce, industry, art and culture. The blinding success of Antwerp, designated the “cultural” capital of Europe in 1993, illuminated this yet again.
Antwerp, in the heart of Europe and Benelux and less than an hour away from the Community headquarters, is a city which is fully alive day and night. On the Schelde river, this metropolis welcomes merchants, businessmen, artists and travelers from all over the world. Spaniards, Jews, Greeks, Turks, Russians, Dutch-men, Germans, Chinese, Indians and Americans, to name but a few, are represented among the more than 135 nationalities which are at home in this world-class city. The various nationalities have their own clubs, centres, and religious institutions, which go towards making Antwerp into a cosmopolitan region.

Conference address:
L!ndner Hotel
Lange Kievitstraat 125
B-2018 Antwerp
Belgium
Tel +32 3 227 77 00

It is situated next to the central railway station of Antwerp

Address for Conference information
Dr. H.M.J. Goldschmidt, Foundation DCT, Hoefstraat 258, 5014 NR Tilburg, The Netherlands. Tel: +31 6 1088 2603,
E-mail: TQMantwerp@gmail.com
Website: www.qualityinthespotlight.com

Secretary of the conference Mrs. Lia Konings,
Tel: 0492-529416
E-mail: TQMantwerp@gmail.com

Registration desk
The registration desk and conference secretariat are located in the 12th floor (top floor) of the hotel. The secretariat will be open:
Sunday  April 18th, from 16.00 till 20.00
Monday  April 19th, from 08.30 till 18.00
Tuesday  April 20th, from 08.30 till 18.00

Venues
The Scientific program, symposium lunch and coffee breaks, poster exhibition and commercial exhibition will all take place in the hotel Lindner.

Registration fees
Please use the registration form on the conference website and return it as soon as possible to Dr. H.M.J. Goldschmidt or Lia Konings, together with the full registration fee(s).
Your registration will then be confirmed. For payment instructions, please see below.

**Registration**
Before February 1\textsuperscript{st} 2021: € 855  
After February 1\textsuperscript{st} 2021: € 955  

This fee covers:
• participation in all scientific sessions  
• symposium program  
• abstract book  
• lunches  
• morning and afternoon refreshments  
• welcome and farewell receptions at the hotel L!ndner

**Payment instructions**
Participants are kindly requested to forward their registration fees, in Euro’s, by bank transfer to the following bank account:
ABN-AMRO Bank, Heuvelring 88, 5038 CL Tilburg, The Netherlands  
Account No: 63.08.57.385 IBA N: NL56ABNA 0630 8573 85 BIC code: ABNANL2A  
Account holder: Foundation The Quality Meetings, Tilburg, The Netherlands  

Please indicate the names of the participants on all payment documents; or if known, the registration number.

Registration and receipt of fees will be acknowledged upon receiving payment. Please note that no registration will be finalized without proof of prepayment.

**Use of credit card**
Payment can only be made by Visa credit card

**Cancellation of registration**
Registration fees less 50 euro for administrative costs, if written notice of cancellation is received before March 1\textsuperscript{st}, 2021  
No refunds will be made after this date.

**Proceedings**
Extra copies of the proceedings can be ordered during the conference for € 75,-. This fee includes postage and handling and consists of the entire conference package.

**Accommodation**
The following hotels, in addition to Hotel L!ndner and Hotel-restaurant August, have been suggested as the conference hotels: Theater Hotel (Arenbergstraat 30, 16 minutes walk) and Hotel Ibis Antwerp Centrum (Meistraat 39, 14 minutes walk). But there are many more in the direct environment of Hotel L!ndner.

In previous years we arranged a booking agency. But nowadays it is so easy to take care of this through the internet using various booking site, we would like to suggest to do so. Trivago.com, Booking.com and others facilitate such as well as the possibility to compare hotels and, in that way, fine-tune your booking.
However in case you need assistance, please contact Lia Konings through TQMantwerp@gmail.com and we are pleased to help you out.

Access to Antwerp
A. From Brussels airport (by train)
   Trains from Brussels-Airport-Zaventem to Antwerp – Central station run every 30 minutes. Trains are available from Brussels airport to Antwerp from 00:02 to 23:41. The journey will take 31 minutes and costs 11.80€ for a one-way ticket. Taking the train is a quick transfer option for those on a budget. Station is a 3-minute walk from the conference site.
B. By car
   Antwerp is easy to reach by car, following the E19 motorway from Brussels. Car rental. Most major car rental companies have a desk at the Brussels Airport. Parking facilities are available nearby the conference venue. Please note that you have to pay for your parking place. the City of Antwerp has decided toexclude the most polluting vehicles from the city. The city center has become a low emission zone (LEZ). The hotels are mostly situated within this LEZ.
C. By bus from Brussels airport to Antwerp
   Brussels (BRU) offers a direct Airport Express bus to Antwerp once an hour. The bus journey takes 45 minutes in light traffic and a one-way ticket costs just 10€, making it the cheapest transportation option. You can only purchase your ticket in cash, directly from the driver on the bus, so be sure to carry change in Euros. There are city buses but no subway in Antwerp.
D. By taxi
   Taking a Brussels airport taxi from Brussels (BRU) airport to Antwerp is a highly convenient and fast transfer choice. The journey shouldn’t take more than 36 minutes in light to normal traffic. Taxis at Brussels airport don’t have a flat rate fee to Antwerp, instead, they charge using a taximeter based on distance, which will be around 120€. Taxis are available 24/7 at Brussels (BRU) airport.

Bank and Post office hours
   Banks are closed on Monday, Saturday and Sunday, all other days typical opening hours are from 9.30 until 16.00 hrs.
   The post office in the Central Station is closed on Sunday, Saturday from 9:00 until 13:00 hrs. and open on working days from 9:00 until 18:00 hrs.

Emergencies in Belgium
   The number for emergency calls is 112.
Insurance disclaimer
While the Organizing Committee and Conference Secretariat have made every effort to ensure the safety and well being of all conference members and their associates, responsibility cannot be taken for any accidents or damage that may occur during the symposium.

Speakers briefing
Speakers should meet their session chairmen in the room of the presentation 20 minutes before the start of the session.

Social program
On Sunday evening (17.00 – 18.00 hour a Welcome Cocktail will be provided by the conference organization at the topfloor of the hotel. The Conference Dinner is planned in August (Jules Bordetstraat 5, B-2018 Antwerp) on Monday, April 19th at 19:00 hours. This restaurant is within walking distance of the conference site (approximately 18 minutes i.e. 1,4 km, or take sneltram number 2). The costs for the TQM conference dinner are € 125 per person.

Students
Limited funding for travel and attendance of the meeting may become available. Students (no others!) in need of financial assistance are requested to apply in writing through the Secretariat to the Chairman of the Organizing Committee before February 1st, 2021. A copy of the student card must be enclosed.

General information
The meeting will be held in the Lindner hotel in Antwerp (Belgium). The program consists of plenary sessions and poster presentations. The working language will be English, no simultaneous translation facilities will be provided.

Acknowledgements
This symposium has been made possible, in part, by the financial support of the following companies sponsoring (this list is provisional):
   BioRad
   Finbiosoft
   Dimensional insight
   Abbott – Alere
   MIPS
   and others are pending

Conference address:
   Hotel Lindner
   Lange Kievitstraat 125
   B-2018 Antwerp
   Belgium
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The next conference is in 2023, May 8th and 9th 
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POCT: the answer of laboratory medicine to the 24/7 economy, it empowers individuals through opportunity, connectivity, knowledge and productivity.

POCT is the game changer in Quality in Laboratory Medicine

CONCLUSION
Future opportunities for POCT are only limited by the narrowsness of our collective vision for it. Although it is impossible to say with certainty where POCT will be by the year 2020, whichever way you look at it, the future of POCT looks bright. POCT is available for all health professionals of varying backgrounds from across the globe to embrace. I encourage you to take up the challenge and become a POCT champion.

The status of this event within the MedTech conference vetting system is “compliant” on all assessment criteria.
Review of the POCT literature anno December 2019

In an extensive search for email addresses to be used at our upcoming conference on quality of laboratory medicine and POCT I browsed the global village. It was an interesting experience. For hours I was busy to copy authors of scientific and semi-scientific papers. In the meantime reading parts of these papers, browsing the abstracts and titles using different library search engines a few remarkable things could be observed.

In general I was and am impressed by the collected POCT literature at this moment (December 2019). Over the last 25 years remarkable progress has been booked with a very positive input from industry. Not only innovative and robust small instruments including smart technologies were development. But the support of the users was provided through ideas on quality control, use of measurements data, risk analysis, patient friendliness and so on. The next generation Point-of-care systems is on its way. Multiplexed point-of-care-testing was introduced, critical drivers in the development of Point-of-care diagnostics were determined and the terminology of Near-patient-testing was abandoned.

The number of papers on this subject is exploding. Many clear reviews were written and presented in the formal scientific literature. The difference between the written reports, the guidelines designed and the practical use and abuse is striking although some authors try to bridge this gap.

The veterinary laboratory and human laboratory medicine have an increasing number of aspects in common, as was reflected in the literature as well. POCT as a part of common medical diagnostics practice is more apparent in certain countries as opposed to others. Here the next stage including innovation is dawning. From the literature it can be observed that the English speaking countries as USA, UK, Canada and Australia put a lot of effort in understanding and improving POC laboratory testing in human as well as veterinary medicine. However all kind of other countries in Africa as well as the far east used also POCT testing but applied to other test such as HIV, Ebola, Malaria, Dengue and Zika virus protein (from saliva).

In various countries are seats of activities that hook on to that specific country. In Germany, supported from several universities, technical developments are reported. In Spain and Italy the focus lays more on the conceptual aspects from POCT. In the UK and The Netherlands The focus lays on the GP office, the financial aspects and the quality of medical decision making. In the Scandinavian area as well as Ireland quality control procedures are described.

Almost every society of clinical chemistry of laboratory medicine has a working group or taskforce on POCT. It is clear that the traditional medical laboratories are missing the drive
of the current developments. Within their organizations, such as a hospital, this is understandable and explainable from their responsibility. But outside for instance towards GP practices they support this restricting behavior works destructive. POCT professional certification should support the users, also the end users being the patients' themselves and not withholding them to get accredited.

Many regional, national and international meetings concern POCT testing. Here speakers who shaded their light on other aspects of laboratory medicine, gave again their opinion. So only a few groundbreaking papers and speakers were found. New gurus for this specific branch are not yet emerged, as far as I could see.

All major manufacturers of medical diagnostic instruments target and release POCT instrumentation on a regular basis. They often released a fourth of five generation of those. A large number of nice firms is also active with all kind of special testing and specific applications, in human as well as in veterinary medicine.

Most questions concerning POCT are posed and answered however missing in action are the analytical characteristics for POCT. Applying the old rules as they were developed within the central laboratory does not make sense. Neither does application of the GUM and or the TAE approach. The concept of BV has been introduced in POC testing. But again the questions and approach within the POC setting is fundamentally different. So one has to devise for each of the analytical phases, from pre-pre to post-post, new quality requirements.

Walk-in-clinics, Skype physician visits, Internet collective knowledge are all developments are getting a proper setting in an ever changing world. POCT and self testing are there to stay and gain rapidly in market share. Point-of-care testing based on smartphone is under development at the Minzu university in Beijing, China, as on other places: for instance to analyze semen. Contact lenses that contain biosensors are made. The concepts such as customer experience (CX) and user experience (UX) known from marketing such be translated into patient experience (PX). Or, probably more realistic, the patient will become a user.

Disruptive innovation within the field of Point-of-Care diagnostics is he rule rather than the exception. Smartphone based POCT, contact lens biosensors, and others are revolutionary emerging technologies. Industry is across a wide front active in this field. Also because the market share of POCT diagnostics is rapidly increasing and was in 2017 as large as 24 billion USD, in 2022 it is supposed to be as large as 38 billion USD.

The scientific world has many dedicated journals or sections of journals as well as societies active on various levels: local, regional, and national as well as international. Many regulations and guidelines were developed. Adjacent scientific fields such as veterinary medicine and dental care are getting their specific POC testing facilities. In China, India and South Africa are the most active in new developments.
Many scientific papers are written on ‘POCT and costs’ and on ‘POCT versus the Central Laboratory’. Most of them are defensive towards these disruptive innovations and will be passed over by the desires of the patients with the aid of the industry. It is reminiscent of the photo industry that denied the existence of cameras in smartphones.

Due to the global COVID-19 outbreak this conference was postponed from May 2020 until April 19th and 20th 2021.

The program will be slightly changed during the coming period. However we believe and hope that it is still relevant in April of next year. A lecture will be included on POCT COVID-19 testing, as you can image.

We wish you all the best, good health to you, your family and friends!

Our upcoming conference in Antwerp will facilitate a sanctuary for out-of-the-box thinkers with the purpose to enlighten, inspire and energize all present.

Website: www.qualityinthespotlight.com