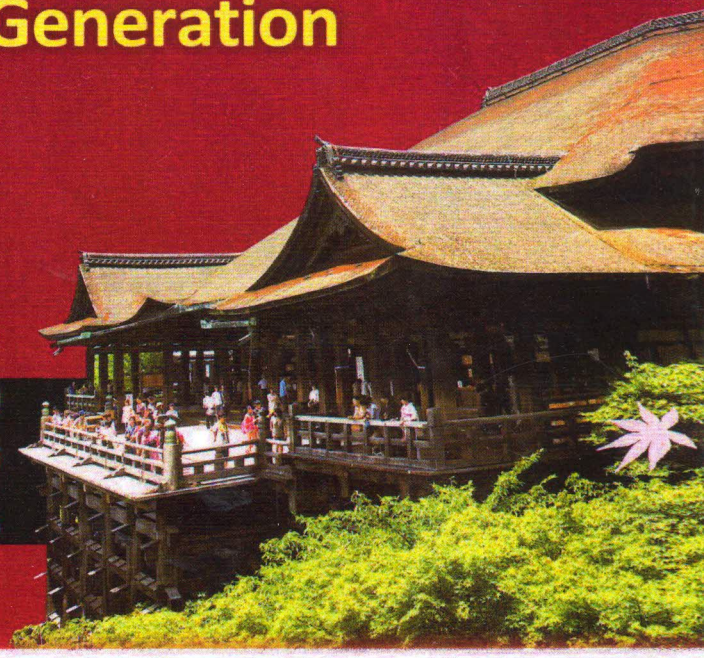
The 29th World Congress of World Association of Societies of Pathology and Laboratory Medicine WASPaLM2017

The 64th Annual Meeting of Japanese Society of Laboratory Medicine

Contribution to Medical Innovation for the Next Generation



Abstract Book

President Masami Murakami, MD, PhD
Professor and Chairman,
Department of Clinical Laboratory Medicine, Gunma University Graduate School of Medicine
President, WASPaLM

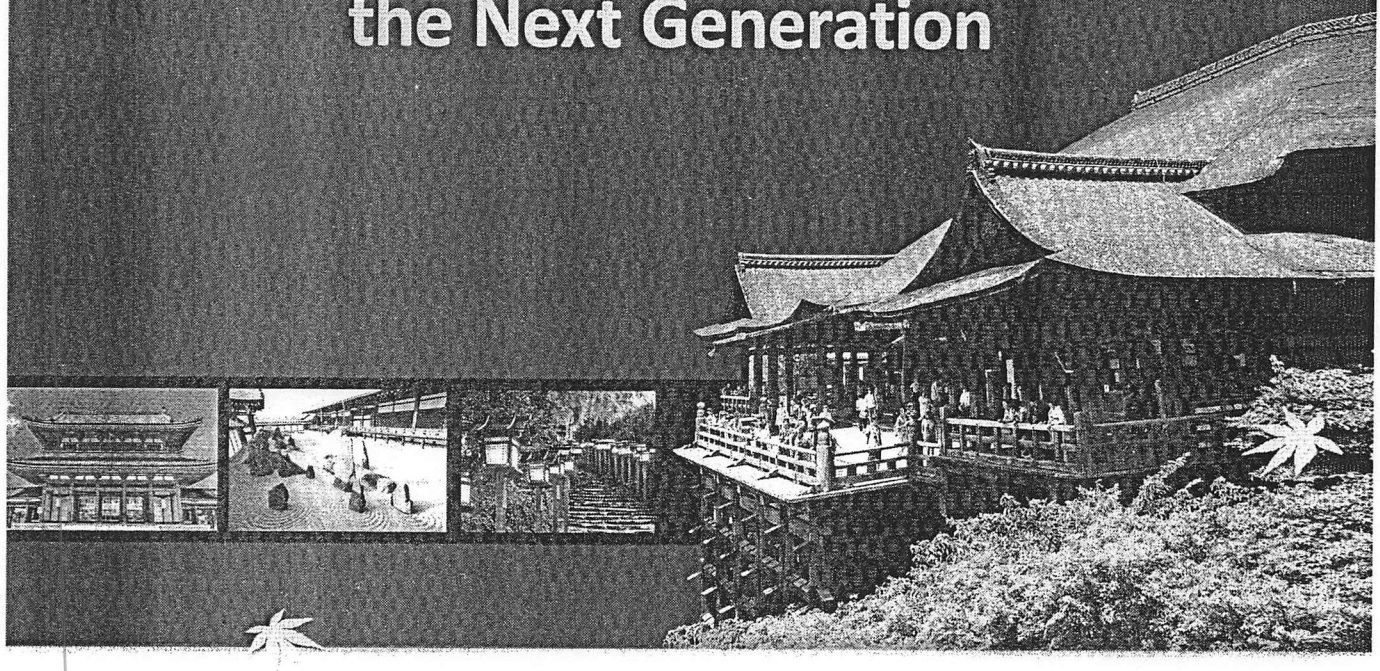
Venue Kyoto International Conference Center

Date November 15 (Wed) - 18 (Sat), 2017

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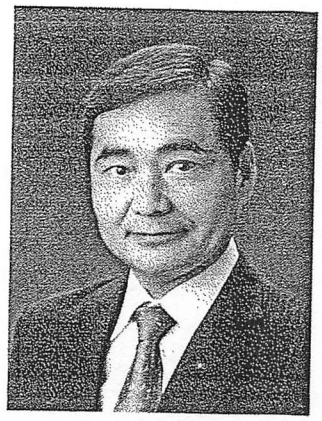
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Welcome Note



Masami Murakami, M.D., Ph.D.

Professor and Chairman, Department of Clinical Laboratory Medicine,
Gunma University Graduate School of Medicine, Japan
President, WASPaLM

On behalf of the organizing committee, I am pleased to welcome you to the 29th World Congress of World Association of Societies of Pathology and Laboratory Medicine (WASPaLM), in conjunction with the 64th Annual Meeting of Japanese Society of Laboratory Medicine (JSLM), which will take place in Kyoto, Japan from November 15th to 18th in 2017. This will be the 2nd World Congress in Japan following the 12th World Congress of WASPaLM in Tokyo in 1983.

The mission of WASPaLM is to improve health throughout the world by promoting the teaching and practice of all aspects of Pathology and Laboratory Medicine. The first World Congress was held in London in 1951, and the World Congresses have followed in various locations throughout the world, and served as important platforms for updates and discussion on practices in Pathology and Laboratory medicine.

In Kyoto, recent advances and future directions in Pathology and Laboratory Medicine will be discussed under the theme of the Congress: "Contribution to Medical Innovation for the Next Generation". The topics will cover anatomic pathology, hematology, biochemistry, immunology, microbiology, clinical physiology, and the new and emerging fields of molecular diagnostics and mass spectrometry. There will be cutting edge programs including keynote lecture, WASPaLM/JSLM joint lectures, educational lectures, 17 symposia, oral and poster presentations, and manufacturers' exhibition of laboratory equipment and reagent. We believe the knowledge you exchange will lead to further improvements in human health and welfare.

Kyoto is a unique city in Japan because it has an unbroken and well-recorded millennium of history, much of which as reigning capital of the nation. It is known to Japan as the cradle of its unique culture, and the spiritual home of the Japanese. November is the best season for the sight-seeing in Kyoto because of red leaves of autumn.

We wish all the participants an enjoyable and memorable stay in Kyoto.

Masami Murakami

Organizing Committee

Congress President

Masami Murkami, Japan

Secretary General

Toshiyuki Yamada, Japan

World Association of Societies of Pathology and Laboratory Medicine (WASPaLM)

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Tadashi Kawai
Masahiro Koshiba
Hayato Miyachi
Kazunori Miyake
Mitsuru Murata
Akihiko Okayama
Hideo Sakamoto
Ayako Shibata
Chikara Shimizu
Akira Suwabe
Kaoru Tohyama
Minoru Tozuka

P2-3 **Inflammatory features, including symptoms and increased serum IL-6 and CRP, in IgG4-related vascular diseases**

Satomi Kasashima[1], Atsuhiro Kawashima[1], Fuminori Kasashima[2], Yasushi Matsumoto[2], Kengo Kawakami[2], Masamitsu Endo[2]

[1]Department of Pathology and Department of Clinical Laboratory, National Hospital Organization, Kanazawa Medical Center, Kanazawa, Japan, [2]Department of Cardiovascular Surfery, National Hospital Organization, Kanazawa Medical Center, Kanazawa, Japan

P2-4 **Level of CKMB, TROPONIN I, and LDH in patients with chest pain complains**

Linda L. Rosita, Arjana AZA Adikazhulhi, Utami U. Mulyaningrum, Rahma R. Yuantari

Clinical Pathology Department of Medical Faculty, Universitas Islam Indonesia, Yogyakarta, Indonesia

P2-5 **The count of smudge cells and neutrophil-to-lymphocyte ratio predicted the prognosis of out-of-hospital cardiac arrest**

Ming-Jang Su[1], Ching-Piao Liu[1], Wah-Sheng Chong[2], Jen-Tang Sun[2], Fang-Yeh Chu[1]

[1]Department of Clinical Pathology, Far Eastern Memorial Hospital, New Taipei, Taiwan, [2]Department of Emergency Medicine, Far Eastern Memorial Hospital, New Taipei

P2-6 **Balance between angiogenic and anti-angiogenic isoforms of VEGF-A is associated with pulmonary hypertension-subtypes**

Ryosuke Kikuchi[1], Shigetaka Shimokata[2], Takahisa Kondo[3], Tadashi Matsushita[4], Toyoaki Murohara[2]

[1]Department of Medical Technique, Nagoya University Hospital, Japan, [2]Department of Cardiology, Nagoya University Graduate School of Medicine, [3]Department of Advandced in Cardiopulmonary Disease, Nagoya University Graduate School of Medicine, [4]Department of Clinical Laboratory, Nagoya University Hospital

P2-7 **The effect of acute aerobic exercise on arterial stiffness**

Mitsuru Masaki[1,3], Kumi Koide[1], Kumiko Yamamoto[2], Kayoko Takatsuji[2], Shunen Kanoh[2], Miho Fukui[1,3], Yasunao Wada[2], Ayako Miyazaki[1], Ayumi Igaki[2], Tohru Masuyama[3], Masahiro Koshiba[1]

[1]Division of Clinical Laboratory Medicine, Hyogo College of Medicine, Japan, [2]Department of Clinical Laboratory, Hyogo College of Medicine Hospital, [3]Cardiovascular Division, Department of Internal Medicine, Hyogo College of Medicine

P3 Clinical Chemistry

P3-1 **Biotin interference in Roche Cobas 8000 analyzer: A case report of pseudohyperthyroidism in a patient with renal failure**

Ozkan Alatas[1], Zeynep Kusku-Kiraz[1], Birgul Kirel[2]

[1]Department of Biochemistry, Faculty of Medicine, Eskisehir Osmangazi University, Eskisehir, Turkey, [2]Department of Pediatric Endocrinology, Faculty of Medicine, Eskisehir Osmangazi University, Eskisehir

P3-2 **An automated biochemical analyzer-based method for measuring dipeptidyl peptidase IV (DPP-IV)**

Yasuhiko Ohta[1], Satoshi Tada[1], Kinya Tateishi[1], Koji Murao[2]

[1]Kagawa Prefectural University of Health Sciences, Japan, [2]Department of Endocrinology and Metabolism, Faculty of Medicine, Kagawa University

P3-3 **Performance characteristics of the Lumipulse G1200 PIVKA-II assay**

Wei-Lun Tsai[1], Tai-Chun Tsai[1], Wen-Jin Kuo[1], I-Wen Chen[1], Shu-Chu Shiesh[2]

[1]Department of Pathology, National Cheng Kung University Hospital, Taiwan, [2]Department of Medical Laboratory Science and Biotechnology, National Cheng Kung University, Tainan, Taiwan

P3-4 **Usefulness of ELF, M2BPGi, galectin-3, and sST2 for assessment of liver fibrosis in chronic liver diseases**

Mikyoung Park[1], Mina Hur[1], Hee-Won Moon[1], Hanah Kim[1], Won Hyeok Choe[2], Yeo-Min Yun[1]

[1]Department of Laboratory Medicine, Konkuk University School of Medicine, Seoul, Korea, [2]Department of Internal Medicine, Konkuk University School of Medicine, Seoul, Korea

P3-5 *Cancelled*

P2-4 Level of CKMB, TROPONIN I, and LDH in Patients with Chest Pain Complains

Linda L. Rosita, Arjana AZA Adikazhulhi, Utami U. Mulyaningrum, Rahma R. Yuantari

Clinical Pathology Department of Medical Faculty, Universitas Islam Indonesia, Yogyakarta, Indonesia

BACKGROUND: Cardiac marker test is an important part to make a decision of the therapy diagnosis for the patients coming with chest pain complaints. There are many choices of cardiac markers which could be selected in order to minimize the cost. Therefore, the right choice is required to analyze the result of cardiac marker.

METHOD: This study used observational cross-section design. Subject population in this study were all patients with chest pain complaints who came to JIH hospital in 2014-2015 ordered CKMB, LDH and Troponin I from emergency unit.

RESULTS: 150 people involved as the subject of this study, with the diagnosis of Angina Pectoralis, STEMI, NSTEMI, Pneumonia, unspecified Chest pain, Heart Failure, and Dyspepesia. This study shows the highest result of CKMB as well as Troponin I is on NSTEMI, and the highest LDH is on the patient of Angina Pectoralis. There are significant differences on the level of CKMB and Troponin I on the diagnosis of NSTEMI and others ($p < 0.004$).

CONCLUSIONS: CKMB and Troponin I is first recommended for the patients with chest pain complaints, thus the diagnosis should be implemented.

KEYWORDS: CKMB, TROPONIN I, LDH, chest pain

P2-5 The Count of Smudge Cells and Neutrophil-to-Lymphocyte Ratio Predicted the Prognosis of Out-of-Hospital Cardiac Arrest

Ming-Jang Su[1], Ching-Piao Liu[1], Wah-Sheng Chong[2], Jen-Tang Sun[2], Fang-Yeh Chu[1]

1) Department of Clinical Pathology, Far Eastern Memorial Hospital, New Taipei, Taiwan,

2) Department of Emergency Medicine, Far Eastern Memorial Hospital, New Taipei

Background: Early identification of predictors for the outcome in the initial phase of out-of-hospital cardiac arrest (OHCA) may facilitate the process of patient care and information provided to relatives. Thus, we aimed to investigate the hematological parameters implicated with the prognosis of patients with OHCA events.

Materials and Methods: From December 2015 to December 2016, the clinical data of patients with OHCA were requested. These patients with available laboratory data of complete blood count and peripheral blood smear were enrolled. Morphological examination on blood smear was performed for further logistic regression analysis to predict patient outcomes. Data was expressed as odds ratio (OR) with 95% confidence interval (CI).

Results: A total of 714 patients with OHCA events were sent to our emergency room (ER) during the study interval; and 215 were enrolled due to available laboratory data and morphological examination on blood smear. Among these, 98 had return of spontaneous circulation (ROSC) in the ER, 69 survived to admission to the intensive care unit (ICU) and 18 survived to hospital discharge. Furthermore, those who had a neutrophil-to-lymphocyte ratio (NLR) more than 2.3 had a significantly higher rate of experiencing ROSC than those who had a NLR less than 2.3 (OR: 2.38, 95% CI: 1.33-4.27, $p=0.004$). Besides, those who had the count of smudge cells higher than 450/ uL had remarkably lower rate of experiencing ROSC than those whose count of smudge cells less than 450/ uL (OR: 0.30, 95% CI 0.15-0.62, $p<0.001$). There was no association of NLR or smudge cell count with the survival rate to ICU admission or hospital discharge.

Conclusion: The count of smudge cells and NLR could be predictive in the prognosis of patients with OHCA events.

Level of CKMB, TROPONIN I, and LDH IN PATIENTS WITH CHEST PAIN COMPLAINTS

Linda Rosita[1], Adika Zhulhi Arjana[2], Utami Mulyaningrum[3], Rahma Yuantari[4]

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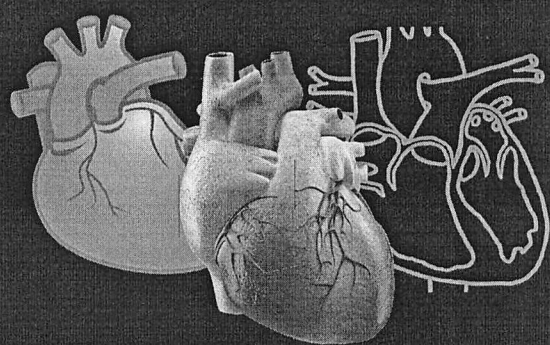
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KEYWORDS: CKMB, TROPONIN I, LDH, chest pain

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Date November 15 (Wed) - 18 (Sat), 2017

The 64th Annual Meeting of Japanese Society of Laboratory Medicine

Date November 16 (Thu) - 19 (Sun), 2017

Certificate of Presentation

This is to certify that

Dr. Linda L. Rosita

presented a paper entitled

"Level of CKMB, TROPONIN I, and LDH in patients with chest pain complains"
(P2-4)

at the 29th World Congress of World Association of Societies of Pathology and Laboratory Medicine held in Kyoto, Japan, 15th - 18th November, 2017

Masami Murakami

President, Masami Murakami, M.D., Ph.D.



Contribution to Medical Innovation for the Next Generation

President Masami Murakami, MD, PhD Professor and Chairman, Department of Clinical Laboratory Medicine Gunma University Graduate School of Medicine

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