Managing Customers’ Needs With Just OneVoice

Purchasing or leasing Sysmex laboratory instruments that enable a clinical laboratory to produce quality results more efficiently and effectively is something laboratorians look forward to. However, the anticipated excitement of this endeavor could be short-lived if laboratorians become overwhelmed managing multiple contacts with the equipment manufacturer throughout the integration process.

“Multiple contacts can potentially create process and communication gaps that make it difficult for the integration specialists and the laboratorians to manage. The Sysmex OneVoice program eliminates these gaps by utilizing one Sysmex contact to facilitate a customer’s entire Sysmex solution integration process. These ‘internal advocates’ serve as the central point-of-contact for the customer during this process to make the transition as seamless as possible,” said Michael Massei, Senior National Director, Laboratory Solutions Services, Sysmex America.

“As Sysmex grew, we knew we needed to make it easier for our customers to do business with us so we launched the Sysmex OneVoice program. Prior to OneVoice, it was not unusual for a customer to be contacted by 8 to 10 Sysmex associates who had oversight for a specific area of the integration process. OneVoice orchestrates the collective planning points of these associates into a centralized facilitation channel via an internal advocate or a OneVoice Integration Specialist,” explained Massei.

If the Sysmex solution does not include Sysmex WAM, the integration process is facilitated by a OneVoice Integration Specialist. If the Sysmex solution does include Sysmex WAM, a Project Manager serves as the customer’s “OneVoice

Critical Planning Points

Pre-implementation
- Identify space/site specifications for instrumentation
- Identify key operator(s)
- Assess internal timeline drivers
- Work with OneVoice/Project Manager on Integration Plan
- Contact IT department with interface specifications and SNCS requirements
- Contact facilities/maintenance regarding site readiness requirements
- Register on CRC
- Complete e-Learning
- Complete Center for Learning training
- Provide current operating guidelines/CRC criteria to TIS
- Identify internal WAM project team

Implementation – Instrumentation
- Provide refrigerated storage of controls and linearity material shipped just prior to installation
- Schedule dedicated time for key operator(s)
- Schedule and make staff available for secondary operator training
- Secure normal and abnormal specimens for correlation studies
- Plan for completion of optional studies listed above

Post Integration
- Complete and submit correlation data to TIS
- Develop SCF
- Compile end user training
- Set-up standing order for reagents and controls
- Monitor reagent usage
- Schedule remaining Center for Learning training sessions
- Execute WAM and IT/US go-live preparation

Integration Documents
- Countersigned Copy of Contract
- WAM SOW/CC
- Integration Plan
- Data Communication Specifications
- SNCS Connectivity Requirements
- Center for Learning Training Confirmation
- Installation Site Requirements
- Calibration Workbook
- SOW Validation Studies
- Installation Completion Notice
- Correlation Study Report

President’s Message

At Sysmex America, we are committed to serving as a meaningful contributor to the personal and professional development of our employees. As such, it was particularly important to us when Modern Healthcare recently named our company as one of the top 100 Best Places to Work in healthcare.

Sysmex America earned this honor because we enable our employees to perform at an optimum level so they, in turn, can provide Sysmex customers with the best possible products and services. This award follows our third Center for Companies That Care Honor Roll award in March, which also recognized Sysmex America’s outstanding workplace practices. For both awards, we were in good company with other healthcare organizations.

Many healthcare organizations are leaders in quality healthcare, social initiatives and community service. For example, healthcare companies were among the first to embrace diversity hiring and training initiatives, to provide support for working parents, and to establish support groups and social media channels for patients and care provider benefit. The bottom line is that healthcare organizations consider their work environments as part of their mission. They are committed to their healthcare professionals and to the communities in which these professionals serve. It is a privilege for Sysmex America to support such organizations.

As this year comes to a close, it is with great appreciation that we thank our employees, our own healthcare professionals, for their commitment to excellence in 2011. It is because of this commitment that Sysmex America has achieved significant milestones this year, including the introduction of the Sysmex WAM™ Management Reports Module; the expansion of our cell image analysis portfolio with the addition of EasyCell® Remote; our fifth Premier Pinnacle Award from the Premier Healthcare Alliance for operational excellence; and the placement of Sysmex hematology solutions in a number of healthcare systems throughout North America, including PeaceHealth in Washington and Diagnostic Services of Manitoba in Canada.
In 2012, Sysmex America’s employees will continue their commitment to a best-in-class philosophy that considers quality, reliability and the ability to provide advanced, clinically relevant results – results which impact healthcare efficiencies operationally, clinically and financially.

As president and CEO of Sysmex America, Inc., I want to personally thank you, our customers, for the confidence that you have bestowed upon Sysmex for more than 40 years. It is with gratitude we serve you as you aim to create superior workplace environments for your employees, while providing quality, cost-effective healthcare for the communities in which these healthcare professionals serve.

Happy holidays to all.

Sincerely,

John Kershaw
President & CEO
Sysmex America, Inc.

Integration Specialist”. Regardless of the Sysmex solution, the results of a one-point contact customer interface, from order-distribution to go-live, are the same – consistent, timely and standardized communications. The free value-added OneVoice program is available to all Sysmex customers in the United States for solutions from the KX-21N through high volume HST systems.

Integration Planning Guide

Once a clinical laboratory joins the distinguished group of hospitals, commercial laboratories and doctors’ offices that rely on Sysmex technology to provide quality results to their clinicians, the laboratory will receive an Integration Planning Guide. This straightforward, easy-to-use guide provides customers with the information they need to seamlessly integrate their Sysmex solution with the help of their OneVoice Integration Specialist or Project Manager. Guide contents include:

- Integration Planning Maps
  - Sysmex Solution – OneVoice Driven
  - Sysmex Solution with WAM – Project Manager Driven
- Integration Process Overview
  - Order Acceptance
  - Integration Planning/WAM
  - IT Considerations
  - Customer Resource Center
  - Center for Learning
  - Pre-installation
  - Delivery and Installation
  - Implementation
  - Sysmex WAM Testing
  - Data Reduction
  - Reagents and Controls
  - Standing Orders
  - Post Go-Live Support
- Critical Planning Points Checklist
- Integration Documents Checklist
- Integration Support Services
- Reference Tool
- Site Requirements Overview

Some topics to consider when establishing your integration timeline are:

- Other projects in your laboratory
- Contract limitations/obligations for your existing instrumentation
- LIS considerations
- Key operator(s) selection and staff schedules
- Construction timelines
- “Must be live by” date
Sysmex America Earns Spot Among Top 100 Best Places to Work

Modern Healthcare, a leading industry magazine for healthcare executives nationwide, has named Sysmex America as one of the nation's Top 100 Best Places to Work in Healthcare, ranking it at #38 for companies in equal size and #66 overall. Results were based on company application and employee survey results representing 25% and 75% of the scoring respectively.

"Sysmex America is honored to be among this year’s Modern Healthcare Top 100 Best Places to Work. It is an award that further validates our company’s efforts to ensure our employer programs support employee work-life balance, educational and career goals and job satisfaction," said Karen Stoneman, Vice President of Human Resources, Sysmex America, Inc. Modern Healthcare conducted this program to recognize outstanding employers in the healthcare industry on a national level.

Many healthcare organizations are leaders in quality healthcare, social initiatives and community service. For example, healthcare companies were among the first to embrace diversity hiring and training initiatives, to provide support for working parents, and to establish support groups and social media channels for patient and care provider benefits. “It is particularly gratifying for us at Sysmex America to be aligned with other healthcare organizations nationwide that are committed to an optimum workplace environment and are known leaders in HR initiatives," added Stoneman.

On behalf of Modern Healthcare, the Best Companies Group, a PA-based firm that administers “best places to work” programs nationwide, conducted two surveys of healthcare organizations and companies that volunteered to participate. The first survey was a questionnaire for a participating employer detailing company policies, practices, benefits and demographics.

The second survey was a satisfaction survey of a participating company’s employees in which employees were asked in-depth questions in core areas: leadership and planning, culture and communications, role satisfaction, working environment, relationship with supervisor, training and development, pay and benefits and overall satisfaction. The program was open to all companies (providers, suppliers, payers, associations, etc.) with at least 25 employees. A total of 327 companies participated in the program.

A supplement titled, Modern Healthcare’s Best Places to Work was issued October 24, which notes Sysmex America among other organizations by order of ranking. We invite our Sysmex News readers to view the supplement first hand by visiting: http://www.modernhealthcare.com/section/bestplaces-2011.

New Middleware Software Platform Improves Laboratory Metrics Reporting

Sysmex America recently announced the release of its Sysmex WAM Management Reports Module. This module enables users to quickly develop on-demand reports, thereby facilitating management decisions related to optimizing laboratory efficiency. As part of a customer educational series on this new software platform, Anne Tate, Senior Product Manager, Sysmex America, will provide articles in upcoming issues of Sysmex News that highlight customers using the new Sysmex WAM Management Reports Module. These articles will correspond with the four major types of report categories available with the module.

The WAM Management Reports Module enhances the lab’s ability to measure the impact of automation and standardization projects by providing immediate insight to key metrics such as turnaround times, test counts, result validation rates, and rules and results statistics. From an operational perspective, clinical laboratories must intensely measure turnaround times, staffing utilization and efficiency utilizing LEAN principles. In addition to Six-Sigma methods, the Sysmex WAM Management reports help laboratories to tightly control quality, while further improving processing by eliminating errors. Clinical laboratories must also scrutinize operational costs, staffing, workflow balance, productivity and a wide variety of other metrics that are shown to be enhanced by the implementation of automation and increased standardization. Sysmex WAM v4.1 assists laboratories in meeting these objectives.

“Given that the great majority of a patient’s healthcare record is comprised of laboratory testing, operational efficiency in the clinical laboratory is imperative. The WAM Management Reports Module provides Sysmex customers with real-time data assembled from the LIS, Sysmex instrumentation and WAM. This data is then used to generate reports that can help the lab management staff make decisions that will refine its operations, while enhancing the impact of Sysmex automated hematology solutions” said Anne Tate, Senior Product Manager, Sysmex America. Remember to look for Anne’s Sysmex WAM Management Reports Module article in the next issue of Sysmex News.

Sysmex WAM™

Sysmex WAM is decision support software for the clinical laboratory that provides auto and manual validation with differential and morphology reporting to the LIS. Sysmex WAM manages all result and reflexing contingencies for instruments, manual differential and smear results. It brings rules-based intelligence to the Sysmex hematology automation line. Sysmex WAM connects multiple hematology sites and multiple LISs by consolidating and communicating data from multiple hematology analyzers to the LIS.
Leading Industry Scientist Joins Sysmex America Team

Jolanta Kunicka, PhD has been named as Sysmex America’s new Director of Scientific Marketing. In her new role, Dr. Kunicka will lead the company’s scientific marketing and clinical support activities with oversight of Sysmex hematology and urinalysis product lines. She will also provide educational CEU- and CME-accredited seminars to healthcare professionals on emerging technologies in hematology and cellular analysis. Her special interest is focused on developing and promoting medical benefits of hematology parameters in disease diagnosis, prognosis, and patient management.

Prior to joining Sysmex America, Dr. Kunicka was Head of R&D for Hematology at Siemens (formerly Bayer organization) where she was responsible for the design and development of new clinical applications for the hematology product portfolio (ADVIA® 120/ADVIA® 2120). In addition to her company roles, she has served on a number of ISLH and ISCH task forces.

Dr. Kunicka has published over 30 articles in peer-reviewed journals and co-authored many chapters in professional textbooks. She has lectured at international meetings on immunology and hematology and chaired numerous symposia and workshops. She is a member of the American Association of Clinical Chemistry and had appointments with the American Association of Immunologists and International Society for Laboratory Hematology.

Dr. Jolanta Kunicka received her doctoral degree in Cellular Immunology from the Institute of Immunology and Experimental Therapy of the Polish Academy of Sciences. She completed her postdoctoral program in cellular immunology at Memorial Sloan-Kettering Cancer Center in New York.

Please join Sysmex America in welcoming Dr. Kunicka to our team.

Engaging Physicians on New Hematologic Parameters via Scientific Marketing

“Take the time to pull together data based on patients actually seen in the hospital. The physicians will pay much more attention when the data involves ‘their’ patient population.

It is the laboratory’s responsibility to provide the most reliable patient results efficiently, and at the same time being relevant to the needs of the physician to ensure there is sufficient Evidence-Based Medicine used in their clinical setting.”

— John F. Boyle, PhD, Director, Laboratory Respiratory, and Ancillary Services Mercy Medical Center, Rockville Centre, N.Y.

Sysmex customers are in the enviable position of being able to improve current standards of care and diagnostic efficiency by implementing two hematologic parameters that are currently available as part of the routine CBC on Sysmex analyzers1: Reticulocyte Hemoglobin (RET-H) and Immature Platelet Fraction (IPF). But the challenge to the laboratory relative to the implementation of RET-H, or any other parameter, is reaching physicians with the evidence so the test becomes part of an ordering pathway.

Sysmex America’s newly-developed Scientific Marketing department, directed by Jolanta Kunicka, PhD, supported by Barbara Connell, MS, MT (ASCP) SH, provides laboratorians and pathologists with the tools they need to assess the data and to communicate the clinical value of RET-H and IPF to physicians. To this end, Sysmex follows the principles of Evidence-Based Medicine (EBM) when reviewing and discussing data from scientific, peer-reviewed studies. EBM is an organized approach to search and assess medical information and determine if a treatment or diagnostic test can benefit specific physicians and patients in a clinical setting.

According to Dr. Kunicka, “This is a significant undertaking that requires the identification of the best available scientific evidence among the over two million medical journal articles published every year. However, it is clearly a worthwhile endeavor because it underscores the importance of the parameters in a clinical setting. Adoption of the EBM approach by clinical societies can also lead to changes in recommended care pathways and quality measures.”

“As a department, Scientific Marketing works closely with Medical Affairs and Clinical Specialists groups to ensure we are providing our customers with credible solutions that help them influence clinical adoption of novel parameters, while strengthening their relationships with treating physicians. We do this by providing relevant scientific information in an unbiased format, based on peer-reviewed articles and EBM,” said Dr. Kunicka.

1 Retic, IRF, and RET-H are standard on the XE-5000 & XT-4000i and optional on the XE-2100 & XT-2000i. Retic parameters are not available on the XT-1800i, XS, KX, or pocH-100i. IPF is available standard only on the XE-5000 and is optional only on the XE-2100.
At times, Scientific Marketing’s efforts benefit from clinical laboratory-based pilot studies, which demonstrate the clinical utility of new assays and/or the improved diagnostic efficiency associated with the use of assays. One such pilot study is being conducted by John Boyle, PhD, Director of the Laboratory Respiratory, and Ancillary Services at Catholic Health Care’s Mercy Medical Center on Long Island, NY.

Dr. Boyle, who has spent years improving the efficiency of clinical laboratories throughout the greater New York area, recently installed two Sysmex hematology analyzers, a Sysmex® XT-Series and XE-Series Automated Hematology Analyzer. The pilot study mentioned above is designed to determine the incremental efficiency gained for the diagnosis and treatment of iron deficiency anemia when RET-He becomes part of the ordering pathway.

Dr. Boyle has looked at the CHr/RET-He parameter(s) for the last five years and is hoping to determine if the parameter meets LEAN Principles that look at more efficient ways in which companies and departments can apply their resources and dollars. According to Dr. Boyle, “Hospitals are becoming more aware that they need to look at changes and new procedures and not just by the sole percent of the change, because even a 1% change can be significant in terms of dollars saved if the denominator is very high.”

For example, in the case of pre-operative patients with anemia, which Dr. Boyle estimates to be around 30%, physicians may assess whether a patient needs a transfusion, understanding that transfusions themselves bear inherent risks. This is not to say that RET-He gives the answer – no single result can do that – but it could improve diagnostic efficiency for physicians by using fewer steps, thus achieving a larger savings in terms of dollars and personnel.

According to Dr. Boyle, statistics show that 4,000-6,000 people die every year in the United States from anemias, and hospitalizations costs are in the billions of dollars.

Dr. Boyle would challenge laboratories to “seize the moment” when it comes to introducing new parameters that can improve diagnostic efficiency, and he considers RET-He to be one of those. “This is a remarkably stable parameter reflecting bone marrow activity, even in the presence of inflammatory disease, and it has a key role to play in the early diagnosis of iron deficiency by physicians. Other markers, such as ferritin and Tsat, have not had sufficient time to establish baseline values, so in the early stages they are not that informative. But with RET-He, if a patient has (normal) values between 29 pg/mL and 32 pg/mL, the physician might move forward to consider other conditions for the anemia.”

Reticulocyte Hemoglobin (RET-He/CHr)

Reticulocyte hemoglobin helps physicians identify patients at risk of iron deficiency (ID) and iron deficiency anemia (IDA). Historically, a hemoglobin (Hb) level of 11.0 g/dL or less has been used by physicians to define ID/IDA, after which the clinician triages the patient to understand the cause of anemia. RET-He has been shown to provide new insights into erythropoiesis and is a more targeted assessment of the iron available for hemoglobin synthesis in reticulocytes recently released from the bone marrow. Reticulocyte hemoglobin has been shown to be more sensitive and predictive than the traditional anemia-defining guidelines based on serum iron, Tsat, Ferritin and Hemoglobin measurements (1-5). Its value in the detection of iron deficiency anemia in end stage renal dialysis patients, including those receiving EPO therapy, has seen reticulocyte hemoglobin adopted by the National Kidney Foundation in its KDOQI (Kidney Disease Outcomes Quality Initiative) clinical practice guidelines for anemia in chronic kidney disease (6) and has been adopted as an evidence-based quality measure by the Agency for Healthcare Research and Quality (AHRQ), an agency of the Department of Health and Human Services, for management of patients in End Stage Renal Disease (11).

In the pediatric population, 2.1% of infants and toddlers in the US have iron deficiency anemia and 10% have iron deficiency without anemia. Clinical value of reticulocyte hemoglobin has been recognized and is now cited in the clinical guidelines for the diagnosis by physicians of IDA in children 0-3 years of age to increase the sensitivity and specificity of the diagnosis “since screening for anemia with an Hb determination neither identifies children with ID nor specifically identifies those with IDA.” (2)

Immature Platelet Fraction (IPF)

Just as a Reticulocyte relates to erythropoiesis, IPF is an index of thrombopoiesis by assessing platelets recently released from the bone marrow. It can be used by physicians to help determine the origin of a thrombocytopenic state by being able to differentiate between bone marrow failure and peripheral blood consumption or destruction. It can further be used to predict platelet count recovery. Zucker et al. (7), in a study which followed 50 patients undergoing peripheral hematopoietic cell transplants, showed that IPF recovered on average 3.1 days prior to the recovery of the platelet count. Briggs and colleagues studied IPF in autoimmune thrombocytopenic purpura (AITP) and in thrombotic thrombocytopenic purpura (TTP) to establish a diagnosis of thrombocytopenia due to increased peripheral destruction (8). Others have suggested the value of following IPF in lieu of a bone marrow examination to predict platelet recovery (9) or as a decision-making tool for assessing the need for platelet transfusions (9, 10).

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Application</th>
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<tr>
<td>RET-He (Reticulocyte hemoglobin)</td>
<td>Measured at cellular level</td>
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<tr>
<td>IPF (Immature Platelet Fraction)</td>
<td>Indicator of bone marrow recovery of platelet production</td>
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<td></td>
<td>Helps physicians monitor acute changes in the Hb incorporation into reticulocytes</td>
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<td></td>
<td>May be used by physicians with other standard tests in the diagnosis of iron deficiency (ID) and iron deficiency anemia (IDA)</td>
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<td></td>
<td>Assists physicians in diagnosis of pediatric ID/IDA</td>
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<td></td>
<td>Helps physicians assess and manage End Stage Renal Disease patients</td>
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<tr>
<td></td>
<td>May have an impact on transfusion rates in surgical patients</td>
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<tr>
<td></td>
<td>Helps physicians differentiate decrease platelet production versus increased destruction</td>
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<td></td>
<td>May complement bone marrow examination to predict bone marrow recovery</td>
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<td></td>
<td>Assists physicians in decision-making for the need for platelet transfusions</td>
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Just as marketers need to determine who their customer base is, laboratories need to identify the physician populations who would be most productive in the use and clinical adoption of RET-He. "This will vary by hospital," says Dr. Boyle, "in that all hospitals are not the same." In one institution it may be the hospitalists. In another it can be speakers at teaching hospitals. "I’ve seen it happen that after a speaker presents, we get requests for the test the very next day. I also believe that it is up to the laboratory to take the lead and become the presenter."

One strategy Dr. Boyle has used to make an impact on physicians is to use data on patients that have been in-patients in the institution. "Take the time to put together a presentation based on patients’ data and benchmark it to those findings seen in other hospitals. The physicians will pay much more attention if they feel the data is relevant to their patients. It is the laboratory’s responsibility to pull the information together scientifically to ensure there is sufficient evidence-based medicine there."

To get your project started, simply start looking at a handful of CBC’s each week, and prepare to stratify the data into diagnostic groups (i.e., CPT codes). Then compare the collected data for RET-He by CPT code. Find what the accepted normal ranges of RET-He are in the literature, and evaluate your own patient population to that range. Evaluate if it is consistent to your patient population, and whether the RET-He result correlates with the treatment (i.e., transfusion, Epogen treatment). Dr. Boyle provides the example of two patients: the first with an Hgb of 9.0 g/dL, a RET-He of 37.7 pg/ml and Hct of 27.5%. In this case, there is the possibility that the patient has a sufficiently adequate storage of iron as indicated by the relatively high reticulocyte hemoglobin concentration (RET-He) level of 37.7 pg/ml, but a potential inflammatory condition may have impacted the non-cellular values (i.e., Hgb and Hct). If the physician is basing the diagnosis and clinical decision solely on the H&H, the patient quite conceivably would be treated for iron deficiency anemia (IDA). In the second example with Hgb of 8.0 g/dL, and a RET-He of 17.9 pg/mL, "the patient is presenting a profile of a IDA. The point is that the physician needs to look at these patients entirely differently because of the RET-He, and the physician needs to treat the patient not treat a single test result.” More attention has to be paid by the physician to the impact of iron overload on patients that are at risk, and RET-He is a valuable marker in that process.

Dr. Boyle also gets out of the lab. He is a member of several hospital committees, including the P & T committee, Critical Care committees and others attended by physicians. "Winning over pharmacists can be great," he says, "but you really need to get to the critical care physicians. Once they accept it, it can filter out to the rest of the world. Also, attending physicians in specialties are very aware of changes and recommendations in their specialty of practice.” Furthermore, he recommends that every laboratory have a quarterly newsletter or that information can be distributed through a simple email process.

Even if you have done your homework, you need to make sure that RET-He is an "orderable" test. Physicians don’t appreciate you taking-up their time talking about a test they can’t order. The test must be validated and in the LIS with the codes assigned so that it will be properly billed, and then send out a notice that the test is available for ordering. "You really only need to get two people on the bandwagon initially," says Dr. Boyle. "You’ll get more.”

Members of the Scientific Marketing Group benefit from working directly with Sysmex customers and the reverse is true as well. Dr. Kunicka explains, "We are happy to help our customers with study design and evidence-based articles pertinent to their area of interest. We are also ready to support them with information to help the laboratory discuss new parameters or methodologies with non-laboratory personnel throughout the hospital.”

Now manufactures and laboratories have added an additional tool, principles of Evidence-Based Medicine, the analytical, clinical validation that will support the implementation of new parameters and can help improve the standard of care across institutions and physician practices.

Sysmex News looks forward to following up with Dr. Boyle on the results of his pilot study on diagnostic efficiencies gained through the use of RET-He.

References
Sysmex Latin America Showcases Instruments, Expertise at Brazilian Conference of Clinical Pathology

Healthcare professionals from a number of South American countries were recent beneficiaries of the knowledge and expertise of five speakers presented by Sysmex Latin America & The Caribbean during the 45th Congresso Brasileiro de Patologia Clínica (CBPC).

The Sysmex workshops covered a range of scientific material including one presentation titled, “Advances in Hematology Diagnostics: The Importance of Counting Erythroblasts.” The lecture was presented by renowned physician, Dr. Flavo Beno Fernandes, medical hematologist and clinical pathologist of Zanol Hematology Laboratory and a practicing physician at the Oncology Center of Hospital Moinhos de Vento.

"While the presence of erythroblasts in the peripheral blood is not unknown in the routine laboratory, what was not totally appreciated by the attendants until Dr. Flavo’s presentation was its use as a predictor of mortality. Dr. Flavo showed a range of scientific data that demonstrated the importance of automated counting and reporting of circulating erythroblasts,” said Leonardo Amaral, Media & Events Coordinator, Sysmex Latin America & The Caribbean.

Hundreds of conference participants attended the lectures. According to Sysmex scientific consultant and presenter Silvia Martinho, “Our primary goal is to ensure that the subjects are taught in a way that ensures all attendees can return to their laboratories with new information they can put into practice.”

Apart from the four-day series of Sysmex-hosted lectures, Sysmex showcased a number of its clinical laboratory instruments including the XS-1000™ Automated Hematology Analyzer for use in smaller clinical laboratories and physicians’ offices. They also exhibited the Sysmex-distributed CellaVision® DM96 Automated Digital Morphology System for high-volume clinical laboratories, which locates, identifies, and pre-classifies blood cells by means of automatic microscopy and advanced image processing.

The exhibit also included the Sysmex XT-4000i™ Automated Hematology Analyzer for mid-to high-volume laboratories. It offers the Sysmex reticulocyte hemoglobin (RET-He) and Immature Granulocyte (IG) advanced clinical parameters and a body fluid specific mode. The Sysmex XT-4000i was recently launched in Brazil. Both the Sysmex XT-4000i and the XS-1000i offer the same state-of-the-art technology platform enabling any size laboratory to benefit from the same powerful diagnostic capabilities.

“Lighting” The Way for Cancer Research

Each year in communities all across Canada, families, friends, and teams from local businesses and national companies come together for The Leukemia & Lymphoma Society’s (LLS’s) Light the Night Walk event. Seven individuals representing Sysmex Canada, Inc. completed Toronto’s walk, raising a total of $2,090 in donations. Sysmex Canada matched this amount resulting in a total donation of $4,180 for The Leukemia & Lymphoma Society. This outreach effort continues Sysmex’s support of the Leukemia & Lymphoma Society. Sysmex’s charitable contributions generated from these events, fund lifesaving blood cancer research and patient services for those battling cancer.

The Leukemia & Lymphoma Society is the world’s largest voluntary health agency dedicated to blood cancer. The LLS mission is to cure leukemia, lymphoma, Hodgkin’s disease and myeloma, and improve the quality of life of patients and their families. Founded in 1949 and headquartered in White Plains, NY, LLS has chapters throughout the United States and Canada. To learn more, visit www.LLS.org.

“Our contributions include not only our creativity, but also our time and energy – all of which impact people locally and globally.”

- Sysmex Cares Team
Interpreting Hematology Scatter-Plots: One Cancer Center’s Keys to Seeing the BIG Picture

December 7, 2011
12:00 PM to 1:00PM (Americas) Central Time (US & Canada)

Presented by:
Barbara Burch
MHA, MT(ASCP)
Laboratory Manager
NYU Clinical Cancer Center
New York, NY

Practiced hematology scatter-plot interpretation can enable laboratories to deliver reliable results to clinicians in a timely manner, thus facilitating improved patient care. The ability to tease information out of your instruments is an art that can also improve laboratory efficiency. This session will use case studies to show how such interpretation has improved the care of patients in a New York cancer center.

Objectives:

• Discuss how the Complete Blood Count results are used in the care of oncology patients.

• Recognize how practiced scatter-plot interpretation improves oncology patient care while providing timely and reliable results to the clinician.

• Identify 3 keys to begin more advanced hematological, scatter-plot interpretation.