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Word from the President Prof. M. Wells

In Sheffield we have had the worst winter for 30 years with heavy snowfalls. At times, it has seemed relentlessly cold and wet, but now the clocks have changed, the sun is shining and, at last, the daffodils are blooming.

The ESP is thriving and we are all making every effort to ensure that the final "Intercongress Meeting" in Krakow at the beginning of September is a huge success. I hope that we will see a huge presence from Eastern Europe in Krakow; we have done our best to make it an attractive meeting. I have made two visits to this wonderful city and will make one further visit before the congress.

The meeting in Helsinki in 2011 will be the first Annual Congress and plans are well in hand for that meeting.

However, members of the ESP deserve an explanation about what is happening in 2012.We had hoped to hold the 2012 congress in London but it became apparent that the only venue large enough to take our congress will be used, not for the London Olympics, but for the Paralympics, at the optimal time for our meeting. The possibility of Amsterdam was then explored as a venue but it transpired that a suitable place of sufficient size was not available there either. Thus, it came as some relief to establish that Prague is available in 2012 and Professor Ales Ryska and his colleagues have agreed enthusiastically to act as the local hosts for the congress. The 2014 congress will be held in London. We will hold an Extraordinary General Assembly in Krakow to provide further details and to seek approval for these plans.

Much of my recent and current activity is alluded to in my interview with Professor Mia Marichal, so I will not reiterate it here. Suffice it to say that the officers and I are working hard to further the development of the society.

I am looking forward to seeing you all in Krakow.

Michael Wells

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CURRICULUM VITAE of Prof. Fatima Carneiro, the ESP President-elect

Name: Maria de Fátima Machado Henriques Carneiro
Civil *status*: married to Alfredo Andrade, mother of one son (João Fausto, 25 y) and one daughter (Marta 23 y)
Birth date: December 19, 1954 **Birth place**: Sá da Bandeira, Angola **Nationality:** Portuguese
Institutional address: IPATIMUP**,** Rua Roberto Frias s/n, 4200-465, Porto, Portugal
Telephone: + 351 225570700 **Telefax:** + 351 225570799 **Email:** fcarneiro@ipatimup.pt

Academic degrees

POST-GRADUATE EDUCATION AND QUALIFICATIONS

1993: Doctor in Medicine (Anatomic Pathology), Medical Faculty of Porto
1988: Specialist in Anatomic Pathology, Board of the Health Ministry
1988: Specialist in Anatomic Pathology, Board of the Portuguese Medical Association

UNDER-GRADUATE EDUCATION

1978: MD, Medical Faculty of Porto, Portugal (Prize of the Fundação António de Almeida for the best student – 1972/1978 – of the Medical Faculty)

Present position, institutions, dates

2001–: Professor of Anatomic Pathology, Medical Faculty of Porto
2001–: Head of Department of Anatomic Pathology, University Hospital of S. João, Porto

Other present appointments

2009–: Co-delegate of Portugal in the Committee for the FP7 specific Programme "Cooperation" (Health) of the European Commission
2008–: Coordinator of the Portuguese Network of Tumour Banks
2007–: Member, Scientific Council of the International Gastric Cancer Association
2007–: Coordinator of the Module on Oncobiology of the Doctoral Program in Molecular Medicine and Oncology of the University of Porto
2006–: Member, European Association of Pathology Chairs and Program Directors (EAPCP)
2002–: Member, Working Group on Digestive Diseases of the European Society of Pathology
2001–: Chairperson of Special Pathology at the Medicine Course of the Medical Faculty of Porto
2000–: Member, Scientific Committee of the Doctoral Program in Areas of Basic and Applied Biology of the University of Port (GABBA Program)
1999–: Member, Steering Group of the International Gastric Cancer Linkage Consortium

Other activities and honours

- President-elect of the European Society of Pathology (2009–2011)
- Member, Executive Committee of the European Society of Pathology (2001–2005)
- Visiting Professor, Academic Medical Centre, Amsterdam (November, 2006), University Medical Centre, Utrecht (June, 2007), University of the State of S. Paulo (August, 2008), VU University Medical Centre, Amsterdam (December, 2008), Rotterdam Medical Centre (January, 2009)
- Lecturer in numerous national and international meetings focusing on Gastrointestinal Pathology, Gastric Cancer and Molecular Pathology
- Co-author of the paper distinguished with the Benjamin Castleman Award, attributed by the USCAP to the best scientific paper written in English in 2001
- Honorary Member of the Gastroenterology Division of the Portuguese Society of Paediatrics
- Recipient of the honour "Grande-Oficial da Ordem do Infante D. Henrique" awarded by the President of Republic (2006)

Membership in editorial teams of scientific joumals

- Co-editor of the volume on Tumours of the Digestive System (4th edition of the WHO Blue Books on Classification of Tumours)
- Managing Editor of Virchows Archiv
- Member (past or present) of the Editorial Boards of the following Journals: Pathology Update, The Journal of Cellular and Molecular Medicine (JCMM), Jornal Português de Gastrenterologia and Turkish Journal of Pathology. Member of the Editorial Board of the Handbook on "Comprehensive Tumour Terminology" (UICC)

Main scientific areas of research

Oncobiology, Gastric carcinogenesis, *Helicobacter pylori* infection.

Current research interests

Research activity directed towards the understanding of *i*) etiopathogenesis of gastric cancer, mainly focusing on the study of the interpla between *Helicobacter pylori* virulence factors and host genetic susceptibility; *ii*) molecular basis of sporadic and familial gastric carcinom development, with an emphasis on Hereditary Diffuse Gastric Cancer (HDGC).

Publications

Co-author of 195 peer-reviewed publications in international journals and of 9 book chapters, with more than 3000 citations ("h factor" of 32).

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What's New?

THE CHANGING FACE OF CORONARY ATHEROSCLEROSIS

Dr. Loukas Kaklamanis

Cardiovascular disease is the most common cause of death in men under the age of 65 and the second most common cause in women, in Europe. In North America, 38% of all deaths are attributed to fatal cardiovascular events.

It is quite obvious that other factors such as obesity and diabetes, mainly in the Western World, contribute substantially to the prevalence of the various manifestations of atherosclerosis.

The atheromatous lesion consists (briefly) of a magma of foamy macrophages, extracellular lipid deposits, injured endothelial cells, proliferating smooth-muscle cells, T lymphocytes, mast cells, dendritic cells, and collagen fibres, depending on the age and type of the atheroma. This sophisticated lesion is not the result of lipid deposition alone, but the outcome of continuous, progressive immunological and inflammatory interactions, reactions and processes.

Both genetic and lifestyle factors undoubtedly contribute to the development of the disease, the type of the lesion and the severity of the injured vasculature. Although a lifetime (or at least a few decades) is needed for the establishment of the "enemy within", it takes only a few moments for a major incident to occur, especially in the delicate and volatile coronary arterial vascular network.

However three major developments in recent years, have emerged as key factors which might influence the face of atheroma.

i) the widespread use of statins both for preventive and therapeutic purposes
ii) the increasing use of drug-coated stents
iii) the emerging use of anti-oxidants

Statins were initially introduced because of their phenomenal ability to inhibit the synthesis of cholesterol. However, statins also proved to exhibit pleiotropic effects. They also block mevalonic acid, controlling the activity of intracellular signalling pathways. Additionally, they interfere with T-cell-antigen receptors during immune activation and also inhibit antigen-dependent T-cell activation. Platelet activity is reduced and endothelial nitric oxide production and fibrinolysis are enhanced. The final outcome is the reduction of inflammation.

Could this lead to some kind of reversal of the atheromatous lesion? Could new atheroma formation be impeded, altered in a beneficial way or inhibited?

Similarly the use of immunosuppressive and anti-inflammatory drugs in drug-coated stents used widely in coronary angioplasty (such as sirolimus, tacrolimus, everolimus etc), apart from preventing restenosis, block the mobilization of inflammatory cells and the proliferation of smooth muscle in the vascular wall.

Finally the experimental use of antioxidants such as resveratrol in animal models provide a promising therapeutic strategy.

Could all these medical interventions lead to an emerging, modified, less severe and more benign atheromatous phenotype; an atheroma-less atheroma?

Time will show, but the odds are on our side and that of our patients.

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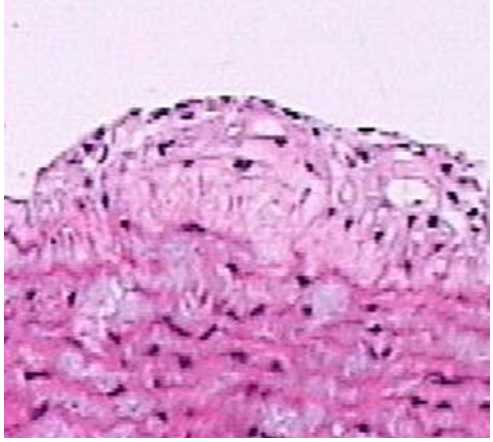
References

1. Park et al. J.Clin.Invest 2009 ;119 :136-145
2. Nissen et al. NEJM 2005 ; 352 :29-38
3. Ridker et al. NEJM 2005 ; 352 :20-28
4. Hansson GK NEJM 2005 ; 352 :1685-1695
5. Curtiss LK NEJM 2009 ; 360 :1145-1147

Severe atheromatous plaque in a coronary artery



Early lesion

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Tips and Tops- News in Brief by Dr. L. Kaklamanis

1. US President Barack Obama announced his **2011 budget** . It includes $750 million boost for the FDA and $1 billion increase for the country's National Institutes of Health (the largest in eight years).

2. The UK's National Institute for Health and Clinical Excellence (NICE) issued **recommended against** the use of two leukemia drugs (Novartis's Tasigna and Bristol-Meyers' Sprycel) for the National Health Service. NICE expressed concerns about the cost effectiveness of the drugs. Each medication costs nearly $50,000 per year per person.

3. The Chinese New Year is the Year of the Tiger. A Thomson Rewters study released last November showed that the **country's research output** increased from over 20,000 papers in 1998 to nearly 112,000 papers in 2008. However, enthusiasm about the trend might be dogged by reports by reports suggesting that cash incentives to publish may be contributing to misconduct such as plagiarism (*Nature* 463,142-143,2010).

4. Britain's historically strong role in **clinical trials** seems to be diminishing. The slump has occured despite the increased funding. Pharmaceutical investment in UK between 1999 and 2007 grew from $ 4.4 billion to $ 6.5 billion jumping from 22% to 28% of Britain's total industry research investment. The number of applications for UK clinical trials has remained between 1,000 and 1,200 in recent years. However UK's share of global clinical trials shrank The ability to conduct trials in cheaper markets lacking the UK's strict patient protection rules accounts for much of the market loss. British rules governing medical research began tightening after Pathologist Dick Van Velzen of the Alder Hey Children's Hospital was caught ordering the removal of dead infants' without relatives' consent. (L.Laursen, *Nature Med* 16:2, 134,2010).

5. A study of more than 85,000 people showed that nonhospitalized individuals with **inflammatory bowel disease** (IBD) were 16 times more likely to suffer a blood clot. Although the mechanism isn´t fully understood, the inflammation in IBD has previously been tied to abnormally high coagulation, probably increasing the risk of clotting (*Lancet,* doi : 10.1016/S0140-6736(09)61963-2, 2010).

6. **Slow walkers** might run into a higher risk of cardiovascular death, a new study reported. For five years, researchers monitored more than 3,200 men and women aged 65 to 85 years, using a speed camera to take an automated measure of the participants´ walking pace. After controlling for several baseline factors, they found that people in the lowest third of walking speed had a 44% increased risk of death compared with the those in the upper two-thirds (*BMJ*, doi : 10.1136/bmj.b4460;2009).

7. In a study of 54 people with severe brain injury, four individuals in a "**vegetative state**" as well as one minimally conscious, showed willful changes in brain activity during functional magnetic resonance imaging scans. Of the vegetative patients, one was able to use activation patterns associated with thinking about tennis or his house to answer "yes" or "no" questions, respectively (*N. Engl. J. Med*. **362**, 579-589, 2010).

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Dermatopathology Working Group of the ESP
Message from the Chair Prof. Daniela Massi

The Dermatopathology Working Group was founded at the ESP Baveno Meeting (May 2002), with the goal of promoting collaborative activities, research and education. The Working Group has rapidly grown during the years, and now encompasses 113 members from 24 European and 8 non-European countries. It represents a friendly and informal environment, favouring communication and an unrestrained exchange of scientific information in the field of skin pathology. I must underline that has been immensely satisfying to work for the Group, to contribute to its progressive development and expansion, and to build solid friendships with colleagues from all over Europe and beyond.

I am glad to see that member participation in the activities and collaborative studies held in the Working Group has increased, and I am deeply grateful to those colleagues who have positively reacted to our stimuli. In 2008, we have engaged in a lively discussion on how pathologists report cutaneous melanoma and sentinel lymph nodes in Europe. A survey of our members emphasized current discrepancies, and the lack of agreement suggested an urgent need for a common, more standardized, language (Batistatou A, Cook MG, Massi D, on behalf of the ESP Dermatopathology Working Group. Histopathology report of cutaneous melanoma and sentinel lymph node in Europe: a web-based survey by the Dermatopathology Working Group. Histopathology report of cutaneous melanoma and sentinel lymph node in Europe: a web-based survey by the Dermatopathology Working Group of the European Society of Pathology. *Virchows Arch* 2009;454:505-11). As a second step, we have circulated a proposal for a standardized melanoma report to be used throughout Europe, for which we expect to finalize a consensus document by the end of this year.

Dermatopathology requires strict correlation of clinical information with microscopic observations of skin biopsies to provide diagnostic information to the treating physicians. Originally born as a subspecialty of dermatology, there has been increasing debate over the years regarding the type of training required to sign out dermatopathology cases. There is no doubt that dermatologists have made major contributions to the literature on dermatopathology being authors or co-authors of the majority of the dermatopathology textbooks, and dermatopathology had always been an essential component of dermatology, in the residency training programs and certifying examinations. Currently there is more dermatopathology-related content in dermatology literature than in pathology literature. Originally, dermatopathology took its roots in Europe and the term ‘‘dermatopathology’’ itself was coined by the dermatologist Henry Seguin Jackson in 1792. Jackson's treatise “Dermato-pathologia” heralds the beginning of a development which peaked a century later with Paul Gerson Unna (1850-1929), Gustav Simon (1810-1857), Salomon Stricker (1834-1898), Heinrich Auspitz (1835-1886) and Moriz Kaposi (1837-1902).

It has been shown that dermatology residents gain more experience in dermatopathology than do pathology residents. The dermatology training likely provides more background in the host of dermatological conditions, their nomenclature, and clinical presentations. However, the general pathology milieu likely provides greater training in the methods of histopathology specimen preparation, greater exposure to cytology, immunohistochemistry, new molecular genetic techniques, as well as more time at the microscope overall. There is no head-to-head comparison data of the ability of dermatologists and pathologists to interpret skin biopsy specimens, and there is no evidence to suggest that dermatology training provides greater dermatopathology instruction than general pathology training. We pathologists must commit ourselves to restoring dermatopathology under our domain, expanding our expertise to the clinical features of dermatologic diseases. Our aim should be solely to offer better patient care and deeper insights to science, through balanced collaboration.

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Nowadays, current practice of dermatopathology in Europe is variable. In Germany, both pathologists and dermatologists regularly evaluate skin biopsies in both academic and nonacademic centers. In other countries, including Italy, only pathologists are allowed to practice dermatopathology for the most part. Nevertheless, some dermatologists do practice dermatopathology in academic settings. In Germany, Austria, France, and Switzerland, recent regulations allow dermatologists to report on histopathologic skin specimens. In still other countries, only pathologists are officially allowed. In Europe, dermatologists are not required to get special training in general pathology, nor are pathologists required to get special training in clinical dermatology. Recently, a Dermatopathology Examination open to both dermatologists and pathologists has been introduced by the International Committee for Dermatopathology (ICDP) in conjunction with the Union Européenne des Médecins Spécialistes (UEMS) in order to rise the standards in dermatopathology in Europe and to harmonize the discipline in different countries.

As both technology and science develop, pathologists are urgently challenged not only to continuously evaluate established tools of pathology and clinical dermatology, but also to integrate the new-millennium tools of molecular imaging, molecular technologies, proteomics, and biomarkers in daily practice for the advancement of patient care. In particular, of the major issues that dermatopathology will face in the immediate future, two powerful challenges loom large. The first is the application of novel, non invasive, imaging technologies to *in vivo* diagnosis in humans (so-called optical biopsy).

The second is the application of more sophisticated molecular technologies to a diagnostic arena which formerly belonged exclusively to the light microscopist. Such novel methodologies which are complementary to traditional microscopy of formalin-fixed tissues are now being increasingly employed. Dermatopathology educational systems at all levels will need to continually address these new applications and their integration in patient care. These are important challenges to our Working Group, professional societies, institutions, and practicing community. It is critical that we all participate actively in these organizations and processes to continue the development of a system that is beneficial to our patients, applicable to our practicing physicians, enhanced by our experience and direction, and credible to public interests.

VIDEOMICROSCOPY MASTERCLASSES EUROPEAN SOCIETY OF PATHOLOGY HEADOUARTERS

The ESP will run a series of masterclasses in diagnostic histopathology employing its recently installed video microscopy system. The following dates and subspecialties are offered:

		Courses	Tutor
SATURDAY	**22nd May 2010**	Gynaecological Pathology	**Prof. Michael Wells**
SATURDAY	**19th June 2010**	Lymphomas	**Prof. Han van Krieken and Prof. Laurence de Leval**
SATURDAY	**17th July 2010**	GI Pathology	**Prof. Fred Bosman**
SATURDAY	**18th Sept. 2010**	The top ten challenges in practical Neuropathology	**Prof. Teresa Ribalta and Prof. Ellen Gelpi**
SATURDAY	**23rd Oct. 2010**	Thyroid Pathology	**Prof. Ales Ryska**
SATURDAY	**20th Nov. 2010**	Cutaneous Pathology	**Prof. Marco Santucci and Prof. Daniella Massi**

Each masterclass will run from 10.00 -16.00 hrs with a light lunch and coffee breaks. The cost of registration is €20. These masterclasses are open to any pathologist at any stage of their careers. Places are limited to 30 participants on a ''first come, first served'' basis. CPD approval is pending.

Please submit your application to admin@esp-pathology.org not less than 3 weeks before the date of the masterclass.

The address of the ESP office where the masterclasses will be held is Rue Bara 6, 1070 Brussels, Belgium.

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The Pathologist Interview with Prof. Michael Wells, the ESP President by Prof. Mia Marichal

***MM**: Mike, you are now 7 months into your term as President of the ESP, a quarter of your term has passed already! In the UK you are considered one of the leading pathologists, not because you are president of the ESP, but rather the other way around, and though I know you have fascinating things to say about English pathology (good subject for another interview!), I chose to focus this interview mainly on the ESP part of your life.*

When you became president, the society was already well on its way to becoming a professional organisation, thanks to the effort of some former presidents, notably Fred Bosman most recently. Do you think it is important for the ESP to continue in that direction or is your concept different?

MW: There is a phrase that comes to mind:*"dwarfs standing on the shoulders of giants"*. I am very conscious of the great distinction of those who have preceded me as President of the ESP. I worked closely and supportively with Fred during his Presidency and we see eye to eye on most things.

Time goes by very quickly and there is a limit to what one can hope to achieve in two years. I believe the most important thing for me to do is to maintain the "direction of travel" of the society. The turning point for the ESP was February 2006 when we held a strategy weekend (or "time-out") in Istanbul. Several major decisions were made at that meeting including those to appoint a full-time administrator, to acquire an office, to move to an annual congress and to engage the services of a professional conference organisation. At every subsequent meeting of the Executive Committee, Roddy Simpson would provide a list of the strategic points agreed in Istanbul and we have pursued them doggedly over the last four years. We have a great team and there has been a high level of consensus which has been very conducive to the transformation of the society.

***MM**: What are, in your opinion, the major assets and/ or problems for the future of our Society?*

MW: The major asset of the society is the calibre, vision, commitment and enthusiasm of its members. Things don't just happen; success is always, in my experience, the result of hard work. The best recent example of this was the Florence congress; just consider the effort of Marco Santucci and his colleagues which ensured the outstanding success of that meeting. We are also very fortunate in having Krasi Serguieva as our very enthusiastic administrator. Business is conducted by the officers in a very friendly, constructive atmosphere; they give of their time unselfishly with the well-being of the society uppermost in their minds.

It is very important to have fun; the social aspects of our society are crucial to our success and set us apart from many other societies. Taking over an entire square in Florence for a farewell party exemplifies how importantly we regard such activities!

A hospital Chief Executive recently said to me "I don't have problems, only challenges". This was political speak but, at present, I don't think that the society has "problems" as such, only the ongoing challenge of striving to become the major force in European pathology.

***MM**: Is the fact that you have a British rather than a European background something that can influence the way you will guide the society during the next two years?*

MW: I am British but, first and foremost, I am English. I hope I bring common sense, punctuality and an appropriate sense of humour to the deliberations of our society. I have received complimentary comments in recent months relating to my ability to chair meetings effectively. I have been observing this activity by others keenly for more than thirty years and have tried to adopt the skills of those who have most impressed me (it would be invidious of me to name individuals!). One must outline the issues, give everyone an opportunity to express their views, listen carefully and then summarise things in such a way as to indicate the consensus and the way forward. There is no doubt that having English as one's first language confers a huge advantage in this regard.

***MM**: From your "Word from the President" in the previous newsletter, we know that the fate of pathology and pathologists in Eastern Europe is one of your main concerns. Can you give the reader some background on the problem?*

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MW: I won't repeat the points I made in my first newsletter. There are very committed professionals in Eastern Europe but they are struggling even more than the rest of us with chronic underfunding, the perceived status of pathologists and a lack of succession planning. This cannot be turned round in two years, but we have to make a start. I think my commitment is clear. I have visited Romania and soon I will be participating in a Gynaecological Pathology course in Belgrade. I am doing my utmost to assist our Polish colleagues to ensure that the forthcoming Kracow meeting is a success. In June, I will visit Bulgaria and am pursuing the issue of salary differentials with Dr Bernard Maillet, Secretary General of the European Union of Medical Specialists.

***MM**: What are the other major goals that you would like to achieve or address during your presidency?*

MW: I would like to work with Heinz Höfler, the Managing Editors, the Editorial Board and Springer to enhance the standing of Virchows Archiv. The health of the journal is pivotal to the ongoing success of the society; it was, after all, the renegotiation of the contract with Springer that helped to put the society on such a sound financial footing.

I would like to consolidate the relationships with the national societies and have made a start on this. The officers of the ESP recently met with the officers of the Pathological Society of Great Britain and Ireland. Our hope is that the 2014 congress in London will be a joint congress with the Pathological Society. We also hope that our relationship with the Pathological Society will serve as the model to develop the concept of "collective membership" of the ESP. I want to foster a culture in which European pathologists see the annual European Congress as ***the*** meeting to share their research findings and fulfil their professional developmental needs. My philosophy is to be inclusive and to bring people together; for example, wouldn't it be marvellous if in the not too distant future there could be a joint congress of the ESP and the International Academy of Pathology in a major European city? I want young pathologists in training to feel totally at home at our meetings and to feel that the ESP is supportive and encourages their involvement in our wonderful and intellectually stimulating discipline.

***MM**: We know you as a great performer of evergreens. I always enjoy it tremendously when you sing at one of the official occasions during congresses. What I don't know is where the interest in singing came from.*

My father, who died nearly 35 years ago when I was still a medical student, was an amateur tenor and my mother sang in a choir. When I was at primary school, I was not allowed to sing in the choir because my voice was too deep. I had to do one of two things: either stand on the back row and mime the words or turn the pages of the music for the teacher as she played the piano. I cannot remember that my voice ever "broke" at puberty. Only when I moved to secondary school and I could sing in a four part choir did my enthusiasm for singing develop. Over the years, I have been a member of various choirs including Wells Cathedral Oratorio Society and Leeds Philharmonic Society and have sung solos (for example, the Fauré Requiem) in several churches. However, in recent years my professional responsibilities have prevented me from attending rehearsals on a regular basis; I will have to wait for retirement to sing in a choir again.

Music is very important to me and my taste is eclectic; from oratorio to Tony Bennett and Frank Sinatra. I have the unique and rather dubious distinction of having sung the *Confutatis maledictis* from the Verdi Requiem in the council chamber of the Royal College of Pathologists. Singing at the top of my voice in the privacy of my own home is how I keep "sane". My two stepsons are both excellent musicians and I enjoy them providing piano accompaniment. However, my self esteem suffered its worst blow in 1998 when I hoped to join Ripon Cathedral Choir (in which each of my stepsons was Head Chorister) on its European tour.

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I was auditioned by the organist and choirmaster who, whilst praising the quality of my voice, judged that my sight reading ability was inadequate to meet the relentless demands of multiple daily performances of a complex repertoire.

My friend and mentor Professor Harold Fox, in typical acerbic tone, once described me as "a very good average singer"!

MM: *Here comes a question that I have always wanted to ask a male professional; they are not very familiar with this question, unlike us, female professionals: How do you combine your career with your family life?*

MW : My reply I am sure would apply to many men: I have done my best to achieve a balance in the face of often conflicting demands; I am less certain that I have always succeeded. It is most difficult when one's children are young and one's career is developing, but I believe that I was always there for the major events in my children's lives when they were growing up. I think it is very important to read to one's children when they are small and perhaps I could have done more of that. We question the commitment of some of our junior colleagues these days, but perhaps they do have a healthier work/life balance.

I have a son, a daughter and two stepsons and they are now all adults. My daughter Rosie's wedding in Bilbao last summer was a wonderfully happy family occasion and my son James will be married in the delightful rural parish church of Humbie in East Lothian, Scotland in July. My wife Lynne keeps us all on track and accompanies me whenever she can; she is well known and loved by many of my friends in European pathology.

MM :*Thank you, Mike, for this fascinating interview, and good luck for the next part of your Presidency.*

The 26th postgraduate IUCP on Lungs-Pleura and Mediastinum

The 26th postgraduate IUCP on Lungs-Pleura and Mediastinum was held in Ioannina, Hellas, between June 2nd and June 5th , 2009.
The Course has been very successful , according to the evaluation of the questionnaire and the 30 students along with the 20 Faculty members enjoyed this fruitful Scientific Event.

Since the Course belongs to the second series of IUCP (the first one was held on October 1998) , we honored the members of the Faculty who contributed immensely to the success of the 1st Course which was dedicated exclusively in Lungs and Pleura. Our Honorary Guests were the following on alphabetical basis: Constantopoulos S. , Gibbs., Kayser K., Markidou S., Papastamatiou H . and Tsamboulas C.
Besides Science , everybody enjoyed the every evening social events and especially the farewell dinner held at the gorgeous " Hotel du Lac'' with music and dance until early morning!!

The 26th IUCP belongs to history and now I am very pleased to announce to the ESP members the forthcoming 27th IUCP on Kidneys and Adrenals Pathology-Oncology , which will be held in the Ioannina University Campus between the 14th and the 17th of September 2010. For further information our ESP members can visit the IUCP website after March 15th , 2010 . For more information please visit: http://medlab.cs.uoi.gr/3rdhjcp

Prof. Niki Agnantis

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Analecta Medica

1. Tumor-Associated Macrophages and Survival in Classic Hodgkin's Lymphoma

Christian Steidl, M.D., Tang Lee, M.Sc., Sohrab P. Shah, Ph.D., Pedro Farinha, M.D., Guangming Han, M.D., Tarun Nayar, M.Sc., Allen Delaney, Ph.D., Steven J. Jones, Ph.D., Javeed Iqbal, Ph.D., Dennis D. Weisenburger, M.D., Martin A. Bast, B.S., Andreas Rosenwald, M.D., Hans-Konrad Muller-Hermelink, M.D., Lisa M. Rimsza, M.D., Elias Campo, M.D., Ph.D., Jan Delabie, M.D., Ph.D., Rita M. Braziel, M.D., James R. Cook, M.D., Ray R. Tubbs, D.O., Elaine S. Jaffe, M.D., Georg Lenz, M.D., Joseph M. Connors, M.D., Louis M. Staudt, M.D., Ph.D., Wing C. Chan, M.D., and Randy D. Gascoyne, M.D NEJM 362;10:875-886

Despite advances in treatments for Hodgkin's lymphoma, about 20% of patients still die from progressive disease. Current prognostic models predict the outcome of treatment with imperfect accuracy, and clinically relevant biomarkers have not been established to improve on the International Prognostic Score.

Using gene-expression profiling, we analyzed 130 frozen samples obtained from patients with classic Hodgkin's lymphoma during diagnostic lymph-node biopsy to determine which cellular signatures were correlated with treatment outcome. We confirmed our findings in an independent cohort of 166 patients, using immunohistochemical analysis.

Gene-expression profiling identified a gene signature of tumor-associated macrophages that was significantly associated with primary treatment failure (P=0.02). In an independent cohort of patients, we found that an increased number of CD68+ macrophages was correlated with a shortened progression-free survival (P=0.03) and with an increased likelihood of relapse after autologous hematopoietic stem-cell transplantation (P=0.008), resulting in shortened disease-specific survival (P=0.003). In multivariate analysis, this adverse prognostic factor outperformed the International Prognostic Score for disease-specific survival (P=0.003 vs. P=0.03). The absence of an elevated number of CD68+ cells in patients with limited-stage disease defined a subgroup of patients with a long-term disease-specific survival of 100% with the use of current treatment strategies.

Conclusions An increased number of tumor-associated macrophages was strongly associated with shortened survival in patients with classic Hodgkin's lymphoma and provides a new biomarker for risk stratification

2. "Cancer survival in Africa, Asia, and Central America: a population- based study"

Rengaswamy Sankaranarayanan MD a Rajaraman Swaminathan PhD b, Hermann Brenner MD c, Kexin Chen MD d, Kee Seng Chia MD e, Jian Guo Chen MD f, Stephen CK Law FRCR g, Yoon-Ok Ahn MD h, Yong Bing Xiang MD i, Balakrishna B Yeole PhD j, Hai Rim Shin MD a k, Viswanathan Shanta DSc b, Ze Hong Woo MD l, Nimit Martin MD m, Yupa Sumitsawan MD n, Hutcha Sriplung MD o, Adolfo Ortiz Barboza MD p, Sultan Eser MD q, Bhagwan M Nene MD r, Krittika Suwanrungruang MSc s, Padmavathiamma Jayalekshmi PhD t, Rajesh Dikshit PhD u, Henry Wabinga MD v, Divina B Esteban MD w, Adriano Laudico MD x, Yasmin Bhurgri MD y, Ebrima Bah MPH z, Nasser Al-Hamdan MD Lancet Oncol 2010;11 165-173

Survival analysis was done for 341 658 patients diagnosed with various cancers from 1990 to 2001 and followed up to 2003, from 25 population-based cancer registries in 12 countries in sub-Saharan Africa (The Gambia,Uganda), Central America (Costa Rica), and Asia (China, India, Pakistan, Philippines, Saudi Arabia, Singapore, SouthKorea, Thailand, Turkey). 5-year age-standardised relative survival (ASRS) and observed survival by clinical extent ofdisease were determined.

For cancers in which prognosis depends on stage at diagnosis, survival was highest in China, South Korea,Singapore, and Turkey and lowest in Uganda and The Gambia. 5-year ASRS ranged from 76–82% for breast cancer, 63–79% for cervical cancer, 71–78% for bladder cancer, and 44–60% for large-bowel cancers in China, Singapore,South Korea, and Turkey. Survival did not exceed 22% for any cancer site in The Gambia; in Uganda, survival did notexceed 13% for any cancer site except breast (46%). Variations in survival correlated with early detection initiatives and level of development of health services.

The wide variation in cancer survival between regions emphasises the need for urgent investments in improving awareness, population-based cancer registration, early detection programmes, health-services infrastructure, and human resources.

3. Prognostic relevance of DNA copy number changes in colorectal cancer

George Poulogiannis[1], Koichi Ichimura[1], Rifat A Hamoudi[1], Feijun Luo[1], Suet Y Leung[2], Siu T Yuen[2], David J Harrison[3], Andrew H Wyllie[1], Mark J Arends

J Pathol 2010;220:317-327

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In a study of 109 colorectal cancers, DNA copy number aberrations were identified by comparative genomic hybridization using a DNA microarray covering the entire genome at an average interval of less than 1 Mbase. Four patterns were revealed by unsupervised clustering analysis, one of them associated with significantly better prognosis than the others. This group contained tumours with short, dispersed, and relatively few regions of copy number gain or loss. The good prognosis of this group was not attributable to the presence of tumours showing microsatellite instability (MSI-H). Supervised methods were employed to determine those genomic regions where copy number alterations correlate significantly with multiple indices of aggressive growth (lymphatic spread, recurrence, and early death). Multivariate analysis identified DNA copy number loss at 18q12.2, harbouring a single gene, *BRUNOL4* that encodes the Bruno-like 4 splicing factor, as an independent prognostic indicator.

The data show that the different patterns of DNA copy number alterations in primary tumours reveal prognostic information and can aid identification of novel prognosis-associated genes.

4. **"Ki67 in breast cancer: prognostic and predictive potential"**

Rinat Yerushalmi MD a, R. Woods MSc a, P. M Ravdin MD c, M. M Hayes MD b, K.A Gelmon MD Lancet Oncol 2010;11 174-183

The leading parameters that define treatment recommendations in early breast cancer are oestrogen-receptor, progesterone-receptor, and human epidermal growth-factor status. Although some pathologists report Ki67 in addition to other biological markers, the existing guidelines of the American Society of Clinical Oncology do not include Ki67 in the list of required routine biological markers. The advent of new genetic tests has emphasised the role of proliferative genes, including Ki67, as prognostic and predictive markers.

Additionally, randomised studies have retrospectively reviewed data and reported on the role of Ki67 in breast cancer. In light of new data, we have re-assessed evidence that could change guidelines to include Ki67 in the standard pathological assessment of early breast cancers.

This review provides an update on the current knowledge on Ki67 and of the evidence in the published work about the prognostic and predictive role of this marker, and provides information on the laboratory techniques used to determine Ki67.

5. **Vascular endothelial growth factor C mRNA expression is a prognostic factor in epithelial ovarian cancer as detected by kinetic RT-PCR in formalin-fixed paraffin-embedded tissue**

Bruno V. Sinn[1] , Silvia Darb-Esfahani[1], Ralph M. Wirtz[2], Areeg Faggad[1], Wilko Weichert[1], Ann-Christin Buckendahl[1] Aurelia Noske[1],Berit Maria Müller[1], Jan Budczies[1], Jalid Sehouli[3], Elena I. Braicu[3], Manfred Dietel[1] and Carsten Denkert, Virchous Arch (2009) 455:461-467

Vascular endothelial growth factor C (VEGF-C) is a well described chemotactic and growth factor for lymphatic endothelial cells. Its inhibition leads to suppression of lymphatic and distant metastases in mouse models. In ovarian cancer, the relationship between VEGF-C expression and tumor behavior has not yet been determined by a quantitative method *in vivo*. Therefore, we used a new technique of RNA extraction from formalin-fixed paraffin-embedded tissue samples and determined the expression levels of VEGF-C mRNA in a study group of 97 ovarian cancer patients. Expression levels were correlated with clinicopathological features and patient survival. High VEGF-C expression was associated with worse overall ($p = 0.0393$) and progression-free ($p = 0.0155$) patient survival. In the subgroups of serous tumors and high-grade tumors, VEGF-C mRNA was still a negative indicator for patient survival ($p = 0.0190$ and 0.0311, respectively). A trend was observed among patients with high clinical stage ($p = 0.0634$). In multivariate survival analysis VEGF-C mRNA retained its prognostic influence on progression-free survival ($p = 0.006$, $HR = 0.319$ with a 95% confidence interval of 0.142–0.720). High VEGF-C expression was further associated with an increased residual tumor mass after primary cytoreductive surgery. We found no correlation of VEGF-C expression with tumor grade, FIGO stage, lymph node, or distant metastases.

Our study demonstrates that high VEGF-C expression is associated with aggressive tumor behavior in ovarian cancer. mRNA extracted from paraffin-embedded tumor samples is suitable for VEGF-C gene expression studies.

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6. Efficacy of human papillomavirus testing for the detection of invasive cervical cancers and cervical intraepithelial neoplasia: a randomised controlled trial

Dr Guglielmo Ronco MD a Paolo Giorgi-Rossi PhD f, Francesca Carozzi PhD c, Massimo Confortini PhD c, Paolo Dalla Palma MD e, Annarosa Del Mistro MD d, Bruno Ghiringhello MD g, Salvatore Girlando PhD e, Anna Gillio-Tos PhD b, Laura De Marco PhD b, Carlo Naldoni MD i, Paola Pierotti PhD h, Raffaella Rizzolo MSc a, Patrizia Schincaglia MD j, Manuel Zorzi MSc d, Marco Zappa MD c, Nereo Segnan MD a, Prof Jack Cuzick PhD k, the New Technologies for Cervical Cancer screening (NTCC) Working Group‡,Lancet Oncol 2010;3 249-259

Human papillomavirus (HPV) testing is known to be more sensitive, but less specific than cytology for detecting cervical intraepithelial neoplasia (CIN). We assessed the efficacy of cervical-cancer screening policies that are based on HPV testing.

Between March, 2004, and December, 2004, in two separate recruitment phases, women aged 25—60 years were randomly assigned to conventional cytology or to HPV testing in combination with liquid-based cytology (first phase) or alone (second phase). Randomisation was done by computer in two screening centres and by sequential opening of numbered sealed envelopes in the remaining seven centres. During phase one, women who were HPV-positive and aged 35—60 years were referred to colposcopy, whereas women aged 25—34 years were referred to colposcopy only if cytology was also abnormal or HPV testing was persistently positive. During phase two, women in the HPV group were referred for colposcopy if the HPV test was positive. Two rounds of screening occurred in each phase, and all women had cytology testing only at the second round. The primary endpoint was the detection of grade 2 and 3 CIN, and of invasive cervical cancers during the first and second screening rounds. Analysis was done by intention to screen. This trial is registered, number ISRCTN81678807.

In total for both phases, 47 001 women were randomly assigned to the cytology group and 47 369 to HPV testing. 33 851 women from the cytology group and 32 998 from the HPV-testing group had a second round of screening. We also retrieved the histological diagnoses from screening done elsewhere. The detection of invasive cervical cancers was similar for the two groups in the first round of screening (nine in the cytology group *vs* seven in the HPV group, p=0·62); no cases were detected in the HPV group during round two, compared with nine in the cytology group (p=0·004). Overall, in the two rounds of screening, 18 invasive cancers were detected in the cytology group versus seven in the HPV group (p=0·028

HPV-based screening is more effective than cytology in preventing invasive cervical cancer, by detecting persistent high-grade lesions earlier and providing a longer low-risk period. However, in younger women, HPV screening leads to over-diagnosis of regressive CIN2.

Dr. Loukas Kaklamanis

Announcement :

Dear Colleagues,

By this message we would like to cordially invite you to participate in the Ultrapath XV meeting, the biannual congress of the Society for Ultrastructural Pathology, that will take place from the 18th to the 23rd of July in Richmond, Virginia (USA).

As you may know, although these congresses are oriented in part to review the current applications of electron microscopy in Pathology, they are an international gathering of renowned pathologists, and most of the lectures have a major content of surgical pathology with clinical correlation, immunohistochemistry and molecular pathology. The congenial, stimulating and relaxed atmosphere of the Ultrapath meetings provides the ideal setting for the exchange of ideas and information, and for developing new scientific bonds and making new friends. This year's program includes:

Pediatric Pathology
Thoracic Pathology
Neuropathology
Soft Tissue Tumors
Infectious Diseases
Native Kidney Diseases
Transplant Pathology
Hematologic Diseases

You may find more information on Ultrapath XV and on the Society for Ultrastructural Pathology at

http://www.ultrapath.org

We hope to meet many of you at the Ultrapath XV in Richmond next July.

Sincerely,

Josep Lloreta, M.D., Ph.D.
Chairman Electron Microscopy Working Group
European Society of Pathology
Professor and Section Head
Department of Pathology
Hospital del Mar, Universitat Pompeu Fabra
Passeig Maritim 25-29, 08003-Barcelona, Spain
Phone (+3493) 248 30 32
Fax (+3493) 248 31 31
e-mail: jlloreta@imas.imim.es

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3rdHellenic Jordanian Congress of Pathology , Holiday Inn, Limassol, Cyprus

After the big success of the 1st Hellenic Jordanian Congress of Pathology (HJCP), which was held in Crete Island, Hellas , at the end of April 2007, our Jordanian Colleagues reciprocated with an unforgettable 2nd HJCP of high scientific level, which was held in Amman on November 2008.

Now, the 3rdHJCP belongs to history and I am very pleased to drop some lines and describe its great success.

The Congress was held in the beautiful Island of Cyprus between the 29th of October and the 1st of November 2009 , at the Holiday Inn of Limassol.

Almost 100 participants along with 25Faculty members from Cyprus, Jordan, Hellas, Serbia,Germany,UK andUSA , combined Science with pleasure during the 2 ½ days.

The Programme was divided in 3 Units, namely Breast, GYN and Liver Pathology and a 4th Unit , which was a very interesting Slide Seminar dedicated to Neuropathology and Hematopathology.

Three distinguished European Professors of Pathology – G. Bevilacqua, M. Wells and B. Portmann - offered their tremendous experience with Keynote Lectures.

The other members of the Faculty were experienced Pathologists (Professors/Doctors) from Jordan, Hellas, Germany and USA

I am citing their names in alphabetical order as follows: Al-Hussaini M., Barbatis C., Batistatou A., Delides G. ,Delladetsima A. ,FilippidisTh. , Goussia A., Hattab E., Matalka I. , Pavlakis K., Schmitt-Graff A., Sughayer M.

For the first time we included in the Scientific Programme three experienced Cypriot Oncologists, who are the following: Dr Yola Markou for Breast Cancer, Dr Georgos Ioannides for GYNCancer and Dr Charis Charalambous for Liver Cancer.

All participants appreciated this further knowledge, which offered them a global picture of each disease.

At the Closing Ceremony the Poster Review Committee was composed of the following Professors : Y.Dajani,G.Kontogeorgos and J. Vasiljevic. They offered the '' MAXIMOS MICHAELIDIS " first award of 1000 Euros, dedicated to his memory by his family.

The awarded poster derived from the Aristotle University Medical School, Dept of Pathology, Thessaloniki, Hellas and concerned a basic research study of high standards !!

Two other poster awards concerned free participation to the forthcoming 2010 IUCP (registration fees of 440 Euros and 300 Euros upon arrival in Ioannina , as an honorarium to the awardees).

The ESP President lecturing

Prof. Agnantis with colleagues

These awards were offered to one Jordanian and one Cypriot very interesting study.

Last but not least three Diplomas of Recognition were also given to young residents in Pathology.

As it became a tradition, all participants and the Faculty members enjoyed enormously the Gala Dinner with music and dance until the early morning.

Finally , we all promised to meet again , possibly next year in Amman for the 4th HJCP

Prof. Niki Agnantis

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Announcement Board:

X INTERNATIONAL WORKSHOP ON LOWER GENITAL TRACT PATHOLOGY HPV Disease 2010A.D.: Coming into the Light Viareggio, May 6th-8th 2010

PROGRAM: Advanced updated program is available on www.hpv2010.eu

REGISTRATION AND HOTEL RESERVATION: Deadline for early registration with reduced fee: March 31st 2010
The registration and hotel reservation form is available on www.hpv2010.eu

CALL FOR ABSTRACTS: Submit your abstract now!
Abstract submission deadline: February 20th 2010
You will find all the information on abstract submission on www.hpv2010.eu

FOR ANY INFORMATION PLEASE CONTACT THE ORGANIZING SECRETARIAT:ADRIA CONGREX SRL
Ph. +39 0541 305829
Fax +39 0541 305842

Karolinska April 12 2010

Workshop on Salivary Gland Pathology at Karolinska

1-3 Nov 2010

I am very pleased to be able to invite you to this years 3 –days course on salivary gland pathology. I am arranging this workshop together with Alena Skavlova, Pilzen, Czech Republic and Bruce Wenig, New York, USA. The course will be held in a small format with the 18-positioned multi-microscope as the central didactic element. Education will mainly be case oriented. A few lectures will cover basic and special topics. Hopefully, active discussion will be integral part of learning experience. Main target is specialists in histopathology and cytopathology even if residents in end of training will benefit. Our cases will cover most important aspects of neoplastic and non-neoplastic salivary gland pathology. Due to limitations in time only salivary gland pathology will be covered and the rest of H&N pathology will be covered in a separate course preliminary in spring 2011. Most slides will be histopathology but a special session is planned with FNA cytology since Karolinska have a unique collection of SG pathology cases with histopathological correlations. In case you have own difficult or otherwise interesting cases please bring them along for discussion and consultation.

For more information: **Q/A:**

Göran Elmberger
Avdelningen för Patologi och Cytologi
Karolinska Universitetssjukhuset, Solna
171 76 Stockholm
Tfn: 08-517 731 59
Fax: 08-33 19 09
Email: goran.elmberger@karolinska.se

Job Offers:

JOB VACANCIES FOR PATHOLOGISTS IN CASTILLA Y LEON (SPAIN)

IECSCYL is the organization created by the Castilla y Leon's government (SPAIN) whose objective is to search specialized doctors in order to cover some currently available job vacancies in our Public Hospitals.

OFFER

- Long-term contract.
- HIGH WAGES
- Schedule from Monday to Friday, from 8h a.m. to 15h p.m.
- It might be possible to attend duties (guardias).

REQUIREMENTS

To talk Spanish, basic level (or English, High level)
Bachelor's and Specialist's Certificated degrees by the Spanish "Education Ministry and Health Ministry":

- RECOGNITION for EU Countries
- HOMOLOGACION for Non -EU Countries

We could inform about Certification process to any interested doctor who still haven't got it.

We are interested also in last year residents.

CONTACT DETAILS

Interested persons, please, send your CV and scanned Certifications to:

David García
dgarcia@iecscyl.com
Tlf.: 0034 983 457591
Fax.: 0034 983 457688

LOCUM CONSULTANT HISTOPATHOLOGIST
12 MONTH CONTRACT
FULL TIME/PART TIME PRIVATE PRACTICE

Laboratory of Pathology, Bonsecours Hospital, Cork, Ireland is seeking for a consultant specialist in Histopathology, full time or part-time. The post includes a clinical activity with participation at the MDT meeting. The laboratory includes 3 pathologists. The activity, targeted at the cancer diagnosis, is general-purpose interesting almost all the organs with the exception of the neuropathology and of the pediatric pathology, no autopsy. The proposed post involves more specifically the gastro-intestinal, tumoral cutaneous, urologic and breast pathologies; an experience in these domains would be desirable.

Applications are invited for the above position from suitably qualified candidates and the minimum requirements will be those needed under HSE/National Hospitals Office guidelines which require;

(a) Full registration in the General Register of Medical Practitioners maintained by the Medical Council in Ireland or entitlement to be so registered,

And

(b) The possession of the MRC Path. or a qualification equivalent thereto,

And

(c) Inclusion on or eligibility to be included on the division of histopathology of the Register of Medical Specialists maintained by the Medical Council in Ireland.

The laboratories are fully accredited under ISO15189

Informal enquiries regarding the above position please contact Dr Eoin O' Murchu, Consultant Pathologist on (021) 4801723.or Dr.Triona Hayes 021 4801724.

Application for the above post is by way of letter and 3 copies of your curriculum vitae (unbound) to;
Stephanie Dwyer
The Human Resources Department,
Bon Secours Hospital,
College Road,
Cork.
Or e-mail personnel@cork.bonsecours.ie

European School of Pathology - Zagreb Edition 2010

Update in Gastrointestinal Pathology

Prof. Fredrik Bosman,
Lausanne, Switzerland
Prof. Fatima Carneiro,
Porto, Portugal
Prof. Arzu Ensari,
Ankara, Turkey
Prof. Karel Geboes,
Leuven, Belgium

This course is created for younger pathologists and pathology residents. During three-day course (October 22-24, 2010) the broad spectrum of gastrointestinal pathology will be covered. Participants will have opportunity to listen to few lectures and to take active part in slide seminars, followed by wrap-up sessions. It is designed for improvement and standardization of diagnostic abilities of participants.

The course is organized by the Institute of Pathology, University of Zagreb School of Medicine and Ljudevit Jurak University Department of Pathology, Sestre Milosrdnice University Hospital, and led by highly recognized European pathology experts.

LIMITED NUMBER OF PARTICIPANTS!!!

Registration fee:
150 euro or 1100 kuna
(lunch and dinner included, accomodation not included)

Venue and contact:
Institute of Pathology, University of Zagreb School of Medicine
Šalata 10, Zagreb, Croatia
phone: +385 91 3693693
fax: +385 1 4921151
e-mail: lbrcic@mef.hr

Under the auspices of the International Academy of Pathology

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Announcement :

http://www.esp-congress.org

The University Of Sheffield.

Academic Unit of Pathology

Sheffield Diagnostic Histopathology Course

14th – 25th June 2010, Rutland Hotel, Sheffield

Now established for over 30 years the 2010 course is based on examination of microscope slides enhanced by an expert review seminar in the following topic areas: Bone, Bone Marrow, Breast, Dermatopathology, Endocrine, Gynaecology, Head & Neck, Infectious Disease, Liver & Biliary Tract, Lymphoreticular, Male Genitourinary, Neuropathology, Paediatrics, Renal, Respiratory, Soft Tissue, Upper and Lower GI Tract.
An optional mock FRCPath part 2-type surgical slide set is available in the last session (full feedback on performance provided) at an additional charge.

The course is suitable for post FRCPath part 1 histopathology trainees and also as refresher/CPD activity for established practitioners.

For programme details and registration please contact:
Rebecca Brown, *rebecca.brown@sheffield.ac.uk*
Tel: +44 (0) 114 2712566; Fax: +44 (0) 114 2711711

Basel Seminars in Pathology

Postgraduate Course
Diagnostic GI Pathology: Dealing with the Problems

Basel, June 11-12th, 2010

For more information:

www.patho.unibas.ch

Dr. Inti Zlobec, PhD
Pathology, University Hospital Basel
Tel: 0041612652895 or 0041613287864
E-mail: izlobek@uhbs.ch