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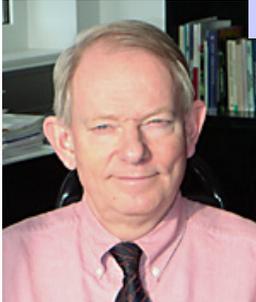
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### Word from the President



The 3rd issue of the ESP newsletter just arrived in your mailbox. At least, that is what I assume. I fear that for most of us the daily flow of e-mails has become so heavy that new mails have to be opened swiftly to avoid them getting lost in the long list that will rapidly follow. So you opened the newsletter instantaneously and I thank you for this. It is a sign that you are really interested in the evolution of activities of the Society, that we can fulfil the role we set out to play.

So what's up in the ESP. Well, those of you that will attend the 22nd European Congress in Florence in September – and I hope and expect that all of you will – will see what's been done. Quite a bit of effort has been dedicated to support Marco Santucci and his crew's efforts to organize a splendid congress. Statutes and by-laws have been significantly overhauled to stay in line with Belgian law and allow the ESP to continue to develop.

The office in Brussels is up and running and thanks to our administrator Krasi Serguieva the modes of functioning of the organs of the Society are getting more and more structured. We are preparing for the annual congresses, the organisation of which will be much facilitated by a congress coordinator and a professional congress organising company (CPO Hanser) which will help us getting to high quality enjoyable annual congresses. An ESP organisation for quality control in molecular pathology is in the making (targeting for the time being KRAS mutations testing). And the educational activities are being restructured. The Education Committee has met and will embark upon an ambitious program to become a key player in postgraduate and continuous education in European pathology.

So we're moving, although not as fast as we would like to. It will be a while before the ESP will really be the "face" of European pathology. Close links with the national societies will have to be established and this will be done through the advisory council, that will meet in the near future in Brussels. We will also meet with the working group leaders, to learn how to better cater to the needs of the working groups that more and more constitute the beating heart of the ESP.

I'm proud to have been able to serve our Society and through the ESP you all. I'm looking forward to seeing you all in Florence in September.

Fred Bosman  
ESP President

Dear Colleagues,

It is my pleasure to inform you that we had a very successful EScoP course titled **“UPDATE IN GASTROINTESTINAL PATHOLOGY”** in Ankara-TURKEY on 1-3rd of May, 2009. The course moderated by Prof. Fred Bosman aimed to cover the controversial topics of gastrointestinal pathology by means of lectures and slide seminars followed by wrap-up sessions. The faculty comprising Prof. Fred Bosman (Lausanne), Prof. Fatima Carneiro (Porto), Prof. Karel Geboes (Leuven), and Prof. Arzu Ensari (Ankara) shared their expertise with the participants throughout the course. Sixty five participants coming from different parts of Turkey with different work experiences had the opportunity to have fruitful discussions with the experts and with each other. We also enjoyed Turkish cuisine at the Gala Diner with a nice view of Ankara's skyline.

I would, therefore, like to take the opportunity to thank our President, Prof. Bosman once again, for organizing EScoP courses on Gastrointestinal Pathology and hope that ESP will continue to hold such courses which will reach many more European pathologists.

Hope to see you all in Florence...

Sincerely,

Arzu Ensari, MD, PhD  
Chairperson of ESP WG on Digestive Diseases  
Department of Pathology  
Ankara University Medical School

## ESP European QA for KRAS Testing for Colorectal Cancer

Dear Colleagues,

We are pleased to inform you that we successfully completed the first pilot QA European round for KRAS testing of colorectal cancer. The results of the twelve participating labs were reported during a meeting held at the ESP office in Brussels on the 12th of June this year. More information about the QA activities of our society you can find on the ESP website: [www.esp-pathology.org](http://www.esp-pathology.org).

If you would like your lab to become part of the QA KRAS project of the ESP, please visit our website or send us an e-mail: [admin@esp-pathology.org](mailto:admin@esp-pathology.org) or [J.vanKrieken@pathol.umcn.nl](mailto:J.vanKrieken@pathol.umcn.nl).

Prof. Han van Krieken





## What's New?

### Molecular Techniques in Cytopathology Practice

Molecular technology applied in pathology field is reshaping the practice of cytopathology. A recently multi-institutional inquiry invoked an interesting discussion concerning the introduction of these methodologies to optimize cytology procedures and solving old quandaries. Particular attention was dedicated to the real utility of these new approaches and also to the feasibility to introduce them in cytology laboratories. The conclusions were quite exciting because most of the cytopathologists now recognize the importance of the molecular techniques as adjuncts to morphology for diagnosis. At this moment the great challenge is deciding when to adopt a new molecular test and who should perform and interpret it. Now and in the future, pathologists in general and cytopathologists specifically will play a vital role in the emerging world of molecular medicine.

Molecular cytopathology (MCP) can be defined as molecular studies applied on all types of cytological specimens, namely gynecology cytology, exfoliative non-gyn cytology and fine needle aspirates. MCP has been applied to detect specific organisms or oncologic changes at molecular levels. MCP techniques can be performed directly in the cytological specimens (as FISH for example) or on DNA/RNA extracted from the cytologic smears.

The use of new technologies applied in cervical samples collected with liquid-based cytology medium improved the identification of etiologic agents and in some aspects the accuracy of diagnosis. The recognition of high risk papillomavirus (HPV) as the fundamental cause of cervical cancer, require a re-evaluation of the natural history of cervical cancer development and of the attitude of public health authorities regarding the screening strategies.

Clinical applications of fluorescence in situ hybridization (FISH) have been growing in the last decade. From a diagnostic point of view, a potential and emerging field is the use of FISH for detection of recurrence of transitional cell carcinomas on urine and for diagnosis in lung cytology. The use of large combinations of probes through the multiplex FISH technique certainly will improve the diagnostic capacity on cytologic material. Moreover, better probes to detect specific translocations will be extremely useful in the characterization of soft tissue tumors and malignant lymphomas in cytologic material. New genetic information are coming from the microarray technology and specific probes can be generated and used to obtain diagnostic, prognostic and predictive information on routine material.

Cytopathologists will be also expected to include specific prognostic and predictive information in their reports, as well as to order ancillary tests and to contribute in clinical trials with their expertise. Since the last decade, there have been an increasing number of new drugs which indications depends upon a pathological report. Fine needle aspiration (FNA) cytology has proven its value as a minimally invasive, easy, accurate and reliable technique for the diagnosis of several sorts of tumours. Moreover, in the last 15 years, FNA has also been used for the assessment of prognostic and predictive factors. In breast cancer, HER2 have caused a great impact among clinicians and pathologists since the development of trastuzumab, a monoclonal antibody that acts directly in the cell surface protein codified by this gene. The benefit of trastuzumab is limited to HER2-overexpressing breast cancer reinforcing the importance of pathology in the selection of these patients by immunohistochemical or ISH analysis. As more molecular targets for therapy are identified, cytopathologists will be increasingly called upon to help identify patients who are suitable candidates for therapeutic agents that target such molecules.

Continues from page 3

Recently, our group demonstrated the feasibility of performing ICC and molecular analysis of c-kit and PDGFRA genes in cytologic material obtained by endoscopic ultrasound-guided FNA from GISTs. This procedure allows a more precise diagnosis and therapeutic decision in the routine management of patients with GISTs. The same was demonstrated for EGFR in non-small cell lung cancer. Recently the feasibility of studying EGFR mutations was demonstrated using the nested PCR technique to predict response to gefitinib in lung cytologic material. Amplification of the EGFR gene is also associated with resistance to therapy in some cases. EGFR amplification was detected by CISH in 30% of our cases of metaplastic breast carcinomas (MBCs). Given that these tumors are resistant to conventional chemotherapy and hormone therapy regimens, our findings indicate that studies are warranted to explore EGFR TK-inhibitors as potential therapeutic agents for MBCs harbouring amplifications of EGFR.

It is very difficult to predict the progress that should be anticipated over the next 10 or 50 years, because cancer is such a complex problem, with hundreds of forms and diverse means of controlling it. However, with the continued aging of the population the absolute number of cancer diagnoses will very likely rise substantially in the coming decades. So, for the foreseeable future, we will need better ways to diagnose and treat cancers. In terms of therapy, from a practical standpoint for the cytopathologist, it will be mandatory to have tumour cells available from patients participating in clinical trials in order to study the molecular features that correlate with sensitivity or resistance to the cancer drug targets. The availability of tissues or cells from the patients may allow retrospectively identification of a molecular profile or surrogate marker characteristic of responding tumours, even when the demonstration of activity is limited to a small group of patients. In turn, this profile or marker could be used prospectively for patient enrolment into subsequent studies with selected patients. At the time of tumour progression, one could also consider assessment of newly acquired genetic alterations to select the next line of therapy.

Fine needle aspiration cytology offers a suitable alternative to biopsy in a variety of clinical settings, in which it may be useful to obtain material to study prognostic and predictive markers. There are many studies showing the possibility of using FNA to the study response to therapy and evaluation of morphological changes of tumour cells with minimal discomfort for the patients.

**Fernando C. Schmitt, MD, PhD, FIAC**

**Associate Professor of Pathology, Medical Faculty of Porto University**  
**Director of the Unit of Molecular Pathology – IPATIMUP**  
**e-mail: [fernando.schmitt@ipatimup.pt](mailto:fernando.schmitt@ipatimup.pt)**

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#### Links to the article:

doi:10.1136/jcp.2006.044347

*J. Clin. Pathol.* 2008;61:258-267; originally published online 23 Nov 2007;

F C Schmitt, A Longatto-Filho, A Valent and P Vielh  
**Molecular techniques in cytopathology practice**  
<http://jcp.bmj.com/cgi/content/full/61/3/258>

Updated information and services can be found at:

*These include:*

#### References

<http://jcp.bmj.com/cgi/content/full/61/3/258#BIBL>

This article cites 74 articles, 14 of which can be accessed free at:

#### Rapid responses

<http://jcp.bmj.com/cgi/eletter-submit/61/3/258>

*In this column, we interview "special" ESP members. Pathologists, young or old, who have something interesting to say, at least in the mind of the interviewer.....*

This time we interviewed Dr. Willis, a histopathology trainee from England, who studied medicine at the University of Leicester and following two years of clinical rotations began a residency in pathology. One year later, Dr. Willis chose to take time out of UK training to gain experience in Belgium. This was not as easy as one would expect in a "unified" Europe.

**MM:** Why did you want to come and train in Belgium?

**Dr. Willis:** I was attracted to Belgium primarily due to family reasons and felt this was a good opportunity to experience training in another EU country. I hoped to build on the knowledge I had acquired during my first year of training, gain new skills and observe different laboratory techniques. I also hoped to share the skills I had with fellow trainees in the department.

**MM:** It should have been easy, Belgium and the UK being in the EU, to train as a resident in Belgium. Was it?

**Dr. Willis:** This is a difficult question to answer. Since starting a career in pathology I have very much enjoyed the work and essentially histological interpretation does not differ between countries. Despite small disparities in cut up and autopsy techniques, the pathology remained fascinating. However differences in organisation and workload meant that training in Belgium took quite some time to become accustomed to.

**MM:** What were the main differences in training compared with your previous experiences?

**Dr. Willis:** In Belgium:

- Post-graduate training in pathology follows a more self-directed approach
- The workload expected of a trainee is higher, particularly in the early years
- The turnover time is quicker; cases are reviewed and authorised by the following day as far as possible
- Nearly all post mortems are hospital cases, as compared with the UK where the majority are requested by the coroner

**MM:** What were the major difficulties you encountered?

**Dr. Willis:** Without a doubt the language barrier was the most difficult hurdle for me. Despite having a basic knowledge of the Dutch language I nevertheless found understanding and communication a problem. Following lectures and meetings was hard, and dictating reports would take twice as long.

During phone conversations my concern was that due to language difficulties I might convey incorrect information or miss out on vital details. Another obstacle was the difference in organisation. Histopathology training in the UK is organised through a national centre that sets standards for training. All trainees are required to sit exams and participate in regular assessments and appraisals. In Belgium residents train for 5 years following which they must be deemed satisfactory for transition to consultant. As far as I am aware the training is more self-directed and the difficulty I faced was not knowing quite what was expected of me and whether I was sufficiently progressing.

Another obstacle was the difference in organisation. Histopathology training in the UK is organised through a national centre that sets standards for training. All trainees are required to sit exams and participate in regular assessments and appraisals.

**MM:** Was your UK diploma sufficient to start working in Belgium? Did you have to go through a screening process or fill in a lot of papers?

**Dr. Willis:** This was a long process and took me the best part of 6 months. I assumed it would be a matter of weeks for an EU national, but the authorities are very rigorous in the checking of documents.

**MM:** It is clear that an easy transition within a residency is far from smooth within the EU, and there is still a lot to be done. If the ESP or some other organisation could do something to help people who want to change countries during a residency, what would you recommend?

**Dr. Willis:** On the surface the transition might appear relatively easy, given that post-graduate pathology training is 5 years and trainees can slot straight into the appropriate year. However for those wishing to move within the EU I would recommend an initial language proficiency test to ensure communication and understanding is adequate. Furthermore the introduction of a collective curriculum might assist both trainees and supervisors in determining level of knowledge and progress.

**MM:** Thank you, Dr. Willis!

I will rely your experience to the ESP and the European Association of Pathology Chairmen and Program Directors. These are probably the instances that could try and do something to facilitate the transition of residents who wish to spend some time in another European country.

Prof. Mia Marichal

## OBITUARY

Mario Armando Luna Sotura  
(Guadalajara, Mexico, 21-01- 1935, Houston, USA, 9-11- 2008).  
Much more than an outstanding pathologist.



It is with great sadness that we have to report the death on 9<sup>th</sup> November of Mario Armando Luna from the effects of an aortic aneurysm. He was well known to many members of the European Society of Pathology, as well as a vast number of pathologists from around the world.

We will not attempt even to start to outline Mario Armando Luna's professional career: anyone wishing to learn more about his scientific achievements have only to log on to Medline to see more than 240 of his scientific papers listed there, or review the Acts of the most prestigious Pathology or Head and Neck Meetings which reflect the importance of his 45 years as a pathologist at the MD Anderson Cancer Centre in Houston. Such sources will reveal his original contributions about tissue change caused by chemotherapy (bleomycin lung), neoplasms associated with AIDS or countless original descriptions of salivary tumours etc. In particular, his work on the complexity of salivary carcinomas in the 1980s and early 1990s played a major part in increasing our understanding of the great variety of appearances of these malignancies. We would also like to draw attention, however, to the variety of nationalities reflected in the surnames of his co-authors; he was always eager to provide opportunities for young professionals from all over the world. He was tutor and role model for so many pathologists who trained with him and then returned to their countries of origin to put into practice the information and skills they had learned from him. There is no doubt that Mario was an exceptional teacher: both lucid and entertaining, whose infectious enthusiasm about his subject, peppered always with witty asides, made learning seem almost effortless. Mario was also a long term member of the ESP and the Head and Neck Working Group, and regularly participated in European congresses, where he was able to pass on his knowledge to a European audience.

It is encouraging that someone so brilliant as Mario Luna never succumbed to the vanities of academic life. Free of pride, arrogance, pretentiousness or aloofness, Mario the person was even more of an example to follow than Mario the pathologist. It was, perhaps his emotional stability and his firm, but very private, spirituality, that made him resist any temptation of aspiring to positions of professional power. Rather, his kindness and innate inner happiness led him to quiet, unassuming, altruistic work, such as founding the Asociación Nacional de Estudiantes de Medicina de Méjico (National Association of Mexican Medical Students) or presiding the Latin American Pathology Foundation. Thanks to the generosity with which he gave his time, affection, work and money, he changed the lives of many people. He was always ready to help and whatever he did, he did wholeheartedly, whether he was a football coach to under privileged children or as sponsor of study trips for many of the poorer Latin American pathologists, often with no hope of ever recuperating his loans.

This wide range of activities in which he was constantly involved, made him an extremely cheerful person always full of contagious and characteristic laughter. Forever with a joke on his lips and a twinkle in his eye, he delighted all around him, from the night watchman who opened up the Pathology Department for him each morning at 5:30 to the participants of the innumerable International Conferences he attended. His presence filled the room with joy and until he had arrived at a reunion, be it professional or social, it wasn't complete. The most commonly repeated phrases in the departmental book of condolences are: *We'll miss his laughter and his jokes.*

He loved life as few people are capable of, and although he had to live through some tough times, he never lost his optimism or enjoyment in day to day events. Mario was the ultimate big-hearted person who always inspired the best in everyone. A devoted family man, he spoke with pride of his beautiful wife Lupe, who had been his companion for over 46 years, his sons and his three grandchildren.

His generosity of spirit knew no bounds and he was certainly the best friend one could ever have and we are sure many people from all over the world think likewise. He is mourned in Latin America, Spain, Portugal and many other European countries as well as in the United States where he worked for most of his professional life, importing his Mexican "alegría" to the pathology department. The number of people who followed with anguish his last fight to carry on living was truly impressive and an obvious reflection of how much he had always cared for others.

Mario Armando will be sorely missed for a long, long time, but will be forever remembered as an exceptional person, a noble and intelligent man who not only knew how to be happy, but how to make others happy too.

Francisco Nogales, University of Granada  
and Roderick Simpson, Exeter.

## Announcement Board :

### Hammersmith Surgical Pathology Course 1<sup>st</sup> to 12<sup>th</sup> SEPT 2009

A short course organised by the Department of Histopathology. This two-week course is designed for Consultants and Senior Registrars in training who are interested in recent developments in Histopathology. The course will consist of a series of 10 slide seminars, organised on a systematic basis. Cases will include both common and unusual processes affecting each system, with discussion of morphology as well as special diagnostic techniques. An added bonus this time will be 2 slide seminars of assorted cases by 2 eminent pathologists on the course.

Please register early to avoid disappointment.

#### Topics are:

LYMPH NODE PATHOLOGY  
INTRAOPERATIVE CONSULTATIONS  
DERMATOPATHOLOGY  
SOFT TISSUE PATHOLOGY  
SLIDE SEMINARS X2  
AUTOPSY HISTOPATHOLOGY

CYTOLOGY  
GYNAECOLOGICAL PATHOLOGY  
GASTROINTESTINAL PATHOLOGY  
RENAL PATHOLOGY  
PULMONARY PATHOLOGY

#### Invited lecturers include:

Prof Naresh Kikkeri  
Dr Anita Borges  
Dr E Calonje  
Prof Thomas Krausz  
Prof Thomas Krausz/ Dr Anita Borges  
Dr Neil Korostoff

Dr Iain Lindsay  
Dr P Cohen  
Prof Terry Cook  
Dr Alex Rice  
Dr R Dina

Course organisers: Dr Mihir Gudi, Dr P Cohen

Course fee: £1000 (including catering), Trainees (£800, including catering),

#### Further details from:

Hammersmith Conference Centre  
150 Du Cane Road  
London W12 0HS  
Tel: +44(0)29083831601/1606

[hcc@imperial.nhs.uk](mailto:hcc@imperial.nhs.uk)

<http://www.imperial.nhs.uk/hcc>

## NATIONAL HEART AND LUNG INSTITUTE

in collaboration with  
Royal Brompton and Harefield NHS Trust

ADULT CARDIOVASCULAR PATHOLOGY  
5th - 6th October 2009

Course Organiser: Dr Mary Sheppard

This course approaches the practical problems that face the diagnostic pathologist when dealing with cardiovascular pathology, which is the most common cause of death in the western world today. The approach to a cardiac autopsy and sudden death will be emphasised. Other topics covered include: Valvular Heart Disease, Cardiomyopathies, cardiac tumours and transplantation.

Slides and museum specimens will be available for study. The course is aimed at trainees studying for the MRCPATH and also senior pathologists who wish to update their knowledge. Course fee: £325.00 (£175.00 daily rate) SpRs: £225.00

For further information & a registration form, please contact:

Karina Dixon, Events Office, Education Centre, Imperial College London,

Dovehouse Street, London SW3 6LY UK E-mail:  
[k.dixon@imperial.ac.uk](mailto:k.dixon@imperial.ac.uk)

Tel: +44 (0)20 7351 8172 Fax: +44 (0)20 7351 8246

[http://www1.imperial.ac.uk/medicine/about/divisions/nhli/nhli\\_events/shortcourses/](http://www1.imperial.ac.uk/medicine/about/divisions/nhli/nhli_events/shortcourses/)

## 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.

#### REQUIREMENTS

To talk Spanish (or English, High level)  
Doctor's and Specialist's certificated degrees by the Spanish "Ministerio de Educación":

- RECONOCIMIENTO for EU Countries
- HOMOLOGACION for Non -EU Countries

Interested persons, please, send your CV to:

David García  
[dgarcia@iecscyl.com](mailto:dgarcia@iecscyl.com)  
Tlf.: 0034 983 457591  
Fax.: 0034 983 457688

## Announcement Board

### Practical clinical, radiological and pathological diagnosis of skeletal tumours 16-18 November 2009

- this course was awarded as the best postgraduate course in Leiden in 2005 -

#### Course contents:

This course aims at the practical histopathological diagnosis of tumours of bones and joints which can also be encountered in other than the specialized centres. The course deals with a systematic approach of groups of frequently occurring tumours and tumour-simulating disorders. The 2002 edition of the World Health Organization Classification of Tumours will be used as a guidebook. The course focuses on the use of clinical and radiodiagnostic data, and the pathological differential diagnosis. Lectures form the theoretical side of the course but the main focus is on practical training in the form of computerized microscopy training, and discussion of relevant molecular biological techniques. The maximum number of participants is 28. Ten places are reserved for EuroBoNeT members.

#### Educational objectives:

Increase knowledge of the diagnostic criteria of a variety of primary bone tumours;  
Increase knowledge of the diagnostic criteria of a variety of tumour-like processes;  
Understand the genetic background and the role of molecular diagnostics in the diagnosis of bone tumours.

#### Target groups:

The course is meant for (trainee) pathologists, orthopaedic surgeons, radiologists, clinical oncologists and paediatricians.

#### Course committee:

Prof.dr. P.C.W. Hogendoorn and Dr. J.V.M.G. Bovée

The course will be held under the auspices of the Netherlands Committee on Bone Tumours and EuroBoNeT – a European Network of Excellence for the study of bone tumours.

#### Programme. The following subjects will be discussed:

Radiologic approach of skeletal tumours  
Preparation of biopsy and resection material  
Differential diagnosis of bone and soft tissue tumours  
Hereditary bone tumours and bone tumour-resembling disorders  
Contribution of the molecular diagnostics unit  
A detailed programme is available on the website: [www.boerhaavenet.nl/en](http://www.boerhaavenet.nl/en).

E-mail: [boerhaavenet@lumc.nl](mailto:boerhaavenet@lumc.nl) [www.boerhaavenet.nl](http://www.boerhaavenet.nl)

A European Network of Excellence for the study of bone tumours

E-mail: [boerhaavenet@lumc.nl](mailto:boerhaavenet@lumc.nl) [www.boerhaavenet.nl](http://www.boerhaavenet.nl)

#### Information:

Bureau Boerhaave Commissie

E-mail: [boerhaavenet@lumc.nl](mailto:boerhaavenet@lumc.nl)

Telephone : 0031 71 5268500

#### Accreditation:

Accreditation has been requested from the Dutch Association for Pathology, the Dutch Orthopaedic Association and the Dutch Association for Radiology.

#### Certificate:

At the end of the course, all participants will be handed out a certificate of attendance.

#### Course venue:

Leiden University Medical Center (LUMC), Albinusdreef 2, Leiden, The Netherlands., Registration: building 1 J-1 –83, Lectures: building 1 J-1-83, Practical training: building 1 J-1-82

#### Course fee:

Course fee (including course book, course materials, drinks, lunches and course dinner): □ 425,00 Reduced fee for residents (with a letter of verification from supervisor): □ 300,00

#### Registration:

The deadline for registration is 1 November. There is a limited number of places available (max. 28 of which 10 are reserved for EuroBoNeT members). Participants will be registered on a first come first served basis. Registration and payment can be done through our website [www.boerhaave.nu/60761/](http://www.boerhaave.nu/60761/) Written confirmation of participation will be sent upon receipt of the registration form and payment. Those who have registered and paid but cannot participate because the course is full will also receive notice and the course fee will be reimbursed. On-site registration is not possible.

## **ELECTION OF OFFICERS AND EXECUTIVE COMMITTEE MEMBERS.**

In accordance with the ESP Bye-Laws, paragraph III.3 – elections;

### **a) ELECTION OF OFFICERS.**

After seeking the opinion of the Nominations Committee, the Executive Committee has recommended the following candidates to the membership at large:

President-elect: **Prof. Fátima Carneiro**, Porto, Portugal. (Proposer Fred Bosman, Seconder Roderick Simpson).

Secretary: **Dr. Ilmo Leivo**, Helsinki, Finland. (Proposer Roderick Simpson, Seconder Antonio Cardesa).

Short CVs are available on application to the Secretary, and will shortly be posted on the website.

### **Call for other nominations.**

This announcement is accompanied by a call for other nominations. Such nominations must be put to the President or Secretary before 31st July 2009 and should be approved by the individuals themselves. Each must be supported by at least 5% of named members in good standing and accompanied by a CV of no more than one page.

### **Procedure.**

In the event of there being no other nominations for a particular post from the membership by that time, the recommended candidates will be presented for formal approval at the General Assembly.

In the event of more than one correctly proposed nomination for any particular post, a general ballot will be held prior to the General Assembly; this could be either postal or by equivalent electronic means or by secret vote during the early part of the European Congress in Florence by the members at an Extraordinary General Assembly. The successful candidates will be elected by a simple majority, and will be proposed to the General Assembly for formal approval. The Executive Committee will determine the method of conducting any ballot.

### **b) ELECTION OF ADDITIONAL EXECUTIVE COMMITTEE MEMBERS.**

After seeking the opinion of the Nominations Committee, the Executive Committee taking account of geographical and subspecialty factors, has recommended the following candidates to the membership at large:

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**Generoso Bevilacqua**, Pisa, Italy. (Proposer Niki Agnantis, seconder Jovan Vasiljević).

**Silvana Di Palma**, Guildford, UK (Proposer Antonio Cardesa, seconder Roderick Simpson).

**Hans Kreipe**, Hanover, Germany (Proposer Günter Klöppel, seconder Thomas Kirchner).

**Laurence de Leval** (Belgian Representative), Liège, Belgium (Proposer Mia Marichal, seconder Claude Cuvelier).

The recommended candidates will be duly presented for formal approval at the General Assembly in Florence.

#### CURRENT EXECUTIVE COMMITTEE.

President: **Prof. Fred Bosman.**

Secretary: **Dr. Roderick Simpson.**

Treasurer: **Prof. Han van Krieken** (elected 2007-2011).

President-elect: **Prof. Michael Wells.**

Councillors elected in 2005: **Prof. Nina Gale.**

**Prof. Thomas Kirchner.**

**Prof. Fernando Schmitt.**

**Prof. Mia Marichal** (Belgian representative).

Councillors elected in 2007: **Prof. Loukas Kaklamanis.**

**Dr. Bodil Laub Petersen.**

**Prof. Teresa Ribalta.**

**Prof. Jovan Vasiljević.**

Co-opted non-voting member 2007-09: **Prof. Marco Santucci.**

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#### **Financial Report:**

**To view the ESP balance sheet for year 2008, please visit our renewed website and click on newsletters.**



## ESP ARCHIVES

Dear Colleagues,

We are very pleased with this issue of the ESP Newsletter to convey to you a copy of the second very valuable historical paper, the Minutes from the second meeting of the ESP Executive Committee in November 1964, written by hand, and signed by the first ESP Secretary and President prof. Giordano and prof. Dustin.

In this column, we will continue to review to you the serie of chronological historical papers of the ESP.

