Our 13th anniversary

Last year a voting round among the Council membership for the new president of ECMM ended up with a close finish between several candidates. I have the honour of serving the Confederation for the next 3 years.

The road has been paved and widened by my three excellent predecessors Profs. Bertrand Dupont (1993-1999), Rod Hay (1999-2002) and Frank Odds (2002-2005). I congratulate them with the 13th birthday of ECMM and thank them for the creation of our confederation as it stands now. I see it as my task for the next years to come to construct side roads and connections to other areas of infectious diseases in Europe and bring basic mycology together with clinical mycology. Our Trends in Medical Mycology Congress is the starting point of the latter goal. The last year and this year we are blessed in Europe with two high quality mycology meetings, TIMM2 and the International Society for Human and Animal Mycology Congress. Profs. Markus Ruhnke and Georg M. Aschmeyer were responsible for the smooth and successful organisation of our bi-annual conference last fall in Berlin and Prof. Dupont, one of the founding fathers of ECMM, is preparing the world conference on mycology, ISHAM, coming June in Paris. And this is not all. Preparations towards TIMM3 in October 2007 in Torino, Italy have started and are on track. Our Italian colleagues Profs. Marianna Viviani and Claudio Viscosi, as national organizers, distributed the first announcement at the last European Society of Clinical Microbiology and Infectious Diseases meeting in Nice and you will hear more about Torino in the coming months. This year it is time to plan our first educational meeting for 2008 and I urge National Societies to express their interest in hosting TIMM4 in 2009, to contact the secretary of ECMM via their Council Member.

The Council meeting in Berlin appointed Dr. Maiken Cavling Arendrup, President of the Nordic Society for Medical Mycology in Europe and you will hear more about Torino in the coming months. This year it is time to plan our first educational meeting for 2008 and I urge National Societies to express their interest in hosting TIMM4 in 2009, to contact the secretary of ECMM via their Council Member.

The ECMM/CEMM Mycology Newsletter is mailed to the members of the national societies affiliated to the European Confederation of Medical Mycology (about 3000 in 23 different countries).
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M ycology newsletter - June 2006
communication in mycology in Europe. Prof. Frank Odds launched our site www.ecmm.org last year and Prof. Alexey Sergeev, council member on behalf of the All-Russian Academy of Mycology, took up the task of webmaster to professionalize the site.

Where does our specialty stand in clinical microbiology? Although much has changed for the better, mycology is still a minor player in infectious diseases in Europe. Bacteriology and virology are dominating the scene, also in media attention for example with regard to the avian flu. Although all of us know that there are far more casualties due to invasive fungal infections than to any of the sexy new diseases, mycology is hampered with much less public notice. How can we change this for the better? The German Society for Mycology already had a tradition of inviting the press for an update in fungal infections during their yearly meeting. Such a press conference was also arranged during the last TIMM in Berlin. Journalists appeared to be very interested in the field of mycology especially regarding the resistance development of fungi against existing drugs and the introduction of new generations of antifungals. But also the presentations of new findings at this meeting on the introduction of new emerging fungal infections into Europe such as Cryptococcus gattii from Vancouver Island and rare zygomycetes after the repatriation of European victims of the Tsunami disaster attracted attention.

As the needs and opportunities in medical mycology are expanding, the demand for appropriately trained personnel must be met to deal with these new mycoses appearing in our hospitals. There appears to be a diminishing number of clinical mycologists available to face the increasing demand of proper diagnostic mycological facilities. In the UK, the medical mycology community recognized this potential threat and therefore the British Society for Medical Mycology under the leadership of Dr. Chris Kibbler started last year a post graduate course in Medical Mycology which is enthusiastically met by the participants. Web-based learning is an integral part of the course and this gives opportunities for sister organizations in Europe to learn from this pilot project. Furthermore our British colleagues organized a Clinical Mycology Network to ensure the availability of diagnostic clinical mycology throughout the U.K. Can ECMM copy this approach for Europe? The future will tell.

Since the start of the European Confederation of Medical Mycology in 1993, mycology is gathering momentum, opportunities seem plentiful and with the extensive collaborations and new initiatives going on, I feel the future for our specialty looks bright.

Jacques F. Meis
ECMM President

Our 13th anniversary
(continued from page 1)

The 3rd international congress on Trends in Medical Mycology (TIMM-3) will be held in Torino, Italy, from 28th to 31st October 2007. As usual, TIMM-3 will be organised jointly by the European Confederation of Medical Mycology and the Infectious Diseases Group of the European Organization for Research and Treatment of Cancer. TIMM has become an important reality in the field of fungal infections, a forum in which investigators from almost everywhere in the world can exchange research and opinions and gather to learn the most important advances in basic science and clinical research in mycology.
invasive fungal infection in allo-
genic haematopoietic stem cell transplanta-
tion (HSCT) recipients. Current prophylaxis options for HSCT recipients have some limitations. With fluconazole, there is an increasing prevalence of resistant Candida spp and the drug is not active against moulds; itraconazole is associated with poor tolerability and erratic bioavailability, and breakthrough zygomycosis has occurred during voriconazole use.

Dr. Ullmann reported for the first time the results of a 90-centre trial comparing posaconazole and fluconazole for prophylaxis of invasive fungal infection in allogeneic HSCT recipients with graft versus host disease. Patients were randomised (double blind, double dummy) to receive posaconazole suspension 200mg three times a day (301 patients) or fluconazole capsules 400mg once daily (299 patients). Treatment was given for 112 days (16 weeks) or until a pre-specified endpoint was reached. Dr. Ullmann reported that at the end of the study period, posaconazole was superior to fluconazole in preventing proven or probable invasive aspergillosis (7 cases vs 21 cases, P=0.006) and as effective as flucona-
azole in preventing all invasive fungal infections (16 cases vs 27 cases, P=0.074). While patients were receiving study drugs (a mean of 80.3 days for posaconazole and 77.2 days for fluconazole), posaconazole was superior in preventing both aspergillosis (3 cases vs 17 cases, P=0.001) and invasive fungal infections overall (7 cases vs 22 cases, P=0.004). Mortality due to invasive fungal infections was lower with posaconazole. Both drugs were well tolerated.

Dr. Ullmann noted that this is the first randomised trial showing efficacy of antifungal prophylaxis in this high-risk patient group. David Denning (University of Manchester, UK), who chaired the symposium, suggested that the trial will change practice in this area.

Several speakers at the congress commented on the potential use of combination antifungal therapy. Markus Ruhnke (Humboldt University, Berlin, Germany) said that monotherapy against invasive candidiasis gives response rates of around 70% and monotherapy for invasive aspergillosis gives response rates of 50% with the best available treatment (voriconazole), while response rates in neutropenic patients are even lower. “We probably do need combination therapies,” he said.

Georg Maschmeyer (Klinikum Ernst von Bergmann, Potsdam, Germany) said that preclinical studies have shown additive or synergistic antifungal activities, particularly between echinocandin antifungals and azoles. But caution is required as there have also been reports of antagonism between azoles and amphotericin B. Potential disadvantages include possible antagonism, drug interactions, increased toxicity and higher costs. He added that prospective clinical trials are now urgently needed to assess whether combination therapy can improve clinical outcome.

Bart-Jan Kullberg (Radboud University Nijmegen Medical Centre, The Netherlands) explained that the high failure rate with current treatments for invasive fungal infections has led to renewed interest in the idea of stimulating the host immune system as a treatment strategy. Regarding use of pro-inflammatory cytokines, he said that interferon gamma has been given to boost the immune system in response to fungal antigens.

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Joanna Lumb

This symposium, chaired by H. C. Korting and R. Baran, focused on essential and up-to-date issues of widespread human mycoses: dermatophytosis, Malassezia infections and onychomycosis.

Peter Maysers (Justus Liebig University Giessen, Germany) described the new metabolic pathway in species of Malassezia, agents of pityriasis versicolor and a possible cause for a variety of other cutaneous conditions. Dr. Maysers and coworkers have shown recently that tryptophan-utilising strains of M. furfur produce a range of pigments and fluorochromes with pharmacological properties of special interest, such as UV-protection, inhibition of inflammatory reaction,
induction of apoptosis in melanocytes and cytochrome p450 in keratinocytes. The relevance of the genes, encoding these substances, to pathogenesis of pityriasis versicolor was investigated. Several elements of indol metabolic pathway, detected in skin scraping from patients, were also found in phylogenetically related basidiomycete Ustilago maydis and ascomycetous yeasts, species with genomes already sequenced. Those findings facilitate research and offer new insights in our understanding of Malassezia species and their role in human pathology.

Jacek C. Szepietowski (University of Medicine, Wroclaw, Poland) reviewed clinical and diagnostic aspects of tinea faciei, the disease often misdiagnosed by dermatologists. Tinea faciei appears to be more common today, and may account up to 19 per cent of all dermatophytic infections. Causative agents of tinea faciei vary from M. canis to anthropophytic Trichophyton spp., resulting in different epidemiological and clinical patterns. Tinea faciei may manifest atypically, mimicking conditions like rosacea, seborrheic dermatitis or lupus erythematosus. As many as 70 per cent of patients with tinea faciei are misdiagnosed initially. Thus, the possibility of facial dermatophyte eruptions should be expected in everyday practice and not underestimated.

Gabriele Ginter-Hanselmayer (Medical School of Graz, Austria) focused her talk on the treatment of tinea capitis – the dermatophyte infection with increasing incidence and variable etiology. Griseofulvin, considered to be a drug of choice in tinea capitis for more than four decades, has proved to be highly efficacious and safe. Trials with newer antifungals, terbinafine, fluconazole and itraconazole, have demonstrated comparable efficacy and safety, offering better compliance and shorter treatment courses. Modern choice of antifungals in tinea capitis deals with questions of etiology (higher dosages or longer treatment for terbinafine and fluconazole in M. canis infection), bioavailability and safety in pediatric population.

Alexey Y. Sergeev (All-Russian National Academy of Mycology, Moscow, Russia) provided an update on onychomycosis and recent advances in diagnosis, treatment and prevention. Onychomycosis today appears to be the most common form of tinea infections, affecting at least 5 per cent of adult urban population. Often neglected, self-treated or diagnosed late, onychomycosis may last for decades, resulting in multiple and extensive nail involvement. Severity of onychomycosis may explain failures of antifungal treatment, necessitating differential treatment approaches and combination therapy. Direct PCR probes have been developed recently to detect the main causative agents of onychomycosis in the nails, and the clinical study presented reports higher accuracy in diagnosing tinea unguium when compared to conventional methods. Newer prevention strategies, including awareness campaigns and distant education, reveal “hidden” patients and provide early admissions with better outcomes.

The Congress Dinner was held at the Schlüterhof, in the Berliner Castle, the oldest and biggest antique courtyard in Berlin.