

9TH WASOG MEETING & 11TH BAL INTERNATIONAL CONFERENCE, JUNE 19-22, 2008: SOMETHING OLD, SOMETHING NEW

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There is always a little history behind a Scientific Meeting. WASOGBAL2008 was born six years ago when U.Costabel asked me to organize the next WASOG Meeting. I consider myself a "BAL person" as well and had organized a BAL Conference ten years ago in Corfu. So I wanted to accommodate both. Using my "skillful mastery of advanced mathematics" I came to the conclusion that if WASOG Meetings take place every three years and BAL Meetings every two they would coincide every six years and this would be in 2008! So, what was needed was to make them take place in the same place. So I suggested Athens for the first joined WASOGBAL Conference. This was well received not only by U.Costabel but also by G.Rizzato and the WASOG Executive Committee and it seems that it showed the way for the future, since we already have the second WASOGBAL meeting scheduled for 2011 in Maastricht organized by M. Drent.

WASOGBAL2008 was also endorsed by Hellenic Thoracic Society, interestingly in cooperation with the Turkish Thoracic Society. It is the first time that the two Societies appear together in a scientific meeting. Subsequently, it was received the endorsement of European Respiratory Society (ERS) and

EBAP accredited the meeting with 21 European Continuing Medical Education (CME) credits.

WASOGBAL2008 was well received, especially by neighboring countries that have not often the opportunity to participate in such prestigious events. We had more than 250 registered participants and 104 accepted abstracts. Most were from Greece with Serbia (a pleasant surprise) taking the second place. The top ten abstracts: Greece (23), Serbia (18), The Netherlands (11), Portugal (9), Poland (8), USA (8), Germany (7), Japan (5), Turkey (5), Czech Republic and Romania (3).

The Meeting lasted two and a half days and the sessions were arbitrarily divided into BAL, Sarcoidosis and IPF and other Interstitial Lung Disease topics.

We were honored to have many distinguished physicians and scientists participating in the meeting. Among them, two very meticulous scholars Professors Om Sharma and Herbert Reynolds, who took the responsibility to close the Conference .

More than 200 international clinicians and scientists delivered lectures and conducted poster discussions that explored clinical and basic science aspects of sarcoidosis and other interstitial lung diseases. From an array of outstanding presentations we have selected a few because of space constraints.

Etiology of sarcoidosis was reviewed by Dr. Lee Newman from Denver, USA. He argued that sarcoidosis should be considered a disease with many

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causes including bacteria, viruses, organic antigens, and inorganic dusts. And we should use this open-minded approach to conduct future research in this field. Dr Wonder Drake from Nashville, Tennessee has demonstrated mycobacterial virulence factors, ESAT-6 and katG antigens, in the context of DRB*1101, are recognized by CD4+T cells from sarcoidosis patients.. These antigens generate a CD4+ T cells immune response in the context of DRN1*1101 which plays a role the pathogenesis of sarcoidosis. This immune responses in sarcoidosis to mycobacterial antigens point to the possibility of a mycobacterium- yet unspecified and unrecognized- playing a role. Dr. Anna Dubaniewicz from Gdansk, Poland forwarded an interesting data showing that immune response may be directed not to the whole mycobacterium but its antigens. Mycobacterium tuberculosis heat shock proteins (Mtb-hsp) 70, Mtb-hsp-65, Mtb-hsp-16 can independently participate in sarcoidosis pathogenesis. An undefined mycobacterium may produce dissimilar syndromes. Her studies on mycobacterial heat shock proteins are designed to further explore relationship between sarcoidosis and tuberculosis. Dr. Johan Grunewald told us that the patients with Lofgren's syndrome who are HLA-DRB1*03 positive have much better prognosis then the patients with Lofgren's syndrome who are HLA-DRB1*03 negative. More than 90% of the patient with DRB1*03 spontaneously subside as opposed to only 50% of those with HLA-DRB1*03 negative genotype. This is an important development that allows physicians to tell the patient about the disease prognosis based on evidence.

Dr. Marjolein Drent from Maastricht, The Netherlands and Dr. Robert Baughman from Cincinnati, Ohio tackled the difficult problem of fatigue in sarcoidosis; Dr. Baughman emphasized that specific therapy may be useful in controlling symptoms of fatigue, whereas, Dr. Drent suggested that it would be more productive to treat the cause. Both speakers, however, agreed that fatigue is an important

cause of disability in these patients and required more attention and understanding. Marjon Elfferich and her colleagues from Maastricht pointed out that the patients with fatigue and sarcoidosis have cognitive inefficiency which usually remains unrecognized.. Dr. Marc Judson from Charleston, South Carolina explored the mystery of three difficult problems of upper airway involvement, lupus pernio, and myocardial sarcoidosis. In his experience sarcoidosis of the heart required no treatment if the patient has no irregular heart rate, arrhythmia or electro-cardiographic abnormalities. Dr. Teruo Tachibana from Osaka, Japan described his experience with liver disease in the Japanese sarcoidosis patients. He diagnosed hepatic involvement using peritoneoscopy and abdominal CT. Corticosteroids effectively controlled the liver inflammation

There were many presentations that pointed out the coexistence of sarcoidosis with autoimmune disease and cancer. It was important to establish the diagnosis of sarcoidosis based on the consistent biopsy in an individual with a multisystem presentation. Oikonomidis and colleagues from Ioannina, Greece reported that sarcoidosis serum when added to A549 cancer cell line caused proliferation of the cancer cells. Because of large number of anecdotal reports about the relationship of cancer and sarcoidosis this observation needs further exploration.

Abstracts and brief reports are published on line by the journal.

WASOGBAL2008 was considered "memorable" or even "historical" by some of the leading personalities in the field, since it showed the way for the future. The future for co-operation between the two groups for a stronger presence in the International Scientific arena. We have already the second WASOGBAL meeting scheduled for 2011 in Maastricht and at least two candidates for 2014. The future looks promising.