ESID Newsletter

Contents

The ESID Newsletter is made for the members of ESID – the European Society for Immuno Deficiencies.

It is published under the responsibility of the ESID Board, and at this moment it is edited by Esther de Vries (editor in chief) and Gustavo Lazo.

Any ESID member who is interested in publishing his or her views, research, new ideas or other material in the ESID Newsletter is cordially invited to submit copy to the Editor. Suitability for publication is assessed by the Editor in consultation with the other members of the ESID Board.

Editorial address:
Dr. Esther de Vries, pediatric immunologist, Jeroen Bosch Hospital loc GZG, P.O. Box 90153, 5200 ME 's-Hertogen bosch, the Netherlands, tel. +31-73-6992965, fax +31-73-6992948.

PLEASE NOTE !!!
Only use my *new email address*:
esid@ estherdevries.nl

Front page:
'Crystal ball'

Dear ESID members,

As it is slowly turning into spring (in Holland too slowly, to my opinion …) you find another ESID Newsletter in your mail. Please read it carefully, it contains lots of interesting information for all members!

First of all, there are a lot of vacancies to fill in the near future. Please feel free to react to these, we need input from as many members as possible. You can find out more about this on page 7.

Don't forget to register in time to the Budapest meeting, and—also—don't forget to pay your ESID membership fee in time using the new online route. Without that, you can't register for the reduced fee for Budapest, and you also can't enter the restricted area of our beautiful new website at www.esid.org.

Lots of information again on the ESID online database, thanks to the ever active Registries Working Party and its head, Bodo Grimbacher.

And don't forget about the Educational Working Party, which offers some interesting grants (page 21).

Then, last but not least, read about the efforts of Nermeen Galal to increase the level of PID care in her country, Egypt.

Please, send us all the things you would like to have published in the next issue of the ESID Newsletter (deadline for copy: April 15). We really want contributions from as many members as possible to fill these pages.

Anyone else interested in joining the Editorial Board of the ESID Newsletter? You are very welcome to do so !

Best wishes to all of you,

Esther DE VRIES

ESID is the European Society for Immunodeficiencies. It was formed in 1994. The forerunner of ESID, the informal European Group for Immunodeficiencies (EGID) was established in 1983. Anyone who is interested in primary immunodeficiency diseases can become a member of ESID. You can find the necessary information to contact the treasurer Esther de Vries at www . esid . org.

Within ESID, six Working Parties are actively engaged in coordinating the member's joined efforts in patient care and research in primary immunodeficiency diseases: Bone marrow transplantation (chair: Mario Abinun), Patient registries (chair: Bodo Grimbacher), Clinical (chair: Bobby Gaspar), Genetics (chair: Anna Villa), Education (chair: Anders Fasth), and ESID*juniors* (chair: Pim van der Vossen). Anyone who is interested in participating in one or more of these Working Parties is invited to do so. Please contact the chairman of the relevant Working Party (contact information is available at www . esid . org).

In 1994, a main registry of patients with various forms of immunodeficiency in Europe was established. Altogether, data from some 10,000 patients from 26 countries were received until now. In 1995, the first locus-specific immunodeficiency mutation database accessible through the internet was established (BTKbase for X-linked agammaglobulinemia – curators Mauno Vihinen and C.I. Edvard Smith). Since then, several additional locus-specific data bases have been established: ADAbase (adenosine deaminase deficiency – curators Mauno Vihinen and Michael Hershfield), BLMbase (Blooms syndrome – curator Mauno Vihinen), CYBAbase (autosomal recessive p22 phox deficiency – curators Dirk Roos and Mauno Vihinen), CYBBbase (X-linked chronic granulomatous disease (XCGD) – curators Dirk Roos and Mauno Vihinen), CD3Ebase (autosomal recessive CD3 epsilondeficiency – curators Mauno Vihinen and Jose R. Regueiro), CD3Gbase (autosomal recessive CD3 gamma deficiency – curators Mauno Vihinen and Jose R. Regueiro), CD40Lbase (X-linked hyper-IgM syndrome – curators Luigi D. Notarangelo and Mauno Vihinen), JAK3base (autosomal recessive severe combined JAK3 deficiency – curators Luigi D. Notarangelo and Mauno Vihinen), NCF1base (autosomal recessive p47 phox deficiency – curators Dirk Roos and Mauno Vihinen), NCF2base (autosomal recessive p67 phox deficiency – curators Dirk Roos and Mauno Vihinen), RAG1base (autosomal recessive severe combined RAG1 deficiency – curators Mauno Vihinen and Anna Villa), RAG2base (autosomal recessive severe combined RAG2 deficiency – curators Mauno Vihinen and Anna Villa), SH2D1Abase (X-linked lymphoproliferative syndrome (XLP) – curators Luigi D. Notarangelo and Mauno Vihinen), TCIRG1base (autosomal recessive osteopetrosis (arOP) – curators Mauno Vihinen and Anna Villa), ZAP70base (autosomal recessive severe combined ZAP70 deficiency – curator Mauno Vihinen), WASPbase (Wiskott-Aldrich syndrome – curators Mauno Vihinen and Luigi D. Notarangelo) (information is available at www . esid . org).

ESID organizes a biennial congress to facilitate international contact between primary immunodeficiency specialists. The last congress was organised in 2004 in Versailles, France; the next congress will be organized in Budapest, Hungary in October 2006, and the one after that will be in The Netherlands, in 2008.

= ESID Information =

President's letter

Dear friends and colleagues,

Budapest 2006 is approaching! The program of the ESID meeting has been finalized and promises to be appealing once more. Also, the Educational Day, a much appreciated appointment for the PID aficionados, has been set up. Waiting for the actual content of our Meeting, and for your active participation in the discussions (a well-recognized feature of all ESID Meetings), I want to take this opportunity to thank Laszlo Marodi and all the ESID Board Members for their continuous support.

At the same time, as already mentioned in my last Presidential report, I wish to invite the ESID community to contribute actively to the life of our Society. During the Meeting in Budapest, we will be called to renew the Presidency of ESID. I am particularly happy that Jean Laurent Casanova will take over, convinced as I am that he will further improve the value of ESID in the scientific arena.

At the same time, we will elect the new chairpersons for several important positions. In particular, we will have to appoint the new ESID Secretary. Let me simply say that Hermann Wolf for me has been a fantastic collaborator. He has always been timely and accurate in preparing the reports of all Board Meetings, an essential step to make facts follow decisions. It is very important that the new Secretary, whoever will be, maintains these high standards.

I am also glad that Esther de Vries has offered to stay as Treasurer for another term. We have all had the opportunity to see how efficient she has been in governing the ESID account and promoting innovations that facilitate ESID Membership.

On the other hand, many positions as chairpersons of Working Parties will have to be replaced. I wish to invite those who want to propose themselves as potential Chairpersons, to present their candidature officially, through the pages of the Newsletter, simply by sending an e-mail to myself or to Dr. Wolf. We will make sure that such candidatures will be published in the forthcoming issues of the ESID Newsletter, so that the entire ESID community is informed ahead of time. In order to favor the active and informed participation of the ESID community to this process, the ESID Board has agreed it is important that all candidatures for the positions mentioned above be accompanied by a brief illustration of the program the candidate intends to pursue, if elected. Once again, such programs will be duly illustrated through the Newsletter.

So, please give a thought to this important moment, and do not hesitate, if you are ready to contribute!

In this brief report, I would also like to draw your attention to the efforts that are under way to elaborate new diagnostic guidelines, that – as in the past – have been actively discussed among both ESID and PAGID (Pan-American Group of Immune Deficiencies) experts. In this issue, you will find the diagnostic guidelines for WHIM. Those on IPEX will follow soon. Again, your comments are very important. So, if you have any remarks to make, please do so through the Newsletter!

Finally, it is a special pleasure for me to announce that Prof. Andrew Cant, one of the colleagues who has done so much for the growth of ESID (and I hope he will play an ever more active role in the near future), has been elected as new President of ESPID (European Society for Pediatric Infectious Diseases), a Society with which we obviously have strong links.

For those of you who wish to play an active role in ESID, it is your time declare your interest by presenting your candidature!

Luigi NOTARANGELO

Secretary's report

From the ESID board meeting held in Frankfurt on 02.02.06

At the first Board Meeting of 2006, the main topic on the agenda was the update on the organisation of the ESID meeting in Budapest in October 2006.

Karoly Bagdi from Convention Budapest, the local congress organisation, informed the ESID Board on behalf of Laszlo Marodi, the congress president, about the current status of the organisation of the scientific program.

The speakers invited for the Educational Day taking place on the first day of the meeting had all confirmed their partcipation. In addition to talks on the role of antibody-like molecules in non-vertebrates, we will learn more about B-cell differentiation, germinal center development and B-cell memory during this day. After the latest insights into defects of immunoglobulin isotype switching, the lectures will deal with clinical aspects of antibody deficiency, such as the differential diagnosis of B-cell defects, the care for patients with childhood agammagloblinemia, and an overview on immunoglobulin substitution therapy in children and adults. Registration to the congress will start on October 3rd in the evening to allow for an easy access to the lectures of the Educational Day on the morning of the 4th of October. To facilitate the organisation, registration to the Educational Day is requested during online registration for the meeting.

Following the lectures on the Educational Day, there will be the opening ceremony in the evening with a highly recommended keynote lecture on Ataxia telangiectasia. Further lectures during the ESID meeting will be on several aspects of innate immunity (e.g. macrophages, NK cells, defects of neutrophil development, management of phagocyte disorders). Newly gained progress on deficiencies of T cell development as well as an overview on the pathogenesis and management of bone marrow failure syndromes will be presented. The scientific program of the meeting will end with lectures on B-cell deficiencies such as new insights into the pathogenesis of CVID.

In addition, several workshops will be organised that will deal with clinically very important topics such as management of infections in the PID patient, long term outcome of stem cell transplantation, and the latest developments in immunoglobulin replacement therapy. The social program of the meeting promises to be very pleasing as well.

For further information about the program of the ESID meeting, one should take a look at the congress website www.esid2006.com, where all organisatorial aspects and important deadlines are listed.

On the afternoon of Friday, October 6th, 2006, the ESID General Assembly will take place. The Board invites all ESID members to attend the Assembly and discuss with the Board important questions on the organisation of their society. Among other important decisions, the congress president and meeting venue for ESID 2010 have to be elected. The ESID Board agrees once again how important advertisement is to reach a maximal number of participants; further announcements for the ESID meeting will be sent out soon.

Abstract submission will be possible via internet only (www.esid2006.com), the submitted abstracts will then be sent out for review. There will be several categories for abstracts to be assigned to, a more detailed description can be found on the website. The abstract book will be published as a supplement to the ESID Newsletter. Following the agenda of the Board Meeting, Bodo Grimbacher reported on the newly designed ESID website www.esid.org . The Board applauded him for the tremendous efforts in creating a modern and functional ESID website, and invites all ESID members to respond with comments, criticism, and suggestions. The password that enables use of the private ESID members section of the homepage will be connected to payment of the

biennial ESID membership fee. ESID members can update their personal data online themselves. As a major organisatorial advancement, online payment of the ESID membership fee will be possible via credit card, which is the only option from now on.

Anne-Marie Eades-Perner , the new ESID webmaster, gave a practical presentation on the use of the ESID website; more information will be distributed to the members in Budapest.

Furthermore, Anders Fasth reported on the interaction with LAGID. The ESID Board decides that this PID society will continue to be supported; in particular, the start of a LAGID Summer School will be enabled.

The call for new candidates for positions in the ESID Board (chairpersons of the Genetics, Educational and ESID*juniors* Working Party, as well as the ESID secretary) was the next topic on the agenda.

Furthermore, the legal status of ESID as a society was discussed; a legal act has to be written, the content of which will be reported and hopefully agreed upon at the General Assembly in Budapest.

The question of requirements for ESID membership has been brought up and will also be on the agenda in Budapest.

Esther deVries then reported on the ESID Newsletter; once again she calls for submissions, e.g. congress reports, scientist´s portraits, interesting articles that have been published.

She also updated the Board on the organisation of the ESID meeting 2008 in Holland, to be held from October 16-19. Congress venue and other important meeting venues are reserved, a local congress organisation has been selected. The Board agrees on the scientific topics proposed and thanks Esther de Vries for her efforts to make the ESID meeting 2008 another interesting and stimulating ESID congress.

Bodo Grimbacher then reported on the current status of the ESID registry, where patients from many countries and/or immunological centers are still missing.

Hermann WOLF

Treasurer's report

Dear ESID members,

The online payment is working, and this is a real relief after so much work has been put in to get this far! Of course, there are always 'starting problems', and it is no different now. The most important being the time that we all need to get used to the new system, so please don't be impatient when not everything is running as easily as it should. The next is the problem that up to now the input from Saferpay (the company that handles all the online payments by credit card) information does not yet automatically lead to changes in the membership compartment of the ESID website. We want this to change, of course, for it will save time for everyone, but please be patient as long as this is not yet in effect!

So, all of you who have paid their ESID membership fee: thank you very much! And all of you who haven't: do so as soon as possible, because your access to the restricted part of the website will end if you don't pay your membership fee. Also, you will not be able to profit from the reduction of the Budapest congress fee if your membership payments are not up to date.

I still have ESID Newsletters returned to me because of a wrong address (that previously was right). Please do take the trouble to check your details in the online database, and do keep them up to date !!

Esther DE VRIES

Second PID Meeting in Portugal

On February 3, 2006, we had the second PID Meeting in Portugal. It took place in Porto and was attended by more than 120 physicians, mainly paediatricians and immunologists. The main topics were vaccination of the child with primary immunodeficiency, immunodeficiencies associated with mycobacterial infections and IgG replacement therapy – intravenous versus subcutaneous. We had the excellent participation of Prof Casanova and Prof Anders Fasth who gave us wonderful lectures and participated in the discussion of PID clinical cases and series presented in oral communications and posters. The participants came from all PID centres of the main Portuguese hospitals and also from many regional hospitals as well. The lectures and clinical cases presented were very interesting and the discussion was very lively.

In Portugal, PID is a relatively recent area (the Portuguese PID Group was constituted in 1998), and we were very happy to witness a growing interest and development all over the country and an increase in PID patients diagnosed and treated.

We were also very happy with the presence and participation of the recently formed Patients and Parents Association (APDIP) in our meeting and we hope that they will continue their work of helping each another and attract increased support from public and private institutions.

Margarida GUEDES
Laura MARQUES
Bonito VITOR

(on behalf of the PID Portuguese Group)

Meetings to keep in mind

- 1st Joint Meeting of European Societies of Immunology that will be held in Paris, September 6-9, 2006
- 5th Prague Spring ESID Meeting that is going to be held in Prague on May 8-9, 2006.
- FOCIS 2006, June 1-5, 2006, in San Francisco. For information see: www.focisnet.org

ESID VACANCIES - Please reply if you are interested !!

Dear Friends,

The last 4 years have passed very quickly, and the time has come to appoint a new candidate to chair the Genetics Working Party. As you know, Mauno established the ESID mutation database that represented a stepping stone on which Bodo Grimabacher built his significant new ESID Registry. This new Registry created by Bodo is going to change the politics of each Working Party, as it will allow flexibility and dialogue among the different members. During these last few years, I have tried to establish a new collaborative study, to find a correlation between the genotype and phenotype in a peculiar rare disorder affecting bone and hematopoietic systems. It was not an easy endeavor, and for this reason I have asked for your support and suggestions many times. I hope to finish this analysis, trying to involve several transplantation centers and the ESID community. As I have pointed out many times in this journal, the contribution of each of us would help enormously to define new studies and new strategies. It is for this reason that I am again using the Newsletter to invite contributions from the readers. We now need to find new candidates to chair this working group, so I would kindly ask people who would like this position in this Working Party to send a possible working program (just a few words) to my e-mail address or to the attention of the President, Luigi Notarangelo. Their names will

be proposed for election at the ESID meeting in Budapest, in October 2006.

I really hope that many people will participate and send their ideas and contribution. I would like to underline that ESID welcomes contributions form all its members!

Please present your candidature to Anna.villa@itb.cnr.it, or fax to 0039 02 2422660.

Anna VILLA

Call for an applicant for the position of the ESID secretary - job description:

Aim:
To act as a focal point for the ESID Board and to represent ESID in the interactions with other interested parties.

Responsibilities:
To set up the meetings and conference calls of the ESID Board and the executive meetings; the actual face-to-face meetings twice a year and the conference calls whenever needed.
To keep the minutes/notes of the ESID Board meetings / conference calls and to circulate them with the appropriate agreed actions to all the Board members.
To publish a short account in the ESID Newsletter.
To write the annual Board report for approval by the Board and ultimately the ESID Assembly.
To write the Business plan with the other members of the Executive and to help set up the list of targets for each year, to be reviewed by the Board at their spring meeting.
To represent ESID at the following or to arrange a deputy:
European Medicines Evaluation Agency
EPPIC [European Patients for Primary Immunodeficiency Collaboration]
EFIS-CIG [European Federation of Immunological Societies- Clinical Immunology Group]
NIH in Bethesda
CDC in Atlanta
and to submit a report to the Newsletter as well as to the Board.
To liaise with industry [PPTA and EFTA] when asked and to report to the Executive.
Liaise with IPOPI and INGID both prior to the biennial meeting and between meetings.
To set and maintain links with the country networks for PIDs.

ESID members interested in this position please contact the present secretary at hermann.wolf@itk.at for further information.

Hermann WOLF

A new chairman for the Registries Working Party is also needed. Anyone who is interested in this position, please contact one of the Board members. (We have already had an application from someone from Bodo Grimbacher's group.) We need a new chairman for the Educational Working Party as well (we have already had an application), and for the ESIDjuniors Working Party.

The position of ESID treasurer is also open for others to step in, even though Esther de Vries is willing to spend another term. And two years from now, a new ESID treasurer will be needed. Perhaps you are interested in taking up that position? Anyone who is interested, now or in the future, please contact one of the Board members!

Jean-Laurent Casanova was already elected President-elect during the previous General Assembly, and will therefore take over as President during the Budapest meeting.

The ESID Board

EU-PID Consensus Conference, June 19-20, Paul Ehrlich Institute, Langen, Germany

IPOPI has taken the initiative to ask for a grant from The European Commission to organize an EU-PID Consensus Conference together with ESID, INGID, and EFIS. And, this grant was awarded! Now, the organizing team is very busy to plan it all. The aim of the EU-PID Consensus Conference is to increase the awareness of PIDs throughout Europe by forming a basis for wider recognition of PID as a public health issue in the EU. The Conference is aimed at EU and Member State policy makers and public health officials. PIDs will be presented as a public health issue. The meeting will last 2 days. On the first day, an introduction to PIDs will be given, and the consequences of a missed or delayed diagnosis will be discussed. Also, public health interventions to address PIDs will be highlighted. On the second day, simultaneous breakout groups will discuss Awareness&Education, Screening&Diagnosis, and Treatment&Care of PIDs. In the end, a Consensus statement will be drafted and made public.

Bianca Pizzera and David Watters from IPOPI, Ann Gardulf and Amena Warner from INGID, Esther de Vries and Luigi Notarangelo from ESID, and Reinhold Schmidt and Torsten Witte from ESID form the organizing committee. Sponsors (for the additional 40% of costs not covered by the EC grant) are actively being sought, most speakers have agreed to come, and arrangements for the venue and facilities have been made.

You will hear all about the Consensus statement in Budapest !

Paul Ehrlich Institute

Missing emails: no entry into the restricted part of the ESID website !!

The new ESID website needs your correct email address for you to be able to log onto the restricted members' area. A letter was sent out to all members with a missing or incorrect email address. The list of names is reproduced here. Please, check whether you are in it, or someone you know, and do something about it !! (You also need to keep your membership fee payments up to date to be able to enter the restricted members' area.)

Al Hilali Mariam. Al-Ghonaium Abdulaziz. Al-Tamemi Salem. Angouadakia Christin. Ardeniz Ömür. Aurivillius Magnus. Barington Torben. Blackmore Paula. Bologov Andrey. Bordon Cueto Maria Victoria. Bredius Robbert. Cantinieaux B. Caragol-Urgelles Isabel. Carneiro-Sampaio Magda. Casas Vila Maria Christina. Chryssovergi Despina-Johana. Cuadrado E. Culic Srdana. Datkova Eva. Dias Alexandra. Dockey Deborah. Dogu Esin Figen. Drenth Jasper. Dupuis Sophie. Duse Marzia. Economidou Joanna. Elvin Kerstin. Ersoy Fügen. Faria Emilia Maria. Antunes Gomes de. Flood Terry. Friman Vanda. Gagro Alenka. Garcia Rodriguez Maria Cruz. Giliani Silvia. Gonzalez del Castillo Maria Ana. Gooi Jimmy C. Granert Carl. Grigoriadou Sofia. Gurbindo Gutierrez Dolores. Handzel Zeev T. Holmér Anders. Hope Cathryn. Ikinciogullari Aydan. Kidon Mona I. Komarek David. Kopeck Otakar. Krystufkova Olga. Kurenko-Deptuch Magdalena. Leibl Heinz. Liatsis Manolis. Lucas Michaela. Lukesova Sarka. Luzi Giuseppe. Martin Garcia-Sancho Juan. Marzouq Al-Hilali Mariam. Mazzolari SSA Evelina. Mellgren Karin. Mori Luigi. Nagendran Vasantha. Neven Bénédicte. Noordzij Jeroen G. Noraz Nelly. Olinder-Nielsen Ann Margreth. Oxelius Vivi-Anne. Pac Malgorzata. Panisi Cristina. Pavlov Neven. Peake Jane. Pellier Isabelle C.A. Anjou Maine. Picard Capucine. Pietrucha Barbara. Reis Veloso Guilhermina. Rodriguez Gallego Jose Carlos. Rossi Paolo. Ruuskanen Olli. Salmon Alexandra. Sampalo Lainz Almudena. Santos Eugenia. Sarmiento Elizabeth. Scherbina Anna. Schütz Catharina. Seneviratne Suranjith L. Shackley

Fiona. Siwinska-Gotebiowska Henryka. Svejgaard Arne. Tezcan Ilhan. Timar Laszlo. Toniati Paola. Trachana Maria. Tricas Lourdes. Unsworth J. van de Vosse Esther. van der Werff ten Bosch Jutte. van Well G.Th.J. Vasconcelos Julia Maria Andrade Mendes de. Vendrell Relat Montserrat. Vokurkova Doris. Vrachnou Effie. Williams A.P. Zegers Ben JM.

Please, go to the ESID website and change your membership details. If you encounter any problems doing this, please contact the webmaster (link on the homepage).

Don't forget to register in time for the ESID meeting in Budapest in October !!

Information: www.esid2006.com

October 4-7, 2006

Congress president: László Maródi

Educational Day: development and defects of B-cells—Innate immunity—Defects of T-cell development—Bone marrow failure syndromes—Defects of B-cell development—Poster viewing—Workshops—Social events

Deadline for submission of abstracts: May 1

Information: www.esid2006.com

Interesting papers

Genetic dissection of radiosensitive T-B-NK+ SCID :

CERNUNNOS is mutated in patients with a profound T and B cell defect, microcephaly, and mental retardation. The transmission of the defect is autosomal recessive with homozygous mutations or compound heterozygous mutations. Cernunnos is necessary for DNA repair, after DNA-double-strand breaks. The nonhomologous end-joining pathway is profoundly impaired in these patients, as argued by the excessive sensitivity to ionizing radiations and chromosomal alterations. Cernunnos, a novel nonhomologous end-joining factor, is mutated in human immunodeficiency with microcephaly. Buck D, Malivert L, de Chasseval R, Barraud A, Fondaneche MC, Sanal O, Plebani A, Stephan JL, Hufnagel M, le Deist F, Fischer A, Durandy A, de Villartay JP, Revy P. Cell. 2006 Jan 27;124(2):287-99.

A new type of radiosensitive T-B-NK+ severe combined immunodeficiency caused by a LIG4 mutation.

A patient with T-B-NK+ SCID is reported with a new mutation in LIGASE 4, that does not cause mental retardation nor growth deficiency, although these 2 features were described in the initial Ligase 4 Syndrome. A new type of radiosensitive T-B-NK+ severe combined immunodeficiency caused by a LIG4 mutation. van der Burg M, van Veelen LR, Verkaik NS, Wiegant WW, Hartwig NG, Barendregt BH, Brugmans L, Raams A, Jaspers NG, Zdzienicka MZ, van Dongen JJ, van Gent DC. J Clin Invest. 2006 Jan;116(1):137-45.

Bone marrow transplantation for SCID

A retrospective survey of bone marrow transplantation in 94 patients with SCID, in 2 centers, comparing engraftment, graft versus host disease, immune reconstitution, and long term survival in patients who received an HLA-identical familial graft, HLA-mismatched

familial graft and HLA-matched unrelated donors graft. Bone marrow transplantation for severe combined immune deficiency. Grunebaum E, Mazzolari E, Porta F, Dallera D, Atkinson A, Reid B, Notarangelo LD, Roifman CM. JAMA. 2006 Feb 1;295 (5):508-18.

CMV disease: a novel immunodeficiency and its genetic locus and a surprise for an old locus.

A novel Primary Immunodeficiency with specific Natural-Killer Cell deficiency maps to the centromeric region of Chromosome 8. C. Eidenschenk, J. Dunne, E. Jouanguy, C. Fourlinnie, L. Gineau, D. Bacq, C. McMahon, O. Smith, J-L Casanova, L. Abel, and C. Feighery. Am J Hum Genet 2006 Apr;78(4):721-728.

A novel immunodeficiency associated with hypomorphic RAG1 mutations and CMV infection.

De Villartay JP, Lim A, Al-Mousa H, Dupont S, Dechanet-Merville J, Coumau-Gatbois E, Gougeon ML, Lemainque A, Eidenschenk C, Jouanguy E, Abel L, Casanova JL, Fischer A, Le Deist F.J Clin Invest. 2005 Nov;115 (11):3291-9.

Unraveling the immunological function of ICOS in patients with CVID and a mutated ICOS.

Human ICOS-deficiency abrogates the germinal center reaction and provides a monogenic model for common variable immunodeficiency. Warnatz K, Bossaller L, Salzer U, Skrabl-Baumgartner A, Schwinger W, van der Burg M, van Dongen JJ, Orlowska-Volk M, Knoth R, Durandy A, Draeger R, Schlesier M, Peter HH, Grimbacher B. Blood. 2005 Dec 29.

Claire FIESCHI

Working Party reports

Stem cell transplantation & gene therapy WP

Autologous T cell depleted HSCT for refractory JIA – Conditioning regimens Reports from EBMT / ESID Working Party - Reported by NM Wulffraat. (Ulm, Germany, Nov. 2004; Utrecht, The Netherlands, Sept. 2005).

In the retrospective analysis, TBI seems to have no major impact on outcome, therefore protocol with ATG and Cyclophosphamide (CY) BUT no TBI to continue as an option (see Wulffraat et al BMT 2003;32:s61).

Since 2003 three drugs have been used in conditioning protocols, Fludarabine (FLU), Cyclophosphamide (CY) and anti-T lymphocyte immunoglobulin (ATG).

These protocols were reviewed/adapted on yearly Audit Meetings of the London and Newcastle transplant teams sponsored by the NSCAG-Department of Health during 2003 (Windsor) and 2004 (Durham) with Nico Wulffraat being present.

3 patients given FLU based regimen developed features of haemophagocytic syndrome or macrophage activation syndrome (MAS) with acute onset, high fever, pancytopenia, etc. All have been treated successfully with steroids and cyclosporin (CyA) very early due to high suspicion (Vastert B et al. BMT, in press). All have full rheumatological remission and no changes were observed in immune system reconstitution.

The following regimen was suggested in 2004 and further adapted/approved in 2005:

For patients with systemic onset JIA, pre-treat with CyA (two weeks before and 1 week after SCT) + Prednisolone 2mg/kg, CyA 2mg/kg (levels ~ 100-150) day-14 to day+14, Pred 2mg/kg day-14; taper slowly after SCT (day +14 or longer).

Conditioning: CY 60mg/kg x 2 days day-9 and day-8, ATG 2.5 mg/kg x 4 days day-7 to day-4, FLU 30 mg/me2 x 5 days day-5 to day-1.

Mario ABINUN

Clinical WP

ESID-PAGID
Diagnostic criteria for WHIM

(Warts-Hypogammaglobulinemia-Infections-Myelokathexis) syndrome.

These guidelines have been developed as part of the EURO-POLICY-PID grant.

Definitive diagnosis

Male or female patient with chronic neutropenia (absolute neutrophil count of less than 500/mL) and myelokathexis (retention of senescent neutrophils in the bone marrow) and one of the following:

- Mutation in the intracellular C-tail of CXCR4
- Activating mutation of CXCR4

Probable Diagnosis

Male or female patient with chronic neutropenia (absolute neutrophil count of less than 500/mL) and myelokathexis (retention of senescent neutrophils in the bone marrow) and two of the following:

- Chronic or recurrent warts
- Chronic lymphopenia (absolute lymphocyte count of less than 1500/ mL)
- Serum IgG at or below the normal range for age
- A parent with neutropenia and warts

Possible diagnosis

Male or female patient with chronic neutropenia (absolute neutrophil count of less than 500/mL) and myelokathexis (retention of senescent neutrophils in the bone marrow).

Spectrum of Disease

WHIM syndrome is an autosomal dominant disorder resulting in neutropenia with myelokathexis. Most patients present with recurrent infections at less than 3 years of age. Warts generally begin to appear after five years of age and some patients have hundreds of warts that can include plantar and genital warts. Increased susceptibility to infection from members of the herpes virus family can be seen. Lymphopenia is present in most patients and some patients have very low numbers of B cells. Hypogammaglobulinemia may be present, but the serum immunoglobulin concentrations do not correlate with the number of B cells. Most patients develop a normal neutrophil count during infection.

Please feel free to give as any comments you have on these guidelines, by sending your reaction to Luigi Notarangelo at notarang@med.unibs.it or to the ESID Newsletter at esid@estherdevries.nl !

Registries WP

The ESID Website: www.esid.org

The ESID website has been given a new look. The firm Piccobello in Trier, Germany, has created a new design and has provided us with a versatile content management system (CMS) which we can use to enter information in a very flexible way. This new site went online in February and contains lots of new information as well as everything from the old site.

New features include:

- Discussion forum including patient data sheet for detailed discussions
- Upcoming meetings
- Up-to-date list of publications in PID
- ESID Juniors
- ESID Documenting Centres
- Password-protected area for ESID members only
- Direct online payment
- Study Protocols
- Working party sections which can be directly updated by the working party head using the CMS
- Diagnostic criteria
- Direct access to the online ESID database with search function
- Database statistics
- Management of members personal details

themselves in "profile" section.

- New Features for members

Most sections are self-explanatory, for example publications in PID is a list of publications in the field of PID starting around 2005. This is regularly updated by us but any member can add interesting publications. Just follow the instructions given. Similarly, study protocols can be posted on the website by all members too, thus enabling you to recruit more patients to your study.

A discussion forum has been set up where members can discuss anything (general discussions) or discuss something specifically related to one of the seven major PI groups. There is also a group for ESID juniors. Most importantly, if you are discussing a particular patient you can add information on this patient in the form of a patient data sheet (pds). Once you have started a discussion it is possible to open a pds and enter the relevant information on a specific patient. This is a very useful tool for clinicians and we hope it will be made use of. You can set up your forum interests by clicking on the relevant groups of interest in "My forum interests" in the ESID forum. Whenever a new discussion within your groups of interest is posted on the forum you will be informed by mail. If you no longer want to be part of the ESID mail service just deselect your groups of interest again and save the changes.

Updates to all other sections of the web site can only be done by the webmaster or in the case of the Working Party sections, the heads of these via CMS with special administrator passwords. If you have any contributions to the website please either send it directly to a Working Party head or to the webmaster at info@esid.org. The CMS is a powerful tool allowing administration of each Working Party section separately. and was presented to the ESID Board at their meeting on Feb 2, in Frankfurt.

The ESID online database (registry) can be accessed directly from the website and includes a new search function to help you locate the subregistry you need. More details on this are in the section about the Registry. The patient consents are all here-the English and German were recently updated to conform to German data protection laws so please update the ones in your language and send them to info@esid.org. Lots of information related to the Registry such as security tutorial, guidelines on collaboration are also available. Centres that are participating in the ESID database are listed on the web site (documenting centres).

All previous ESID members have been entered in the members list and should have received their user names and passwords by now. Most still have to pay their biennial membership fee for 2006/2007 via the new E-payment tool on the website. To do this you have to click on ESID Members and membership in the left menu and then ESID membership in the top right-hand corner. Then you have to select the fee that you need to pay, for most people this will be the regular payment fee. Selecting this takes you to the secure website from the firm Saferpay where you have to enter your name, address and credit card details. Once payment has been made, this will be validated by Dr. Esther de Vries on the ESID website and can be checked by you in the profile section.

We have entered about 400 members. Many were listed without email so we had to be creative and invent one if we could not find a real one because the system requires one. These people received their password by post if an address had been supplied but several people had supplied no address. In addition many email addresses of the other members were no longer valid so these people may not have received an email from us with their user name and password. So we are still missing correct email addresses from about 100 people! If you have not received a communication from us with your user name and password please contact us at info@esid.org.

All new members can register directly on the site and should pay their biennial

membership fee for 2006/2007 via the new E-payment tool on the website. They will automatically receive their username and password on validation of their membership. The user name and password entitles users to access the internal sections of the website where you can read and add publications and protocols, participate in forum discussions, access more detailed database statistics and more.

So, members, make use of and enjoy the new ESID website!

If you have any questions on or contributions for the ESID website please contact us at info@esid.org.

Anne-Marie PERNER, webmaster
Bodo GRIMBACHER

The ESID online database

The new ESID website is now online and has already had a lot of visitors. The access to the ESID Registry is now also provided directly via the website www.esid.org. From now on, you can simply click on the Registry symbol in the left hand menu or on the start page and it will take you automatically to the established tree-structure. Please start using this path now, since we are going to shut down the former address www.esid-registry.org after a while! The "tree" also looks nicer now, but has the same structure as before. In addition, a new search function makes it easier for you to find a specific diagnosis you are looking for. For more details on the website see above.

We also have a new email address. Please contact us at registry@esid.org now. It will replace the old frisch@medizin.ukl.uni-freiburg.de address. Of course, you can also reach us personally at our own email addresses.

The database statistics show 1524 patients in March 2006 and now it is again time to do follow-up documentation for these patients. Please remember that you will also receive the incentive of 10 Euro per documented patient core dataset for follow-up documentation on patients who have been entered last year. Obtaining long-term data is one of the most important aims of our database. Only by following a large cohort over years, will we be able to obtain significant data. The possibility of entering follow-up data is one of the main advantages that distinguish the ESID database from other registries with only one-time registration. This makes it most valuable for research. In this issue of the ESID Newsletter we also publish the study goals that have been submitted before March 2006.

New documenting centres in the UK, Belgium, the Ukraine and Germany have joined the database community and the Polish National Registry has been set up by the National Documenting Centre in Warsaw. All sub-centres have been provided with passwords and can start documentation now. Thus, by mid-March, 62 centres in 27 countries have signed up for documentation. For more details, please have a look at the latest charts which will also be part of the ESID website statistics.

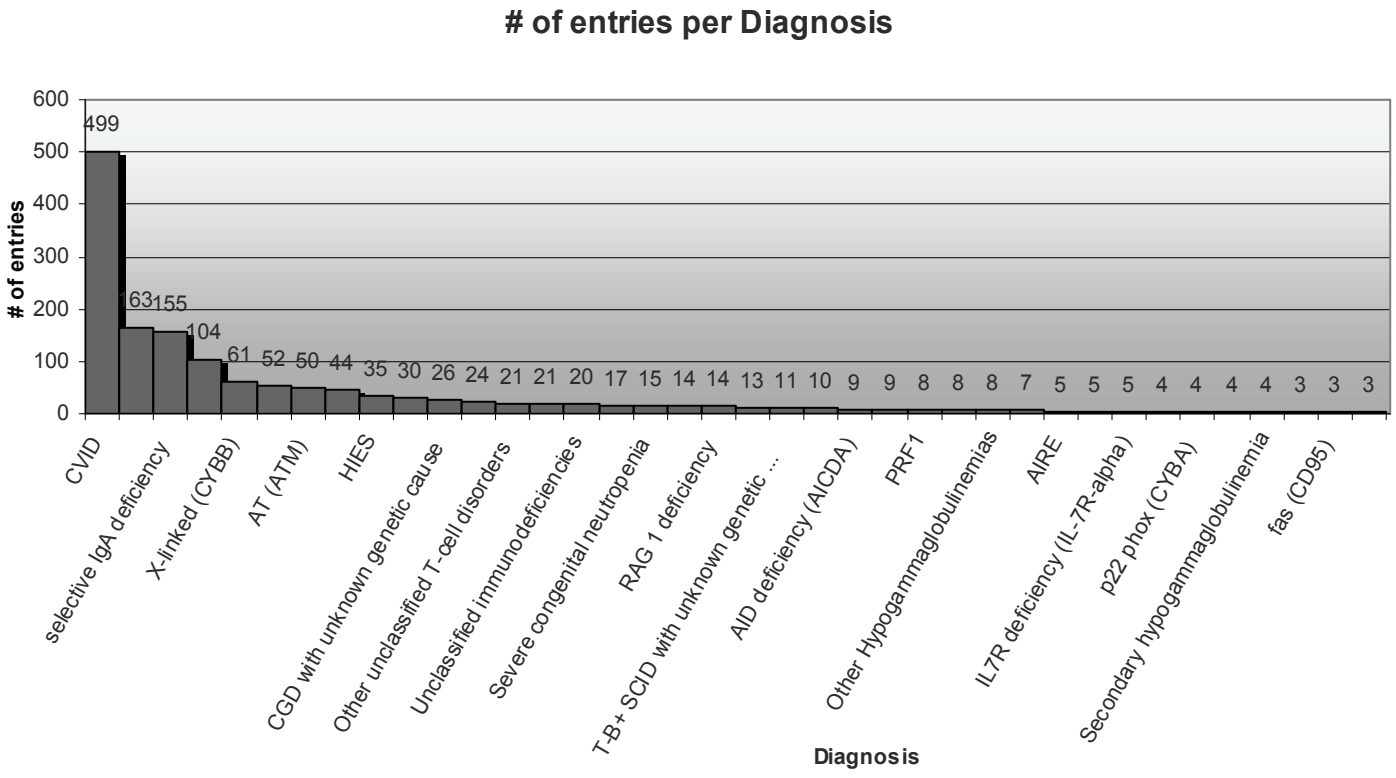
Since the amount of data in the ESID database is constantly growing, it already offers good opportunities for research collaborations. If you are interested in a specific collaboration with other centres, these are the steps to take. Please contact the Registry Working Party and describe the type and purpose of the required collaboration. The Head of the Registry in the capacity of an ESID Board member will decide on the ethical tenability of the request. The Registry team will contact potential partners and inform them that an (anonymous) researcher has requested collaboration with the centre regarding specific patients who are registered in the ESID online database. Contact details of centres that responded positively are then forwarded to you. If partners agree on cooperation, the cooperating centres should address the ESID registry team, indicating that they agree upon the collaboration, and ask for a password for the inquiring researcher to view their data. The

Registry team will send the password to the inquiring researcher. The support of the ESID online database should be acknowledged when research using data from the database is published.

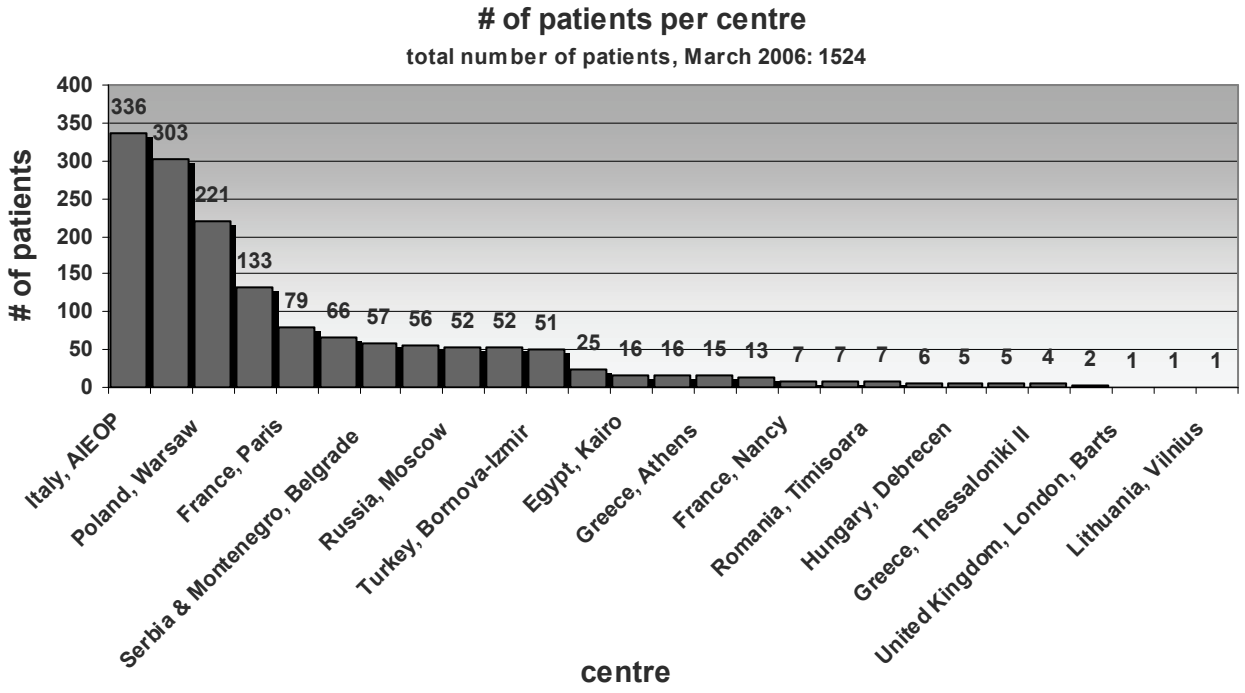
Security is another very important topic for us. Not only are the data security measures for an online database with patient data very strict, but also the security measures followed by every single user need to be reliable. The database is equipped with the highest standard of security facilities, but every chain is only as strong as its weakest link which is, in our case, the database user. As soon as a user gives away his password, access to the data of his centre is open. This is why we always ask you to keep your login and password secure and not to share it with other persons. Never allow your internet browser to store your login name and password! Otherwise, anyone else using your computer will be able to log in. It is also essential to keep virus and worm scanners up-to-date and use them regularly! Please beware of messages from ESID asking for your password. We never request your password. If you take these advices to heart, the data in the ESID database is as secure as possible.

In March we were able to release another extended subregistry. The XLA (Btk) subregistry is now also available in the productive system and in our Test-version. The included chart gives you an overview about the current status of the database subregistries and about the development of new extended subregistries.

Our new email address:
registry@esid.org



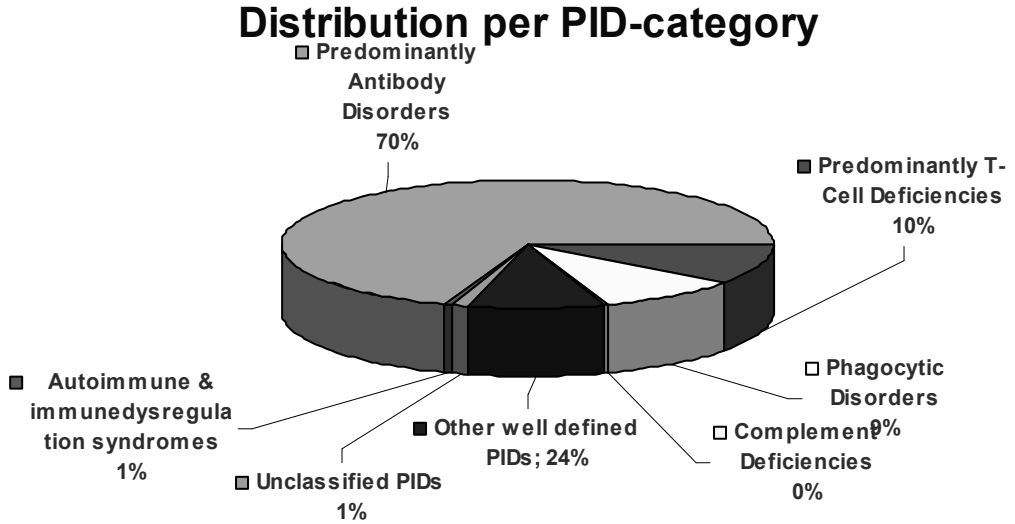
(diagnosis with 2 or less entries left out)



NEWS:

- **Access the registry on www.esid.org from now on!**
- **New Email: registry@esid.org replaces frisch@medizin.ukl.uni-freiburg.de**

Please remember to enter follow-up documentation for your patients now!



Main category	Subcategory	Subregistry	productive system since	Test version since	under develop. since	data model sub-mitted
Predominantly antibody disorders	Agammaglobulinemi-as	XLA (BTK)	2006-03-03	2005-06-01	2005-01	
	Hypogammaglobuline-mias	CVID	before 2005-04		2004	
		Secondary hypogammaglo-bulinemia	before 2005-04			
		Selective IgM deficiency				2006-02-20
		Selective IgA deficiency				2006-02-20
		Secondary selective IgA deficiency				2006-02-20
		IgG subclass deficiency				2006-02-20
		Deficiency of specific IgG				2006-02-20
		Transient Hypogammaglo-bulinemia of Childhood				2006-02-20
		ICOS deficiency	before 2005-04			
		CD 19 deficiency				2006-02-20
		TACI		2005-10	2005-08	2005-06
		BAFFR		2005-10	2005-08	2005-06
	CSR/HIGM	CD 40L deficiency (CD 154)			2005-09	2005-05
Predominantly T-cell defi-ciencies	T-B- SCID				2005-07	
	DGS	DiGeorge Syndrome	2005-05	2004-10		
Other well defined PID's	Hyper-IgE-syndromes (HIES)	HIES	before 2005-04			
	DNA-breakage disor-der	AT				2005-08
		NBS (NBS1)	before 2005-04			
	Osteopetrosis TCIR-G1			2006-02-16	2005-07	
	ICF syndrome	DNMT 3B	before 2005-04			
	Comel Netherton Syn-drome	CNS (SPINK5)		2006-02	2006-02	2005-09

Study Goals for the ESID online Registry, submitted until March 2006

Study goal for the *CD3 deficiency subregistry* within the ESID Online Registry project (Clinical and Laboratory Online Patient- and Research Database for Primary Immunodeficiencies) of the European Society for Immunodeficiencies (ESID).

CD3 deficiencies are rare autosomal recessive disorders of the T-lymphocyte lineage caused by mutations in the genes encoding any of the invariant chains of the TCR/CD3 complex (CD3g, CD3d, CD3e or z). The immunological work-up may detect no T-cells (T— B+ NK+ SCID) or, if present, they show a selective surface TCR/CD3 expression defect (T± B+ NK+ phenotype).

Sub-registry study goals:

a) To improve awareness of these rare disorders in Europe and gather information from a significant cohort of locus-specific patients

b) To improve available guidelines for diagnosis, therapy and prognosis.

c) To encourage genetic counselling and prenatal diagnosis of couples at risk.

d) To foster collaborative research aimed at gaining knowledge on the relative role of each invariant chain in human T cell differentiation and function.

José REGUEIRO
Head of CD3 steering committee

Study goal for the *CVID subregistry* within the ESID Online Registry project (Clinical and Laboratory Online Patient- and Research Database for Primary Immunodeficiencies) of the European Society for Immunodeficiencies (ESID).

1) To answer the question how high a constant trough level in patients with CVID should be to prevent recurrent infections and structural lung damage (bronchiectasis) over years. (i.e. is a trough level of >7 g/L superior to a trough level of 5 g/L?

2) What is the current use of prophylactic antibiotics in patients with CVID? What patients do we prescribe prophylactic antibiotics? Do prophylactic antibiotics prevent acute and/or chronic infections and progression of bronchiectasis – if so at what level? Which antibiotics are being used and is there a beneficial effect of one or the other?

3) What is the prevalence and what is the incidence pa of autoimmunity, cytopenias, inflammatory bowel diseases, enteropathies, and granulomas? What are the life-long risks when these complications occur? What is the current spectrum of therapeutic interventions in these additional conditions and what is their outcome? What shall be the procedure in a CVID patient with 'sterile' diarrhea? What may be a common treatment strategy in a CVID patient with granulomas? Are there confounding or modifying factors such as the use of added drugs such as antivirals, antifungals, steroids and biological modifiers?

4) What is the age of onset in CVID? What is the age at diagnosis in these patients? What is the life expectancy at different ages of diagnosis?

5) What are the causes of death in patients with CVID?

6) Does it matter if a patient still retains IgM in serum? E.g. is IgM specific for pneumococcus? What is the outcome in relation to IgA levels and IgM levels. Determine infection frequency, QoL study, CT scans, sputum specimens etc.

7) What is the average Ig level at initial presentation – does it match the data from the 'old' registry data?

8) Do IgA and IgM +/- IgE levels vary with infections? Do IgA and IgM +/- IgE levels vary with time? Do IgA and IgM +/- IgE levels vary with dose of replacement IgG?

9) Document the change in usage of replacement Ig (IVIG versus SCIG). What are the typical complications? Are there rare under-reported adverse side effects?

10) What is the quality of life of patients with CVID? Is there a difference in patients with SCIG and IVIG?

11) Cell surface markers – do they help?

What is the clinical relevance of the presence of IgM+CD27+ so called IgM memory B cells?

12) Evaluate the role of splenomegaly. Is it any predictor for outcome or malignancy/LGL?

13) What is the role of iron levels in serum of patients with CVID? Is it a predictor for poor disease control? When is iron supplementation recommended?

14) What is the incidence and relevance of HP, gardiasis, and NLH in CVID. What is the value of a repeated gastroscopy?

15) What is the incidence and relevance of anti-IgA antibodies, especially with regard to Ig replacement and side effects?

16) What is the incidence and role of asthma in CVID?

17) Evaluate the value of a bone marrow biopsy in patients with CVID. Is it really necessary to perform BMP to exclude malignancies? Are the results predictive of a certain prognosis?

18) What is the value of HLA typing in CVID?

19) Do we need Ig kinetics in each individual patient?

20) Collect data on the incidence of adverse side effects of the Ig replacement on the kidney (creatinin), CNS (hearing loss, smelling, myelopathy, encephalopathy), and hemostasis (thrombosis).

Bodo GRIMBACHER
Head of CVID steering committee

Study goal for the *DiGeorge Syndrome subregistry* within the ESID Online Registry project (Clinical and Laboratory Online Patient- and Research Database for Primary Immunodeficiencies) of the European Society for Immunodeficiencies (ESID).

Objectives:

- Validation of diagnostic criteria and development of therapeutic guidelines.
- Genetic analysis of patients without del22q11.2.
- In-depth genotype-phenotype correlation analysis.
- Investigation of auto antibodies and cellular immunity in respect to development of autoimmune conditions in DGS during long-term follow-up of the patients.
- Collection of data on therapy of severely immunodeficient athymic patients with complete form DGS.
- Investigation of long-term outcome of treatment of patients with DGS.
- Improvement of molecular genetic investigation of parents of DGS patients.

Anna SEDIVA
Ales JANDA
Heads of DiGeorge steering committee

Study goal for the *FOXN1 subregistry* within the ESID Online Registry project (Clinical and Laboratory Online Patient- and Research Database for Primary Immunodeficiencies) of the European Society for Immunodeficiencies (ESID).

In 1996, the human equivalent of the Nude/SCID phenotype has been described. As in mice and rats, the human equivalent is characterized by a predominant and severe quantitative and functional T-cell defect, resulting in a T- B+ NK+ SCID phenotype. The disease is also associated with congenital alopecia and nail dystrophy (MIM 601705). This syndrome represents the only human SCID caused by an intrinsic abnormality of the epithelial component of the thymus. The gene responsible for the disease in both mice and humans is a forkhead/winged helix (WHN) FOXN1 transcription factor.

The goal of this database may be summarized as follows:

a) To alert pediatricians and clinical immunologists to this novel phenotype in order to identify additional cases of children affected with the human equivalent of Nude/

SCID;

b) To better define the biologic and genetic aspects of the human Nude/SCID phenotype;

c) To obtain indirect information on the role of FOXN1 in the differentiation process of several cell types, organ development, and cell physiology;

d) To define the more appropriate therapeutic strategy for these athymic SCID patients;

e) To encourage genetic counseling and prenatal diagnosis of couples at risk;

f) By collecting data on T cell subsets, to contribute in understanding the regulatory mechanisms governing intra- and extrathymic positive selection in humans.

Claudio PIGNATA
Head of FOXN1 steering committee

Study goal for the *Nijmegen Breakage Syndrome (NBS) subregistry* within the ESID Online Registry project (Clinical and Laboratory Online Patient- and Research Database for Primary Immunodeficiencies) of the European Society for Immunodeficiencies (ESID).

The Nijmegen Breakage Syndrome (NBS) is a rare autosomal recessive disorder characterized by the triad of immune deficiency, microcephaly, and chromosomal instability. Among the group of combined immunodeficiencies associated with DNA repair disorders NBS is the most common in Eastern – Central Europe followed by Ataxia-Teleangiectasia (AT).

NBS is a heterogenic immunological disorder with varying clinical spectra. NBS shows an increased susceptibility to infections, the frequency of tumours is strongly enhanced, and in some of the patients severe autoimmune phenomena occur. NBS is often difficult to diagnose and requires complex treatment regimens.

The dataset specific for NBS has been developed and prepared within the framework of an international data base project (EUROPID). Data contain information about DNA mutation, cytogenetic and laboratory features, treatment, and clinical history including craniofacial features, skin abnormalities, infections, malignancies and autoimmunity.

Of particular interest is to establish guidelines for diagnosis and therapy. The NBS-study group builds upon the recent success of ESID resulting in the development of internet-available guidelines for the diagnosis of several PIDs. In order to assess the efficacy of currently available treatments and to explore new ones, it is mandatory to retrieve information from a large cohort of well-diagnosed patients. The development of locus-specific registries for NBS patients is a critical component for this effort. These efforts will promote health improvement and will allow the appropriate dissemination of information in order to improve the awareness of NBS among the European population.

As partner 12 of EURO – PID – NAS QLRT-2001-02742 we are responsible for work package 10: European Registry of DNA repair disorders. One of the objectives is to establish a locus specific sub-registry for NBS, planned as a part of the new ESID Online Registry.

Ewa BERNATOWSKA
Head of NBS steering committee

Study goal for the *Wiskott-Aldrich Syndrome subregistry* within the ESID Online Registry project (Clinical and Laboratory Online Patient- and Research Database for Primary Immunodeficiencies) of the European Society for Immunodeficiencies (ESID).

Objectives :

The Wiskott-Aldrich Syndrome (WAS) is a rare inherited X-linked recessive disease characterised by severe immune dysregulation and microthrombocytopenia. In its less severe form, previously known as X-linked thrombocytopenia (XLT), mutations in the same gene produce the characteristic platelet abnormality but usually less prominent immunological disturbance. Very rarely,

mutation in the WAS gene results in an inherited form of neutropenia without features of microthrombocytopenia and other immunological sequelae characteristic of the WAS. In the absence of haematopoietic stem cell transplantation, many patients with classical WAS die in childhood and early adulthood from haemorrhage, infection or malignancy, although the paucity of longitudinal healthcare data makes the prediction of complications in individual patients unreliable. Similarly, the true prevalence of the disease may be obscured by the fact that many patients are mild in their clinical phenotype. For these patients, which form the majority, the natural history of the disease, and likelihood of developing severe complications related to more subtle immune dysregulation is even less well defined.

Despite significant recent progress, our understanding of natural WAS gene function and pathophysiological consequences of mutation remains limited. Successful application of novel molecular therapies is therefore not yet possible. For rare diseases such as WAS/XLT, the fulfilment of these objectives is restricted by the limited numbers of patients and patient data available for scientific study and for development and testing of optimised therapeutic protocols. Overall, there is a paucity of data on natural history WAS, particularly in terms of outcome, development of complications, and effectiveness of therapy.

The expected objectives and outcomes of the establishment of a data registry for WAS are as follows:

- To establish a disease specific sub-registry for patients with the Wiskott-Aldrich Syndrome (and variants).
- To raise awareness of WAS within the medical community.
- To determine the prevalence and heterogeneity of the WAS in Europe.
- To determine links between genotype and phenotype in a large cohort of European patients.
- To facilitate the implementation of improved and standardized diagnostics and therapeutics.

Adrian THRASHER
Head of WAS steering committee

Educational WP

ESID Educational Day 2006

As for the last two ESID biennial meetings, an Educational Day will be held at the opening day of the Budapest meeting. This year, the Educational Day will focus on B-cell development and B-cell defects. We have succeeded to get outstanding speakers, and I am convinced you will all enjoy the day. The final program can be found at www.esid2006.com/index4.htm.

Travel grants for Budapest

The Educational WP offers two travel grants for two doctors/scientists (not students) from outside Europe to attend the ESID biennial meeting in Budapest, October 2006. The grants include travel in economy, meeting fee and hotel. The application should be a personal letter that outlines the applicant's interest and work with PID, and any other available funds for participation in the ESID meeting. Please, include CV, publication list and letter of support from superior or tutor with the application. The application deadline is July 1st 2006. Please send the application, preferably by email with scanned documents, to Anders Fasth.

Young Investigators Award

At the recent Board meeting the ESID Board decided to announce, also this year, a Young Investigators Award. 10,000 euro will be awarded to a young doctor or scientist that would like to pursue research training during at least 6 months at an institution within Europe. The application should include a personal letter

(preferably by email) sent to Anders Fasth depicting her/his background training, interest in PID, the goal with the training and future career goals. To the application should be added CV, publication list, and project plan for the intended research to be done, letter of support from sending institution and letter of support from receiving institution.

Deadline is July 1, 2006.

The application will be reviewed by members of the ESID Board and the recipient of the award will be announced at the ESID biennial meeting in Budapest.

Please, send the application to Anders Fasth, if possible as an e-mail with attachments.

LAGID School on Primary Immunodeficiency

LAGID (The Latin American Group for Immunodeficiencies) will hold its first school on primary immunodeficiencies August 27 - 30, 2006 in Sao Paulo, Brazil. Information is available from Professor Beatriz Tavares Costa Carvalho beacarvalho@terra.com.br.

Anders FASTH
Chairman Educational WP

Address for applications:
Anders.fasth@pediat.gu.se or
The Queen Silvia Children's Hospital
SE-416 85 Göteborg, Sweden

PID-care in development:

The information for this issue was obtained thanks to Nermeen M. Galal, 32 year-old Egyptian pediatrician, living in Cairo. She graduated from Kasr El Aini School of Medicine, Cairo University in December 1995. She was appointed as an Intern in Cairo University Teaching Hospitals from March 1996 to February 1997. After that, she spent three years of full time residency in Paediatrics at New Children's Hospital, Cairo University from April 1997 to March 2000. She got her degree of Master of Science, Paediatrics in November 1999, and Medical Doctorate, Paediatrics in November 2002, and the first part of the MRCPCH in 2005.

Egypt is no different than other developing countries. It has problems with health care provision, not only with resource finding, but also regarding the quality of care offered to rural areas especially, where most problems occur because of poverty, defective sanitation and malnutrition. University hospitals offer better services, but unfortunately cannot cover the scope of the whole country. The private sector also provides better quality services, especially in hospitals that work in collaboration with worldwide centers, but not everyone can afford those.

The hospital Nermeen is working in is considered the country's biggest tertiary referral center. The members of her practice work in collaboration with several interested colleagues in various centers country-wide. The clinic was started by Professor Aisha Marsafy who was first interested in PID and received her training in France back in the late eighties It took almost twenty years to establish the fact that PID patients do exist in Egypt (in fact they exist in high numbers, probably because of the frequency of consanguinity). As there was always skepticism because we have several other health nightmares, which may

Egypt

deservedly necessitate the direction of resources and facilities to them like malnutrition. The hospital mostly depends on donations from NGO for funding plus individual donations. Other obstacles that have been encountered in PID care are: investigations are not always available, molecular diagnosis is unfeasible in Egypt except for research purposes, IVIG substitution is partly sponsored by the hospital, but the supplies are never enough and we always resort to donations. Medications are not available all the time to treat infections, BMT is only available for haploidentical donors, and we send our patients to colleagues in the NCI for HLA typing and BMT if possible which again is not always available for all candidate patients as they mostly serve oncology patients or patients with thalassemia and other disorders which are more prevalent as they have to fight for their resources as well. So far only one referral, a SCID patient managed to get a BMT. Luckily, he sailed through successfully.

Nermeen got interested in PID by facing some of the cases during her residency working with Professor Marsafy and seeing how the proper care and decisions can greatly alter those patients' lives. She was a participant in the ESID Summer School in Mallorca in 2005. I am currently a member of the PID clinic in Cairo University Pediatric Hospital and, like the rest of us; we are all working in different directions trying to obtain better care for patients. Our goal is to provide a pool of people interested in those disorders and to collect patient cases country wide to better understand the pattern of those disorders in Egypt, we also aim to upgrade the services we provide quality and quantity wise .We still have a lot to accomplish We try to establish several links with various centers abroad and different interested colleagues for consultation and provision of the unavailable tests that is a point which was greatly served by my attendance to the ESID summer school. We hope to spread the awareness of PID among our colleagues for early recognition and proper management of patients. Part of our service is also provision of care for disorders which may mimic the presentation of PID, I hope that we can reach the end in mind someday or at least try to do our best perfecting our practice .I believe no single country however resourceful may cover the scope of PID regarding detailed diagnosis so I think efficient networking between various workers in different centers is the solution.
ESID is helping greatly by bringing people interested in the field together; it is a very valuable idea to integrate expertise of professionals plus provision of the educational task through conferences, summer schools and meetings. Newsletters issued updating the practice and guidelines are also very beneficial. Once the registry is established looking up the information needed and viewing different case scenarios will also help out greatly. Setting up a protocol, for case referrals, that is the not so straightforward ones, will also facilitate consultation. Pointing out who is particularly interested in what and various center specialties so you know where to turn to in case of need is also required.

Nermeen Galal

Egypt