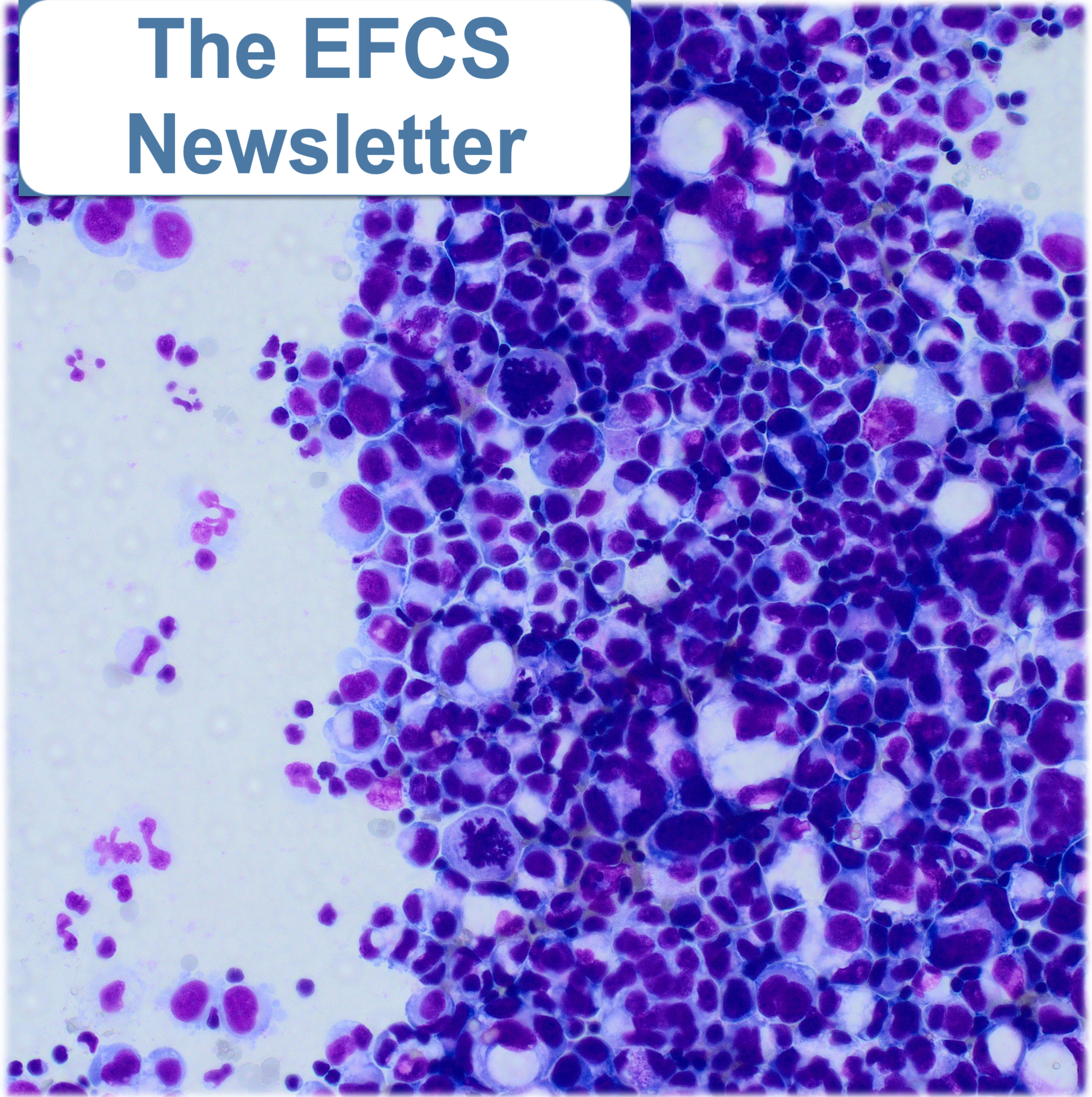




EFCS
European Federation of
Cytology Societies

The EFCS Newsletter



Issue 1/2024



EFCS NEWSLETTER

ISSUE 1/2024



EFCS
European Federation of
Cytology Societies

Dear Friends and Colleagues,

All European cytopathologists eagerly anticipate this year's biggest cytological event in Europe – the 45th European Congress of Cytology, which is organized in Leipzig, Germany. As always, it is a wonderful opportunity to meet old friends, make new ones and, of course, to stay up to date with the news from the world of cytology. In this issue the president of the Congress and the EFCS president Marianne Engels invites you to Leipzig and presents this beautiful city and the main scientific events to happen during the Congress.

We are all aware of a huge shortage of cytopathologists in almost every European country and the challenge of encouraging new people to pursue a career or training in cytopathology. During the Congress residents and young cytopathologists from different European countries will actively participate for the first time and it is very important for us to support them in their scientific endeavours. Our endorsement can make them develop a passion for cytology and decide to bind their professional life with this exciting field of pathology. The future of cytology depends on our commitment to the professional development of young people!

To engage residents and young cytopathologists EFCS Scientific Committee, together with Residents and YEFCS Committee, are organizing a scientific project. It is a continuation of the gynaecological "ASC-US" project. You will find more details below.

Have a sunny spring and see you all in Leipzig!

Pawel Gajdzis
Residents and YEFCS Committee

INVITATION FOR PARTICIPATION IN „ASC-US” PROJECT

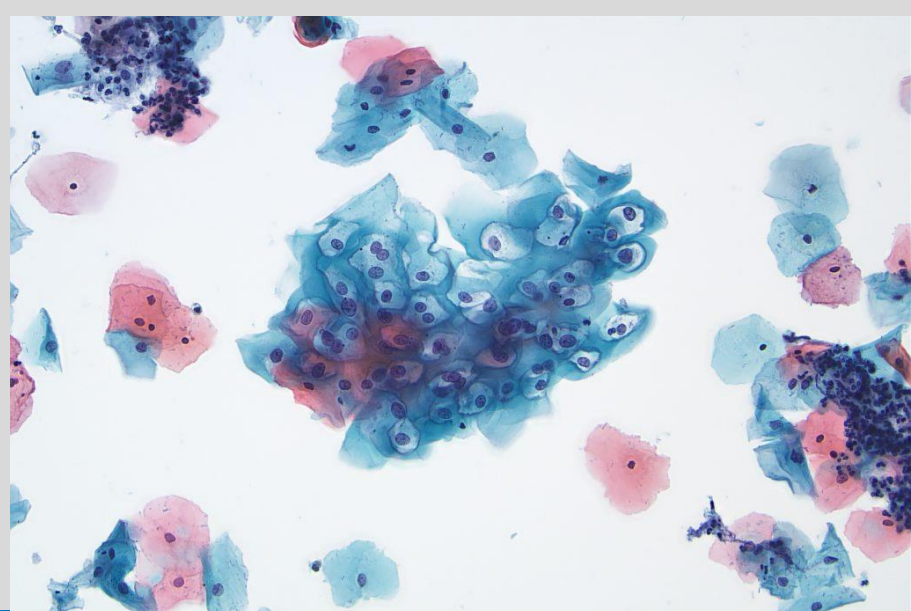
On behalf of the EFCS Scientific Committee and the Young EFCS Committee, we would like to invite young doctors (residents and young cytopathologists - up to 5 years after passing their specialty exam) with experience in ThinPrep gynaecological cytology and HPV screening/triage to participate in an internet-based case survey. The survey consists of two rounds, each with 73 Thin Prep cases to participate in. Each case will be accompanied by clinical data and Bethesda Classification diagnoses to choose from.

Results of each individual participant will be treated with utmost confidentiality.

All participants will become co-authors when the results are presented later.

Please let us know if you are willing to participate in this exciting project by sending us your email address for the questionnaire and the case survey link.

Thank you in advance for your participation!



Ivana Kholová
Scientific Committee
(ivana.kholova@tuni.fi)

Pawel Gajdzis
Residents and YEFCS Committee
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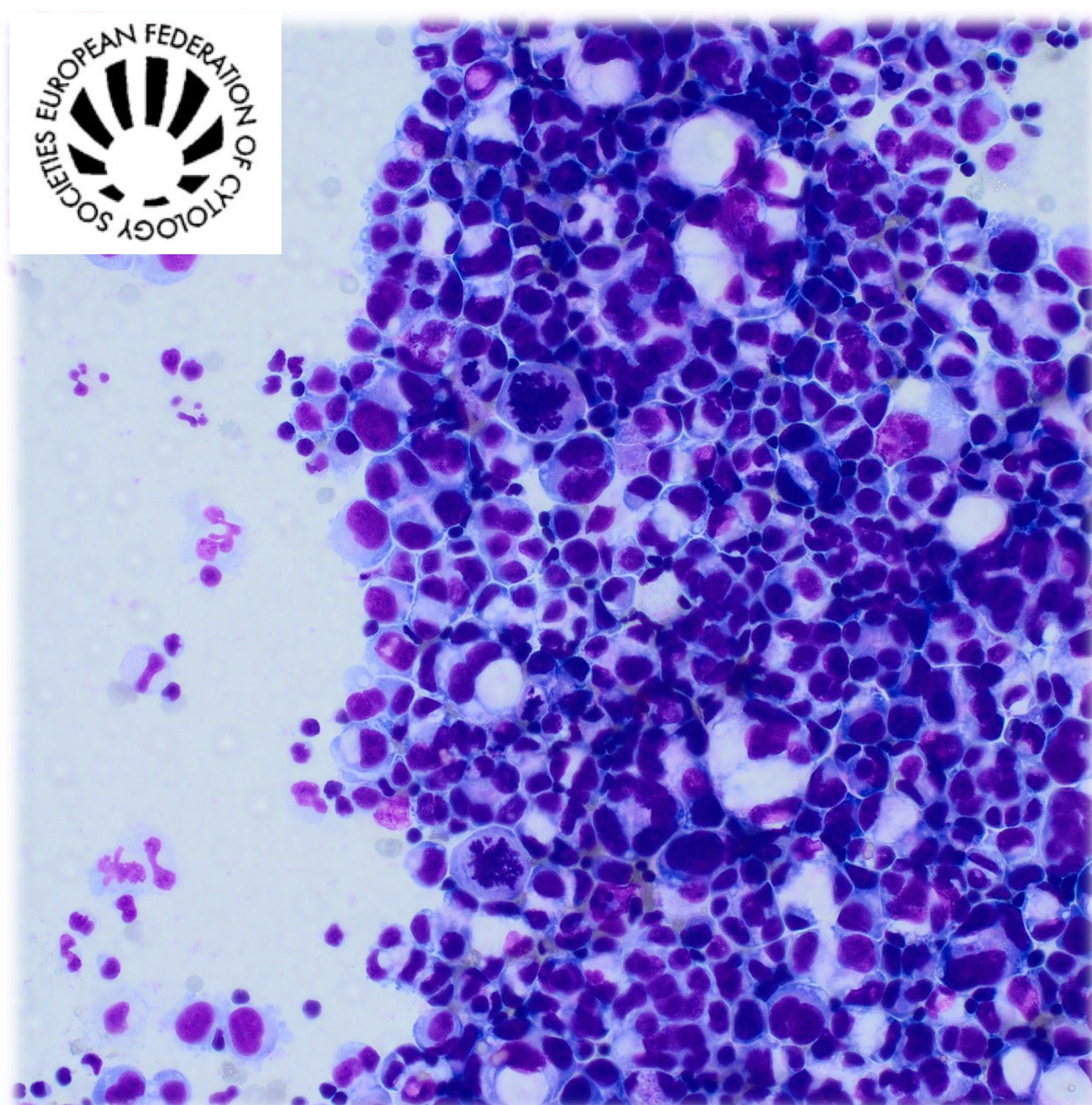
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Cover photo:
Pancreatic adenocarcinoma
– peritoneal fluid cytology
(DQ)



Message from the EFCS Secretary General

Dear colleagues,

Spring is here and EFCS activities are heating up.

But first, I must look back a bit. Namely, at the last American Society of Cytopathology 71st Annual Scientific Meeting, in November 2023, for the first time ever, EFCS was a part of the official program with its companion session named: What we Learnt from Classification Systems - Application in the Daily Practice. Speakers were Ivana Kholova, Esther Diana Rossi, María D. Lozano, Ashish Chandra, and me. Thank you all for representing The Team Europe. Thanks to American colleagues for being wonderful hosts. It was an incredible experience, and the feeling of camaraderie was overwhelming. Must repeat that!

In March, we had an extremely successful Joint Webinar of the Italian and Romanian Cytology Societies with more than 400 participants from all over the world. The topic was gynaecological cytology, and besides squamous and glandular lesions, interesting and rare cases were presented. Speakers were Cornelia Amalinei, Andrei Daniel Timofte and Madalina-Stefania Preda from Romania, and Giovanni Negri, Martina Tauber, and Maurizio Pinamonti from Italy. Thanks to the faculty for the excellent lectures, organizing and scientific committees, and to everyone for their participation.

There is another important information I want to share with you. Prof. Diana Esther Rossi, our distinguished and very active member of the Scientific committee became a president-elect of the Papanicolaou Society of Cytopathology. Congratulations Diana. We are so proud of you!

EFCS scientific projects are developing greatly, but nothing is possible without you and your participation in EFCS surveys. Soon, you will receive a new one (almost done) about FNA practices in European institutions. Thank you for taking part in those important EFCS activities, previous and future to come.

In Leipzig, during the congress, a next QUATE will be offered. This is the European aptitude test for gynaecological cytology, generally aimed for cytotechnologists, but cytopathologists can also attend. You can find all information on the EFCS website.

EFCS is always open to new ideas, looking for people who wish to engage. Contact me/us at any time, in any way, to share your thoughts.

Hope to see you in Leipzig in June 2024 at our inventive and interesting congress and have an opportunity to talk in person.

Sincerely,

Danijela Vrdoljak-Mozetič

EFCS Secretary General

EFCS NEWSLETTER

ISSUE 1/2024



EFCS
European Federation of
Cytology Societies



Dear colleagues,

in less than three months the next European Congress of Cytology will open in Leipzig in Germany. We are very excited and look forward to the event.

Leipzig is a city of more than 600,000 inhabitants located in the eastern part of Germany in Saxonia. Situated at the crossing of main trading routes of old times, Leipzig has been a center for trade since many centuries. The trade fair - which is one of the largest in Germany - dates back to the year 1190. Leipzig has also a long tradition of printing houses, publishers and hosts a famous book fair. Lovers of music may enjoy concerts in the Gewandhaus, the Opera or in various churches. In the more recent periods of German history the citizens of Leipzig have played a crucial role in reaching a peaceful reunification of our country.

The venue of our congress is the "Kongresshalle am Zoo", an interesting building dating back to the beginning of the 20th century, completely renovated some years ago. Nevertheless, the beautiful halls of various sizes are preserved and will house our sessions. The Kongresshalle is located in walking distance from the city center and can also be reached by public transport. And the venue is just adjacent to the well-known Leipzig Zoo.

The scientific program of the congress is comprehensive and will treat many fields of cytopathology. Most of the sessions are organized by members of the International Scientific Committee. We will have symposia with longer talks, supplemented by slide seminars and microscopy workshops for various fields of cytology. The slide seminars will use digitized slides, in the microscopy workshops we will work with traditional glass slides. In three keynote lectures seminal topics will be discussed: "New techniques in gynecologic cytology", "Molecular diagnostics in cytology" and "Artificial intelligence and the future of image analysis in cytology". A format used not so often in congresses are "Live Demonstrations" from a hospital which will allow first hand experience in diagnostic procedures of pneumology. Many thanks to Dr. Ralf Heine from Halle, Germany and his team for this initiative!

This program is enriched by the interesting and varied programs of the companion meetings organized by several national societies of cytology. We are happy about the important contribution to this congress made by cytotechnologists - three main sessions are organized by the EACC. The Young EFCS has organized two sessions. It is one of the goals of this congress to involve younger colleagues in active participation. Last but not least, the abstract sessions are a forum for presentations of special aspects of research or for short case presentations.

We are looking forward to four days full of scientific exchange and discussions, with lectures by top-ranking experts and active participation in slide seminars and microscopy workshops.

So, let's meet in Leipzig!

Cologne, 28.03.2024

Dr. med. Marianne Engels, FIAC,
President of the EFCS

Invitation - 45th Congress of Cytology



Fig 1: Leipzig City Hall.
Photo by R. Heine, Halle



Fig. 2: "Gewandhaus" - the concert hall of Leipzig,
home of the famous "Gewandhaus Orchestra".

Photo by R. Heine, Halle



Fig. 3: Thomaskirche ("St. Thomas")
- Johann Sebastian Bach has been
"cantor and director" at St. Thomas
for 27 years.

Photo by R. Heine, Halle

Invitation - 45th Congress of Cytology



Fig. 4: The "Kongresshalle am Zoo" - to the right, structures of the zoo.

Source: www.kongresshalle.de, prospectus of "Kongreßhalle am Zoo"



Fig. 5: The main entrance to the zoo in immediate proximity to the venue.

Photo by R. Heine, Halle



Fig. 6: Plenary hall in the venue.

Source: www.kongresshalle.de, prospectus of "Kongreßhalle am Zoo"



Interview with Prof. Beatrix Cochand-Priollet

For this year's first 2024 newsletter we welcome you with an educative and cheerful interview from Professor Beatrix Cochand-Priollet, associate professor of the University of Paris, editor-in-chief of Eurocytology since 2021, member of the Advisory Board of Cytopathology since 2006, past-President of the *Société Française de Cytologie Clinique*, past General Secretary of the EFCS, funding member of the Papsmears committee of the National Agency for Quality Assurance, author of 16 book chapters, several 160 publications and more than 200 lectures.

Once again there is no better way than to learn from the best!
See you soon in Leipzig!

On behalf of YEFCS,
Despina Argyropoulou

1) How did your love for cytology begin?

My love for pathology, and for cytopathology in particular, came late since I initially wanted to be either a cardiologist or a gynecologist. I can even admit that during my medical studies I showed no taste for pathology! but in the 6th year I realized that I did not know human anatomy well, which penalized me for the clinical examination of patients. So I decided to do a 6-month residency in a Pathology department with the sole ambition of doing autopsies and getting to know organs and diseases "visually". However, the head of the department, Professor Ph Galian, wanted his residents to participate in reading the slides and he suggested that, since I liked gynecology and was already doing replacements in this specialty, I read Papsmears..... It was an incredible discovery and the birth of a passion that has never faded! I therefore choose to become a specialist in Pathology. In the different University departments where I went, I always choose to train in histopathology as well as cytopathology.

2) Favorite or the most memorable cytology diagnosis made.

In the 1980s when I was a young assistant at the Lariboisière hospital, a University hospital in the North of Paris, the Fine Needle Aspiration (FNA) cytology for deep organs was, in France, at that time, a novelty and there was a real enthusiasm for this technique which was minimally invasive, very secure and which offered a very quick and reliable result (24-48 hours). In my hospital and in others, we saw the emergence of FNAs for the liver, the pancreas, the retroperitoneal lymph nodes, the lungs, the thyroid etc. One day, I received an FNA for a kidney mass. It was quite rare because the urologists considered that 95% of kidney tumors were clear cell carcinoma. On this FNA my answer was "oncocytoma". The patient underwent a surgical resection of his kidney in another hospital in Paris and when I asked for the final histological diagnosis the answer was "of course a clear cell carcinoma" !!!! I had read the description of oncocytoma in L.Koss, St Woyke and W Olszewski reference book and did not understand what my error was. So I asked to see the histological slides and it was indeed what was called "oncocytoma" at the time. My very fair pathologist colleague recognized his error and I published this case, with him as co-author, in the Journal of Urology in 1988 as one of the first published cases.

The reason I am telling this episode it is to say that histology, our "Gold standard" can also be taken for granted and that we must believe in our cytological diagnoses when we have certainty.



Interview with Prof. Beatrix Cochand-Priollet

3) A remarkable moment during your cytology career path that you would like to share.

When I took over the presidency of the SFCC in 2011 and then the role of General Secretary of the EFCS in 2018! Not for the title; not for my career; nor for the incredible responsibilities it entails but for the passionate and extraordinarily competent cytopathologists with whom I worked. It is their presence and their examples that allowed me to never lose hope and confidence in cytopathology. They are either French: C Marsan and Cl Mottot in the past; Ph Vielh recently or from all countries from all over the world (*you know many of them since most of them are still with us at the EFCS or the IAC and are incredibly excellent*). I owe my great moments of professional happiness to them as for example, in Baltimore for the ICC.

4) How do you see the future of cytology?

I wish I didn't have to answer this question... In moments of blues, I think that cytopathology and pathology will disappear in favor of a "Radiology-Molecular Biology" couple or liquid biopsies sufficient enough to characterize our cancers and initiate targeted therapies. And then I attend MDMs and conferences and I see all these radiologically obvious diagnoses which are false or approximate or these cancers whose molecular signature is not decisive either in terms of diagnosis or in terms of prognosis. The thyroid with its ROM algorithms linked with the different molecular alterations is quite a good example since in order to determine the ROM it is also necessary to know the Bethesda category. For the Pap smears, some devices based on AI are able to detect and select the abnormal cells, but a human control is required. Likewise, the HR-HPV test presented for more than 10 years as the solution to detect H-SIL and cervical cancers is obviously insufficient today requiring the implementation of new, more complex algorithms including genotyping, ICC and soon methylation.... So, I believe in a future coupling cytology/molecular biology and/or microbiopsies/ molecular biology with some complex algorithms supported by the AI for the management of the patients. Numerous studies have shown that cytology techniques are perfectly suited to molecular characterization with sometimes greater specificity than histology since our samples are almost exclusively made up of tumor cells, or not, which represent the lesion. So yes, I believe in the future of cytopathology, a future which depends on all of us, cytopathologists and cytotechnicians from all countries, to ensure the sustainability of cytopathology through our young colleagues whose training we must ensure.

British Association for Cytopathology

The British Association for Cytopathology (BAC) (1) represents and promotes cytology on behalf of its members. Whilst the BAC helps promote cytology, it does itself not set professional standards, this being done by professional bodies such as the Royal College of Pathologists (RCPATH) and Institute of Biomedical Science (IBMS).

The BAC aims and objectives are:

- To encourage the science and art of Cytopathology by encouraging higher standards in Cytopathology for the benefit of the public
- To encourage research in Cytopathology and related fields and the publication of useful results

The BAC itself was founded in 2011, by the merger of the then two other cytology bodies that existed: the British Society for Clinical Cytology (BSCC) and the National Association of Cytologists (NAC). The formation of the BAC typifies the close professional and working partnership of both medically trained pathologists and that of scientifically trained cytologists (often referred to as cytotechnologists in Europe). The BSCC traditionally had represented all those with an interest in cytology, but with the development of Consultant grade Biomedical Scientists in the cervical screening programme and the increase in staff trained as cervical cytology screeners, the NAC formed to better represent these staff, leaving the BSCC a more pathologist-focused body. This remained the situation for many years. There was, however, on occasion confusion as to which body best represented cytology. Developments in cytology in general and especially in the cervical screening programme, with the move to liquid-based cytology and human papilloma virus testing, led to a shrinkage in the number of laboratories and staff involved in cervical screening. This, allied to falling membership numbers in both the BSCC and NAC, led to discussions between the two organisations and a merger was agreed, leading to the creation of the BAC. As such, the BAC looks to represent *all* those working in or interested in cytology, irrespective of background or grade. This is shown in the day to day running and activities of the BAC, where pathologists and non-pathologists work hand in hand with common aims.

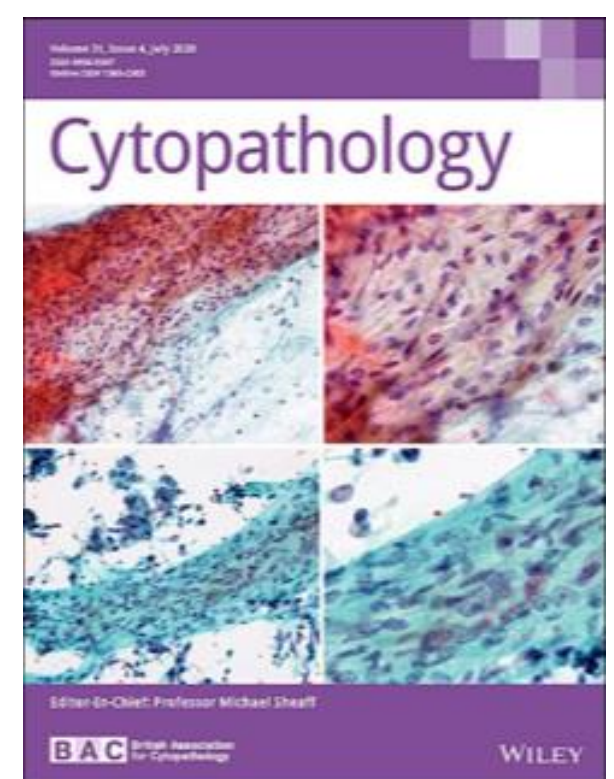
Since its inception, the BAC has been very focused on training and education of all cytology staff. It organises an annual scientific meeting, as well as cytology hands-on symposia and online educational events. This ability to run educational sessions online was vital during the Covid pandemic where many staff were unable to attend conventional meetings. The BAC led the way with online events and has a good resource of past events for general use (2). Many of the meetings arranged by the BAC are in partnership with the RCPATH and the IBMS, both of which also have a key role in pathology in the British Isles, and cytology in particular. This close working across the three bodies has helped break down barriers and developed closer working between all staff at all grades. It has also led to guidance which all three bodies have agreed and endorsed (3).

(continues on the next page)

British Association for Cytopathology



The BAC has continued and developed *Cytopathology*, the official journal of the BAC (4), and formally the journal of the BSCC. *Cytopathology* has many other cytology bodies worldwide affiliated to it, and is a key journal, allowing new scientific work and educational articles to be promoted. The BAC previously also ran another journal, SCAN, which was formally the journal of the NAC. SCAN ran for many years as a standalone publication and was briefly incorporated into *Cytopathology*, but is now being developed as part of the BAC website.



The BAC has had representation on many national groups over the years and has been involved in discussions which shaped some of the changes in the cervical screening programme in the British Isles, although its voice was not always listened to. The BAC has contributed to guidance produced by the RCPATH and IBMS, as well as being involved extensively with education and training. The BAC also offers bursaries for BAC members, such as the Mina Desai award, to allow trainees to develop ideas and attend meetings that they otherwise would not have been able to do so. The ability to offer such funding reflects the aims of the BAC, but also highlights the carefully run finances of the BAC. The BAC has been able to run surveys and seek information from its members accurately and quickly, allowing input to any cytology matter to be based on real members' experiences and knowledge. Such results have been published and made available to all.

(continues on the next page)

British Association for Cytopathology

The BAC has always been keen to work with the European Federation of Cytology Societies (EFCS), contributing to EFCS meetings and running and organising the Annual Congress of Cytology in 2016 in Liverpool. The ability to promote British cytology and learn from best practice in Europe and further afield was an opportunity the BAC could not miss. The QUATE examination was always traditionally run and set by cytologists from the British Isles, reflecting the organised educational and examination system in place in the United Kingdom, many of whom were deeply involved with the BAC.



The BAC is now accepted nationally and internationally as a major cytology body. It is recognised worldwide and is often seen by many with envious eyes given its work and the way in which all cytologists, irrespective of training, position and background, can work together for the betterment of cytology. However cytology develops in the future, the BAC will look to input and shape it, working and representing its members and cytology as a discipline. This will, no doubt, need the BAC itself to change. The field of cytology is developing and changing, with greater use of rapid assessment and reporting, molecular techniques, greater and wider integration with clinical pathways and staff training and ongoing education. Whatever the future, the BAC will ensure it is involved, delivering on its stated aims and objectives.

Dr Paul Cross, Past President BAC

Professor Allan Wilson, Past President BAC

Mrs Sue Mehew, Chair BAC

Dr Anthony Maddox, President BAC

USEFUL LINKS

1. BAC website : <https://www.britishcytology.org.uk>
2. BAC on line events : <https://www.youtube.com/@britishassociationforcytop5099/videos>
3. Guidance : <https://www.rcpath.org/static/6d07d9aa-5507-4c38-a131525131607813/The-role-of-biomedical-scientists-within-the-provision-of-a-diagnostic-cytopathology-servicefinal.pdf>
4. Cytopathology journal : <https://onlinelibrary.wiley.com/journal/13652303>

Case Challenges!

1

A 56-year-old woman. 2017 Qx. Appendiceal NET G1.
2024 Follow up : Mediastinal lymph nodes. Clinical Diagnosis : Metastasis
EBUS-TBFNAB for Staging : Station 11L

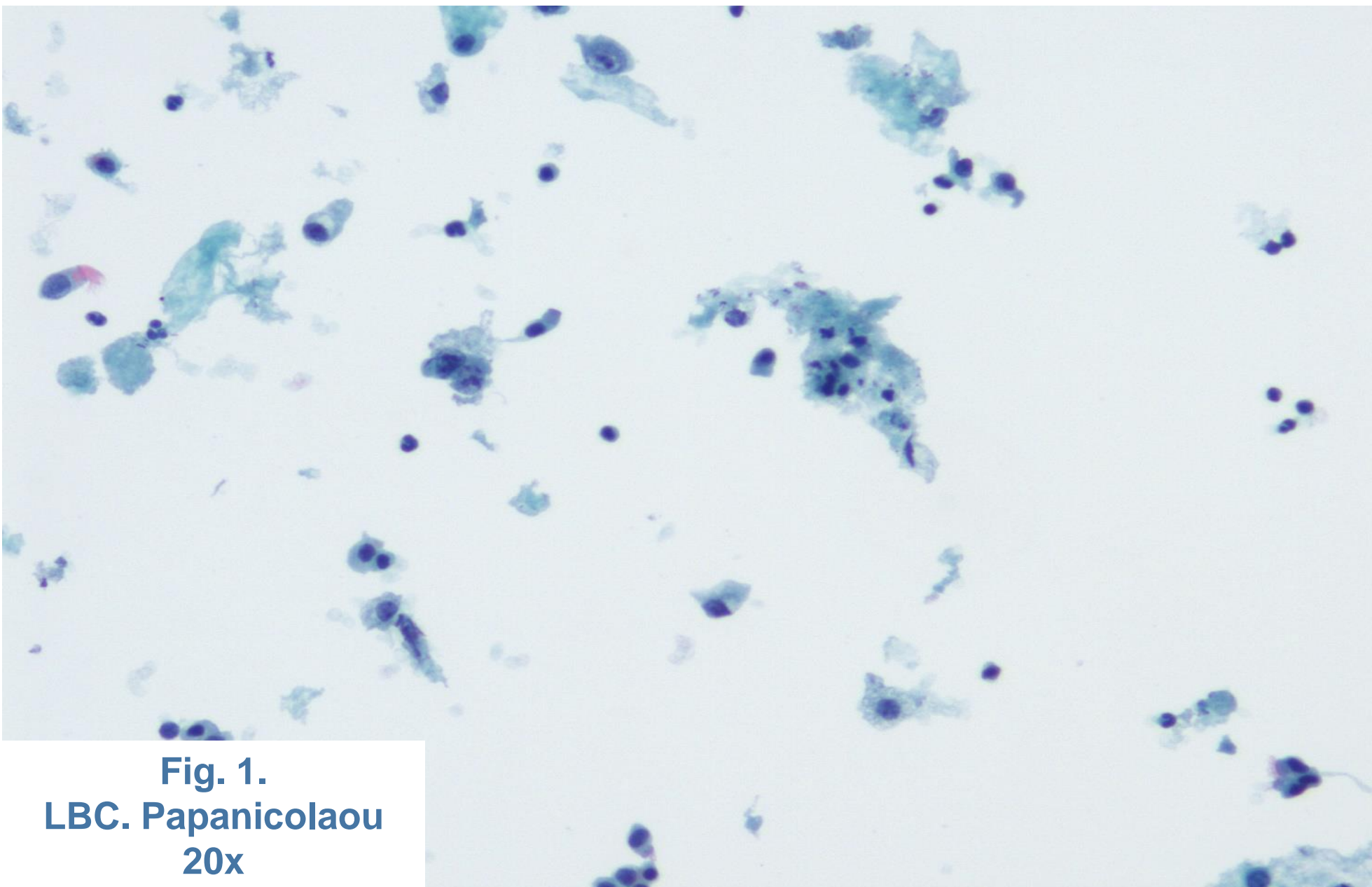


Fig. 1.
LBC. Papanicolaou
20x

Describe what you see.

What does it represent?

What is its significance?

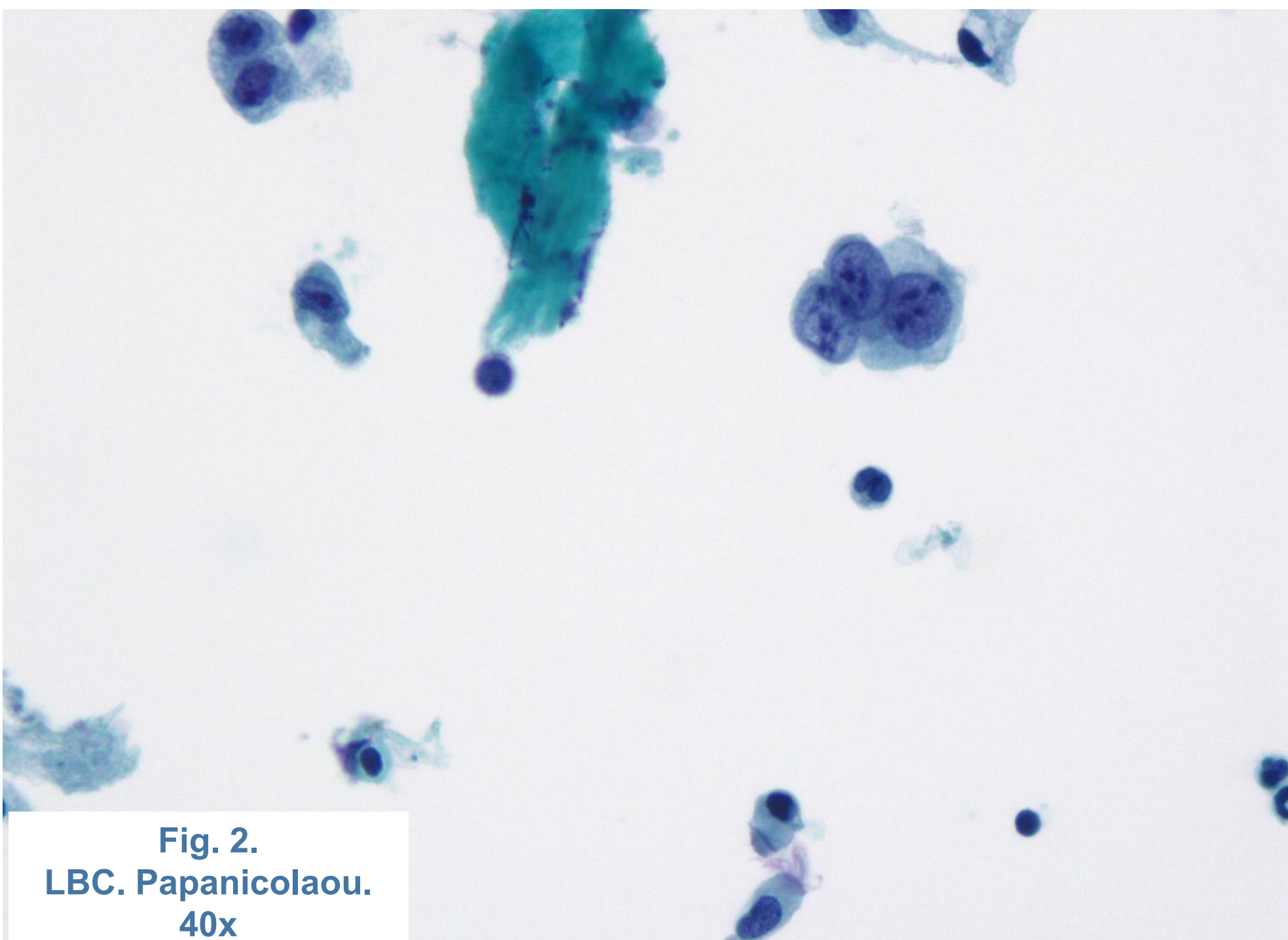


Fig. 2.
LBC. Papanicolaou.
40x

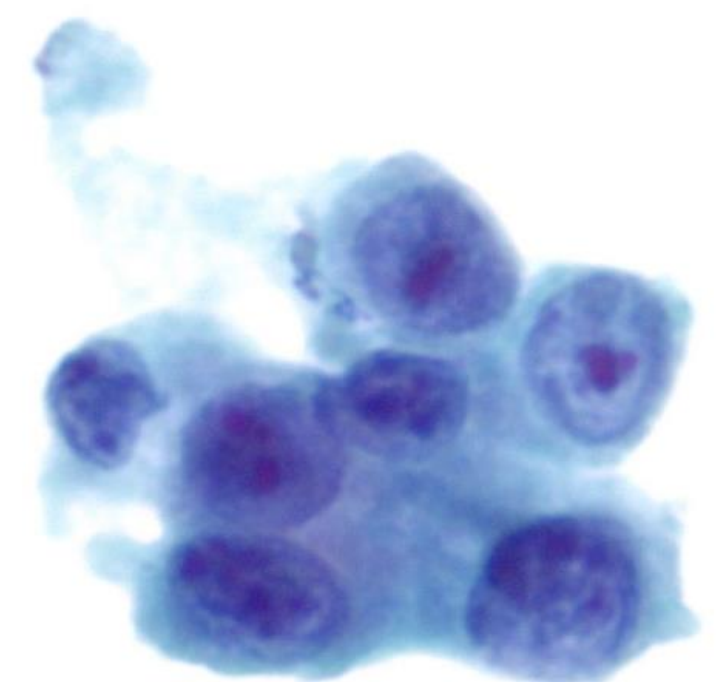


Fig. 3.
LBC. Papanicolaou. 60x

Case Challenges!

1

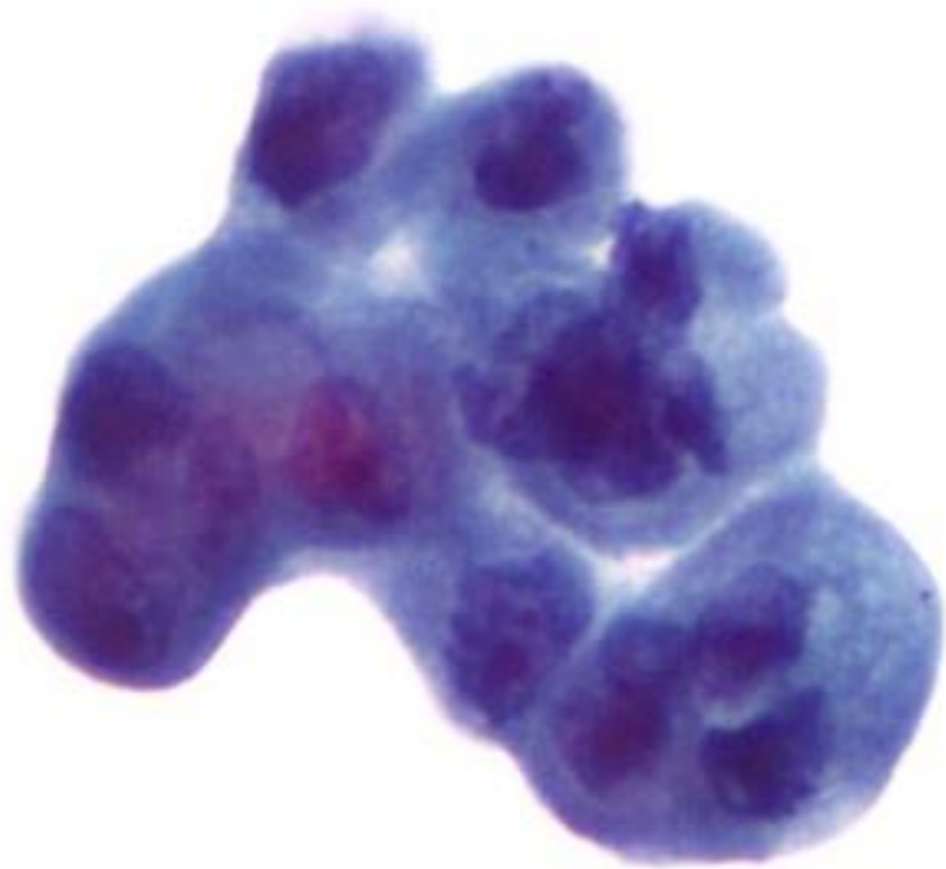


Fig. 3.
LBC. Papanicolaou.
60x

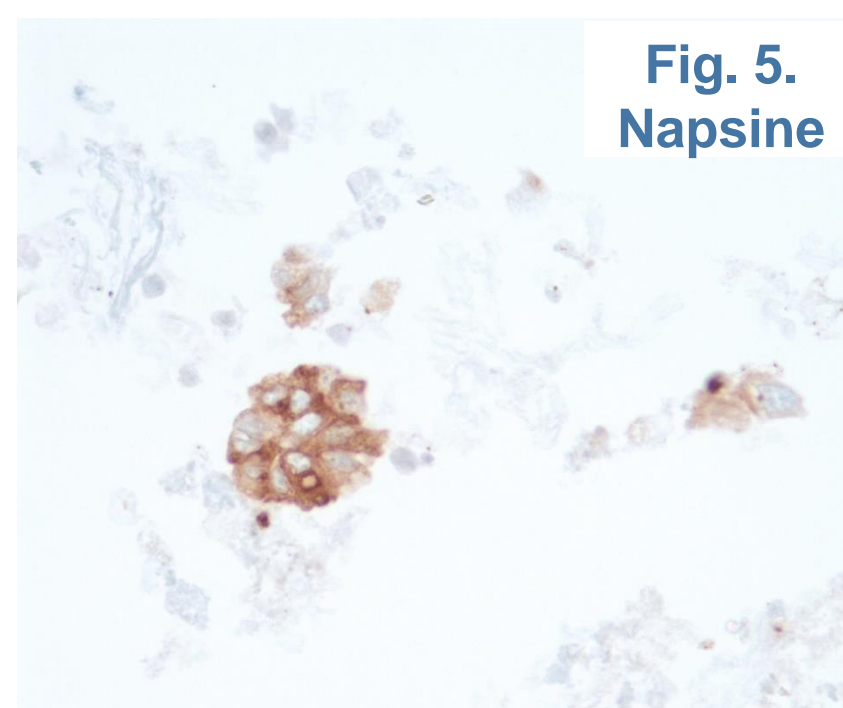
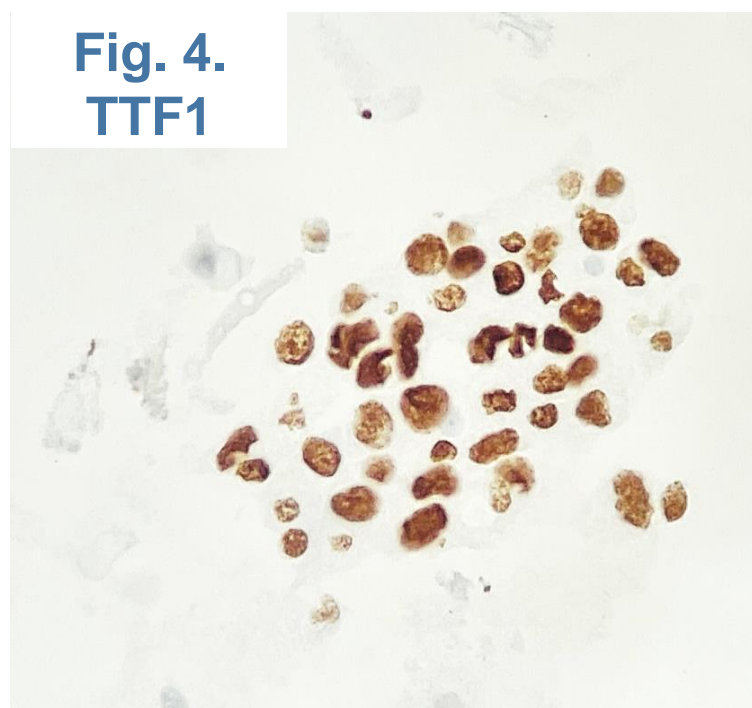
- 1) What is your diagnostic category?
 - a. Non-diagnostic
 - b. Benign
 - c. Atypical
 - d. Suspicious for malignancy
 - e. Malignant

2) What do you see ?

- a. Cohesive crowded tissue fragment of atypical cells.
- b. 3D epithelial cells lacking cilia, low N:C ratio, hyperchromatic nuclei, suspicious for malignancy
- c. Typical finely granular salt/and/pepper chromatin in the round nuclei of the tumor cells, plasmocytoid eccentric granular cytoplasm – compatible with metastatic NET.
- d. 3D Epithelial cells lacking cilia, low N:C ratio, hyperchromatic nuclei, vacuolated cytoplasm, suspicious for adenocarcinoma.

3) What IHC would you order?

- a. Not necessary (it won't help)
- b. Epithelial markers
- c. Neuroendocrine markers
- d. TTF1, Napsine



ANSWERS

1

A 56-year-old woman. 2017 Qx. Appendiceal NET G1.
2024 Follow up : Mediastinal lymph nodes. Clinical Diagnosis : Metastasis
EBUS-TBFNAB for Staging : Station 11L

1) Diagnostic category :
e. Malignant.

2) What do you see ?

d. 3D Epitelial cells lacking cilia, low N:C ratio, hyperchromatic nuclei, vacuolated cytoplasm, suspicious for adenocarcinoma.

3) What IHC would you order?

d. TTF1 and Napsine

Appendiceal NETs have an excellent outcome, the majority being cured by appendectomy. Metastases occur in 1.4–8.8% of cases, typically involving only regional lymph nodes. Distant metastases are rare.

The morphology of a uniform population of small cells with round, monotonous nuclei and finely stippled chromatin and inconspicuous nucleoli was not present in our case (nor the expression NE markers), instead, our case showed 3D fragments with enlarged pleomorphic hyperchromatic nuclei, large nucleoli, abundant and eccentric cytoplasm, showing positive nuclear staining of TTF1 and cytoplasmic expression of Napsine.

Although clinical information is elementary, priority should always be given to morphology.

Case Challenges!

2

A 56-year-old woman with a clinical history of a bilateral breast carcinoma (April 2023). During the follow up (Dec. 2024) incidental thyroid nodule PET + TIRADS IVb

Describe what you see.

What does it represent?

What is its significance?

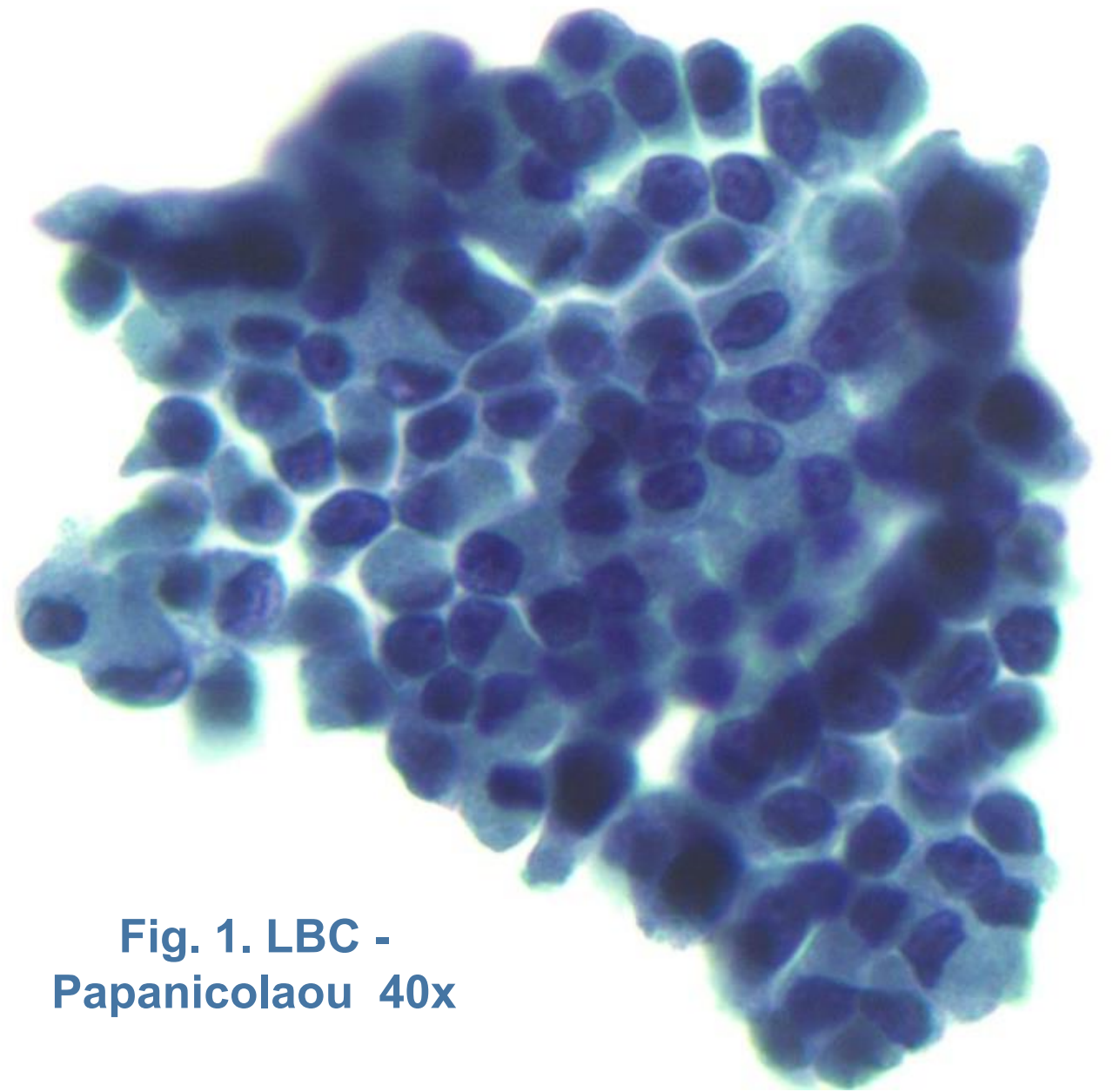


Fig. 1. LBC -
Papanicolaou 40x

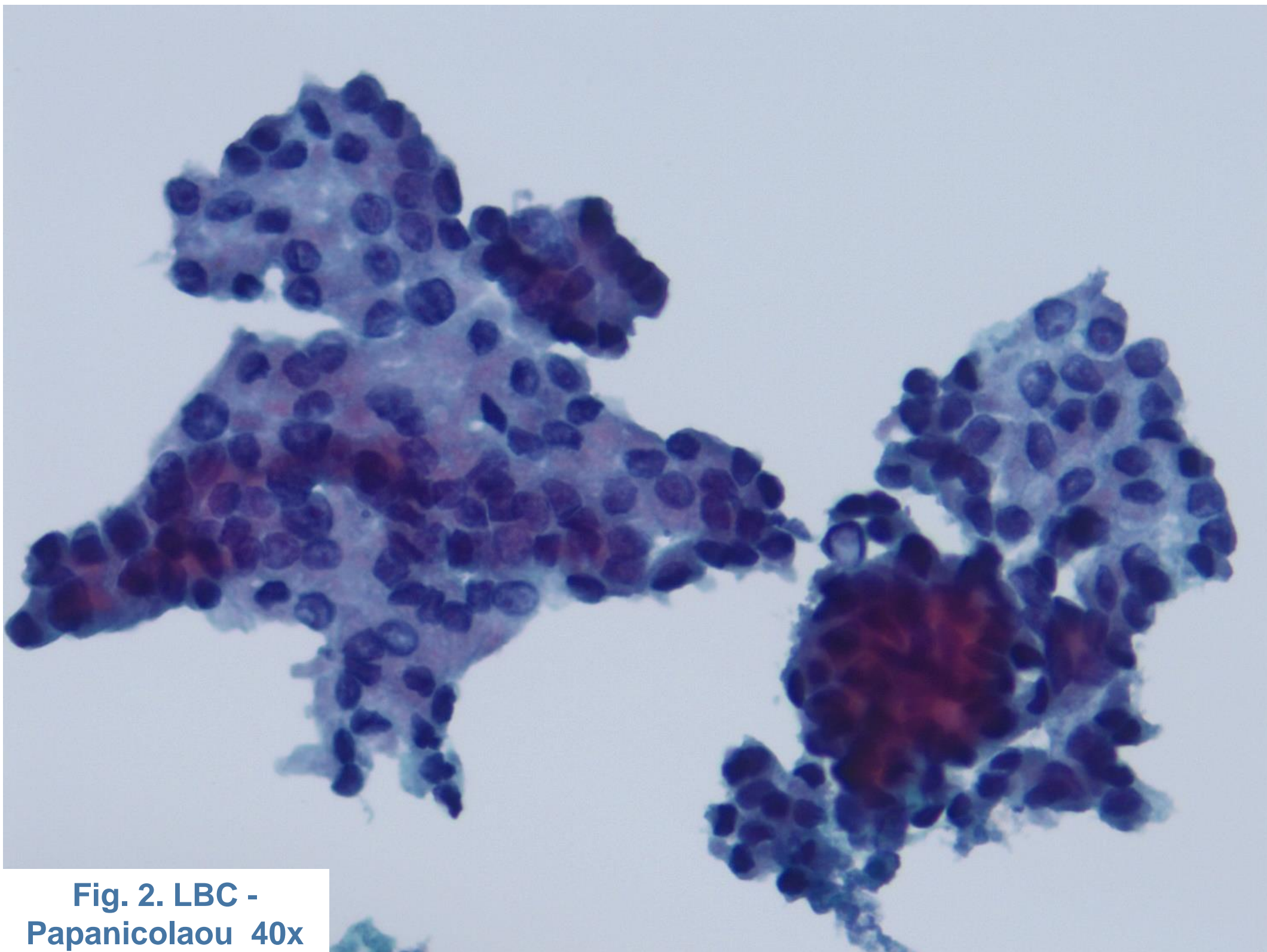
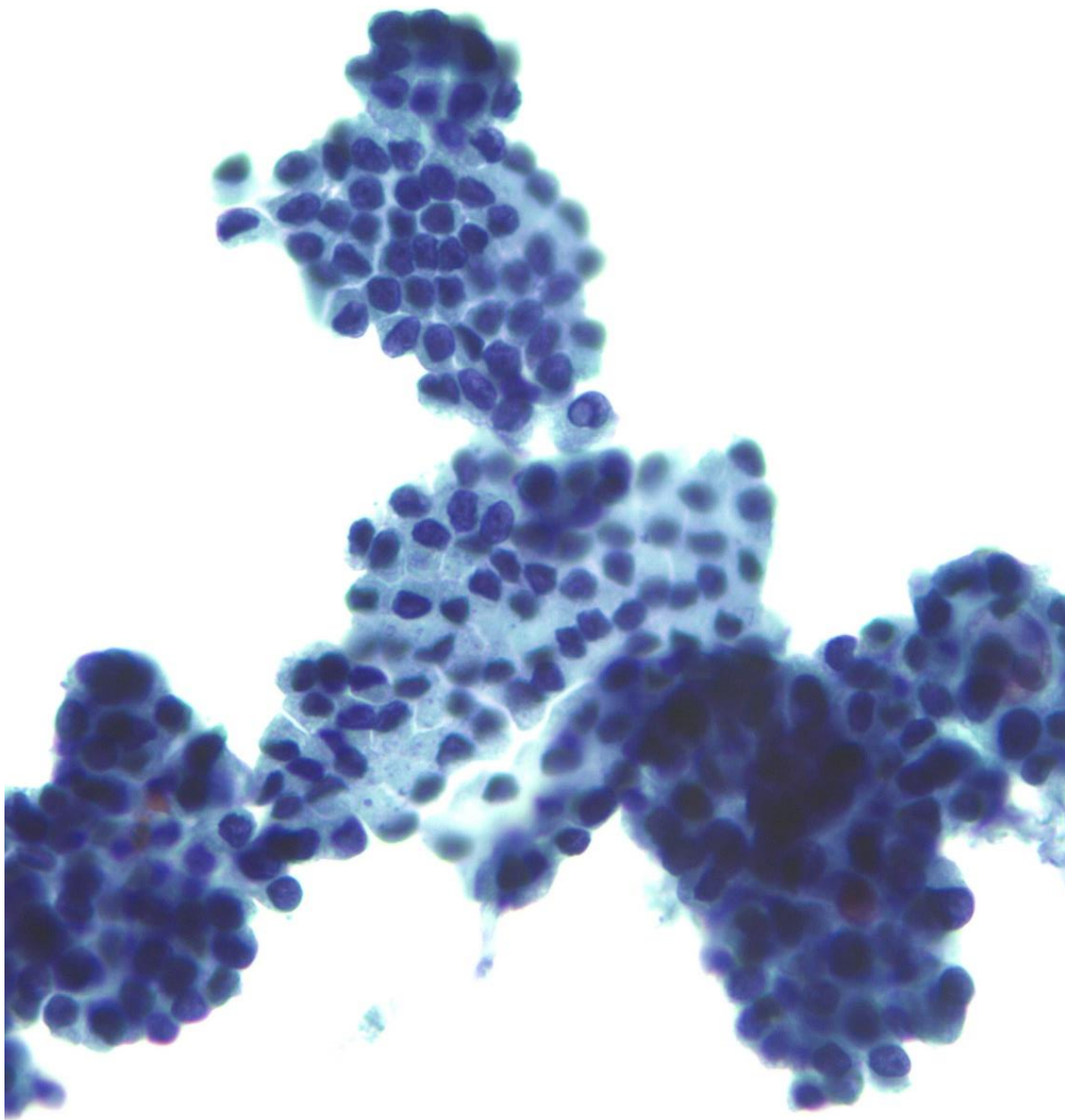


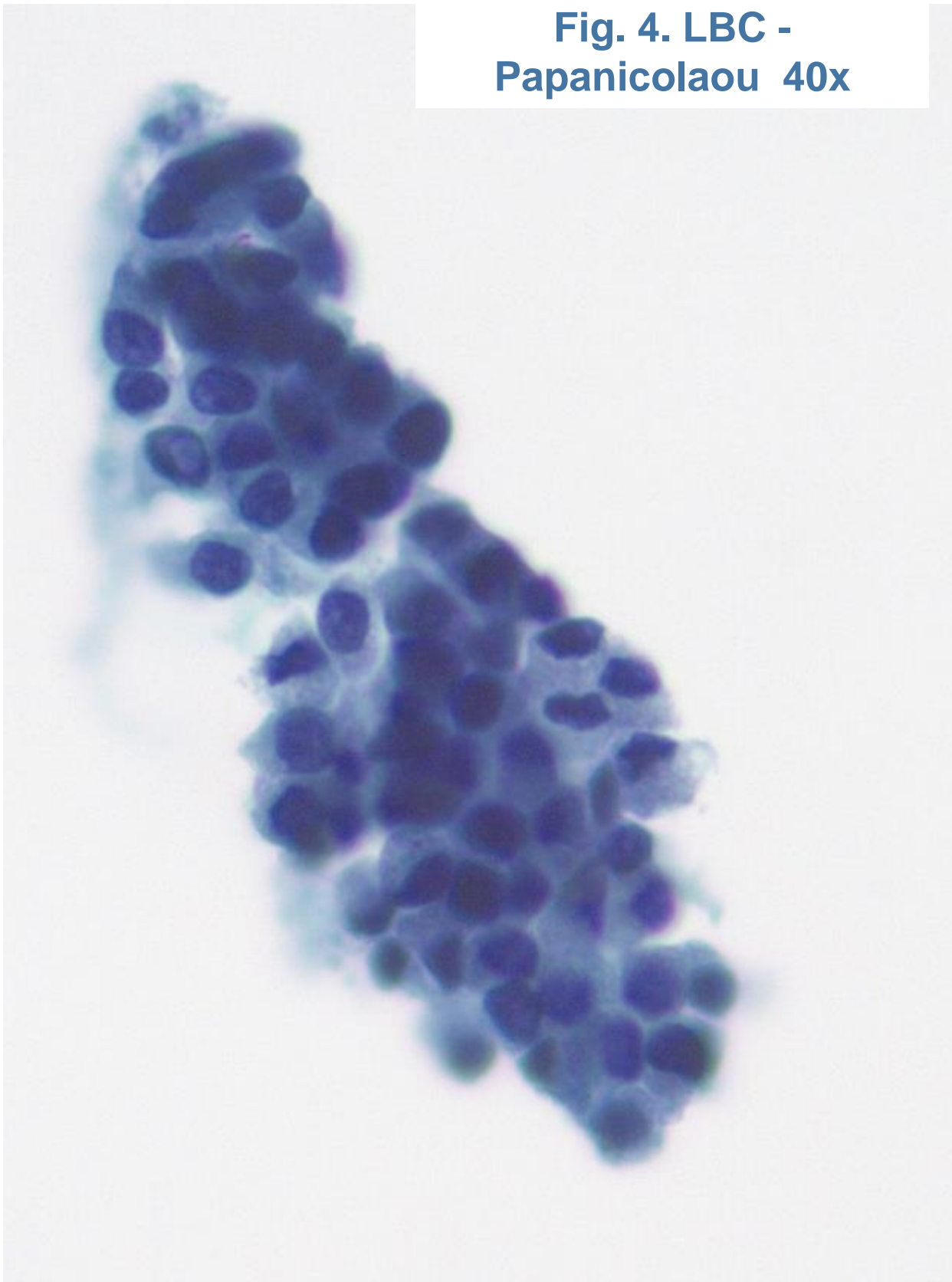
Fig. 2. LBC -
Papanicolaou 40x

Case Challenges!

**Fig. 3. LBC -
Papanicolaou 40x**



**Fig. 4. LBC -
Papanicolaou 40x**



- 1) What is your Bethesda diagnostic category?
 - a. TBS II – Benign
 - b. TBS III – Atypia of Undetermined Significance
 - c. TBS IV – Follicular Neoplasm
 - d. TBS V – Suspicious for Malignancy
 - e. TBS VI - Malignant primary
 - f. TBS VI – Malignant metastatic

2) Let's be more specific...

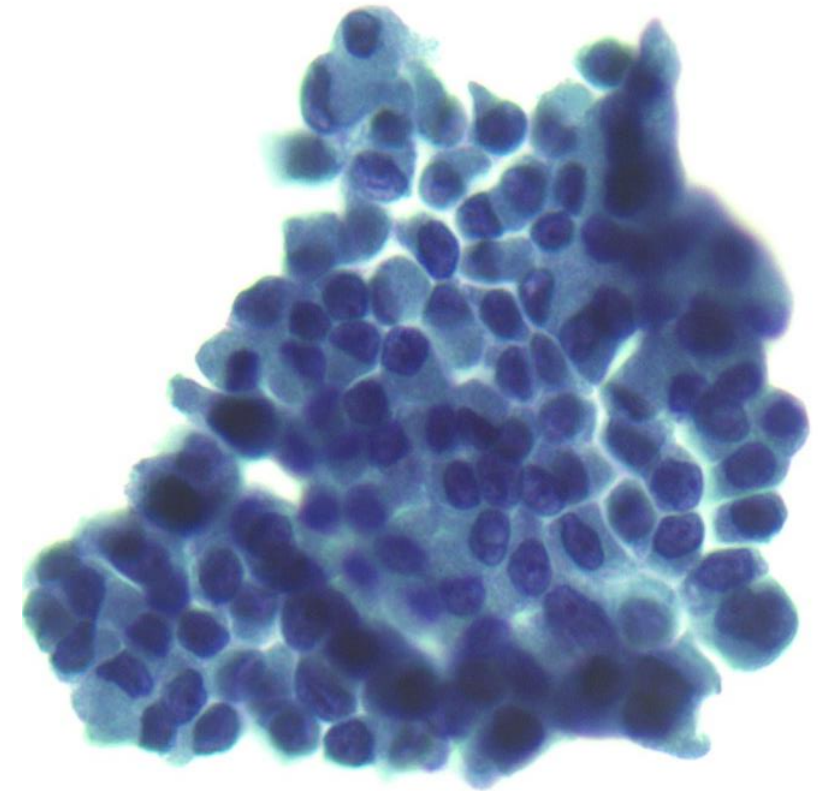
- a. Follicular Neoplasm Oncocytic type
- b. Suspicious for MTC
- c. Suspicious for PTC
- d. Malignant PTC

3) What IHC would you order?

- a. Gata 3 to confirm metastatic breast carcinoma
- b. Not necessary (it won't help)
- c. TTF1 ± Tyroglobulin to confirm PTC
- d. NE markers to confirm MTC

Case Challenges!

ANSWERS



2

A 56-year-old woman with a clinical history of a bilateral breast carcinoma (April 2023). During the follow up (Dec. 2024) incidental thyroid nodule PET + TIRADS IVb

- 1) What is your Bethesda diagnostic category?
e. TBS VI - Malignant primary
- 2) Let's be more specific...
d. Malignant PTC
- 3) What IHC would you order?
b. IHC is not necessary.

Preparations are composed of numerous monolayer sheets and occasional papillary-like fragments, with syncytial-like appearance. Special attention to the nuclear features is essential for the distinction (benign vs malignant and primary vs metastatic).

This PTC shows, irregular nuclei, molding, small but visible nucleoli and intranuclear pseudoinclusions.

MTC has a predominantly dispersed plasmocytoid pattern and granular chromatin (salt-and-pepper).

Breast carcinomas show a 3D, cohesive and crowded pattern, nuclei are round to pleomorphic, chromatin is coarse. There is necrosis in most cases.

Clinical case and pictures provided by **Cioly Rivero Colmenarez, MD, MIAC**.
National Center of Pathology. Laboratoire National de Santé. Luxembourg

Trivial Facts of Cytopathology



Did you know that the term “decoy cells” were first described by Andrew Ricci in 1950, a cytotechnologist of Memorial Sloan Kettering Cancer Hospital?

The term was named after the decoy ducks used in hunting since the polyoma-infected cells could easily be mistaken for malignant in urinary cytology samples. The term was later propagated by Leopold Koss in *Diagnostic Cytology and its Histopathologic Basics*.

Read more in Goyal A, Elsheikh TM, *Nongynecologic fluid and brushing cytology*, Pathobiology of human disease, Elsevier, 2014, 3359-3378.

Despina Argyropoulou
Residents and YEFCS Committee

Thank you for your time!

Please send your feedback to pgajdzis@protonmail.com

Check our Twitter accounts: [@CytologyEFCS](https://twitter.com/CytologyEFCS) and [@efcsyoung](https://twitter.com/efcsyoung)

SEE YOU IN WROCLAW! **The 15th EFCS Annual Cytology Tutorial** **Wroclaw (Poland), 23-27 September 2024**

<https://www.efcs.eu/the-15th-efcs-annual-tutorial/>

15TH ANNUAL EFCS TUTORIAL

September, 23-27 2024

Lower Silesian Chamber of Physicians (Dolnoslaska Izba Lekarska)
Wroclaw - Poland





The EFCS Newsletter



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