

Could ESRU help improve clinical fellowships?



Dr. Andreas Petrolekas
Residents section editor
Chairman elect of ESRU
Athens (GR)

agpetrol@otenet.gr

**"Our doubts are traitors,
And make us lose the good we oft might win
By fearing to attempt."**

William Shakespeare, "Measure for Measure", Act 1 scene 4

Dear all,
I hope you all had a happy and relaxed seasonal holiday together with your family and that you got the presents you asked for from Santa Claus... In this first edition of EUT for 2008 I would like to share with you a few reflections on two hot topics: clinical fellowships and the professional future of young urologists.

In medicine learning never stops like Ippocrates famously described already centuries ago: "ars longa, vita brevis". All of us who are involved in the medical field admit it and occasionally we are confronted with it as a reason for an intrafamilial "quarrel" with our counterpart if he/she is not a doctor! Actually I thought once again of Ippocrate's words when I had the opportunity to participate in a clinical fellowship programme in a well-known urological department. Programmes like this really provide the possibility to attend operations performed by highly recognised experts in their fields, get in touch with evolving techniques and technology, see different kinds of disease management and of course meet interesting people and be a tourist.

However, there are two kinds of urologists that go to highly regarded and therefore very frequently visited departments; the "novices" who do not have any experience of a technique such as f.i. laparoscopy at all, and they start their training there, or the "experienced" doctors who have already been performing operations in their own country and they go there to improve their technique. For both, the experience they gain is important. However, I would like to point out two things: first the occasional lack of a step-by-step programme to introduce someone to a new technique or improve his expertise, especially since our specialty is largely surgical and one needs exposure to the surgical field, and secondly, the inevitable interference and conflict of interest between the fellows and the residents of the department for whom the participation in operations

is always thought of as a kind of reward for their administrative and medical work in the department. Furthermore national laws regarding medical professional insurance against medical errors make surgical exposure more difficult. So, I would like to advise all of you who consider partaking in this unique experience to have clarified and focused your goals beforehand with the programme director.

Furthermore, I would like to point out an upcoming medical problem we face even in our specialty and that is the unemployment of young urologists who have just finished their residency. The point is that a novice urologist mostly needs surgical experience to practise and keep up what he/she has learned in the years of residency. That is why I find the French system very attractive where after completing your 5 years of residency you have to work for 2 years as a senior urologist (called "Chef de Clinique") in order to become fully qualified. A similar system, although less universal, is applied in UK and Germany. However, even in these countries after this period finding a position in a hospital is becoming more and more difficult.

In the Mediterranean countries, which is a geographical area I know more about, the situation is worse. A logical consequence of this problem is that one sees more medical "immigrants" going abroad for their residencies or work, taking advantage of the European principle of liberty in exercising the medical profession. Simultaneously, this increase in available doctors may lead to some kind of exploitation, meaning that foreign doctors are paid less for the same job compared to their native counterparts as is already the case when foreigners are doing a residency in France or UK.

Although these are complicated issues involving national health politics and economics, they need to be addressed. Please allow me to express my belief that the ESRU, the European Association of Residents in Urology, who represents all residents, should - together with EAU - evaluate these problems which young professionals are facing. I am really waiting for your ideas on this subject in my email box and I would like to ask you to help us by filling in the questionnaires that you will receive in the next months.

In the meanwhile Milan, host city of the 23rd Annual EAU congress is ready to welcome us all from the 26th to the 29th of March. The scientific programme is amazingly interesting. The first day is dedicated to the ESRU. We will be waiting for all of you in RED Hall 2 from 9.30 to 15.30 hrs. The programme Stina presented in the previous issue of EUT is great. You can, again, compete for the new Campbell's, take part in the Nightmare Session, attend the state-of-the-art



Fig. 1: Valentino's collection for Spring 2008.

lectures but most of all it is the opportunity for all of us to meet and discuss. Don't miss it. An absence book will be kept!!

Furthermore there are 35 ESU courses to attend, free of charge for the first 10 ESRU/EAU junior members who sign up, state-of-the-art lectures, debates, posters sessions; undeniable proof of the continuously growing power of European Urology. For all of us who are joined ESRU/EAU junior members, participation in the congress is free! However, I have to admit that the scientific programme is for those of you who will come alone, because if you are accompanied by your counterpart you will spend most of your time being a tourist, or even worse, trying to avoid that she or he (actually I refer to "he" only for reasons of equality and in order not to be called a misogynist although we all accept that shopping is mainly a woman's sport!!) runs into the splendid haute couture or prêt-a-porter Milan designers shops (Fig.1) with the devastating effect that such an event will have on your credit card!!! Anyway don't begin your trip to Milan without reading our **absolute tourist guide** in this issue of EUT, a great offer from our Italian colleagues. Our Italian colleagues will try to get a discount for all ESRU members who should choose to dine in one of these recommended restaurants. We will inform you on all particulars on the first day of the congress. Stay tuned...

In addition, in this issue of EUT you can read an article - call to all National Urological Associations written by our chairman Stina Eriksson. You can find, as always, the EBU, Guidelines and a photo quiz and you can read an article about the French resident's day provided by the new French NCO. In the French article you can read about the 1st Laparoscopic Olympiad which was organised in the Hospital Henri

European Society of Residents in Urology



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www.esru.net

Mondor by Professor Salomon. As I had the opportunity to take part I have to admit that it was an extremely interesting event for residents. We are really looking forward for similar original ideas that will enrich and enlighten (Fig.2) us.

Have fun - Carpe Diem

See you all in Milan



Fig. 2: Light the Olympic flame in the ancient stadium of Olympia, Greece..

National Associations of Urology: Please help your residents!



Dr. Stina Erikson MD
Chairman of ESRU
Linköping (SE)

stina.erikson@lio.se

The European Society of Residents in Urology (ESRU) is a growing organisation. We have now over 2,000 members and the majority are also combined members of the EAU thanks to a generous offer from the EAU to lower the membership fee for residents to only 50 € per person a year. We have excellent means to communicate information to all residents throughout Europe due to our database. Our ultimate goal is to be able to reach every single resident in Europe and I honestly think this goal can be reached in the not too distant future.

Each member country has two NCOs (National Communication Officers) representing their country and together all NCOs constitute the Board of the ESRU. We organise two annual meetings and one of those is always scheduled during the EAU annual congress, while the other is held in the autumn. It is

very important that at least one NCO from each country can attend these meetings; a lot can be accomplished via e-mail, but this kind of communication can never replace or lessen the importance of meeting face to face. Our meetings are of the utmost importance for the progress and effectiveness of the ESRU. We share ideas on how to improve education in the different countries and have projects with questionnaires going out to all residents in order for them to evaluate their own training levels as well as the quality of the training they receive at their respective institutions. We also try to make it easier for residents to attend congresses and have access to high-quality urological courses. One example of this is that we, through the close collaboration with the EAU Residents Office, have accomplished that ESRU members can register for free for EAU meetings and can also take part in the ESU courses organised at EAU meetings free of charge.

Residents rarely earn a lot of money and in some countries it is difficult to live on your salary and completely impossible to pay for a journey and hotel in order to come to the ESRU NCO Board meetings. I personally believe that it is not right that residents should have to pay out of their own pockets when they are actually putting in work - in their spare time, and unpaid - to the benefit of all other residents, with as the only reward the rather limited honour of

representing their country within the ESRU. At least they should not have to pay themselves for working! The ESRU is not a rich organisation and we do not have sufficient money to pay for all NCOs to come to the board meetings. While the ESRU is growing this problem is growing also, which is actually a very sad development. We have urged the residents to seek help from their national urological associations and request financial support to facilitate matters concerning the necessary travels, but so far rather few national associations have provided help. I, myself, am lucky to get great support from the Swedish Association of Urology, but many are not as fortunate. I therefore urge all National Associations to financially support at least one of your elected NCOs from the residents in your country so they can come to ESRU meetings. We think it is important that all countries, which have not already done so, create their own National Association of Residents in Urology. This will probably be good for the overall development of urology in your countries. It could be a good idea to include the chairman of the

national residents association as an ex-officio member in the board of the national urological organisation. Residents actually do come up with great ideas sometimes and keep in mind that even the greatest of our professors today were residents once!

Networking and cooperation is the key to continue success for urology in Europe and the ESRU plays an active part in this.

Please help us!



It's happening in Europe

AFU residents benefit from high quality annual congress



Dr. Thomas Bessede
NCO France
Paris (FR)

successful with over a hundred residents overflowing the room. Members of the ESRU were welcomed as well as, for example, Dr. Andreas Petrolekas, Chairman-Elect of the ESRU, who kindly shared this important moment with us.

The topics presented varied and included state-of-the-art lectures on urinary lithiasis, incontinence, metastatic prostate cancer and renal cancer, as well as interactive discussions of clinical cases. Equally interesting were the lectures on the practical management of urinary derivations after cystectomy.

Two members of the AFUF presented on their research experience in the UK and USA, stimulating other members to follow their example. Dr Stéphane Larré, past chairman of the ESRU, illustrated the opportunities offered to the French residents by the EAU.

Furthermore, a lively debate was held with the chairman of the National College of Urology aimed at keeping our theoretical courses accessible to all residents notwithstanding the increasing numbers of our members.

A laparoscopic needle holder with his name engraved on was handed over to Dr Baptiste Albouy, winner of the 1st Laparoscopic Olympiad (fig.2) which had taken place at Hospital Henri Mondor under the auspicious of Professor Salomon.

A General Assembly ended this successful meeting, with the election of, amongst others, the new French NCOs.

The same night a gourmet diner was offered to all participants in a classic restaurant overlooking the Arc-de-Triumph, followed by a crazy party that went on until late!!!

A great day and night to remember.



Dr. Pierre-Nicolas Gossein
NCO France
Paris (FR)

Dear colleagues,

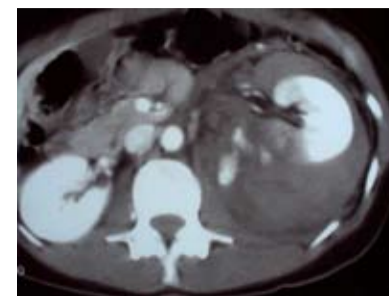
Each year, Resident's Day organised by the AFUF (French Association of Urologists in Formation) during the annual French Urological Association congress is the occasion for young French urologists to meet, share their experiences and exchange news and ideas in a warm and vivid atmosphere. A typical French brunch between sessions (Fig.1), a chef d'oeuvre diner that ended with an all night party were amongst the highlights of the day.

Regarding the scientific programme, Resident's Day is a high quality scientific reunion where world famous French urologists give lectures on their particular field of expertise. In 2007, Resident's Day was scheduled in Paris on November 14th and proved extremely



A case of ...?

A 38-year old male, haemodynamically stable after a fall from height on his left side. He was subsequently taken to hospital by ambulance.



Questions:

- 1) What is the diagnosis?
- 2) What is the treatment?
- 3) Ultrasound would suffice for the staging of this pathology. True or false.

Photo courtesy of Prof. Luis Martínez-Piñero, Madrid, Spain

Photo quiz EUT December/January

The correct answers are:

- 1) Diagnosis: **Intraperitoneal bladder rupture**
- 2) What is the possibility of patient with bladder injuries to have an associated pelvic fracture? **d) 70-97%**
- 3) Which are the risk factors for this condition **d) a (Alcohol consumption) + c (Driving)**
- 4) What is the minimum volume of contrast solution needed for the cystography? **c) 350 mL**
- 5) Treatment of choice: **Surgery**



Photo quiz



Test your knowledge!

The EBU offers the possibility to test your knowledge by answering three MCQs. For this issue, February/March 2008, the questions are:

1. In inherited disorders:
 - a. Imprinting describes the effect of DNA methylation on the expression of an allele.
 - b. Mutations in the Met proto-oncogene are frequently associated with clear cell renal tumours.
 - c. Inherited papillary renal carcinoma is caused by mutations in the WT2 tumour suppressor gene.
 - d. When an individual inherits one mutant copy of a tumour suppressor gene, tumours occur late and are usually unilateral.
2. Urolithiasis in children is often combined with anomalies of the urinary tract. Which of the following answers is correct?
 - a. Urinary lithiasis in children with exstrophy-epispadias complex is frequent in 50% of the patients.
 - b. Other risk factors for stone formation in children with exstrophy-epispadias complex are acidosis and immobilisation.
 - c. Urological reconstructive procedures like bladder augmentation or bladder neck reconstruction do not increase the risk of urolithiasis.
 - d. The risk of stone formation in children with exstrophy-epispadias complex is associated with augmentation cystoplasty and bladder neck reconstruction.
3. In staging renal injuries, a Grade IV lesion is a:
 - a. Parenchymal lesion with a depth <1 cm.
 - b. Parenchymal lesion with a depth >1 cm.
 - c. Shattered kidney or major vascular injuries.
 - d. Parenchymal lesion that extends into the collecting system with the risk of urinary extravasation or a segmental vascular injury with loss of function of the segment affected.

To view the answers please go to:
www.ebu.com / Examinations / Study Material



European Board of Urology

Apart from quiz photos, the EUT residents corner is once again calling for your comments, articles and opinions.

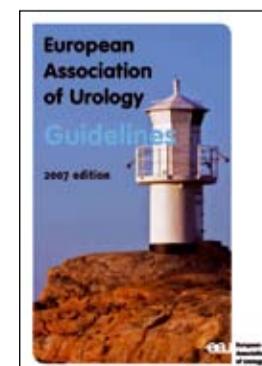
Andreas Petrolekas

Guidelines Quiz

1. Biopsy of contralateral testis in men with a testicular cancer should be offered in case of:
 - a) History of cryptorchidism
 - b) Age under 30 years
 - c) Testicular volume < 12 mL
 - d) All of the above
2. Patients with non-seminoma germ cell tumour (NSGCT) stage IIA/B with elevated tumour markers after radical orchiectomy should be treated:
 - a) Like "good" or "intermediate" prognosis advanced NSGCT with two cycles PEB chemotherapy, respectively
 - b) Like other stage IIA/B NSGCT with two cycles of PEB chemotherapy
 - c) Retroperitoneal lymph nodes dissection only
 - d) Directly with PEI or VIP chemotherapy because of the high risk metastatic disease
3. Choose the answer which best describes current recommendation in patient with metastatic renal cell cancer (RCC).
 - a) There is no treatment improving long-term survival
 - b) Tumour nephrectomy will increase survival in all patient with metastatic RCC
 - c) Tumour nephrectomy is recommended for metastatic RCC patients with good performance status when combined with interferon alpha
 - d) Interferon alpha immunotherapy is suitable for all patients with metastatic RCC
4. Contraindication(s) for transperineal permanent interstitial brachytherapy are:
 - a) PSA ≤ 10 ng/mL
 - b) Stage T2a
 - c) Gleason score 3+4
 - d) History of TURP
5. Patients with locally advanced prostate cancer undergoing external beam radiation therapy achieve best results:
 - a) When treated with concomitant and adjuvant hormonal therapy with flutamide given for 6 months
 - b) When treated with hormonal therapy with LHRH agonist for during the course of radiation therapy
 - c) When treated with concomitant and adjuvant hormonal therapy with LHRH agonist for 2-3 years
 - d) When treated with maximum androgen blockade for 2 months before and after radiotherapy

The answers to these questions will be published in the Residents Corner column in the next EUT.

The answers to the Guidelines questions of EUT December/January are: 1a, 2c, 3b, 4a, 5c.



Did you know that. . .

. . . circumcision was carried out without anaesthesia in ancient times?

It was part of the ritual celebration of the beginning of manhood. Many cultures considered pain as the will of God will and trying to avoid pain was therefore regarded as opposing Him. However, the Phoenicians choked their children to the point of unconsciousness to save them from the agony of the operation.

Cocaine was used as a primitive means to control pain by the South American Indians, while Assyrians, Sumnerians and Egyptians worked with opium. Assyrians were using a special instrument the "castrator" to achieve an anaesthetic effect with pressure.

In Roman times, Celsus, Galen and Dioscoridis were using opium and henbane, which - according to the ancient theory of 'humours' - had a cooling effect on the body and thereby caused relief from pain. But opium is said to be mentioned for the first time in the corpus Hippocraticum (430-330BC).



Fig. 1: Sir Henry Thompson (1820-1904) performing lithotomy upon Emperor Napoleon III of France. The anesthetist on the right is Joseph Clover.

In the Middle Ages "Spongia Soporifera" was introduced for pain relief. It had been invented by Hugus Borgagnoni (1252), a great physician who practised in Bologna, and it consisted of a sponge soaked in an infusion of drugs including opium, henbane, ivy and mandrake. In 1022, Emperor Heinrich II, Duke of Bavaria, may have been anaesthetised by a similar recipe during his lithotomy at the hospital of the Monte Casino monastery. Knowledge of such anaesthetic recipes secretly passed on from generation to generation as, for example, in the case of Colot family in France who were the "Operateurs des pierres du Roi" Surgeons of King's stones.

During the Renaissance, Fabricius of Helden recommended that operations should be carried out without analgesics, a point of view which survived throughout the Baroque period. At that time surgeons used cooling for its anaesthetic effects; Napoleon's famous surgeon Jean Dominique Larrey performed amputations in -19°C temperatures during the battle of Moscow. Until the 19th century the Chinese and Arabs submerged the testicles in hot water or bound them prior to castration as an anaesthetic procedure.

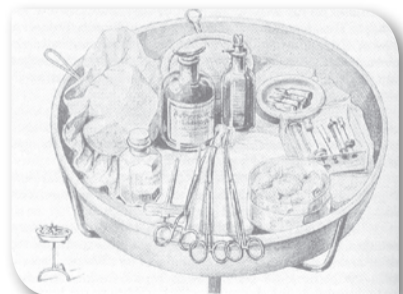


Fig. 2: Table for ether anaesthesia, ca. 1920.

It was the industrial production of morphine in Germany by E. Merck & Co with the subsequent development of cannulas and syringes in 1853 by Charles Gabriel Pravaz and Alexander Wood that led to the widespread subcutaneous and intravenous use of morphine as an anaesthetic and thereby opening the gateway to the modern era.

Extract from: Moll F, Karenberg A, Rathert P (2001) *The historic interaction of Urology and anaesthesia.*

In: Johan J. Mattelaer and Dirk Schultheiss (ed.) *De Historia Urologiae Europaeae* (Vol. 8). EAU, Arnhem, pp. 75-78.

Unique opportunities in Innsbruck



Dr. Igor Pirozhok Chernivtsy (UA)

This is a short report of a 4-week clinical fellowship I spent at the University Clinics of Innsbruck, Institute of Urology early last year.

The EAU-EUSP offices granted me the great privilege to visit the Urology Department at the Innsbruck University Hospital for a four-week fellowship. The department is headed by Prof. Dr. Georg Bartsch. The clinic is located in the picturesque city and capital of Tyrol - Innsbruck which also hosts a section of the Tyrolean Regional Hospital (TILAK- Tiroleanlandeskrankenhaus).

The Urology Department is one of the larger departments in the hospital and it comprises a clinical and research section. The clinic is headed by one of Europe's leading urologists (who is also very well-known in the USA) Prof. Dr. Georg Bartsch. The Innsbruck Department of Urology is considered to be the best in Tyrol and one of the centres of reference in Austria and Europe.

The department itself has two main wards (South and North sections), a Prostate centre (headed by Univ.Do. Dr. W. Horninger), a UroOncology section (headed by Univ.Do. Dr. H. Steiner), an Endourology and Laparoscopy section (headed by Univ.Do. Dr. R. Peschel), an Incontinence section (headed by Univ.Prof. Dr. H. Strasser), an Andrology section, a Reconstructive urology section, a Paediatric section (headed by Univ. Prof. Dr. Ch. Radmayr) as well as of large Research Laboratory (headed by Profs. H. Klocker and Z. Culig) and an Immunotherapy unit (headed by Prof. Dr. M. Thurnher).

Clinical activities in department

The clinical sections of the department comprise of ambulatory rooms for all types of patient investigations,

endourology units and 2 operating rooms for laparoscopy and open surgery. The routine clinical work starts early, at 7.15 a.m., when the ward visits begin. At 7.30 a.m. the staff gathers in the radiology room for the morning conferences, where all the cases are digitally presented and discussed. The operations begin as of 8.00 a.m. until 16.00-17.00 p.m. with a very busy schedule. The afternoon conference usually takes place around 15.15 p.m. On the scheduled time the journal clubs and scientific conferences on hot topics in urology take place at the department's library. The library is permanently supplied with the latest urological periodicals and has full internet access.

The operations cover all advanced areas in urology including laparoscopy (radical/partial nephrectomy, nephroureterectomy, Da Vinci Robotic pyeloplasty and RPE, RPLND), endourology (ESWL, URS, PCNL, TURP/TURB), urooncology (RPE, radical cystectomy, RPLND, radical/partial nephrectomy), reconstructive surgery (on-inlay urethroplasty, fistula surgery, sphincter implantation), paediatric surgery (pyeloplasty, anti-reflux ureteroplasty, hypospadias surgery, paediatric urooncology), andrology (Peyronie's disease surgery, vaso-vasostomy) and urogynaecology (colposuspensions, fistula surgery, bulking agents injections).

Worth mentioning is the stem cell therapy developed in department; (myoblasts) therapy of stress-incontinence in females, immunotherapy with dendritic cells vaccine. I had the wonderful opportunity to be fully-integrated in department's work and assist and supervise operations as well as take part in patient investigations at the ambulatory units. It was extremely useful for me to learn the quite new diagnostic and treatment methods, which are, as yet, not common in the Ukraine and definitely not in my department.

I enjoyed the time spent at the Urodynamics unit where I had a possibility to train using advanced urodynamical assessment tools (i.e. videourodynamics, pressure-flow studies). Attending tutorials from staff members (young urologists and residents) was extremely advantageous. Joining in workshops on stem cell (myoblasts) therapy for stress-incontinence (provided by Prof. Dr. H. Strasser) and a workshop on trans-obturator tape (TOT) (provided by OA Dr. Ch. Gozzi) was very inspiring. The clinical work was state-of art also evident

by the large number of guest-physicians from France and Italy in the department.

Scientific work at department

Research includes a comprehensive base in the field of prostate cancer research and androgen receptor, IL-6, dendritic cells, immunotherapy for urological malignancies. The research groups are headed by Profs. Z. Culig and H. Klocker both highly recognised in European urology as leading researchers. Suffice it to mention that the PSA-Tyrolean screening programme for the early detection of prostate cancer was designed and conducted at the department. This unique study proved that early PSA screening can reduce the mortality of prostate cancer.

Social aspects

I was very pleased with the way I was treated as a guest-physician. The Austrians are very friendly and tolerant people and made me feel very at home. The Austrian culture is very interesting since one can find traces of it in my own region. Sharing views with my Austrian colleagues highly enriched my world-view. Innsbruck is an ancient city where medieval elements have been retained. It has a prolific cultural scene and sports are extremely important. Innsbruck was the city where the 1964 and 1976 winter Olympics were held and there are many winter sports facilities for skiing, skating and winter tourism.

Acknowledgements

I was very pleased to be able to be granted this stay in Innsbruck and consider it a very successful and important career opportunity. I am sincerely thankful to the EUSP for providing me with this grant which made this fellowship possible.

I am very grateful to Prof. Dr. Georg Bartsch for accepting me at department and the support he gave me. A very special thank you for the wonderful donation of the ureteroscopes (rigid and flexible) which will be very useful in my home hospital!

I should like to thank Drs. W. Horninger, R. Peschel, H. Strasser, H. Steiner and J. Oswald for allowing me to assist them during operations and joining them when visiting patients in the wards. And finally a absolute special thank you for Dr. R. Schober who has become a good friend.

The absolute tourist guide for Milan

The upcoming European Association of Urology congress which will take place in Milan will definitely be a scientific and cultural event of great importance. Representing the host city, we would like to guide our guests throughout beautiful Milan, pointing out events and the more or less well-known sites.

We have to admit, however, that we, the NCOs for Italy, are neither living in Milan nor in Lombardy. We therefore, asked for assistance from a collaborative colleague, Carmen Maccagnano, who - even though she is not a Milan native - lived there for almost ten years.

Typical Milanese kitchen

A typical Milanese dish is "risotto giallo allo zafferano" (yellow rice with saffron), followed by "busecca" or "trippa" (tripe), the latter so rooted in our cooking tradition that it earned us the nickname "buseconi".

Anyway, if you would like to taste some of these delicacies, restaurant "Ai Ronchi 78", located in the centre of Milan close to the Duomo, surely is a good starting point. At ground level, the tavern offers a warm and relaxed atmosphere, with its dim lights and stone walls, where one can enjoy a fine dinner in good company.

On the same level is "Hosteria La Cadrega"; "cadrega" which, in Milanese dialect, means 'chair'. This restaurant is positioned in the "Milano vecia" (old Milan). Here the dishes are prepared with an almost fanatic respect for tradition. If you appreciate a touch of elegance and a classy atmosphere, try "Osteria La Risacca 6", a seafood restaurant where you find yourself in a marine world.

...And after dinner?

Many-a-place where one can drink a well-made

cocktail... talking from personal experience we recommend, for example, the Pitbull Cafè; here you can drink an excellent Long Island Ice Tea and find yourself surrounded by young Milanese people strolling in Corso Como.

And for dancing later in the evening.. in a typical "alla moda" atmosphere, we recommend the Just Cavalli Cafè...one of the trendiest gardens in Milan, reached easily by walking along a kind of cat-walk, bordered by the impressive century-old trees of Sempione's Park under the famous Branca Tower. If, on the contrary, you are tired of suits and ties, just wear a pair of jeans and go directly to Alcatraz.. considered the "La Scala" of rock.. Here, all the most famous contemporary artists have exhibits on special evenings, while the disco evenings generally see the 'hottest' DJs of the moment.

If, instead, you are looking for high quality music and renowned artists, the best places to go are: the Cicco Simonetta, the Ca' Bianca club, the Lagrange Music Cafè, the very famous and unreachable Le Biciclette and Le Scimmie.

Regarding concerts...

Do not forget these important dates, which coincide with the Congress: Antonello Venditti, (28th March), and Alicia Keys (29th March), will both perform at the Datch Forum (Assago).

..If you are art fans..

Milan, other than the capital of Italian finance, is also an art city, starting from the Duomo, one of the largest and most famous gothic churches in the world, and the undisputable symbol of the city. Among the other well-known churches which house treasures of indescribable value, we should like to point out the "Santa Maria delle Grazie", where one can admire the "Cenacolo" of Leonardo da Vinci. Due to the

enormous numbers of visitors, we recommend to book your visit to the church in advance

through their website <http://www.cenacolovinciano.it>. Other important sites are Castello Sforzesco, Teatro alla Scala, Cimitero Monumentale, Navigli, just to mention a few.

During the congress it will be possible to visit some art exhibits, such as the one on pop art entitled: "Warhol - Beuys. Omaggio a Lucio Amelio" which will take place at the Antonio Mazzotta Foundation, and "Annisettanta. il decennio lungo del secolo breve" at the Triennale.

We hope that the information we provide on artistic and cultural events will prove to be a useful and short guide to pass some pleasant moments in Milan.

As a matter of fact, to quote an ancient wisdom "Mens sana in corpore sano".. Arrivederci in March in Milan!



From left: Francesco Sanguedolce, Carmen Maccagnano, Paolo Verz