

ESCP

The bi-monthly newsletter
of the European Society
of Clinical Pharmacy

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News

Eurocox: A Belgian, Dutch and Italian Experience

Gert Laekeman, ESCP President, tries to identify some elements that could guide future research initiatives.

Despite bad press in 2004-2005, selective Cox-2 inhibitors (coxibs) survived. Since 1st March this year celecoxib is again reimbursed in Belgium, after it was nearly withdrawn from the market in February 2005. Eterocoxib and parecoxib survived as well, and lumiracoxib was recently approved for registration by EMEA. Coxibs were, and are interesting study objectives.

In the midst of the turmoil, the ESCP Research Committee decided to support a project to study the use of coxibs in Belgium, Italy and the Netherlands. The results of these studies were presented during the 35th ESCP European Symposium in Vienna (October 2006) and up to now one paper was published (1). Let us try to identify some facts that could guide us for future initiatives.

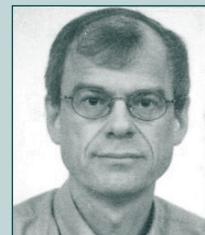
How European?

The first question to ask is: how European was Eurocox? It can be discussed to what extent initiatives at a European level should be conceived before a choice is made for a common project. For Eurocox, actions were already taken in the

countries concerned before considering ESCP support. The local coordinators had already defined their methodologies and outcomes when the Research Committee took its decision. The advantage of such a situation is not to waste too much time in making a unique design. A disadvantage is that we had to cover national studies with a rather large colorful Eurocox umbrella, not being able to globalise the datasets. Safety related to the use of coxibs was the common study objective, including cardiovascular and gastro-intestinal risks.

Funding

The second aspect is the funding. The concept of a European research project needs considerable financial support. Guaranteeing financial support by ESCP avoids conflicts of interest when interpreting and disseminating the results. Unfortunately the resources of ESCP are very limited. They did even not allow paying for a project coordinator, which to my opinion is an essential condition for making convergence a fact. Funding by industry should not be rejected. When the outcomes are well defined, the ownership of the results is shared and the right to publish is obtained. In return we must be able to offer a European dimension to our sponsoring partner(s).



“ESCP should be able to offer to sponsors a real European network of institutes, hospitals, professional organisations, pharmacies and universities.”

Networking

That brings us to networking. ESCP should be able to offer to sponsors a real European network of institutes, hospitals, professional organisations, pharmacies and universities. We must be very careful not overlooking structural differences which can exist in European countries. For Eurocox the way to collect data differed according to national opportunities and limitations. In Belgium we had to

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Who's Who

ESCP News met with pharmacists who have taken positions in ESCP Committees since last October. Fikret Vehbi Izzettin has joined the Education Committee and Yolande Hanssens is the newly elected chairperson of the SIG Medicine Information.



Fikret Vehbi Izzettin (Turkey)

Fikret graduated with a bachelor degree from the Baghdad University College of Pharmacy, Iraq in 1973. In 1976 he received a masters degree in Pharmaceutical Sciences from the same faculty. In 1983 he completed a PhD in Clinical Pharmacy from the University of Nebraska Medical Center, USA. Between 1985 and 1990 he was a pioneer at the Baghdad University College of Pharmacy in establishing undergraduate, graduate and continuing education programmes

in pharmacy. Since 1991 Fikret is attached at the Marmara University, Turkey. Currently he is Head of the Clinical Pharmacy Department and Clinical Director of the Pharmaceutical Care Unit at Marmara University. The graduate programmes in Marmara University consist of MSc and PhD programmes. In 1998, along with several colleagues, Fikret founded the Turkish Society of Clinical Pharmacy and presently he is its President.

Fikret's main research interest areas include drug toxicity, patient education, pharmacokinetics, pharmacoconomics and pharmaceutical care in hospital and community settings in conditions like diabetes, hyperlipidemia and

tuberculosis. He has published many articles on these topics in scientific journals. Fikret is also active in presenting continuing professional development programmes for pharmacists. He is active in a number of national and international scientific and administration committees.

Fikret has been participating at ESCP Meetings for the past five years and he is Chair of the scientific committee of the forthcoming ESCP European Symposium in Istanbul, Turkey.

Fikret is very enthusiastic about his position within the Education Committee and he can be reached by email at: fvizzettin@hotmail.com



Yolande Hanssens (Qatar)

Yolande graduated with a PharmD degree from the University of Brussels, Belgium in 1983. She started her clinical career in 1983 in Belgium as a clinical scientific assistant and clinical research manager. She was active in several fields including anesthesia, dermatology, neurology, virology and cardiology. In 1993, she moved with her family to the Sultanate of Oman. She became Coordinator of Drug Information Services (DIS) at Sultan Qaboos University Hospital (SQUH) and she developed DIS as the reference source for clinical pharmacists and other healthcare professionals throughout the Sultanate. Yolande was the cornerstone of the Pharmacy & Therapeutics Committee and was involved in

several research and teaching activities. She was selected to represent SQUH at the National Poison Centre. She also was the editor-in-chief and main author of the quarterly SQU/SQUH Pharmacy Bulletin.

Since 2004 Yolande has been working as Clinical Pharmacy Coordinator at Hamad Medical Corporation (HMC) in Doha, Qatar. In collaboration with an American pharmacist consultant, she trained and precepted 14 pharmacy staff of HMC during a 6-months clinical pharmacy training programme. At the same time, she provides pharmaceutical care to the surgical and trauma intensive care units (22 beds) of HMC.

Yolande has been an active member of the ESCP since the early nineties and has presented papers at several ESCP conferences including one entitled "Adverse drug reaction reporting in a teaching hospital in Oman" at the International

Congress on Clinical Pharmacy (joint ACCP & ESCP Conference) in Orlando (USA) in April 1999.

Yolande is author and co-author of over 40 peer reviewed papers and has been an invited speaker and presenter at many national and international conferences, professional meetings, symposia, seminars and workshops.

She was elected Full Member of the American Society of Clinical Pharmacology and Therapeutics and is a peer reviewer for several medical, clinical pharmacy and pharmacology journals. In October 2006, she became the Chairperson of the SIG Medicine Information and in March 2007, a member of the International Advisory Board of the ESCP Journal Pharmacy World & Science.

Yolande may be contacted by email at: yhanssens@hmc.org.qa or y_hanssens@hotmail.com

SIG Involvement in ESCP Meetings

ESCP Special Interest Groups (SIGs) are intended to present upcoming practice in specific areas. Each SIG is led by a committee and all ESCP members may join up to three SIGs. SIGs are involved in presenting workshops during the forthcoming ESCP Meetings.

SIG Education and Training

A three-day educational course on patient centred teaching will run at the Royal Infirmary of Edinburgh 14-16 May, as a pre-conference activity to the 7th ESCP Spring Conference.

The course, organised by ESCP with the support of tutors from the University of Strathclyde and the NHS Lothian, is aimed at pharmacists who want to develop their skills in clinical pharmacy teaching. Participants will plan teaching sessions to include real patients and will have the opportunity to practice their teaching skills and to experience patient centred teaching from the learners' perspective.

They will have opportunity to discuss clinical problem solving with healthcare professionals in the clinical environment. Classroom exercises will provide the opportunity for participants to share their plans for introducing patient centred teaching in their own practice environments.

More information on the course can be found at:
www.escpweb.org/edinburgh
 (select Scientific Programme, then ESCP Educational Course).

Moira Kinnear
UK

SIG Cancer Care

The ESCP Special Interest Group on Cancer Care is currently focused on the publication of guidelines in palliative care and nutrition in elderly cancer patients. Collaboration with other societies is considered so as to adopt a multidisciplinary approach.

For many years SIG Cancer Care (SIGCC) has been providing a forum for pharmacists interested in the field of oncology pharmacy practice. Today's projects of SIGCC are focused towards publication and

implementation of practice guidelines. Many of these do already exist, but often lack dissemination at an international level or to different healthcare professionals. SIGCC has decided to first address palliative care and to create a task force on cancer supportive care. Indeed palliative care and especially terminal care practices imply expert and complex use of drugs, with regards to indication, dosage or mixes, for which pharmacists could feel a lack of confidence in their knowledge.

In order to target further courses to pharmacists' needs, SIGCC has recently proposed to its members a survey entitled "Assessment of European pharmacists' knowledge and practices in cancer pain management" based on European Association of Palliative Care (EAPC) guidelines. Feedback from members will be analysed in the coming month to elaborate training programmes, and as a first step, a workshop on implementation of guidelines in cancer pain management and palliative care will be held during the 36th ESCP Annual Symposium to be held in Istanbul, Turkey next October. During this meeting, SIGCC will also present a workshop on the introduction of a new clinical service (cytotoxic drug preparation, ward rounds of a clinical pharmacist).

Another area of interest is the care of elderly cancer patients which provides considerable challenges in treatment management issues since patients usually present with already existing physiologic decline and co-morbidities when diagnosed with cancer. Notably, patients with malignant disease have a high incidence of malnutrition and pre-treatment weight loss has been demonstrated to be a major prognostic indicator of poor survival and response to therapy. Practice guidelines for nutrition management of

elderly cancer patients are to be proposed by SIGCC this year and contacts have already been made with a medical society to elaborate joint guidelines.

SIGCC members willing to participate to these projects as well as proposals on other topics related to cancer care, are of course very welcome. ESCP members who are interested in this area are urged to join the SIG.

Mikael Daouphars
France

About SIGs

SIGs are special interest groups. ESCP SIGs are organised by members who share specific topics of interest such as: Education & Training, Cancer Care, Infectious Diseases, Geriatrics, Integrated Primary Care, Medicine Information, Nutritional Support, Paediatrics, Pharmacokinetic, Pharmacoeconomics, Pharmacoepidemiology.

SIGs organise special training programmes and in-depth workshops during ESCP Meetings. On-line, you can discuss issues and exchange information regarding your specific area of interest throughout the year.

SIGs are open to all ESCP members. Discover how to contribute to SIGs at www.escpweb.org, and select SIGs from the left menu bar.

Clinical Pharmacy in Italy: Many Activities Ahead

Giovanna Scroccaro, President of the Italian Society of Hospital Pharmacy and Local Health Units Pharmaceutical Services and President of ESCP in the past, presents the developments in the area of clinical pharmacy services in Italy.



The role of the pharmacists in independent clinical trials is increasing. A recent Italian law reinforces the importance of conducting independent clinical trials in orphan clinical areas, which are not of interest for the pharmaceutical industry.

Clinical pharmacy development in Italy cannot be evaluated without keeping in mind two important facts: firstly, the historical autonomy of the 20 regions that comprise the Italian Peninsula, whereby each region is in charge of the organisation of hospitals and Local Health Units; secondly, the pharmacists employed by the National Health System can work in hospital pharmacies taking care of the hospitalised patients or in the pharmaceutical services of the local health units and take care of community patients.

Two main directions

Clinical pharmacy began to develop around 1970 when hospital pharmacists started two main activities: hospital formularies to increase the rational use of drugs, and total parenteral nutrition which was strictly related to patient care. Since then, many other clinical pharmacy activities have been developed in two directions: to implement the safe, rational and economic use of medicines in society, and to guarantee a better therapy for the single patient.

Use of medicines in society

The first category of activities includes pharmacoepidemiology, pharmacoconomics, drug information, ethical committee activities, and pharmacovigilance. When considering these activities we must remember that in Italy hospital pharmacists are, by law, members of hospital ethical committees. According to the national law, for each hospital and each local health unit a person responsible for pharma-

covigilance and medical devices vigilance should be nominated. Most of these are hospital or local health units pharmacists.

Patient oriented activities

In the field of patient care, three main activities have been developed.

The first one is the monitoring of patients and preparation of anticancer therapies, carried out by oncology pharmacists in collaboration with oncologists.

The second is the intensive monitoring of patients treated with some drugs selected by AIFA (National Drugs Agency) because of their not well-defined benefit-risk and/or benefit-cost ratio. Some examples are biologic drugs for rheumatoid arthritis, psoriasis, Alzheimer disease and the new oncology therapies. The distribution of these drugs to outpatients is undertaken by hospital or health unit pharmacists who are requested to complete in collaboration with physicians a national register which indicates clinical outcome and tolerability data.

The third important patient oriented activity, started in 2001, was the introduction in the law of the practice of distributing the first course of therapy by pharmacists to discharged patients. Many hospital pharmacies were re-structured in order to create an area dedicated to dispensing and giving advice to patients. This type of distribution represented an opportunity for pharmacists to have a contact with many patients.

Lack of hospital pharmacists

What about other activities considered strictly connected with clinical pharmacy like pharmacists working in the wards, or Unit Dose? Because of the low number of hospital pharmacists (an average of 1 per 100 or 200 beds) the permanent presence of pharmacists in the wards has not developed in Italy. Through the provision of other services such as pharmacists working full-time on drug information, answering telephone calls with questions by doctors and nurses, pharmacists provide clinical pharmacy support services to clinicians. Pharmacists also organise periodic meetings in the wards in order to discuss prescriptions and define therapeutic protocols.

Different strategies

With regard to the Unit Dose dispensing, the lack of pharmacy technicians was the principal reason for not implementing this technique. After many years the interest of pharmacists shifted towards different strategies for controlling prescriptions and distribution, like computerised prescriptions (CPOE), related information systems for prescribing physicians (CDSS) and automated dispensing machines (ADM). These new systems seem to offer the same advantages as Unit Dose but require less staff and, for this reason, are favoured by hospital administrators.

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The future

The role of clinical pharmacists is going to be in part influenced by the need to stay within a “budget” for drugs and medical devices, which is defined at national level. In the near future pharmacists will be dealing more with technology assessment of new drugs and medical devices, pharmaco-economic analysis and definition of evidence based diagnostic and therapeutic protocols both at hospital and at community level.

Special attention is going to be dedicated by the Italian Minister of Health to Medical Devices which represent a high percentage of the national expenditure for health products in hospitals. Pharmacists will be required to apply the same

scientific approach used for drugs even in the selection and vigilance of these products. Another priority of the Italian National Health System Plan is the reduction of medical errors. The latter will represent a unique opportunity for clinical pharmacists to review together with doctors and nurses the procedures related to prescriptions, preparation and administration of drugs and medical devices.

Last but not least is the increasing role of the pharmacists in independent clinical trials. A recent Italian law reinforces the importance of conducting independent clinical trials in orphan clinical areas, which are not of interest for the pharmaceutical industry. These trials must be

conducted following the good clinical practice rules and clinical pharmacists will be able to have a specific role in the monitoring of these studies.

All these new activities will require a big change in the training. Starting from 2007 the post-graduate specialisation, which in Italy is mandatory to be able to practice in hospitals and health units, will be renewed. New subjects will be introduced, but the real change is represented by the high number of hours (70% of the course) that will have to be spent doing practical training in hospitals and local health units.

Giovanna Scroccaro
Italy

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rely upon a strictly community pharmacy linked administrative database, without diagnostic information. In Italy facilities existed to extract more detailed data including patient conditions. In the Netherlands data were collected in community pharmacies. The pharmacies are 5 to 6 times larger as compared to for instance Belgian ones. As a consequence the extraction yield is considerably higher. If data can be collected close to patients and their treating physicians, they are more detailed and reliable.

Substantiating the results

Next point is substantiating the results. Difference in methodology prevented us from publishing one

paper or presenting the results in one general lecture. The fundamental message however was the same: even when using a different methodology, in a different context, but aiming at the same target, consistent results can be obtained. The target for Eurocox was (un)safety claims on coxibs. The output confirmed that cardiovascular and gastrointestinal safety of coxibs cannot be taken from granted and that co-medication enhances the pressure on health expenditure.

Future perspectives

As we heard in Vienna, another study is still running. It is an observational one, directed to the outcomes when using new antimycotics in a hospital setting. As ESCP has to diversify

its products, we should look to opportunities to render services to issues related to the rational use of drugs. Rational use of drugs and medical devices by the individual and by the society: it is part of ESCP's mission statement. I will stop here in order to avoid too much fantasy on identifying possible partners, possible sources of grants, possible projects we could activate. Just doing it will help us much more.

Gert Laekeman
ESCP President

Reference

(1) SIMOENS S., DE COSTER S., DE RUYCK B., STUTZ P., LAEKEMAN G. Use and costs of antiseptory and cardiovascular co-medication in osteoarthritis patients treated with selective or non-selective NSAIDs. *Pharm. World Sci.* 2006; 28(5): 309-317.

Not to Be Missed: Clinical Pharmacy to Gather in Istanbul

Each country in Europe has developed its own, unique expertise in certain areas of clinical pharmacy practice, education and policy-making. As its title suggests, the forthcoming ESCP Symposium, to be held in Istanbul, Turkey, 25 - 27 October 2007 will be the ideal platform to share these peculiar experiences, favour cross-fertilisation of ideas and encourage new initiatives.

Incorporating a wide range of workshops, plenary lectures and pharmacotherapy updates the exciting 3-day scientific programme of the Symposium on **Implementing Clinical Pharmacy in Community and Hospital Settings: Sharing the Experience** has something for everyone and promises to favour active participation.

Three key themes will be developed:

- Progress in Clinical Pharmacy Practice in Europe
- Implementing Clinical Pharmacy Services at the Hospital/Community Interface
- Development of Education and Research in Clinical Pharmacy

Plenaries day by day

On **Thursday, 25 October** the opening plenary lecture on Clinical Pharmacy Practice: Experience from Different Countries will present the knowledge and expertise of colleagues from Turkey, Norway and Italy on various aspects of clinical pharmacy practice. The lecture on the Turkish experience will focus on the introduction of clinical pharmacy practices through changes in pharmacy curriculum, continuing professional education and research in clinical pharmacy, including also the development of clinical pharmacy graduate programmes. The lecture on the Italian experience will focus on provision of clinical pharmacy services such as drug information, therapeutic drug monitoring, patient counselling, carried out at ISMETT in Palermo. The effect of education on the success of this system will also be debated. The lecture on the Norwegian experience will cover the practices mainly driven by hospital pharmacists and the projects (such as asthma and diabetes care) performed in community pharmacies.

Under the main theme Implementing Clinical Pharmacy Services at the Hospital/Community Interface, the plenary lecture on **Friday, 26 October** will tackle Integrated Roles of

Pharmacists between Hospital and Community: Model for Continuity of Care in Geriatrics and Nephrology Services, providing an overview of two different projects: a controlled trial of an evidence-based clinical pharmacy model vs. autonomous clinical pharmacy practice at Leeds Teaching Hospitals Acute NHS Trust, UK, and a clinical pharmacy programme including the management of immunosuppressive therapy and drug therapy in chronic kidney disease outpatients from the nephrology unit of Grenoble hospital, France.

Important Dates to Bookmark

29 June 2007
Abstract Submission Deadline

29 August 2007
Early Registration Deadline

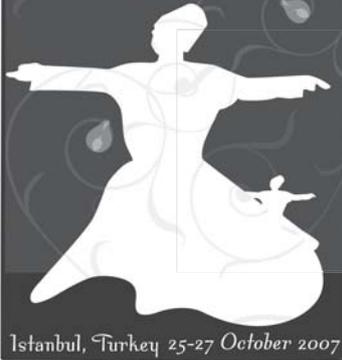


Panel of Speakers

Benoît Allenet _____ **France**
Sule Apikoglu-Rabus _____ **Turkey**
Sara Arenas-López _____ **UK**
Mustafa Arici _____ **Turkey**
Silvana Bavetta _____ **Italy**
Aygin Bayraktar _____ **Turkey**
Magalie Beaudrant _____ **France**
Marcel Bouvy _____ **The Netherlands**
Giuseppe Caruana _____ **Italy**
Philip Martin Clark _____ **Turkey**
Mikaël Daouphars _____ **France**
Kutay Demirkan _____ **Turkey**
Ruud Dessing _____ **The Netherlands**
Roberta Di Stefano _____ **Italy**
Yolande Hanssens _____ **Qatar**

Steve Hudson _____ **UK**
Corinne Isnard-Bagnis _____ **France**
Heather Johnson _____ **Italy**
Frank Jørgensen _____ **Norway**
Moirá Kinnear _____ **UK**
Hannelore Kreckel _____ **Germany**
Elisabeth Kretschmer _____ **Austria**
Vincent Launay-Vacher _____ **France**
Louise Mallet _____ **Canada**
John McAnaw _____ **UK**
Betul Okuyan _____ **Turkey**
Todd Paulsen _____ **USA**
Jane Pearson _____ **UK**
André Rieutord _____ **France**
Jeremy Robson _____ **UK**

Thierry Romanet _____ **France**
Michael Romano _____ **Italy**
Matthieu Roustit _____ **France**
Marie Savet _____ **France**
Maria Skouroliakou _____ **Greece**
Ann Snyder _____ **USA**
Basak Soydeger _____ **Turkey**
Yasemin Varol _____ **Turkey**
Fikret Vehbi Izzettin _____ **Turkey**
Francesca Venuti _____ **Italy**
Kirsten Viktil _____ **Norway**
Vera von Gunten _____ **Switzerland**
Chantal Wood _____ **France**



Implementing Clinical Pharmacy in Community and Hospital Settings: Sharing the Experience

Education and research are key points to implement a cutting edge activity of clinical pharmacy. Clinical pharmacy in Europe is still a constellation of academic curriculum, educative programme and projects running at different levels. Therefore, on **Saturday, 27 October**, a joint plenary lecture will expand on How to Make the Pharmacist Clinically Competent, trying to reflect on an "ideal model" of clinical pharmacist and how to achieve it as a European pharmacist, and on Research Issues in Clinical Pharmacy, demonstrating the evidence for conducting research in clinical pharmacy based on both "observational and interventional" examples of research study.

Social programme

As a complement to the outstanding scientific programme, the symposium social programme will give you the opportunity to explore the historical and natural beauties of Istanbul, providing you with the perfect environment for open debate and network. We invite you to view and book your excursions in advance via www.escpweb.org/istanbul, or by contacting the Symposium Secretariat Figür by telephone: +90-212-2586078 or Fax: +90-212-2586037.

Abstract submission

All participants of the symposium are invited to make submissions for adjudication by the Scientific Committee. The committee will accept or reject the work on the basis of the structured abstract. All accepted submissions, except oral communications, will be presented in poster format. Selected submissions considered to have especially broad appeal may be assigned to poster discussion forums or oral communications in addition to the poster presentation. Accepted submissions for the learning resource centre will be presented as video or software presentation.

To **learn more** about the programme, on how to submit an abstract and register, **visit:**

www.escpweb.org/istanbul

Workshops and SIG Workshops Overview

Thursday, 25 October

- Introducing a New Clinical Service (Cytotoxic Drug Preparation, Ward Rounds of a Clinical Pharmacist) – Experience Interactions with Partners and Decision Makers in Role Playing
- SIG Medicine Information Medicine Administration to Patients with Feeding Tubes – How to Improve Knowledge and Skills of Healthcare Providers?
- SIG Nutritional Support Nutritional Assessment for Children and Adults and Protocols in Use for TPN for Pre-Term and Sick Term Neonates
- The Pharmacist's Role in the Clinical Management of Immunosuppressant Therapy in Liver Transplantation
- Counselling Patients with COPD on Proper Inhaler Techniques and Smoking Cessation Strategies to Improve Quality of Life
- SIG Antiinfectives Tools and Strategies for the Clinical Pharmacist in the Antiinfective Team

Friday, 26 October

- Continuity of Care: From the Hospital to Home
- SIG Cancer Care Implementing Guidelines in Cancer Pain Management and Palliative Care
- Pharmacist Counselling on Herbal Medicines and Dietary Supplements
- SIG Integrated Care & Paediatrics Safe and Effective Treatment of Minor Ailments in Children
- Transmural Pharmacy: the Goal of Continuity of Pharmaceutical Care

Saturday, 27 October

- Analysis and Interpretation of Clinical Data in the Hospital Pharmaceutical Practice Using Statistical Methodology
- Setting Up Research in Clinical Pharmacy
- SIG Education How to Establish and Apply a Learning System for Teaching and Assessing Students

How to submit an abstract

Abstracts may only be submitted electronically at www.escpweb.org/istanbul From the top menu bar select Abstract Submission, then Submit an Abstract. Carefully fill in the on-line form, providing all requested information. If this is the first time you submit an abstract, we warmly recommend you to read the ESCP Guidelines for Successful Scientific Presentations.

**Abstract submission closes
29 June 2007**



For Your Diary

2007

16-19 May	Edinburgh UK		7 th Spring Conference on Clinical Pharmacy Tackling Inequalities in the Delivery of Pharmaceutical Care
16 May	Edinburgh UK	 	Masterclass in Search of Experience Introduction to Paediatric Pharmaceutical Care
17 May	Edinburgh UK		Wyeth Lunch Symposium The Long-Term Use of TNFα-Targeted Therapy in Rheumatic Diseases
18 May	Edinburgh UK		Pfizer Breakfast Symposium Clinical and Economic Burden of ICU Infections
19 May	Edinburgh UK		GSK Breakfast Symposium Hot Topics in COPD and Respiratory Disease
25-27 October	Istanbul Turkey		36 th European Symposium on Clinical Pharmacy Implementing Clinical Pharmacy in Community and Hospital Settings: Sharing the Experience

Learn more at www.escpweb.org

Announcements

Important Reminders

36th European Symposium on Clinical Pharmacy, Istanbul, Turkey

Abstract Submission Deadline 29 June 2007

Early Registration Deadline 29 August 2007

www.escpweb.org/istanbul



European Society of Clinical Pharmacy

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ESCP International Office
 300, Avenue de Tervueren
 B-1150 Brussels - Belgium
 Tel: +32-2-743 1542 Fax : +32-2-743 1550
 E-mail: info@escpweb.org
www.escpweb.org

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