

INTRODUCTION

This symposium will give an overview of the experimental PDT work carried out over the last 15 years, and its translation into clinical application in our institute. Experts will discuss the current indications for PDT and will provide practical advice about initiating PDT in your own hospital.

Photodynamic therapy (PDT) is a treatment modality with a long history. The old Egyptians were already experimenting with the concept of a medical treatment based on light sensitive substances activated by sunlight. In 1903, Von Trappeiner and Jesionek described the first clinical application of PDT. In 1985, Lugtenborg published the first study in the Netherlands. All initial clinical trials were using haematoporphyrin derivative, or its purified fraction Photofrin. Although the results were encouraging, there were several drawbacks of this treatment, such as the limited depth of penetration of the activating light, a long lasting light hypersensitivity, and the long illumination times required (20 to 30 minutes) with expensive and complicated lasers, which made this treatment modality difficult to use on a routine basis.

With the development of powerful second generation photosensitizers and reliable diode lasers, which are both cheaper and more user friendly than earlier lasers, there was a renewed interest in PDT. Publication of a large number of trials, including international multi-centre trials, resulted in an increasing confidence in this treatment, which now has been accepted as a valid additional treatment modality for selected cases of cancer.

The basis of PDT is simple: light activation of photoactive drugs to induce local cell death. However, to achieve optimal clinical results there are multiple parameters to consider: the choice and dose of the photosensitizer, the route of drug delivery (local or systemic administration), the interval between drug administration and illumination, the wavelength of the used laser light, the power and total light dose during illumination, and finally, the method of illumination. No single

treatment protocol is appropriate for all situations and a clear understanding of the working mechanisms of PDT and the influence of changing each of these parameters is essential to optimize PDT treatments.

The advantages of PDT are the excellent cosmetic and functional results, often achievable with a single treatment session, and its minimal long term morbidity. The treatment can be applied both for recurrent disease, and in case of multiple primaries, where prior radiotherapy and/or surgery are no contraindications. PDT can also be used as initial treatment modality with surgery and/or radiotherapy kept in reserve for salvage: after PDT all treatment options are still open, since normal tissue loss or persistent damage are limited.

Although most of the research and clinical studies have been performed in the field of head and neck cancer, PDT is also an established treatment modality in dermatology, and there is growing interest among gynaecologists, urologists and gastroenterologists.

Photodynamic Therapy (PDT) From Lab To Patient Current Indications for Photodynamic Therapy

Amsterdam, the Netherlands, December 8, 2006

08.30 - 09.00	Registration	
09.00 - 09.15	Opening	IB Tan
09.15 - 10.00	The history of PDT	FA Stewart
10.00 - 10.30	PDT and research	C Hopper
10.30 - 11.00	Coffee	
11.00 - 11.30	PDT and gynaecology	P Hillemanns
11.30 - 12.00	PDT and nasopharyngeal cancer	HJ Nyst
12.00 - 12.30	How to set up PDT in the clinic	M Witjes
12.30 - 13.30	Lunch	
13.30 - 14.00	PDT and interstitial application	H Sterenberg
14.00 - 14.30	PDT and head and neck cancer	MP Copper
14.30 - 15.00	PDT and lip carcinoma	A Kübler
15.00 - 15.30	PDT and dermatology	MA de Rie
15.30 - 16.00	Closing remarks	IB Tan
16.00 -	Opening PDT Centre	



NKI-AVL
The Netherlands Cancer Institute
Antoni van Leeuwenhoek Hospital

APPLICATION FORM

Symposium From Lab to Patient: Current Indications for Photodynamic Therapy
Amsterdam, the Netherlands, December 8, 2006

Name: I have paid € on account number 54.79.05.831
of ABN/AMRO Bank, Amsterdam, the Netherlands, marked 'Head and Neck Group NKI'

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Marion van Zuilen, secretariat
Department of Head and Neck Oncology and Surgery
The Netherlands Cancer Institute
Plesmanlaan 121
1066 CX Amsterdam
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GUEST FACULTY

Prof. P Hillemanns, MD PhD, Chairman Department of Gynaecology, Hanover University Medical School, Hannover, Germany

C Hopper, MD PhD, Chairman Department of Oral and Maxillofacial Surgery, University College Hospital, London, United Kingdom

Prof. A Kübler, MD PhD, Chairman Department of Oral and Maxillofacial Surgery, University of Würzburg, Germany

Ir HJCM Sterenberg, PhD, Department of Radiotherapy, Erasmus Medical Centre, Rotterdam, the Netherlands

M Witjes, MD PhD, Department of Oral and Maxillofacial Surgery, University Medical Centre, Groningen, the Netherlands

FACULTY NKI-AVL AND AMC

MP Copper, MD PhD, Department of Head & Neck Oncology & Surgery

HJ Nyst, MD, ENT Department

J Oldewarris, Coordinator Photodynamic Therapy

MA de Rie, MD PhD, Department of Dermatology

FA Stewart, PhD, Associate Professor Research Department

IB Tan, MD PhD, Department of Head & Neck Oncology & Surgery

LANGUAGE

The official language of the congress will be English.

LOCATION

Piet Borst Auditorium
The Netherlands Cancer Institute
Antoni van Leeuwenhoek Hospital
Plesmanlaan 121
1066 CX Amsterdam
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FURTHER INFORMATION

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REGISTRATION ONLINE: www.hoofd Hals.nki.nl

REGISTRATION DEADLINE: November 20, 2006

FEE

Clinicians: € 100,00
Trainees: € 75,00

PAYMENTS

Payments should be made directly to the account number 54.79.05.831 (IBAN code NL38ABNA0547905831) of ABN/ AMRO Bank, PO Box 9028, 1066 AA Amsterdam, the Netherlands, BIC-code ABNANL2A, stating your full name and address. Please make sure your remittance is marked "PDT-congress".

ACCREDITATION: CME points have been applied for

HOTELS

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Opening symposium PDT Centre NKI-AVL

The Netherlands Cancer Institute
Antoni van Leeuwenhoek Hospital



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for
Photodynamic Therapy

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