

DIGM Newsletter December 2025

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Greeting from the President



Dear members, dear friends of the German-Indonesian Society for Medicine (DIGM),

as the year draws to a close, it is my great pleasure to welcome you to the December edition of our newsletter. The year 2025 has been marked by meaningful encounters, substantial progress, and inspiring collaborations between our German and Indonesian partners. Today, I am delighted to share two particularly important developments.

First and foremost, October 13, 2025, DIGM and the Indonesian Consortium of Biomedical Sciences (KIBI) formally signed a Memorandum of Understanding (MoU) in Münster. This ceremonial moment represents far more than a document - it marks the beginning of a long-term, strategic cooperation aimed at fostering scientific exchange, enabling joint research initiatives, promoting academic mobility, and strengthening training opportunities between our two countries.

I wish to express my heartfelt gratitude to everyone who contributed to the success of this memorable occasion — through scientific preparation, organizational dedication, technical support, and cultural enrichment. The MoU is an important milestone for our Society, and I am confident that it will open a new chapter of dynamic bilateral collaboration (*please see details in News: Cooperations*).

Secondly, it is my privilege to warmly welcome three distinguished professionals who will join the DIGM Board as Assessors:

• **Dr. med. Barbara Arnold**



Dr. Barbara Arnold is an ENT specialist and a phoniatrix and pediaudiologist in her own private practice in Munich, Germany. She is President of the German Association of Professionals in Phoniatics and Pediaudiology. This association organizes many valuable continuing education events. She is a highly esteemed colleague who, as Vice President of the European Academy of Phoniatics, is also very active in continuing education and professional development at European and international level worldwide.

• **Professor Dr. med. Dr. h.c. Michael Zitzmann**

Professor Zitzmann is a leading international authority in andrology, endocrinology, diabetology, and sexual medicine. He currently serves as a senior physician and consultant at the Department of Clinical and Surgical Andrology at the Centre of Reproductive Medicine and Andrology (CeRA) at the University Hospital Münster (UKM). Over more than 25 years, his work has significantly shaped the fields of male reproductive health, hormonal regulation, fertility medicine, metabolic disorders, and male contraception research.

He has played key roles in international scientific networks and guideline development groups and serves on several international editorial and advisory boards. Among his many distinctions, he has received prestigious research and education awards from major international medical societies, recognizing his groundbreaking contributions to reproductive endocrinology and his dedication to academic teaching and scientific advancement. He is Fellow of the Royal Society of Medicine.

His expertise, experience, and international perspective will greatly enrich DIGM's future direction and activities.



• **Mrs. Gabriele Regina von Elsenau-Overwiening**

Mrs. von Elsenau-Overwiening is an accomplished pharmacist and one of Germany's most respected leaders in pharmaceutical governance and healthcare policy. She has served for many years as President of the Westphalia-Lippe Chamber of Pharmacists and has led the Federal Union of German Associations of Pharmacists (ABDA), where she has been a strong advocate for patient safety, professional education, and international cooperation in pharmaceutical care.

In recognition of her long-standing contributions to public health and the pharmacy profession, she was awarded the *Order of Merit of the Federal Republic of Germany (Cross of Merit on the Ribbon)* in 2024. Under her leadership, her pharmacy group was additionally honored with a national award for outstanding performance in the mid-sized business sector. Her deep



commitment to professional ethics, health literacy, and cross-border collaboration makes her an excellent addition to our Board.

We are truly honored to welcome all three of them into our Society. Their experience, achievements, and passion for international collaboration will provide important new impulses and further strengthen our mission.

May this newsletter offer you an inspiring overview of the dynamism and growth of DIGM. I warmly invite all members to continue shaping our shared journey — through your ideas, engagement, and personal support.

With warmest regards,

Priv.-Doz. Dr. med. Matthias Prinz zu Schwarzburg

President of the German-Indonesian Society for Medicine (DIGM)

Report about the German Treasurer of DIGM

Dear Members and Friends of the DIGM,

Meanwhile, all necessary documents have been submitted to the Tax Office for the year 2024. This step was very important to maintain DIGM's non-profit status. Our deepest thanks go to our Treasurer, Dr. rer. nat. Michael Osada for his outstanding commitment, our Office Manager Nicole Neptun for her invaluable help and our Past President Professor Jörg Haier for important information.

With best regards,

Antoinette am Zehnhoff-Dinnesen, Vice President of DIGM.

INDONESIAN SECTION

Empowering Through Innovation & Knowledge

Message from the President of the Indonesian Section

Greeting from the President

Knowledge in Action

Good day and warm greetings to all our dear colleagues, members, and readers of the DIGM newsletter. On behalf of the Indonesian board of DIGM, we would like to express our sincere gratitude for your support and cooperation. This has enabled our previous programs to run smoothly.

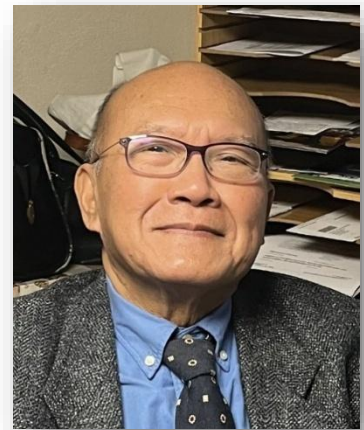
The aim of the Community Health Seminars at Ruang Kesehatan DIGM at Mitra Oasis Apartment, Central Jakarta, is to educate the public about everyday things that we are often unaware of and that stem from a lack of knowledge. In this way, we can prevent diseases and gain a better understanding of them.

With the information from our health experts and the insights from our monthly events, we can proactively prevent diseases. As mentioned in the previous newsletter, we thank all contributors, universities, and professors who have made current information from the health sciences freely available to the public. Thank you to all members, volunteers, and supporters for your dedication. May our collective efforts bring meaningful change and better health to the communities we serve.

Our thanks also go to the management of Oasis and its staff, our sponsors, donors, and all participants who contributed to the success of the event. We hope that the upcoming DIGM event will run smoothly with everyone's support. Finally, we thank Dr. Widyorini Lestari Hutami Hanafi and Dr. Ayala Putri Zahari, thank you very much for your support.

Prof. Dr. med. dr. Rasjid Soeparwata, President of the Indonesian Section of DIGM, Yogyakarta/Münster

Former Visiting Professor Medical School University of Indonesia Jakarta, Muhammadiyah University of Yogyakarta, Universitas Gadjah Mada Yogyakarta, Former Thoracic and Cardiovascular Surgeon University Hospital Münster, Germany



SECRETARIAT: Ayla Putri Zahari and colleagues, Jl. Senen Raya No.135-137, RW.2, Senen, Kec. Senen, Kota Jakarta Pusat, Daerah Khusus Ibukota Jakarta 10410
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NEWS: Cooperation



ADIMAN Association of Indonesian-German Doctors

In spring 2026, the Celebration of Signing the Memorandum of Understanding between DIGM and ADIMAN is planned at the Zwei-Löwen-Club in Münster. We will send an invitation as soon as possible to all DIGM members.



Indonesian Consortium of Biomedical Sciences

**Ceremony of Signing the Memorandum of Understanding between DIGM and KIBI
Indonesian Consortium of Biomedical Sciences on 13th October 2025 in Zwei-Löwen-
Club in Münster**

Reception with Piano Music by DIGM Board Member Prof. Ralph Lellé in the Zwei-Löwen-Club Münster

From left to right: Dr. Anisa Khaerunnisa, Treasurer of KIBI; Prof. Barbara Kahl, Institute of Medical Microbiology, University Hospital Münster UKM; Prof. Ralph Lellé, former Director of the Gynaecological Cancer Centre, UKM, Board Member of DIGM; Prof. Asmarinah, KIBI President; Dr. Elke Williamson, Representative of Deanery and Faculty Director of Medical Faculty University Münster; Docent Prof. (PL) Matthias Prinz zu Schwarzburg, DIGM President; Prof. Antoinette am Zehnhoff-Dinnesen, DIGM Vice President; Martina Hofer, International Office University Münster; Dr. Volker Hasse, HC Managementberatung; Wilma Heim, Past-Governor Rotary District 1870; Prof. Matthias Sigler, Director of Clinic for Pediatric Cardiology, UKM, Board Member of DIGM; Prof. Michael Zitzmann, Department of Clinical and Surgical Andrology, Centre of Reproductive Medicine and Andrology (CeRA), UKM; Prof. Rasjid Soeparwata, President of DIGM Indonesia



KIBI President Prof. Asmarinah signing the MoU





DIGM President Docent Prof. (PI) Matthias Prinz zu Schwarzburg signing the MoU



Applause by the attendants after Signing of the MoU



KIBI President Prof. Asmarinah, DIGM President Docent Prof. (PL) Matthias Prinz zu Schwarzburg and Prof. Rasjid Soeparwata, President of DIGM Indonesia, who signed the MoU, showing the signed document in presence of Dr. Anisa Khaerunnisa, KIBI Treasurer and DIGM Vice President Prof. Antoinette am Zehnhoff-Dinnesen

KIBI President Prof. Asmarinah presents a KIBI Sculpture with the flags of both countries to DIGM President Prinz zu Schwarzburg



DIGM expresses its sincere appreciation to all who contributed to this meaningful event — in particular to **Prof. Ralph Lellé** for his musical accompaniment, **Dr. Volker Hasse** from the **Rotary e-Club Münster International** for his technical support enabling the hybrid ceremony, **Prof. Antoinette am Zehnhoff-Dinnesen** for her dedicated organization and preparation and the team of the **Zwei-Löwen-Club Münster** for warm hospitality and professional service.

The Welcome Addresses of the DIGM President Matthias Prinz zu Schwarzburg and the President of the Indonesian Section, Professor Rasjid Soeparwata, the list of attendants in person and digitally, the MoU, and the PPTX presentations of DIGM by Professor Antoinette am Zehnhoff-Dinnesen and of KIBI by Professor Asmarinah may be found on the website of DIGM.

European Academy of Phoniatrics (EAP) (Founding Director: Professor Antoinette am Zehnhoff- Dinnesen)



Looking ahead, the next preparation course for the European Board Exam Phoniatrics will take place in Vienna, Austria, on February 12–14, 2026.

The second EBE–Phoniatrics examination will be held on March 25, 2026, in Istanbul, Türkiye, just prior to the Pan European Voice Conference (PEVOC).

Prof. Dr. Berit Schneider-Stickler

President, European Academy of Phoniatrics; Deputy Clinic Director Clinical Department Phoniatrics-Logopedics ENT University Hospital Vienna, Austria; Working Group Neurolaryngology, Austrian Society of Otorhinolaryngology, Head and Neck Surgery

Prof. Dr. Haldun Oğuz

President, Union of European Phoniatricians; President, Professional Voice Society, Türkiye; Chair, IFOS2026 Phoniatrics Committee; Co-President, APLA2026 Congress; Associate Editor, Logopedics Phoniatrics Vocology Journal; Co-President, Ankara Phoniatrics Days; General Secretary, Otorhinolaryngology - Head and Neck Surgery Society, Türkiye; Department of Otolaryngology, Faculty of Medicine, Lokman Hekim University, Ankara, Türkiye; Director, Fonomer, Phoniatrics, Audiology & ENT Clinic, Ankara, Türkiye

NEWS: Projects and Activities

Activities of the Ototoxicity Working Group of DIGM



Wake-up Paper

The Wake-up Paper concerning missing baseline/end of treatment audiograms and gaps in audiological monitoring, tracking and data management in case of ototoxic therapy with Cisplatin will be discussed in the Ototoxicity Working group in the next days. First author of the first draft is Professor Kristy Knight, Audiology Training Coordinator, Oregon LEND Program, Institute on Development and Disability Doernbecher Children's Hospital, Oregon Health and Science University, Portland, USA.

The working title of the paper is: **Audiologic care for children treated with cisplatin: An urgent call to action.**

The OWG conducted an **internal survey** on the situation of audiological monitoring, tracking and data management. Professor Thorsten Langer, Head of LESS, **Late Effects Surveillance System**, in Germany and Professor Antoinette am Zehnhoff-Dinnesen have sent a **questionnaire** to all heads of institutions in Pediatric Oncology in Germany. The aim is to find a realistic format for pre-, peri- and post-therapeutic audiological test management which fulfils necessary controls, but does not overwhelm capacities of the medical system and the patients. In the case of probation, this questionnaire will be used in all six countries of OWG.

New members

We are very happy to welcome our new members:

- Prof. Murti Andriastuti, Pediatric Oncologist/Hematologist, Universitas Indonesia, Jakarta
- Prof. Dr. Nyilo Purnami, dr. Sp.THT-KL(K), Professor in Neurotology- ENT Community, Fac. of Medicine Universitas Airlangga, Dr. Soetomo General Academic Hospital, Surabaya
- Dr. Adwina Sp.A, Pediatric Oncologist/Hematologist, Dr. Soetomo Hospital, Universitas Airlangga Surabaya

Leprosy Projects, first information:



Rafael, 13 years old, lives in a village in North Sulawesi, skin lesions caused by leprosy on his left forearm (Netherlands Leprosy Relief)

Scientific aspects on leprosy will be processed in cooperation with the KIBI President Professor Asmarinah, Professor Alexander Mischnik, Medical Co-Head National Reference Laboratory for Mycobacteria and Co-Head Diagnostic Mycobacteriology, Research Center Borstel, National and Supranational Reference Center for Mycobacteria, and Professor Sundeep Chaitanya Vedithi, Department of Medicine, University of Cambridge, Biomedical Campus.

Social activities are planned by application of a Global Grant at Rotary International by the Rotary Club Münster Rüschaus, its Dutch partner club RC Haaksbergen, and hopefully further Dutch and German RC's in cooperation with Netherlands Leprosy Relief and as advisor Anil Fastenau, Head of Program Unit Global Health Advisor, German Leprosy and Tuberculosis Relief Association DAHW, Würzburg.

Siggi Spiegelburg-Hölker has kindly donated toys for the participating children on behalf of Coppenrath-Verlag/Die Spiegelburg, Münster, Germany.

According to the United Nations and the WHO, leprosy belongs to the neglected tropical diseases and is still a scourge of humanity in more than 120 countries. Indonesia belongs together with India and Brazil to those with the highest rate of new cases. In Indonesia there was an increase in the last years with about 10 % of affected children. In more than 60%, children came to diagnosis when they already had a Grade 2 disability with paralyses and blindness. The social project aims to early identify infected children and to provide them with effective antibiotic therapy.

Prof. Dr. med. Antoinette am Zehnhoff-Dinnesen, Vice-President of DIGM

Prof. Rasjid Soeparwata, President of Indonesian Section of DIGM

Priv.-Doz. Dr. med. Prof. (PL) Matthias Prinz zu Schwarzburg, President of DIGM

Tuberculosis Project, a Letter by Colleague Maria Goretti Ametembun

Dear Prof. Antoinette am Zehnhoff-Dinnesen, Vice President of the DIGM
and Prof. Dr. CF Dietrich, President of the WFUMB 2025



World Federation for Ultrasound in Medicine and Biology

Greeting from Indonesia,

Considering that cooperation between Germany and Indonesia in the health sector has been going on for more than 500 years, and DIGM and WFUMB have contributed greatly to all of us, I would like to discuss the problem of tuberculosis (TB) in Indonesia with considerations for its solution.

Key findings and challenges

- Indonesia consistently ranks among the top countries for TB cases since years, with an estimated one million cases and about 130,000 deaths annually.
- According to the WHO Global TB Report, Indonesia has the second-highest TB burden in the world, after India, facing challenges like under-reported cases and gaps in diagnosis and treatment.
- So far, many people think that TB only attacks the lungs, but it is important to know that TB infection is a systemic infection that can affect various organs of the body, from head to toe, such as serous meningitis, lymph nodes wherever they are located, thyroid, pleura, pericardium, myocardium, peritoneum, stomach, small bowel, spleen, kidney and urinary tract, prostate, joints, bones and muscles.
- Since my daily life has handled and researched thousands cases of TB in Indonesia since 1997 in various places in Indonesia, experience shows that Pulmonary TB is always accompanied by extrapulmonary, especially Peritoneal TB and intestinal TB. Facts from various studies involving thousands of patients with various TB manifestations, both pulmonary and extrapulmonary, that I conducted in South Nias-North Sumatra, Bandung, Hanau-Central Kalimantan, Flores-East Nusa Tenggara, and Saumlaki-Maluku (please see my research abstract report) show that: The pattern of extra-pulmonary organs affected by TB is similar in various regions in Indonesia, all Pulmonary TB patients always have extrapulmonary TB (TB peritonitis and intestinal TB 100 % , followed by the urinary tract, pancreas, liver, etc).
- People will only seek treatment if their lung disease is already serious, like the iceberg phenomenon, what is visible at the top of the iceberg are those who seek treatment at health facilities, but there are many cases in community which are like the part of the iceberg below the surface that cannot be seen.

- Coughing is indeed the main symptom of pulmonary TB, but the problem in society is that many people with mild coughs are unwilling to seek treatment and have difficulty getting a sputum test.
- The things that are concerning are:
 - Many cases of TB in the community are only treated for pulmonary TB without realizing that extrapulmonary TB also exists and needs to be treated.
 - Usually treatment for pulmonary TB is for 6 months and extrapulmonary TB is generally 9-12 months. If only 6 months of therapy, the result is that the healing is not complete and causes relapse and MDR cases.
 - Obstacles encountered when having to coordinate and work together with TB Officers, doctors from PUSKESMAS and regional hospitals for TB treatment, they are not yet familiar with ultrasound for abdominal tuberculosis and said that in the National TB Guidelines extrapulmonary TB Ultrasound was not clear in detail and the tissue just needs biopsy and tissue pathology examination. This examination is not always easy to do, especially in the regions of rural area. The issue of underdiagnosis persists, with a notable number of undiagnosed cases.
 - The National TB Guidelines which refer to WHO guidelines for TB management state that abdominal ultrasound is necessary for the diagnosis of extrapulmonary TB, but do not explain in detail.

The positive aspects include:

- Indonesia is committed to eliminating TB by 2030, supported by high-level government commitment.
- A very high level of awareness about TB treatment, including Government Commitment: Presidential Regulation No. 67 of 2021 demonstrates a strong commitment to combating the TB epidemic, Improved Surveillance and Community Engagement.
- TB diagnosis will be more complete including extrapulmonary TB with ultrasound
- Ultrasound equipment is readily available in all health facilities in Indonesia even at the community health center Puskesmas level and can be used to diagnose abdominal TB.
- My experience teaching physical examinations to diagnose peritoneal tuberculosis and small bowel ultrasound to interns young doctors at few hospitals and community health centers has shown that they are very capable of performing bowel ultrasound. It only takes less than an hour to teach, and they can then practice while serving so well.

The things that will make the goal of end TB 2030 a reality are

- Increasing the scope of TB patient services, not only for pulmonary TB, but also for ultrasound abdominal TB (with complaints of chronic recurring stomach pain, “sakit lambung” diarrhoea or constipation, fever) which are very common in the community and make many of them come for treatment.
- Suggestion: for insert ultrasound firmly in the next TB Management Guidelines both at the WHO and National levels, so that TB officers and doctors do not hesitate to diagnose TB as a systemic disease by utilizing ultrasound which is available in various health facilities, even in remote areas, as well as for follow-up therapy. Because once ultrasound is included in these guidelines, it will be implemented simultaneously by all health workers and the public.

I have written letters to the Director of the WHO's Global Programme on Tuberculosis and Lung Health at WHO headquarters in Geneva, Switzerland, sent via mail and also to the WHO Country Office for Indonesia and the Director General of Disease Control - Directorate General of P2P, Ministry of Health of the Republic of Indonesia, sent via email in June-July 2025 about these. However, there has been no response yet.

I think it would be good for officials from Indonesia and India to sit down together to discuss this.

What I expect from you is to help with the international approach so that WHO can soon include ultrasound as a mandatory examination for TB cases in the next WHO TB guidelines.

Thank you for your attention and kindness.

Bandung, Indonesia, October 8, 2025

Best regards

Maria

Continuation of the Thalassemia Project



THE LATEST UPDATE ON THE THALASSEMIA PROJECT IN INDONESIA:

Hans Joachim Fedi Freisleben

On June 11, 2025, the Master Program in Biomedicine at UIN held a Thalassemia webinar featuring THALASSEMIA: BIOMEDICAL APPROACH AND ISLAMIC VALUES IN RESPONDING TO A GENETIC DISEASE (we announced it in the June 2025 Newsletter). Now, we want to make the summary of this webinar available to a wider audience in our society:

Chris Adhiyanto, M.Biomed, Ph.D: Thalassemia surveillance and current laboratory diagnostic methods (epidemiology and impact in Indonesia, early detection, population screening, PCR methods, hemoglobin electrophoresis, and the role of biomedical laboratories.

Prof. HJ Fedi Freisleben: Thalassemia, a genetic disease which is still ignored: general introduction into hemoglobinopathies and thalassemias, genetic background, pathophysiology, global epidemiology and prevention programs, therapies: current approaches and future possibilities.

Dr. dr. Ahmad Azwar Habibi, M.Biomed.: Islamic perspective in thalassemia prevention (integration of Islamic values regarding the prevention of hereditary diseases, premarital education, and the importance of (scientific) knowledge for the common benefit).

Discussion: **KNOWLEDGE IS POWER.**

Chris Adhiyanto discussed surveillance, population screening, and current diagnostic methods like PCR and hemoglobin electrophoresis. Thalassemia remains a major health burden in Indonesia, with thousands of patients needing lifelong transfusions costing over IDR 200 million annually per person. The lack of premarital screening, especially in rural areas, limited awareness, and unequal access to molecular diagnostics worsen the problem. Molecular technologies such as PCR, sequencing, and LAMP provide faster, more affordable early detection, while local research into Indonesia-specific mutations is essential. The Faculty of Medicine UIN Jakarta actively advances research, clinician training, and community education. Strong

government support, BPJS coverage, and collaboration among health professionals, researchers, religious leaders, and the public are crucial to prevent new thalassemia cases.

The second lecture by HJ Fedi Freisleben started with an introduction into hemoglobinopathies and thalassemias. Originally, these diseases mainly occurred in the thalassemia belt from the Iberian Peninsula to Southeast Asia, whereas related hemoglobinopathies like sickle cell anemia prevailed in Africa. The connection of these diseases with a certain protection to newborns against malaria was reported. Migration from the global South into Northern immigration countries like the USA and UK brought further and wider distribution of these diseases. In Indonesia, the main genetic mutations and deletions have been detected, specific is also the combination of HbE and β -thalassemia. The classical clinical picture reaches from carrier (trait or thal. minor), via thal. intermedia to thal. major.

After blood transfusion has become a therapeutic principle, the clinical differentiation is nowadays: transfusion-dependent thal. (TNT) and non-transfusion-dependent thal. (NTNT). However, blood transfusions, especially if needed regularly, lead to massive iron overload of the patients. Even NTNT patients are iron-loaded at varying extent by increased intestinal iron absorption. Blood transfusions worsen the problem, because our body cannot excrete iron (except for bleeding from injuries or menstruation) and unbound iron creates free radicals which destroy cells, tissues, and organs. Hence, along with blood transfusions therapeutic iron chelation is necessary. Altogether, this makes thalassemia therapy extremely expensive.

Data from the UK clearly demonstrate the course of the disease: from the middle of last century, thalassemia cases began to occur in UK with deaths because of the anemia. In the 1960s blood transfusions were introduced into therapy and after 1965, the first deaths because of iron overload were registered. During the following decades, the number of deaths because of the anemia constantly decreased and the number of deaths because of iron overload strongly increased. After year 2000, the number of deaths from iron overload finally dropped tremendously due to consistent iron chelation.

In European countries with higher prevalences like in the Mediterranean, prevention programs to avoid further incidences have been established, successfully. These programs - especially premarital screening and counselling - in Italy, Greece, and Cyprus resulted in a dramatical decrease of newborns with thalassemia. Northern Cyprus is under Turkish Islamic control and could thus be a suitable model for other Muslim communities. In Indonesia, we have several challenges, starting from the limited public awareness of the disease and the lack of nationwide premarital or preconception screening and counselling leading to increasing incidence and even high numbers of undetected carriers. Further complications are the unequal access to early molecular diagnostics, to regular blood transfusions, and especially to adequate iron chelation, because of high costs and limited availability. This requires also the development of domestic therapeutics.

The third lecture by Ahmad Azwar Habibi focused on the possibilities to prevent thalassemia in the Muslim community in Indonesia. His work presented an integrative framework combining biomedical science with Islamic bioethics in the context of thalassemia prevention and management. He advocated for premarital genetic screening as a public health measure rooted in Islamic legal-maxim principles such as harm reduction (*darar*: avoiding harm) and the preservation of lineage (*hifzh an-nasl*: ensuring the quality and continuity of future generations). His lecture underscored the pivotal role of academic health institutions in advancing interdisciplinary research, promoting ethical health education, and developing holistic, faith-sensitive models of care.

The discussion addressed complex issues including prenatal diagnosis, gene therapy, and hematopoietic stem cell transplantation, evaluated through both medical evidence and Islamic jurisprudence. Multidisciplinary collaboration for prevention between biomedical scientists, clinicians, and religious leaders must include schoolteachers, because education of the society to increase the awareness of thalassemia must start at schools as early as possible to reach young people, to raise their genetic literacy, and finally to avoid at-risk marriages.



Apart from the webinar at UIN, which mainly focused on prevention, the Dean of the Medical Faculty of UI announced the official date of the research proposal examination (Ujian Proposal Penelitian) for September 30th. The candidate Purnama Fajri presented his research proposal in the Study Program Doktor Ilmu Biomedik (Biomedical Science) "*Pengaruh Pemberian Apigenin Dalam Mencegah Terjadinya Ferroptosis Pada Tikus Model Hemosiderosis*". (The effect of apigenin administration in preventing ferroptosis in a rat hemosiderosis model.)

The examiners were 1) Dr. dr. Robiatul Adawiyah M.Biomed., SpParK(K), Chair of the Session; 2) Dr. Dra. apt. Ari Estuningtyas, M.Biomed.; 3) Dr. dr. Vivian Soetikno Sp.FK, Ph.D.; 4) Prof. Dr. rer.med.habil, Hans-Joachim Freisleben D.med.Sc., M.Pharm, Ph.D.; 5) Prof. Dr. dr. Pustika Amalia Wahidiat, Sp.A(K).; 6) Prof. Dr. dr. Novi Silvia Hardiany, M.Biomed.

The candidate passed the examination with distinction, and the promotor and co-promotors of his dissertation were determined, Dr. Ari Estuningtyas, Dr. Vivian Soetikno, and Prof. Dr. Hans Joachim Fedi Freisleben. It was clarified that besides the candidate in the Doctorate, there are students involved in the research project on the Master (S2) and Bachelor (S1) level. Each of the examiners was assigned a special topic of the research project to be conducted in seminars with the candidates; Prof. Freisleben was assigned to "Iron Metabolism and Ferroptosis".



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SURAT TELAH MELAKSANAKAN TUGAS
Nomor : SPMT-3777/UN2.F1.D/SDM.05.06/2025

Saya yang bertandatangan dibawah ini:

nama : Prof. Dr. dr. Ari Fahrial Syam, Sp.PD, KGEH, MMB
jabatan : Dekan Fakultas Kedokteran UI
menyatakan bahwa:

Daftar Nama Terlampir

telah melaksanakan tugas sebagai Penguji Ujian pada kegiatan Ujian Kualifikasi dan Proposal Penelitian atas nama Purnama Fajri dengan NPM 2406371032 peserta Program Doktor Ilmu Biomedik FKUI, yang dilaksanakan pada:

Hari, tanggal : Selasa, 30 September 2025
Waktu : Pkl. 13.00 – 16.00 WIB
Metode : Luring
Judul Penelitian : "Pengaruh Pemberian *Apigenin* dalam Mencegah Terjadinya *Ferroptosis* pada Tikus Model *Hemosiderosis*"

Demikian surat telah melaksanakan tugas ini dibuat untuk dilaksanakan sebagaimana mestinya.

Tanggal, 16 Oktober 2025
Dekan FKUI,



ditandatangani secara elektronik
digitally signed

Prof. Dr. dr. Ari Fahrial Syam, Sp.PD, KGEH, MMB
NIP 196606191997011001

Tembusan:

1. KPS Program Doktor Ilmu Biomedik; dan
2. Yang bersangkutan.

Naskah dinas ini telah ditandatangani secara elektronik dengan otorisasi dari Balai Besar Sertifikasi Elektronik. Tanda tangan secara elektronik memiliki kekuatan hukum dan akibat hukum yang sah serta berlaku sesuai dengan peraturan perundang-undangan.

Lampiran Surat Tugas Telah Melaksanakan Tugas Dekan Fakultas Kedokteran UI

Nomor : SPMT-3777/UN2.F1.D/SDM.05.06/2025

Tanggal : 16 Oktober 2025

No	Nama Pengajar	NIP/NUP	Departemen/ Instansi	Ket.
1.	Dr. dr. Robiatul Adawiyah, M.Biomed., SpParK(K)	010903273	Dept. Parasitologi FKUI	Ketua Sidang
2.	Dr. Dra. apt. Ari Estuningtyas, M.Biomed	196404041994032001	Dept. Farmakologi dan Terapeutik FKUI	Penguji
3.	dr. Vivian Soetikno Sp.FK, Ph.D	197111092002122005	Dept. Farmakologi dan Terapeutik FKUI	Penguji
4.	Prof. Dr. dr. Pustika Amalia Wahidiat, Sp.A(K)	140191434	Dept. Ilmu Kesehatan Anak FKUI	Penguji
5.	Prof. Dr. dr. Novi Silvia Hardiany, M.Biomed	197911042008122001	Dept. Biokimia dan Biologi Molekuler FKUI	Penguji
6.	Prof. Dr. rer.med.habil Hans-Joachim Freisleben, D.med.Sc Mpharm.Ph.D	-	Deutsch-Indonesische Gesellschaft für Medizin (DIGM)	Penguji Luar
7.	Dr. dr. Robiatul Adawiyah, M.Biomed., SpParK(K)	010903273	Dept. Parasitologi FKUI	TPMA

Activities of the Indonesian Section of DIGM

Strengthening Global Medical Collaboration

Dear DIGM Community,

As we approach the end of 2025, DIGM Indonesia continues to advance its mission to bridge medical knowledge, foster interdisciplinary collaboration, and cultivate meaningful partnerships across borders. This month reflects ongoing efforts to strengthen cooperation between clinicians, researchers, educators, and innovators within our network.

We open this edition with a message from our President, **Prof. Dr. med. Rasjid Soeparwata**, representing DIGM Indonesia in synergy with DIGM Germany:

*“The rapid evolution of medical science and digital innovation requires shared commitment, open exchange, and continued interdisciplinary dialogue. DIGM Indonesia’s strength lies in its members—professionals who contribute expertise, leadership, and passion to build an ecosystem where knowledge can be translated into real-world clinical and scientific impact.

Moving forward, we aim to enhance our role as a collaborative platform that connects Indonesian physicians with global partners, promotes medical education, and supports initiatives that elevate healthcare quality.

I extend my sincere appreciation to all members who have dedicated their time to seminars, workshops, joint research activities, and program development throughout 2025. Your contributions are vital to shaping a more connected and innovative medical community.

Together, let us continue to advance health sciences and strengthen Indonesia’s presence in the global medical arena.”*

— **Prof. Dr. med. Rasjid Soeparwata**
President, DIGM Indonesia

Community Health Seminars at Ruang Kesehatan DIGM

“Ruang Kesehatan” Utilization – September Program

In September, DIGM Indonesia hosted a public health seminar featuring **Dr. Widyorini Lestari Hutami Hanafi, Sp.OG(K)-Onk**, who delivered an engaging and informative session on **cervical cancer awareness and prevention**. The seminar aimed to strengthen community understanding of early detection, screening methods, HPV vaccination, and the importance of timely clinical consultation.

Dr. Widyorini's contribution provided clear, evidence-based insights that empowered participants to take proactive steps in protecting women's health. The session also reflected DIGM Indonesia's ongoing commitment to public education and accessible health literacy initiatives.

The poster is for a seminar titled "Kanker Serviks Dapat Dicegah" (Cervical Cancer Can Be Prevented). It features a portrait of Dr. Widyorini Lestari Hanafi, Sp.OG(K)-Onk, a woman in a white lab coat. The background is a blurred image of a person in a white lab coat. The poster includes the logos of Mitra Oasis and DIGM (German Indonesian Medical Association). The event details are as follows:

- Tempat (Location):** Ruang Kesehatan Tower C, Apartemen Mitra Oasis
- Speaker:** dr. Widyorini Lestari Hanafi, Sp.OG(K)-Onk
- Host:** RS Kanker Darmas
- Date:** JUMAT | 26/09/2025
- Time:** PUKUL 14:00 - SELESAI
- Contact:** www.digm.info.id and +62 817-9235-909



“Ruang Kesehatan” Utilization – October Program



seeking behaviors. This initiative further highlighted DIGM Indonesia’s commitment to supporting community health education through expert-led programs.



In October, DIGM Indonesia welcomed **Prof. Dr. dr. Soehartati Gondhowiardjo, Sp.Onk.Rad(K)** as the keynote speaker for a public education session on **cancer awareness and early intervention**. As one of Indonesia’s leading experts in oncology and radiation medicine, Prof. Soehartati delivered a comprehensive yet accessible discussion covering cancer risk factors, early warning signs, screening recommendations, and the growing role of multidisciplinary care. Her session successfully enhanced public understanding of cancer prevention and empowered participants to adopt proactive health-

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MEDICAL ASSOCIATION

**BANCING
ASIK
SEPULUT
KANKER**

**Prof. Dr. dr. Soehartati A.
Gondhowiardjo, Sp. Onk. Rad(K)**

**Jumat,
17 Oktober
pukul 14:00
s/d selesai**

**Jl Senen Raya 135,
Jakarta Pusat** **APARTEMEN
OASIS
MITRA SARANA**

“Ruang Kesehatan” Utilization – November Program

In November, DIGM Indonesia hosted an educational session led by **Dr. Med. dr. Nyityasmono Tri Nugroho, Sp.B.Subsp.BVE(K)**, focusing on **diabetic foot, its complications, and evidence-based management strategies**. Speaking to a general community audience, Dr. Nyityasmono provided clear explanations on early signs of diabetic foot, proper wound care, vascular considerations, and the importance of multidisciplinary therapy in preventing severe outcomes such as infection or amputation. The session reinforced the critical role of early detection and patient empowerment in diabetes care, and exemplified DIGM Indonesia’s ongoing commitment to improving public health literacy through expert-driven outreach programs.

DIGM Health Sharing Session

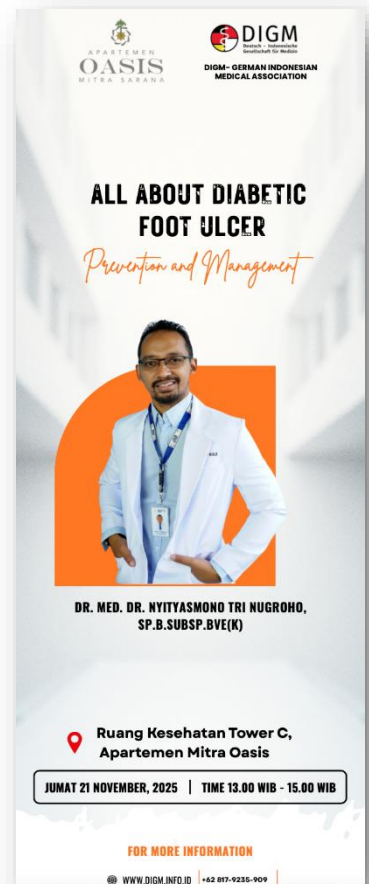
Diabetic Foot Ulcer: A Comprehensive Management

Nyityasmono Tri Nugroho

Consultant of Vascular and Endovascular Surgery

Division of Vascular Surgery, Department of Surgery, Faculty of Medicine Universitas Indonesia, Jakarta

Cipto Mangunkusumo National Hospital and Universitas Indonesia Hospital



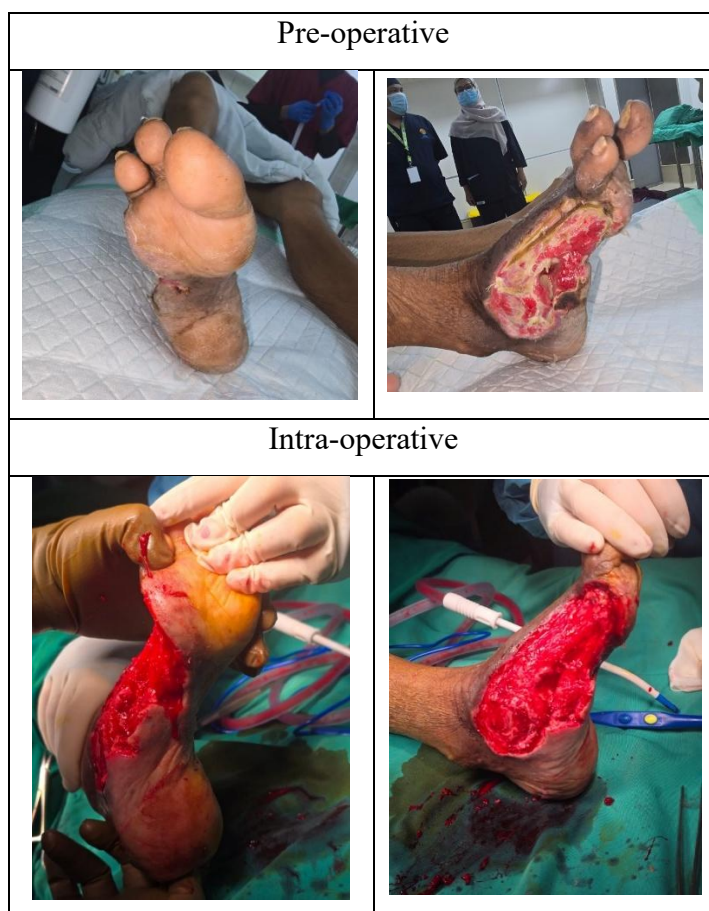
Diabetic foot ulcer (DFU) remains one of the most debilitating complications of diabetes mellitus and continues to pose a substantial global health burden. Its prevalence increases in parallel with the rising incidence of diabetes, and DFU contributes significantly to hospital admissions, health care costs, and lower extremity amputation rates. Approximately 60% of patients undergoing lower-extremity amputation have diabetic foot ulcers as the primary underlying cause. The development of DFU precedes up to 85% of non-traumatic lower-limb amputations. The multifactorial nature of DFU, driven by peripheral neuropathy, peripheral arterial disease (PAD), biomechanical abnormalities, foot deformity, and impaired host immunity, creates a complex clinical scenario that demands early identification and comprehensive management.

This article summarizes key concepts regarding the epidemiology, pathophysiology, clinical assessment, infection grading, and evidence based management of DFU. Assessment begins with risk stratification using standardized tools such as the SINBAD score and WIfI (Wound, Ischemia, Foot Infection) classification. These systems guide clinicians in evaluating ulcer severity, perfusion status, and infection burden, while also predicting healing probability and risk of amputation. DFU severity is further influenced by determinants of patient health, including renal impairment, nutritional status, edema, psychosocial stressors, and frailty. Comprehensive evaluation of these factors is essential for individualized therapy.

Management of DFU involves a multidimensional, multidisciplinary approach that integrates metabolic control, infection management, vascular assessment, wound care, and offloading. Optimal glycemic control reduces inflammation and supports tissue healing. Infection remains a primary driver of amputation; therefore, early identification, using signs of inflammation, systemic involvement, and microbiological culture, is

crucial. According to IWGDF guidelines, antibiotic therapy must be tailored to infection severity and local resistance patterns, with broad spectrum coverage reserved for moderate to severe infections. Early surgical intervention (within 72 hours) for moderate or severe infections has been shown to reduce extensive tissue loss and improve limb salvage rates. PAD is a major contributor to non healing DFU. Ankle pressure, toe pressure, and transcutaneous pressure of oxygen (TcPO₂) measurements guide ischemia grading within WIfI and determine the need for revascularization. Patients with significant ischemia benefit from endovascular or open surgical revascularization, which enhances perfusion, supports healing, and decreases amputation risk. Evidence shows that timely and well planned revascularization improves outcomes, especially in high risk WIfI stages. Wound care forms the cornerstone of local DFU management. Principles include maintaining a moist wound environment, reducing bioburden, selecting appropriate dressings, and managing exudate. Debridement, whether mechanical, autolytic, enzymatic, biological, or surgical, removes necrotic tissue, decreases bacterial load, and promotes granulation. Sharp surgical debridement is preferred for infected or heavily necrotic wounds, whereas adjunctive modalities such as negative pressure wound therapy (NPWT), offloading devices, and Total Contact Casting (TCC) significantly enhance healing for neuropathic ulcers. In conclusion, DFU is a complex clinical condition that requires holistic assessment and integrated multidisciplinary care. Standardized scoring systems, accurate infection and ischemia evaluation, timely debridement, and appropriate revascularization are critical elements of successful management. Strengthening adherence to clinical guidelines and promoting collaborative care models can substantially reduce morbidity, prevent major amputations, and improve long term patient outcomes.

Surgical debridement of diabetic foot ulcer



Further Activities of the Members of the Indonesian Section

1. Prof. Dr. dr. Soehartati Gondhowiardjo, Sp.Onk.Rad(K) – Annual PTCOG Conference

Prof. Soehartati represented DIGM Indonesia at the **Annual Particle Therapy Co-Operative Group (PTCOG) Conference**, one of the world's leading forums for advancements in particle therapy and radiation oncology. During the meeting, she participated in high-level discussions on the latest innovations in proton and heavy-ion therapy, emerging clinical evidence, and the integration of precision radiation technologies in modern cancer care.

Her involvement in PTCOG underscores DIGM Indonesia's commitment to global scientific engagement and highlights the vital role of Indonesian experts in the international oncology community.



Asian Lung Cancer Cooperative Group (ALCCG)

Prof. Soehartati also participated in the **Asian Lung Cancer Cooperative Group (ALCCG)** meeting, an important regional platform dedicated to advancing lung cancer research, clinical guidelines, and collaborative studies across Asia. In this event, she contributed to discussions on current therapeutic strategies, challenges in early diagnosis, and the evolving role of precision oncology in lung cancer management.

Her engagement in ALCCG reflects DIGM Indonesia's active contribution to regional scientific collaboration and reinforces Indonesia's presence in shaping evidence-based approaches to thoracic oncology across Asia.



2. Prof. Dr. Asmarinah, M.Biomed – Guest Lecture at the Faculty of Medicine, Universitas Mulawarman (Dies Natalis Event)



On November 7, 2025, Prof. Asmarinah was invited as a distinguished guest lecturer at the **Faculty of Medicine, Universitas Mulawarman (FK-UnMul)** in Samarinda, as part of the faculty's **Dies Natalis celebration**.

During the academic session, she delivered an insightful lecture covering advancements in biomedical science and their implications for medical education and clinical research.

Her contribution enriched the academic environment of FK-UnMul, strengthened collaboration between institutions, and highlighted DIGM Indonesia's commitment to supporting educational excellence across the country.

Speaker at the 1st IKAFARI International Conference & 2nd Sriwijaya International Conference on Medical Sciences

On November 14, 2025, Prof. Asmarinah served as an invited speaker at the **1st IKAFARI International Conference (IIC)**, held in conjunction with the **2nd Sriwijaya International Conference on Medical Sciences (SICMS)** at the Faculty of Medicine, Universitas Sriwijaya. In her session, she delivered a comprehensive presentation on current developments in biomedical research, emphasizing translational science and its role in improving health outcomes. Her participation in this joint international conference strengthened academic collaboration, elevated DIGM Indonesia's scientific visibility, and contributed valuable perspectives to a diverse audience of researchers and medical professionals from across the region.



Upcoming Community Health Program

“Ruang Kesehatan” Utilization – December Program

Promoting Ear & Throat Wellness for the Community

As part of our ongoing commitment to strengthen public health literacy, DIGM Indonesia is pleased to announce our next educational event, featuring a leading expert who will deliver practical and evidence-based insights to support community wellbeing.



In December, DIGM Indonesia will host a community-focused health session featuring **Dr. Ika Dewi Mayangsari, Sp.THT-KL(K)**, Department of Otorhinolaryngology Head & Neck Surgery, Cipto Mangunkusumo General Hospital, Faculty of Medicine University of Indonesia, Jakarta, Indonesia. This ENT expert will deliver an engaging seminar on **ear and throat health**.

Closing Remarks

As we conclude this month’s newsletter, we extend our sincere appreciation to all members, partners, and contributors who continue to advance DIGM Indonesia’s mission through education, collaboration, and scientific engagement. Your dedication strengthens our community and reinforces our shared commitment to improving health and empowering society through knowledge.

We look forward to welcoming you in our upcoming programs and scientific activities. Together, let us continue building meaningful impact for the future of medical science in Indonesia.

Warm regards,
DIGM Indonesia Team

Prof. Dr. med. dr. Rasjid Soeparwata, President of the Indonesian Section of DIGM, Yogyakarta

Former Visiting Professor Medical School University of Indonesia Jakarta, Muhammadiyah University of Yogyakarta, Universitas Gadjah Mada Yogyakarta, Former Thoracic and Cardiovascular Surgeon University Hospital Münster, Germany

SECRETARIAT: Ayla Putri Zahari and colleagues, Jl. Senen Raya No.135-137, RW.2, Senen, Kec. Senen, Kota Jakarta Pusat, Daerah Khusus Ibukota Jakarta 10410

EMAIL: ayla.putri@ui.ac.id/ayla.otien@gmail.com

A Life in Indonesia and Germany

By this Newsletter, DIGM is starting a new series of contributions named: A Life in Indonesia and Germany. Deepest thanks go to the first author, our colleague Maria Goretti Ametembun:

A Life in Indonesia and Germany

Maria Goretti Ametembun

I started this wonderful life by being born in Bandung, Indonesia in 1961. Both my parents were teachers who migrated from Tanimbar Islands - Southwest Maluku, eastern part of Indonesia to Bandung at West Java, western part of Indonesia, despite the many challenges at that time. I have always felt that my parents were very proud to have me. Education at Santa Angela which has motto “*Serviam*” from kindergarten through high school make me enjoyed serving people, for example when a neighbour's little child was sick, I took him to a hospital, and help the costs with my private pocket money. Studying medicine at Padjadjaran University, Bandung, was a very memorable time. I consistently ranked first in my academic achievements. After graduating in 1987, I was happy to have three years experience as the first doctor from my parents' home islands Tanimbar, Southwest Maluku where I did a lot of medical charity work. During Internal Medicine education at the same university, I also worked as an emergency physician outside of study hours, which made

highly skilled in handling emergency cases and also provided additional income to cover my education and family expenses, even bought a little house.

After graduating in 1997 as an internal medicine specialist, I encountered difficult abdominal cases that I always wondered, *"What exactly is the definitive diagnosis?"*. This question was answered in 2003 after I had the opportunity to study sonography at Caritas Krankenhaus Bad Mergentheim, Germany, thanks to the generosity of Prof. Dr. H.D. Bundschu, MD, the President of the DIGM Germany Section, and Dr. med. dr. Abraham Simatupang, M.Kes, President of the DIGM Indonesian section. In 2007, I interned again at Caritas Krankenhaus, at that time with Prof. DR C.F. Dietrich, CA Med. Klinik II, now Hirslanden Clinic in Zurich, and President of WFUMB 2025 (World Federation for Ultrasound in Medicine). All my sonography certificates from Germany are highly valued and taken into account in my sonography education at Jakarta WFUMB – COE, Indonesian Society of Ultrasound in Medicine (ISUM), whose president is Dr Daniel Makes SpR(K).

Although Indonesia and Germany differ in pattern of diseases, even though the ultrasound machines here are much simpler, very limited specifications, even sometimes only has one convex probe available compared to those sophisticated and modern in Germany, the sonography skill I learned in Germany are very useful for diagnostic various internal medicine cases in Indonesia, mostly tuberculosis infection as well as diabetes, hypertension, dyslipidaemia, stroke, stunting, etc. Tuberculosis infection is very rare in Germany, but Crohn's disease is more common, which is related to autoimmune diseases. Despite their different causes, both diseases can present similar symptoms: abdominal pain, diarrhoea, weight loss, and fever. Intestinal ultrasound findings such as bowel wall thickening and mesenteric changes may overlap. The risks of misdiagnosis are significant: Crohn's requires immunosuppressive or biologic therapy, while intestinal tuberculosis demands anti-TB regimens. Diagnostic tuberculosis needs to examine laboratory, lungs X-ray, and ultrasound of other extra-pulmonary abnormalities.

Based on extensive years experience working (including some volunteer work too) in many locations (Tanimbar-Maluku, Flores-Nusa Tenggara Timur, Hanau-Central Kalimantan, South Nias-North Sumatra, and Bandung-West Java), number of papers were presented at various national and international congresses and got some awards. One of them was at "Women's Health Congress" in Jakarta, organised by Dr. med. dr. Abraham Simatupang, M.Kes, where I presented: *"Tuberculosis among women with psychiatric disorders,"* which moderated by Prof. (em.) Dr rer. med. habil. Hans Joachim Freisleben, MPharm, President of the DIGM Germany Section at that time. Another great pleasure was attending Prof. DR. Dietrich's lectures and workshops at several congresses, including in Vietnam, Korea, and most recently in 2025 at the 20th Congress WFUMB in Kyoto, Japan; where I also presented two papers: *"Systematic Ultrasound for Extra-Pulmonary Tuberculosis Diagnostics,"* and *"Face and Heal the Uncontrolled Diabetes: Its Complications and Comorbid Tuberculosis Infection."*

I have my own small private clinic and works clinically and scientifically on sonographic. I put my Sonography Certificates from Germany, Internal Medicine Certificate from Padjadjaran University, and the photos of Prof. Bundschu, Frau Anneliese Bundschu and Prof. Dietrich on the wall, to whom every time I perform ultrasound I express my deepest respect and gratitude.

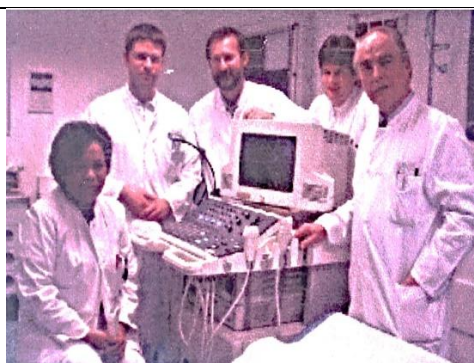
I feel very happy and grateful to be a part of this very powerful lifetime, which emphasizes unity, humanity, technology and innovation, **intellectualism and consciousness**, global interconnectedness, **community and collaboration** as well as shared responsibility and good will towards the people of Indonesia and Germany in particular and the world in general.

Photos and Comments



LIFE IN GERMANY

Caritas Krankenhaus, Akademisches
Lehrkrankenhaus Der Universität
Heidelberg Zentrum für Innere Medizin,
Bad Mergentheim, Germany,
February 4 – April 1, 2003.
April 23 – May 4, 2027



**Fellowship Sonography
in Internal Medicine Caritas Krankenhaus**
from right to left: Prof. H.D. Bundschu,
Dr. Bienert, Dr. Helmut Reinwald, Dr. Stotz and
Dr MG Ametembun.

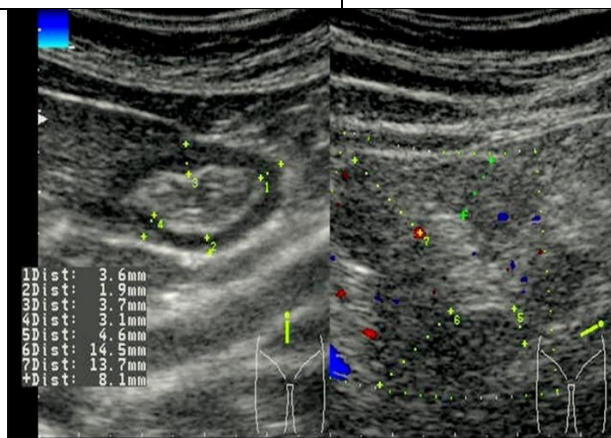


**Prof. DR C.F. Dietrich,
President of WFUMB
and Dr MG Ametembun**
at The 20th Congress of
WFUMB Kyoto Japan,
May 29-June1, 2025



LIFE IN INDONESIA

On the wall of my clinic
I put my Sonography Certificate from Germany,
Internal Medicine Certificate from Padjadjaran University, and
the photos of Prof. Bundschu, Frau Anneliese Bundschu
and Prof. Dietrich,
to whom I always express my deepest respect and gratitude.



Gastrointestinal tuberculosis ultrasound

Irregular thickened heterogeneous hypo-echoic gastrointestinal wall, Loss differentiation of the wall layers, The margin of the gastrointestinal wall affected is difficult to distinguish from the affected liver/intestinal wall next to it, Irregular narrowed of the lumen, with number of round/oval nodular structures (patchy hyper echoic non-posterior acoustic shadowed with an irregular rim of lower echo density) suggestive Structure Tuberculoma.



Dinner with Prof. H.D. Bundschu and Frau Anneliese Bundschu in a pleasant atmosphere at a restaurant in the Neun Kirchen area - Bad Mergentheim in 2003 was always remembered.

Prof. H.D. Bundschu said that even though this area is called Neun Kirchen, but there is not a single church there.

I have a family that always keeps me motivated: my parents and siblings, my husband, my three children and four grandchildren. My husband passed away in 2010, and since then I have been a single parent. My eldest son, who has a very nice smile, graduated in philosophy, then married to a Vietnamese, live in Ho Chi Minh City - Vietnam, works as English Teacher, and giving me four grandchildren. My second son whose hobbies are diving and hiking holds MBA, MSM and currently studying for a Doctorate in Management and Public Policy, and the third my only beautiful daughter has graduated Master degree in Finance Management.



Photo with late husband



My eldest son and family, live in Ho Chi Minh City – Vietnam, 2025.



Graduation Day 2024. My second son and daughter.

Profile of Ragam Indonesia (Ranesa)

On January 26 in 2023 Ragam Indonesia (Ranesa) e.V. was founded by 8 Indonesians residing in Germany. At the moment, the association has 8 members (of which 4 members are full time students) residing in Aachen, Hagen, Kürten and Leverkusen. Registered office of the association is in Kürten (nearby Cologne). The purpose of the association is defined in the association statutes as follows:

The purpose of the association is to promote international understanding, tolerance in all areas of culture and the idea of international understanding, and to promote Indonesian art and culture. The purpose of the statutes is realised in particular through

- *Spreading culture by organising “culture days” to convey traditions (music, dance, literature – flora and fauna, promoting Indonesia as a travel destination)*
- *Strengthening the connection between members of the Indonesian cultural community living or studying in Germany, supporting young students from Indonesia*

The association was acknowledged as non-profit association (eingetragener Verein) in April 2023. Since then the complete name is *Ragam Indonesia (Ranesa) e.V.*

Already in 2023 the first cultural day was organized and carried out in September 2023. The program contained the following topics:

- Performance of various dances from Sulawesi and Bali
- Bazaar with Indonesian handicrafts
- Indonesian buffet, cakes and drinks



In 2024 and 2025 respective cultural days were organized with emphasis of dances from other regions. All artists are residing in Germany. The buffet was organized and cooked by the members.

The audience are mostly local people. The maximum number of visitors reached 100 in 2025.

The next event in 2026 is planned for Saturday June 20th in Kürten.

What is the connection to DIGM?

Since in the statutes of an association a beneficiary in case of dissolution etc. has to be named it was the intention of the founding members that any assets should be handed to an organisation active in the field of cooperation with Indonesia.

Jenny Bau Nini
(Chairperson)

Wahyu Sunduseng
(Deputy Chairperson)

UPCOMING CONGRESSES 2026/2027



Following events are organized by our Secretary Dr. Joke Tio,
Head of Senology at the University Hospital Münster UKM and Clemens-Hospital Breast Centre in Münster:

- Münster Symposium of Department of Obstetrics and Gynecology UKM 24th January 2026
- Expert Workshop Breast Cancer 21st April 2026
- Expert Workshop Gyn Onko 16th June 2026
- Summer Symposium 15th September 2026

3rd Winter course

Unilateral Vocal Fold Paralysis

Two days course on diagnostics and best treatment modalities.

HELSINKI LARYNGOLOGY COURSES

January 19th-20th 2026, Helsinki, Finland

Invited speakers:



Yakubu Karagoma, UK



Markus Hess, Germany



Tiia Ojala, Finland



Teemu Kinnari, Finland



Elisabeth Spigren, Netherlands



Katriina Ruusuvirta, Finland



Ahmed Geneid, Finland



Guan-Min Ho, Austria/Taiwan

Topics:

- Diagnostics of UVFP (Unilateral Vocal Fold Paralysis)
- Interventions including augmentation, both in local and general anesthesia
- Thyroplasty using different available implants
- Laryngeal reinnervation
- Other new procedures coming up in the future
- A hands-on demonstration using available equipment and instruments

Program endorsed by ICFP

www.helsinki-laryngologycourses.com





**American Academy of
Audiology AAA**



**8th Congress of European
ORL-HNS, 25-29 April 2026,
Gothenburg, Sweden**

**World Congress of Audiology
Seoul, Korea – 24-26 May 2026**



SAVE THE DATE - 2026 NZAS CONFERENCE

Audiology, Connection
and Clinical Excellence

15 - 17 June 2026

Te Pae Christchurch Convention Centre
Ōtautahi Christchurch

SAVE THE DATE !



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September 09-13, 2026

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OTORHINOLARYNGOLOGY



32nd Congress

Union of the European
PHONIATRICIANS

JUNE 17-19
2027

BERLIN
GERMANY



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Nicole Neptun, Office Manager of the DIGM

dr. Ayla Putri Zahari, M.Biomed, Secretary of the Indonesian Section



Münster



Jakarta



Yogyakarta