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Second EADV International Spring Symposium
Budapest
29 April - 1 May 2004

www.eadvbudapest2004.com
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Europe Grows Larger, But Is It Ready?

In May 2004 the following 10 countries will join the European Union: Cyprus, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia and Slovenia. The benefits for the consumer industry and agriculture in these developing member countries are clear-cut, but what about health matters? The existing European legal framework in relation to health and healthcare is far from satisfactory. Perhaps one of the main reasons relates to the concerns by governments of member states to uphold the fiction that health services are in some way sheltered from the provision of European Law. This Law concedes the free movement of healthcare professionals, pharmaceuticals and also patients themselves within the EU. Patients now have a right to obtain treatment in another country where their own is unable to provide it without ‘undue delay’.

In brief, health authorities contracting for health services are required to enter agreements with appropriately qualified healthcare providers, irrespective of nationality. It is likely that trans-border movements of both patients and healthcare professionals will be on a far greater scale than anything that has happened before. How the various countries or the EU will react to these challenges is far from clear. The potential impact on Dermato-venereology services within Europe could be immense. Dermatology services are stretched in a number of countries; already a major epidemic of sexually transmitted diseases has developed in central and Eastern Europe.

What can EADV do to help? EADV is already funding several scholarships to Central and Eastern European countries to enhance CME potential, but there is an important need to help educate healthcare providers in some of these poorer countries and develop many more exchange programmes in the training sector. EADV and/or a European Skin Foundation can implement a number of these strategies to develop the needs of an ever-expanding Europe.

Our statutes state that the EADV has the “purpose of promoting continuing medical education in the fields of Dermatology and Venereology. The aim … is to be realised in particular through the founding and the operation of an Academy with the function of providing the highest quality of advanced medical training of the members in dermatology, venereology and related fields of medicine.”

Congress maker

It is always useful to look back at basic texts; the present tells us that, through the organisation of annual congresses, the EADV has reached one of its major goals. How should we translate this into the future? With its memorable success the EADV has generated new responsibilities for its executives and members. Depending on who considers the issue, EADV either has, should have, would have, or will have, the capacity to embrace many of the major problems of our specialty. Does the EADV have the vocation and the obligation to do so?

Our statutes further state “the Association will also be concerned with maintaining high standards in related professions and public health services, where these services are related to dermatology and venereology. The Association may carry out any operations which it may deem useful in achieving and developing this purpose”.

It appears therefore that the statutes do indeed mandate the EADV to embark on actions aimed at defending our specialty, its image, the practice of medical and surgical dermatology, and all the subspecialties. It is clear that this would imply a move from a ‘Congress Maker’ attitude (albeit very successful) towards an organisation that would develop tools and methods to reach these goals, that is: ‘Dermatology Defender’.

Dermatology defender

This issue of the EADV News contains two letters from our members; in one, Leonardo Marini (Italy) outlines the need to defend the practice of Dermatology by nominating a European Dermatological Quality Practice Standards in the EADV (see page 15); in another, Jean-Paul Ortonne (France) and Christophers Griffiths (UK) highlight the poor consideration patients with psoriasis receive from some European agencies (see page 14). These are two examples of how EADV support could operate. There are many others. Each will imply appropriate help and counselling, consensus amongst the European dermatological organisations, and many other qualities.

The key question is whether the EADV is technically ready to take this road. I think that for the time being the answer is “No”. However, if the Board and members clearly indicate that such actions should be implemented, it would become the responsibility of the executive bodies to rapidly organise the move towards professionalism in the EADV.

"This is possible: our specialty in Europe, our members and ultimately our patients deserve it."
When the EADV was founded in 1987 the 21 dermatologists and venereologists who gathered in Luxembourg had a vision of bringing together European dermatology under a common umbrella, developing an Academy of like-minded specialists who would meet for educational purposes and of promoting our specialty within Europe. 16 years later the founding members of the EADV would be proud of the EADV’s achievements to date. We now hold what is universally acknowledged to be the most successful annual congress in our specialty in Europe. The educational and scientific quality of this meeting has gone from strength to strength and equals, if not surpasses, that of the AAD meeting.

**New approaches and achievements**

In addition we have initiated an EADV-sponsored outreach educational forum – the Spring Symposium. This is held in areas that would not normally host the annual EADV Congress and encourages local participation with a regional theme. Many educational scholarships are provided to facilitate involvement. The first Spring Symposium in Malta this year was a great success (see page 4), with a high level of attendance from the southern Mediterranean area. We thank Joe Pace and his Maltese colleagues for “blazing the trail” with this venture. We look forward to the second Spring Symposium, which moves eastwards to Budapest in April 2004, and we will consider tenders from other parts of Europe for the years 2005 and 2006 at our Board meeting in Barcelona (see page 11).

Other significant achievements have been the establishment of the JEADV as a major journal and the purchase of a beautiful premises in Brussels, the EADV House, which we hope will increasingly serve as a “home” for the many diverse strands of European dermatology.

**Adjusting to growth**

Thus, over a very short period major change has taken place in our Academy. Change is always exciting but it can be difficult and sometimes painful. The different cultures of the many European countries that comprise our Academy contribute to our richness but also to our complexities. It has been the responsibility of the Board and elected officers to ensure that the founding principles of democracy, transparency and integrity remain at the heart of our organisation. This has required changes in our administrative staff, in accountancy practices and in election procedures, all of which are being progressively instituted.

Prof. Robin Marks, President of the International League of Dermatology Societies, who was a guest at our Board meeting in Malta, has written to compliment the EADV on its progressive attitude and ability to deal with the many sensitive issues which have arisen as a result of our growth. He points out that “the EADV serves as an example to professional associations on how to manage change while preserving its core values”.

I am proud to serve the EADV in the footsteps of my two illustrious colleagues Prof. Hans Rothenborg and Prof. Andreas Katsambas as the third Secretary-General of the EADV.

Frank C. Powell
EADV Secretary-General

Prof. Hans Rothenborg
(Denmark)
Secretary General
1987 - 1993

Prof. Andreas Katsambas
(Greece)
Secretary General
1993 – 2000
For those who missed the inaugural EADV Spring Symposium, its Chairman, Joe Pace, recalls some of the high points.

Malta at last!
After months of planning and nail biting, re-arrangements of venue and budget, the struggle to make EADV Malta a success in spite of recession, winds of war, and even threat of a killer bug brewing in the far East was over. President Jean-Hilaire Saurat inaugurated the special AirMalta conference flights with the direct Geneva/Malta connection. AirMalta planes carried the EADV logo for the week, in conjunction with our organising group ("nothing is impossible"), and participants received excellent treatment.

A stylish debut
On Thursday 28 February, the First EADV International Spring Symposium had its official Opening Ceremony. The just over 900 participants from 55 countries and 5 continents were first treated to a Choral and Organ concert at St John’s Co-Cathedral, Valletta. In this magnificent church, in which lie buried innumerable Grand Masters of the Order of St John and which also has the world famous Caravaggio painting The Beheading of St John, we were treated to a musical triumph thanks to the Resident Choir of the Cathedral, ably directed by the Maestro di cappella, Dr Dion Buhagiar. The concert included works by Bach, Handel and Mozart. The guests included Past Presidents of Malta, Dr Vincent Tabone and Dr Ugo Mifsud Bonnici and their wives, and the Ambassadors of Italy and Germany.

The EADV group, with President Jean-Hilaire Saurat and host Congress Chairman Joe Pace and their wives in the forefront, were escorted for the short walk from the Cathedral to the President’s Palace by drummers and soldiers in medieval costume. Our arrival at the Palace was announced by a fanfare of bugles.

A reception followed, during which the congress participants had ample time to admire the exquisite riches of the Palace. H E the President of Malta formally received the EADV Executive Committee, led by Jean-Hilaire Saurat together with Joe Pace. After short welcome speeches by Jean-Hilaire Saurat and Joe Pace, President de Marco addressed the gathering in a short but witty speech that emphasised his admiration for the specialty of Dermatology, that he once had had the opportunity to study at close quarters, and declared the Congress officially open.

Accomplished harpist and medical student Anne Marie Camilleri Podesta provided haunting background music at the Presidents’ Dinner held at the historic Borsa (Stock Exchange) in Valletta.

History
On the day preceding the start of the academic programme proper, a day-long History session was organised, with the morning dedicated to aspects of History of Medicine in Malta and the afternoon to Dermatology proper. The dramatic setting of Fort St Angelo provided the nearly 100 participants with a unique atmosphere for presentations on Medicine in medieval Malta, during the time of the Order, and during British rule. In addition, the curator of St John’s Cathedral Dr. Daniela Apap Bologna gave an amazing illustrated talk on Plague in Art, while a talk on the History of Nursing rounded off the morning.

The afternoon session followed lunch at the former Hospital of the Knights, now a conference Centre. After a tour of what was, in its day, one of the finest hospitals in Europe, the Dermatology session organised by Lawrence Parish, Marcia Ramos-e-Silva and Karl Holubar on Eponyms in dermatology proved a great
success. The camaraderie of the History participants, together with the excellence of the programme, suggests that a similar event might well be retained as an introduction to the science proper at future gatherings.

Scientific meeting

The Scientific meeting incorporated a number of firsts in keeping with the stature of an innovative event. The workshop sessions were well attended and appreciated by all. Of particular note was Direct interactive transmission of office cosmetic surgery techniques. Well organised by Christopher Rowland Payne and his colleagues, this session also included a talk on the History and development of AHAs by Ruey Yu, the holder of the 2003 International Academy of Cosmetic Dermatology Gold Award for Dermatological Research.

Other well-attended workshops included Dermatopathology (Gunter Burg), Sexually transmitted diseases (Derek Freedman and Angelika Stary), Advances in paediatric dermatology (Bernice Krafchik and Arnold Oranje), Photodynamic therapy (Lasse Braathen), and Vitiligo (Torello Lotti). Concurrently, the International Skin Care Nursing Group held a 2-day meeting attended by over 100 dermatology nurses mostly from Malta but also from Bulgaria, Cyprus, the USA, South Africa and the UK.

One of the best attended plenary sessions was that on Sun care and Skin cancer organised by Giorgio Landi (Cesena, Italy) and co-chaired by Robin Marks (Australia) and John Hawk (UK). The large audience heard all about melanoma, from epidemiology and prevention to the latest advances on dermoscopy, sentinel node biopsy, and the biology of melanoma and future implications for therapy. Recent advances on non-melanoma skin cancer concluded this session, which also made history by being broadcast live to both the Karolinska Institute in Stockholm and the Mayo Clinic at Rochester Minnesota.

The format of having an intensive 2-day meeting that focused on certain areas of Dermatology but also allowed other areas to be discussed in the workshops, lunch sessions, short presentations, and in the sister society sessions, appeared to be a success. Participant involvement was incredibly good and, up to and including the very last talk on Saturday afternoon, the lecture rooms were crammed with people eager to listen, to discuss and to learn. The lunch meetings, where lunch was provided free of charge, proved very popular, perhaps surpassing expectations.

Speaker excellence

Although it is invidious to select particular talks in such an ambience of scientific excellence, those delivered by Aldo Morrone on Dermatology of immigrants, and by Jean-Hilaire Saurat on The cutting edge of Dermatology drew particularly positive comments. Congratulations must go to all speakers and to the organisers of particular sessions who went to a great deal of trouble to provide the high level of excellence that undoubtedly came through. A welcome innovation was to introduce the concept of a lecture to honour deceased colleagues. This first ever event was dedicated to George W. Csonka, an eminent venerologist who achieved prominence in Reiter’s syndrome, non-venereal syphilis (some of which was published conjointly with Joe Pace), and numerous other contributions to the specialty. Michael Waugh delivered a splendid talk on Syphilis revisited in the presence of Betty, Csonka’s wife and other family members and friends.

Sister Society involvement included a session co-organised by EADV members, the Mayo Clinic and the Jefferson Medical College.

We also appreciated a simplified CME format and accreditation process. EAACME accreditation as well as AAD accreditation was received for 19 hours. There was once again remarkable interest in individual involvement for accreditation purposes.

As on previous occasions, EADV, supported by the Local Organising Committee, offered substantial scholarships to a number of candidates from Eastern European countries. Following representations, a similar award was offered to trainees from the Mediterranean region represented by AMED, the Mediterranean dermatology group. It is also worth recording that the EU Commission supported this EURONMED scientific concept by offering a small grant. A committee chaired by Andreas Katsambas nominated by EADV

>>> Continued on page 6
chose the successful candidates and it is expected that this system will continue for all EADV meetings.

All good things come to an end
The Saturday night event was a sell out. Two bands contrived to have everybody on the dance floor for hours on end. The blare of rock music drowned out the creaking of long unused joints; we had a ball. The Lungaro dance troupe gave a scintillating performance, while the caterers surpassed themselves with a superlative meal and ever-flowing wine. Pity it had to end!

Good bye Malta,
Hello Budapest 2004!

Award Winners' Impressions

Through EADV’s ongoing Awards programme, many young dermatologists were able to enjoy their first educational meeting at EADV’s inaugural Spring Symposium in Malta. Feedback from participants was overwhelmingly positive; especially appreciated was the mix of hands-on learning and professional instruction. EADV News brings you the participants’ impressions, in their own words.

“I was one of the 20 participants from different Mediterranean countries who received a travel grant from the Mediterranean Dermatology Association (AMED). With its extensive scientific and social programme, the meeting was an altogether unique experience for me. It was a great opportunity for young dermatologists to meet the experts in different fields of dermatology in an international atmosphere.”
-Nilgün Senturk, Turkey

“The decision by the EADV Honours and Awards Committee to grant the AMED scholarship and the Gerda Frentz fellowship to facilitate participation of trainees in Malta was warmly received by young doctors, including myself. We hope this good tradition to support trainees from the former Eastern European countries will stimulate young doctors to be active in their professional development and increase their participation in the most important annual dermato-venereology events across Europe. The new ideas and quality we receive will undoubtedly spur our personal input in dermatology and venereology in the future.”
-Matilda Bylaite, Lithuania

“Malta was a great opportunity to meet new colleagues from around the world and to enrich my knowledge in dermatology. I would like to highlight the lunch meetings with professors as the best way to facilitate learning about the chosen subjects. The sister society meetings were also very well prepared and organised. I have come back to Serbia a rich man: with many new friends and colleagues, with new paths in dermatology revealed and with memories of Malta’s beautiful natural and historical resources. I hope I will be able to attend EADV meetings in the future, to stay in touch with current dermatological learning and to apply, at least some of what I have learned in my home country.”
-Katerina Patsati, Greece

“The various scientific subjects discussed were of clinical quality and of great benefit to all of us. In this congress I was introduced to the latest treatment and technology used in various dermatological diseases, especially in psoriasis and bullous disease, plus the latest progress in the field of laser treatment.”
-Hamida Aldwebi, Libya
An exciting new development is taking place within the EADV website (www.eadv.org)! It is changing from an outmoded, static site to a visitor-friendly, state-of-the-art interactive facility. The new website will provide logical and easy linkages between sections and increased services to EADV members. EADV has conducted an extensive review of website suppliers and is happy to announce that Prous Science is the preferred option.

Prous is a leading company in Healthcare informatics with an excellent track record for the past 50 years in this area. Prous Science, based in Barcelona with subsidiaries in Philadelphia, Tokyo and Buenos Aires, has more than 170 employees and a diversified product portfolio, reflecting a strong commitment to the medical sector. Prous' clients include the European Society of Cardiology, the European Respiratory Society, the European Association of Urology, and the American Diabetes Association, among others.

Included in the revamped website will be:

- **Online membership**
  Review and update your personal details in the “members only” section of the site. Renew your membership. Locate EADV members in other countries. Includes a new member application facility for non-members.

- **CME Database**
  Your EADV CME credits can be checked on-line.

- **Secure e-Commerce**
  Pay for membership or congress registration online.

- **Event Registration**
  Register ahead of time for Congresses and Symposia and review the European meeting calendar for related societies’ events.

- **Online Abstract Submission and Congress Proceedings**
  Facilitates submission and review of information.

- **Forum Discussion Groups**
  "Members only" section to discuss problems relating to policy or practice in Dermatology with other EADV members.

- **A/V Search Technology**

- **Links to Other Dermatology Societies**
  Throughout Europe and worldwide, the EADV website will enable you to contact colleagues in many different countries.

- **Link with Special Interest Groups**
  Whether your special interests lie in the History of Dermatology or Diseases of Hair or Nails, you will be able to make contact with others sharing common interests through www.eadv.org.

- **Members can access EADV News and the JEADV**

Web casts of congresses, notices of meetings and a public information section relating to skin diseases are just some of the advanced facilities which will become available on www.eadv.org. The new website is expected to be live by 5 August 2003. Please visit it then!
Country Profile brings you up to date with the development, characteristics and pertinent issues of dermatology or venereology in a chosen country. In this edition, James Bingham of Guy's & St Thomas' Hospitals, London, reviews Venereology in the UK.

Dermato-venereology is a recognised specialty in Europe, Asia and Latin America, but not in the Anglo-Saxon world. It used to exist in the USA but has faded away: even the national academy is called the American Academy of Dermatology. Venereology is not mentioned.

Britain diverges from the European model

Before the First World War, in Britain, it was recognised that up to 60,000 people were dying each year from the late manifestations of syphilis. A British dermato-venereologist at St Mary's Hospital in London, Sir Malcolm Morris, was impatient with the “conspiracy of silence” which surrounded the issue. He agitated successfully, in the medical and lay press, and a Royal Commission was established in 1913 to investigate the problem. A report was produced in 1916 and it became law as the Public Health (Venereal Diseases) Regulations, 1916. Municipal authorities were obliged to establish special clinics to diagnose and manage the venereal diseases, and this was to be undertaken confidentially and free of charge. Partner notification was to be attempted and an anonymous notification/surveillance system was established. Clinics were soon set up all over the country, mostly in hospitals, and when the health professions were nationalised by the Labour government in 1948, the service was incorporated into the new National Health Service. Due to it being a hospital-based service, a specialty of venereology was established and that name was maintained until the 1970s.

With a dramatic decline in the incidence of venereal diseases in the 1950s, following the advent of the antibiotic era, there were voices seeking to disband the specialty but these, unlike in the USA, were resisted and the service survived. Human nature came to the rescue in the “swinging 1960s” with a considerable alteration in sexual morals, barrier contraception was abandoned with the development of the oral contraceptive pill and homosexuality was legalised between consenting adults in private. Other conditions, particularly viral infections, were recognised as being sexually transmitted and the workload increased dramatically. The name of the specialty changed, initially, to venereology and sexually transmitted diseases and, in order to minimise the stigma associated with attendance at a clinic, in the 1970s the specialty name was changed to genitourinary medicine (GU), which is now a listed specialty within the European Union. This is possible because the rules require that more than one country in the Union has the specialty and this is fulfilled by the fact that Ireland also has the specialty of GU Medicine.

HIV medicine

The first group of people in Britain to be affected by HIV infection in the early 1980s was homosexual men. Many used genitourinary medicine (GUM) services already so, when illness set in, it was natural that they should choose to have their care provided by the GU physicians whom they were already seeing. While some services are now provided by infectious diseases and other interested physicians, the bulk of the HIV workload in the UK is still undertaken by GU physicians, including inpatient care.

About the clinics

In the four countries that constitute the United Kingdom – England, Scotland, Wales and Northern Ireland – there are currently 266 clinics, 310 consultants
and 117 trainees. Some 40% of the sexually transmitted infections (STI) workload is seen in the Greater London area and the majority of the HIV workload. The clinics are led by the consultant staff and, in the larger centres, there is usually a Head of Service or a Clinical Director. These specialists are appointed by competitive interview to their posts and many remain in them for the rest of their careers. Appointment is usually before the age of 35 years. Duties are clinical and administrative but in larger units, especially the teaching hospitals, will involve teaching and training of undergraduate and postgraduate trainees as well as research. So these posts are considerably different from the office based practitioners in most of Europe. There are three established chairs in the field (all in London) but some other units have smaller academic facilities led by senior lecturers.

When the service was first established, clinics were often open from 08.00 to 20.00, Monday to Saturday and on Sunday mornings. Nowadays clinics operate during office hours but in the metropolitan areas some open earlier in the morning, most work through the lunch hour and some operate evening clinics, out of hours. A few still offer a Saturday morning service. Originally, clinics were operated on a walk-in basis where appointments were not required but as the pressure of work has increased, and in order to regulate the workloads throughout the day, most clinics now operate an appointment system. Some in the larger metropolitan conurbations still offer a walk-in service, particularly in inner city sites. Many clinics run specialist clinics for at risk groups such as gay men, sex workers and other special clinics are run for problem cases, genital dermatoses, psychosexual problems including erectile dysfunction and colposcopy.

The private sector in GU Medicine is very small. In most European countries many cases are dealt with at the primary care level but in the UK this is not the case. The government produced a sexual health strategy in 2001 with ambitious plans to improve services and set targets. Because of the problem of limited access resultant on the burgeoning workload, it is hoped to interest the primary care sector in undertaking some of the work. At present, there is only limited interest in this. The situation may change with the greater availability of nucleic acid amplification tests for many genital infections and the fact that most secondary/tertiary care is now commissioned through Primary Care Trusts, allowing greater resources to be applied to the primary care sector.

Who works in clinics?

Clinical staff includes doctors – consultant physicians, trainee doctors and non-consultant career grade doctors (non-accredited specialists who work under the supervision of consultants). There are nurses, some of whom now work in the nurse practitioner role and can consult with patients and prescribe. Recently, a nurse consultant grade has been established which allows these individuals to practise independently; they require an additional qualification in aspects of sexual health, such as an MSc. Some units employ laboratory technicians to do the on-site microscopy of genital secretions but this is a role undertaken mainly by nurses.

Most clinics employ health advisers whose role was originally related to partner notification, which they still undertake but, with the advent of HIV, they have a counselling role now and an increased health education role.

Surveillance

Some of the larger clinics have their own information technology units to facilitate collection of diagnostic and other data. Clinics have always had an obligation to report new diagnoses and the UK is further enhancing its surveillance system so that patterns of STI acquisition can be mapped locally. Reporting arrangements are updated regularly with information going to the Centre for Disease Surveillance and Control (CDSC) in London. Recent outbreaks of syphilis in HIV infected men have prompted enhanced surveillance in these instances as part of newly developed outbreak management plans.

Training in GU medicine

When the United Kingdom joined the European Economic Community in the early 1970s, it was obliged to formalise its medical training programmes. Training in medical specialties is overseen by the Joint Committee on Higher Medical Training (JCHMT) and each specialty has its own Specialist Advisory Committee (SAC). These review training needs and modify the training programmes from time to time, in the light of developments. Training in HIV Medicine is now incorporated as part of the GU Medicine training programme, which has a duration of four years. It cannot be commenced until a minimum of two years general profession training has been completed in general internal medicine, or in obstetrics and gynaecology. In the HIV era, most trainees follow the former route but, medical training in any specialty cannot be commenced until a membership examination in internal medicine or obstetrics and gynaecology has been passed. Therefore an entrance, rather than an exit, examination is given. It is now obligatory to pass a Diploma in...
The annual congress of the EADV has become a major event in Dermatology and Venereology in Europe. Barcelona is preparing to host the event this year! Prof. Mario Lecha, President of the Congress reports.

Remembering the past
2003 is a special year for Barcelona and Dermatology. The Professional Medical Association in Barcelona – Collegi de Metges de Barcelona – has declared 2003 the year of Dr. Giné i Partagàs, a physician who died in Barcelona in 1903. He contributed to the modernisation of medicine in harmonisation with other European countries at the end of the 19th century. His work was centred on medical education and patients’ assistance and among his publications there were two textbooks on Dermatology and Venereology. He is considered the forefather of Dermatology and Venereology in Barcelona.

The first day of the Congress will also focus on the past. A symposium "In Memoriam" of the late Prof. José Giménez Camarasa, considered by many to be the soul of this 12th Congress, will kick off this meeting. The symposium, on Fragrance Allergy (a subject of his preference), is being organised by the International Society of Contact Dermatitis.

A mix of the familiar and new
The organisation of the 12th EADV Congress is steadily advancing. Planning for the scientific programme comprising 41 symposia and 21 workshops is near completion.

With some 62 sessions the Local Scientific Community (LSC) has tried to cover many of the topics of interest in Dermatology and Venereology, including new titles such as "Skin Equivalents and Skin Banking", "Skin Complications in Transplant Medicine" and "Bioengineering of the Skin". In the words of Prof. J. Peyri, Secretary of the LSC, the committee is very proud of its work in selecting these symposia and workshops. It is always difficult to select the topics that will be of most interest and to try to find the appropriate speakers.

To make the Congress as comprehensive as possible, this year’s event also includes 10 courses and several lunch time sessions covering special fields like Free and Easy Dermatology, In Vitro Testing for Perfume Allergy, Dermatology for Women, Barrier Function, and Photodynamic Therapy.

As in years past, the programme will include “Main Lectures” and a final “What’s New” session covering four topics: Research, Clinical Dermatology, Dermatopathology, and Therapeutics, presented by relevant specialists: K. Thestrup-Pedersen, J.P. Callen, L. Requena and J. Bolognia, respectively.

The programme will end with Free Communications - 300 have been received so far - and Satellite Symposia on different topics. A poster exhibition will include more than 1,000 posters.

It’s not too late to register!

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On-line registration and further information at: www.unicongress.com/eadv2003
**Future Congress and Spring Symposia Bids**

Bids to host the 2007 EADV Congress and the 2005 and 2006 EADV Spring Symposia will be considered at the Board meeting in Barcelona in October.

Those interested in bidding for these events should contact the EADV office (office@eadv.org) for appropriate details and application forms.

Completed applications should be received in the EADV Office by 1 August 2003, to be eligible for consideration.

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**New Financial and Administrative Design for EADV Congresses: Towards Centralisation**

A major step forward was taken during the EADV Board meeting in Malta, with the design of a new administrative and financial organisation for the EADV congresses. In the past, EADV delegated powers to the local organisers. With small congresses it was possible for the local organiser to deal with all the problems that were not clearly defined in the so-called “president’s contract”. With the formidable growth of the EADV congresses, it became urgent to update this design.

The Finance Committee and the president of the EADV worked on a new proposal, recently approved by the Board. The new design entails nominating three representatives that report to the central office: the congress president (in charge of the programme and all medical matters), the PCO (professional congress organiser in charge of commercial aspects), and the local EADV accountant (in charge of all financial duties). The new system will allow the EADV office to be permanently aware of what is going on at all stages of congress organisation.

The Finance Committee and the president of the EADV thanks all of these societies and recognises the importance that other associations, such as the European Dermatology Forum and the Section and Board of Dermatology and Venereology of the European Union of Medical Specialists (UEMS), organise meetings in connection with the EADV Congress.

This new system is already in place with regard to the upcoming congress in Barcelona. Prof. Mario Lecha, president of the 12th EADV congress in Barcelona, kindly agreed to amend his previous contract to allow for immediate implementation. The contract will be published in extenso in a future edition of EADV News.

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“A common goal

All those involved in its organisation believe that the annual EADV Congress should be the major dermatological event in Europe, where the present and the future of our specialty is debated. The EADV programme should make the event the dermatology “must” of Europe. This has been constantly in the back of the mind of the Local Organising Committee (LOC) without forgetting that the main purpose of the congress must remain the provision of continuous medical education in the field of Dermatology and Venereology.

The EADV Congress’ role as the meeting point of Dermatology and Venereology in Europe has traditionally been supported by the participation of its so-called Sister Societies. EADV thanks all of these societies and recognises the importance that other associations, such as the European Dermatology Forum and the Section and Board of Dermatology and Venereology of the European Union of Medical Specialists (UEMS), organise meetings in connection with the EADV Congress.

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“EADV congress, the dermatology ‘must’ of Europe... where the present and the future of our specialty is debated”
Barcelona 2003

The Following Sister Societies will meet in Barcelona:
- European Society for Cosmetic and Aesthetic Dermatology
- European Society for Paediatric Dermatology
- European Society of Dermatopathology
- European Immunodermatology Society
- European Society of Contact Dermatitis
- European Task Force on Atopic Dermatitis
- European Academy of Allergology and Clinical Immunology
- European Women’s Dermatology Society
- European Society for Laser Dermatology
- European Nail Society
- European Academy of Dermato-Oncology
- European Dermatology Forum
- European Skincare Nursing Network
- Brazilian Society of Dermatology
- European Society of Micrographic Surgery.

Barcelona beckons

If all these dermatological events are not enough, Barcelona has plenty of non-dermatological activities to offer at the same time. During the fall, the usual season of concerts will be organised in the Auditorium and “Palau de la Música”, including the International Jazz Festival. To coincide with the congress, the opera theatre “Gran Teatre del Liceu” will present Hamlet of Thomas by the Grand Theatre de Genève. Art exhibitions will be open in the Pedralbes Monastery, Centre de Cultura Contemporània de Barcelona, Fundació Tàpies, and Fundació Joan Miró.

There are many reasons not to miss the 12th EADV Congress in Barcelona 15–18 October 2003. See you soon in Spain!

Venereology in the United Kingdom

Genitourinary Medicine by the end of the second year of training and, in the future, those willing to progress as HIV specialists in particular, may be required to pass a Diploma in HIV Medicine which is due to commence in June 2003 at the Society of Apothecaries of London. In recent years, as in Dermatology, more than 50% of the trainees are women, some of whom train flexibly over an extended period to facilitate childbearing and, some of these, wish to work part-time only in the future.

Specialist societies and journals

The British established the Medical Society for the Study of Venereal Diseases (MSSVD) in 1922. It is now the most active and largest STI society in the world with over 800 members. It holds regular academic meetings in London and has an annual Spring Meeting which alternates between a British and a European venue. Last year’s meeting was in Oslo and this year’s, in conjunction with the European branch of the International Union against Sexually Transmitted Infections (IUSTI), will be in Leeds. In 1993, the Association for Genitourinary Medicine (AGUM) was set up to deal with professional matters and set standards. It formed a Clinical Effectiveness Group with the MSSVD to write national management guidelines, which are regularly revised. Later this year, the two organisations will amalgamate. Although a name for the new association has not yet been decided, all of the existing functions will be retained. The MSSVD publishes the journal Sexually Transmitted Infections and AGUM publishes the International Journal of STD and AIDS. Although the MSSVD has an HIV interest group, the British HIV Association (BHIVA) was established in 1996 and it, too, produces management guidelines for HIV and publishes a journal, HIV Medicine, jointly with the European Clinical AIDS Society.
CME – Friend or Foe?

The EADV CME Committee is tasked with ensuring that EADV’s educational offerings conform to standardised measures of professional knowledge. Below, Chairman Jørgen Serup provides an overview of the committee’s focus.

Dermatologists typically spend some 30 years within the specialty. Many changes occur during such a long period. The ability to maintain professional inspiration and happiness throughout a career is not guaranteed. Inspiration can fade and the dermatologist can begin to experience the symptoms of professional “burn out”. Professional skills correlate with job satisfaction and job satisfaction correlates with patient satisfaction. Patients and professionals interact and share interests.

To maintain job satisfaction, change and progress are needed. Most would agree that change is stimulating when viewed as a challenge. A static situation for 30 years of professional practice is surely undesirable.

Purpose

A declared main aim of the EADV is to deliver continuing medical education (CME) to dermatovenereologists in Europe. For that purpose, EADV organises two annual meetings: a major Congress in October with some 70 sessions and 6,000 participants and a smaller gathering earlier in the year called the Spring Symposium. (The very first was held this year in Malta, see page 4)

In some European countries, the UK most prominently, documented CME educational hours or points are requested by national authorities as a proof of professional education. In Europe, an official body called the European Accreditation Council for Continuing Medical Education (AECCME), under the umbrella of the UEMS (Union Européenne des Médecins Spécialistes/ European Union of Medical Specialists), has been established for the formal evaluation of congress programmes and nomination of CME points. These points are recognised in the whole of Europe and in the USA, according to a charter concluded together with the American Medical Association. EADV’s CME Committee makes sure that all educational programmes conform to AECCME specifications. (Further information: www.uems.be.)

Process

CME forms are distributed during EADV congresses for the official registration of hours of active participation in sessions. After the congress, attendees receive an official EADV CME certificate with a statement of personal record. Forms also include session and speaker evaluation questions. This information is used by the EADV Board and the Scientific Committee for congress evaluation and improvement.

CME is a quality assurance and control instrument. Countries understandably want to ensure that medical professionals deliver good and up-to-date services to patients. Though quality control has a negative psychology, one quite distant from a doctor’s individualist mentality, it would be a mistake to view CME as a distraction or, worse, a foe.

Positive Results

Congress statistics indicate that participants of EADV congresses from countries requesting CME join double as many sessions as the average academic congress participant. Thus, a country’s request of CME can actually influence participants’ behaviour. Physical presence in a lecture room is, after all, one critical factor in the capture of the education in a good lecture.

The CME Committee will continue to consider and propose new EADV educational activities. Such activities could include more new themes, more interactive sessions and more problem-based education. Fresh input from members and others is welcomed.

Jørgen Serup
Chairman

New Ethics Committee to be Formed

EADV is multinational and multicultural. Behaviour perceived as improper in some countries is considered as almost acceptable in others. This has been the subject of debate at recent Board meetings. In order to get different views on these issues, the President has had to ask the advice of dermatologists from different countries of Europe. The board considered that this positive aspect of democratic functioning should be fully integrated in the EADV rules. Therefore a formal “Ethics Committee” will be discussed at the forthcoming Board meeting in Barcelona.

This formal establishment of this new Ethics Committee serves as recognition of thanks to those who previously served as advisors to the President on ethical issues. Meeting in the EADV House in Brussels, the distinguished members of this group included:

Prof. S. Belaich (Paris, France); Prof. J. R. De Moragas (Barcelona, Spain); Prof. J.A.A. Hunter (Edinburgh, UK); Prof. C.E. Orfanos (Berlin, Germany); Prof. A.B. Poiares-Baptista (Coimbra, Portugal); Prof. H. Rorsman (Lund, Sweden) and Prof. U. Schnyder (Zurich, Switzerland). EADV thanks them all for their significant contribution to the ethical ethos of the Academy.
The plight of psoriasis patients in Europe

We write to you to highlight our concerns about the recent decision made by the European Medicines Evaluation Agency (EMEA) to turn down approval for Biogen to market their novel LFA3-IgG fusion protein (Alefacet; Amevive) for the treatment of chronic plaque psoriasis.

Psoriasis is a common, currently incurable, severely psychosocially disabling disease that places a huge economic burden, not only on the healthcare system but also on individual patients. Most patients – in excess of 75% – in a recent National Psoriasis Foundation survey, mirrored by a survey by the European Psoriasis Association, believed current therapies for psoriasis were inadequate. Thus, there is an immense unmet need. Alefacept with its unique mechanism of action and exemplary safety record, at least in the short term (i.e., 3-4 cycles), appears an ideal treatment for maintenance of remission in patients with psoriasis.

This decision is particularly galling in light of the American Food and Drug Administration’s approval (31 January 2003) of this same drug for treatment of psoriasis where either systemic therapy or phototherapy is indicated. In light of the development of other biological agents for the treatment of psoriasis, this decision by the EMEA rings alarm bells for the treatment of patients with psoriasis in Europe. We believe this decision would make it very much more difficult for other biological agents that are about to enter the approval process, or are already in the approval process, to achieve approval in Europe.

What this means is that European patients with psoriasis are disadvantaged as compared with their fellow sufferers in the United States. The management of psoriasis is very much on an individualised basis; one treatment does not suit all. Alefacept and agents like it offer more options for therapy and thus more likelihood of long term control of this disease.

We urge the President of the EADV to raise this issue directly with the EMEA.

Yours sincerely,

Prof. Christopher EM Griffiths
Section of Dermatology
University of Manchester
United Kingdom

Prof. Jean-Paul Ortonne
Service de Dermatologie
Hopital de l’Archet 2
France

EADV support for national societies

Thank you very much for your letter and for circulating copies of EADV News to our specialist association. I always inform my colleagues, who are not members of EADV, about the new issue of EADV News. You are making a great effort to enhance the connection between EADV and national societies.

Also, special thanks to the EADV for the constant and generous supporting of the dermatologists from CEEDVA.

Sincerely yours,

Prof. Djordjije Karadaglic
President of Yugoslav Association of Dermatology and Venereology

Feedback on membership benefits

I would like to respond to the Chairman of the Membership Committee regarding the Additional Member Benefits published in the Winter 2002, Issue No. 5 of EADV News.

I agree with all the measures that you considered and communicated in EADV News No. 5. I believe also that it would be beneficial for all the EADV members to have a special site (on the web) for sharing opinions, making announcements and helping each others (a chat room, maybe).

Thank you,

Dr. Rodica Olteanu
Romania
The practice of medicine is one of the most regulated professions in existence and Dermatology, being at its forefront, is facing the burden of constantly increasing pressure from governments, health plans and patients associations. While it is somewhat easier for larger organisations, like hospitals and clinics, to at least try to cope with these pressures, office based dermatological practices are beginning to struggle to do the same.

The disparity of human and economical resources between the two main categories of dermatological operations will inevitably generate a difficult-to-be-filled gap in meeting all the needs required. Our counterparts in the United States are trying to react, uniting their forces to support the goal of assuring their patients a kind of service required by today’s rules. However, Europe’s political situation, with its differing national rules and regulations, is not helping its dermatologists to clearly identify a common path.

EADV has a unique opportunity in helping them to find this path. Common rules and regulations could be discussed and approved by properly appointed EADV ad-hoc committees, and be subsequently proposed to the members, to guarantee a high standard of dermatological services throughout Europe. On the political level, EADV-nominated official representatives could then present these standards to national governments and European Health Commissions.

The Federation of European Dermatological and Surgical Societies (FEDSS), has long ago recognised the importance of actively co-operating with EADV with the specific purpose of building a high standard in medical education in Dermatology. The contribution of these societies, identified by EADV as sister societies, has established a highly productive synergy with EADV. Their many specifically specialised members could also effectively help in designing what could be defined as the European Dermatological Quality Practice Standards (EDQPS). The EDQPS could be a periodically upgraded guide printed by EADV to help members provide a standardised high quality care to patients.

When we talk about quality we usually refer to concepts already in use by commercial companies. The International Organisation for Standardisation (ISO) and the European Foundation for Quality Management (EFQM) are the two main officially recognised organisations that are setting standard rules. In the US, the Accreditation Association for Ambulatory Health Care (AAAHC) is actively involved in providing certifications to medical practices that meet quality control standards. In order to have a satisfied customer (patient), there are four important fields to be controlled: Governance; Human Resources; Quality of Final Product or Service; Quality Management and Improvement.

An ad-hoc committee for EDQPS should ideally be nominated within EADV and four task-force committees – one for each quality field – be subsequently identified within it. This ambitious joint effort should be made by top active dermatologists and dermatological surgeons selected from FEDSS, all other leading EADV sister societies and by EADV Board Members, each of them contributing specific information pertinent to their specialisation.

The final “product” of this harmonious co-operation could be nothing but a marvellous gift EADV may give to its ever-growing member population. A “gift” that will be surely long appreciated for the times to come.

Leonardo Marini, M.D.
Secretary General
Federation of European Dermatological and Surgical Societies (FEDSS)
This is a busy year for elections in the EADV! The Treasurer Jacques Delescluse announced at our last Board meeting that he will not be going forward for a second term of office so there will be an election for a new Treasurer in Barcelona. There will also be an election for Secretary-General-Elect who will assist the work of the Secretary-General for a maximum of 2 years before he/she takes full responsibility for that office.

These elections will take place at the Board meeting in Barcelona. The closing date for nominations is 1 August 2003. Please contact your EADV Board member for further details.

**Election of new Board members**

There are also new Board members to be elected in Barcelona!

Retiring from our Board after the Barcelona Congress will be:

- Mario Lecha (Spain)
- Kristian Thestrup-Pedersen (Denmark)
- Martin Black (UK)
- Giorgio Landi (Italy)
- Joe Pace (Malta)
- Ove Back (Sweden)
- Harald Gollnick (Germany)

Recently retired after serving our Board for 6 years are:

- Michael Hornstein (Germany)
- Jacques Housset (France)
- Wilhelm Van Vloten (Netherlands)

In order to increase democratic functioning in our Academy we want EADV members in each of these countries to participate in choosing the person they wish to represent them on the EADV Board. The proposed Board member must be agreeable to go forward for election and be seconded by another ordinary EADV member. Please send the completed EADV Form to the Secretary of your National Society AND fax a copy to EADV House, Ave General de Gaulle 38, B-1050 Brussels, Belgium Fax No: +32-2 650 0098.

Closing date for receipt of nominations is 1 August 2003.

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**EADV PROPOSAL FORM for NEW BOARD MEMBERS**

(Name of candidate) (EADV membership number)

is proposed by (Member’s name and EADV membership number)

and seconded by (Member’s name and EADV membership number)

as Board Member to represent (Country)

and endorsed by (Name of Association)

to take up position on the EADV Board in October 2003

Signed: President of Association Secretary of Association

Please enclose a 2 page CV of new proposed candidate.

Send the completed EADV Form, together with 2 page CV, to the Secretary of your National Society AND fax a copy to EADV House, Ave General de Gaulle 38, B-1050 Brussels, Belgium. Fax No: +32-2 650 0098.

Closing date for receipt of nominations is 1 August 2003.
Elections - Elections - Elections

Re-election of existing Board members

Finally, there are 8 Board members who are eligible for re-election in Barcelona.

These are:
Alfredo Rebora (Italy)
Pascal Joly (France)
John Bourke (Ireland)
Antonio Picoto (Portugal)
Yves Dinet (Belgium)
Erwin Tschachler (Austria)
Raimo Suhonen (Finland)
Luca Borradori (Switzerland)

It is the right of EADV members in each of these countries to propose an alternative candidate for these positions, or to endorse their support for continuation and re-election of the present Board representative.

Please use the re-election form below for this purpose, send to the Secretary of your National Society AND fax a copy to: EADV House, Ave General de Gaulle 38, B-1050 Brussels, Belgium Fax No: +32 2 650 0098.

Closing date for receipt of nominations is 1 August 2003.

Any queries regarding these elections please contact:
e-mail: office@eadv.org,
tel: +32-2-650 0090,
fax: +32-2-650 0098.

EADV RE-ELECTION FORM for BOARD MEMBERS

I endorse re-election of .........................................................................................................................
(Member's name and EADV membership number)

OR I suggest an alternative candidate .........................................................................................
(Name of candidate) (EADV membership number)

is proposed by .................................................................................................................................
(Member's name and EADV membership number)

and seconded by ..............................................................................................................................
(Member's name and EADV membership number)

as Board Member to represent ........................................................................................................
(Country)

and endorsed by ...............................................................................................................................
(Name of Association)

to take up position on the EADV Board in October 2003

Signed: ............................................................................................................................................
President of Association Secretary of Association

Please enclose a 2 page CV of new proposed candidate.

Send the completed EADV Form, together with 2 page CV, to the Secretary of your National Society AND fax a copy to EADV House, Ave General de Gaulle 38, B-1050 Brussels, Belgium Fax No: +32-2-650 0098.

Closing date for receipt of nominations is 1 August 2003.
First Birthday of The EADV House
AAD Celebrates

To celebrate the one-year anniversary of the opening of EADV House in Brussels, the AAD have donated a Commemorative Globe to the EADV. The inscription reads:

To Our Colleagues
at the European Academy of
Dermatology & Venereology

In Honor of Your New Offices
April, 2002

From Your Friends at the
American Academy of Dermatology

This gracious gift will serve as a constant reminder of the enduring friendship and collaboration that has steadily developed between the two Academies.

Senior EADV Administrative Officer

With a diploma of the prestigious Hotel School of Lausanne, Nancy worked for 9 years in the hotel business and then as a project manager in a Professional Congress Organising (PCO) company organising mainly medical congresses. This profile and her willingness to travel widely and frequently to meet with executive officers, PCO’s and pharmaceutical companies, made Nancy an ideal person for the task of Senior Administrative Officer. She accepted to join the EADV to help reshape our Academy into a truly pan-European organisation and was presented to our Board in Malta.

Currently she is optimalising the administrative networking between the executive officers and the EADV House. She is setting up the administrative structure of the congresses and dealing with many other matters related to sponsorships. Nancy met with many of our members at the Spring Symposium in Malta, and looks forward to meeting many more members in Barcelona. Call to the EADV booth in the Congress Hall and say hello to Nancy. She’ll be delighted to make your acquaintance.

EADV at AAD in San Francisco

Once again, the EADV had a strong presence at AAD’s annual meeting, held this year in San Francisco. Over 200 international guests attended the EADV President’s Cocktail, hosted by Galderma, and were warmly welcomed by EADV President Jean-Hilaire Saurat. The EADV booth, manned by Nancy Induni (left) and representatives of the PCOs handling EADV’s upcoming meetings in Barcelona and Florence, attracted many visitors. Finally, the AAD President’s Dinner proved to be an extremely pleasant and hospitable occasion for all present.

Els Vanpee and Tanja Seppala have left the service of the EADV. We wish them well in their future careers, and thank them for the good work they have done for the Academy. Catherine Cathala has been appointed to the office in Brussels while we are reorganising our Administrative Staff, and Gess Farrell will help in Dublin with the work of the Secretary-General.

You can contact the EADV staff by e-mail: office@eadv.org, tel: +32-2-650 0090 or fax: +32-2-650 0098.
Prof. Mario Lecha is President of the 12th EADV Congress in Barcelona. He took over this responsibility two years ago from the late Prof. José Gimenez Camarasa, who sadly died in the summer of 2001.

A native of Barcelona, Mario Lecha studied Medicine in the Medical School of the University of Barcelona from 1959–1966. Coming from a family of medical doctors, including his father (a dermatologist), he had always been in close contact with Dermatology. At the end of his general medical studies, he began working in the Dermatology Department of the Hospital Clinic in Barcelona, where Prof. Piñol Aguadé had recently become Director and Chairman. He started his specialisation studies at the School of Dermatology and Venereology in the Department of Dermatology of the Hospital Clinic, and was accepted as a Resident in 1968. His work as a specialist in Dermatology and Venereology started in 1972 in the same Department of Dermatology, where he dedicated himself to three different fields within the specialty.

The first was Mycology, which he focused on by working in the mycology laboratory during his first years, dividing his time between this task and the clinical care of in-patients. Second came Photodermatology, for which he attended the Photodermatology Unit in Saint John’s Institute of Dermatology (London) in 1972, directed at that time by Prof. I.A. Magnus, and later started the Photodermatology unit in the Hospital Clinic. For the third, Porphyria, he took part in a Porphyria study group established in the Hospital Clinic by Prof. Piñol Aguadé. The study of Porphyria has been one of the most outstanding works of the Department, for which he has often collaborated with the Medical Biochemistry Department chaired by Prof. G.H. Elder at the Medical School at Cardiff University.

In 1977 he was appointed Head of the Department of Dermatology in the Hospital Clinic in Barcelona, where he divided his time between clinical duties, research and department management. In addition, he has been involved in the organisation of an international meeting every two years – The International Meeting of Dermatology of Barcelona – collaborating with Prof. Piñol Aguadé and Prof. José Mascaró.

The sixteenth meeting was held in March 2002.

Teaching became yet another task in his developing career in Dermatology when he was appointed Associate Professor of Dermatology at the Medical School of the University of Barcelona in 1985.

He was appointed Spanish delegate to the UEMS in 1994, serving as Secretary of the Dermatology and Venereology Section from 1997 to 2000. He has been a member of the EADV since its first congress in Florence and became a member of the EADV Board in 1994. Deeply involved in the development of European Dermatology, he continues to serve as Spanish delegate to the UEMS and as a Board member of the EADV. When Barcelona was proposed as the host city for the 12th EADV Congress, Prof. José Gimenez Camarasa asked him to collaborate as Vice-President. The responsibility of the Presidency fell to him after Prof. Camarasa died after a short illness.
IMPORTANT NOTICE

The 17th Ordinary General Meeting (OGM) of the EADV will be held on:

Friday 17th October 2003
in the Palau de Congressos, Congress Centre, Barcelona, Spain
at 12.00 mid day

In accordance with the statutes of the EADV it is hereby announced that the 17th Ordinary General Meeting (OGM) of the European Academy of Dermatology and Venereology will take place on Friday 17th October 2003 at the Palau de Congressos Congress Centre, Barcelona, Spain.

AGENDA

1. Welcome by the President of the Congress Prof. Lecha
2. Welcome by the President of the EADV Prof. Saurat
3. Minutes of the 16th OGM, Prague 4th October 2002
4. Matters arising from the minutes
5. Presidents report
6. Secretary-General’s report
7. Treasurers report
8. Statutes
9. Elections
10. OGM Recognition of European Constituent Countries
11. Editors report
12. Congress and Symposia reports
13. Correspondence
14. Any other business

Frank C. Powell
EADV Secretary-General, June 2003
Important Reminders

12th EADV Congress
Register before September 30, 2003
and benefit from pre-congress reductions

2nd EADV International Spring Symposium
Deadline for abstract submission:
1 December 2003

Election of New Board Members
Completed form must be returned by 1 August 2003

Re-election of Existing Board Members
Completed form must be returned by 1 August 2003

Tenders for future Congresses & Symposia
Complete tender documents must be submitted before
1 August 2003

Important Notice

EADV members are invited to the:

17th Ordinary General Meeting (OGM) of the EADV
12.00 (midday)
Friday, 17 October 2003
Palau de Congressos
Barcelona, Spain

All members are encouraged to attend the OGM and actively participate in the business of the Academy.

Calendar of Events

> 2003
EADV OGM
Palau de Congressos, Barcelona, Spain
17 October 2003

12th EADV Congress
Barcelona, Spain
15 - 18 October 2003

BSPD 18th Annual Symposium and AGM 2003
Dublin, Ireland
14 - 15 November 2003

4th AMED Congress
Montpellier, France
24 - 26 June 2004

34th Annual ESDR Meeting
Vienna, Austria
9 - 11 September 2004

13th EADV Congress
Florence, Italy
17 - 21 November 2004

> 2004
AAD 62nd Annual Meeting
Washington, DC, USA
6-11 February 2004

2nd EADV Spring Symposium
Budapest, Hungary
30 April - 1 May 2004

2004 ISD International Congress on Dermatology
Beijing, China
19 - 22 May 2004

> 2005
14th EADV Congress
London, UK
12 - 15 October 2005

> 2006
15th EADV Congress
Rhodes, Greece
4 - 7 October 2006
European Academy of Dermatology & Venereology

Barcelona 2003
BUILDING A NEW DERMATOLOGY

12th Congress

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Scientific Secretariat
Inter-Congress RCT
McCANN ERICKSON
Meetings

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