Topical Calcineurin Inhibitors
EADV president Johannes Ring issues a statement on safety
Page 3

Dermatology in Iceland
Board member Steingrimur Davidsson provides overview
Page 6

Safe Dermatological Treatments in Pregnancy
The need for European harmony
Page 8
Northern Lights
4th EADV Spring Symposium
Saariselkä, Lapland, Finland
February 9-12, 2006

Skin and Climate

Further information:
www.eadv.org/lapland2006
lapland2006@congrex.fi
Inside

President’s Perspective ........................................................................................................ 2
EADV in motion

Topical Calcineurin Inhibitors ............................................................................................. 3
Prof. Ring issues statement on safety

Members’ Views .................................................................................................................. 4
EADV and the private practitioner

14th EADV Congress ........................................................................................................... 5
An invitation

Dermatology around Europe ............................................................................................... 6
Dermatology in Iceland

Clinical Perspectives ............................................................................................................ 8
Dermatological treatments in pregnancy

EADV Board Members ........................................................................................................ 8
Meet two new members from the Nordic region

Servicing the Dermatology Community ............................................................................. 9
Acta Dermatovenereologica

Sofia Welcomes European Dermatology ........................................................................... 10
3rd EADV Spring Symposium

Bulgarian Dermatological Society ..................................................................................... 10
80 years if experience

A Virtual Guide to Sofia ...................................................................................................... 12
Tourist recommendations from local dermatologists

EADV Scholarships .............................................................................................................. 12
Announcing the winners

Clinical Perspectives ............................................................................................................ 13
Clinical genetics: dialogue

Partnership with Patients ................................................................................................... 14
EUROPSO

Update from the Membership Committee ......................................................................... 14
Growing membership

Update from the Fostering Dermatology Committee ...................................................... 16
First steps and future planning

Update from Media & PR Committee .................................................................................. 18
New PR initiatives for EADV

Update from the Finance Committee ................................................................................. 19
An eye on the future

Update from the Secretary General .................................................................................... 20
Changes to the Statutes and more

Dates for your Diary ............................................................................................................ 21
Reminders, deadlines and calendar

EADV News
Published by EADV
Editors: Fenella Wojnarowska & Gregor Jemec
Technical Editor: Nikki Walker
Design & Production: MCI (formerly GIC Management)

The contents of this publication are compiled in good faith. The publisher accepts no responsibility for omissions or errors.

EADV Office
Avenue General de Gaulle, 38
B-1050 Brussels
Belgium
Tel. +32-2-650 0090
Fax: +32-2-650 0098
E-mail: office@eadv.org

Advertising Rates
Back Cover € 5.000
Inside Front Cover € 3.000
Inside Back Cover € 2.750
Full Page € 2.500
1/2 page € 1.100
1/4 page € 600

Editorial

Involving Trainees, Members and Patients

Involvement suggests movement, which may be physical, mental or both. You move to a new point of view, a new idea or a new place.

To promote involvement, the EADV has just launched an exciting new programme to foster dermatology across all of Europe. This seminal programme aims to foster community, collaboration, and exchange between dermatologists from all European countries. All parties stand to benefit from becoming involved when enthusiasm and knowledge are shared.

The first two groups to benefit will be office practitioners and residents.

We know that dermatologists in training are the future life-blood of both dermatology and the Academy. EADV plans to support them by the Excellence in Education Programme. This will help both quality issues and clinical training in many ways. Over time, it will move dermatology practice across Europe towards a common best practice, ensuring that patients all over the continent are offered the same high standards. The effort of training and involving a visiting resident helps not only the visitor but also the host. By providing this exchange programme the standard of training may therefore be raised for all.

Finally, the participants are to be chosen from across all of geographic Europe, with the intention of promoting friendships and future collaboration.

Office practitioners are to be helped in 2 ways. Starting in January, there will be Scholarships for Visiting Dermatologists allowing practitioners to visit dermatology departments in other European countries, to update themselves on new techniques or clinical practice. Additionally, the CME Committee is working in collaboration with EDEN to provide some educational material for office practitioners.

These initiatives are the start of a long term commitment to improving the practice of dermatology for EADV members and patients.

We need your ideas so please be interactive and let us know what you want.

Gregor Jemec
Editor

Fenella Wojnarowska
Editor

➤ Please send your suggestions, feedback and contributions for the attention of the Editors, EADV News c/o Marika Wendler, Administrative Assistant at the EADV Office via: marika@eadv.org
EADV started the New Year full of energy and much effort at many different levels. Let me update you with the recent activities of our Academy.

**Fostering dermatology**

First of all, the Fostering Dermatology programme, proposed by our past President Jean-Hilaire Saurat and initiated by the Board during the 13th Congress in Florence, has now taken shape. Under the leadership of Fenella Wojnarowska, Erwin Tschachler, Ruggero Caputo and Jean-Marie Naeyaert the proposed plan comprises different activities. There will be courses for Dermatopathology, Bullous Diseases and Microbiology for a limited number of participants for residents from all over Europe. The Dermatopathology course will be conducted firstly in Ghent, Belgium in July (2005-6) and secondly in Graz, Austria (2007-8). The Microbiology course will be held in Vienna in July, and the course on Bullous Diseases will be organised prior to the EADV Congress in October in London. (See page 16 for more details). There will be further courses next year.

Furthermore, a *Visiting Dermatologists* programme will give practising dermatologists a chance to spend one week in a specialised clinical unit in a foreign country.

I am sure you will agree that our Fostering Dermatology programme is a major step forward for our Academy in promoting our discipline for the future!

**International cooperation with sister societies**

At the recent congress of the American Academy of Dermatology (AAD) in New Orleans in February 2005 a task force was founded consisting of executive committee members from both EADV and AAD with the aim of strengthening cooperation between both organisations at various levels. Initiatives are likely to include: mutual benefits for members of both academies, joint sessions at our congresses, working on CME accreditation, exchange programmes, joint projects in research or with regard to position papers as well as actual topics of interest. Our Secretary General Joe Pace will take special care of these activities.

At the same time EADV wants to be more active at the international level within the International League of Dermatological Societies (ILDLS) and strengthen relations with other large dermatological societies in the world. First contacts with the Japanese Society for Dermatology have already been started.

**Development and reorganisation of EADV**

It has become abundantly clear that in order to represent dermatologists from all over Europe and become a more professional active Society - which takes care of the need of dermatologists in daily life (and not only the organisation of congresses) - that the Statutes of our Academy have to be changed profoundly. Past Secretary General Frank Powell has been given the task of chairing a committee on the development and reorganisation of our Statutes where the following major elements will have to be discussed:

- Reconsider the legal location (“seat”) of our Academy with regard to practicability of laws and financial regulations.
- Allow representation of all European countries within EADV.

<<<< Continued on page 14
EADV President, Johanness Ring responds to the question: is there new data regarding the safety of topical calcineurin inhibitors used in eczema treatment?

Recently, the Paediatric Advisory Committee of the US American Food and Drug Administration (FDA) recommended a “black box warning” on topical calcineurin antagonists pimecrolimus and tacrolimus used in the treatment of eczema. This black box warning contains an announcement to the Health Professional Label with regard to a possibly increased risk of cancer formation. This information on the FDA web site has aroused considerable debates, discussions and confusion or worry in patients and physicians. Is there really new data that makes a reconsideration of the current recommendations regarding the use of these substances mandatory? After careful consideration of the available information, both from the health agencies including the material used by the FDA and post-marketing surveillance data from the manufacturers, the President of the EADV commented on the issue in the following press release.

**Prof. Ring’s statement**

16 April 2005: The President of the European Academy of Dermatology and Venereology (EADV) has today voiced his disappointment with recent statements by the US Food and Drug Administration (FDA) which could potentially deter patients and physicians from using the new topical calcineurin inhibitors, pimecrolimus cream (Elidel) and tacrolimus ointment (Protopic) for eczema. Prof. Johanness Ring said there was no clinical evidence that the preparations used to treat atopic eczema were associated with an increased risk of cancer.

Prof. Ring warned that a recommendation by the FDA’s Paediatric Advisory Committee for a change to the labels of the two products had caused unnecessary worry to many patients, and especially to those caring for children with atopic eczema. He said: “It is difficult to see how the FDA can justify its conclusions, since the available data do not show a causal relationship between the use of these topical drugs and of cancer in humans.”

The statements issued by the FDA are largely based on the results of animal studies using the drugs in oral tablet form at high doses, resulting in far higher exposure to the active ingredients than occurs in human patients, where they are applied to the skin as a cream or ointment. For instance, when Elidel Cream is used on the skin in the normal way, the amount of pimecrolimus entering the bloodstream is usually too low to measure.

There is no evidence from human studies of an increased incidence of lymphoma or other cancer with the topical use of pimecrolimus cream or tacrolimus ointment at this time, with somewhat 7 million people treated with these preparations. Furthermore, there is no evidence of systemic immunosuppression after short-term or intermittent long term topical application of pimecrolimus or protopic in eczema. Single cases of lymphoma which have been reported in patients treated with pimecrolimus cream or tacrolimus ointment have been evaluated as “unlikely” or “insufficient evidence” with regard to causality analysis by independent experts. The actual rate of lymphoma formation reported in persons treated with topical calcineurin inhibitors is considerably lower than predicted for the general population.

“These medications have proved of enormous benefit to millions of patients worldwide who suffer from a disease which can be painful and distressing,” said Prof. Ring. “We would regard it as extremely unfortunate if they were deterred from using these new substances because of warnings which are based on a purely theoretical assessment of risk. We would urge other health authorities which may be evaluating these drugs to base their conclusions on a rigorous examination of scientific evidence, so as to provide accurate information which will be of benefit to patients and physicians.”

Prof. Ring said he was concerned that the FDA’s statements could mean an increasing reliance on systemic immunosuppressives or strong topical corticosteroids for treating eczema. He said: “It is important that physicians and patients are able to recognise the benefits and risks of all the available therapies before forming a balanced judgement on the most suitable form of treatment.”
Dr. Michel Le Maître (France) offers some thoughts on how the EADV can best help private practitioners.

Since the EADV was founded in 1987, the Fédération Française de Formation Continue en Dermato-Vénéréologie (FFFCDV) [French Federation of Continuing Vocational Education in Dermato-Venereology] has always been involved in the Academy’s work. It took part in the first congress in Florence at which French private practice dermatologists presented a large number of clinical cases. Its desire to be involved is clearly demonstrated by the fact that a dermatologist representing the Federation sits on the Board of the EADV.

The FFFCDV, an organisation committed to continuing vocational education, which brings together more than 75 French CME associations, has always taken a positive approach to spreading the word about our European Academy amongst private practitioners. It has organised post-congress sessions every year, enabling the work of the congress of the European Academy to be reported in the regions. It has been the driving force behind a session called “Free and Easy Dermatology” at the last 5 congresses. This enabled European dermatologists to compare practices in different fields of dermatology.

**What are private practitioners looking for from the EADV and what do we expect from it?**

Private practice dermatologists have a real need to exchange and compare information about their practices with their neighbours. What diagnostic and therapeutic means do they have at their disposal? How are their patients reimbursed? What fees do they charge? These forums are invaluable for European dermatologists to exchange information, to find their way around our very large specialist field and to move forward in their own countries. The EADV should therefore promote these exchanges. It should enable interactive sessions to be organised during the congress, not just in a peripheral way at the beginning or end of the congress, but at a time when optimum participation and a large audience would make for a lively debate.

**Cross fertilisation**

Dermatologists also expect help from the EADV, as the organisation that acts as their point of reference. Due to the size of its membership and the success of its congresses, the EADV is in a powerful position allowing the Academy to devise projects beyond the scope of a national organisation. We have recently sought the assistance of the EADV with regard to software for filing digital photos, specially designed for dermatologists. Using an efficient, standard programme at a European level seems to us to be an important logistical contribution for exchanging digital photos at European level. Better still, such a project could enable a training programme to be developed around such a digital tool, using the ability and expertise of people who are already experienced in this type of training. This is only one example and it would not be difficult to think of other themes of a cross-disciplinary nature which could give a boost to continuing medical education in Europe.

**The need for training**

The EADV has a large role to play in CME. The annual congresses are indeed a special opportunity, but they are not the only way of providing education. Apart from the congresses, it is important to envisage training workshops on subjects where the need for dermatologists is particularly important, such as dermatoscopy, botulinum toxin, surgical dermatology, and dealing with cutaneous cancers. EADV could be the driving force behind organising training aids for these workshops. It is important that everyone’s expertise, whether from hospitals, universities or private practice, should be used when designing these tools. The widespread cooperation between, and active participation of, practitioners will greatly increase the chances of success in continuing medical education.

Dr. Michel Le Maître
Past President of the FFFCDV
London’s latest and most exciting waterfront conference and exhibition centre will be home to this year’s EADV Congress. Congress President, Prof. Martin Black, invites all EADV members to join colleagues from across Europe in London in October.

With the theme of ‘Skin and Sexual Health – The challenge for Europe’, the congress will address the fact that, like most continents, Europe is facing increasing pressures on dermatological services and witnessing an unprecedented rise in sexually transmitted diseases including HIV.

Scientific programme
Delegates will hear from international speakers of the highest repute when attending the plenary lectures, symposia, workshops, lunchtime sessions, satellite symposia and new interactive symposia. On Saturday, four What’s New sessions will look at the latest developments in dermatological research, medical dermatology, surgical dermatology and venereology.

A touch of culture
Located in the heart of the developed Docklands area in East London, ExCeL enjoys good transport links from central London and is close to the River Thames, Greenwich and Tower Bridge. The sightseeing options are endless. Take a ride on the British Airways London Eye - the world’s highest observation wheel at 450ft tall - and enjoy panoramic views across London. Or experience London’s most famous landmarks from the river on the Thames Circular Cruise.

For those who want to experience the history of London, trips to Westminster Abbey, the changing of the guard at Buckingham Palace, the Tower of London, the ancient city of London and St Paul’s Cathedral are all available. Alternatively, go shopping, visit a museum or art gallery and enjoy a traditional English pub lunch.

If you wish to go further a field, trips to Windsor Castle, the Cotswolds and Canterbury Cathedral are also available and well worth while.

Social programme
A welcome reception will be held at ExCeL on Wednesday following the opening ceremony. It is free for registered Congress attendants and accompanying persons. On Friday night, the Congress Dinner takes place at The Old Billingsgate Market.

Important information
Stand bookings
Stand bookings are currently being accepted. So far demand for exhibition space has been high, so in order to avoid disappointment, please fax or post/courier your form as soon as possible to: EADV 2005 Congress Secretariat, 4 Fitzroy Square, London W1T 5HQ, United Kingdom, telephone: +44-20 7391 6358, fax: +44-20 7388 0487.

Fellowships
300 grants of substantially reduced registrations (€100) for dermato-venereologists from countries of reduced economic means, whose attendance is not otherwise financially supported, have been made available by the Local Organising Committee. If you wish to apply for a grant please send a copy of your CV and a covering letter, making clear your reasons for wishing to attend the meeting, to: London EADV Congress Secretariat, 4 Fitzroy Square, London W1T 5HQ, UK or email eadv@bad.org.uk

For more information on any of the above visit: www.eadv2005.com
Steingrimur Davidsson, newly elected as representative of Iceland to the EADV Board of Directors and succeeding Jon Hjaltalin Olafsson, provides an overview of the practice and structure of dermatology in Iceland.

Dermatology

Iceland has 16 practising dermatologists. Currently there are 18,750 Icelanders per dermatologist in the country. All are active in the Reykjavik area except one in Akureyri a town in the north part.

The Landspitali University hospital has a Dermatology inpatient department with 13 beds. It is open 5 days a week. At weekends, the patients either are sent home or stay at a patient hotel. In the outpatient department there is: UVB and PUVA treatment, medicinal baths as well as special facilities for ulcer treatment.

Three dermatologists work at the dermatology departments as well as two residents in training. The head of the dermatological department in the hospital and the University is Dr. Jon Hjaltalin Olafsson.

Dermatologists teach medical students as well as pharmacology students and nursing students at the University of Iceland. Currently the University has four teaching positions in dermatology.

All dermatologists in Iceland have their private practices. The hospital doctors are allowed to have part time private practice outside the hospital. The majority of outpatient dermatology work in Iceland is managed through private offices. There is free access to dermatologists but patients are also referred from general practitioners and other specialists.

The most common problems are various eczemas, acne, psoriasis, warts, skin malignancies, other skin tumors, molluscum, drug eruptions, lichen planus, leg ulcers. The incidence of malignant melanoma has increased the last years as in other western countries. An increasing part of the time goes to take care of these patients.

Venereology

In the venereology outpatient department the treatment is free, including the antibiotics. The venereology department is very busy and the majority of Chlamydia cases in Iceland are diagnosed there. Other common venereological problems are genital warts and genital herpes. Approximately 5-10 cases of Syphilis are diagnosed. These are mostly latent syphilis found with screening of immigrants. About 10 new cases of HIV infections are diagnosed each year in the country.

Fees and reimbursement

Patients pay a part of the fee themselves - the amount depends on what is being done. Children under 18 and patients over 67 pay less, as the amount is subsidised by the social health insurance. When people have paid over €200 (18,000 Icelandic kronur) in one year they receive a card which gives them a considerable discount and it is valid for the remainder of that year. For the elderly, invalids and children the amount is about €60 per year.

The total amount for an interview and examination at a dermatologist’s office is €35.

A patient with no discount card pays about €32 Euro (€12 with a discount card); an elderly patient, invalid or a child pays €12 and with a discount card €5. The total amount, for example, for a consultation, local anaesthetic and a biopsy is €66.

Training

All dermatologists in Iceland have done their specialty training abroad. To get recognition as a specialist in dermatovenereology, doctors have to finish their medical studies at the University of Iceland for 6 years or other medical schools abroad, do a internship for 1-2 years and then do their specialist training in other countries for 4-6 years.

Dermatology training solely in Iceland has not been accepted because of our low population.

All dermatologists that train abroad have to fulfil the requirements of the particular country as well as the requirements set by the Icelandic health authorities. The majority of the dermatologists have done their specialist training in Sweden, the USA, Norway or Denmark.

Of the 16 dermatologists active in Iceland 4 have a PhD. Three Icelandic dermatologists live abroad and about 10 are in training - mostly in Sweden and the USA.

Considerable research is done in the field of dermatology. Amongst the active fields is melanoma genetics, fungal infections, psoriasis, eczema and venereology.

The Blue Lagoon

The Blue Lagoon is a unique place that was formed when a geothermal plant was built on the Reykjanes peninsula. The lagoon is named after the blue colour
the silica gives it. The lagoon is a few kilometres long and 300 metres wide. It is very comfortable to bathe in and is a very popular tourist attraction. Bathing in the Blue Lagoon has been shown to be good treatment for psoriasis when combined with UVB. At the lagoon, there is a treatment facility for psoriasis patients. Patients come from countries like Denmark, the Faeroe Islands and Germany as well as patients from Iceland.

Icelandic Dermatological Society (IDS)
The Icelandic Dermatological Society (IDS) was established in January 1966. Three dermatologists practising at that time - Hannes Thorarinsson, Olafur Tryggvason and Saemundur Kjartansson - founded it. All dermatologists in Iceland are members of the IDS. Meetings are held a few times a year. One general meeting is held once a year with lectures; mainly Icelandic and sometimes from other countries.

Maggi Juliusson Magnus was the first Icelandic doctor to become a specialist in dermatology in 1923. He was followed by Hannes Gudmundsson who became a specialist in 1928. Hannes was the first head of the dermatological department at the University Hospital when established in 1930.

Steingrimur Davidsson
Dermatologist

References and acknowledgements
www.iceland.is; www.oecd.org; www.cia.gov

Special thanks to Jon Gudgeirsson and Jon Hjaltalin Olafsson for providing information.

FACTS & FIGURES

• Location: north of the Atlantic ocean. The capital, Reykjavik, is the northernmost capital in the world.

• Population: 295,000 (2.8 per km²). 2/3 live in the capital region.

• Climate: cool summers and mild winters. Average temperature 10.6°C (July), -0.5°C (January).

• Language: Icelandic, similar to the language which was spoken in all the Nordic countries around the year 1000.

• Legislation: legislative assembly, Althing, established in 930, oldest functioning parliament in the world. The country was independent for 300 years (thereafter ruled by Norwegian and later Danish kings). Limited home rule was granted 1874, total independency in 1944. Iceland is a member of the European Economic Area (EEA).

• Employment: 156,700 employed, 70% work in services, 23% in industries and 7.3% in agriculture. Unemployment in 2002 was 3.3%.

• GDP (gross domestic product): per capita in 2003 was $30,900 (US), 9th highest in the world.

• Healthcare: expenditure in 2002 was 9.9% of the GDP. Infant mortality rate now 3.31 deaths/1,000 births (among lowest in the world). Life expectancy: 80.2 years. There are 1,029 physicians and surgeons in the country or 3.6 practising physicians per 1,000 inhabitants.
Two new members were elected to the Board during the OGM in Florence, November 2004. EADV News provides members with insight to Steingrimur Davidsson representing Sweden, and Jørgen Rønnevig representing Norway.

A teratogen is a substance that causes structural or functional abnormality in a foetus exposed to the substance. Environmental and genetic factors can influence a drug’s effect and the timing of exposure is important in determining the adverse effects of a drug on the foetus. It is, however, a basic assumption that pregnant women and their foetuses in different parts of the world will react similarly to teratogens.

Therefore, uniform advice is requested. Unfortunately, recommendations for the safe use of drugs during pregnancy vary between countries and they may even vary within one country between different manufacturers of the same drug, even though the same information about the drug is available in theory. This creates problems with regard to doctors’ credibility: why should one recommend one particular drug in the UK, for example, and another in the Netherlands? Even worse, it also increases our own uncertainty and may result in non-prescribing even though treatment is needed and may be safe for use in pregnancy.

No drug is safe beyond all doubt in early pregnancy and there are certain drugs that we all know need to be avoided throughout pregnancy, for example thalidomide, vitamin A derivatives and tetracyclines. There are certainly also drugs which we know too little about to give good advice. However, there are groups of drugs, like the antihistamines, topical corticosteroids and anti-microbials that are frequently needed in pregnancy. Some of these are safer to be used in pregnancy than others. The data regarding the safest antihistamines for example is available, however, this data

Meet EADV Board Members

Steingrimur Davidsson (Iceland)

I have been running a private dermatological practice in Reykjavik since April 1993 in cooperation with 4 dermatologists. I also worked part-time at the Department of Dermatology and Venereology in Landspitali University Hospital from November 1993 to September 2002. During this time, I participated in research projects along with clinical work in cooperation with the chairman of the department, EADV Treasurer Elect Jon Hjaltalin Olafsson.

More recently I have served as a consultant specialist at the Blue Lagoon dermatology clinic part time since March 2004. My main interests include general dermatology and venereology, psoriasis, contact dermatitis, pediatric dermatology and teaching.

Recently my interest in teaching has led me into new fields: in addition to lecturing in dermatology and venereology for medical students in the University of Iceland and giving lectures to students in pharmacology since 1999, I started lecturing nursing students at the beginning of this year.

I am very interested in, and proud to be working for EADV as a Board member. I see EADV as the most important dermatological organisation in Europe. For members from small countries like Iceland, professional support from an organisation such as EADV is very important.

Jørgen Rønnevig (Norway)

As a young medical student, I spent a rewarding summer abroad in a camp with American children. Two years later I was off as a substitute doctor to Central Africa for almost a year. Ever since, I have been intrigued by international relations and looked for new options to challenge collaboration and friendship with people abroad.

My medical profession has given me the chance to work as a clinician in the Scandinavian countries. In basic and pharmaceutical research, I have worked in various countries in Europe and in par-
Clinical Perspectives

is often not up-dated and publicised; this results in very diverse advice.

It is desirable to get the best available evidence for the safe use of dermatological treatment in pregnancy and to distribute this information in order to achieve uniform recommendations without restrictions by national borders. The support of the EADV for a European practical guide for safe dermatological treatment in pregnancy is an encouraging first step to logical, safe and optimal treatment of the pregnant woman and the foetus.

Gudula Kirtschig
Department of Dermatology
VU University Medical Center
Amsterdam, Netherlands

Origins

The journal is the legal successor of Acta dermatovenereologica Iugoslavica (Acta derm lug) which was founded and edited in 1974 in Ljubljana. In the years 1984-87 the Editorial Office was in Belgrade and 1988-91 in Zagreb. Chief Editor A. Kansky cared for the edition of volumes 15-18 and at the end of 1991 moved back to Ljubljana. In view of the political situation he obtained from the Committee for Information of the newly formed Slovenian Government the approval to change the name of the journal into Acta dermatovenereologica, Alpina, Pannonica et Adriatica (Acta Dermatoven APA).

Now in its 13th year, it is published quarterly by the Slovenian Dermatovenerologic Society in Ljubljana, in English.

Scope and purpose

Articles are published on clinical dermatology, laboratory investigations and related basic science. Case reports, review articles, and special attention devoted to regional dermatological problems in Central and South-East Europe, are also published.

The journal serves several purposes. In addition to publishing scientific manuscripts, the journal aims to offer information and to foster the exchange of ideas among professionals in the Central, South Eastern and Eastern parts of Europe. As the journal is all in English, the Editors are trying to help authors (who are not primarily English-speakers) prepare their manuscripts to an international standard and to use correct English. Last but not least, the Editors are trying to cultivate a spirit of tolerance and to alleviate the still existing nationalistic passions in the broader area.

Circulation

The circulation is on average 400 copies.

Indexation

The journal is indexed in Index Medicus/Medline, Excerpta Medica/Embase and in Biomedicina Slovenica. It is also available on the internet:
http://www.mf.uni-lj.si/acta-apa/

Selected papers from the last 3 years


This is a basic genetic study dealing with the mechanism responsible for transmission of information to keratinocyte nuclei.

Contact details

Aleksej Kansky - Chief Editor - Department of Dermatovenereology - Zalo_ka 2, 1525 Ljubljana, Slovenia - Tel +386-1 522 4158, Fax +386-1 522 4333 e-mail: aleksej.kansky@mf.uni-lj.si
Sophia Dermatologica: the 3rd Spring Symposium brings together traditional and innovative research concepts. The Local Organising Committee and the EADV Scientific Committee have worked together to present the best of recent research and novel developments in clinical practice. More than 100 invited speakers will contribute to achieving these high standards. The two consecutive days of workshops and major sessions highlight important topics of everyday practice.

Spring sessions become traditional and gain much popularity especially among the dermatologists who otherwise could not afford to attend the larger EADV meetings. Due to the strategic geography of Bulgaria, the organisers hope to have the privilege of attracting both European and Asian specialists. Therefore, the scientific programme combines high educational standards with practical implication.

Several dermatoses show seasonal evolution and flare in spring and summer. Connective tissue diseases, photodermatoses, melanoma, autoimmune bullous diseases, botanical dermatoses, skin aging and sexually transmitted diseases are the main Symposium topics. Other aspects of the scientific programme are spa therapy, thalassotherapy and high mountain climate therapy.

Programme highlights 20 May
Nine simultaneous meetings will be held in the morning of 20 May. Along with fundamental discussions on connective tissue and sexually transmitted diseases, contact dermatitis, acne, immunodermatology, inherited skin diseases, and photodynamic therapy, attention is drawn to newly evolving global problems such as patient-doctor interaction and alternative approaches in treatment. The experience of three different climatotherapy schools (American, Bulgarian, and Israeli) will be presented. Prof. Gunter Burg (Switzerland), Prof. Orfanos (Germany), Prof. Stingl (Austria) and Prof. Pittelkow (USA) will enhance our knowledge of skin cancers, experimental dermatology and gene therapy. Probably most fruitful are the lunch time sessions, at which world-renowned experts give their point of view on atopic dermatitis, urticaria, and phlebology.

The afternoon of 20 May is dedicated to dermatopathology, aesthetic dermatology, pemphigus and human papilloma virus infection. Prominent speakers from Europe and USA are invited in these sessions. Among them are J-M. Mascaro (Spain), G. Gross (Germany), K. Nouri (USA), A. Katsambas (Greece), P. Joly (France), R. Lazova (USA), M. De La Brassine (Belgium), M. Landthaler (Germany), and many others.

Key sessions 21 May
21 May also promises interesting experiences. The morning sessions detail specific nosology such as iatrogenic dermatoses and Adamantiades-Behcet’s disease. Autoimmune bullous dermatoses, skin cancers, pigmentary

O

On the occasion of the 3rd EADV Spring Symposium, the Bulgarian Dermatological Society welcomes international dermatologists and venereologists to Sofia.

Bulgarian dermatology has been developing for more than a century. The first dermato-venereological ward was founded in 1893, two years after the foundation of the University hospital. Dr Stoyanovich and Dr Stambolski were the pioneers in this specific field, introducing up-to-date diagnostic approaches and treatment.

Major influences
The history of contemporary Bulgarian dermatology, however, would be inconceivable without the traces left by the “great” triumvirate: Prof. Bogomil Beron (1866-1936), Prof. Ljuben Popov (1891-1976) and Prof. Peter Popchristov (1903-1973). As a founder of the first Department of Dermatology and Venereology at the Faculty of Medicine in 1918, Prof. Bogomil Beron encouraged scientific investigations and research to give to the specialty a scientific basis. His
disorders, and photodermatology are the other options to attend. Special accent is given to teledermatology as a new and promising diagnostic and therapeutic tool of the future. The chairmanship of L. Borradori (Switzerland), J. Revuz (France), C. Zouboulis (Germany), J. Pace (Malta), J. Hawk (UK), and G. Jemec (Denmark) promise highly interesting and knowledgeable meetings. The specificity of dermatology approach in pregnancy is emphasised in the plenary lecture of Prof. Black (UK). Novel therapy of inflammatory cutaneous disorders is introduced by Prof. Griffiths (UK). Prof. Piguet (Switzerland) updates the knowledge on HIV infection. Military dermatology and Traditional Chinese Medicine treatment of cutaneous diseases, together with radiotherapy and paediatric dermatology, are discussed in the lunchtime meetings.

The afternoon promises updates on neurophysiology and therapy of itch and a discussion on the problems of womens’ dermatology. Prof. Dubertret (France) gives an insight on the problem of patient based medicine. Finally, Prof. Saurat reveals “What’s new?”

Globalism and broad outlook succeeded in establishing a unique Bulgarian approach, recognised worldwide.

Throughout the years many outstanding figures contributed to the development of the Bulgarian Dermatology School. Prof. Krum Balabanov (1905-1971) founded the section of dermatopathology. Prof. Ilia Petkov (1916-1975) and Prof. Vladimir Andreev experienced high diagnostic skills. Prof. Peter Michalov (1921-1987) was a well-known specialist in dermatoallergology.

The national society
It was Prof. Bogomil Beron who founded the Bulgarian Dermatological Society on 23 October 1923. At this time no other specialised medical society existed in Bulgaria. The annals of its sessions were first issued in general medicine Bulgarian journals and “Dermatologische Zeitchrift”. “Dermatologia i venerologia” was recognised as an official publication of the Society in 1963. Since then it has appeared four times a year. The Bulgarian Dermatological Society is affiliated with the International League of Dermatology Societies (ILDS) and has been a member of the Central Eastern European Dermato-Venereological Association (CEEDVA) since its foundation in 1996. The German-Bulgarian Dermatological Society was founded in 2000.

International connections
The Bulgarian Dermatological Society has organised 16 national conferences and 7 national congresses with international participation. Annual “Sofia-Zurich” symposia have been held since 1993. The Annual Sofia Dermatological Days is another traditional scientific event, which has been held annually at the beginning of November since 1992. The Society gives two prestigious professional awards for achievements in dermatological science.

High international interaction exists. Almost all of the major representatives of contemporary dermatological science have been guest lecturers in Bulgaria. The Society has established particularly close relations with dermatologists from the USA and Western Europe in the last decade. Furthermore, we maintain very warm and fruitful relations with the neighbouring dermatological societies.

Bulgarian dermatologists take part regularly in the annual meetings of the European Academy of Dermatology and Venereology, the American Academy of Dermatology, and other international symposia, conferences and congresses. Between 1990 and 2002, more than 200 papers have been published by Bulgarian dermatologists in popular international journals such as Clinics in Dermatology, International Journal of Dermatology, Journal of the American Academy of Dermatology and Venereology, the American Academy of Dermatology, Journal of the European Academy of Dermatology and Venereology, European Journal of Dermatology and more.

The guiding principles of the Bulgarian Dermatological Society are to follow traditions while also introducing new advances and technologies. We hope that our meeting in Sofia will give everyone the chance to learn and have fun. Wisdom in working and learning by maintaining the traditional principles of good medical practice and an empathic approach will be the main emphasis of our 3 days together.
A Virtual Guide to Sofia

We, dermatologists, are people of art. Therefore, a tour around Sofia will be an enjoyable and learning experience that will take us through the centuries. Must-see points as recommended by the Local Organising Committee are:

- **Alexander Nevski Memorial Church**
  Completed in 1912 in honour of the Russian casualties of the 1877-78 War of Liberation from Ottoman Rule. Craftsmen and artists from 6 countries worked on the five-aisle church over a period of 30 years and created real masterpieces of icons, frescoes, murals and huge chandeliers. A superb collection of icons - the best in Bulgaria - can also be seen in the Crypt.

- **St. Sophia Church**
  St. Sophia is the oldest Eastern Orthodox church in Sofia. Many legends surround its history, but it was actually built during the reign of the Byzantine Emperor Justinian between 527-565. In the 14th century the church gave its name to the city. During the Turkish rule minarets were added and the church functioned as a mosque until two earthquakes in the 19th century destroyed one of the minarets and the mosque was abandoned.

- **The Rotunda**
  The red brick rotunda church of St. George is considered the oldest building in Sofia. It is situated behind the Sheraton Hotel, amid remains of the ancient town of Serdica. Three layers of frescoes have been discovered, the earliest dating back to the 10th century. Magnificent frescoes of 22 prophets crown the dome. At present the church is a museum, open Tue - Sat 10.30 – 13.00, 15.00-17.30.

- **Vassil Levski Monument**
  Vassil Levski was the principal architect of the campaign to free Bulgaria from the oppression of the Ottoman Empire. The monument marks the spot where he was hanged by the Turks in 1873.

- **Sofia University**
  The most prestigious university in the country. It was built a decade after Sofia became Bulgaria’s capital in 1879 with funds bequeathed by its benefactors Evlogi and Christo Georgiev.

- **Dragalevtsi**
  A village in the woods at the foot of Mount Vitosha. About 3 km further on is Dragalevtsi Monastery. Its frescoes date back to the 15th century.

- **Boyana**
  Built in the 11th century, its frescoes are claimed to be among the oldest and most interesting examples of East European Medieval art. Like Rila Monastery, Boyana Church has been listed by UNESCO as a part of the world cultural heritage.

- **Museum Of National History**
  The Museum of National History is the most interesting of all museums in Sofia. Founded in 1973, it contains more than 650,000 exhibits and is one of the largest history museums on the Balkans. A comprehensive view of the Bulgarian history from the Pre-Thracian time to the present is provided.

- **Vitosha**
  Vitosha has become very much a part of Sofia due to easy access via cable cars at Knyazhevo and Simeonovo. Cherni Vrah, the highest point, gives wonderful views over the whole region. The beautiful scenery makes the whole area attractive throughout the year.

---

Winners of the EADV Scholarships

The continuous flow of applications submitted by our young trainee dermatologists and their National Societies, who support their interest to attend the EADV Annual Spring Symposia and Congresses, clearly demonstrates that the scholarships offered by the Academy are indeed a worthwhile endeavour.

The EADV Spring Symposium currently hosts two of the six scholarships offered annually. Recipients of the Gerda Frentz Memorial Fellowship and the AMED Scholarship will meet in Sofia for yet another ceremonial scholarship breakfast and a chance to exchange greetings and develop new friendships. This event will take place in Sofia on Saturday 21 May 2005 between 7.30 and 8.30.

A variety of candidates from Eastern Europe and the Mediterranean have been selected as successful recipients of the afore-mentioned awards.

**Winners of the Gerda Frentz Memorial Fellowship**

- Andriy Pavlyshyn (Ukraine)
- Maigi Eisen (Estonia)
- Katerina Damevska (Macedonia)
- Simona Senila (Romania)
- Malgorzata Sokolowska-Wojdylo (Poland)
- Karls Raimonds (Latvia)
- Ingrida Vaisnoriene (Lithuania)
- Sviatiana Haradovich (Belarus)
- Katarina Trnavska (Slovak Republic)
- Liljana Mervic (Slovenia)
- Zorana Zlatanovic (Serbia and Montenegro)
- Jana Kolesarova (Czech Republic)
- Svetlana Kavaklieva (Bulgaria)

**Winners of the AMED Scholarship**

- Ozlem Ozbilir (Turkey)
- Carine Michot (France)
- Irena Zagorodniuk (Israel)
- Vered Molho-Pessach (Israel)
- Claudia Paddalino (Italy)
- Sara Poggiali (Italy)
- Theofania Tsagari (Cyprus)
- Agnes Takacs (Cyprus)
- Maria Voyatzis (Greece)
- Anestis Prantzidis (Greece)
Clinical Genetics: Dialogue in Dermatology

Flemming Brandrup

Dermatological expertise is essential for diagnosing a considerable part of those hereditary diseases listed in the online version of Mendelian Inheritance in Man (OMIM). About 300 gene mutations have been identified related to distinct skin diseases or syndromes, in which skin manifestations are important for a correct diagnosis and classification.

Increasing awareness, both within the medical profession and in the general population, of the genetic contribution to skin diseases has led to an increasing demand for co-operation among dermatologists and clinical geneticists on an accurate diagnosis, which is the first essential requirement for genetic counselling. Construction of a family tree (pedigree) is the best way to record genetic information as a basis for an idea of the inheritance. However, sporadic cases might result from new mutations, and the manifestations can be varying in presentation and severity, e.g. Neurofibromatosis, which implies a thorough examination of members of the family. The exciting advances in molecular genetic technology have elucidated the genetic bases of the majority of the more common genodermatoses and opened up for new insights in skin biology. Thus, collaboration with clinical geneticists frequently includes planning of molecular genetic investigations with the help of search in databases followed by contact with a laboratory which offers mutation detection of actual relevance. Moreover, this might result in basic research efforts and creation of important worldwide clinical and laboratory networks. Several genetic skin disorders place considerable health burdens on patients and their families, i.e. Lamellar ichthyosis and Dystrophic epidermolysis bullosa. Thus, active patients’ organisations are important fellow players in fund raising for research and in calling attention to these rare, devastating skin diseases.

Kirsten Rasmussen

The rapid development in understanding the hereditary background of a growing number of diseases has increased the need for collaboration between medical specialities and clinical genetics. Understanding of pathogenesis, possibilities of molecular testing, knowledge of genotype-phenotype correlation creates a growing need for a combined effort in clinical handling and information of the patient and their relatives. Dermatology with the variety of genodermatoses is certainly included in this developing field of combined services.

Clinical geneticists are concerned with diagnosis and management of medical, social, and psychological aspects of hereditary diseases and susceptibilities. Correct diagnosis and extended recording of the family tree are essential for risk assessments and possibilities of pre – and postnatal molecular genetic testing. Information to the patient is provided by genetic counselling including relevant family members to inform them about the medical and genetic facts and also help them individually to understand and adjust to the consequences of the disorder in the family.

Collaboration with the dermatologist in establishing the correct diagnosis is obvious, but also very much needed with genetic heterogeneity and somatic mosaicism both common among the genodermatoses, and in the process of informing and evaluating the relevant family members.

Molecular genetic testing might reveal a specific familial type of mutation and be the basis for extended evaluation of the phenotypic consequences of that particular genotype. Such information will increase the possibilities of a more individual and precise prognosis within a particular disease and will be usable to both the dermatologist and geneticist, being especially important for genetic counselling in relation to prenatal diagnosis.

Flemming Brandrup, MD, PhD, Consultant Dermatologist and Kirsten Rasmussen, MD, Clinical Geneticist, both from Denmark, offer their perspectives on collaboration and accurate diagnosis.

Kirsten Rasmussen, MD, Clinical Geneticist Department of Clinical Genetics Odense University Hospital DK – 5000 Odense C, Denmark
It is interesting to know that the number of members in EADV is increasing. Currently, the number has exceeded 2,500 members.

Another interesting point is the diversity, seen by the numerous countries of origin of EADV members. There are dermatologists from all continents, and as far afield as: Japan, Taiwan, USA, Canada, Chile, Peru, South Africa and Rwanda.

This means that the scope of the Academy, which is primarily educational, has been extremely well accepted throughout the world of dermatology and that the successful congresses organised in conjunction with different national societies have effectively served this vision.

However, the membership committee believes that there are some measures...
that may justify immediate action, in order to increase the number, and the retention, of members.

**Membership incentive**

We think that an effective way to increase our membership is by establishing a substantial difference in congress registration fees between EADV members and non-members. The difference in fee can become a considerable incentive for a registrant (or for an organisation or pharmaceutical company supporting the participation of a registrant to the congress) to apply for membership instead of registering as a non-member. Two measures are necessary to accomplish this: create a substantial difference between the two registration categories and introduce an ‘applicant for membership’ registration category.

The ‘applicant for membership’ registration category is necessary because new members should be approved by the Board before being accepted. Therefore, it is difficult to apply for membership for the first time at a congress (in order to take advantage of the preferential registration fee) unless an ‘applicant for membership’ registration category is introduced. This category will have the same fee as the member fee.

Proposal: EADV members €350; non-member €900; applicants for membership €115; membership fee €115.

The incentive to become a member at the time of registering for a congress is obvious: a fee of €230 (€115 + €115) resulting in a saving of €670 in the year of application (€900 - €230) and in a further saving of €435 [€900 - (€350+€115)] in subsequent years.

**Priorities for members**

The committee believes another measure that should be taken is to establish a priority booking status for members for processing and confirmation of advanced registration forms, as well as for participation in courses. This registration policy should be clearly stated and included in all congress announcements and in the final programme as well.

Furthermore, the committee is studying proposals to facilitate the administrative processing of new members’ applications and to promote the scope of EADV in the different countries. These proposals will be discussed and finalised during the next committee meeting.

**Future congresses and symposia**

Of course, the major activities for our members this year will be: the Spring Symposium in Sofia (19-22 May, 2005) organised by Prof. Nikolai Tsankov, who has put forward an excellent programme (Sophia Dermatologica); and, the highlight of the year, our Congress in London (with the theme of Skin and Sexual Health: the Challenge for Europe) where, under the presidency of our Past President Martin Black, the Local Organising Committee together with the Scientific Committee (John Hawk, followed by Thomas Luger) have prepared an outstanding programme.

We also already look forward to the next Spring Symposium (rather ‘winter’ symposium) in Ivalo – Lapland (Finland) where we will meet in February 2006 to discuss the problem of Skin and Temperature under the leadership of Raimo Suhonen, far north of the polar circle.

Spring is upon us - not only with the weather but also with the many activities of our Academy.

**Activities between meetings**

The time has come for EADV to be more than a congress organising body. Many members have answered my plea to volunteer for task forces or liaison groups regarding special problems in our field. This will allow us to be more active and foster contact with the various sub-specialty societies in European dermatology.

**Update from the Membership Committee**

Demetris Ioannides (GR), Chairman
Fenella Wojnarowska (UK)
Michael Hornstein (D)
Anna Gorkiewicz-Petkov (PL)

Hopefully, this meeting will allow the Board to agree definitive changes to the Statutes which will then be officially announced and presented to members for approval during the OGM at the Congress in London.

**Johannes Ring**
President
Formed by Prof. Jean-Hilaire Saurat, as almost his last act as EADV President, the Fostering Dermatology Committee is only 4 months old. Committee chair, Fenella Wojnarowska, provides an overview of the committee’s exciting task of fostering and promoting dermatology throughout Europe.

The aims of the Fostering Dermatology programme are:
• To raise standards of dermatology throughout Europe to the benefit of patients and dermatologists.
• To promote community, collaboration and exchange between dermatologists from all European countries.

There are several different strands to this programme:
• Fostering Dermatological Practice
  - Supporting postgraduate education
  - Advisory guidelines
  - Clinical Networks
• The EADV Excellence in Education Residents Training Programme
• Supporting Patients
  - Patient information
  - Advisory guidelines

Fostering dermatological practice
The aim of this programme is to encourage best practice of dermatology throughout Europe and to promote community, collaboration and exchange between dermatologists from all European countries.

EADV will be supporting postgraduate education by the provision of 20 scholarships of €1,500 each for exchange visits by EADV members. This Visiting Dermatologists programme is aimed at office clinical practitioners, who will be able to use the funding for a 1-week visit to a different practitioner or a University department in another EADV member country. They can use this week to learn a new technique to update their clinical practice. The member and host must be EADV members. The application deadline is 1 November 2005 and the first scholarships will be awarded in January 2006.

We will consider further ways to expand this programme in the future and would like feedback from members.

EADV is also helping dermatologists with advisory guidelines. The first project addresses the problem of how to prescribe for pregnant women with skin disease without harming either the woman or her baby. This should help clinical practitioners to prescribe with confidence and safety. (See also article on page 8).

In the future, EADV is keen to establish pan-European Clinical Networks to help management with regard to diagnosis and treatment of unusual and difficult dermatoses. This will enable practitioners to share the care of such patients with centres offering special expertise and experience.

Excellence in Education
The aim of the EADV Excellence in Education Residents Training Programme is to raise standards of dermatology education throughout Europe and to promote community, collaboration and exchange between dermatologists from all European countries.

First Steps and Future Planning
These are all new initiatives for EADV. We want to hear your thoughts and need your input to move forward and deliver value.

Fostering dermatological practice: send us your ideas. What would you like to see developed? Would you like courses similar to those for residents?

Supporting patients: we need patients to help us with this. Please contact us if you, or someone you know, can help us.

Please send your suggestions and contributions to Marika Wendler at the EADV office at: marika@eadv.org

Update from the Fostering Dermatology Committee
exchange between residents from across Europe. We are hoping to include residents from all 45 European countries, but the first choice of courses will be given to EADV trainee members.

The courses include two summer schools of 5 days in July which will be very practical, interactive and hands-on. These are aimed at 20-30 students. They are: a Summer School in Dermatopathology in Ghent, organised by Jean-Marie Naeyaert, aiming to train potential dermatopathologists; and a Summer School in Microbiology in Vienna, organised by Erwin Tschachler, to teach future dermatologists how to diagnose and treat infectious diseases of the skin. There will also be a practical course, a mini Winter School on Cryotherapy in Lapland (immediately prior to the EADV Spring Symposium), organised by Raimo Suhonen, to train residents in safe and effective use of cryotherapy.

In addition there will residents training programmes preceding EADV congresses, with 2 residents each from all the countries of Europe. These will focus on a topic in depth, with the major European experts on these topics being involved. We hope that the residents will form friendships that continue through the congress and beyond. The first is the Bullous Disease Course in London, organised by myself, and the second is Paediatric Dermatology in Rhodes, organised by Ruggero Caputo. These too will be interactive and feature teach yourself sessions.

Supporting patients

The EADV must foster a partnership with patients. Patients are becoming more knowledgeable and articulate: we should work together with them to progress the treatment of skin diseases. Moreover, in view of the growing political importance of patient support groups, this will help us to have a political voice. We would like to produce a patient manifesto together.

We are aiming to make available patient information and treatment advice and will be considering other projects in the future.

This has been a most exciting committee. We have been urged to produce results this year and, although it has been hard work and a rush, we hope that you will all be pleased with our first projects.

Fenella Wojnarowska
Chairwoman Fostering Dermatology Committee
Klaus Fritz, Chairman of the Media Committee provides an overview of EADV’s new activities in the field of PR for dermatology in the press, media and lobbying and invites members to participate actively and support these initiatives.

At the EADV congress in Florence proposals for a PR activity were presented to the Executive Committee and the Board by board member Klaus Fritz. The Board accepted this proposal unanimously, founded a new Media Committee and elected Klaus Fritz to be the head of the committee. They also agreed unanimously on a budget for PR activities. In the beginning press and media, as well as lobbying activities, are to be covered by the committee.

Aim and priorities
The objective is to improve the knowledge, and enhance the standing in public opinion, about the spectrum and qualification and innovation of dermatology, as well as the benefit of dermatology in health economy: there are lower costs but better results through specialists.

The promotion plan 2005 - 2007 for Public Relations was discussed in Florence and specified 3 levels of priority.

Priority A
• Build up PR as part of the EADV office in Brussels.
• Provide manuscripts as a pool of information for the press.
• Translate them into English (EADV office or professional translator).
• Provide a list of experts for a media service on demand.
• Create a list of ‘media dermatologists’.
• Buy a list of journalists in Europe and add existing press contacts from the board, office and especially members on a national level (particularly those who have been contacted in former EADV meetings).

In future we will need:
• Decisions on guidelines and budgets for EADV and congress press activities.
• Evaluation of a questionnaire on access, sub-specialisation and reimbursement of dermatology in Europe.

Priority B – Lobbying
• Identify economic and political messages.
• Create a list of parliamentarians and organisations involved in health politics.
• Plan an EADV newsletter quarterly to selected media.
• Train dermatologists for the media in an international media training workshop.

Priority C
Later we should cooperate in or found ‘awareness campaigns’. Here we need to identify existing actions and create new ones.

PR office
The PR office in Brussels will have to establish permanent access during office hours to respond to questions arising from media and to maintain the address pool of journalists (e-mail, mail, phone, fax). Rooms are available for staff and meetings, but administrative staff has to be increased. A journalist, experienced in media and agency affairs, will be employed for the start-up, limited in time and on a consultant level. On the long term scale, continuous consultation by 1 or 2 media experts will have to be established in Brussels, including the administration.

How can you support these initiatives?
Today we call for support from all EADV members and sister societies for 3 tasks: specialists, media dermatologists and manuscripts.

Expert service on demand
Distinguished European experts in a specific field can be identified for the press and contacted immediately. A list of the Scientific Committee is already available, but we call for additional experts from every nation (including all details where experts can be contacted). For specialists, immediate response is not necessary - contrary to media dermatologists - but we will need acceptable reaction time (1-3 days).

Media dermatologists
These are EADV volunteer members interested in contributing to, and be related to, the press in order to spread and defend dermatology messages. Media training (on own expenses) will be provided. EADV needs dermatologists, established in up-to-date knowledge of our specialty, able to present science in a popular way and - most important - accessible at any time within 30 min by mobile phone and e-mail.
An Eye on the Future

At present, the EADV is in a strong financial situation. Nevertheless, points out committee chairman, Mario Lecha, it is important not to overlook the future opportunities and challenges that may have an important impact on the Academy’s economy.

The Academy will need adequate funding: first, to promote the development of dermatology and venereology and second, to organise a wider array of events providing CME in dermatology and venereology for all European dermatologists and venereologists. Additionally, the administrative activity of the Academy already demands greater investment in order to ensure correct functioning of the structure of the “House”.

This means that, although the present use of funds has been thoroughly rationalised, higher funding will be necessary in the near future.

Priorities

Our goal should be to optimise the use of funds. The EADV Treasurer and the Finance Committee (FC) are already receiving professional support from the EADV accountant (PWC) and the EADV auditor (KPMG), which has been very useful and has proved to be essential due to the growing complexity of EADV’s administration.

As stated in the last report in EADV News No. 13 - Winter 2004-2005, the new financial structure concerning the organisation of congresses and symposia has been an interesting experience. We should thank Prof. Jean-Hilaire Saurat heartily for his involvement in this matter.

Taking into consideration the development of recent congresses, it appears as though some adjustments should be specifically introduced in the contracts with Congress/Symposia Presidents and PCOs. An important issue here is the impact of legal and tax legislations, especially when events are located in countries not belonging to the EU.

Future investments

Furthermore, the EADV has launched a new programme of events to promote dermatology and venereology all over Europe: Fostering Dermatology. It is a very ambitious idea and we should ensure that every effort is made to guarantee its success. This is a clear example of the importance of establishing the rational allocation and use of funds, as this new generation of events should play a very important role in the Academy’s activities.

Given these considerations, the key role of the EADV yearly budget should be emphasised. In his term as Treasurer, Dr Jacques Houset put great effort into clarifying the budget. However, it is evident, and was discussed at length in the last FC meeting, that the information available prior to establishing the annual budget is generally not sufficient. A budget is like a pyramid-shaped cake: each part should be calibrated. The FC and the Treasurer should be in a position to work with financially calibrated projects. In this perspective, the EADV will be able to rationalise expenses and the allocation of funds. The importance of the budget is undeniable and it is the only tool to enable EADV to cover its present and future needs.

Mario Lecha
Chairman Finance Committee
Between the Autumn Congress and the Spring Symposium EADV appears to go into a lull of sorts. The truth could not be more different…

Our Statutes
This vital matter continues to dominate EADV’s activities. Frank Powell’s committee is working hard on this matter and both the new Statutes and the wisdom of moving the EADV seat will be addressed in a first draft that will be presented to the Board of Directors in Sofia. The final draft will go to all EADV members for their comments and eventual final decision during the OGM in March and has already been sent to members. This list is as correct on 31 December 2004 and is thus partly out of date even on the day it is issued. The updated Directory will be on-line for members only. Do try to keep the EADV office updated with any change of email address and look up www.eadv.org regularly.

Transatlantic cooperation
A regular dialogue is being established with the American Academy of Dermatology (AAD). In a most courteous first meeting, the EADV representatives met a high level AAD delegation. Various matters of mutual interest were discussed and a regular joint meeting instituted. It is hoped that, among other matters, tangible benefits to members of both societies will result in due course.

Promoting EADV
Leadership meetings with potential EADV members are being scheduled at each EADV academic activity. A pilot event held during a recent dermatology congress in Istanbul proved highly successful and the pattern will be repeated and improved to illustrate advantages of EADV membership to both young and not so young non-members.

Fostering dermatology
Our Fostering Dermatology programme is up and running and EADV will devote around €500,000 annually to this programme. The Executive Committee (EC) has unanimously recommended that this programme is addressed to both trainees and practising dermatologists. Both the President Johannes Ring and President Elect Alberto Giannetti and Prof Sarolta Karpati have joined the Fostering Dermatology Task Force to select the participants for the Excellence in Education Programme – (see page 16 for details).

I look forward to meeting many of you in Sofia. Also, try to attend the 14th Congress in London in October. Then let me have your views on these, and any EADV related matter, at eadvsecgen@keyworld.net

Joseph L. Pace
Secretary General

Update from the Secretary General

Our Statutes
This vital matter continues to dominate EADV’s activities. Frank Powell’s committee is working hard on this matter and both the new Statutes and the wisdom of moving the EADV seat will be addressed in a first draft that will be presented to the Board of Directors in Sofia. The final draft will go to all EADV members for their comments and eventual final decision during the OGM in March and has already been sent to members. This list is as correct on 31 December 2004 and is thus partly out of date even on the day it is issued. The updated Directory will be on-line for members only. Do try to keep the EADV office updated with any change of email address and look up www.eadv.org regularly.

Transatlantic cooperation
A regular dialogue is being established with the American Academy of Dermatology (AAD). In a most courteous first meeting, the EADV representatives met a high level AAD delegation. Various matters of mutual interest were discussed and a regular joint meeting instituted. It is hoped that, among other matters, tangible benefits to members of both societies will result in due course.

Promoting EADV
Leadership meetings with potential EADV members are being scheduled at each EADV academic activity. A pilot event held during a recent dermatology congress in Istanbul proved highly successful and the pattern will be repeated and improved to illustrate advantages of EADV membership to both young and not so young non-members.

Fostering dermatology
Our Fostering Dermatology programme is up and running and EADV will devote around €500,000 annually to this programme. The Executive Committee (EC) has unanimously recommended that this programme is addressed to both trainees and practising dermatologists. Both the President Johannes Ring and President Elect Alberto Giannetti and Prof Sarolta Karpati have joined the Fostering Dermatology Task Force to select the participants for the Excellence in Education Programme – (see page 16 for details).

I look forward to meeting many of you in Sofia. Also, try to attend the 14th Congress in London in October. Then let me have your views on these, and any EADV related matter, at eadvsecgen@keyworld.net

Joseph L. Pace
Secretary General

EADV Media and PR Committee
An EADV Media and PR Committee has been formed under the Chairmanship of Board member from Germany Dr. Klaus Fritz (dklausfritz@t-online.de). See page 18.
This is expected to become one of EADV’s important working committees. Any EADV member with expertise in this field and who is interested in contributing to the Committee’s work may contact Dr Fritz or the EADV Administrative Office at: media.pr@eadv.org
Important Reminders

14th EADV Congress
Early bird registration
Deadline 30 June 2005

Tenders for future EADV congresses
Deadline 31 August 2005

Important Announcements

EADV Annual Congress 2009 and 2010
EADV members are invited to submit tenders for hosting the Annual EADV Congress in 2009 and in 2010. Tenders must be submitted to the EADV Office by 31 August 2005.

> 2005

International Meeting on Advanced Dermatologic Surgery
Manaus, Amazon, Brazil
23 - 26 June, 2005

World Allergy Congress
Munich, Germany
27 June - 1 July 2005

IVth World Congress of the International Academy of Cosmetic Dermatology
Paris, France
3 - 5 July 2005

European Hair Research Society 11th Meeting
Zürich, Switzerland
7 - 9 July 2005

6th World Conference on Melanoma
Vancouver, BC, Canada
2 - 9 September 2005

15th EADV Congress
London, United Kingdom
12 - 16 October 2005

> 2006

Dermopolitan Jordan 2005
Amman, Jordan
28 - 30 September 2005

4th EADV Spring Symposium
Saariselkä, Lapland, Finland
9 - 12 February, 2006

16th EADV Congress
Vienna, Austria
16 - 19 May 2007

> 2007

5. Congress of Baltic Association of Dermato-Venerologists
Vilnius, Lithuania
8 - 10 September 2005

Congress of the European Branch of the International Union against Sexually Transmitted Infections (IUSTI-Europe)
Moscow, Russia
8 - 10 September 2005

35th Annual ESDR Meeting
Tübingen, Germany
22 - 24 September 2005

21st World Congress of Dermatology
Buenos Aires, Argentina
1 - 7 October 2007

3rd International Workshop "Study of Itch"
Heidelberg, Germany
25 – 27 September 2005
The Theme: **Skin and Sexual Health – The Challenge for Europe**

**The Time:** **October 12th to October 16th 2005**

**The Place:** The ExCeL Exhibition Centre, London Docklands, London

'Come to London in October 2005 and you will be the recipient of a high quality CME update in everything relevant to our speciality. A warm welcome is assured and many of you will leave having made new friends.

I very much look forward to welcoming you personally.'

Professor Martin Black
President of the 14th EADV Congress

For further details:

- eadv@bad.co.uk