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Welcome to Vienna in May 2007!

The EADV and the Local Organizing Committee invite you to join us in Vienna for the 16th EADV Congress.

Apart from its diverse, fascinating cultural, architectural and culinary facets, Vienna is a city with a longstanding history of Dermatology and Venereology. The Congress programme will provide ample opportunities to become updated on diagnostic and therapeutic developments in Dermatology and Venereology.

Come to Vienna and participate in an outstanding scientific congress programme and experience a remarkable European metropole!

The EADV and the Local Organising Committee will do its very best to make this Congress a most memorable scientific, social and cultural experience.

We are looking forward to welcoming you in May 2007!

E. Tschachler
Professor Erwin Tschachler
Congress President 2007

For further details please see: www.EADVVienna2007.com
The EADV is working hard to change its Statutes, so that we can become a truly modern European institution embracing the whole of Europe from the Arctic to the Mediterranean and from the Atlantic to the Pacific. In addition, the EADV will have the flexibility to respond to new demands and adapt to change.

Dermato-venereology is uniquely poised for growth and collaboration is the key to doing this. Pan-European collaboration should enable us to work together to ensure that dermato-venereology is one of the major medical specialties and has the recognition it deserves from public, politicians and our medical peers.

Some members are worried about the future of dermatology, they fear that our colleagues in adjoining specialties will encroach on our space and slowly deny us the possibility of further growth. The EADV, and we as individuals, must have a strategy for expansion. We will need to use skilful tactics and resources.

Expansion, and the resources for it, can only occur after we have done the work that is immediately in front of us. Before we can do this we have to offer a high quality service that meets current patient demands and expectations. The number of patients appears to be going up all over Europe, and hence the need for both volume and quality of service is gradually increasing for every one. The same is likely to apply to other related specialties, and hence collaboration not competition should benefit us all and promote our specialty.

In contrast to many other specialties, we are dealing with visible disease. It is easy for lay people to see, and it is easy to explain to politicians why it affects patients. With the growing attention to social interaction, in an environment where complexity and potential harms are increasing, we can therefore expect the need for dermatological services to rise. How do we best grow to meet the demand?

For a successful completion of our task, collaboration with others is very important. We should be happy to collaborate wherever we can. Collaboration not only establishes common ground, it also identifies the specific competencies that the collaborators bring together. By collaborating we show out strengths and protect our role. Collaboration should be across disciplines and specialties, with other medical professionals, with patients and with dermato-venereology colleagues locally and across Europe.

The EADV can engage politicians and public and facilitate these collaborations to ensure the growth of our specialty.
2006: A Go Dermato-

At the end of the year, it is a tradition to look back: to remember what was good, to have a critical eye on what was not so good and to make plans for the future to become better.

EADV in good shape

It was a good year for our Academy, with both an excellent spring symposium and annual congress. The very lively attendance at the 3rd Spring Symposium organised so well by Nikolai Tsankov and his team - with the participation of many young colleagues from former Eastern European countries - showed us clearly that the spring symposium will have a definite place in the life of EADV. It does not compete with the annual congress, but is organised in more remote locations or in smaller countries where a large congress could not be held and may be focused on special topics. EADV's 14th Congress in London was excellent in its scientific content and its very friendly atmosphere. Our thanks go to past President Martin Black, his wife Anne Kobza-Black and the whole team from the UK!

- The cooperation with sister societies, both in Europe and beyond, has taken shape and led to a formal liaison committee to harmonise the activities between EADV, ESDR, EDF and UEMS by distributing the various tasks to be undertaken for European dermatology. Special thanks go to the presidents of our sister societies whom we met in this good spirit of friendly cooperation namely Lars French (ESDR), Wolfram Sterry (EDF) and Harald Gollnick (UEMS).

The cooperation between our American friends (AAD) and EADV is stable. We will exchange experiences and work on mutual benefits for members at our annual congresses. Furthermore, we are planning common educative weekend seminars for a limited number of participants from both academies.

Under the patronage of the International League of Dermatological Societies (ILDS with its president Robin Marks) EADV will also become active in international programmes. A very prominent sign of this good will is that EADV scheduled its annual congress in 2007 to take place in the spring, thus skipping the Spring Symposium, in order to allow European dermatologists to participate in the World
od Year for venereology but... ...we have to be on the alert!

Congress of Dermatology in Argentina in October 2007.

• In addition to the numerous travel grant awards and stipends, EADV has created three new categories of awards for lifetime achievement which were presented for the first time at the London Congress for: “Scientific Achievement” to Malcolm W. Greaves (Singapore) and Klaus Wolff (Vienna); “Clinical Care” to Otto Braun-Falco (Munich) and José Mascaré (Barcelona); and “Distinguished Service” to Emiliano Panconesi (Florence) and Hans Rothenborg (Hellerup). (See page 5).

• Our Journal under the editorship of Jean-Paul Ortonne is thriving and further improving rapidly. We have so many good manuscripts that we have decided to publish twelve issues per year in the future. The JEADV should be the ‘Red Journal’ at the same level as the ‘Blue Journal’ from our American friends.

Problems for dermato-venereology

In spite of all this wonderful activity and excellence in science, education and clinical care, some dark clouds are looming above us:

• In some countries, there are not enough young people entering dermatology, so there will be a shortage of dermatologists. In other countries, the situation is the opposite.

• In many countries, the reimbursement of treatment from office dermatologists has rapidly decreased over the years which has led to the closing down of dermatological offices in certain places, for example in Berlin and East Germany. In order to survive, these colleagues have to put more and more effort into aesthetic medicine, sometimes also into alternative or complementary methods with no serious scientific basis, because these techniques are readily paid by the patients themselves. This is a very serious trend. If we cannot stop it and office dermatology cannot survive by treating patients with skin diseases, dermatology will have no future, even if we may be excellent in research at our universities.

• Changes in health politics put more emphasis on the general practitioner with the concept of ‘gate keeper medicine’ or ‘barefoot doctors’. In many national physicians’ associations, the GPs are a majority and vote against the interests of smaller specialties.

• Dwindling financial resources lead to increasing competition between neighbouring disciplines with our special battles in dermatopathology, paediatric dermatology, allergy, oncology, etc.

• The restructuring of universities and faculties is putting enormous economic pressure upon departments for so-called merging activities for dubious ‘synergy’ effects.

• Changes in the curriculum for medical students tend to decrease the impact of dermatovenereology in the teaching process.

Challenges for EADV

Apart from these external problems, there are also problems within our Academy:

• Our membership is too small. With probably more than 20,000 dermatologists in Europe, we should definitely have 5,000 to 10,000 members in EADV. We are working on that, and our Membership Committee under the leadership of Demetris Ioannides has very good ideas.

• There is still a gap between former Western and Eastern European countries which has to be overcome. The integration and representation of all European dermatologists in our Academy is the major goal and reason for changing our Statutes.

• There is still too little activity during the time between our congresses. So much work is done by so few people. The newly established task forces should allow many more people to become active within our Academy.

• While other specialties have very professional contacts with the European Union officials at several levels, dermatology has not yet developed a professional lobbying system in Brussels.

A look to the future

We are working very hard on all these problems. My thanks go to Secretary General Joseph Pace, Past Treasurer Jacques Houset and current Treasurer Jón Olafsson, President Elect Alberto Giannetti and all the Board and Committee members!

Our mission is to promote excellence in clinical care, research and education in the fields of dermatology and venereology in Europe.

We will try to be more professional and more organised. We will have to harmonise and integrate different cultures and traditions within our field. But we should not lose our diversity which is so colourful and great in Europe, being both a challenge and an opportunity at the same time!

We will meet in Lapland with Raimo Suhonen in February 2006 for mid-winter days and with Andreas Katsambas in Rhodes in October 2006. I am sure these will be outstanding events for all of us!

I wish you all a very prosperous 2006!

Johannes Ring
President EADV
The 14th EADV Congress, held in London from 12-16 October, 2005 opened its doors to over 9,000 attendees and was heralded a huge success in terms of the educational and networking opportunities it presented. For EADV members who were unable to attend EADV News provides a short review.

The impressive ExCel conference centre in East London’s lively Docklands area played host to this year’s event, where 153 exhibiting pharmaceutical companies, dermatological associations and charities filled the vast 2,535m² display area.

The many facets of the dermatology and venereology world were embraced within the 162 sessions, which included courses, symposia, workshops and ‘lunch with the expert’ discussions. At the core of many of the sessions was the congress’ theme: Skin and Sexual Health – The Challenge for Europe. The 14th Congress was coordinated by the British Association of Dermatologists and supported by the British Association for Sexual Health and HIV (see article page 6) and also St. John’s Institute of Dermatology.

The event was launched with the Opening Ceremony, where the audience’s attention was captured by a traditionally attired London Town Crier. Welcoming speeches were made by Prof. Black, Congress President and Prof. Johannes Ring, President of the EADV. Prof. Robin Marks spoke about the International League of Dermatological Societies of which he is President and also awarded Martin Black a certificate of appreciation. Guests were then treated to a taste of the host city’s culture and arts, courtesy of the Band of the Grenadier Guards and the Royal College of Music’s ‘Elastic Band’ performances. The ceremony was followed by a Welcome Reception where guests could sample British food and drink and relax with new and old friends.

The high quality of presentations, scientific views, speakers and exhibits was widely praised by all attendees, comprising practising dermato-venereologists, academic specialists, exhibitors and nursing and patient support organisations. Once again, this demonstrates the success of the EADV Congress’ principle objective to provide attendees with the most up-to-date and comprehensive information, covering a broad spectrum of dermatological and sexual health topics.

**Education in science and medicine**

Reflecting the diverse subject areas encompassed within dermatology and venereology, topics covered within the 162 sessions included historical overviews, bullous diseases, connective tissue diseases, cosmetic dermatology, geographical dermatology, sexually transmitted diseases, epidemiology, European dermatology, and genetic diseases. Specific disorders discussed included (amongst others) acne, atopic eczema, contact dermatitis, genital herpes simplex virus infection, HIV and psoriasis.

**FACTS & FIGURES**

- Over 9,000 total attendees
- 153 exhibiting pharmaceutical companies and dermatological associations, an increase of 12% from last year, filled 2,535m² of exhibition space.
- Participants could choose from 162 sessions, over 40 more than last year. These included 11 Courses, 47 Symposia, 28 Workshops, 16 Lunch with the Experts, 6 Plenary Sessions, 4 What’s New sessions, 11 Update sessions, 5 Test Yourself sessions, 34 Sister Society sessions.
- Presentations were given by 546 Chairs, Co-chairs and speakers, in addition to 194 Free Communication speakers and 527 Sister Society speakers.
- 1,762 abstracts were processed: 194 were accepted as oral presentations in 13 Free Communication sessions.
- 1,510 poster abstracts were accepted.
- 20 Satellite Symposia included 88 presentations.
- 37 EADV Scholarships were awarded.
- 381 Grants were awarded.
and Networking in London

Plenary lectures called upon the expertise of speakers from around the globe, from as far afield as Australia and the USA and included experts from France, Germany and the United Kingdom.

In the first of Thursday’s plenary talks, Prof. Robin Marks, visiting from Australia, explored issues surrounding global dermatology – including the contrast in advances within dermatology in developed and developing countries.

The second plenary lecture of the day (M. Conant, USA) focused on global policies surrounding HIV, while the final plenary lecture (J. Weber, UK) discussed whether vaccination or microbicides can prevent the inexorable rise in sexually transmitted infections. The first of Saturday’s plenary lectures (F. Watt, UK) explored the uses and abuses of stem cells in dermatology. Subsequent lectures were entitled ‘Life Threatening Emergencies in Dermatology’ (J. Revuz, France) and ‘The Future Delivery, Opportunities and Threats of Dermatological Care’ (W. Sterry, Germany).

More than 30 sister societies, including the European Skincare Nursing Network, European Society of Paediatric Dermatology and the American Academy of Aesthetic Medicine, also held sessions throughout the event.

Education in a social forum

The high standard of the event’s educational content was echoed in the various social events throughout the week. The President’s Dinner was enjoyed inside the magnificent baroque environs of The Old Royal Naval College in Greenwich. Over 200 guests enjoyed an evening of dinner within the elaborate walls of the Painted Hall, famous for its stunning paintings by James Thornhill.

No less pleasurable was the Gala Dinner held at the charming riverside venue of Old Billingsgate Market, where more than 1,000 guests enjoyed dinner to the accompaniment of musical entertainment from Paul Holgate performing ‘So Sinatra’, followed by the Big Dance Band ‘String of Pearls’. The Old Billingsgate Market offered visitors spectacular views of many of the city’s landmarks, including London Bridge, the River Thames and HMS Belfast.

The 14th Congress of the EADV encompassed all aspects of dermatology, venereology and sexual health including HIV, outlining all the latest advances in these fields, and aimed to cater to the interests and specialties of all attendees, providing the highest level of education, information and social opportunities for those who attended.

Christopher Garrett
Congress Organiser

1 : Closing Ceremony, passing of the EADV flag. From left to right: Martin Black, President of the 14th EADV Congress, Johannes Ring, President of the EADV and Andreas Katsambas, President of the 15th EADV Congress.
2 : Opening ceremony, Band of the Grenadier Guards.
3 : Johannes Ring cutting the ribbon after Opening Ceremony.
4 : EADV 14th Congress Exhibition.
5 : Closing Ceremony, lecture of Jean Revuz.
6 : Robin Marks (right) presenting ILDS Certificate of Appreciation to Martin Black.
7 : President’s Dinner, Old Royal Naval College – Painted Hall.
8 : Klaus Wolff (left) is awarded the EADV Scientific Achievement Award.
9 : José Mascaró (left) receives the EADV Clinical Care Award.
10 : Hans Rothenborg (left) receives the EADV Distinguished Service Award.
In conjunction with the 14th EADV Congress in London, the last issue of EADV News provided a short history of dermatology in the UK. This historical summary continues with a brief overview of how the care of sexually transmitted infections developed differently in the UK, compared to the rest of Europe.

Records of venereal disease in England stretch back almost 1,000 years. On the south bank of the Thames opposite the city of London, was the notorious pleasure area, the Winchester Stews, brothels of ancient origin under the jurisdiction of the Bishop of Winchester. Gonorrhoea (the clap) was the principle infection caught there. The whores who worked there were called Winchester geese, and diseases caught there were described in the 16th century as a “groyne bumpe” or a goose from Winchester.

**Early treatment**

From that time until the early twentieth century day to day treatment of venereal diseases remained for the most part in the hands of surgeons who dealt with the outward manifestations of disease. Mercurial inunction and fumigation were standard treatments. By 1561 there were for instance four sweat wards at St. Thomas’s Hospital.

During this time lock hospitals were developed for the treatment of syphilis, the facility being taken over from the old lazar hospitals as leprosy declined. The most famous was to be the London Lock Hospital founded in 1746 by a surgeon William Bromfield and not closing till the advent of the National Health service (NHS) in 1948.

**Important developments**

Although “Syphilus sive morbus gallicus” had been written by Fracastoro in 1530 in Verona, the term does not appear in English until 1686 when the poet laureate Nahum Tate translated the work of Fracastoro. It is Daniel Turner (1667-1740), often called the first English dermatologist, who was the first to use the term in a medical writing: “Syphilis” (1717).

John Hunter (1728-1793) the celebrated Scottish surgeon who came to London, the founder of scientific surgery, probably did little to advance the different aetiologies of syphilis and gonorrhoea. In the celebrated experiment in 1767 Hunter, to prove the view of the single identity of gonorrhoea and syphilis, inoculated a subject with matter of gonorrhoea on the prepuce and glans. Unfortunately the inoculum was from a patient suffering from syphilis and gonorrhoea with the result that syphilis developed.

Another Scottish surgeon, this time a bit more canny, Benjamin Bell (1749-1806) in Edinburgh in 1793 following the work of Morgagni and Francis Balfour, opposed the unity theory of the same origin for both diseases and did the experiments on his medical students to prove his arguments. Nobody then questioned the morality of such experimentation.

Famous surgeons continued to have the main role in venereal diseases well into the 19th century. Benjamin Brodie (1783-1862) of St. George’s Hospital in 1818 in his textbook on disease of the joints described what is now considered to be Reiter’s syndrome or what the contemporary English rheumatologist Andrew Keat has called sexually acquired reactive arthritis (SARA). The lectures of Astley Cooper (1768-1841) to the medical students of Guys and St. Thomas’s Hospitals published in the Lancet in 1824 make as good reading now as then: “a man who gives mercury in gonorrhoea deserves to be flogged out of the profession because he must be quite ignorant of the principle in which the disease is cured.”

There was a change occurring with the rise of scientific dermatology in Europe in the nineteenth century. Although for instance Jonathan Hutchinson (1828-1913) had been appointed to the London Hospital as a surgeon and had initiated the venereal disease wards there, he had a major interest in skin diseases. Although there were families of surgeons such as Lane at St. Mary’s Paddington, who were also venereologists, dermatologists, trained as physicians, because of the ubiquity of syphilis also had an interest in syphilology. Henry Radcliffe-Crocker (1845-1909), John James Pringle (1855-1923), and James Harry Sequeira (1865-1948) were all examples. However Britain lagged behind – particularly behind Germany - for advances in scientific discoveries in venereal diseases.

**Modern venereology**

In 1913, because of continued high levels of venereal disease amongst the population and often poor treatment facilities, a Royal Commission on Venereal Diseases was established. This had very important consequences. It is the reason why genitourinary medicine (venereology) has come to be a separate specialty in the UK with its own specialists. In 1917 the Venereal Diseases Act defined the venereal diseases (since brought up to date as sexually transmitted diseases) and prohibited unqualified persons from treating these diseases. At the same time clinics which were to be free and confidential were set up, paid for by local authorities. Their running was taken over by the NHS in 1948 and continues to this day. Although there were a few consultant
Servicing the Dermatology Community

Hellenic Dermato-Venereological Review

Origins

The journal is published by the Foundation of Ifigenia Sygros - a Foundation set up by the will of Ifigenia Sygros in order to manage the largest dermato-venereological hospital in Greece, that she built up and subsequently bequeathed to the Greek state. The journal was published from 1932 to 1990 under the title “Archives of Sygros Hospital” and was revamped initially in the year 1990 and then in 2000 to include a colour cover, abstracts and key words in English and a new title: “Hellenic Dermato-Venereological Review”.

Scope and purpose

Contents include editorials, reviews, research papers, therapeutic studies, clinico-pathological cases and highlights on basic dermatology science, clinical dermatology, venereology and dermatological surgery for Greek dermatologists. The abstracts of all papers published can be found at the site of the Hellenic Dermatovenereology Association at the address: www.edae.gr

Circulation

The journal is published quarterly in Greek and is distributed without charge to approximately 1,000 Greek dermatologists and medical doctors. The journal can be found in all Greek medical libraries.

Three best papers in the last 3 years

1. Increased incidence of neurological disease in patients with bullous pemphigoid. (HDVR 2003:14(1-4);57-60)
   In order to determine whether there is an increased incidence of neurological diseases in patients with B.P, authors analyzed and compared the medical records of 36 patients with the records of 36 age and sex matched controls.

2. New staging system for malignant melanoma. (HDVR 2004:15(1);15-22)
   New data for the staging and prognosis of M.M, are discussed in this review paper.

3. Epidermolysis bullosa acquisita and multiple myeloma. (HDVR 2004:15(1);61-65)
   A patient with EBA with clinical and laboratory findings of multiple myeloma is discussed in this case report.

Contact details

Editor-in-Chief of the journal is Andreas Katsambas, Professor of Dermatology in the Medical School of the University of Athens and Director of “A Sygros” Hospital.

Potential authors and subscribers should write to:

Hellenic Dermato-Venereological Review
5 Ionos Drtagoumi Str
16121 Athens
Greece
Eurordis is a non-governmental patient-driven alliance of patient organisations and individuals active in the field of rare diseases, dedicated to improving the quality of life of all people living with rare diseases in Europe.

**Founded**

Eurordis was founded in 1997, on the initiative of the French Muscular Dystrophy Association (AFM), French Cystic Fibrosis Association, French National Cancer League (LNCC) and the French National Aids Federation, on the model of the North American NORD (National Organization for Rare Disorders) to advocate for the adoption of the EU Orphan Drug Regulation, and for EU Rare Disease Public Health and Biomedical Research policies.

Today, Eurordis is supported by its members and by the French Muscular Dystrophy Association (AFM), the European Commission and private donors.

**Membership**

Eurordis represents more than 200 rare disease organisations in 24 different countries, covering more than 1.000 rare diseases. It is therefore the voice of the 25 million patients affected by rare diseases throughout Europe.

**Scope and purpose**

Eurordis’ mission is to build a strong pan-European community of patient organisations and people living with rare diseases; to be their voice at the European level; and – directly or indirectly – to fight against the impact of rare diseases on their lives.

To this end, Eurordis undertakes activities on behalf of its members, notably in favour of:

- Empowering rare disease patient groups.
- Advocating rare diseases as a public health issue.

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**The European Society for Photodermatology (ESPD)**

The European Society for Photodermatology (ESPD) is open to all individuals, whatever their training or background, with an interest in all aspects related to photodermatology.

**Steps to its foundation**

A European Society for Photobiology already existed, but the input of clinical photodermatology in this society was rather low. Because several photodermatology societies were already active for many years in different countries throughout Europe, there was a growing need for a larger, European society coordinating all these clinical activities. During the 4th EADV Congress in Brussels in 1995 it became clear that enough people were interested in such a society. Gradually possible member lists were collected and statutes were prepared. The first elections for a Committee were organised in 1999 and P. Thomas became the first chairman. The present chairman is J. Krutmann. The other committee members are J. Hawk, G. Leone, M.C. Marguery, G. Murphy (treasurer), R. Roelandts (secretary) and P. Thomas.

**Membership**

ESPD now has 111 members from both European and non-European countries.

**Aims**

The key objectives of the Society are:

- The exchange of ideas among clinicians and scientists in the different countries.
- The participation in all actions taken to protect people against the possible side effects of non-ionizing radiation.
- The promotion of research, experimental work and education in photodermatology, through a series of scientific meetings and symposia.

**Main activities and achievements**

Each year ESPD organises a Photodermatology Day during the EADV Congress. (London 2005). There is always a part with invited speakers and a part with free communications. During the World Congress in Paris in 2002 a World Photodermatology Day was organised. In addition to the Photodermatology Days, the society is also patronising various photodermatology meetings throughout Europe. In November 2006 there will be a big photodermatology meeting in Düsseldorf.

Another activity of the society is the development of guidelines for therapeutic and diagnostic procedures in photodermatology. An example of this is the European Task Force for Photopatch Testing.

**Contact details**

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EURORDIS

- Raising rare disease public awareness, and also that of national and international institutions.
- Improving access to information, treatment, care, and support of people living with rare diseases.
- Encouraging good practices in relation to these.
- Promoting scientific and clinical rare disease research.
- Developing rare disease treatments and orphan drugs.
- Improving quality of life through patient support, social, welfare and educational services.

Eurordis is present in many European Institutions and platforms. The most significant ones are the Committee for Orphan Medicinal Products (COMP); the European Medicines Agency (EMEA); the Working Group on Patient Organisations (WGPO); the European Patients’ Forum (EPF); the EU Health Policy Forum; and the European Platform for Patients’ Organisations, Science and Industry.

Activities & achievements

Eurordis’ activities focus on four distinct areas: networking and information sharing; advocacy and policy development; access to information, diagnosis, treatment and care; and therapeutic development and research.

To reach out the highest number possible of patients in Europe, Eurordis performs many of its activities in various languages; the monthly electronic Eurordis newsletter and the Eurordis website are provided in six languages; some of the surveys are conducted in twenty different languages.

Among Eurordis’ most visible achievements, the contribution to the adoption of the EU regulation on orphan medicinal products in 1999; the contribution to the adoption of the EU community action programme on medicinal products and maintenance of rare diseases as a EU public health priority; and the contribution to the adoption of the regulation on medicinal products for paediatric use by the European Parliament at the first reading in 2005 are huge steps for people affected by rare diseases.

Other achievements include the organisation of a European conference on rare diseases every two years (Luxembourg in 2005, Lisbon in 2007); a number of scientific surveys providing invaluable information on access to care and diagnosis delay across more than 17 European countries; the designation of more than 300 orphan drugs; and the creation of a European network of Biological Resource Centres (EuroBioBank) for DNA, cells and tissue.

Future goals

But there is still much to be done. The integration of the new EU Member States must continue; the capacity of patient organisations must be built further; patient driven research must be developed; rare disease patient organisations must be empowered in clinical research activities; the EU regulation for paediatric drugs must be implemented; and access to diagnosis, treatment and care for rare disease patients must be constantly improved, for example through the identification of centres of reference in Europe.

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Patients' Perspective

A patient’s view

My name is Fide Mirón. I am a young Spanish girl who is experiencing the lonely path that the suffering from a rare disease such as mine, the Porphyria, Congenital Erythropoietic – Günther’s Disease, engenders. I have been suffering from it since I was born, with skin lesions starting when I was a few months old; today my hands are mutilated too.

Günther’s disease is a disease that starts at an early age; it is also known as Mutilating Porphyria. Given how extremely rare the disease is, it is estimated that there are only 200 to 300 cases in the world.

This is why it is crucial to find support for patients and their families in associations and organisations. Searching for such support, I found the Spanish Porphyria Association, of which I am now an active member. This association is a member of Eurordis, an organisation that is very important for us because of its work in raising awareness on rare diseases, and advocating for research and health, social, and educational support for patients.

When someone suffers from Porphyria, everything is missing: research in new medications and therapies, including gene therapy; genetic counselling; in many cases, misinformation delays diagnostic and administration of the appropriate treatment; patients are not directed to the medical experts and effective treatments; social and financial needs of the patient are not covered.

I have personal goals, like anyone else: I want my disease to be known and studied appropriately by researchers, in order not to be a forgotten patient anymore.

I am very active: I take part in all forums for the development of social awareness campaigns; I make presentations and participate in various important conferences such as the European Conference for Rare Diseases in Luxembourg (21-22 June 2005); the European Congress on Independent Living; the Second International Congress on Orphan Drugs and Rare Diseases etc.

Fide Mirón
Spain
As the 4th EADV Spring Symposium unites dermatology from across Europe, Prof. Annamari Ranki, Member of the Local Scientific Committee shares some highlights of the unique Arctic programme that awaits participants.

EADV President Prof. Johannes Ring recently outlined his ideas about the future policy of EADV and among them was the statement “Europe is an exciting continent!” The Finnish dermatologists took advantage of this and the challenge to organise the 4th EADV Spring Symposium in Saariselkä, a famous ski resort in the midst of the Finnish Lapland.

Given the current global warming and many natural catastrophes, this may be the last chance to experience the untouched Arctic nature still left in Europe. Standing on top of a snow-covered arctic mountain below the Northern Lights, you will experience absolute silence and the infinity of space. This, if anything, will allow you to concentrate your thoughts and also experience - if surrounded by fellow dermatologists - a very special feeling of friendship!

The theme of the 4th EADV Spring Symposium is Skin and Climate, which will become an ever more important area of research, prevention and therapy during the forthcoming decades of global atmospheric changes. The meeting is planned so that we work in the mornings and evenings - when it's still dark - and in the middle of the day there will be plenty of time for outdoor activities like skiing, ice fishing and snow safaris with reindeer or huskies. In the evenings, we will enjoy the delicious Lappish dishes made from reindeer, willow ptarmigan or fresh fish, flavoured with wild berries. To harden your skin, you may also want to try the original Finnish sauna or even swimming in the lake, through a hole in the ice. We hope that such exceptional experiences will make you memorise this event as well as what has been said during the lectures!

Scientific highlights

Opening the science in Saariselkä is the keynote lecture, the latest facts about the paradigm of photoaging, given by the Honorary Chairman of the Local Scientific Committee, Prof. Jouni Uitto. Knowing Jouni, a Finn from his origin, this will be a truly exciting lecture! On Friday morning, in the first plenary lecture session, the latest knowledge about the pathophysiology and management of atopic eczema will be provided by EADV

What to See

The organisers of the 4th EADV Spring Symposium share a few recommendations on what to see and do while visiting Saariselkä in Finnish Lapland.

Lapland is an exotic region covering almost 100,000km² known for its round topped fells, numerous lakes, clear drink-water rivers and huge forests. Saariselkä, located in Northern Lapland of Finland, is a versatile tourist centre and a lively village offering a wide variety of services. Situated in the middle of the fells near Urho Kekkonen National Park it is an international tourist centre which has managed to retain its human touch, hospitality and the genuine Lapp mentality.

Tourism has long traditions in Saariselkä and the tourist enterprises in the area know what makes a successful holiday, especially in winter time! In addition to high-standard services,
Dimensions of EADV in Practice

President, Prof. Johannes Ring, and the modern standards in diagnosis and management of bullous diseases will be elucidated by Prof. Leena Bruckner-Tuderman, whose roots are also in Finland, in the University of Oulu.

Very up-to-date themes will be illustrated also during the second set of plenary lectures on Saturday morning, when Prof. Christoph Griffiths will discuss the modern management of psoriasis and Dr. Emanuel G. Kuflik from the USA will guide us on cryosurgery.

A special symposium on Arctic Dermatology will take place on Friday, with topics dealing with the threat and challenge of arctic climate; physiological responses to the environmental cold, including experiences from Greenland; cold urticarias; and some practical aspects on how to use ointments in winter – on the skin or on the skis?

We have not, however, forgotten the other extreme of temperature and climate - the sunlight! The symposium Sunlight and Man will cover Vitamin D, ozone layer depletion, UV immunosuppression and seasonal affective disorder.

Once in the dark and wild, we must not forget Arctic venereology! In practice, we have noticed that somehow the spread of venereal diseases parallels skiing activities - especially the “monotanssit” which I cannot translate, but you may go and see once you are up here - and this dimension will be addressed by Harald Moi.

On behalf of the Local Scientific Committee, I wish you all a warm welcome to the EADV Spring Symposium in Lapland.

Annamari Ranki
Professor and Chairperson
Skin and Allergy Hospital
Helsinki University Hospital

and Do in Saariselkä

Saariselkä offers a network of well-marked ski trails for cross country skiing and a number of different types of slopes for downhill skiing.

- You can enjoy some of the popular winter activities during the extended lunch breaks or during the pre- or post-symposium days, for example a husky safari or a reindeer safari. You may also consider a snowmobile safari as an alternative. Additionally, you can join a snowshoe walk in the beautiful surrounding areas or a toboggan slide from the top of the Kaunispää Fell.

- You can learn about Sámi culture at the Sámi Museum “Seita” in Inari. You can also try ice-fishing one of the tours to the Sámi museum. Quality souvenirs and gifts inspired by nature and local culture are also on display at shops in the village.

- The temperatures in early February are usually between -5°C and -20°C. Inside the Arctic Circle the period of winter darkness acts as a natural counterbalance to the time of the midnight sun in summer. In Saariselkä there is no sunset from the end of May to mid-July and no sunrise from early December to early January. During our Symposium week the sun shines from 9:00 to 16:00 unless it is cloudy.

- In Northern Lapland, it is possible to see the Northern Lights nearly every evening, if the sky is clear. On average, the Northern Lights can be seen in northernmost Lapland 200 nights a year, February being the top month for this amazing light show!

Tailor-made tours are organised through the symposium secretariat. For more information please refer to the symposium website www.eadv.org/lapland2006. Bookings are also possible onsite, however, subject to availability.
nominated in 1903, was the first who held his lectures in Finnish. In 1910, he was elected to the president of the Finnish Medical Society Duodecim, and in 1916 he founded the Finnish Dermatological Society. In 1971, Karvonen was nominated to the first head of the National Board of health of the independent Finland.

Then the professorship was steered for 21 years by Baron Axel Cedercreutz. As a pupil of Unna, Sabouraud and Welander, he was interested not only in venereology but also in dermatology, especially in the microbes of the skin. The Old University Clinic turned into a department of dermato-venereology, where the majority of patients suffered from dermatoses.

Karvonen and Cedercreutz were in close cooperation with their Scandinavian colleagues, and they participated in the founding of the Nordic Dermatology Association.

My teacher Tauno Putkonen (lectured 1954-68) organised the post-war campaign against venereal diseases and renovated the Old Clinic, built in 1833, for the treatment of dermatoses. Veikko Pirlä was nominated in 1956 to an extraordinary professorship. He devoted himself to the development of methods for epicutaneous testing and to the propagation of his Finn Chamber Test.

Towards modern practice
From 1968, my main effort as professor was to raise a modern hospital for skin and allergic diseases (Fig. 2), and to bring up a new generation of dermatologists. I can now be proud of many of my pupils, to mention here only two: Jouni Uttvo and Urpo Kiistala. The versatile Suction Blister Technique of Kiistala has been cited in literature about 200 times. The future of dermato-venereology in Helsinki seems hopeful, since the chair is now held by Annamari Ranki, an immuno-dermatologist of first rank, who is interested especially in lymphomas and in HIV.

In the other universities of Finland, the main interests of the recent department heads have been: in Turku - histo- and biochemistry (Väinö Havu), photodermatology (Christer Jansén), cancer and collagensases (Veli-Matti Kähäri); in Oulu - allergic skin diseases (Matti Hannukela), psoriasis (Jaakko Karvonen) and biochemistry of the connective tissue (Aarne Oikarinen); in Kuopio - immunology, mast cells and neuropetides (Maija Horsmanheimo, Ilkka Harvima); and in Tampere - skin and coeliac disease (Timo Reunala). All of these individuals, and many of their pupils, have achieved internationally recognised success in their fields.

In addition to the five University Central Hospitals, there are 16 Central Hospitals in Finland. In 1968, dermatological services were available only in four of these but today 15 of them provide such services. In 1968, there were only 39 practising dermatologists in Finland, and 22 of them were working in Helsinki. Today the number is about five times higher and the distribution more even, but the distance between the patient and the specialist is still too long, especially in northern Finland, for example, more than 200km from Saariselkä to Rovaniemi.

Kimmo K. Mustakallio
Professor Emeritus
Rheumatology and Dermatology: a Clinical Dialogue

Joel David, FRCP, a Rheumatologist and Susan Burge, DM FRCP, a Consultant Dermatologist, both from the UK, offer their perspectives on the advantages of collaboration between the two specialties – which benefit both the physician and the patient.

Rheumatology

As in dermatology, pattern recognition of lesions underpins the diagnosis and prognosis of joint disease.

Joint abnormalities may be mirrored by similar changes in the skin. For example, joint hypermobility and skin hyper extensibility coexist in heritable disorders of connective tissue such as the Ehlers Danlos syndrome. Cutaneous erythema and hyper-pigmentation often overlie the inflamed joint. Many patterns of cutaneous involvement are highly specific to certain arthropathies such as the characteristic erythematous eruption on the face in a butterfly distribution in acute lupus erythematosus and erythema chronicum migrans following infection with Borrelia burgdorforii, which results in Lyme disease.

The degree of skin lesions can be of prognostic importance, for example in the cutaneous vasculitis and nodules of rheumatoid disease. Perhaps the commonest shared care patient seen in a joint Rheumatology/Dermatology clinic is that of psoriasis and psoriatic arthropathy. It is most useful to have both specialists present when seeing patients with this disorder in its severe form.

Several of the anti-rheumatic drugs may produce highly specific and potentially serious cutaneous reactions which require accurate diagnosis and prompt management.

The days are past where the rheumatology wards were filled with patients with rheumatoid arthritis and severe leg ulceration. It is Methotrexate which has largely been responsible for changing the natural history of rheumatoid arthritis and improving the prognosis. Nevertheless there are still those patients who have refractory leg ulceration, often in combination with small and large vessel disease and fragile skin related to the toxicity of steroids. Joint working of the two specialists is most helpful in this group of patients.

Finally, there are a number of overlap areas of dermatology and rheumatology where research is needed. We still do not understand the patho-physiology of Scleroderma and the bizarre forms of localised disease, in particular scleroderma en coup de sabre and linear scleroderma. Why do they appear to follow Blaschko lines, why does PUVA work for morphea and what is the immunological process that is being suppressed by Methotrexate? Biologics including the anti TNF group of drugs and anti IL6 drugs are now in regular use and will have very significant benefit for patients with psoriatic arthritis. It is an exciting time as we can now strive towards true disease modification with the use of these drugs.

Joel David FRCP
Nuffield Orthopaedic Centre, Oxford
United Kingdom

Clinical Perspectives

The Dermatologist’s Perspective

Dermatologists have much to learn from specialists in allied medical fields and perhaps the best way of doing this is to work collaboratively in a joint clinic. I have had the opportunity to see patients in clinics with rheumatology colleagues for a number of years.

What patients come to these combined clinics? Patients are referred by dermatologists and rheumatologists. Most have multi-system connective tissue disease (vasculitis, systemic lupus erythematosus, systemic sclerosis, dermatomyositis), some have psoriasis and psoriatic arthropathy and a few have difficult leg ulcers - is it vasculitis or pyoderma gangrenosum?

The patients benefit because, instead of attending two hospital appointments, skin and joints are dealt with in one visit.

We share the management of patients with complex diseases and can decide on the best approach for each patient. Face-to-face discussion is so much better than writing letters. Ideally treatment will improve both skin and joints, but in some patients we will tailor treatments to skin problems, while in others we focus on controlling joint disease. A course of hydrotherapy or ultraviolet light may be more appropriate than more powerful immunosuppressants.

Whenever possible I teach “on-the-job” and hope to improve the standard of skin care for all rheumatology patients by passing on dermatological tips to rheumatology trainees. This might include discussing the best way of dealing with photosensitivity, using emollients and topical steroids or recognising skin problems secondary to treatment not disease. Cases that spring to mind in patients with systemic lupus include steroid-induced acne (such patients may continue to apply steroids to their faces thinking they are treating cutaneous lupus), lichenoid rashes induced by anti-malarials and two cases of psoriasis induced by anti-malarials that were misdiagnosed as worsening discoid lupus erythematosus.

Most importantly, I have acquired knowledge from my colleagues, I have learnt new skills (my ability to assess the significance of joint symptoms has certainly improved) and I have benefited from the rheumatologists’ experience with novel therapies such as leflunamide and of course the “biologics”. But I have also been reminded of other simpler approaches to management. The community physiotherapists are a great resource that I have just discovered!

Susan Burge DM FRCP
Churchill Hospital, Oxford
United Kingdom
In October 2005, three new members were elected to the Board of Directors. EADV News introduces them.

Jean-Paul A. Gabbud, MD (Switzerland)

I was born in Berne, where I have been in private practice since 1976. I am married to Christine and we have two children (Michel, 29 and Fabienne, 27).

Many past and present activities in medical policy (past-president of the Swiss Society of Dermatology and Venereology, member of the Executive Committee for post-graduate training and CME of the Swiss Medical Association, member of the EDF, delegate at the B&S D/V of the UEMS since 1999) have made me fully aware of the importance to get our discipline clearly positioned among the other specialties.

Sarah Rogers (Ireland)

I studied Medicine in Dublin at the Royal College of Surgeons in Ireland graduating in 1968. I went to the UK to learn my trade in dermatology. My Master’s Degree is from the University of Newcastle upon Tyne and my Medical Doctorate is from the National University of Ireland, both dealing with the treatment of psoriasis which is my field of interest. I am a Fellow of the Royal Colleges of Physicians of London, Edinburgh and Ireland. My appointment as consultant dermatologist is to the City of Dublin Skin & Cancer Hospital, and St. Vincent’s University Hospital, Dublin.

Strictly speaking, I’m not a new member of the EADV Board, not exactly: I was the Irish representative to the Board for several years in the 1990s, right up until the 1996 congress – of which I was Vice President - came to Dublin. I really enjoyed being part of a great mix of European dermatologists and venereologists, learning the similarities and differences between how our countries practice their specialties. All this, whilst honing the ability of the Academy to disseminate and share knowledge across the continent. And much fun was had along the way, as I recall. I am proud to have been involved in the early days of the Academy and watch it go from strength to strength.

So, here I am again, this time as the member of the Board, representing the Irish dermatologists - ready, willing and raring to go! The Academy is a more sophisticated organisation now, hosting excellent academic meetings and producing a world-renowned journal, but I’m sure it still has the same ethos and energy with which its founding fathers imbued it.

Angela Robinson (United Kingdom)

Having qualified in 1980, I decided to use my skills in medicine and pathology to forge a career in genitourinary medicine. I have been a Consultant at University College Hospital London since 1989. I now also work for Camden Primary Care Trust, which has more of a community focus, as well as being Honorary Senior Lecturer at the Royal Free and University College London medical School.

I served as the Secretary and President (2001-03) of the Medical Society for the Study of Venereal Diseases (MSSVD). In 2003 I became the President of the British Association for Sexual Health and HIV (BASHH) following the merger of our two specialty organisations. I have recently been appointed Vice Chair of the Dermatovenerology sub committee of the BMA in UK.

I am delighted to accept the honour of being on the EADV Board. Sex is of fundamental importance to human beings and management of its consequences deserves good clinical care irrespective of the service provider. Sexually transmitted infections and HIV are a global problem and an important public health issue for Europe. Few countries have a defined specialty of genitourinary medicine, with the commonest European model of dermatology combined with venereology. As combined specialties we need to understand the important role that we play to both improve care of individual patients and also in the broader context of public health. Good training is essential. I would like to facilitate training for ‘doctors in training’ and on-going professional development for senior doctors in the venereology component of the specialty. Also to use EADV strengths as a large pan-European body to influence policy direction in Europe in relation to health promotion, treatment and care of skin and sexual health.

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The Luxembourg law which governs the actions of the EADV:

1. Is appropriate for locally based financial institutions but makes the administration of a professional multinational academy like the EADV very difficult.

2. Luxembourg Law does not allow EADV members to vote by mail. All decisions must be taken at OGM by voting in person or by giving your proxy to another member to vote on your behalf.

3. Validation of proxy votes is very difficult within the time restraints of an OGM. Falsification of proxy votes is possible unless extreme security measures are adopted.

4. Luxembourg Law does not allow electronic voting e.g. e-mail or fax approval of decisions by members or the Board. Urgent administrative decision-making in the context of a multinational academy is not possible with these restrictions.

5. Because voting must be done in person or by another member acting on your behalf, the decisions of the OGM are not representative of entire membership as only between 10% and 15% of members are ever present or represented by proxy vote.

6. Amending the EADV Statutes under Luxembourg law is very complex (as you can see). This means that the EADV cannot easily adapt and change to the needs of its members and the specialty.

7. The present Statutes do not facilitate the meaningful representation of the many new European member countries that were accepted by the OGM in Florence.

Members are being asked to vote at an EGM in Lapland to change the location of the EADV from Luxembourg. If there is a positive outcome from this meeting, this will enable the Board (with expert legal and financial advice at their meeting in Lapland after the EGM) to consider a new location of our academy.

You have also been sent new Statutes. These have already been considered by the Board, and the Secretary-General has called a second EGM in Lapland to vote on these Statutes if the other steps outlined above have been successfully completed. Depending on the new location of the EADV minor amendments to these Statutes may be required to be consistent with local legislation. These amendments (if any) will be notified to members on site and voted on separately if necessary.

This is an important and exciting time in the life of the EADV! It is the unanimous opinion of the Board that it is necessary to change the EADV registration from Luxembourg to enable us to move forward with increased participation of our members and the many new member countries in the democratic functioning of the EADV.

Frank C Powell
Chairman

Extraordinary General Meeting (EGM): Approval of New Statutes

An Extraordinary General Meeting (EGM) of the EADV was held on Saturday, 10 December 2005 at the Concorde Lafayette Hotel in Paris. Notification of this EGM had been circulated to the membership in accordance with the Statutes and the requirements of the laws of Luxembourg.

The President, Johannes Ring, welcomed the members to the EGM convened to approve the motion: “This EGM moves to accept and adopt these new proposed EADV Statutes with immediate effect. Furthermore, it does so in the knowledge that in so doing it opens the door to the early election of new Board members to represent newly recognised EADV countries”.

The Secretary-General announced that 25 members were present or represented at the meeting and that the Statutes require a quorum of two-thirds of the voting members (1100/1649 voting members). Since the required quorum was not reached, the President formally closed the EGM and announced that the second EGM on the above motion would be held in Saariselkä, Lapland on Friday, 10 February 2006. This 2nd EGM will be a statutory EGM in keeping with Luxembourg law and the motion will require the approval of two-thirds of the members present or represented to be adopted.

Joseph L. Pace MD
Secretary General
The EADV Awards Committee met in London to discuss matters and perspectives for 2006.

- A main decision resulted from this meeting, which was to change the structure of the AMED Scholarship and Gerda Frentz Fellowship, so as to equalise the amount offered for both awards whilst also offering a one-year EADV subscription as an incentive to increase membership. Therefore, from 2006 both awards will offer a total of €1,000, from which the appropriate amount of an EADV membership will be deducted.

- Also discussed, was an idea to encourage friendship and collegiality amongst the scholarship recipients: namely, to seek one hotel at reasonable prices to accommodate all the winners in the one place. Saariselkä, Lapland in 2006 will be the first EADV event to welcome these young dermatologists under one roof and this concept will follow through for all future EADV congresses and meetings.

Perhaps one of the best ever attended EADV scholarship ceremonies took place in London and the support shown from the winners and EADV officers made it the successful event that it was.

Scholarship ceremony

In customary fashion, the Awards Committee Chairman, Andreas Katsambas initiated formalities by welcoming everybody present. EADV Treasurer, Jacques Houset also said a few words and was followed by an encouraging and heartfelt speech by the Congress President Martin Black, who was welcomed with a generous applause. Last but certainly not least, the EADV Secretary General, Joseph Pace mentioned a few introductory words which, with his humorous manner, helped create an enjoyable and relaxed atmosphere.

Having briefly explained the significance of the Gerda Frentz Fellowship, named in memory of the late friend and colleague, the chairman and fellow officers presented the awards. It was nice to see committee member Diane Rosseeuw who arrived and was welcomed to join in the presentation process.

Some presidents/members of national societies also attended the ceremony, thus helping their young colleagues feel more at ease by seeing familiar faces – their support is much appreciated.

Photos were taken from every angle during the presentations and the customary group photo was shot in a larger reception area after the formalities ended. Each winner will receive a complimentary photo and anyone may visit the EADV website (www.eadv.org) to view all the photos of this event.

It was then time to mingle amongst the winners and officers and with a sip of champagne and a taste of some canapés, it turned out to be a much enjoyed afternoon and a nice way to close another busy congress day.

Andreas Katsambas
Chairman
The last year since the 13th Congress of EADV in Florence has been an important year for the Ethics Committee.

The committee under the Chairmanship of Prof. Giorgio Landi (Italy) had for sometime been working on its bylaws which were accepted by the Board during the 3rd Spring Symposium in Sofia, Bulgaria on 19 May 2005. Thus constitutionally the Ethics Committee is active from that date.

Early committee members
An important factor was that the Board had stated that the Ethics Committee was to be no larger than 5 persons. We said farewell to Prof. Jørgen Serup (Denmark) in the Spring. He still remains active in other EADV committees.

After Sofia Prof. Giorgio Landi (Italy) decided to stand down. EADV owes him an enormous debt of gratitude for his statesman like chairing of the committee in its early days and wise counsel. Prof. Hans Rothenborg (Denmark), for those of you who don’t remember he was a founder member and early Secretary General of EADV, has been appointed the Chairman. Several members of the Ethics Committee have retired: Prof. Emiliano Panconesi (Italy) - an illustrious early President - the first EADV Congress in Florence in 1989 will long be remembered; Prof. John Stratigos (Greece) - again the 3rd Congress in Athens was a memorable one; and Prof. Philippe Lauret (France). We thank them for all their wise contributions.

Current members
This leaves the Committee as Hans Rothenborg, Chairman, Michael Waugh (United Kingdom), Secretary, Josée Reiffers-Mettelock (Luxembourg) and José Mascaró (Spain). It is intended in due course to fill the fifth place.

Points of discussion
The world of dermato-venereology is changing rapidly. The Ethics Committee has ongoing discussions on: the conflict of interest in presentations in EADV; local ethical permission before research is proffered to an EADV event; and rapid recording of scientific presentations at EADV events by means of digital cameras, mobile phones and such like which all make the copying of others’ original work easier.

Our next meeting will be at the EADV House in Brussels, Belgium in the Spring of 2006.

Michael Waugh
Committee Member
Hans Rothenborg
Chairman

Update from the Website Committee
A New Look and New Services for the Website

Big times are ahead for the website of the EADV. We have defined a new layout and planned new services that will be soon implemented to address the objectives of the EADV. The website will have new areas for Press and for Patients.

One of the efforts of the EADV is to raise the profile and understanding of dermatology with the general public. Our website is going to be key to collect questions from the public and journalists, and a good tool to spread the word of dermatology. The content of this section has been set up together with the Media & PR Committee.

We are devoted to our patients. We have to provide them with information and give them all the support we can to make them feel that dermatologists and EADV care for them. We are designing a specific area for Patients and Patient Support groups. Easy-to-understand information on diseases and treatments will be added to the site.

We are looking for new services for our Members, and the members’ section is going to be improved. Our first step is to start using e-mail to communicate with our members. Please, take a moment to go to www.eadv.org and login to the members’ section, go to ‘My corner’ and update your e-mail address. A Forum with images, Virtual Library, Online Courses, CME, and more are in our planning.

All these areas (Members, Patients and Press) will be linked from our new homepage and will have different background colours.

We hope to be the meeting point for patients, the press and dermatologists in Europe.

Pablo Fernandez Peñas
Chairman
The EADV’s Fostering Dermatology programme continues to gather pace.

The EADV Excellence in Education Programme for residents has been an outstanding success, attracting 110 students from 23 countries across Europe, stretching from the Arctic to the Black Sea. There were too many applicants for the course in Finland, and already many for Rhodes.

All the courses have had a fantastic feeling of collaboration, friendship, and commitment to learning from both the residents and the teachers. The feedback has been excellent not only from the participants but also from their bosses. Many of the participants have since kept in touch, which has fulfilled our aim of future friendships and collaborations across Europe. The EADV has built up a huge store of goodwill from residents in Western and Eastern Europe, and this should be to our advantage in the future.

**EADV Bullous Disease Course, London**

This two-day course preceded the 14th EADV Congress in London. This was the first Residents’ Course and was dedicated to the single topic of bullous diseases.

There were applicants from all over Europe and further away, namely Syria and Australia. There were also applications from professors and senior dermatologists that sadly had to be refused. Sixty-four residents attended from 23 countries. The speakers too came from all over Europe: France, Finland, Germany, Hungary, Ireland, Italy, Netherlands, Switzerland and the UK, and included an oral medicine physician and ophthalmologist.

The programme encompassed both autoimmune and genetic bullous diseases. The aim was to provide in depth teaching on recognition, diagnosis, investigation, and treatment of these challenging diseases.

The course was highly intensive, with lectures all day, and an after dinner debate on the Monday. It started with an overview by the Congress President Prof. Martin Black, and then Mr. Balbir Bhogal inducted us in all the techniques for diagnosis. After coffee Professors Pascal Joly and Marcel Jonkman taught us all we needed to know about pemphigus. In the afternoon the subepidermal Professors Luca Borradori, Michael Hertl, Phillipe Musette, Fenella Wojnarowska and Susan Kelly unravelled blistering diseases.

There was a short break to recover from a very intensive day and then dinner was followed by a truly inspirational debate between Professors Leena Bruckner-Tuderman and Marcel Jonkman on ‘Stem cell research will revolutionise the treatment of Genetic Bullous Diseases.’ The motion was carried after a most interesting debate from among the audience as well.

The next morning Professors Sarolta Karapati and Timo Renula gave an overview and all the newest information on dermatitis herpetiformis. Then Professors Wolfgang Bernauer and Tomasi Lombardi, and myself highlighted mucosal disease.

After coffee the participants had to work: they were divided into six groups and presented their case presentations, which were of a very high standard and most instructive. All the moderators enjoyed leading these sessions. In addition the faculty felt very humble when we realised how fortunate we were in the resources that we had to treat and diagnose our patients compared to some countries.

The afternoon was devoted to genetic disease, and there was an inspiring combination of science and clinical teaching from Professors Leena Bruckner-Tuderman, Marcel Jonkman, John McGrath, Irwin McLean, Giovanna Zambruno and Dr. Jemima Mellerio. A highlight was two Epidermolysis Bullosa patients from DEBRA who were inspirational and moving in their bravery,
Update from the Fostering Dermatology Committee

The topics of the lectures were varied and covered all the main important points in Bullous diseases. I was really touched by the presence of the two patients of the Epidermolysis Bullosa (it was a great idea to invite them to share their experience with us!). The treatment strategies that were discussed brought to my mind many points that will surely influence my future daily practice.

Maldaa Al Daoudi (Syria)

The knowledge and acquaintances I made were so impressive that I will remember last week as one of my most lovely times in my resident life.

Aiste Beliauskiene (Lithuania)

It was a unique opportunity to learn so much about this interesting group of diseases and to get to know European residents and specialists that (to this time) a 2nd year dermatology resident like me would rather only know from literature on dermatology. Sigrid M.C. Broekaert (Germany)

It was the first time in my life that I have had the possibility of listening to lectures of the best specialists on chosen topics. I am sure that I’ll use this information in the best way in Ukraine. Acquaintances with young dermatologists from all over Europe gave me a chance to feel myself a tiny, but real, part of European dermatology. Pavel Chemyshov (Ukraine)

I think that the course was very good and I learned lots of new things. The other, and very important, aspect for me was the fact that I could meet so many really nice and interesting people there. Beata Imko-Walczuk (Poland)

Many thanks for excellent organisation of the course with great lecturers and topics! I have learnt a lot, got a new insight into bullous diseases and met new colleagues. Thank you for wonderful experience. Zrinjka Pastar (Croatia)

The course has first of all awakened my interest in blistering diseases. Diseases that I would like to know more about, but don’t come across very often in my daily work. So it was a great opportunity to attend the course where I received thorough training in a difficult subject, which may not have been possible otherwise. Andreas Storm (Denmark)

In conclusion the first year of this committee has been eventful and successful. Thank you to all the committee members, residents and faculty for your hard work, which has achieved the aim of fostering dermatology across Europe.

Fenella Wojnarowska  
Chairwoman

Participants' Impressions from the Bullous Disease Course

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After the short but well earned break that followed the London Congress where Martin Black et al pulled all the stops to produce a fine and memorable meeting, our thoughts turn fully to Lapland, venue for the 4th EADV Spring Symposium.

Lapland - the country of dreams, the land of the Sami people, the picture card country where high season means the fabulous Northern Lights and a temperature of -20°C or less.

Lapland - the country where Raimo Suhonen and his merry bunch of co-workers have managed to surprise even the converted let alone the skeptics to produce a programme of such excellence that all hotel beds sold out three months before the event - a veritable first.

New governance ahead
But Lapland is also the country where EADV’s destiny will be decided, at one and probably two Extraordinary General Meetings. We will first decide on the move out of Luxembourg, and, two days later, since there was no voting quorum in Paris on 10 December, the final vote on the draft Statutes will take place. Much has been said and more written over the years on this topic but this time the exercise has been so thorough and opened to widespread consultation by the Executive Committee, the Board of Directors, and the membership at large that it is my conviction that it will pull through with flying colors. It is the right document at the right time and will open the way to incorporation of all members in the decision making process by a new distant voting mechanism, full representation at Board level of all European countries subject to agreed criteria, and finally, Statutes that enable EADV to have appropriate governance and allow it the best conditions possible to effect its mandate in the coming years.

All of us have been given the opportunity to study the proposals carefully and to send suggestions to the Statutes Committee. These have been carefully assessed and, after further discussion, may be put forward as amendments to the draft document. All that remains is to ensure your voice is heard. Try to come to Lapland but if you cannot, be sure to use your proxy by giving it to someone who is attending. Where in doubt seek the advice of your national Board member or directly from my office at: eadvsecgen@keyworld.net

Preparations for direct election of Board members by voting members from their own country have started and will come into effect shortly after the new Statutes are passed so that newly elected Board members can take their seat in Rhodes.

Let’s celebrate this new EADV together in Saariselkä.

Joseph L. Pace
Payments for 2006 Membership fees

Please note that EADV can no longer accept cheques for the payment of your membership fee. This is due to the high banking cost of processing cheques. Besides it can take a long time for the funds to arrive in our accounts. Therefore it is important that you pay either by credit card or by bank transfer, as explained on your renewal form or on the membership application form.

Online payment

Please note that to gain time, you can use the credit card payment online, it is easy and fast! Visit the EADV website http://www.eadv.org and select ‘Join EADV’.

If you use bank transfer, then it is:

ING Bank
Ave Louise 358,
B-1050 Brussels
Belgium
IBAN: BE10 3101 4438 6004
BIC: BBRU BEBB 100
Account: 310-1443860-04
Communication: Last Name or (&) Membership No.

The EADV thanks you for your support!

Jón Hjaltalín Ólafsson
EADV Treasurer

Obituary
Dr Imrich Sarkany

It is with deepest regret that I wish to inform members of the passing away of Dr. Imrich Sarkany MD FRCP, a Founding Member and Past President of EADV on 22 November. Heartfelt condolences from all at EADV go to the Sarkany family to whom we extend our deepest sympathy at their great loss.

Joseph L. Pace MD
Secretary-General

A formal obituary will appear in the forthcoming EADV News.

Dates for your Diary

Calendar of Events

> 2006

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

Dermopolitan Jordan 2005
Amman, Jordan
26-29 April 2006

1st Congress of the International Dermoscopy Society
Naples, Italy
27-29 April 2006

Microscopy Course
Innsbruck, Austria
3 June 2006

5th Congress of the Mediterranean Association of Dermato-Venereology
Damascus, Syria
8-10 June 2006

Microscopy Course
Innsbruck, Austria
1 July 2006

Microscopy Course
Innsbruck, Austria
29 July 2006

36th Annual ESDR Meeting
Paris, France
7-9 September 2006

15th EADV Congress
Rhodes, Greece
4-7 October 2006

Congress of the European Branch of the International Union against Sexually Transmitted Infections (IUSTI-Europe)
Palais des Congres de Versailles, France
19-21 October 2006

> 2007

16th EADV Congress
Vienna, Austria
16-20 May 2007

11th World Congress on Cancers of the Skin
Amsterdam, The Netherlands
8-11 June 2007

12th Congress of the European Society for Dermatology and Psychiatry
Wroclaw, Poland
14-17 June 2007

21st World Congress of Dermatology
Buenos Aires, Argentina
1-5 October 2007
15th Congress of the European Academy of Dermatology and Venereology

“From Hippocrates to Modern Dermatology”

October 4-8, 2006
Rhodes - Greece

http://www.eadv.org/rhodes2006
E-mail: info@eadv2006.com

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