EADV members unanimously voted in Lapland to move the Academy's country of registration to Switzerland and accepted the New Statutes in their entirety.

How will these changes affect EADV life and its members?
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!

Professor Erwin Tschachler
Congress President 2007

For further details please see: www.EADVVienna2007.com
New Statutes, New EADV

Following this year’s successful Spring Symposium in Lapland, the Statutes of the EADV are changing. The Executive Committee has put a lot of work into this project, which is aimed at increasing the transparency and accessibility of the EADV to dermatologists all over Europe. The EADV has been European from the earliest concepts. The founding members represented a broad geographical and cultural range of states, but expansion of the EADV to include all of geographical Europe has been blocked by restrictions and legal issues imposed by its location in Luxembourg. These restrictions have also prevented the organisation from being able to offer true democracy to its members, which is essential in a modern and evolving organisation. The legal relocation of the EADV to Switzerland will allow this to happen.

It is easier to be open and inclusive when you are a small volunteer community club than when you are a large, structured multinational organisation. The sense of community however remains essential to the spirit of the EADV, and the organisation has therefore had to adapt its rules and regulations. The EADV looks forward to welcoming new member countries in the near future and becoming a truly pan-European body within the next few years.

Having done this carefully, the Academy is now poised for further growth through a range of initiatives aimed at providing community for its many members. A number of societies will be associated with the Academy and both the Board and Committees will have an infusion of new members with fresh ideas. Already many activities are being developed to meet the demands of the members. The introduction of task forces will bring back some of the community club atmosphere where all good men and women can do their bit for a better Academy, while the Fostering Dermatology programme ensures that growth will not only take place geographically but chronologically as well. The meetings, the trainees who participate at the Fostering Dermatology programme and both the Academy, while the Fostering Dermatology programme ensures that growth will not only take place geographically but chronologically as well. The meetings, the trainees who participate at the Fostering Dermatology programme and the task forces already span all of Europe, all of which helps to promote a pan-European dermato-venereology community under the aegis of the EADV.

The old statutes are dead, long live the modern EADV.

Gregor Jemec
Editor

Fenella Wojnarowska
Editor
The approval of the New Statutes at the Spring Symposium in Lapland opens a promising new period for the Academy.

The 4th Spring Symposium of our Academy will be remembered as a special historic event: not only was it the most Northern meeting ever organised by the EADV - in the splendid winter landscape of Saariselkä under the most cordial organisation of Raimo Suhonen and his friends from Finland - with the EADV logo in the form of an ice sculpture in front of the registration area next to a live reindeer, with famous colleagues on snow mobiles and husky sledges hurrying to the lectures.

Apart from all these unusual events this symposium was remarkable because of some very important decisions made by the Board and the membership in two Extraordinary General Meetings (EGMs). (See our Secretary General’s report on page 18.)

Why change?

More than five years ago the leadership of the EADV started to realise that our Academy would need New Statutes in order to cope with the growing number of members, the increasing number of participants at our congresses and the thriving mobility within Europe.

It became apparent that Luxemburg law was not ideal for the management of an organisation like the EADV. The newly introduced Development and Statutes Committee (chaired by former Secretary General Frank Powell and with Lasse Braathen, Andrea Peserico and our late friend Michael Hornstein) came up with a totally new proposal for New Statutes at the last Board meeting in Sofia which was intensively discussed and modified. The Board then decided to recommend the general meeting to leave Luxemburg as the legal location of our Academy since most of the necessary changes for the New Statutes would not be possible or compatible with Luxemburg law. It was then a rocky path with several extraordinary and one Ordinary General Meeting until Lapland, where in the first EGM the decision was made to leave Luxemburg and move to Switzerland. In the second EGM, after a unanimous Board decision, the new proposed Statutes were accepted. It is now a matter of administrative work and talks with the Swiss authorities to finalise the move and make the Statutes work.

What will change?

• First – and most importantly – with these New Statutes the EADV will be able to get a fair representation of all dermatologists from all European countries as geographically defined by the Ural Mountains and the Bosphorus (with two countries having both a European and an Asian part, namely Russia and Turkey).

• For several very important decisions postal voting will be possible in the future.

• The individual EADV members of a country will elect their representatives to the Board of the EADV through a postal vote. The Board will have a larger size but all countries will be represented.

>>> Continued on page 4
The EADV and the Local Organising Committee invite you to join the European dermato-venereology community on the island of Rhodes, Greece, from 4-8 October 2006, for the 15th EADV Congress. Under the theme “From Hippocrates to Modern Dermatology”, the Congress – hosted by the Hellenic Society of Dermatology and Venereology – will be a unique opportunity to share knowledge and meet with colleagues from across Europe.

The Congress provides ample opportunities to exchange up-to-date knowledge on diagnostic and therapeutic developments and share the experience gained in the constantly advancing fields of Dermatology and Venereology. Its sessions, led by distinguished international scholars, will explore the many facets of our discipline. A multitude of lectures, workshops and much sought-after social events will complement the sessions, offering participants a rewarding scientific experience.

The 15th EADV Congress is open to all dermatologists and venereologists, as well as trainees or residents in dermatology, in good standing in their national organisations. All registered participants will receive a certification of attendance. The Congress is accredited by the European Union of Medical Specialists (UEMS) in Brussels.

Scientific programme

The topics to be addressed at the Congress will focus on key aspects in the field, including:

- Basic Dermatopathology
- Epidemiology of Skin Diseases
- Infectious Diseases of the Skin
- Sexually Transmitted Infections
- Pediatric Dermatology
- Molecular Dermatology
- The Nervous System and the Skin
- Basic Principles of Dermatologic Surgery
- Photodermatology
- Cosmetic Dermatology and Lasers.

In addition to plenary lectures, workshops and useful “Test-Yourself” sessions, the Congress will also feature 13 special courses catering to a broad range of interests and specialties. As places are limited, early registration is highly advisable.

The Local Organising Committee looks forward to welcoming you to the 15th Congress of the European Academy of Dermatology and Venereology for a notable journey “From Hippocrates to Modern Dermatology”. We promise to make the Congress a worthy scientific event as well as a memorable social and cultural experience manifesting the essence of famous Greek hospitality.

The Island of Rhodes

Rhodes, one of the favourite travel destinations in Greece, is a magnet for visitors all over the world, as it combines unique natural beauty with a rich history and unsurpassed charm. Situated in the heart of the Aegean Sea, at a crossroads of two continents, Rhodes offers Congress participants the rare opportunity to pair their scientific advancement with a memorable trip to an enchanting past, through ancient sites, medieval fortresses and charming towns.

Participants will also have the chance to visit the nearby island of Kos, the birthplace of Hippocrates, the father of medicine (460 B.C.); his Oath, still taken by physicians all over the world, has established him as the greatest medical mind of antiquity.

The Congress venue, the Rhodes Convention Complex, is the largest convention centre in Greece, comprising two five-star deluxe seafront hotels; numerous conference halls with state-of-the-art audiovisual equipment; full translation and interpretation services; superb dining and entertainment facilities; athletic and sailing facilities; as well as a 18-hole golf course.

Andreas Katsambas
President 15th EADV Congress

Important Dates

Please note the following important dates:
- Deadline for Early Registration at Reduced Fee: 30 June 2006

For further information and on-line registration, please visit our website: http://www.eadv.org/rhodes2006
The 4th EADV Spring Symposium took place from 9-12 February in Saariselkä, Northern Lapland, Finland. More than one thousand dermatologists and accompanying people attended this symposium in a small village surrounded by mountains, snow and ice. Both participants and organisers experienced the biggest dermatology meeting in Finland and the biggest medical meeting in Finnish Lapland ever!

The Lappish solo song ‘joiku’ started the opening ceremony, followed by the welcoming words of the Governor of Lapland, Ms Hannele Pokka. After the official part, the stunning performance of the Finnish National ballet received a loud applause from the audience. The biggest hall in Finnish Lapland was crowded with colleagues who arrived from 50 different countries. After the opening ceremony and the welcome reception, the delegates had the opportunity to meet the world’s only real and original Santa Claus, who took a break from his spring holidays only to meet the EADV.

Getting to Lapland: the first adventure
Regular flights were too few to allow such a vast group of people to move to Lapland. After solving some minor capacity problems in the beginning, Finnair kindly increased the flight capacity according to our needs. Those colleagues who could not walk to the venue had the chance to meet our chauffeur Timo and his minibus – an invaluable help in a village with only 15 taxis! Thanks to Timo and his wife Anne for your valuable help in local transport and accommodation arrangements! Without your help we would have had to build a few snow igloos!

Logistical challenges
Organising the Spring Symposium with approx 1,000 participants in all 3 hotels in the middle of wilderness was a challenging task. The Arena hall – normally used as a tennis court - was divided into both a plenary hall and a commercial exhibition. In addition, two auditoria and several meeting rooms were made available for this event. We had to use all the facilities in this village of 400 inhabitants to run up to 6 parallel sessions - congratulations to our Local Scientific Committee for the successful placement of the sessions!

All the technical equipment was transported in lorries from Oulu town to...
Under the theme “Skin and Climate”, the sessions of the Spring Symposium handled, among other things, special topics including human exposure to Arctic conditions, sunlight and arthropods.

Altogether there were more than 150 chair people and speakers and one thousand participants. A pre-symposium session of the history of dermatology provided information of the history of the International League of Dermatological Societies (ILDS) and the AAD journal in addition to art and iconography around dermato-venereology.

The weather can be very cold in winter in Northern Lapland – ten days before our Symposium the temperature was minus 40°C. In the day of the opening ceremony, Saariselkä was the warmest region of Finland – minus 5°C. The next two days showed the most beautiful faces of Lapland: a mild temperature, sunshine from morning to evening, frosty trees on the mountains and an unbelievable generosity from nature. Afterwards I can admit that I was afraid of colder temperatures to come - despite the warm clothes, if lower temperatures had taken place most participants would probably have decided to stay indoors. Running activities at minus 40°C would not be an obstacle for local people, dogs or reindeers in Lapland!

Although the scientific and practical dermatology content of the Spring Symposia were the principal reasons to participate, it is obvious that without Northern Lapland’s nature and climate - in short, without its exotic component - attendance to the Symposium would not have reached one thousand participants. During these days, some colleagues found themselves rolling in the Arctic snow instead of steering the husky sledge or skiido, but - believe it or not - not a single bone was broken and the final count was OK!

Raimo Suhonen
President 4th EADV Spring Symposium

Handover of the EADV flag. From left to right: Prof. Suhonen (President of the Symposium), Prof. Ring (EADV President) and Prof. Gürer (President of the 5th Spring Symposium in Istanbul) -

Scientific Programme

Highligts

Under the theme “Skin and Climate”, the sessions of the Spring Symposium handled, among other things, special topics including human exposure to Arctic conditions, sunlight and arthropods.

Altogether there were more than 150 chair people and speakers and one thousand participants. A pre-symposium session of the history of dermatology provided information of the history of the International League of Dermatological Societies (ILDS) and the AAD journal in addition to art and iconography around dermato-venereology.

Prof. Jouni Uitto opened the Symposium with a colourful keynote lecture on the pathophysiology of photo aging of the skin. UVB irradiation may have direct effects on elastin gene expression while UV-A effects may be indirect possibly mediated by cytokines released from epidermis.

Plenary lectures

The six plenary lectures covered major dermatological issues. Prof. Ring’s talk focused on the pathophysiology and management of atopic eczema. He demonstrated the complicated nature of atopic eczema and the demands for proper and efficient treatment. He also emphasised the importance of stress and psychosomatic counselling as part of the treatment.

Prof. Bruckner-Tuderman’s talk reflected her vast knowledge in bullous diseases. Rapid development of molecular biology and genetics of the skin have contributed tremendously to diagnostics and management of these diseases. Treatment is...
often a compromise between side effects and disease activity, and individual goals should be set with the patient.

Prof. Griffith’s lecture showed how the management of psoriasis needs to take into account several facets of the disease: chronicity, immuno pathogenesis, psychosocial disability and the individual patient’s requirements from treatment.

Prof. Kuflik, in his presentation on cryosurgery of malignant lesions, emphasised fast cooling and slow thawing and the repetition of the freeze/thaw cycle, possibly complemented with the use of tissue temperature readings for the best results.

Prof. Girolomoni’s presentation ‘What’s new in science?’ introduced a number of very interesting recent papers on pathogenesis of psoriasis and skin-tumour immunology, e.g. on T-regulatory cells, the increase of which can prolong infections and protect tumours.

Prof. Stingl, in his talk ‘What’s new in therapy?’ concentrated on new developments in the therapy of e.g. melanoma, T-cell lymphoma, Raynaud’s syndrome and HIV infections.

Skin and Climate
In the theme of the Symposium, threats and challenges of arctic climate and physiological responses to cold and UV-light (and its depletion) were among the presentations. Sunlight effects on man, in addition to photo aging, were discussed in the contexts of immune suppression, vitamin D-production and seasonal affective disorders. Cold induces physiological stress that can increase blood pressure with 40-80 mmHg and thus increase mortality. Cold urticaria is mostly idiopathic and the threshold temperature differs. Using ointments on skin before exposing it to frost can actually increase the risk of frostbite.

Atopic dermatitis
The atopic dermatitis-session included the function of skin and epithelia in cold climate, treatment of skin barrier function to modulate skin inflammation, and the circulus vitiosus of atopic dermatitis. A new mediator of atopic skin itch, interleukin-31, which may be an instrumental part of itching, scratching and inflammation, was introduced. Sensitisation through skin seems to be a powerful way of inducing allergy that can manifest itself as atopic asthma. Early and effective treatment of childhood atopic dermatitis may prevent asthma later in life.

Conflicts of interest
There was a very enlightening session on ‘conflicts of interest’ where views were given also by journal editors and an industry representative. Conflict can be financial or academic – also on the reviewer’s or journal’s side. Negative studies not being published may bias the overall view of new treatments and their value. Furthermore, clinical trial registration is a good way of increasing awareness of study protocols and reporting of all results.

Local Scientific Committee

Scholarship Ceremony in Lapland
The icy conditions and low temperatures of Saariselkä (Lapland) certainly did not discourage the winners of the AMED Scholarship and Gerda Frentz Fellowship from attending the 4th EADV Spring Symposium.

Although cold outside, the atmosphere inside was warm and more so during the scholarship ceremony which took place on Friday afternoon. The Awards Committee Chairman, Andreas Katsambas, firstly welcomed everyone present and congratulated the winners not only for their success but also for their enthusiasm to travel to Lapland.

Andreas Katsambas then went on to introduce the EADV Treasurer Jon Olafsson and Committee member Frank Powell, who assisted in the presentation of the awards. EADV Secretary General Joseph Pace soon joined the celebrations and another committee member, Lucio Andreassi followed behind.

Before proceeding with the presentation of the awards, an explanation was given on the new method in which the scholarships were now being offered, namely the inclusion of a one-year EADV membership and the procedures involved in this new concept.

Once the formalities were over, the “family” portrait was taken followed by more happy snap shots of the attendees who mingled over a glass of champagne.

Last but certainly not least, it was good to see the President of the 4th EADV Spring Symposium, Raimo Suhonen, who was kind enough to make an appearance amongst his busy schedule and just in time for the bubbly.

Lapland was the first EADV event where all the scholarship recipients were accommodated under the same roof. This proved a great idea: it was very apparent from the majority of the winners that friendships had already been developed amongst them and a sense of ease and comfort was evident all round.

Andreas Katsambas
Chairman of the Honours and Awards Committee
Lessons Learned at the Cryosurgery Course

The Fostering Dermatology trainee cryosurgery course took place in Finnish Lapland on 7 February 2006, before the 4th EADV Spring Symposium. The quality of the lectures, the strong interest of the participants and the icy and snowy setting —where would you find a better place for a cryo-course?— made the course a success.

The course was very popular, with 20 trainees from 74 applicants selected. A group of specialists were also welcome to participate in the course. Experienced cryosurgeons from different countries brought their knowledge to the course. Teachers included Paola Pasquali (Venezuela), Emanuel G. Kuflik (USA), Christopher Sonnex (Great Britain), Olle Saksela and Raimo Suhonen (Finland).

**Topics**

The course covered basics of cryosurgery, cryobiology, benign and malignant targets, sequelae and complications — as well as a lecture by Olli Saksela to teach participants to compare different treatment modalities in many benign and malignant indications.

**Impressions on the Cryotherapy Course**

The course started early in the morning at around minus 30°C. We all realised that this was the right place for education in cryosurgery. Prof. Suhonen chaired the session in a very relaxed and humoristic way and at the same time in a very well organised way. The day started and finished with an interactive cryo-quiz and it was interesting to observe how the percentage of correct answers had increased after a full day of lectures and hands-on teaching.

**Peter Nordin, teacher (Sweden)**

The cryotherapy course was very well organised. Speakers provided us with very valuable information for our practice. In my work I use cryotherapy very often but, for example, I was afraid to use it in eye area. After this course I think that I can try to do cryo in this area. Besides, the atmosphere between speakers and participants was very good. My only suggestion for future courses would be to divide the course in two days.

**Beata Bergler-Czop, participant (Poland)**

The course represented a great opportunity for my training. The course gave me the opportunity to learn main methods and indications of cryotherapy, an almost unknown field for me to date. I will consider liquid nitrogen as a valid therapeutic option in my future daily practice. I really enjoyed being in company of many young colleagues, with whom I shared enthusiasm, expectations and concerns about the future.

**Daniele Torchia, participant (Italy)**

The very active and enthusiastic trainees had hands on experience of using liquid nitrogen, the only cryogen suitable for dermatologists’ use for benign and malignant indications. Pieces of pig skin and plates of agar gel served as patients and helped to give an idea about the behaviour of frozen zone in skin.

**Some Conclusions**

One aim of the course was to bring different views to the auditorium. It was widely held that the same disease can be successfully treated in different ways in different parts of the world. For instance, local anaesthesia before cryosurgery may be a routine in one country and not needed in Finland!

Cryotherapy/surgery is a low-cost therapy for many cutaneous disorders, especially for benign and some malignant tumours. There are several alternative methods available today. In selecting the appropriate treatment for each individual case, the dermatologist should consider risk/benefit and cost/benefit ratios — without forgetting the cure rate and the aesthetic outcome.

**Raimo Suhonen**

And the Scholarship Winners Said…

Gerda Frenz Fellowship has enabled me to participate in the congress for free. EADV’s Lapland Symposium was wonderful, with very good lectures. The Arctic weather and white silence freshened up my mind. There were lots of good emotions with fellowship friends and we continue to communicate by e-mail.

**Pille Konno (Estonia)**

This scholarship has given me a unique opportunity to learn more from the lectures of the best specialists and get new insight in dermato-venereology. I was delighted with the excellent organisation of the Symposium and it was very nice to meet so many friendly, interesting people. In this magic part of the world plenty of enjoyable winter activities consolidated the special feeling of friendship between the dermatovenereologists from different countries.

**Ingrida Buckute-Butkeviciute (Lithuania)**

I applied for the scholarship because it was the opportunity to learn and keep up to date with the novel trends in medicine, as well as to meet other dermatologists and share experiences. The scholarship ceremony was a special occasion, it was a memorable experience to enter the EADV community and a great stimulus for further scientific work.

**Filip Ser (Serbia & Montenegro)**

The quality of the lectures, the strong interest of the participants and the icy and snowy setting —where would you find a better place for a cryo-course?— made the course a success.

**Pille Konno (Estonia)**

The course was very popular, with 20 trainees from 74 applicants selected. A group of specialists were also welcome to participate in the course. Experienced cryosurgeons from different countries brought their knowledge to the course. Teachers included Paola Pasquali (Venezuela), Emanuel G. Kuflik (USA), Christopher Sonnex (Great Britain), Olle Saksela and Raimo Suhonen (Finland).

**Topics**

The course covered basics of cryosurgery, cryobiology, benign and malignant targets, sequelae and complications — as well as a lecture by Olli Saksela to teach participants to compare different treatment modalities in many benign and malignant indications.

**Impressions on the Cryotherapy Course**

The course started early in the morning at around minus 30°C. We all realised that this was the right place for education in cryosurgery. Prof. Suhonen chaired the session in a very relaxed and humoristic way and at the same time in a very well organised way. The day started and finished with an interactive cryo-quiz and it was interesting to observe how the percentage of correct answers had increased after a full day of lectures and hands-on teaching.**

**Peter Nordin, teacher (Sweden)**

The cryotherapy course was very well organised. Speakers provided us with very valuable information for our practice. In my work I use cryotherapy very often but, for example, I was afraid to use it in eye area. After this course I think that I can try to do cryo in this area. Besides, the atmosphere between speakers and participants was very good. My only suggestion for future courses would be to divide the course in two days.**

**Beata Bergler-Czop, participant (Poland)**

The course represented a great opportunity for my training. The course gave me the opportunity to learn main methods and indications of cryotherapy, an almost unknown field for me to date. I will consider liquid nitrogen as a valid therapeutic option in my future daily practice. I really enjoyed being in company of many young colleagues, with whom I shared enthusiasm, expectations and concerns about the future.**

**Daniele Torchia, participant (Italy)**

The very active and enthusiastic trainees had hands on experience of using liquid nitrogen, the only cryogen suitable for dermatologists’ use for benign and malignant indications. Pieces of pig skin and plates of agar gel served as patients and helped to give an idea about the behaviour of frozen zone in skin.**

**Some Conclusions**

One aim of the course was to bring different views to the auditorium. It was widely held that the same disease can be successfully treated in different ways in different parts of the world. For instance, local anaesthesia before cryosurgery may be a routine in one country and not needed in Finland!

Cryotherapy/surgery is a low-cost therapy for many cutaneous disorders, especially for benign and some malignant tumours. There are several alternative methods available today. In selecting the appropriate treatment for each individual case, the dermatologist should consider risk/benefit and cost/benefit ratios — without forgetting the cure rate and the aesthetic outcome.

**Raimo Suhonen**

And the Scholarship Winners Said…

Gerda Frenz Fellowship has enabled me to participate in the congress for free. EADV’s Lapland Symposium was wonderful, with very good lectures. The Arctic weather and white silence freshened up my mind. There were lots of good emotions with fellowship friends and we continue to communicate by e-mail.

**Pille Konno (Estonia)**

This scholarship has given me a unique opportunity to learn more from the lectures of the best specialists and get new insight in dermato-venereology. I was delighted with the excellent organisation of the Symposium and it was very nice to meet so many friendly, interesting people. In this magic part of the world plenty of enjoyable winter activities consolidated the special feeling of friendship between the dermatovenereologists from different countries.

**Ingrida Buckute-Butkeviciute (Lithuania)**

I applied for the scholarship because it was the opportunity to learn and keep up to date with the novel trends in medicine, as well as to meet other dermatologists and share experiences. The scholarship ceremony was a special occasion, it was a memorable experience to enter the EADV community and a great stimulus for further scientific work.

**Filip Ser (Serbia & Montenegro)**

The course was very popular, with 20 trainees from 74 applicants selected. A group of specialists were also welcome to participate in the course. Experienced cryosurgeons from different countries brought their knowledge to the course. Teachers included Paola Pasquali (Venezuela), Emanuel G. Kuflik (USA), Christopher Sonnex (Great Britain), Olle Larkö and Peter Nordin (Sweden) and Olli Saksela and Raimo Suhonen (Finland).

**Topics**

The course covered basics of cryosurgery, cryobiology, benign and malignant targets, sequelae and complications — as well as a lecture by Olli Saksela to teach participants to compare different treatment modalities in many benign and malignant indications.

**Impressions on the Cryotherapy Course**

The course started early in the morning at around minus 30°C. We all realised that this was the right place for education in cryosurgery. Prof. Suhonen chaired the session in a very relaxed and humoristic way and at the same time in a very well organised way. The day started and finished with an interactive cryo-quiz and it was interesting to observe how the percentage of correct answers had increased after a full day of lectures and hands-on teaching.

**Peter Nordin, teacher (Sweden)**

The cryotherapy course was very well organised. Speakers provided us with very valuable information for our practice. In my work I use cryotherapy very often but, for example, I was afraid to use it in eye area. After this course I think that I can try to do cryo in this area. Besides, the atmosphere between speakers and participants was very good. My only suggestion for future courses would be to divide the course in two days.

**Beata Bergler-Czop, participant (Poland)**

The course represented a great opportunity for my training. The course gave me the opportunity to learn main methods and indications of cryotherapy, an almost unknown field for me to date. I will consider liquid nitrogen as a valid therapeutic option in my future daily practice. I really enjoyed being in company of many young colleagues, with whom I shared enthusiasm, expectations and concerns about the future.

**Daniele Torchia, participant (Italy)**

The very active and enthusiastic trainees had hands on experience of using liquid nitrogen, the only cryogen suitable for dermatologists’ use for benign and malignant indications. Pieces of pig skin and plates of agar gel served as patients and helped to give an idea about the behaviour of frozen zone in skin.**

**Some Conclusions**

One aim of the course was to bring different views to the auditorium. It was widely held that the same disease can be successfully treated in different ways in different parts of the world. For instance, local anaesthesia before cryosurgery may be a routine in one country and not needed in Finland!

Cryotherapy/surgery is a low-cost therapy for many cutaneous disorders, especially for benign and some malignant tumours. There are several alternative methods available today. In selecting the appropriate treatment for each individual case, the dermatologist should consider risk/benefit and cost/benefit ratios — without forgetting the cure rate and the aesthetic outcome.

**Raimo Suhonen**
The Dermatologist's Perspective

The hair cycle is generally described as a sequence of three successive phases: a hair growth phase named anagen, a regression phase (catagen) and a resting phase (telogen). The latter were also called club hairs and were considered to be shedding hair. Recently, the “exogen phase” has been described in rodents as a distinct process. In these species exogen regulation is of significant importance for communications, cases for diagnosis, a syndrome page, iconography and letter to the editor covering general dermatology, histopathology, dermatologic surgery and related sciences. The printed version contains articles in Portuguese. The complete versions in Portuguese and English are available at: www.anaisdedermatologia.org.br (unrestricted access).

The Cutaneous Biologist’s Perspective

For the cutaneous biologist, the explosion in hair biology research can be traced to the FDA’s approval of the first scientifically-accepted hair growth promoter – Upjohn’s (now Pharmacia’s) minoxidil in the early 1980’s. This advance can be credited with opening the door for many a budding biologist (myself included) to participate in the basic research of the hair follicle, and crucially brought together basic and clinical hair follicle researchers. Indeed, these events triggered the creation of the ‘hair research societies’ existing across the world today.

Much progress was fuelled by the recent step-change in knowledge of the basic
Exogen Hair: Does it Matter male and Male Hair Loss Patterns?

maintaining the hair coat in its protective function as well for the skin surface as for the central body temperature.

We recently provided experimental evidence that exogen leads to the release and shedding of the club hair in human scalp. This process occurs normally in close association with hair renewal. If exogen did not happen we would assume that everyone might bear a million hair fibres on the scalp by the age of 55! We speculate that exogen regulation plays a key role in special areas such as the eyebrows and lashes: retention during prolonged periods of time of rather short fibres.

A non-invasive method of exogen hair sampling allowed us to characterise some morphological and biophysical aspects of human exogen hair. We were also able to quantify the presence of exogen hair in the scalp of controls and subjects with androgenetic alopecia. Subtle structural differences distinguish the telogen and exogen hair leading to significant differences in terms of extraction forces. Higher casual levels of exogen hair - especially the miniaturised ones - were found in male patients with androgenetic alopecia as compared with controls subjects. Studies in females with patterned hair loss are ongoing and seem to indicate that exogen hair counts has also clinical relevance.

This suggests that further studies are warranted using exogen counts as a diagnostic criterion, a “patient validation pre-screening test” before inclusion or exclusion in a clinical trial. Further to this, we might probe its relevance for monitoring the individual therapeutic response.

Dominique Van Neste, MD, PhD
Skinterface, Tournai and Brussels Belgium

biology of the hair follicle and its fibre, together with the increasing realisation that the hair follicle’s growth characteristics provide an attractive model for scientific researchers beyond the traditional constituency of cutaneous biologists and dermatologists. For example, new cohorts of researchers are interested in the hair follicle’s interactions with topical modifications (cosmetic scientists), its medico-legal ramifications (forensic scientists) and its retention of historical information (bio-archeologists).

With these new contributors - and potential others in the future - we are likely to witness significant breakthroughs in understanding the full value of hair growth to the mammal, including its regulation of hair growth and development. Such activity fosters a flow of information from lab bench to bedside flow, as well as the reverse stream from bedside to lab bench.

Underlying this bi-directionality is the follicle’s surprising interconnectivity with the body’s systemic regulatory networks. For example, the hair follicle not only can respond to most hormones known to biomedicine, but it also has the capacity to produce for itself a wide range of hormones via synthesis, conversions, etc. Moreover, neuro-peptides, transmitters and hormones are increasingly implicated in mediating hair follicle events, particularly those that may be stress-related.

Other pivotal clinical observations include the skin’s acceptance of allogeneic donor hair follicle components, which may even lead to neofofolliculogenesis.
Facts & Figures
Population: 6.74 million
Capital: Jerusalem
Life expectancy: 77.5 years for men and 81.5 for women
Number of physicians: 23,688 under age 65 – 3.7 physicians per 1,000 population

Main Aspects of the Israeli Health System
- Health care was legislated as a universal right of all residents.
- The State is responsible for financing the basket of services legislated by law.
- The Law defined an explicit basket of services which must be made available to all residents.
- These services are to be provided by approved health funds to their members.
- Health funds are obligated to register every member who chooses to be registered with them. Health funds are forbidden to exercise any form of selection.
- Every resident is completely free to enroll in the health fund of his choice. Places of employment, workers unions or any other organisation are forbidden to limit this freedom of choice in any way.
- A health care tax was created (which replaced the premium previously paid by the member to his health fund) which is collected by the National Insurance Institute. The tax is defined as 4.8% of the worker’s (salaried or self-employed) income.
- The National Insurance Institute distributes this money among the approved health funds by a capitation formula based predominantly on age.
- The health funds may offer supplementary health insurance to their members covering services not included in the basket of services designated by the Law.

Dr. Joseph Alcalay, MD, President of the Israeli Society of Dermatology and Venereology, provides insight to the history and current state of the Israeli health care system and dermatovenerology in Israel.

The Israeli health care system is, at present, a national compulsory social insurance system.

In 1995, the Israeli Parliament (the “Knesset”) passed the National Health Insurance Law that transformed the Israeli health care system from a voluntary social insurance system into a compulsory one.

From a medical perspective, the Israeli health care system can be considered to be on a par with that of Europe, the United States or Canada. The hospital system in Israel is well developed and technologically sophisticated. The general hospital system is dominated by the Ministry of Health, who own and operate 11 acute care hospitals. The National Labor Union Health Fund is the second largest player with 8 acute care hospitals. There are a number of community not-for-profit hospitals, particularly in Jerusalem, notably the two Hadassah hospitals and Shaarei Zedek.

In addition, there are a number of smaller hospitals scattered around the country which are owned by missions, religious organisations, as well as a small number of private hospitals. Most of the Ministry of Health and National Labor Union hospitals and some of the community hospitals are University affiliated and recognised as training centres for medical students, interns and residents in all of the medical specialties.

Financial model
The Israeli health care reform has attempted to find an optimal balance between two seemingly conflicting vectors – universality, solidarity and equity on the one hand, and decentralisation, self determination and competition on the other. This has been achieved to a large extent by creating a separation between financing and provision, namely, centralising the financing of the system and establishing a uniform basket of services while decentralising the responsibility for providing the services to four competing health funds.

In addition, an attempt has been made to balance increased access to services for the entire population with incentives for efficiency and cost containment by a system of risk sharing between the government and the health funds. Israel is the only country in the world where almost all of the funds for health care are distributed among health funds using a capitated risk-adjusted formula.

Health funds
Four health care funds are responsible for providing health care services to their members. The National Labor Union Health Fund, which is the largest of the health funds, provides its services using its own salaried staff – in large public-type clinics as well as in its own hospitals. The other three health funds provide services predominantly by contracting independent physicians, medical centres as well as public and private hospitals.

While the health funds are responsible for directly reimbursing providers, there are nominal patient co-payments for many of the health care services such as
physician visits, drugs, outpatient hospital department visits and selected tests and treatments.

**Dermatology**

Dermatologists in Israel are members of the Israel Society of Dermatology and Venereology (ISDV). The ISDV and the other medical societies are connected to the Israel Medical Association (IMA), which is the official workers’ organisation representing the physicians in Israel. It acts as an independent, apolitical and professional organisation which seeks to advance the cause of physicians and medicine in Israel. The ISDV has around 300 active members.

**Training**

There are seven dermatology departments in Israel located in the public hospitals. Residency training in dermatology is a 5-year programme, but there are no fellowship training programmes for dermatologists. During the residency training a 6-month rotation is required in plastic surgery. However, there is no official training by dermatological surgeons.

**Specialties**

The departments of dermatology in Israel have special interest in psoriasis, genodermatoses, cutaneous lymphomas, pemphigus, contact dermatitis and drug eruptions. Major contributions to the dermatologic literature in these fields have been done by Israeli dermatologists. Special interest in Israel’s dermatology is baleno and climatotherapy at the Dead Sea for various skin diseases, among them psoriasis. The popularity of dermatologic surgery procedures has increased in recent years and the Israeli Society for Dermatologic Surgery has now around 100 members which represent one third of the total number of dermatologists in the country. Surgical procedures carried out by Israeli dermatologists include cutaneous surgery, injections of fillers and botox, chemical peels and Mohs micrographic surgery. Mohs micrographic surgery has been performed by dermatologists and plastic surgeons for the last 14 years.

**Skin cancer**

Skin cancer is managed by dermatologists and plastic surgeons like in the US and cancer screening is performed routinely by dermatologists. However a skin cancer week - organised once a year by the Israel Cancer Association - aims at focusing more on the subject. Early detection of skin cancer has been increased and public awareness has also grown considerably. Since the early 90’s the incidence of malignant melanoma is rising. The increase is seen mainly in Israeli males. In most of the HMO systems in Israel there is a direct access to dermatologists. Nevertheless, most of the skin cancer patients are referred for surgery to plastic surgeons and payment is done on the basis of fee for service in some of the organisations.

Dr. Joseph Alcalay
New Recommendations of FDA and EMEA regarding Labels of Topical Calcineurin Inhibitors

The Food and Drug Administration (FDA) and the European Medicines Agency (EMEA) have recently recommended changes regarding labelling of topical calcineurin inhibitors (TCIs) as used for the treatment of eczema.

EADV President Johannes Ring responds to the question: Do physicians and patients have to be concerned about the changes in the United States and Europe especially with regard to the safety of topical calcineurin inhibitors in eczema treatment?

In the USA the FDA has added boxed warnings to pimecrolimus cream and tacrolimus ointment stating that the long-term safety of topical calcineurin inhibitors has not been established. Until more long-term data becomes available, they have advised against continuous long-term use of these medications. The label makes it clear that no causal relationship has been established between the use of such medications and rare reports of malignancy.

The EMEA has recently come to similar conclusions, as they do not consider TCI as first line treatment either and, therefore, express concern about uncritical long-term use of these agents. The EMEA also sees a necessity that the initiation of topical treatment with tacrolimus or pimecrolimus should only be performed by a physician with experience in diagnosis and treatment of eczema.

While the FDA label makes it clear that no causal relationship has been established between the use of these medications and rare reports of malignancy, this is not so clearly evident from the EMEA statement.

Professor Ring’s statement

The President of the European Academy of Dermatology and Venereology (EADV) commented on these developments last 28 March. Prof. Ring stated that the revised warnings were relatively mild in tone and should not prevent physicians from prescribing these medications, which have proved their therapeutic value as an alternative to other anti-inflammatory treatments, especially topical glucocorticosteroids. TCIs have been extensively researched and widely used in clinical practice and dermatologists have a good understanding of their safety profile. Prof. Ring would like to reassure physicians and patients that the additional warnings in the USA and Europe labels should not cause concerns regarding the use of these therapies within their labelled indication.

The statements issued by the FDA and the EMEA are largely based on the results of experience using such drugs in oral form at high doses, which results in far higher exposure to the active ingredients than occurs in human patients using a topical form applied to the skin as a cream or an ointment.

Although both agencies have received post marketing reports of skin malignancies in patients using TCIs, the incidence of these events is not higher than that seen in the normal population. Today there is no evidence of increased incidence of lymphoma or any other malignancy linked to use of TCIs, neither in the thousands of patients involved in clinical trials nor among the several million people treated with the two preparations. Furthermore, there is no evidence of systemic immunosuppression after short term or intermittent long-term topical application of pimecrolimus or tacrolimus in eczema patients. The actual rate of lymphoma reported in people treated with TCIs is considerably lower than predicted for the general population.

Professor Ring referred to a recent position statement of the European Dermatology Forum concerning the potential risk of TCIs which appeared in the Journal of the European Academy of Dermatology and Venereology (JEADV).1

In his statement, the EADV President pointed out that these medications have proved of enormous benefit to millions of patients worldwide who suffer from painful and distressing diseases. “We would regard it as extremely unfortunate if these patients were deterred from using these substances because of warnings which are based on mainly theoretical assessment of risk. Dermatologists are always at the forefront when considering patients’ safety. Following extensive reviews of all available information, I believe that the benefit of using TCIs largely outweighs the risks.”

Professor Ring added that he was concerned that the FDA’s and EMEA’s actions could mean an increasing reliance on systemic immunosuppressives or strong topical corticosteroids in the treatment of 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.”

Launch of Brand New Scholarships

The EADV is proud to introduce three new scholarships in honour of recently deceased founding members: John Stratigos, Michael Hornstein and Imrich Sarkany.

John Stratigos Memorial Scholarship
Named after the late dear friend and distinguished colleague Prof. John Stratigos, the EADV will offer the John Stratigos Memorial Scholarship to one recipient of each Mediterranean country for the 15th EADV Congress, which will be held in Rhodes, Greece, 4-8 October 2006. The scholarship consists of €1,000, which includes the fee of a one-year EADV membership and which will be deducted according to the status of each recipient. Free registration to the congress is also provided for each winner.

Criteria:
• Only candidates who have not previously received an EADV scholarship can apply
• Candidates who have completed medical school more than 15 years ago are not eligible to apply
• Young dermatologists, trainees or residents will be highly regarded
• Candidates must have an adequate knowledge of the English language

Required documentation for application:
• Scholarship Application Form (Please find attached to this EADV News issue)
• One-page CV
• Letter of support endorsed by the head of the national society
• Copy of the applicant’s training or specialist certificate
• Passport-sized photo.

Candidates should submit their applications before 10 May to the following address:
Prof. A. Katsambas
35 Skoufa Street
106 73 Athens, Greece
Fax: +30 210 3600 196
E-mail: katsabas@internet.gr

Michael Hornstein Memorial Fellowship
Named after the late dear friend and distinguished colleague Michael Hornstein, the EADV will offer the Michael Hornstein Memorial Fellowship to one recipient of each Eastern European country for the 15th EADV Congress, which will be held in Rhodes, Greece, 4-8 October 2006. The scholarship consists of €1,000, which includes the fee of a one-year EADV membership and which will be deducted according to the status of each recipient. Free registration to the congress is also provided for each winner.

Criteria:
• Only candidates who have not previously received an EADV scholarship can apply
• Candidates who have completed medical school more than 15 years ago are not eligible to apply
• Young dermatologists, trainees or residents will be highly regarded
• Candidates must have an adequate knowledge of the English language

Required documentation for application:
• Scholarship Application Form (Please find attached to this EADV News issue)
• One-page CV
• Letter of support endorsed by the head of the national society
• Copy of training or specialist certificate
• Passport-sized photo.

Imrich Sarkany Non-European Exceptional Cases Grant
Named after the late dear friend and distinguished colleague Imrich Sarkany, the EADV will offer the Imrich Sarkany Non-European Exceptional Cases Grant to a maximum of five (5) young dermatologists of non-European countries for the 15th EADV Congress, which will be held in Rhodes, Greece, 4-8 October 2006. The scholarship consists of €1,000, which includes the fee of a one-year EADV membership and which will be deducted according to the status of each recipient. Free registration to the congress is also provided for each winner.

Criteria:
• Candidates who have completed medical school more than 15 years ago are not eligible to apply
• Young dermatologists, trainees or residents will be highly regarded
• Candidates must have an adequate knowledge of the English language
• An abstract/poster must be submitted to the EADV congress

Required documentation for application:
• Scholarship Application Form (Please find attached to this EADV News issue)
• One-page CV
• Letter of support endorsed by the head of the national society
• Copy of Abstract already submitted to the congress
• Copy of training or specialist certificate
• Passport-sized photo.
The Degos Patients Support Network

The Degos Patients’ Support Network is a contact and support group, as well as an information hub for those affected by Degos disease. Its founder, Judith Calder, gives an account of the key purpose and aims of this organisation.

Degos disease (Malignant Atrophic Papulosis or Kohlmeier-Degos) is exceptionally rare: since 1942 only 200 cases have been recorded in the medical literature. So far, the disease has no aetiology and no proven effective treatment.

Origins
The Degos Patients Support Network was developed as a result of early attempts to contact other patients who might also be isolated in their worry about having the disease. Gradually, a correspondence evolved, with exchanges about details on treatments tried, doctors’ names, symptoms, ideas and more.

Making progress
A questionnaire was devised to elicit some basic non-medical information from each contact. Patients are encouraged to support each other and to direct their medical advisers to the network site for professional contacts and links to current research.

After meeting other patients in Germany and the USA, the Degos Patients Support Network developed close ties and exchanged details of any relevant research or case studies. News came of an apparent success with a Degos patient in Berlin and a meeting was arranged with the doctors in the Dermatology, Venereology and Allergology department at Charite – Universitätsmedizin.

The database of 40 patients became the basis of a study of living Degos patients and developed to be presented as the 1st International Meeting on Degos disease, in March 2005 in Berlin. This was made possible by the generosity of the Morbus Adamantiades-Behcet self-help group. Findings will be published and a summary can be seen on www.degosdisease.com

Future goals
Degos patients and their families have contributed to a biobank in Berlin and it is hoped that researchers will set up more, using the protocols and inexpensive tests developed by Professor Christos Zouboulis, who presented the meeting in Berlin. An annual meeting for Degos patients is planned.

Contact details
Medical professionals are kindly asked to contact judith@degosdisease.com if they wish to contribute.

Judith Calder
Tel: +44 1903 787 737
Fax: +44 1903 859 617
E-mail: info@degosdisease.com
Web: www.degosdisease.com

Patients’ perspective

A patient’s view
Being told you have a potentially life-threatening disease is bad enough; when you realise you are one of very few worldwide, then it is still harder to assimilate.

Very few doctors have heard of Malignant Atrophic Papulosis (Degos or Kohlmeier disease), let alone having seen a patient, so we become objects of great fascination – star turns at medical conferences – in my case, in Pittsburgh, Cape Town, Berlin and London.

None of us knows how the disease will progress. At first, most people notice distinctive skin lesions, and some go on to develop internal symptoms, which often prove fatal. None of us knows whether we will be “lucky” or not as there is no aetiology and no cure.

I felt I had to find other patients, and so set up a website - www.degosdisease.com-, which over the years has attracted isolated and frightened patients from all over the world, and is now also a resource for doctors.

Our biggest stroke of good fortune has been to forge a positive and practical relationship with an excellent team at Charite Hospital in Berlin, where data from patients is being studied. When I suggested a similar study it was discounted by previous doctors in England as findings would be statistically insignificant.

Being a Degos patient has not only been painful, worrying and disfiguring; it has also enriched my life in some ways. I have learned so much along the way about human failings and strengths, in both patients and doctors.

A good, kind doctor makes all the difference to how we cope with the unknown. Good patients keep well-informed, take part in research and keep their fingers crossed that they will survive.

Judith Calder
The Fostering Dermatology Committee - now over a year old - has the exciting task of fostering and promoting dermatology throughout Europe.

**Fostering Dermatology**

**Dermato-Venereologists in Private Practice Programme**

Private practitioners form the majority of our membership, therefore we are developing a programme not only to help with their CME (now being renamed CPD) but also to increase contacts between practitioners from different countries, and with Universities and centres of excellence to foster the feeling of a dermatological community throughout Europe. We have co-opted a Private Practitioner – Dr Christa de Cupyer - onto our committee to help us launch an expanded programme.

This programme commenced with the offers of scholarships to visit other centres but the uptake was disappointing. The scheme is still running, but with stricter criteria for the applicants to ensure that these aims are achieved. In addition, we are preparing a list of centres that will offer practitioners the opportunity to visit and learn or update specific skills. Please let us know if you would like to offer to host a visit. (You can contact: fostering@eadv.org).

A programme of courses and workshops for private practitioners is also being prepared – watch this space! Dermoscopy will be featured but please let us know what else you would like. Please also let us know if you would like to offer a course or workshop.

**Fostering Dermatological Practice Visits for Dermato-Venereologists in Private Practice**

- Only for EADV members
- Applicant needs to be in full time private practice
- Visit must be to a centre within Europe
- Grants available on request
- Permanently running throughout the year with the following application deadlines in 2006: 21 June, 21 September, 21 December.

**EADV Excellence in Education Residents Training Programme**

We have now run four courses attended by a total of 127 residents from 32 countries (See for example the article on the Cryosurgery course, page 7). They have very much fulfilled our desire of attracting participants from Eastern Europe and our dream of forming friendships across Europe. This continues with three more courses to run in 2006.

The number of trainee members has almost tripled in the past few months as trainees join after the courses or join to be eligible for future courses. They are the future of the Academy and we look forward to their contribution to the EADV in the next decade.

Fenella Wojnarowska
Chairwoman
Imrich Sarkany - a founding member of the EADV and briefly President of the Academy in 1996 - died on 22 November 2005 after a long illness. Imrich Sarkany was born in Slovakia but his education was severely disrupted by the Nazi takeover of Czechoslovakia. Before the war he was sent to England by his mother where he enrolled in the Czech brigade of the British Army. Later on returning to Czechoslovakia, he discovered that his whole family had been lost in the Holocaust.

After studying at Prague’s Charles University, he left his country again and found his way back to England. He graduated at St Thomas’ Hospital where he graduated in 1952; he then worked in various training posts at St John’s Hospital for Diseases of the Skin (Kings College Hospital, London).

Imrich Sarkany was an excellent clinician and soon obtained a consultant post at the Royal Free Hospital in London and became a colleague of Professor Charles Calnan. He was one of the identifiers of the erythrasma organism and participated in the development of griseofulvin. His publications numbered nearly 300.

The amount of funds allotted to scientific and medical training activities has to be balanced with the cost of the operational structure of the Academy. This is an issue that the past and present treasurers have had in mind together with the members of the Finance Committee. This balance has to be maintained as it has been in the last two years, and it also has to be considered when budgets are established. The most important fact to be kept in mind from the financial point of view is that the Academy should take care to spend every euro in the most efficient way in both main areas, educational and operational.

Mario Lecha
Chairman of the Finance Committee
Dear Friends

It is with great sadness that we have to announce the passing away of our distinguished members Dr. Imrich Sarkany and Dr. Michael Hornstein, who deceased in November and December 2005, respectively. The loss of these two highly respected EADV members will be felt by all of us in the Academy.

and close colleagues. As testament to his international strengths he was elected to the American Dermatologic Association.

In 1986 he became the president of the UEMS, an appointment which brought him into contact with other prominent European dermato-venereologists who were putting forward the idea that there should be a European Academy of Dermatology and Venereology. As we all know, Emiliano Panconesi took up the Baton and the EADV was formed in 1987. Imrich Sarkany became a founding member of the EADV and clearly had an important influence on its early development which subsequently has led to its great success.

Sadly, shortly after the EADV Congress in Portugal in 1996, Imrich's health began to deteriorate and for a number of years he was unable to participate in any of the national or international meetings including the EADV. During the 14th Congress of the EADV in London, held in October, I was personally delighted that his wife, Helen, and his son, Robert Sarkany, also an accomplished dermatologist, were able to attend the President's Dinner as a tribute to Imrich's earlier work and participation in the EADV. He will be sorely missed by both British and European dermato-venereology.

Martin M Black
Past President of EADV

Michael Hornstein (1949 - 2005)

Michael Hornstein (Prague, 1949) went to elementary and high school in his hometown from 1955 to 1964 until he moved with his family to Düsseldorf, where he finished high school in 1967. He then attended the medical school at Heinrich-Heine-University in Düsseldorf from 1967 to 1973, when he was promoted to Dr. med. From 1974 to 1978 he was resident at the Dermatology Department of Düsseldorf University (with Prof. Greither). In 1978 he entered the dermatological office of his father Dr. Guido Hornstein, which he took over in 1985.

Dr. Michael Hornstein was not only a dermatologist and allergist but also had special trainings in phlebology, proctology and environmental medicine. Both his patients and colleagues regarded him as a passionate physician.

Still he always found time for engagement in health politics and in working for his colleagues in several societies, such as the "Berufsverband der Deutschen Dermatologen" (BVDD) (Society of Practising Dermatologists in Germany), where he became Vice president in 1983 and the Deutsche Dermatologische Gesellschaft (DDG) (German Society for Dermatology).

Soon he was not only fighting for the interests of dermatologists in Germany, as he widened his activities to the European level after becoming a representative of the UEMS and Board member of the EADV (1996-2002). Dr. Michael Hornstein was active in several committees; his major initiative being the very time-consuming and most important work on the way of EADV towards its New Statutes. As a member of the "Development and Statutes Committee", Michael Hornstein was always present with good ideas and helpful suggestions and showed a firm will to improve the situation and the life of our Academy.

Michael Hornstein was not only an excellent dermatologist and homo politicus; he also had the rare gift of an impressive sense of humour. He was able to bring people together and harmonise conflicting concepts towards a common consensus. We all will miss Dr. Michael Hornstein, who coped courageously with his serious illness. Our deepest sympathies go to his wife Relly Hornstein and his family. The EADV will not forget Dr. Michael Hornstein!

Johannes Ring
President EADV
History was made well north of the Arctic Circle when the two Lapland EGMs first adopted with a massive majority the unanimous recommendation of the Board of Directors to move the country of registration of EADV to Switzerland, and a day later, unanimously voted to accept the New Statutes* in their entirety.

The major effect of our decisions will be in representation and decision making - how decisions are taken, how all eligible members directly or indirectly will be involved in decision making, who is entitled to be an eligible voting member. Postal voting will enormously improve our democratic decisions as opposed to the previous situation when only those present and a few others who sent proxies effectively decided matters for the entire membership. All these changes will, of course, become effective after legal procedures are concluded.

Decision making process

Individual voting members: All EADV members will, directly or indirectly via their legitimate representative, participate in the decision making process at all levels.

The election of President-Elect and changes of Statutes will be made directly by postal ballot by each eligible EADV member.

EADV members in each country will also directly elect their national representative who will thus be empowered to speak on their behalf and have the legitimacy to make decisions as their representative. These Board members will serve as a direct and always available link between the EADV member and the EADV ‘central’ leadership. Each Board member will need to submit to re-election after 3 years in office.

Board members will elect both Secretary General and Treasurer and will also elect two members from among themselves to sit on the Executive Committee. The EC will include the Officers and these elected Board members. They are elected to represent their national members and derive their legitimacy thereof.

Countries on the Board: All European countries that fulfil the requirements in the statute will have a national board member.

Membership categories

Some of the more significant changes soon to be introduced are listed below. These will come into effect in the near future, once the legal formalities associated with the changes, we have together decided upon, are concluded.

Ordinary membership has been expanded to include:
1. Scientists holding PhD or equivalent and who are wholly committed to Dermatology/Venereology research
2. Non Europeans achieving specialist status in a European country
3. European nationals achieving specialist status in any country

A new junior membership category replaces the former Trainee category but now includes any person under 35 years even if fully qualified. This recognises the difficulties one may meet early in his or her career. Junior members will have a vote although they cannot be elected to office. Members in this category will have a significantly reduced annual membership fee.

Other new categories include International, Distinguished Corresponding, and Supporting members which will absorb the previous Corresponding category. All remain non voting categories.

Elections

Shortly I will be writing to all of you with details of the electoral process that will be used in the forthcoming elections for:
1. President-Elect (postal ballot of all eligible EADV members)
2. Board members from newly eligible countries and others that may seek re-election (Postal ballot among individual eligible EADV members in each country)
3. Secretary General (Board of Directors)
4. Two Board members to be elected to Executive Committee (Board of Directors)

The Rhodes Congress should see our new format established and elections concluded, with all our energies directed at making our new look Academy better in every way, for our members, for our speciality, for our patients.

I am delighted with the way matters have progressed as are all my colleagues from the President downwards and wish to thank you all for your encouragement and support in what has not been an easy time. Together these challenges have been surmounted and it remains for me to thank all those involved in a Herculean effort to conclude this long drawn process so satisfactorily. Clearly the cold concentrates the mind and whenever major decisions are required, and the postman is not working, we might consider a future return to Saariselkä!

Joseph L. Pace
Secretary General

*The full statutes are available at the members’ only area of the EADV website: www.eadv.org
Membership Application Form

Please provide all professional information and certificates as requested on both sides of this form and have it endorsed (signed) by two Ordinary EADV Members in good standing. Please enclose payment to ensure processing of your application. Your payment will not be deducted until you have been accepted as an EADV member.

■ Personal Details  PLEASE TYPE OR PRINT

Last name: ____________________________ First name(s): ________________________________
Position/Title: _________________________ Specialty: ________________________________
Date of birth: ________ / ________ / ________ Nationality: _______________________________
Address: __________________________________________________________
City: ____________________________ Country: ____________________________ Post Code: ____________
Telephone: ___________________________ country code / area code / number
Fax: _______________________________ country code / area code / number
Email address: _________________________

■ Membership Subscriptions

EADV Member benefits include:
■ Subscription to the Journal of the European Academy of Dermatology & Venereology (JEADV)
■ Substantial discounts to attend all scientific meetings organised by EADV (Annual Congresses & Spring Symposia)
■ EADV News, a regular newsletter to update you on Academy activities and opportunities
■ Voting rights (Ordinary Members only)
■ Membership only access on EADV website (www.eadv.org).

■ Eligibility & Guidelines

You are eligible for membership in the European Academy of Dermatology & Venereology, provided you conform to one of the member categories listed below. Only Ordinary and Honorary members have the right to vote. Membership is valid for one full calendar year (1 January – 31 December) irrespective of the month you join the Academy. Application for membership will be accepted up to 31 August. Applications received after this date will apply to the following calendar year. When you join, you will receive the issues of the JEADV and EADV News published within the calendar year that your membership has commenced.

■ Membership Categories

☐ Ordinary Member  Fee: € 115
You may apply to become an Ordinary Member of the EADV if you are certified and practising as a dermatologist or venereologist in a European country consistent with EADV statues.

☐ Corresponding Member  Fee: € 115
You may apply to become a Corresponding Member if:
☐ you are certified and practising as a dermatologist or venereologist outside Europe
☐ you are a doctor or specialist in another field and not certified as a dermatologist, but with a particular interest in skin or venereal diseases.

☐ Trainee Member  Fee: € 50
A Resident or Trainee in dermatology or venereology may apply to become a Trainee Member of the Academy for the duration of their training. Upon certification of completion of training you will be eligible to apply for Ordinary or Corresponding membership (Attach certificate of proof of current trainee position See over).

☐ Retired Member  Fee: € 50
Practitioners of dermatology and venereology, aged 65 or over, who have been ordinary members of the EADV and have now retired from activity in the specialty may apply to become Retired Members.

☐ Associate Member
Associate membership (Sponsor) is available to organisations active in the field of Dermatology and Venereology. Please apply to the EADV Administrative Officer for details.
Curriculum Vitae

Education

Physician's Degree: __________ / __________ / __________________________
month      year      Institution      country

Dermatology/Venerology
Degree: ______________________
month      year      Institution      country

Non-physician’s
Degree: ______________________
month      year      Institution      country

(Specify):

NOTE: Enclose copy of specialist certificate / certificate of training / certification of Retired Status - As applicable

Present position: ☐ Institution or hospital (Name): __________________________ ☐ Private Practice ☐ Company

Professional Experience

1. Postgraduate medical / other professional training:
Name of Institution / Hospital __________________________
Nature of training __________________________ Dates __________

2. Medical experience/ other professional experience:
Nature of practice or experience __________________________
Location __________________________ Dates __________

3. Teaching / research experience:
Name of the institution or hospital __________________________
Brief description of experience __________________________ Dates __________

Member of national Dermatological society or association or other national organisation (specify):

Endorsed: 2 Ordinary members of EADV

Name: __________________________ Membership No: __________________________
Name: __________________________ Membership No: __________________________

Method of Payment:

☐ Bank transfer: ING BANK - Ave Louise 358 - B-1050 Brussels - Belgium
BIC: BBRU BEBB - IBAN: BE10 3101 4438 6004

☐ By credit card: ☐ Visa  ☐ Eurocard/Mastercard  ☐ American Express  ☐ Diners Club
Card Number: __________________________
Expiry Date: __________ / __________

Name (as appears on card): __________________________

Signature of applicant member: __________________________ Date: __________________________
Important Announcement

Make the EADV House Come Alive
Use it for your society meetings – gratis
EADV members are advised that the EADV meeting rooms at EADV House in Brussels are available without cost to European Dermatology and Venereology subspecialty societies.

Use of meeting rooms, LCD and overhead projector is provided on complimentary basis. If interested, please contact Sophie Cambron at EADV House for details.
E-mail: office@eadv.org - Tel.: +32 2 650 00 90

Joseph L. Pace
Secretary General

Calendar of Events

> 2006

Dermopolitan Jordan 2006
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

International Laser Conference
Barcelona, Spain
30 August - 1 September 2006

27th Annual Congress of the International Society for Dermatologic Surgery
Istanbul, Turkey
31 August - 2 September 2006

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

15th EADV Congress
Rhodes, Greece
4-8 October 2006

> 2007

65th AAD Annual Meeting
Washington D.C., United States
2-6 February 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

> 2008

66th AAD Annual Meeting
San Antonio, Texas, United States
1-5 February 2008

5th EADV Spring Symposium
Istanbul, Turkey
22-25 May 2008

17th EADV Congress
Paris, France
17-20 September 2008

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
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

Congress Organizing Bureau
Erasmus Conferences Tours & Travel S.A.
1, Kolofontos & Evridikis str., 161 21 Athens, Greece
Tel.: +30 210 7257693, Fax: +30 210 7257532,
E-mail: info@erasmus.gr, http://www.erasmus.gr