Introducing EADV's Task Forces

Fifty teams of EADV members get ready for action

Dermatology in Lithuania
Overview from the President of the Lithuanian Society for Dermato-venereology
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Media Workshop
At the 15th EADV Congress in Rhodes
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EADV's President-Elect
Election time is here
Page 16
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.EADVVien2007.com
New Initiatives to Support Dermatology and Venereology

The move of the EADV to Switzerland allows us to accomplish the first steps in the move towards joint working of dermatologists and venereologists across Europe to the benefit of our speciality and patients in Europe.

This summer sees the launch of the Task Forces (see page 10). This new endeavour should serve the aims of the EADV well. The individual task forces are all dedicated to a single clinical condition or service and will unite clinicians together in a common cause, thus ensuring a community across Europe working together for the good of Dermatology and Venereology.

The Task Forces are made up of clinicians with disparate backgrounds, from academic centres and private practice, male and female, and from all areas of Europe, all of whom are giving their time and hard work for the benefit of our specialty. Their dedication is admirable but for successful completion of their tasks collaboration with others is very important and thus all EADV members who wish to contribute to the Task Forces should do so. All EADV members should feel involved and see themselves as stakeholders in the final outcomes. Some Task Forces might also include patients or patient support groups who have unique and specific competencies and can ensure a patient focused view. Some will be collating or producing patient information, which can be an excellent resource for both patients and doctors.

The Skills Development Programme for private practitioners is similarly fostering continental collaborations, by offering visits for private practitioners to centres of excellence, both Universities and outstanding Private Practices, in all regions of Europe, promoting friendship and interchange of expertise between EADV members.

Both these new enterprises will help doctors in understanding and managing patients and their diseases, and thus help patients. In addition the Task Forces and the Visits to Centres of Excellence will be models for co-operation among EADV members for the good of our specialty that may inspire other projects in the future. A further benefit will be strengthening our position with regard to other specialties that may be competing with us for the same patients; it will help the EADV be a Defender for Dermatology and Venereology.

Collaboration is essential for success in completion of the objectives of the Task Forces and the Visits to Centres of Excellence and by collaborating we show strengths and protect our specialty.

On the advice of the Nomination & Electoral Monitoring Committee, this edition has been edited solely by Gregor Jemec.

➤ Please send your suggestions, feedback and contributions for the attention of the Editors, EADV News c/o Stefanie Blum, Administrative Officer at the EADV Office via: stefanie@eadv.org
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On 7 June, 2006 the Executive Committee met for the first time in Lugano (Switzerland), where the official application for registration of our Academy in this country was signed by the EADV’s President, Secretary General and Treasurer. After recognition from the authorities, we will have officially moved our legal site from Luxembourg to Switzerland. This will make our Academy stronger and more flexible for the immense work to be done.

All of us remember the long discussions we have had over the past years with regard to New Statutes allowing more democracy, more representation of all Europe and more flexibility. Many people have put an immense effort into this work, just to name Frank Powell as Chairman of the Development and Statutes Committee, together with Andrea Peserico, Lasse Braathen and our late friend Michael Hornstein. Past Presidents Martin Black and Jean-Hilaire Saurat and the whole active Executive Committee, especially our Secretary General Joe Pace, and the members of the Board have also been actively involved in this long process. We all remember the very intense and serious discussions we had in Malta, Sofia, Lugano and the final and decisive votes in London. We all remember the very intense and serious discussions we had in Malta, Sofia, Lugano and the final and decisive votes in London. All of us remember the long discussions we have had over the past years with regard to New Statutes allowing more democracy, more representation of all Europe and more flexibility. Many people have put an immense effort into this work, just to name Frank Powell as Chairman of the Development and Statutes Committee, together with Andrea Peserico, Lasse Braathen and our late friend Michael Hornstein. Past Presidents Martin Black and Jean-Hilaire Saurat and the whole active Executive Committee, especially our Secretary General Joe Pace, and the members of the Board have also been actively involved in this long process. We all remember the very intense and serious discussions we had in Malta, Sofia, London and the final and decisive votes in the General Meetings in Lapland.

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Europe is growing together

Many people may ask: “Why do you spend so much energy on boring things like statutes?” The answer is very simple: our specialty faces serious problems all over Europe and therefore we need a strong and efficient Academy, which is organised in a flexible and professional way. It is no longer only a club of friends organising a congress from time to time – even if this means already a heavy load of work requiring a lot of professionalism.

Europe has grown – not geographically, but in terms of accessibility of many colleagues from former Eastern European countries. The challenges in our field have increased not only with regard to dramatically rising prevalence of skin cancer, allergy and other common diseases, but also politically, in the threat of diminishing our speciality and making life more and more difficult for practising dermatovenereologists. Moreover, we want to be a partner for our friends from the American Academy of Dermatology (AAD) and other large regional societies in the world.

For the first time the New Statutes will allow a fair representation of all dermatovenereologists of all European countries. Elections for new Board members have already started and will be done by the individual EADV members of the respective countries. This newly constituted Board will then elect the officers such as Secretary and Treasurer as well as two members at large in the new Executive Committee. The President will be elected by the general membership in a postal vote. This will give a lot more influence to our members with regard to the election of their representatives in the administrative organs of our society.

I am really looking forward to welcoming the officially elected new Board members from many European countries so far not represented in our Board.

We will have the new category of “junior members”, who will pay half the normal fee while receiving the same benefits; I hope that this measure will be attractive for our young colleagues to join in and strengthen our Academy. Anytime we try to lobby in Brussels or anywhere, we are usually asked for the number of heads we represent. With nearly 25,000 dermatologists in Europe, it is a shame to have to answer “2.000-2.500”. This has to change!
President's Perspective

Lobbying at EU level & Task Forces

Recently, we started a new activity with the aim of lobbying at European level. In our house in Brussels we invited EU officials and members of the European Parliament, together with press representatives, to a cocktail reception entitled “Skin and sexual health in Europe” and we discussed actual problems and introduced our Academy to them (see pictures above). It was a good start and we want to continue this initiative in a sort of “jour fixe” every 3 months, focusing on specific subjects like skin cancer, STD, allergy, etc. Through these activities we want to make contacts with relevant people in the EU administration in order to promote our ideas on research programmes and regulation issues. In this sense, our PR & Media Committee – with Klaus Fritz – and our Website Committee – with Pablo Katsambas and Michel de la Brassinne – play an important role.

The daily life of our Academy will also be greatly enriched by the newly instituted Task Forces (see page 10). It is important for our members to have a platform to actively contribute with their expertise in the daily work of our Academy.

Johannes Ring
President EADV

Servicing the Dermatology Community

Experimental Dermatology

Experimental Dermatology is the official journal of the following societies: European Immunodermatology Society (since 1998), The Australian Hair and Wool Research Society (since 1999) and Arbeitsgemeinschaft Dermatologische Forschung (since 2005).

Circulation

Experimental Dermatology was first published in July 1992. During 2004 this monthly journal registered 125 institutional subscribers and 28 individual subscribers, while its articles were downloaded 55,405 times. The journal is indexed in Current Contents/Clinical Medicine, Elsevier BIOBASE/Current Awareness in Biological Sciences, Excerpta Medica/EMBASE, Index Medicus/MEDLINE, Research Alert, Science Citation Index and SciSearch.

Aims and Scope

Experimental Dermatology provides a vehicle for the rapid publication of innovative and definitive reports, letters to the editor and review articles covering all aspects of experimental dermatology. Preference is given to papers of immediate importance to other investigators, either by virtue of their new methodology, experimental data or new ideas. The essential criteria for publication are clarity, experimental soundness and novelty. Letters to the editor related to published reports may also be accepted, provided that they are short and scientifically relevant to the reports mentioned, in order to provide a continuing forum for discussion. Review articles represent a state-of-the-art overview and are invited by the editors.

An Open Access Virtual Collection of Controversies can be accessed at the Blackwell Dermatology subject site here: http://www.blackwellpublishing.com/Dermatology/virtual/

Most widely cited papers in the last 3 years


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From left to right: Alberto Giannetti, Mara Maccarone, Nancy Induni, Andreas Katsambas and Michel de la Brassinne.
The World Health Organization (WHO) defines Female Genital Mutilation (FGM) as constituting the removal of the external female genitalia or injury to the external female genitals for non-therapeutic reasons. It is estimated that 100-140 million girls and women in Africa and Yemen have undergone FGM and that 3 million girls in sub-Saharan Africa and parts of the Middle East, are at risk of genital mutilation annually.

FGM on the map

Except for the Yemen, research on female genital mutilation outside Africa is scant. In the Middle East, FGM is reported to be practised in Israel by the Bedouin population groups, the Ethiopian Jews who recently settled in Israel, in the tribal areas of Iraqi Kurdistan, in Oman by a few communities in the interior and in the Dhofar region, northern Saudi Arabia and Southern Jordan.

Some partial clitoridectomy and/or the less invasive procedure involving a symbolic puncture of the clitoris (FGM Type I) is practised by the Muslim populations of Indonesia and Malaysia. Some form of FGM is also reported to be practiced by Bohra Muslims in India, some of whom live in Pakistan and East Africa. With increasing ease of travel, migration and movement of refugees both regionally and globally, FGM is no longer a localised issue. Women with FGM are increasingly found in Europe, United States, Canada, New Zealand and in Australia, where it poses key challenges for health care practitioners in terms of rehabilitative care and protection of girls from undergoing FGM.

Timeline for FGM elimination

FGM is internationally considered as a form of violence against girls and women and a denial of their human rights. The most concerted effort against the practice has occurred in the last two decades and has led to a global movement on FGM elimination. The 2002 UN Special Session on Children, endorsed by 69 heads of states and government, set a clear goal to end female genital mutilation by the year 2010. However, it is clear that FGM will continue indefinitely unless effective interventions are found to convince communities to abandon the practice. By 2010 nearly 210 million girls and women will bear the scars, trauma, risks and human rights violations of FGM. The incidence, prevalence and impact of other harmful traditional practices such as child marriages have barely been examined.

Types of FGM

The WHO has classified FGM into four types (Table 1). FGM III constitutes approximately 15% of all FGM in Africa. The vast majority of women in Djibouti, Somalia and northern Sudan have undergone FGM III although it is also found in parts of Egypt, Ethiopia, Kenya and Mali where it accounts for 3% of women subjected to FGM in these countries.

FGM is largely performed by traditional practitioners without anaesthetics and with crude instruments such as razor blades, although in urban centres and amongst the elite it may be performed by western trained health professionals with anaesthetics. When health professionals perform FGM it undermines the message that FGM denies women and girls their right to the highest attainable standard of health. The World Health Organization is strongly opposed to medical involvement in the practice although with the increased advertisement for cosmetic surgery, including genital surgery for

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
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<tbody>
<tr>
<td>I</td>
<td>Excision of the prepuce, with or without excision of part of the clitoris.</td>
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<tr>
<td>II</td>
<td>Excision of the clitoris with partial or total removal of the labia minora.</td>
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<tr>
<td>III</td>
<td>Excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening. (Infibulation)</td>
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<tr>
<td>IV</td>
<td>Practices including piercing, pricking and incising of the clitoris and/or labia, cautery by burning of the clitoris and surrounding vaginal orifice (angurya cuts) or cutting of the vagina to cause bleeding or for the purposes of tightening or narrowing it.</td>
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women e.g. hymenectomy, labial reduction and vaginal tightening and designer vaginas, is likely to fuel the FGM practice. The WHO argues that official policy should always be complete prevention and/or elimination. The age at which the procedure is performed varies from one community to the other. It can be carried out during infancy, on girls under ten years old or on adolescent girls and occasionally on adult women including pregnant women.

**Short and long term effects**

The health complications associated with FGM are wide and some are severely disabling. The short term physical complications recorded include severe pain, haemorrhage, urinary retention, infection, and shock. The long-term consequences include keloid scars, pelvic infections, infertility, menstrual difficulties and problems in pregnancy and childbirth. However it is important to stress that there have been very few studies on the frequency with which complications of FGM occur. Girls and women undergoing FGM III are particularly likely to suffer serious and long-term complications. FGM III causes a direct mechanical barrier to urination, menstruation, sexual intercourse and to delivery and has been associated with an increased risk of adverse obstetric outcomes, including: prolonged and/or obstructed labour, fetal distress, episiotomies and perineal tears, post-partum haemorrhage, post partum genital infection and fresh stillbirth/early neonatal death. FGM I-III involve the removal of part or the entire highly sensitive female sexual organ - the clitoris. Studies on the psychological and the social problems related to FGM are even more scant. Case histories and personal accounts from women note that FGM is an extremely traumatic experience for girls and women that stays with them for the rest of their lives. Unfortunately, due to the community pressure that emphasises conformity and compliance with the ritual, those girls and women suffering trauma from FGM (post traumatic stress symptoms) may lack the avenue for expression. Feelings of incompleteness and regret, betrayal by parents and anger have been expressed by young women living in western countries.

**Why FGM?**

The emphasis placed on the reasons given for FGM varies from one community to the other. The reasons put forward by communities for practising FGM include reduction of the sensitive parts of the female external genitalia to attenuate sexual desire in the female and thus maintain chastity and virginity before marriage and fidelity during marriage; identification with cultural heritage; initiation of girls into womanhood as defined by the specific society including social integration; hygiene and aesthetic reasons and for religious reasons. FGM is practised by Muslims, Christians, Animists and Non-believers alike but it has frequently been carried out by some Muslim communities in the belief that it is demanded by the Islamic faith, although there is no substantive evidence that it is a religious requirement of Islam.

**To know more about FGM**

Health care practitioners remain relatively uninformed about FGM. Further information on the practice, its prevention and how to care for women and girls with complications can be downloaded free from the WHO website www.who.int/reproductive-health/ FORWARD (Foundation for Women’s Health, Research & Development) Unit 4 765-767 Harrow Road London NW10 5NY Tel.: +44(0)20 8960 4000 Fax: +44(0)20 8960 4014 www.forwarduk.org.uk

Image by World Health Organization
Dr. Oleg Ceburkov, President of the Lithuanian Society for Dermato-venereology, shares with EADV News an overview of Dermato-venereology on his side of the Baltic Sea.

**Education and training**

As in other countries of continental Europe, dermatology in Lithuania is joined with venereology. The preparation of a dermatovenereologist is purely the responsibility and right of a university clinic. Two out of the four years are devoted to aspects of internal medicine related to dermatological problems, followed by two years of work in the dermatological department of a university clinic. Lithuania has two higher medical schools: the Medical Faculty of Vilnius University and the Kaunas University of Medicine, each having 7 residents in dermatology at the moment.

**Associations**

The Lithuanian Society for Dermato-venereology was founded in 1924. Today it brings together 200 dermatologists and it holds meetings twice a year to discuss current organisational and medical issues. Alongside 130 dermatologists from Latvia and 100 from Estonia, the Lithuanian Society for Dermato-venereology constitute together the Baltic Association of Dermato-venereology, whose biennial meetings take place in one of the three Baltic capitals by turns.

**Nurses’ aid**

The main aid for a dermatologist is a well-trained dermatological nurse. Taking skin and nail specimens for fungi, foot care, assistance while taking biopsies, minor surgery and phototherapy, registration of patients, explaining to patients how to apply topical medications and other routines performed by nurses allow dermatologists to spare time for diagnostic and treatment issues.

**Common diseases**

The specificity and structure of dermatological disorders in Lithuania do not differ from other European countries. Diseases such as psoriasis, acne, eczemas, contact allergy and fungal infections constitute the mainstream of dermatological nosology in this country. The increase of melanoma rate makes the coordination of activities between dermatologists and other specialists such as plastic surgeons, oncologists, radiologists very important. Early diagnosis of melanoma and its prophylaxis are the issues which are mostly stressed by dermatologists, as they usually provide the clue to efficient management of the problem.

**Levels of medical practice**

All dermatological services in Lithuania are divided into 3 levels of care for social insurance purposes. The first level is composed of GPs, who are formally entitled to diagnose and treat some dermatological disorders, though they usually prefer to continue prescriptions made by dermatologists, therefore not starting treatment themselves. The second level would embrace those dermatologists who work in municipal hospitals, whereas the third level encompasses university hospitals with 28 employed dermatologists involved in various tasks such as teaching processes, residents’ supervision and CME/CPD courses.

**Public and private practice**

A dermatologist in the public health system, whether involved in a university or in a municipal hospital, is allowed - and in fact encouraged by the relatively low salaries - to work after-hours in private practice. The majority of public hospital dermatologists consult 20 to 40 patients per day, spending 12 to 15 minutes per consultation. Keeping in mind that many of those cases need to be pre-registered several days in advance, one can imagine...
how overloaded public hospitals are. Those patients who cannot afford to wait for so long can apply to private practice where - in some cases - the same doctor can give them as much time and attention as they may need.

Referral to a dermatologist who works in a public hospital is direct. As soon as a patient requires dermatological care or after being advised by another doctor, he or she may apply to a dermatologist directly, who will then follow the patient as long as needed. Exception is made for university dermatological units where patients must present some other doctor’s formal referral or else they will be charged the average equivalent of €10 for consultation and for each fourth follow-up visit.

Private care dermatologists may work either in their own office or in a private clinic, being hired along with other specialists and GPs. In the latter, referral to a dermatologist is the responsibility of a GP. Usually patients cannot get reimbursed prescriptions in private practice, unless the dermatologist’s consultation is advocated by a GP of that clinic. In some cases patients do not care for reimbursement, because the list of reimbursed medications for dermatological disorders is very short. Still some dermatologists redirect patients back to a public hospital, where they can prescribe medicines with reimbursement. A regular price of that consultation is €15-20.

If a dermatologist decides that his or her patient must be hospitalised, this is sent to a relevant dermatological in-patient department, which is available in 5 major cities. Overall Lithuania has 160 dermatological inpatient beds (47 per million of population) and 45 day-care beds (13 per million). All of them belong to public health care.

Private practice in Lithuania has its own specificity and private health insurance is still very uncommon. It is not an insurance company that you need to persuade on the necessity of a particular lab test or medication. It is patients themselves who have to cover all the expenses. In many cases people’s mentality is still under the impact of the communist system approach, when many everyday needs such as housing, water, transport or medicines were partially or totally free. In this regard many people cannot admit in their minds to pay half of their salary - or even more - for the lab tests or treatment course.

Even though many dermatologists go for private practice after their working day in a public hospital, dermatological services in Lithuania are mainly public health care oriented. Not so many Lithuanians can afford private care, the reason for this being the difference in official approach to public and private medicine. This leads on the one hand to inability of socially insured patients to get their private care covered and, on the other hand, to overloaded public health care units.

**Challenges ahead**

Certain problems which are not specific to dermatology but rather affect the whole health care system in Lithuania are: the particularity of primary health financing (“first money, then patients”), the absence of a uniform pricelist for health care services nationwide, unequal rights and different demands to private and public hospitals. These issues along with many others are hopefully to be solved in the future.

**Dr. Oleg Ceburkov**
President of the Lithuanian Society for Dermatovenereology
E-mail: olegasc@takas.lt

**Pictures 1,2,3,4: Vilnius, capital city of Lithuania**
EADV in the Concert of Dermatological Societies

The world is getting closer and every year more and more people from different countries attend our congresses and symposia. Events of this type are also organised in national and international societies.

In order to better serve their needs – and with a view to clarifying the status of the respective organisations – we have categorised these organisations in the following way:

- European sister societies (e.g. ESDR, EDF, Section Dermatology of UEMS)
- European subspecialty societies (e.g. EADO, ESCD, ESPaD, etc.)
- Non-dermatological European specialty societies (e.g. EAACI, etc.)
- National dermatological societies (e.g. BAD, German Society, Spanish Society, etc.)

In addition, there are regional societies (Latin American Society as well as AAD which is a national and a regional society at the same time).

In Memoriam: John D. Stratigos

We sadly announce the passing of Professor John D. Stratigos, who died in Athens on 25 January, 2006. Both Greek and European dermatology mourn the loss of one of its founding fathers and a renowned figure of the international dermatological community.

John Stratigos (Island of Kythera, Greece, 1926) grew up through a difficult childhood, under the hardships of poverty and war. After completing his studies at the local high school, he entered the Medical School of the University of Athens, from which he graduated in 1958, after prolonged studies due to the ongoing civil war. Upon completion of his training at Andreas Sygros Hospital in Athens (1959-1963), he served as a consultant dermatologist at Evangelismos Hospital in Athens (1963-1966).

In 1966 he moved to London, where he completed a two-year postgraduate research fellowship on Photobiology at St. John’s Institute of Dermatology. Upon his return to Greece in 1969, he became Associate Professor of Dermatology and was assigned the position of scientific director of the Department of Dermatology at A. Sygros Hospital (1969-1980). In 1981 he was elected Professor and Chairman of the Department of Dermatology and became Chief of Service at A. Sygros Hospital, a position which he served for over 15 years.

One of his most notable achievements relates to his active involvement in the campaign against AIDS and sexually transmitted diseases. In recognition of his contributions in this field, the Greek State assigned him in principal positions at various scientific committees and organisations, such as Vice-President of the National Drug Organisation (1989-1992), member of the National Health Council (1992-1995) and the National AIDS Society (1988-1992) and first President of the Centre for Infectious Diseases Control (1992-2000).

Professor Stratigos will be remembered as one of the founding members of the EADV. He served as President of the Academy (1990 – 1992) and he was also a member of the distinguished Board of the International League of Dermatological Societies and honorary member of several national and international dermatological societies. For his life-time contributions to international dermatology he received several prestigious awards, including the Honorary Award by the European Academy of Dermatology-Venereology (2002) and by the International League of Dermatological Societies (2003), respectively.

Creative and pro-active, while simple and...
ESDaP - European Society for Dermatology and Psychiatry

Established

Founded in 1983, ESDaP has almost a quarter of a century of clinical experience and scientific research in the field of psychodermatology.

Relationship with EADV

ESDaP is a well-recognised EADV subspecialty society and has participated in all annual EADV congresses. ESDaP is also in touch with other societies worldwide, such as the Association of Psychocutaneous Medicine of North America (United States) and the Osaka Psychodermatology Research Group (Japan).

Scope and purpose

Depression, anxiety, and other affective disorders are a common concern for physicians dealing with dermatological patients. As the largest society in the world dealing with psychocutaneous issues, ESDaP works with the belief that diagnostic tools need to be further refined and that optimisation of therapeutic strategies – combining psychotherapeutical, social and pharmacological interventions – is needed to achieve a maximum benefit for the patients. In this respect, the practical and theoretical contribution of psychodermatology is irreplaceable.

A set of guidelines for psychodermatology is currently being developed by different European teams, which come to reflect that psychodermatology is not confined to “classical psychodermatological subjects” – such as delusion of parasitosis or factitious disorders – but concerns also more general aspects of dermatology.

We are obtaining increasing evidence of the efficacy of psychotherapeutic interventions (psychodynamic therapies, behaviour therapy, psychotherapy with psychanalytical orientation, family systemic therapy, relaxation training and body work) with dermatological patients. Also psychotropic drugs are more and more used in dermatology, thus requiring dermatologists to achieve special skills in this field as these drugs may need to be offered to ‘difficult’ patients who may be reluctant to be referred to a psychiatrist.

Specific activities

ESDaP holds its own congresses with broad international participation every two years. The 2005 congress took place at the University of Giessen (Germany), a research clinical centre where psychodermatology has always been given high consideration. The next ESDaP congress will take place from 14-17 June 2007 in Wroclaw (Poland).

Furthermore, ESDaP is organising a summer course in psychodermatology (Brussels, 2007) with the help and funding of the EADV, within the frame of the EADV’s Fostering Dermatology Programme for dermatology trainees from throughout Europe.

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Furthermore, there are lay groups/patients associations. (e.g. European Patient Forum (EPF). All dermatological societies are united under the patronage of the International League of Dermatological Societies (ILDS).

This is the orchestra in which we are playing in order to improve our specialty for the good of our patients!

Prof. Johannes Ring

composed in his daily activities, Professor Stratigos retained a unique sense of balance and moderation in all aspects of life. When once asked what he considered his most important achievement, he said that he was “proud and content for having contributed to his specialty and profession, without neglecting the simple pleasures of life”.

In the remarkable course of his life, John Stratigos served dermatology with goodness and devotion and led the way to the future with confidence and courage without compromising his integrity or values. He will remain a shining light in the memory of all of us who were fortunate to cross paths with him.

Prof. Andreas D. Katsambas
Athens, Greece
EADV Task Forces about to Start

During the last strategic planning meeting in 2005, the Board decided to introduce “Task Forces” on various subjects in the field of dermatology and venereology. This initiative is meant to stimulate active participation of our members in the actual work for dermatology and venereology within our Academy.

These Task Forces are not standing committees dealing with fixed matters of statutes, but rather a range of flexible working groups of people with an interest to tackle problems, promote ideas or contribute with their special experience to the life of EADV.

For many subjects there are already existing subspecialty societies, either at national or European level. Some of them are well established and rather large, whereas others are small groups.

Idea behind the Task Forces

Task Forces should:

- Build a platform for people with an interest in a certain area of our discipline.
- Build a bridge to existing subspecialty societies within Europe.
- Be the contact for PR and media activities.
- Contribute to position statements if necessary or be active in the preparation of guidelines (together with EDF).
- Be the contact to lay organisations in the respective fields.
- Make proposals for themes and possible speakers to the scientific committee.
- Be a nucleus for common research projects.

The Task Forces will be coordinated by two moderators (see list below) who have been nominated for a period of two years. There will be no automatic financial support to the work of Task Forces – otherwise, our budget would explode. However, it is possible that for certain specific activities Task Forces can ask for financial support.

The EADV House in Brussels is open for meetings of the Task Forces. EADV will offer catering and – for smaller groups – accommodation if necessary. The Academy cannot support travel costs.

<table>
<thead>
<tr>
<th>Task Force</th>
<th>Moderator(s)</th>
<th>Task Force</th>
<th>Moderator(s)</th>
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</thead>
<tbody>
<tr>
<td>Acne / Rosacea</td>
<td>Frank C. Powell, Christos C. Zouboulis</td>
<td>HIV / AIDS</td>
<td>Annamari Ranki, Erwin Tschachler</td>
</tr>
<tr>
<td>Aesthetic Dermatology</td>
<td>Alina Fratila, Diane Roseeuw</td>
<td>HPV infection</td>
<td>Gerd E. Gross, Mihael Skerlev</td>
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<tr>
<td>Allergy</td>
<td>Peter Schmid-Grendelmeier, Georg F. Klein</td>
<td>Immuno-suppression</td>
<td>Andrea Peserico, Petr Arenberger</td>
</tr>
<tr>
<td>Andrology</td>
<td>Frank-Michael Köhn, Christian Sigg</td>
<td>Insect allergy</td>
<td>Bernhard Przybilla, Timo Reunala</td>
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<td>Borreliosis</td>
<td>Heidelore Hofmann, Jana Hercogova</td>
<td>Irritant dermatitis</td>
<td>Jørgen Serup, Peter U. Elsner</td>
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<tr>
<td>Bullous diseases</td>
<td>Luca G. Borradori, Marcel Jonkman</td>
<td>Laser in Dermatology</td>
<td>Michael Landthaler, Leonardo Marini</td>
</tr>
<tr>
<td>Cancer prevention</td>
<td>Pablo Fernández Peñas, Hubert Pehamberger</td>
<td>Lymphoma</td>
<td>Wolfram Sterry, Rein Willemze</td>
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<tr>
<td>Connective tissue</td>
<td>Thomas Krieg, Aarne Oikarinen</td>
<td>Melanoma</td>
<td>Andreas D. Katsambas, Stefano Calvieri</td>
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<tr>
<td>Contact dermatitis</td>
<td>Werner Aberer, Jean F. Nicolas</td>
<td>Mycology</td>
<td>Roderick James Hay, Genovaita Stanislava Lapinskaite</td>
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<tr>
<td>Dermatopathology</td>
<td>Helmut Kerl, Anna Gorkiewicz-Petkow</td>
<td>Non-melanoma skin cancer</td>
<td>Lawrence Scerri, Stephan Grabbe</td>
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<tr>
<td>Drug reactions</td>
<td>Jean Claude Roujeau, Nikolai Tsankov</td>
<td>Occupational skin disease</td>
<td>Francisco M. Brandao, Antti Ilmari Lauverma</td>
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<td>Eczema</td>
<td>Ulf Darsow, Alain Taleb</td>
<td>Office management</td>
<td>Jacques Houset, Rolf Ostendorf</td>
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<td>Environmental illness</td>
<td>Bernadette Eberlein-König, N.N</td>
<td>Operative dermatology</td>
<td>Sergio Chimenti, António Silva Picoto</td>
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<tr>
<td>Epidemiology</td>
<td>Jean Jacques Grob, Hywel Williams</td>
<td>Parasites</td>
<td>Jose Luis Diaz-Pérez, Michel de la Brassinne</td>
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<tr>
<td>Genodermatoses</td>
<td>Ruggero Caputo, Peter Steijlen</td>
<td>Photodynamic therapy</td>
<td>Lasse R. Braathen, Rolf-Markus Szeimies</td>
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<td>Hair and nails</td>
<td>Robert Baran, Eckart Haneke</td>
<td>Pediatric Dermatology</td>
<td>Jean-François Stalder, Zsuzsanna Szalai</td>
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<tr>
<td>Health politics</td>
<td>Jaakko Karvonen, N.N</td>
<td>Phlebology</td>
<td>Albert-Adrien Ramelet, N.N</td>
</tr>
<tr>
<td>History of dermatology</td>
<td>Karl Holubar, Daniel Wallach</td>
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Participating in Task Forces

With these preliminary rules it is now up to the moderators and to our members to bring the task force concept into life. So, please – if you are interested in one of these areas and have a good idea – contact the respective moderators. They will then coordinate the group and organise the different activities.

It is time for our Academy to focus not only on administrative work and the organisation of congresses and symposia, but to become active in daily dermatological life, be it in research, education and training or clinical care.

Prof. Johannes Ring

Dr. Nikolaos Nikolaou, who joined the EADV in March 2005, gives his personal account on his discovery of the EADV and his experience as a member of the Academy.

Learning about EADV

It was a long time ago, in 1991, when I first heard about the EADV. At that time the EADV annual congress was being organised in my country, Greece. Those colleagues who were fortunate enough to participate in the congress were very enthusiastic about it. It was unbelievable for me and many others how such an old established specialty like dermatology and venereology could exist without having any kind of unified European organisation. I was very happy when I heard about our new European family and I was waiting for it to grow year by year and fulfil our hopes for improvement in our field of science.

Joining EADV

Fourteen years after my first involvement with the EADV, my turn came to start practice as a resident doctor in Evangelismos Hospital in Athens. I would like to mention at this point that all these years I had the feeling that only specialised dermatologists could join the Academy. I was also frequently assured by many of my colleagues that this belief was right. Then came the Spring Symposium in Sofia, Bulgaria. When I first saw the announcement I was really excited. It was the place where I had done my medical studies. We prepared a poster and I was appointed to represent my department.

Expectations from the Academy

So what does a resident doctor expect from the Academy? I don’t think I really have given it a lot of thought up to now. But I see a lot of changes scheduled for the coming years.

Among my suggestions, I would like to point out the following:

- The continuation of Summer Schools. I think we should have a variety of summer schools with different educational programmes.
- We can promote collaboration and exchange between Dermatology departments all over Europe.
- For the JEADV: I would like a special edition once a year, on one subject only to be discussed in depth.
- For the EADV News: I think our quarterly newsletter could include a section called “Trainee members view”.

Altogether, I believe that we are on the right track. I hope to see you at the 15th EADV Congress in October!

Dr. Nikolaos Nikolaou
Evangelismos Hospital, Athens, Greece
Meet the EADV Team

**Nancy Induni** (Switzerland)

My main responsibilities as the Senior Administrative Officer include liaising with the EADV President, EADV Officers, Board of Directors and Committees. I also assist the Treasurer and Secretary General and communicate with professional advisors, such as accountants, lawyers, bankers and auditors. Furthermore, I am in charge of the negotiations with Professional Congress Organisers (PCOs), sponsors and congress presidents. Managing our personnel and studying budgets are also an important part of my duties.

**Sophie Cambron** (Belgium)

I am in charge of the management of meetings at the EADV Office, which encompasses taking care of the catering, technical equipment, accommodation and transportation. I am also responsible for the first contact of incoming requests for EADV. I also manage the EADV library, contact EADV suppliers and assist the Senior Administrative Officer, specially with the accounting, and the administrative Officers.

**Stefanie Blum** (Germany)

My duties at the EADV Office comprise administering and assisting the Media & PR Committee, which implies creating and developing a number of journalist and media dermatologists’ databases. I am also directly involved in the preparation and distribution of EADV News and the EADV Info Sheet. Furthermore, I also assist the Senior Administrative Officer and represent the EADV at Congresses and Symposia.

**Catherine Cathala** (France)

My functions at the EADV Office comprise the administration of all issues related to membership (directory, registration, payments and renewals), which includes assisting the Chairman of the Membership Committee. In addition, I also assist the Secretary General, the Senior Administrative Officer and the Honours and Awards Committee in the arrangements of the scholarship ceremony events. I am also pleased to represent the EADV at Congresses and Symposia.

**Judith Strasser** (UK)

My position includes administering the Scientific Programming Committee and the Continuing Medical Education Committee, for which I elaborate committee guidelines, reports and other types of documents. I am also involved in the management of scientific programmes for Congresses & Spring Symposia, in the creation of announcements and final programmes. I also provide assistance to the Senior Administrative Officer.

**Monica Cauchi** (Malta)

My main task is to provide administrative assistance to the Secretary General as well as preparing the draft minutes under his supervision. The administration and correspondence with Board of Directors and Executive Committee and recording minutes of Executive, Board and OGM meetings are also among my core duties. Furthermore, I participate at EADV Congresses and EADV Spring Symposia.

**Ellie Donou** (Greece)

My main tasks at the EADV Office are those of providing administrative support in all EADV Membership issues (renewal, database, directory, etc), assisting the Senior Administrative Officer and representing the EADV at Congresses and Symposia.

**Marika Wendler** (Germany)

My role within the EADV is to administer and assist the Website Committee, as well as the Fostering Dermatology and Venereology Committee in the organisation of their courses. I also coordinate EADV shipments for EADV events and promotional events and assist the Senior Administrative Officer. Besides, I represent the EADV at Congresses and Symposia.
The background to this EGM stretches back to the foundation of the EADV and its registration in Luxembourg. The Laws of Luxembourg had many favourable aspects for non-profit organisations but were primarily intended for locally based organisations. They became increasingly inappropriate as the multinational EADV enlarged and the insistence of Luxembourg Law that all voting at General Meetings (both Ordinary and Extraordinary General) must be carried out either in person or by giving your vote to another member as a proxy was unacceptable.

Democratic spirit

The essence of any democratic organisation is that all its members have the opportunity to participate in decision making. EADV members reside in European countries from Iceland in the North to Greece in the South and the new member countries of Central and Eastern Europe. Therefore, many members find it difficult to travel to General Meetings. Because of the restrictive Laws of Luxembourg, less than 10% of the EADV members regularly participated in Elections and other important decisions in our academy. The EADV had to develop a voting system which would allow all our members in every European country to participate in the decision making within the Academy. To do this the EADV had to move its registration from Luxembourg.

Finding the right place

Following a Board decision to recommend a move from Luxembourg, a detailed process was put into place to look for the ideal European country to move to. The international firm KPMG was asked to independently produce an in-depth analysis of the Laws relating to non-profit organisations of all European countries with special emphasis on the ability to have postal and electronic voting as well various tax and VAT issues which are important to our organisation. The Board studied and debated the recommendations of KPMG in depth at two separate meetings and considered several countries which appeared favourable as a home for our organisation. After much deliberation they finally agreed unanimously to recommend to the members voting at the EGM in Finland that the location which had the most favourable legislation for our academy was the Canton of Ticino in Switzerland.

Decision time

The motion put to the members in Saariselkä (Lapland) thus represented many months of detailed analysis by international experts as well as by the Board. But the members of the EADV have a reputation for independent thinking and the outcome of EGMs is never predictable! There was an energetic debate by members on the merits of moving registration and the advantages of the proposed new location. There was considerable tension when the President called for the vote. Then, in a moment, it was decided! Unanimously! The EADV was on the move to their new home in Switzerland! Now it would be possible to register the new EADV Statutes there which had at their core the right of each member to vote from their own country. The democratic development of the EADV had been ensured for the future!

Dr. Frank Powell
Chair of the Development and Statutes Committee
Update from the Media & PR Committee

First Year of the PR & Media Committee

Upon its first year of existence, the Media & PR Committee believes this is a good moment to give a quick update on our latest activities and future plans.

The very latest news – for both us, as the Media & PR Committee, and the Website Committee – was the launch of the newly designed EADV Website in May. (See page 15).

The new section called “Press Corner” has been established especially for interested media representatives. You can reach it by clicking on the red link “Press Corner” on the EADV website www.eadv.org. There are special media documents, such as previous press releases or the EADV Info Sheet collection. The Press Corner presents the efforts of the EADV office in Public Relations in providing manuscripts as a pool of information for the press, as well as a list of experts for a media service on demand. These external efforts are supported by the internal work of building up a media dermatology list, establishing a list of influential European journalists and starting lobbying activities.

Your help is needed

To be able to perform the task of publishing manuscripts for the press, we need to collect several documents on various issues in dermatology. We would like to take this opportunity to kindly ask you to provide us with some manuscripts in English on a topic of your choice. Due to legal reasons we can only accept texts with copyright for EADV or copyright for the author plus a written confirmation that EADV can use it without asking in every single case.

We are looking forward to receiving your manuscripts at the following E-mail address: stefanie@eadv.org.

During the 15th EADV Congress in Rhodes (4-8 October 2006) we would like to invite you to join the “Media Workshop”, where participants will be informed on how to become a “media dermatologist” and how to approach the media. Those who are already registered as “media dermatologists” with EADV can refresh their knowledge and those who are interested in being more and more involved in media issues will gain basic experience.

Speakers at the workshop will train participants on how to spread dermatological messages in public relations by dint of practical-orientated exercises in front of microphones and cameras. You will learn how to phrase press releases or prepare and perform interviews in front of cameras and microphones.

After attending the workshop you will be prepared for future professional contacts with the media. The seminar will focus on the following knowledge and skills transfer:

- Self-assertion in front of cameras and microphones (role plays) with a professional analysis afterwards.
- Practical tips for the organisation and management of Public Relations issues.
- “Learning by doing” exercises geared towards writing persuasive press releases.

We intend to choose deliberately “explosive” topics for the exercise part.

Due to technical equipment constraints, the number of places for attending the workshop is limited. Therefore we would like to encourage people interested in the workshop to register well in advance. Unlike other similar courses, this workshop does not entail any cost and training is provided for free. Please send your participation request to stefanie@eadv.org.

For the detailed workshop programme and further information regarding the time and room please have a look at the Press Corner section on the EADV website in due course!

Dr. Klaus Fritz
Chair of the Media & PR Committee
We are proud and happy to announce that the new layout of the EADV website is now finally online. The attractive new design makes navigation through the pages much easier.

Those of you who have not visited the EADV Office in Brussels yet will have the chance to see the beautiful house and find out more about the dedicated EADV staff by clicking on the link “About EADV”.

EADV members section

A special website section is available to EADV Members. This section gives access to information, which is not visible for the general public (e.g. latest internal Academy news, digital version of the current EADV News, online access to the JEADV). After logging in with your personal access details you will notice that you are located in the member section due to the changed background colour (See images above).

New services

In addition, the new website now includes a special service for media representatives: the EADV Press Corner with press releases, a broad pool of manuscripts and other media services.

Also, web visitors with an interest in the successful EADV educational programme “Fostering Dermatology” will now find the current projects for dermato-venereology trainees and specialists listed under the link “Fostering Dermatology”.

At present we are focusing on the establishment of more and more services for you as an EADV member. We have lots of ideas and we hope to realise them as soon as possible under the given limited financial and technical conditions.

We are also working on a section for dermato-venereology patients with guidance documents and support contacts.

As always, you are invited to share your ideas and participate in the development of the website of the EADV.

Dr. Pablo Fernández Peñas
Chair of the Website Committee
Dear friends, by the time you read this message, preparations will be going at full steam for our Presidential election, the first to be conducted under the New Statutes.

What will be new?
The electoral process will be conducted by a renowned independent organisation Electoral Reform Services (ERS) which has been responsible for running a large number of elections for major organisations including the Royal College of Physicians of London, the Council elections in UK, British Airways, Chevron Texaco, Ernst & Young, Glaxo Smith Kline, Rolls Royce, Shell, Visa, and Vodafone. ERS will be responsible for sending election materials, printing of secure voting slips, collection of votes, electronic counting, and delivery of result within a very short time.

Voting system
Since there are three candidates, the single transferable voting system will be used. Voters may indicate their first and second choices on the voting slips. If their first choice candidate is eliminated on account of having procured the least number of votes in the first count, the second preferences are taken into account and given to the candidate that was indicated as second choice on the ballot sheet. A further explanation will be given with the voting materials.

All eligible members will have the possibility of voting directly for their President irrespective of whether they are travelling to Rhodes or not. Members will receive all the election materials by post in early September and will be able to cast their vote either by post or more easily via the Internet. Easy to follow instructions will be given. Those who have given an e-mail address will also receive an electronic reminder shortly before closing date. Voting will close on 28 September and there will be no voting in Rhodes. No proxy voting will be used.

The right to vote has been extended to Junior members in addition to Ordinary and Honorary/Founding members who are in good standing (i.e. paid any required annual dues) by 31 August.

The results from ERS will be delivered in a sealed envelope that will be opened at the AGM in the presence of our legal adviser.

Democracy is here to stay
It is my opinion that this radical change in our voting procedure to elect a colleague to the highest office in EADV amply demonstrates that democracy is here to stay and that the proxy system with its many pitfalls is no more. If there were no other good reasons for changing the country of registration of EADV, this way of conducting an election in the fairest and most transparent way possible wholly justifies the action taken.

Concurrently, elections for members in each EADV country to elect their representatives directly have also commenced and we will hold good our promise to have the new countries’ Directors take their rightful place on the Board in Rhodes – this is after all what we promised and this is what will take place.

It has been a long haul but together we have succeeded.

Welcome to the new EADV, your EADV, our EADV.

Further details are available on the EADV Website

Joseph L. Pace
Secretary General
Encourage other colleagues to join EADV!
The EADV membership application form is available on the website: www.eadv.org
Candidates for membership will find all details in the ‘Join EADV’ section
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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