In this issue:

**President’s Perspective**
*EADV News* welcomes new President Alberto Giannetti

**Clinical Controversy**
Venereology and Dermatology: amiable bedfellows or unification?

**Update from the Media & PR Committee**
In the name of Dermato-Venereology

---

**Unforgettable Congress in Rhodes**
Over 7,000 dermatologists and venereologists convened on the Greek Island in October

**Vienna Congress Top Scientific Programme**
Another outstanding EADV Congress awaits European Dermato-Venereology in the Austrian capital in May 2007
Editorial

Opening the EADV to Patient Support Groups

The EADV represents dermato-venereologists from the EU and its neighbours with responsibility for the skin and sexual health care of a population of 500 million. The Academy is growing, and so is the number of roles it has in European Dermatology. It has strong ties with the many sister societies representing subspecialisations within our field, it has political and administrative connections and it collaborates with other international organisations.

One additional area where the inclusive and democratic structures may be of further help in dermatology is in providing a platform for patient associations and to champion patients and their support groups. Most patient associations are by concept and nature national, they represent the interests of people living in a certain geographical area and are serviced by a given healthcare system. Diseases are rarely so restricted, and the biological problems of one group - eg. ulcer patients - is therefore very similar to that of another group. The national origins of the patient associations however preclude them from utilising this fact to its full advantage. Where this weakness has been overcome - like in psoriasis - patient associations have become much more active players. They have started more research and more lobbying both nationally and internationally to the advantage of their members.

We must collaborate with and encourage Patient Support Groups, involving them in our congresses and activities, and the provision of patient information and resources. One way of doing this is to invite them to participate in the Task Forces. Dermatologists and patients have a strong communal interest in care and cure of skin diseases. A possible role for the Academy would be to provide a platform for the development of patient organisations on a European level. An overarching EADV Patient Support Group would be our most powerful ally in campaigning for our specialty with the public and politicians.

Gregor Jemec
Editor

Fenella Wojnarowska
Editor
EADV News welcomes the Academy’s new President, Professor Alberto Giannetti, from Italy. In his inaugural article Professor Giannetti – who will lead the Academy until autumn 2008 – presents his views, projects and hopes for the near future of the EADV.

Dear colleagues,

As is always the case after an active presidency such as Johannes Ring’s, it’s time to take stock and consider the future. The two main congresses in London and Rhodes were crowned with success, both in terms of participants and in terms of their scientific quality. The presence of numerous non-European colleagues provides further testimony of the Academy’s power of attraction. The two Spring Symposia in Sofia and Lapland were also interesting and achieved the expected results. The extremely friendly atmosphere allowed us to usefully consolidate and compare our opinions on the future of the Academy. The statutes were approved and now guarantee a greater democratic basis, which includes the admission to the Board of representatives of countries that have recently joined the EU, the system for presidential voting by Internet (or post) and, at the same time, the timely opening of European dermatology to this country on its way to joining the EU. The activities of the Fostering Committee have developed to the full satisfaction of the residents who took extensive discussion at all points of view.

Upcoming events

The future outlined by the governing bodies of the EADV also presents itself extremely positively: the next three annual congresses in Vienna, Paris and Berlin will take place in cities which can easily be defined as ‘art cities’ with large-scale, sound cultural and organisational traditions, therefore we can easily foresee great successes.

"A number of courageous, shared solutions must be developed -through extensive discussion at all levels of the Academy- so that the EADV can fully represent European Dermato-Venereology."

Gothenburg will more than likely be the location for the 2010 Congress and will represent the welcome return of the EADV to Scandinavia. Lastly, in 2008 the Spring Symposium will be held in Istanbul, Turkey, as testimony to the timely opening of European dermatology to this country on its way to joining the EU. The activities of the Fostering Committee have developed to the full satisfaction of the residents who took part in the courses in Microbiology in Vienna, Dermatopathology in Ghent and Paediatric Dermatology in Rhodes. The activities of the JEADV (the Red Journal) continue, maintaining an acceptable Impact Factor (IF). The Media & PR Committee has started its work with enthusiasm, and its results will soon show. Furthermore the other committees are also continuing their excellent work.
So is everything OK? Basically, yes - but some problems persist with a certain difficulty in finding short-term solutions. The first relates to the low number of members (less than 3,000), which is slowly increasing despite numerous attempts over the years at a European level by both the Academy and individual members in their own countries. The extreme fluctuations between new members and those not renewing their membership (from 300 to 500 per year) are a sign of instability. The low number of members among those signing up for the congresses (about 1 in 10) is also surprising to some extent. If we consider that the number of dermatologists in Europe exceeds 30,000, it is clear that some action - perhaps something new as compared to previous initiatives - must be taken to improve the situation. The new statute provides interesting possibilities for young dermatologists to become members of the EADV by paying an amount that is entirely acceptable and which we hope will achieve positive results.

I am very much convinced, however, that a number of courageous, shared solutions must be developed - through extensive discussion at all levels of the Academy - so that the EADV can fully represent European Dermato-Venereology. Perhaps the examples set by other scientific societies can help us find the right track.

More value to our members
We must undoubtedly increase the number of services the Academy offers its members: Fostering courses will no longer be directed at residents only, but at members and in particular at Office dermatologists who represent the basis of our membership. We will start in 2007 by organising videomicroscopy courses to be held in several countries in the autumn with a common programme and common teaching methods. The material used could also provide teaching and working materials for dermatologists who request it, both from within the society and elsewhere.

In 2007 we will start European campaigns on topics of extreme clinical importance for the health of the population: the first will be dedicated to melanoma. In many European countries a melanoma/skin cancer week/day has been held for several years. In agreement with the Euromelanoma groups - who will continue their work on a national level - this year we will organise a communication initiative under the aegis of the EADV which will bring visibility to this ongoing praiseworthy activity while standardising the information gathered as much as possible. The promotion of campaigns on a European level in coming years will be a topic for discussion in upcoming Board meetings.

"In 2007 we will start European campaigns on topics of extreme clinical importance for the health of the population: the first will be dedicated to melanoma."

The Academy’s website is another important source of scientific educational information and it must be further strengthened in order to provide members with an increasingly useful service. The committees have defined their tasks and we are expecting their activities to bring an essential contribution to the overall growth of the EADV, as well as the numerous task forces which can contribute to many of the scientific educational activities of the society and of our journal.

Strengthening bonds
There is a great deal of energy that is not fully expressed or exploited in Europe and which the EADV can help bring to light, in keeping with the other European societies - the ESDR, the EDF and the UEMS. Relationships of cultural and operational exchange and collaboration, absolutely necessary for the growth and success of European dermatology, are being put in place with all of them.

Furthermore, it is useful to remember that our relationship with the AAD is intensifying, not only through the necessary recognition of congress credits, but also through possible material exchanges and two-way scientific initiatives. Promising relationships are also being developed with CILAD (Colegio Iberolatinoamericano de Dermatologia) to enable more complete knowledge of problems in various areas of the world and a cultural exchange of mutual interest. The presence of Chinese colleagues at the upcoming Vienna congress on the initiative of the Congress President Erwin Tschachler fits perfectly within this context.

Lastly, I would like to emphasise the fact that the collective working method that the Academy has set up for itself over the years increasingly represents, in my opinion, the style of my presidential mandate, and that clearness and openness of the EADV’s activities are both a binding need and an absolute obligation.

Wishing you all a good year 2007.

Alberto Giannetti
President EADV
15th EADV Congress in Rhodes: New Horizons to

The successful 15th EADV Congress focused on new methods, research and results, which were announced during the Congress, thus opening new horizons to Dermatology and Venereology worldwide. The event, it was commonly agreed, was one to remember.

According to the figures provided by the organising committee, the number of participants in the congress exceeded 7,200 people from 87 countries from all over the world. The total number of individuals in the Rhodes Congress venue reached 12,000, as nearly 5,000 accompanying people made their way to the Greek island as well. At the same time, the excellent organisation of the Congress was praised with enthusiasm by both hosts and participants.

The impressive opening ceremony, held at the ancient theatre of Diagoras brought on stage an outstanding play directed by Ms Sophia Spyratou.

In his keynote speech, Dimitris Avramopoulos, Greek Minister of Health and Social Welfare, welcomed participants and announced: “It is the biggest Congress ever held in Rhodes, bringing together dermatologists from all over the world. This significant meeting is under the auspices of various organisations and, above all, the Greek Government. The fact that Greece is chosen as host country of such significant events is very satisfying”.

Skin cancer and STI’s

New diagnostic methods of dermatological diseases, such as the diagnosis of skin cancer with the use of laser were presented. The specific methods are already used in the United States and Europe, as stated at the press conference held during the Congress, with the participation of the Congress President, Prof. Andreas Katsambas, the outgoing President of the EADV, Prof. Johannes Ring, the current President, Prof. Alberto Giannetti, the President of the next Vienna Congress Prof. Erwin Tschachler and the Chairman of the Media & PR Committee, Dr. Klaus Fritz.

A recurring issue for most speakers was the remarkable increase of AIDS cases during the last two years, mainly due to the slackness of the campaign regarding the precautions against the disease. Furthermore, there is an upward trend regarding the cases of sexually transmitted diseases, which had decreased until recently, while a special bulge of these diseases is present in societies in crisis, due to a large extent to non registered prostitution.

EADV leadership

At the same time, Prof. Andreas Katsambas was elected new President-Elect of the EADV. Professor Katsambas has been a member of the Academy for 17 years and will be accompanying the new President Alberto Giannetti for the next two years, after which Prof. Katsambas will take over as the Academy’s President from 2008 to 2010.

Prof. Katsambas expressed his satisfaction for the organisation of the Congress, saying: “We are very proud to hold such an important event in Hippocrates’ birthplace and specifically in the magnificent Rhodes, where the Greek hospitality excelled. The Congress was a unique opportunity for knowledge and experience exchange and set the basis for a fruitful exchange of scientific views. I would like to thank the local authorities, the Prefect and the Mayor of Rhodes, its citizens for their hospitality as well as the participants, since they all contributed to this unique event. With the success of the 15th EADV Congress, it is clear that European Dermatology has expanded its wings towards a promising future.”

On Friday 6 October the Municipality of Rhodes welcomed participants, hosts and representatives of the press to enjoy a fantastic evening by the town hall, under a magical moonlight, the music of a soprano of international reputation and the traditional dances from a local folklore ballet.

Next stop: Vienna
“I was very impressed with the strong sense of hospitality of the people in Rhodes and the beauty of the Island. One of the ideas I would suggest is to put a stop watch in front of the speakers so that they are aware of the time. This will help them keep the time of the talks in the allocated time. On the other hand, I have spoken with some exhibitors and many of them expressed that the exhibition area could be improved for next congresses. Finally, I would like to express my deep gratefulness for the hard efforts of the organising committee and all the EADV staff who did a wonderful job.”

Dr. Ashraf Badawi, Egypt

“I found the Media Workshop most interesting and useful in clinical practice and would appreciate continuing this idea during following EADV congresses. The Master Class in Dermatology was another EADV highlight for me. The presented educational films are great achievements and of considerable help both for dermatologists and their patients. Likewise, the Test Yourself sessions were most stimulating and should be continued at subsequent congresses. One improvable aspect I can think of was the schedule of both psychodermatological sessions, which were held at the same time. “Quality of life” and “Psychocutaneous medicine” virtually attract the same people, so in the future separate times for both sessions would be most appreciated.”

Dr. Anna Żalewska, Poland

“It was a great pleasure to meet with colleagues and friends in the EADV congress again in the beautiful and warm atmosphere of Rhodes. Most of the scientific sessions were interesting and presented by experts. I appreciated the presentation of EADV sister society ENS (European Nail Society) which were very educative and friendly during discussions. I also congratulate the local organising committee for managing such a crowded meeting with success.”

Dr. Asli F. Kaptanoglu, Turkey
“In my opinion, the EADV Congress in Rhodes was dominated by two major topics: the first one was the impact of the new biological therapies in psoriasis and other dermatoses and the second one the ever greater importance of the dermatocosmetology, which has a rapid technical development and a great impact in our daily practice. The location of the Congress was extremely pleasant and the charming island of Rhodes helped the participants feel how beautiful the science of dermatology can be.”

Professor Alexandru Tataru, Romania

“Everybody in Rhodes seemed to know that dermatologists from all over the world had come to their island to exchange knowledge and learn new skills. One day, the cleaning lady at the elevator asked me what she could do about the eczema on her hands!

I was particularly impressed by the promise of biological therapy, which represents a totally new approach in dermatology. And after all denials of a link between food and acne, having to learn that the hormones in cow’s milk can indeed provoke an eruption left me with the feeling one can never be absolute about the information one provides to patients. Thank you, Professors Katsambas, Ring and Pace, and thank you, all other members of the team for such a great job!”

Dr. Hugo Boonen, Belgium
Introducing EADV's New President-Elect

The 15th EADV Congress brought some news regarding the future Presidency of the Academy. Prof. Andreas Katsambas – who served as EADV’s Secretary General from 1992 to 2000 – was chosen by EADV members as its president for the 2008-2010 term.

Professor Katsambas shares in EADV News some of his thoughts on the Academy, future initiatives and new ways of cooperation.

Already in a primary position on a European level, I have no doubt that the scope of the EADV can broaden to reach the highest standards in dermatology worldwide and my aspiration is to help the Academy achieve this key role on an international scale.

The existing EADV Task Forces will integrate the work of dermatologists from various countries throughout Europe. Our efforts must extend beyond these boundaries and greater collaboration is necessary with organisations such the ILDS, the EDF as well as the ESDR, all of which can help towards standardising areas of mutual interest on a clinical, scientific and academic level.

Pan-European campaigns for the prevention of certain diseases like Melanoma and STI’s can unite the common efforts of many European countries and expanding on this concept we can establish closer collaboration with other national organisations. Already the Euromelanoma campaign exists and I intend to broaden this project within Europe as well as initiate many more such initiatives to increase public awareness and prevention.

Furthermore, the cooperation of pharmaceutical companies is an important link in our scientific field and there is a need to re-establish better relationships with this industry. This will benefit the Academy and further help those countries in greater need for support.

Also of prime importance is helping our younger colleagues who will in turn help in the development of the Academy. I am a strong believer in passing down knowledge and experience to those who can create a better future for everyone. Therefore, encouraging further learning and training opportunities by ways of scholarships or specialty courses -such as the Fostering Dermatology courses- will ultimately enhance the European educational level.

Finally, the key to success is recognising the problems and acting on them, so it is key to listen to opinions and suggestions, to understand what is “missing”, and to develop on these requirements in order to improve the structure of the EADV. A liaison committee can keep the communication lines open with our members and other external bodies, and therefore provide the appropriate services wherever necessary and according to the times of change.

I look forward to a productive and fulfilling term as President-Elect and thank everyone who entrusted me to uphold the importance and progress of the EADV which is continuously developing.

Andreas Katsambas
President-Elect

Prof. Katsambas Biography

Professor and Chairman of the Department of Dermatology and Venereology at the “A. Sygros” Hospital, School of Medicine, University of Athens, Greece

- Board member of the International Committee of Dermatology (ICD)
- Chairman of the ICD Awards Committee
- President of the Hellenic Society of Dermatology and Venereology since 2004 and was president from 1997 to 2001. He has also carried out 6 terms of election as Secretary General of the same society
- Member of the American Academy of Dermatology (Serving as member on the Committee of International Affairs until 2005)
- Member of the Editorial Board of the Journal of the American Academy of Dermatology (JAAD), the Archives of Dermatology (Am. Med. Assoc.1993-1997), and the Journal of the European Academy of Dermatology and Venereology (JEADV), the Clinics in Dermatology Journal and the International Journal of Dermatology.
- Author of over 200 publications in international journals and books and editor in the publication of two books - both translated into Greek, Italian and Russian.

Furthermore, the cooperation of pharmaceutical companies is an important link in our scientific field and there is a need to re-establish better relationships with this industry. This will benefit the Academy and further help those countries in greater need for support.

Also of prime importance is helping our younger colleagues who will in turn help in the development of the Academy. I am a strong believer in passing down knowledge and experience to those who can create a better future for everyone. Therefore, encouraging further learning and training opportunities by ways of scholarships or specialty courses -such as the Fostering Dermatology courses- will ultimately enhance the European educational level.

Finally, the key to success is recognising the problems and acting on them, so it is key to listen to opinions and suggestions, to understand what is “missing”, and to develop on these requirements in order to improve the structure of the EADV. A liaison committee can keep the communication lines open with our members and other external bodies, and therefore provide the appropriate services wherever necessary and according to the times of change.

I look forward to a productive and fulfilling term as President-Elect and thank everyone who entrusted me to uphold the importance and progress of the EADV which is continuously developing.

Andreas Katsambas
President-Elect
Welcome on Board

EADV News introduces four of the members now joining the Board of directors.

Sarolta Kárpáti (Hungary) received the M.D. degree from Budapest Medical University (today Semmelweis University) in 1975. She then took a Ph.D. and Dr. Sc. degree from the Hungarian Scientific Academy in 1988 and 1995, respectively. Her dermatological career started at the Heim Pál Hospital for Children in Budapest. With a Humboldt fellowship she performed Dermatology research in the Dermatology Department of the LMU, Munich, Germany (1988-1991). A Fogarthy fellowship in the Dermatology Branch of the NIH would then take her to Bethesda, Maryland from 1991 to 1994.

Since completing his medical studies in 1983, Karel Ettler (Czech Republic) has been working in the field of dermatology, specialising in skin photobiology. His early collaboration with the Czech Hydrometeorological Institute has continued in the COST 726 Project (Environmental UV measurements and the impact of UV radiation on human health). In 2003, Dr. Ettler was appointed head of the Department of Dermatology of Charles University in Hradec Králové.

His short-term study sojourns at a number of European Universities (Dortmund, Vienna, Dundee, London, Erlangen, Oslo, Helsinki, Regensburg) further enriched his experience in Dermatology. In recognition of his long-time engagement in the Czech national dermatological society, he was appointed to the Board of the Czech Dermatological Society in 1994. In 2003 he became its Vice-President.

According to Dr. Ettler, “I view the EADV as an “European Parliament of dermatologists”, and in the capacity of Vice-President of the Czech Dermatological-Venereological Society I find it only natural to represent Czech dermatology on the European level. I expect the EADV to be instrumental in providing assistance in the standardisation of dermatological care in European countries and in helping young scholars develop their talents and international collaboration.”

Fabienne Schroeder (Luxembourg) studied Medicine at the Free University of Brussels (Université Libre de Bruxelles - ULB) from 1979 to 1985, where she specialised in Dermato-Venereology in 1989. In the following two years she worked as resident at the University Hospital St-Pierre in Brussels, combining this role with a consultant position at Hôpital Universitaire Erasme.

Since 1991 she has been developing her professional activity in private practice at the Hospitalier Emile Mayrisch in Esch-sur-Alzette (Luxembourg), where she is involved in surgery and consultancy activities at the centre.

Dr. Fabienne Schroeder points out that “having attended many EADV Congresses, I became aware of the importance of the Academy to develop guidelines and to support initiatives to raise Dermatology standards throughout Europe. The EADV promotes collaboration and exchange between dermatologists with different background and clinical experiences. In my opinion doctors in private practice should improve their skills and learn new medical techniques by sharing knowledge with experts, visiting centres of excellence and implementing adapted protocols for follow-up and treatment to best help their patients.”

Mehmet Ali Gurer (Turkey) finished his residency in 1977 at Ankara University. He became professor of Dermato-Venereology in 1988 at Gazi University, also in Ankara. From 1992 to 1998 he worked as Dean of the Faculty of Medicine of Gazi University. In 1997 he was appointed president of the Turkish Association of Dermatology, a responsibility that he assumed until 2001.

Dr. Gurer - whose main focus is Dermatopathology and Behçet’s disease - represents more than 1,400 Turkish dermatologists, being the first Turkish member of the EADV. “I am very proud to be part of the EADV Board. In recent years, Turkish Dermatology has made a great effort to advance in association with congresses, symposia, journals and scientific research. I believe that being a part of EADV will strengthen this progression.”

“One of the main aims of the EADV is to strengthen the position of dermatologists and Dermatology within Medicine, politics and society in Europe. In my view the EADV should encourage the usage of the CME system in Europe, and the harmonisation of the adequate and uniform training and educational programmes.”

For Prof. Kárpáti, “joining the EADV Board of directors is a great opportunity for me to participate in the formation of the common European Dermato-Venereology and to take action for a large and common society. In the Board I represent the interest of the eastern countries of the European Union.”

“Participation in the work of the EADV is a great chance to influence the policy of dermatologists in Europe. As a dermatologist from Eastern Europe, the opportunity to contribute on such a high level international platform is very important.”
The date for the 16th EADV Congress is rapidly approaching – only a few more months and dermatovenerologists from Europe and beyond will be convening in the Austria Centre in Vienna.

The Local Scientific Committee - in cooperation with the EADV scientific programme committee - has put together an exciting programme including top priority topics for office and hospital based dermatovenerologists. This programme will consist of 13 courses, 45 symposia and 22 workshops which will be organised and given by highly reputed experts in the fields of Dermatology and Venereology.

The unconventional date – 16-20 May – for the 2007 Annual EADV Congress in Vienna was decided so as not to compete with the World Congress of Dermatology in Buenos Aires, to be held in October 2007. For the same reason the congress in Vienna will be the only major EADV event in 2007.

Programme highlights
To live up to the diversity of European Dermatology and Venereology, the programme of the Vienna congress encompasses sessions on the latest developments in the fields of classical dermatoses, infectious skin diseases, phlebology, dermatological surgery, dermato-oncology, allergic diseases, histopathology and many more. This diversity is also reflected in the plenary sessions which will feature world renowned experts on topics ranging from perspectives in HPV vaccination to the role of aesthetic medicine in dermatology.

The “What’s New Sessions” have been mainstay of the EADV meetings in the past. In Vienna, Pieter van der Kerkhof will present “What's New in Diagnosis and Treatment of Skin Diseases”, Thomas Schwarz “What's New in Dermatological Research” and Lena Bruckner Tuderman “What’s new in Genetics of Skin Diseases”.

The “Test Yourself” sessions (What’s Your Clinical Diagnosis? What’s Your Histological Diagnosis? What’s Your Venereological Diagnosis?) will be equipped with interactive tele-voting systems. As an incentive the winners of the Test Yourself sessions will we awarded free registration for the 2008 EADV congress in Paris.

Ample time has been reserved for free communications to guarantee that the hottest results and most exceptional cases from laboratory and clinics can be discussed with investigators themselves. Along the same line the congress will provide space for two thousand posters. In addition, extensive satellite symposia will inform delegates on the newest pharmaceutical developments.

Together with you we want to make the 16th EADV Congress in Vienna a most memorable scientific, social and cultural experience.

On behalf of the EADV and the Local Organising Committee.

Yours sincerely.

Erwin Tschachler
President 16th EADV Congress

16th EADV Congress
Vienna 16–20 May 2007
“European Dermatology and Venereology: Strong Past – Stronger Future”

Plenary sessions at the 16th EADV Congress

- What is the Role of Aesthetic Medicine in Today’s Dermatology
  C. Rowland-Payne (UK)
- Where Should European Dermatology Go
  K. Wolff (Austria)
- Skin Substitutes in Clinical Practice
  I. Leigh (UK)
- Perspectives in HPV- Vaccine
  D. Lowy (USA)
- Vaccine for Melanoma: Where are we now – Where do we go from here?
  G. Schuler (Germany)
- Molecular Epidemiology of Kaposi Sarkoma Associated Herpes Virus
  C. Boshoff (UK)
Until the early 20th century day to day specialities. Essential for the practice of both basic training in general medicine College of Physicians albeit with a core developed, under the aegis of Royal organisations have since flourished in the Association of Dermatologists. Both after the establishment of the British other surgical specialties, just two years including public health, urology and clinicians from various backgrounds, Diseases was established in 1922 by the Medical Society for the Study of Venereal Diseases was established in 1922 by clinicians from various backgrounds, including public health, urology and other surgical specialties, just two years after the establishment of the British Association of Dermatologists. Both organisations have since flourished in the UK. Different training programmes have developed, under the aegis of Royal College of Physicians albeit with a core basic training in general medicine essential for the practice of both specialities.

**Management of STIs**
Venereology has some unique features, which set it apart from dermatological disease management. Venereal diseases, now expanded and called sexually transmitted infections/diseases (STIs) are infectious with the commonest route of transmission through sex, whether close sexual contact or full intercourse. Their clinical management involves not only the management of obvious disease, but active case-finding by screening of asymptomatic anxious patients. Routine full investigations are required to exclude a sexually transmitted infection - it is the hallmark of the speciality - and the marker of good practice. The specialty is not just about the care of individual patients, but also consideration of the impact on public health. Infection control is an important and significant role for the specialty. Clinicians need specific skills which are rarely given much emphasis in training of other fields. These include an ability to talk easily about sex in a non-judgemental way, an understanding of the socio-behavioural impact of different cultures with insight into one's own prejudices, as well as differential diagnosis and effective disease management. Service delivery must include prevention of transmission of infection and requires an infrastructure to ensure the appropriate management of immediate sexual partners and other potential contacts, and health promotion activities to the community.

"There are many examples of good practice of collaboration between dermatology and venereology departments. These good relationships must be fostered."

**Profile of venereology**
Having a specialty with a separate identity has ensured that the profile of venereology remains high. This has allowed the development and audit of guidelines, to ensure consistent and good quality healthcare to patients who feel stigmatised, marginalised and are often vulnerable. It gives greater strength in the face of significant prejudice and moral backlash. To date services have been patient orientated, high and consistent standards have been maintained and dedicated tertiary services have assured a co-ordinated approach to outbreaks of infection. The advantage of unity and strength in numbers was highlighted in the 1980s with the onset of the HIV epidemic. Through engagement at the highest political level, the UK has been more successful than many European countries in controlling the HIV epidemic, at least until very recent years. The statutory returns from Genitourinary medicine (GUM) clinics of numbers of STIs have provided national data that allow study of trends in prevalence and relate these to epidemiological and behavioural risk factors.

However, during the last decade, there has been a relative lack of investment in specialist GUM services, partially because of a general government policy to shift care towards primary care and non-specialists. Primary and non-specialist care of sexually transmitted infections cannot stand alone: To function, they must have the resource of a fully developed tertiary centre for referrals, teaching and to set guidelines for management. However, Venereology in the UK remains a strong specialty with a track record of multidisciplinary team work by an enthusiastic workforce who are passionate about the care of patients. Our tertiary centres must be resourced adequately to avoid dangers of fragmentation, lack of information on infection prevalence, increasing reliance upon syndromic management, and less coherent approaches to sexually transmitted infection control. Latterly, the

---

**As Dr. Angela Robinson points out, “controversy about who should provide venereology care is not new”. Dr. Robinson shares in EADV News her views on the issue and urges readers to join the discussion.**
government has recognised the public health imperative of assuring rapid access to specialist GUM services and has made this one of the six major priorities for the National Health Service in 2006.

**Separate specialties?**
There are downsides to having separate specialties; especially when one has the glamour and beauty of the skin and the other is often consigned to the basement clinic of the unmentionable! But there are many examples of good practice of collaboration between dermatology and venereology departments. These good relationships must be fostered. In my view there has been insufficient emphasis on training in venereology for dermatologists and vice versa. Whether this has been better addressed in the European ‘unified specialty’ approach, others are better placed to comment. Skin manifestations are often a first presentation for some sexually transmitted infections including HIV. Similarly, many patients attend sexually transmitted infections services with specific genital dermatoses and genital problems which are not infectious but related to generalised skin diseases. Any deficiencies that could lead to delay in diagnosis in either setting should be addressed through a more objective and competency based approach to education of our doctors in monospecialty training and on-going professional development for consultants. There are opportunities to review training requirements in both disciplines as UK medicine is currently undergoing fundamental restructuring.

In the majority of European countries the unified specialty of Dermato-Venereology has several sub-specialty areas. By looking at the content of the EADV conference programmes the profile of these can be seen. Venereology topics appear infrequently! Whilst in some European countries there are individuals and groups of dermatoveneereologists who have a major interest in providing venereology services, in many countries most will only see occasional cases. For these clinicians, time and investment in the skills of taking a sexual history, multiple specimens, using a microscope, having a working knowledge of relevant microbiology as well as clinical care may not be considered cost-efficient. This does not usually fit into the usual consultation times associated with dermatological clinics.

"European dermato-venereologists should support interested colleagues to adopt venereology as a sub-specialty interest."

**Venereology within the EU**
In Europe, venereology has tended to be a poor relation of Dermato-Venereology in terms of lack of resource in finance, equipment and personnel. Without such investment and improvement in status, others will take it over. This has happened to some extent in relation to HIV and AIDS where some departments may have missed out on the improved resources that have accompanied spread of this pandemic with preferential investment elsewhere, often in infectious diseases units. Within the EU there has been recognition of the grave consequences of rising rates of sexually transmitted infections including HIV and AIDS. However the agenda sits predominantly within the public health remit. To a large extent Dermato-Venereology has been bypassed. As the specialty has not focused on the care of sexually transmitted infections and HIV /AIDS as a priority response to the urgent public health and political needs in the late 20th century, other specialties have responded and taken over both the patient care and the resources that we have abdicated. Some investment to improve STI surveillance has been provided through EU research funds but this has mainly supported laboratories, and not clinical services.

**What is needed?**
The model of GUM/Venereology monospecialty services in the UK serves as an example of provision of care and service over the full range of STIs and HIV, with emphasis on outpatient management including antiretroviral treatment for HIV infected patients, and prevention of further dissemination into the community. What is needed to ensure good quality healthcare for individuals and improvement in public health is a critical mass of like-minded, interested, trained and skilled physicians to develop tertiary services and support others through training and setting standards. European Dermato-Venereologists should support interested colleagues to adopt venereology as a sub specialty interest. Failure to ensure best venereological practice by any member of either specialty will diminish public regard of both specialties. With respect and support from the EADV, we can raise the profile of venereology and provide better care and services for patients. Just dabbling in the genitals is not an option!

**Dr Angela Robinson**
Consultant GUM Physician
Mortimer Market Centre
London

These are my own biased views expressed to stimulate debate!
Election of Board Director 2007/2010
Representing Italy
November 2006

Following the resignation from the Board of Directors of Prof. Ruggero Caputo, an election for a new Board Director representing Italian members will be held in early 2007 enabling the successful candidate to take his/her position at the Vienna Congress in May 2007.

Notice is hereby given that nominations for Board Director 2007/2010 representing Italian EADV members will be received by the undersigned at the EADV House,* Avenue General de Gaulle 38, B-1050, Brussels, Belgium until 16:30 hrs on 15 February 2007.

Kindly find in the following pages:
1. Nomination Form (Page 13)
2. General Information excerpts from the relevant parts of the Statutes. (Page 14)

Joseph L. Pace
Secretary General

* Fax No: 0032 2 650 0098 - Email: office@eadv.org

Election of Board Directors 2007/2010
Representing Serbia and Slovakia
November 2006

Notice is hereby given that nominations for Board Directors (2007/2010) representing Serbia (1) and Slovakia (1) will be received by the undersigned at the EADV House,* Avenue General de Gaulle 38, B-1050, Brussels, Belgium until 16:30 hrs on 15 February 2007.

Kindly find in the following pages:
1. Nomination Form (Page 13)
2. General Information excerpts from the relevant parts of the Statutes. (Page 14)

Joseph L. Pace
Secretary General

* Fax No: 0032 2 650 0098 - Email: office@eadv.org

Election closes on 15 February 2007
# Nomination Form – Board Director

I, the undersigned, nominate
Dr / Prof ________________________________________________________________________________________________ an Ordinary member of EADV, to represent _____________________________ (country) on the Board of Directors.

**Proposer’s signature**
Name: __________________________________________________________________________________________________
EADV Membership Number: _______________________________________________________________________________
Address: _________________________________________________________________________________________________
Email: ___________________________________________________________________________________________________
Fax: ________________________________________________ Telephone: __________________________________________

**Seconder’s signature**
Name: __________________________________________________________________________________________________
EADV Membership Number: _______________________________________________________________________________
Address: _________________________________________________________________________________________________
Email: ___________________________________________________________________________________________________
Fax: ________________________________________________ Telephone: __________________________________________

(Both Proposer and Seconder should be fully paid up members with voting rights.)

**Acceptance of nomination**
I, Dr/Prof ________________________________________________________________________________________________
Hereby accept the nomination for the position of Board Director for _______________
Signature Date
EADV Membership Number: _______________________________________________________________________________
Address: _________________________________________________________________________________________________
Email: ___________________________________________________________________________________________________
Fax: ________________________________________________ Telephone: __________________________________________

---

**RECEIVED**
EADV OFFICE Date__________________________ Signature
**SENT TO SECRETARY-GENERAL** Date__________________________ Signature
**and CHAIR NOMINATIONS COMMITTEE** Date__________________________ Signature

Election closes on 15 February 2007
14. CANDIDATES FOR ELECTION

Only Ordinary members are entitled to stand for election. All candidates going forward for election must be approved by the Nominating and Election Monitoring committee. All candidates must agree to adhere to the Code of Conduct of the Academy, complete the Conflict of Interest statement of the Academy and adhere to the Rules governing the behaviour of candidates presenting for election as provided for in the Bye Laws. Failure to do so may invalidate the candidature.

15. BOARD

The Academy shall be administered by the Board which shall be composed of Ordinary members of the Academy elected as follows:

1. One Board member from each European Member Country the voting membership of which is less than one hundred.

2. Two Board members from European Member Countries whose voting membership at the Academy exceeds one hundred.

16. ELECTIONS TO THE BOARD

(A) Voting members from each eligible European Member Country shall elect their Board member/members by voting in an election of all eligible members in that country administered by the Secretary General of the Academy according to 13(d) and (e) above and subject to article 17 below.

(B) Each candidate presenting himself/herself for election to the Board must be a National of and resident in the country which they are seeking to represent and be nominated by two voting members resident in that country.

(C) The President and President-elect are members of the Board and the immediate past President remains a member of the Board for two years after the end of his/her term as President. Each retains the right to vote, but only the presiding officer has a casting vote.

(D) The President or his nominee is the presiding officer at all meetings of the Board.

(E) The Board representative of each eligible European Member Country is elected for a period of three years and may be re-elected once.

(F) Any member of the Board elected at a time prior to these Statutes being adopted by the Academy shall not, regardless of the term of office provided for a member of the Board under the statutes relevant to the Academy at the time of his/her election, serve as a member of the Board for a period in excess of six years.

17. ELIGIBLE EUROPEAN MEMBER COUNTRIES:

(A) The eligible European Member Countries shall be the countries recognized as being within the geographic boundaries of Europe by the European Union together with any other European Country situated at least partly within the geographic boundaries of Europe which has been accepted as an eligible European Member Country by the Board. Regardless of their geographic location European Countries shall not be entitled to elect a member to the Board of Directors unless:

(1) There are twenty voting members of the Academy registered from that country or

(2) It has been shown to the satisfaction of the Board that at least 25% of the total of specialists in Dermatology and/or Venereology and/or eligible scientists resident in that country are registered as voting members of the Academy.

(B) European member countries including San-Marino, Liechtenstein, Monaco, Andorra and the Vatican State and others which may be considered from time to time appropriate by the members voting at the AGM shall have their interests represented by the past President of the Academy.
Members help needed to launch Skills Development Programme for private practitioners.

The Fostering Dermatology Committee is launching an ambitious programme of Skills Development for private practitioners, to extend their skills repertoire and enhance their existing skills. In addition we hope this programme will encourage a feeling of community among our members. However we need the help of our members to ensure that what we are offering is what you want. We have appointed two private practitioners (Dr. Christa de Cupyer and Dr. Jean Paul Claude) to guide us in this and we are forming a Private Practitioners Panel to advice on the programme. Please let us know if you would wish to be included or write to us with any of your ideas.

There are 2 components to this programme

- Visiting centres of excellence
- Practical workshops and courses

**Visits to centres of excellence**

We are preparing a list of centres with different expertise, so that practitioners can either have a skills update or learn new skills. We hope to include both University Centres and Private Practices which have special proficiency in these areas (Beacon Private Practices). These visits can be for up to one week, and grants will be available towards the cost of the visit. The applicant must be an EADV member in private practice.

So far we have centres offering surgical skills, vulval disease, allergology, and psoriasis. Please let us know if your Practice or Centre would like to offer such an opportunity to your colleagues. You can contact marika@eadv.org

**Practical workshops and courses**

A programme of practical and interactive courses is being prepared. The intention is to maximise participation, with Test Yourself sessions and quizzes, preferably with keypad technology, to be used to assess learning. Moreover, an after-dinner debate will be held to maximise utilisation of time and encourage participants to exchange ideas and form new friendships. The first will be a course on Dermoscopy, organised by our President, Professor Giannetti, starting in 2007, and extending over several weekends. The courses will tend to be at weekends in order to minimise the time lost from practice. These courses will only be open to EADV members in Private Practice.

Again please let us know if you would like to offer any courses.

**How you can help us**

- Join the Private Practitioners Panel
- Write to us with any of your ideas
- Visits to centres of excellence
  Please let us know if your Practice or Centre would like to offer such an opportunity to your colleagues
- Practical workshops and courses
  Please let us know if you would like to offer any courses

Contact us at fostering@eadv.org

We have hit an unexpected complication, how to define a private practitioner. The original intention had been to offer this programme only to full time private practitioners, then came the realisation that across Europe the systems are very different and that in a number of countries almost no one is purely in private practice. We are therefore considering how to define a private practitioner, and would welcome your comments and suggestions.

We are really excited about this programme, but need your help to ensure that we are serving your needs, please help us to help you.

Fenella Wojnarowska
Chairwoman
A Tale of Two Cities

Two young dermatologists present in EADV News their views of the study and practise of dermatology in two classical European University cities. Rima Clayton – based in Oxford, UK – and Giuseppe Spadola – student in Bologna, Italy – compare in this article their impressions and daily experiences.

Dermatology in Oxford

The dermatology department is situated in the Churchill Hospital in Oxford and also includes John Radcliffe Hospital, Radcliffe Infirmary and Horton Hospital in Banbury. It serves a population of 750,000. The Oxford Radcliffe Hospitals NHS Trust is one of the largest teaching trusts in the country.

There are 9 full time consultants, 2 full time specialist registrars, 2 full time Australian fellows (whenever possible) and 2 senior house officers from the general practice vocational training scheme who spend 3 months in the department. There are also 1-2 research registrars and 3 general practitioners with a specialist interest in dermatology.

Training

In the United Kingdom, every specialist registrar (SpR) spends 4 years training to become a consultant. As an SpR on the Oxford rotation, we spend 16 months in Oxford; the remainder of the 4 years is divided between equally between 3 district general hospitals.

Timetable

The timetable is divided into 4-month rotations to ensure that every registrar has the opportunity to see all the subspecialities. These include, in addition to the general clinics, tumour clinics and minor operations lists:

- Immunobullous clinic
- Vulval clinic
- Male anogenital clinic
- Paediatric clinic
- Allergy clinic
- Contact dermatitis clinic
- Cutaneous lymphoma clinic
- Renal transplant clinic
- Joint oral/dermatology clinic
- Joint gynaecology/dermatology clinic
- Joint genetic/dermatology clinic

The average day is from 8 am-5.30 pm. All clinics start at 9 am and usually between 12 and 14 patients are seen with a mix of new and follow up patients. There are various meetings and teaching sessions between 8 and 9 in the morning.

There are also 2 afternoon sessions that are dedicated to teaching and include clinics and meetings, either regional or national.

Pay

The pay of an SpR varies depending on the number of years spent as a senior house officer and on the year of training as an SpR, ranging from £35.521 to £40.910.

The pay varies throughout the country depending on the intensity of the workload out of hours. Currently we are on call (from home) in the evenings from 5pm until 9am the next day and weekends (Friday 5pm-Monday 9am) every 4 weeks.

Prospects

The National Health Service is going through a difficult financial period and despite there being more than 70 unfilled consultant posts in the country the prospect of getting a consultant position when I complete my training is unknown.

Dermatology in Bologna

The Dermatology Department of Bologna is situated at the Policlinico S.Osrla, the main hospital of the University of Bologna. It is one of the largest teaching hospitals in Italy and it serves a population of approximately 1 million.

There are 2 Professors, 3 Associate Professors, 3 Researchers, 7 Consultants, 3 PhD students and 15 Registrars.

Training

The Residency programme in Italy is also 4 years long. The registrar spends every morning (8am to 1-2pm) in the Department rotating every 4 months between the following clinics:

- Ward (16 beds)
- Day Hospital
- General clinic
- Tumour and Skin Surgery
- Paediatric Dermatology and PUVA
- Parasitology and Mycology
- Patch tests, Hair and Nai. disease
- STD Clinic
- Dermatopathology

The registrar spends 2-3 days per month covering the ward for 24 hours, during which time he manages the ward patients and is available to deal with any referrals from the emergency department.

The registrars are encouraged to follow their special interests, and undertake research projects.

Pay

The pay is a hotly debated subject; the Italian registrar is expected to sign a contract with the University and pay them €1400 per year in University fees. The average registrar earns €11,600 per year.

Prospects

The number of new specialists exceeds the current demand of the nation and at present it is very difficult to find a stable job. However in Bologna some of the dermatologists can go on to study for a PhD and are given a grant for 3 years, alternatively they can enter private practice which in Italy is a consistent part of the health service. Even if at the moment the perspective is unclear, we are confident the next years will be better.
Update from the Fostering Dermatology & Venereology Committee

Paediatric Dermatology Course in Rhodes

In particular, genetics is not so well understood by a considerable amount of medical personnel, therefore the concise overview of genodermatoses was useful.

With respect to this criticism, we must remember that the majority of trainees chose to present their papers on genodermatoses - these being rare diseases, often difficult to diagnose and manage.

Moreover exanthems and hair diseases must be considered as common diseases.

We agree without reserve on the second suggestion mentioned in the final evaluation, namely, that “lectures in dermatology must have less written sentences and more clinical slides.” We will try follow this instruction at our future Fostering meetings.

Plans for the future

Also for future encounters we should plan to hold either a three-day meeting or schedule more time for “Questions and Answers”. Finally, in the future we shall propose a series of clinical gems in form of “What is your diagnosis?” and maybe a clinical meeting with patients.

We would like to thank all the students and teachers for their fantastic work and - last but not least - Marika Wendler for the excellent organisation of the course. We also hope to find a location that can rival the beautiful shores and sun of Lindos.

Professor Caputo
Membership fees increase from €115 to €150. You also have a membership option for €105 and some of you for €75!

Dear EADV members

Our New Statutes were implemented for the first time at the Board Meeting in Rhodes. Accordingly, the new and enlarged Board approved the budget and the membership fees as well as the annual accounts.

The Board decided to increase the annual membership fee from €115 to €150. This is a fairly steep increase but it is also necessary to say that the fee has remained unchanged for many years while our costs have increased considerably. Our journal, the JEADV, is now published 10 times a year instead of 6 times, and will soon increase to 12 times a year. To counteract this increase in cost we also decided that those who accept to receive the JEADV journal in an electronic version only, and have all correspondence sent to them electronically, should only pay €105 annually.

We believe that membership to the EADV brings real value to its members. An example: if you decide to attend our annual Congresses or the Spring Symposia, as a member you are entitled to register for a much lower fee than non members. The registration fee for the Vienna Congress in May 2007 is €380 instead of €695 for non members. (http://www.eadvvienna2007.com/registration/). This saves you €315 for just one congress in addition to all other benefits.

Likewise we intend to give members the opportunity to register earlier than non members for our popular courses as well as for hotels. Those who are not members yet, and pay the full registration price in our congresses, will be able to get one year free membership if they fulfil the requirements to become an EADV member.

Now we also have a new membership category for dermatologists who are under the age of 35. They pay only €75 annually and receive the JEADV and all correspondence in an electronic version only. The same rates apply for retired members.

Among the direct costs of the EADV on account of our members are the JEADV, the quarterly newsletter EADV News, all correspondence with members and the staff working in our house in Brussels dealing directly with the journal.

The real cost of membership is considerably higher than the full membership fee, let alone the reduced fees. Many members do not want the EADV to be totally dependent on other sources of income, and want to have the membership fees as close as possible to the real cost. That may be difficult and too expensive for many of our colleagues, at least for the time being.

If we are lucky and continue to have a surplus in our annual accounts, we will continue to invest it in education for our members, for doctors in training and for the education of the public.

Jon Hjaltalin Olafsson
EADV Treasurer

Annual dues

Kindly note changes in dues payments as decided by the Board Meeting in Rhodes in October 2006. The main changes are the possibility of an online receipt of the JEADV, and circulars for some categories reflected in a lower annual rate. For those requiring hard copies the costs have risen so significantly that an adjustment has become necessary. In addition, the office incurs huge costs when mail reminders are sent. It is in the interest of us all to keep costs down, or else these would need to be reflected in a higher annual dues fee.

It has therefore been decided that a late payment fee will be applied for those paying after 31 March, namely, after three months grace. Please do your best to pay early and take advantage of a scheme to effect annual payments automatically that will be announced in due course.
A series of strategic lobbying efforts and a media workshop in Rhodes have been at the centre of the Media & PR Committee activities in the last quarter of 2006.

During the summer months the EADV Media & PR Committee was busy with searching for contacts in the European health sector to extend the existing lobbying database. Possible partners and contact persons within the European Union, e.g. national health departments, have been identified. The EADV intends to intensify these lobbying contacts by sending out monthly dermatology health information to the lobbying database. This lobbying task also requires good cooperation with patient support groups.

**Lobbying activities**

Highlight of this research work was the second cocktail reception on 12 September 2006 at the EADV House in Brussels. Under the heading “Skin and sexual health in Europe: chances and challenges for research” the EADV officers discussed with representatives of the EU and the European Parliament as well as other health organisations the possibilities for integrating research from basic investigations to clinical practice. Highlights and exciting news were presented for different skin diseases like eczema, psoriasis and skin cancer. The impact of dermatology on various fields of public health is enormous.

**Media workshop**

Another highlight of the last months was our Media workshop held at the EADV Congress in Rhodes. The aim of this course was to inform the participants on how to become a “media dermatologist” and how to approach the media. The 11 participants were set in a “real” interview situation by using practical exercises with microphones and cameras focusing on the spread of dermatological messages through effective public relations.

The course was divided into two parts - a theoretical and a practical one. After the official welcome of Dr. Fritz - Media & PR committee Chairman - attendees were informed about the EADV media structure and received short lessons on basic requirements for a successful interview and the most suitable appearance, performance and language. This introduction was accompanied by some professional interview examples from experienced media dermatologists and EADV board members, recorded on site in Rhodes.

After a short time of preparation the participants were set in a real interview situation in front of the camera. The moderator asked them several questions in order to provoke spontaneous reactions, deliberately raising explosive topics like “Sunbeds – pros and cons”.

All participants collaborated very well and the subsequent video analysis and open discussion of the case studies presented was active and constructive.

We would like to thank again the speakers who shared their media experience and helped make the workshop a successful event, namely Dr. Colm O’Mahony, Dr. Myrto Trakatelli, Dr. Françoise Poot, Professor Jana Hercogova and Dr. Ercin Özüntürk. We are looking forward to Vienna!

Dr. Klaus Fritz
Media & PR Committee chairman
Dear friends,

EADV history was truly made many times over in Rhodes and with so many firsts that one hardly knows where to begin.

Before Rhodes
- A summer of frantic work saw the conclusion of the registration process of EADV in Lugano Switzerland.
- Concurrently the new Statutes were registered and became fully operative.
- Within hours our preparations for new format Elections took off.

Presidential election
It appears that the new distance voting system received high marks and we will be certainly staying with this in the future moving at some stage to all Internet voting. This system and three exceptional candidates made the daunting task relatively straightforward and I believe all came out with flying colours. Andreas Katsambas was first past the post and will make a fine President but the clear comments made by all candidates need to be evaluated and carefully considered and where necessary acted upon. Thanks are due to ERS for superb organisation, Martin Black and his Committee for being there at all times, and to our backroom team in Brussels and Malta who went beyond the call of duty to deliver.

Since the above occupied all day with little room for sleep, we used borrowed time to organise and conclude the national elections for the representatives of newly recognised countries so that these new Directors were able to take their place on the Board at Rhodes. Again, a completely new concept went very well indeed thanks to the co-operation of all involved.

In Rhodes
- The new Directors took their places at a historical Board meeting that saw the keeping of an obligation taken on two years ago. In a moving ceremony on the Island of Kos later, the EADV President, Board and EC members renewed their Hippocratic oath.
- The Board elected me for a final term as Secretary General and Jean-Paul Ortonne for a further term as JEADV Editor crowning his very successful tenure to date.
- The Board also approved new scales of annual dues including the possibility of on-line receipt of notices and academic publications (JEADV) for some categories.
- New Board committees were voted upon and these are expected to be concretised further after new Bye Laws are decided upon.
- For the first time, the results of the Presidential election were announced at the AGM after the independent organisation that took care of the entire process, delivered the final outcome. The absence of voting at the AGM and the disappearance of the proxy option resulted in a serene atmosphere that was quite new to many veterans of the EADV scene!

The future
Like winning an election, all the above is the start and not simply an end; a start to changing the EADV, to putting down the roots for an organisation that will grow and grow, eventually to at least equal our older sister organisation the AAD. The framework for a rosy future has been laid. Now... to work

The last very pleasant duty is to give my personal best wishes to you and your families for a prosperous and dermatologically exciting New Year.

Joseph L. Pace
Secretary General

Elections 2007
As explained on page 12, elections to fill vacant seats for Board Directors from Italy, Serbia, and Slovakia will be held early in 2007 so that the newly elected persons can take their seat on the Board in Vienna (further information at website and in this issue). Further elections will be held later in the year to fill various vacancies that will occur in the autumn. Details will be published in due course. It has therefore been decided that a late payment fee will be applied for those paying after 31 March, namely, after three months grace. Please do your best to pay early and take advantage of a scheme to effect annual payments automatically that will be announced in due course.

In Living Memory
The EADV sends its sincerest condolences to the families and friends of the members of the Academy that passed away in 2006. Janine Regnier (France), Pavel Vulcan, Aurel Ganea-Sauteanu (Romania), Anna-Marie Hornmark and Lennart Juhlin (Sweden) worked restlessly to improve the practise and knowledge of Dermato-Venereology in Europe. Our dear friends will be deeply missed by the EADV.
Send your pictures to EADV News ...

Send us pictures of Dermato-Venereology practice to: stefanie@eadv.org

A selection of these images will be published in upcoming issues of EADV News.

**Important note:** Pictures must be submitted in one of the following formats: eps, jpeg, tif. (Please ensure that your pictures are high resolution images: 300 dpi.)

### Pictures of Dermato-Venereology Practice

This new EADV News section opens with the pictures sent by Prof. Camillo Di Cicco, from Rome (Italy), which come to illustrate a case of Lassueur Piccardi Graham Little Syndrome.

As Prof. Di Cicco explains, “this is a rare case where cicatrical (scarring) alopecia and lichen planus follicularis are associated.”

A rare case in which cicatrical alopecia of the scalp is associated with widespread keratosis pilaris.

### Dates for your Diary

#### Calendar of Events

**> 2007**

- **65**\(^{th}\) Annual Meeting AAD  
  Washington D.C., United States  
  2-6 February 2007

- **International Dermatology & Cosmetics Conference**  
  Jeddah, Kingdom of Saudi Arabia  
  5-8 March 2007

- **Global Dermatology**  
  Genova, Italy  
  18-21 April 2007

- **16**\(^{th}\) EADV Congress  
  Vienna, Austria  
  16-20 May 2007

- **1**\(^{st}\) Bosnia and Herzegovina International Dermato-Venereology Conference  
  Sarajevo, Bosnia and Herzegovina  
  23-26 May 2007

- **11**\(^{th}\) World Congress on Cancers of the Skin  
  Amsterdam, The Netherlands  
  8-11 June 2007

- **Second World Congress on Work-Related and Environmental Allergy**  
  Weimar, Germany  
  13-16 June 2007

- **12**\(^{th}\) Congress of the European Society for Dermatology and Psychiatry  
  Wroclaw, Poland  
  14-17 June 2007

- **2**\(^{nd}\) International Congress on Psoriasis  
  Paris, France  
  21-24 June 2007

- “**Dermatopathology and Beyond It**”  
  Eisenach, Germany  
  29 June - 1 July 2007

- **21**\(^{st}\) World Congress of Dermatology  
  Buenos Aires, Argentina  
  1-5 October 2007

**> 2008**

- **66**\(^{th}\) Annual Meeting AAD  
  San Antonio TX, United States  
  1-5 February 2008

- **5**\(^{th}\) EADV Spring Symposium  
  Istanbul, Turkey  
  22-25 May 2008

- **17**\(^{th}\) EADV Congress  
  Paris, France  
  17-21 September 2008