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Professionalism – An Obligation

Some dermatologists are worried about the levels of professionalism within our field. Generally professionalism demands the mastery of theoretical knowledge and the ability to apply it, the capacity to solve problems effectively and efficiently and the aptitude to use this knowledge to provide valuable services to society. Maintaining the right ethos throughout successive generations has been the mainstay of the continued existence and steady development of all true professions. The privileges that come with being professional are undeniably pleasing but sometimes few and far between and ultimately less important than the associated responsibilities and obligations.

This is why, for example, it makes little sense to talk about ‘professional’ football players. They most likely have contractual obligations to their employers, but they do not have defined implicit moral obligations to society. Physicians do.

Continuous education plays a major part in true professional conduct. More often than not the teachers’ invested time, effort and resources only translate into little or no direct compensation, and yet education thrives on many levels throughout the EADV, whether it be through summer courses, EADV congresses and symposia or our journal JEADV.

It seems that the concept of professionalism is well imbued in teaching generations of our speciality, and that the best way to ensure continued professional growth and development is to nurture and secure a strong sense of professionalism among future generations. It is just as much an obligation to be taught as it is to teach; to actively become involved in all aspects of dermatovenereology, and perhaps more importantly, to expand knowledge beyond that of our mentors. Actively pursuing professional training and sharing acquired knowledge are essential to offering qualified services to our community and patients.

Gregor Jemec
Editor
In September, at the European Society of Dermatology: outskirts on societies focusing on 5th Spring Symposium 2008 GÜRER Mehmet Ali (TR), President 18th Congress 2009 FORSEA Dan (RO), 6th Spring Symposium 2009 BLACK Martin (GB), Media & PR Committee KATSAMBAS Andreas (GR), Membership Committee CME Committee GABBUD Jean-Paul (CH), Representative of the Board KARPATI Sarolta (HU), Representative of the Board SYMPOSIUM/Congress Presidents JOLY Pascal (FR), President 17th Congress 2008 LUGER Thomas (DE), President 18th Congress 2009 GÜRER Mehmet Ali (TR), Chairman 5th Spring Symposium 2008 FORSEA Dan (RO), Chairman 6th Spring Symposium 2009 JEAVID Editor ORTONNE Jean-Paul (FR), Board of Directors CHAIKIDELOS Georgios (GR), CLAUDEL Jean-Paul (FR), CONEJO-MIR MIURU Iulian (ES), DAVIDSSON Stenigimus (IS), De RIE Menno (NL), ETLER Karl (CZ), FERNANDEZ PEÑAS Pablo (ES), FORSEA Dan (RO), FRITZ Klaus (DE), GABBUD Jean-Paul (CH), GORSHKEVITCH-PETKOW Anna (PL), GÜRER Mehmet Ali (TR), JEMEC Gregor (SK), JOUBL Pascall (FR), KARPATI Sarolta (HU), LAKO Oete (SE), LIPÓZENCZI Josha (HR), LUGER Thomas A. (DE), MIEDYNSCA Liubiana (RS), MEC Junji (JS), MESTRECO Andrea (IT), PICOTO Antonio Silvio (PT), ROBISON Angela (GB), ROGERS Sarah (IE), RONNEHEVSE Jorgen (NO), RUBINS Andris (LV), SCERRI Lawrence (MT), SCHROEDER Fabian Fabian (LU), STRATIGOS Alexandros (GR), SUHONEN Raimido (FI), TIPICA George Sorin (RO), TSANKOV Nicola (BG), TSCHACHLER Erwin (AT), WOJNAROWSKA Fenella (GB), ZAOUAR PETRANYI Maria (CY)

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Improving European Integration

Dear Colleagues, Friends and Peers,

Wrapping up on the successful EADV Vienna Congress, the Academy’s vision and strategy for 2008 and subsequent years ahead are now taking shape.

In line with EADV’s mission to create new scientific and educational opportunities through cooperation with other European and internationally dermatological societies and organisations, new initiatives aimed at increased collaboration will be introduced this year.

Expanding relations

- In September, at the European Society of Dermatological Research (ESDR) Congress in Zurich, we announced the newly established Foundation for Dermatological Research – an essential pillar for professional training of young researchers worldwide. The Foundation has been created by the ESDR with the support of the EADV, the European Dermatology Forum (EDF) and the European Union of Medical Specialities (UEMS) – a concerted group effort of researchers world wide. The Foundation aims to encourage the circulation of knowledge among dermatologists from all over Europe.

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- The partnership with the EDF is continuing to reap tangible results. Both the EDF and the EADV have been preparing guidelines outlining stipulations of all national dermatology and venereology societies.

- Relations with societies focusing on specialised dermatology, which are of key relevance to the scientific activities of our community, will focus on more organic forms of cooperation. A good example of teamwork is the Fostering Dermoscopy course, which in collaboration with the European Society of Dermoscopy, will be organised in November 2007, and is also planned for 2008. Similarly, the press conference at the European Parliament on Melanoma Day this year (EADV News n° 23, page 20) has been supported by the Euro-melanoma Group. For 2008, the press conference on Eczema will be organised by the EADV with the support of our task force and European subsidiary companies.

Interconnecting

The integration and consolidation of the Academy’s various activities is reflected by an increasingly greater interconnection between all programmes across EADV committees. The committees are recognising that by working together they are able to improve and build their own respective activities. The Scientific Programme Committee (SPC) e.g. sought the advice of the Continuing Medical Education (CME) Committee in order to mutually evaluate its organisational programme.

Moreover, fostering activities should not be exclusively limited to the educational aspect of courses offered, but aim at devising and producing material that can be diffused to all Academy members. For example, the dermoscopy course collateral will be made accessible to all members in DVD format. The same approach can be used for future courses and workshops.

On this note I would like to draw attention to the enormous success the EADV courses have had among participants and throughout the community. The course on psychodermatology held in Brussels this summer once again successfully offered high quality education within a platform which encouraged the circulation and exchange of knowledge among dermatologists from all over Europe.
Aspiring Teledermatology

In general, telemedicine can be defined as the investigation, monitoring and management of patients using systems that allow access to expert advice and to patient information, no matter where the patient or relevant information is located.

Telemedical solutions need to cater for millions of simultaneous users. They must be available without fail, 24 hours a day and respond quickly to the demands of fast-moving professionals. Telemedicine promises great potential to revolutionise medical and paramedical services, not only for primary care physicians in regional and rural areas, but also for teaching students and for continuous medical education.

Future directions

Teledermatology can be regarded as a prototype of telemedicine since it is an established telemedical application. Despite this fact, teledermatology has not been completely implemented in the daily routine of sanitary services. More randomised controlled trials, as well as simulation cost studies with a special focus on clinical outcomes will be required to prove that teledermatology indeed is a cost-effective technology. Legal and economical issues and organisational aspects have challenged the implementation of teledermatology as a routine service. However, we cannot and should not impede technological advancement and it is our duty to contribute to it by supporting the design of a modern healthcare system.

Seeking a second opinion through open access online teleconsultation platforms will become standard in medical care. Mobile teledermatology will in the near future allow patients to seek advice for dermatological conditions via their own mobile phones which will facilitate a virtual triage for inflammatory and neoplastic skin diseases. Such facilities and services are paving the way for a more patient-centred healthcare in the spirit of the e-health programme of the European Commission for Information Society and Media.

Benefits

Despite the initial outlay costs of investing in sophisticated computer hardware, considerable savings can be expected in the long term by decentralising patient care and moving it from the hospital to local levels. Moreover, remote patients who otherwise would not receive speedy treatment can be taken care of more easily and medical data can be transferred instantaneously, saving both time and energy.

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This article does not reflect EADV's views but is the opinion of one individual.

A response to this article will be published in the EADV News n° 25 coming out in January 2008.
Dear Colleagues,

The EADV and the Turkish Local Organising Committee cordially invite you to attend the 5th EADV Spring Symposium in Istanbul, Turkey, 22-25 May 2008.

‘Bridging the Continents’ is the theme of this Spring Symposium that will convene dermatology specialists from all over the world in the historical city of Istanbul on the border of Europe and Asia. Renowned experts in the field of dermatology and venereology are invited to come together and exchange their knowledge on the latest research developments.

The Local Organising Committee strives to create an interesting and stimulating scientific programme in line with the philosophy of ‘Bridging the Continents’: people from different cultures and backgrounds face similar challenges in life; we can benefit from each other’s experiences, points of view, methods and approaches.

Istanbul has a long history of co-habitation between people of different nationalities. This diversity has left its mark as will you on the overall success of the meeting by joining us at this Spring Symposium. By learning from our differences we celebrate what unites us.

We look forward to sharing this wonderful experience with you.

Mehmet Ali Gürer
Chairman
5th EADV Spring Symposium

Scientific programme

With clear emphasis on and around Behçet's disease (a chronic condition due to disturbances in the body’s immune system that produce unpredictable outbreaks of exaggerated inflammation) this Spring Symposium will also review and update on traditional and modern dermatological therapies discussed during workshops, lunch sessions and plenary lectures.

The ‘What's New Sessions?’, a mainstay of the EADV meetings in the past, and satellite symposia will offer ample opportunity to learn about the latest developments in diagnostic and treatment developments in dermatology, including topics ranging from internal medicine and teledermatology to infectious skin diseases and cutaneous lymphoma.

Sub-specialty meetings, such as the ‘Global Dermatology in Istanbul’ symposium and the keynote lectures prior to the opening ceremony, are also essential highlights not to be missed.

Istanbul – a city of Turkish delights

Istanbul is a fascinating, dynamic and modern city of unparalleled historical and cultural richness. A capital of three mighty empires, set squarely between two continents, Istanbul blends the East with the West, the Mediterranean with the Anatolian. Over centuries each civilisation has left its mark, resulting in the diversity of nationalities that cohabit this city today. With one foot in Europe and another in Asia, Istanbul is truly a city of crossroads of ideas and cultures.
It is a difficult task to advise on where to start your sightseeing tour in Istanbul. The city is full of contrasts with a high ancient Roman wall rising next to a striking modern skyscraper, an opulent Ottoman mosque standing only yards away from a Greek Orthodox Church and a synagogue, and a sophisticated bridge leading to a narrow cobbled street lined with restored century-old houses.

Ancient history and artifacts dating back to the Roman, Byzantine or Ottoman Empires, Istanbul was the capital of all three. Few cities in the world combine this amazing array of treasures constructed by three of the world’s preeminent empires. Visit the glorious Hagia Sofia, a holy Roman Church built in the sixth century AD, the impressive Blue Mosque, the Topkapi Palace that gives you a glimpse at the lifestyles of the Ottoman sultans who lived there for over 400 years, the Dolmabahçe Palace, one of the extravagant palaces built for sultans, the Basilica Cisterns, the fortresses of Rumeli Hisari and Anadolu Hisari and Turkey’s largest covered market, the Grand Bazaar.

Istanbul not only impresses visitors through its manmade sights – its natural jewels are also breathtaking including the Bosphorus, the Marmara Sea, the Golden Horn, and Istanbul’s seven hills. After a long walk through the city you should not miss out on indulging in a relaxing massage at one of the traditional Turkish hamam spas.

Add your footsteps to those millions who have walked along the Bosphorus for centuries and discover all that Istanbul has to offer. Join us in Istanbul from 22-25 May 2008.

### Dates to Remember

- **Abstract Submission Deadline**
  1 December, 2007
- **Early Registration Deadline**
  14 January, 2008
- **Abstract Evaluation Announcement**
  1 February, 2008

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### Community Dermatology International

#### Foundation

The Community Dermatology International (CDI) was created by an association of dermatologists who attended the first ‘International Congress on Dermatological Care for All - A Basic Human Right’, November 2006, Mekelle, Ethiopia.

This Congress was partly initiated by the Department of Preventive Medicine of Migration, Tourism and Tropical Dermatology of the San Gallicano Institute in Rome, which building on its 20 years of experience with the reception and assistance of clandestine immigrants in Italy, is committed to supporting dermatological practice in developing countries. It has successfully established Ethiopia’s first dermatological centre, the Italian Dermatology Centre (IDC) in 2005 in Mekelle, which in the period between 2005-2006 examined over 20,000 patients, admitted 700 and performed more than 800 biopsies and histological tests.

#### Scope and purpose

The CDI seeks to:

- Identify the principal skin diseases and design control methods that take into account factors such as location, social conditions and financial resources.
- Target the most common skin conditions through focused management and educational programmes.
- Use local skills and knowledge to have an impact on essential public health problems arising from skin or mucosal lesions such as sexually transmitted diseases and AIDS.
- Highlight the link between science and solidarity.

The concept of community dermatology is a totally new approach to a speciality which has traditionally relied on individual patient diagnosis. It recognizes the fact that in many cases it may be more effective to treat diseases as community problems and apply treatment to a large number of people, e.g. in the case of common infections such as scabies.

In recent years, interest surrounding the community dermatology approach for the treatment of skin disease in developing countries has increased. Key to this trend has been the recognition that in most developing countries, both in rural and urban areas, skin disease is a common problem affecting up to 60% of the population. Local primary care providers are not only too few to cope with high numbers of patients, but also have to operate in poor working conditions, lacking adequate instruments, medication and facilities.

Community dermatology allows for basic, inexpensive but effective treatment that is accessible to patients in rural areas as well as in hospitals or health care centres.

#### Contact details

**Aldo Morrone**

Director of Department of Preventive Medicine for Migration, Tourism and Tropical Dermatology, San Gallicano Dermatological Institute IRCCS

Rome, Italy

E-mail: morrone@ifo.it
Dr. Colm O’Mahony from the Department of Sexual Health (GUM) at the Countess of Chester Foundation Trust Hospital (UK) takes us back 16 years ago when Professor Ian Frazer and immunology and cancer research fellow Dr. Jian Zhou from the University of Queensland (Australia) made a discovery that helped lead to a vaccine for cervical cancer.

Prevention

I can only imagine Ian Frazer and Jian Zhou’s elation and sense of achievement when in 1991 they and colleagues looked at the first electron micrograph pictures of the assembled HPV capsid proteins. The images showed virus like particles (VLP) – a “soccer ball” like assembly of an empty shell of HPV – the perfect vaccine. No genetic material, just an egg shell of highly immunogenic HPV antigens.

For once, science actually lived up to the expectations and these VLP’s have turned out to be superb vaccines with excellent safety and are almost 100% protective. HPV types 16 and 18 are found in the vast majority of dyskaryotic smears and cervical cancers. The vaccines containing types 16 and 18 give protection against cervical cancer and abnormal smears due to those two types. The potential for saving lives and reducing the enormous burden of colposcopy, treatment and cervical cytology will be phenomenal.

There are two vaccines currently being produced; one by GlaxoSmithKline called Cervarix containing HPV types 16 and 18, and one by Sanofi Pasteur MSD Gardasil containing HPV types 6, 11, 16 and 18. Large trials with Gardasil involving over 20,000 women show almost 100% protection for genital warts, abnormal smears and cervical cancer. Obviously,
although there is the possibility of some cross protection to other HPV types, there will still be a need for cervical cancer surveillance. Screening programmes will inevitably adapt to reflect the lower incidence.

As the vaccines are injected they produce very high levels of immune protection, up to four times higher than that achieved by natural infection, so there is every expectation that a vaccine course of 0, 2 and 6 months could give lifelong protection if used in childhood or early teens. Unsurprisingly, Australia was one of the first countries to launch the national vaccination programme and they are vaccinating 11 to 12 year old girls through a school immunisation programme with free catch up available to 12 to 25 year old women for a period of two years. The European Agency for the Evaluation of Medicinal Products (EMEA) approved Gardasil in September 2006 for females aged 9 to 26 and males aged 9 to 15. How different countries will implement the vaccine is still uncertain but as it’s licensed many parents are already asking for the vaccine for their children and paying for it privately.

**Parents**

Regarding parents, the scientific community had some apprehension about launching a vaccine for sexually transmitted diseases for administration to a young population who have not yet started sexual activity - What would parents think? Obviously, America being a vast country of immense diversity, all shades of opinion have been voiced. However, there is only a very small right wing minority who opposed the implementation of the vaccine on the basis of the belief that their children will remain chaste until married, and then remain monogamous. The vaccine programmes are being attacked as an intrusion on parental discretion and an invitation to teenage promiscuity.

However, surveys in most European countries show that the vast majority of parents are wholly in favour of these vaccination programmes.

**The Politics**

Obviously, no government likes spending money now when the benefits will only be achieved in the future. In the United Kingdom, for example, a free vaccination programme for girls of 12 years of age is now approved from autumn 2008. The age of first recommended cervical cytology is 25 years, so it will take 13 years before there are financial and work load benefits that impact the cervical screening programme with effects on detection, treatment and management of abnormal smears and cervical cancer. Earlier cost benefits would, however, accrue if the vaccine also contains types 6 and 11 against genital warts, as by the age of 15 teenagers are presenting to sexual health clinics with genital warts. Thus this benefit would be seen within three to four years of the vaccination programme.

The picture is quite different in undeveloped countries where cervical cancer is a major cause of death. Genital warts, although extremely common, are not regarded as a major disease or work load problem. Vaccination against types 16 and 18 is of critical importance in these countries and would have an enormous impact on women’s health.

So, these are exciting times and we need to encourage the rapid translation of this superb science into practical reality. In Europe, we dermato-venereologists should be advocates for our young people to get national vaccination programmes up and running as soon as possible. There is every expectation of eliminating the vast majority of genital warts, cervical cancer, abnormal smears and even Anal Intraepithelial Neoplasia (AIN) and Vulval Intraepithelial Neoplasia (VIN).

I personally look forward to the day when I can complete a full GUM clinic and ask – “where have all the warts gone?”

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Dermatology is dedicated to the study and the treatment of all disorders of the skin, its appendages, and of the adjacent mucosae. Venous and lymphatic disorders are directly in relation with the skin, and undeniably correspond to this description (Fig. 1).

Venous disorders have a major impact on health economics. Treatment of leg ulcers alone represents 2% of most European health budget.

Historically, dermatologists have been involved in phlebology and made an important contribution to its development. Progressively however skin specialists’ interest for venous disorders has faded, with some brilliant exceptions, specifically in German speaking countries, the Czech Republic, and in the Netherlands. Lymphology is another concern, as this fascinating medical field is poorly developed in dermatology, with the exception of a few centres.

**SWOT analysis**

**Strengths**

- Knowledge of skin disorders
- Expertise in skin complications consecutive to CVI, including leg ulcer
- Skill in dermatosurgery and outpatient treatments in local anaesthesia
- Strong influence of dermatologists in the development of modern phlebology

**Weaknesses**

- Inexperience of dermatologists in echography and duplex
- Lack of teaching in phlebology for residents, especially in Southern Europe
- Blindness of academics in defining the future of dermatology
- Ignorance of phlebology

**Opportunities**

- Ageing of the population and consecutive increase of venous disorders
- Fundamental research in venous disorders
- Development of dermatosurgery and lasers
- New endovenous treatments of saphenous veins, including foam sclerotherapy
- Teaching in hospitals and congresses, as EADV’s

**Threats**

- No access for dermatologists to ultrasonography (both in hospitals and by social insurances)
- Rapid development of angiology as a medical speciality
- Insufficient formation of dermatologists leading to malpractice

**Opportunities**

Prevalence of venous disorders increases at the same time as ageing of the population. Fundamental research is mandatory. Dermatologists have skills in this field, close to the skin. New expertise in understanding physiopathology and developing treatments in venous disorders is a challenge for dermatology departments.

Skills in dermatosurgery and outpatient treatments in local anaesthesia also represent a chance for dermatologists, as
Led by Professors Fenella Wojnarowska and Sarolta Karpati, the Task Force in Skin Disease involves many other committed individuals who are also highly dedicated to the task force. The members of the extended group are:

- Martin Munro Black, UK
- Samantha Vaughan-Jones, UK
- Christa de Cuyper, Belgium
- Dominique Parent, Belgium
- Anna Zalewska, Poland
- Magdalena Paunescu, Romania
- Agnes Iringo Otto, Hungary
- Snejina Vassileva, Bulgaria
- Christina Ambros-Rudolph, Austria
- Gudula Kirtschig, NL
- Selim Aractingi, France

The Task Force strives to offer:

1. Patient information on particular dermatoses and physiological changes that may be pregnancy-related or that can be problematic for pregnant women:
   - Physiological changes of the skin during pregnancy
   - Pemphigoid gestationis
   - Polymorphic eruption of pregnancy
   - Intrahepatic cholestasis of pregnancy
   - Atopic eruption of pregnancy
   - Herpes simplex infection
   - Herpes zoster infection
   - Condylomata acuminata
   - Syphilis
   - Scabies
   - Lupus erythematosus
   - Naevi

2. Treatment advice for both pregnant women and their physicians

A current project aimed at producing guidelines for the safe use of topical steroids in pregnancy, represents a collaboration between the EADV and one of its sister societies, the European Dermatology Forum (EDF) initiated by Dr. Gudula Kirtschig (The Netherlands). Such treatment advice may in the future be extended to other diseases and treatments.

3. Identification of dermatologists in EU countries with an interest in skin disease in pregnancy as a resource for patients and physicians.

Dr. Agnes Iringo Otto (Hungary) is currently preparing an initial database.

Fenella Wojnarowska
On behalf of the Task Force on Skin Disease in Pregnancy.
Facts & Figures

Country Name: Czech Republic
Capital: Prague
Population: 10,228,744 inhabitants
Official language: Czech
Life expectancy:
Male: 73.1 years
Female: 79.9 years
Dermatologists: 484 dermato-venereologists (data from 2006)

Dermatology in Europe

Dermatology in the Czech Republic

Associate Doctor and Vice-President of the Czech Dermatology Society, Karel Ettler, provides an overview of dermatology in the Czech Republic by contrasting the excellent education that dermatologists in the country are being offered with the low resource capacity in the field.

Dermatology practice

Every practising physician in the Czech Republic has to be registered at the Czech Medical Chamber. Membership to professional medical societies, such as the Czech Dermatology Society, although regarded as beneficial, is voluntary. About 90% of dermato-venereologists work in the private outpatient dermatological practice.

The optimal distribution of three dermatologists and 10 beds per 100,000 inhabitants is not provided for in every region of the country, and there seems to be no hope of bettering this number. Quite the contrary – the general trend points toward a decrease in patient beds available, as well as eliminating dermatological departments from small district hospitals. This ultimately results in a brain drain of experienced and qualified physicians and nurses who flee abroad or switch to other professional fields.

Common diseases

Complications of chronic venous insufficiency (particularly varicose ulcer), skin infections (mostly all tinea diseases including onychomycoses, increasingly also borreliosis), psoriasis, contact dermatitis and eczema, warts and differential diagnosis of skin pigmentedary formations and atopic dermatitis predominantly in children are among the most frequently diagnosed disorders in dermatological outpatient departments. The highest incidences of venereal disorders have been recorded in Prague as well as the northern and southwestern regions of the Czech Republic. This trend seems to be somewhat linked to the migration of populations and prostitution.

In-depth training

It takes students no less than five years to obtain a dermato-venereology certificate. Undergraduate education is followed by three months of training in surgery and internal medicine, as well as at least one month of infectious diseases residency, which are both mandatory. Training in urology and gynaecology departments is recommended. A two-year residency at an accredited in patient dermatological department is also obligatory to become a fully practising dermatologist. Upon successful completion of the prerequisites, applicants have to pass an examination by the Certificate Committee, appointed by the Ministry of Health, which is authorised to issue a permit that allows dermatologists to practise their profession. The main challenge of the current system is, however, covering the financial costs for the training as every applicant should be employed at an accredited centre.

Training is provided by eight university dermatological departments, eight regional departments and 15 district in
Czech-Slovak Journal of Dermatology

Origins
The journal is the official publication of the Czech Society of Dermatovenereology of the Czech Medical Association of J. E. Purkyně, the Slovak Society of Dermatovenereology and the Czech Academy of Dermatovenereology. It has been published since 1919.

Scope and purpose
The journal presents the most recent results of research projects, clinical and therapeutic investigations report results of epidemiological, diagnostic and therapeutic procedures introduced to common practice. The presentation of case studies – interesting from a diagnostic, differential-diagnostic or therapeutic point of view – enables readers to extend their knowledge in dermato-venereology, as do the reviews which focus on the most recent findings, including those from interrelated disciplines. Readers can test their knowledge in quiz articles and obtain credits for Continuing Medical Education from the Czech Medical Chamber. New book reviews draw attention to interesting publications issued both in the Czech and Slovak Republic as well as abroad. Therapeutic guidelines are published as journal supplements, including those in English by the European Dermatology Forum.

Circulation
The journal (ISSN: 0009-0514) is published bi-monthly in Czech, Slovak and English. The 1.700 copies are distributed for free to all members of the Czech and Slovak Societies of Dermatovenereology since 2006; the remaining 500 copies are sent to libraries and subscribers. The Journal is indexed in: Bibliographia Medica Čechoslovaca, EMBASE / Excerpta Medica, Biological Abstracts, Chemical Abstracts, INIS Atomindex, and SCOPUS.

The three best papers in the last three years:

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Associate Dr. Karel Ettler with the medical staff of the Department of Dermatology at the Charles University.

patient departments in the Czech Republic. Basic dermatological care training is offered by about 300 private dermatological offices.

Czech Dermatology Society (CDS)
Founded in 1922, the Czech Dermatology Society (CDS) is a formal organisation for Czech dermatologists. Information about the dermatology practice and news from the Society can be acquired through the CDS’ official journal Česko-slovenská dermatologie which is distributed six times a year to its 750 members. There are four other journals dedicated to dermatological topics which can be acquired free of charge by practising dermatologists. The Society’s website (www.derm.cz) serves as another information resource for CDS members and the general public. With 30 national and regional dermatological conferences per year as well as seminars, the CDS calendar offers many networking and exchange platforms for local and international dermatologists.

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The Hidradenitis Suppurativa Foundation, Inc. (HSF) is a non for profit public benefit corporation dedicated to improving the quality of life and care for individuals and families affected by Hidradenitis Suppurativa (HS).

Origins
In medical and biomedical research, real progress and advances are sometimes achieved as a result of the direct interest and involvement of those affected by the disease. The determination to find out more about HS was the driving force behind two affected patients and two clinical dermatologists to create a team of committed researchers to study HS, its biological basis, and to develop more effective forms of therapy and prevention. Hence in mid-2005, the non for profit organisation HSF was founded, with the overall mission of improving the quality of life and care for individuals and families affected by HS.

Scope and purpose
The HSF fosters and encourages worldwide research through developing and supporting an interdisciplinary network of scientists and physicians devoted to studying the molecular and cellular basis of HS, in order to advance and deliver more effective forms of treatment and preventative measures for those affected by this chronic disease. Based in San Diego, California, the HSF provides up-to-date disease information to physicians, researchers and patients via their website, e-mail, by telephone and mailings.

HS is a common, debilitating and chronic inflammatory skin disease affecting 1% of the global population, primarily occurring in inverse areas of the skin, e.g. axillae and groin. HS presents clinically with painful deep-seated nodules, papules, pustules and abscesses, leading to suppuration, fibrosis, distortion, degradation and hypertrophic scarring of the skin. The effects of this painful and difficult-to-treat disease may lead to greater impairments than several other skin diseases, including psoriasis and neurofibromatosis. Historically, HS has been regularly misdiagnosed, poorly managed and often remains untreated. There is an urgent need to advance medical research within this field.

Achievements and goals
Forging productive and cooperative research efforts, the first International HS Research Symposium ‘Directions 2006’ was held in Dessau, Germany in 2006 and convened a global powerhouse of over 30 scientists, researchers and physicians to share their expertise in HS pathogenesis and signpost future directions in HS research. The HSF, the Dessau Medical Center and the EADV Task Force on Acne and Rosacea organised this event. The symposium abstracts were published in Experimental Dermatology, the official journal of the HSF. Receiving positive feedback from the attendees, this symposium was not only a momentous success but also initiated further action.

Currently, the HSF is developing an International Physician Action Network to help address their most frequently asked question: ‘Where can I find a doctor to treat this condition?’ Dermatologists, surgeons and other medical professionals experienced in the treatment of HS are encouraged to contact the HSF to be listed on this new network.

The HSF is actively seeking funding to provide research grants to the medical and scientific community, organise a second scientific symposium on HS in October 2008, as well as encourage the development of clinical guidelines and a global HS patient registry. The HSF
European Society for Photodynamic Therapy (Euro-PDT)

Founded
A non-for-profit organisation based in Berne, Switzerland, Euro-PDT was founded in 1998 with the goal of fostering research, developing and advancing the clinical use of photodynamic therapy for skin disease in Europe.

Scope and purpose
Euro-PDT is an educational and communication platform between researchers working with fluorescence diagnosis and photodynamic therapy in Europe. It aims to promote international cooperation between society members, and clinical and laboratory researchers to produce evidence-based guidelines for PDT, quality control and standardisation of treatment procedures.

In order to facilitate interchange and exchange of advances in clinical research, applications and programmes, Euro-PDT organises annual meetings in different European cities. It also holds workshops and symposia at other national and international congresses and meetings, issues certificates to PDT-course participants, and certifies centres of excellence (centres which provide high quality standards in the performance of fluorescence diagnosis and photodynamic therapy for dermatological conditions).

The Society has produced a teaching course on photodynamic therapy, available for educational purposes on PowerPoint slides which are perfectly tailored as material for lectures. As part of the Task Force activities of the EADV, headed by Professors Lasse Braathen and Rolf-Markus Szeimies, this educational resource will soon be available to the EADV community. Euro-PDT members also participate in the annual Euroderm Excellence Course and are part of the European Dermatology Forum (EDF) sub-committee which develops guidelines for the management of non-melanoma skin cancer.

Achievements
Research-based guidelines have been published recently for PDT in the January 2007 issue of the Journal of the American Academy of Dermatology.

On the Euro-PDT website a PDT map of Europe plots addresses and contact information of PDT centres in specific countries. In the news section, visitors to the website are informed about upcoming workshops and congresses. Euro-PDT will also be present at the forthcoming 21st World Congress of Dermatology in Buenos Aires where it co-organises the Ancillary Meeting ‘What Dermatologists need to know about Photodynamic Therapy – From how it works to how it is used in the clinic’ on 30 September 2007.

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Ralf Paus (Director of Basic Research)
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Lasse R. Braathen (President)
Rolf-Markus Szeimies (Vice-President)
Alexis Sidoroff (Treasurer)
Colin A. Morton (Secretary)

Servicing the Dermatology Community

A patient’s view
“Imagine living each day with every movement you make being excruciatingly painful. HS is a debilitating disease regardless of its severity. Translated, Hidradenitis Suppurativa means inflammation of the sweat glands. From the smallest lesion to the largest wound, this illness changes all aspects of daily life.

For me it began with boil-like lesions under the arms, then larger ones in the groin and buttocks which became abscessed requiring surgical excision. Thirteen years later, I still live in pain and frustration. Weekly nursing care and visits to a wound care centre keep the HS somewhat controlled now. I live with this pain and gain courage to fight this affliction via many channels of support such as my family and online help groups. My mission is to educate and inform anyone and everyone who will listen. Maybe one day HS will be rare, or better yet, there will be a cure.”

Mary O’Nyon
The Vienna Congress 2007 was an outstanding occasion for the CME-CPD (Continuing Medical Education and Continuing Professional Development) Committee to intensify relationships with other committees and to finally determine the Committee’s proper name.

Since EADV’s Fostering Dermatology and Venereology Committee supports the educational needs of residents and also of dermato-venereologists in private practice, the term CME-CPD seemed more appropriate in describing a committee which focuses on the life-long learning of doctors (pending Board ratification).
Update from the Membership Committee

Membership: more attractive than ever before!

European countries. It is a combination of factors that attract members to the EADV, including the stronger presence with two meetings per year offering increasingly high quality scientific programmes to the dermatology-venereology community, reduced membership fees for young dermatologists, as well as better opportunities for junior members. Collectively all these factors have increased membership over the past few years.

European junior membership has however fallen short on expectations. Junior members currently account for less than 5% of the total membership. We therefore feel that it is important to highlight the benefits junior members can enjoy by joining the EADV.

For €75 per year junior members – European trainees and specialists under the age of 35 – gain access to:

- The EADV electronic correspondence, newsletters, exclusive members section on the EADV website and the online version of JEAIV.
- An increasing number of grants available to attend EADV congresses.
- EADV’s excellence in education training programme for trainee dermatologists, coordinated by the dedicated members of the EADV Fostering Dermatology and Venereology Committee. Since its inception in 2005 this Committee has organized a number of highly successful and very well-attended intensive courses, run by distinguished experts in the field, specialised in dermatopathology, bullous diseases, cryosurgery, sexually transmitted infections, paediatric dermatology and psychodermatology.

These are just some of the benefits EADV has to offer to its junior members. To enjoy these and many more join our community today!

Lawrence Scerri
Chairman
EADV Membership Committee

Update from the CME-CPD Committee

Stronger CME-CPD

Long distance learning (CDs, DVDs, online CME-CPD, real-time and off-time teledermatology) has been an established tool for CME-CPD for years. Together with the Editor of the JEAIV, Professor Jean-Paul Ortonne, the Chairman of the Website Committee, Dr. Pablo Fernandez Peñas and the Chairman of the Scientific Programming Committee, Professor Alexander Stratigos, we agreed that an accredited education programme should soon be introduced online.

The accreditation by the European Accreditation Council for Continuing Medical Education (EACCME) of the European Union of Medical Specialities (UEMS) of courses for dermatology-venereologists in private practice has been discussed and approved by the EADV Fostering Committee.

Regarding industry-sponsored CME-CPD, the CME-CPD Committee confirms that the guidelines for satellites and subspeciality societies’ meetings published on our website should remain. The guidelines stipulate that the industry should ask the EACCME/UEMS directly for the accreditation of its medical educational programmes. Since industry sponsored CME-CPDs are often product related, they cannot, by definition, be independent or neutral. That of course does not mean that the quality of content and speakers is not excellent!

Additionally the first ever report we sent to the Executive Committee and the Board that rated the top ten speakers and lectures of the Rhodes Congress was very much appreciated and will be an important tool for organisers of further congresses and symposia.

Jean-Paul A. Gabbud
Chairman
CME-CPD Committee
E-mail: jgabbud@bluewin.ch

CME-CPD Committee:
Jean-Paul A. Gabbud
Andris Rubins
Fabienne Schroeder
Maria Zaoura Petranyi
Sofia was the host city for the training course on Sexually Transmitted Infections (STIs), which is part of the EADV Fostering Dermatology Programme – a new, but already very popular and successful programme. Its aim is to raise the standard of dermatology education and to promote the community, collaboration and exchange between dermatologists from all European countries.

Welcoming 20 young doctors from 18 countries to learn about current epidemiological, clinical and diagnostic peculiarities of STIs, this intensive course incorporated a series of lectures, laboratory practice sessions, as well as the active participation in doctors’ visits at the hospital.

Participants were also given the opportunity to visit the National HIV Confirmatory Laboratory and the Laboratory of Molecular Virology where they learned who, how and when to test for HIV and HPV (human papillomavirus) infections, what is required for pre- and post-test counselling, as well as new developments in STIs vaccine research.

At the end of the course participants were asked to complete a quiz covering 17 clinical cases with different sexually transmitted infections. The four with the highest score of correct answers were Maria Vasileva (Russia) with 15, followed by Joao Borges Da Costa (Portugal), Madalina Geanta (Romania) and Bela Toth (Hungary) with 14 correct answers each. They were honoured by the Rector of the Medical University, Professor Vladimir Ovtcharov and the Director of the Alexander’s University Hospital, Associate Professor Assen Zlatev.

To get a flavour for Bulgarian culture and culinary delights, the social event was organised at the Bulgarian Folklore restaurant for participants to sample national dishes and enjoy performances by traditional Bulgarian dancers.

Overall, we can be assured that this edition of the summer course on STI was a valuable experience for all. Participants and speakers alike were impressed with the quality of the course, the friendly atmosphere, facilities and networking opportunities.

Many thanks to all speakers and participants and to the EADV for this extraordinary learning experience!

Nikolai Tsankov
Chairman
STI training course

Impressions from Sofia

“The EADV STIs summer-school in Sofia has expanded my knowledge on STIs, offering topics relating to STI clinics, laboratory practice, epidemiology, histopathological diagnosis and even psychotherapy of venerofobia. I was especially pleased with the diversity of case studies which reflected the varying country-specific experiences dermatologists face.
Thirty dermatology residents from 18 European countries met in Graz to listen to lectures on inflammatory, infectious and genetic diseases of the skin – part one of the two-year summer course on dermatopathology that will be continued in the summer of 2008.

Programme highlights included lectures by:
- Lorenzo Cerroni (Austria) on lichenoid and interface dermatitis
- Laila El Shabrawi-Caelen (Austria) on granulomatous dermatitis
- Katrin Kerl (Switzerland) on psoriasiform dermatitis
- Heinz Kutzner (Germany) on infectious disorders
- José Manuel Mascaró (Spain) on vesiculo-bullous disorders
- Dieter Metze (Germany) on drug eruptions and genetic skin disorders
- Cosimo Misciali (Italy) on hair and nail disorders
- Luis Requena (Spain) on panniculitis and cutaneous deposits
- Bernhard Zelger (Austria) on spongiotic dermatitis
- Helmut Kerl (Austria), together with Lorenzo Cerroni, local organiser of the course, presented a thoughtful journey to the heart of dermatology and dermatopathology.

Following the in-depth and well-distributed lectures, the last day of the course was dedicated to the experiences of each resident who presented case studies from their own departments. The instructive quality of these talks mirrored EADV’s vision of organising and conducting dermatopathology courses of the highest educational degree.

One of the most remarkable achievements behind the course was however convening dermatology residents from various backgrounds from all over Europe. It was truly a multicultural and multiethnic experience during which the passion for dermatology and dermatopathology was a common denominator for new friendships and collaborations.

The future of dermatopathology is intrinsically bound to the experience, qualification and knowledge of those practicing it, as well as to the commitment of those caring for it. The course organised by the EADV paved the way for this future.
Dr. Kiran Godse, a practicing dermatologist from Mumbai, India received an EADV scholarship to visit Professor Bettina Wedi, Head of Unit for Allergology and Environmental Medicine, at the Hannover Medical University, Germany (21-24 May 2007) to deepen his knowledge in the fields of allergy and urticaria. Here is a personal account reflecting on his experience.

My decision to become an EADV member was driven by the attractive discounts offered to members that want to attend EADV’s annual congresses. Only after I joined the EADV did I learn about the many other membership benefits. Among others, the EADV Fostering Programme supporting private practitioners to upgrade their skills through scholarships was the most appealing for me personally.

In my daily practice as a dermatologist in India my main interest fields are allergy and urticaria, on which I have published many papers in the Indian Journal of Dermatology. The scholarship was the perfect opportunity for me to expand my knowledge surrounding these fields.

I visited Professor Alexander Kapp and Professor Bettina Wedi at the Hannover Medical University Department of Dermatology and Allergology in Germany and had the opportunity to attend the urticaria clinic and learn about patient history, skin prick tests, Autologous serum skin test, tests for physical urticaria as well as the advanced testing for the diagnosis of urticaria.

My newly acquired knowledge on urticaria and allergic disorders will certainly be useful to me in my daily practice in India, and I thank EADV for this highly enriching experience.
The Nominations and Elections Monitoring Committee was established two years ago to oversee the process of EADV’s elections for the President-Elect, Officers and Board Members. Internal election rules were set up and nomination forms were made available to all EADV members.

An important part of the election process was to allow all EADV members to participate in the election of the President-Elect through secure mail ballots and a new electronic voting system. This was facilitated by the London-based Electoral Reform Society (ERS), a longstanding independent organisation highly experienced in voting systems and procedures.

EADV’s Secretary General, Joseph L Pace, Nancy Induni, EADV’s Senior Administrative Officer, Charlene Hannon, the project manager of ERS and myself, worked closely together to ensure that once the new online voting system had been accepted into the new EADV statutes it could be used for the first time for the October 2006 President-Elect elections. The new system proved extremely effective and about 35% of all EADV members with voting rights participated.

In future the new voting system will become familiar to all EADV members and hopefully result in greater participation. With such positive results from the first ever election to use the new voting tool, it will be naturally adopted for future elections of this genre.

My responsibility as the current Chairman of the Nominations and Elections Monitoring Committee is to verify the validity of all nomination forms and make sure that there are no conflicts of interest. The nomination and election forms that are published in EADV News are meticulously proof-read prior to print to ensure that all published information on the candidates is accurate.

Now that the new statutes are fully operational it is critical that the Nominations and Elections Monitoring Committee continues to ensure that all EADV elections are democratic and fair.

Martin M Black
Chairman

Committee members:
Martin M Black
Andrea Peserico
Antonio Picoto

The Ethics Committee (ETC) acts as an advisory panel facilitating recommendations to the EADV Board which in turn can either accept or reject its proposals.

During the 16th EADV Congress in Vienna in May the following ETC agenda items were debated:

• The need for declarations of conflict of interest at EADV meetings.
• Further steps to be taken to ensure patients’ absolute anonymity.
• Digital recordings made at Academy meetings are exclusively for personal use.
• Discussion on whether the ETC mandate covers raising ethical questions of its own volition.

Ethics Committee:
Hans W. Rothenborg (Chairman)
Michael Waugh (Secretary)
Lucio Andreassi
Anne Kobza Black
Antonio Picoto

We are proud to announce positive developments regarding EADV’s virtual library site traffic. Our monthly statistics showed that in the period between January and February 2007, 247 users visited the members section. Latest statistics show an increase of 80% to 445 visits to the members section and 76% to 377 library visits.

These statistics demonstrate the increasing interest of members in this new online tool. We hope that this will be a continuous trend.

Pablo Fernández Peñas
Chairman

Website Committee:
Steingrimur Davidsson
Olle Larkö
Sorin George Tiplica
Dear friends,

Four very different human emotions were shared by EADV members halfway through this torrid (for some) and wet (for others) summer:

**Sadness** about the passing of our dear colleague and Belgian Board member Jean-Marie Naeyaert. He courageously battled a long fight he probably knew he could not win. With his constructive comments, suggestions and ideas he was at the forefront of many EADV initiatives, organising events such as the highly acclaimed Fostering course on dermatopathology.

The death of Jean-Marie Naeyaert is a loss to his family, his colleagues, peers and especially those within EADV. I extend my deepest condolences to the Naeyaert family.

**Relief** concerning the liberation of the Bulgarian nurses and the Palestinian doctor held in a Libyan prison for eight years. We hope and wish that the nurses and the doctor will overcome the severe psychological and physical trauma they have experienced and begin to live a normal life again. I want to especially thank our Bulgarian colleagues within EADV for their efforts in repeatedly bringing this issue to the fore.

**Satisfaction** over the fact that all those nominated for the Board of Directors positions have readily accepted. The selection process is now closed and the appointments will be officially assumed in mid-October when the mandate of previous members expires.

**Optimism** surrounding a quantum leap in EADV membership. On 30 September the EADV officers will meet with national society presidents and EADV Board members in Buenos Aires to formulate the framework of an agreement whereby national societies can have their members joining EADV. The successful conclusion of this project ably spearheaded by President Alberto Giannetti, will further position EADV as a critical representative platform for our specialty throughout Europe.

Joseph L Pace
Secretary General

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**Chronic Ulceration of the Buttocks**

A 42-year-old woman presented with cutaneous ulcers of the buttocks. The ulcers had been present for four months (Fig. 1, Fig. 2). She was treated with mycophenolate and 10 mg prednisolone daily for lupus erythematosus with renal involvement.

There was no exposure to venereal disease. Syphilis serology and a HIV test were negative. The clinical diagnosis was pyoderma gangrenosum.

Histological examination of two punch biopsies showed no evidence of pyoderma gangrenosum. In both biopsies the epidermis adjacent to the ulcerations contained steel grey, multinucleated giant cells similar to a herpes simplex infection (Fig. 3). Immune histochemical studies showed the presence of herpes simplex antigen in the nuclei of the giant cells (Fig. 4).

The treatment with oral acyclovir 200 mg five times a day was initiated. The ulcerations healed during the first month of treatment. The dose was reduced to 200 mg four times a day for additional five months.

Three weeks after discontinuation of acyclovir the patient had a classical eruption of herpes simplex on the right buttock (Fig. 5). Herpes simplex virus type II was demonstrated in this lesion.

Acyclovir treatment was reinstated and the eruption cleared. There was no eruption apparent at the follow-up consultation two months later. Acyclovir treatment is to be continued for one year.

*Description and pictures by Dr. Niels K. Veien, from the Dermatology Clinic (Denmark) and Dr. Eva Spaun, from the Institute of Pathology, Aalborg Hospital (Denmark).*
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 eps, jpg, or tif format. Please ensure that your pictures are high resolution images: 300 dpi

Calendar of Events

> 2007

21st World Congress of Dermatology
Buenos Aires, Argentina
1-5 October 2007

23rd IUSTI-Europe Conference on Sexually Transmitted Infections and HIV/AIDS
Cavtat/Dubrovnik, Croatia
11-14 October 2007

3rd Skin Care in Organ Recipients Meeting
Manchester, UK
1st November 2007

Dermatological Care for All - A Basic Human Right
Addis Ababa-Mekelle, Ethiopia
6-9 November 2007

1st World Congress Genodermatology
Maastricht, The Netherlands
7-10 November 2007

26th PAD & 5th SARAD Conference of Dermatology
Lahore, Pakistan
15-18 November 2007

2008

66th Annual Meeting AAD
San Antonio TX, USA
1-5 February 2008

15th IUSTI-Asia-Pacific Congress
Dubai, United Arab Emirates
3-6 February 2008

6th World Congress of the International Academy of Cosmetic Dermatology
Lisbon, Portugal
18-20 June 2008

24th Conference on Sexually Transmitted Infections and HIV/AIDS - IUSTI Europe 2008
Milan, Italy
4-6 September 2008

> 2009

67th Annual Meeting AAD
San Francisco, CA, USA
6-10 March 2009

6th EADV Spring Symposium
Bucharest, Romania
23-26 April 2009

18th EADV Congress
Berlin, Germany
7-11 October 2009

11th IUSTI World Congress
Spier Wine Estate, Cape Town, South Africa
9-12 November 2009
5TH EADV SPRING SYMPOSIUM

Istanbul Lütfi Kırdar Congress and Exhibition Centre
Istanbul, Turkey
May 22-25, 2008

CONGRESS SECRETARIAT

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