New research funding body

ESRF launched

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EADV
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OF DERMATOLOGY AND VENEREOLOGY

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Editorial

Balancing Education and Practice

Two important factors sometimes dominate education to the detriment of all involved. Both of these factors can be age-related. On the one hand, the intransigent reluctance by our elders to share information can effectively block all development. On the other hand, the unwarranted exuberance of youth may squander all the educational opportunities - if not for the squanderer, then at least for all those that follow.

As in the delicate oriental balance of ying and yang, the process of education is dependent on mutual respect. The teacher is obliged to show respect for the talents, energy and the sheer potential of the student; simultaneously the student should respect the integrity, efforts and sheer knowledge of the teacher. When the balance is lost the process stops.

Legal requirements define the necessary qualifications necessary to become a specialist. By their nature, legal requirements define a minimum only and it may well be a debatable point if truly aspirational rules are at all possible. ‘We want to educate the best dermatologists’ is perhaps good as a policy statement but, in actual practice, surely impossible to implement? The best at what? What we do is entirely dependent on the context, because dermatologists solve concrete problems either for individual patients or in the understanding of specific biological phenomena.

So how can one bridge this gap between aspirations and the real world in medicine? One way is to remember the humanist aspects of our field, not only vis-à-vis patients, but amongst ourselves. One of the most effective ways of making the world a better place is to respect other people and, in particular, those who make an active effort to help us develop the many skills necessary to cope with the problems we so predictably encounter on behalf of our patients. The mutual involvement necessary in learning how to practise dermatovenereology truly requires the right balance. It is reassuring to see how often this is found in real life all over Europe.

Gregor Jemec
Editor

➤ Please send your suggestions, feedback and contributions for the attention of the Editor, EADV News c/o Stefanie Blum, Administrative Officer at the EADV Office via: stefanie@eadv.org
Looking Forward to 2008

Dear Colleagues, Friends and Peers,

The coming months before the scientific appointments planned for the year 2008 promise to be challenging and rich in potentially important decisions.

Widening membership

The membership extension process of EADV to the members of national societies is continuing through an extensive series of talks with their presidents and delegates. After a balanced exchange of views in Buenos Aires, on the occasion of the World Congress, which allowed us to clear up some controversial aspects, the Executive Committee (EC) defined a series of simple proposals. These will make it possible to admit to our society a relevant number of colleagues and to reach a very significant political weight in the scientific community and towards the health authorities.

The EC also decided that any national society outside Europe would also be accepted for Supporting National Society membership under the recently agreed conditions. An Israeli application for membership would be acceptable and greatly welcome on the above lines.

In addition to Fosterings, the educational activities promoted by the EADV will be enriched by new events, mostly directed at office dermatologists, such as the course on dermatoscopy, which will be divided into four weekends starting in November 2007 in Modena and running until March 2008. Two other courses will probably be developed in Barcelona and Tubingen during 2008 with the same modalities. A course on laser therapy will be arranged in Geneva in 2008.

Another important initiative promoted by the EADV concerns the advanced educational courses, which will take place in 2008 in Verona and Berlin, on the theme ‘Autoimmunity and Psoriasis’. They will be open to 200 dermatologists (100 for each course, divided into two days) and they will be sponsored by Wyeth. This marks the beginning of activities which will involve many basic aspects applied to our discipline and which will be developed in co-operation with pharmaceutical companies.

We are preparing Fosterings mostly directed to residents, which will focus once again on dermatopathology, lymphomas and STD, organised respectively in Graz (Austria), Marselisborg (Denmark) and Sofia (Bulgaria).

Educational exchanges

The activity of educational exchanges will go on, after the happy experience in Vienna and also in Paris. Speakers from China, India, South America and Africa will be invited as well to the President’s Symposium.

In Istanbul, the President’s Symposium will be based on three lectures to be held with great ability by the Committee Chairman Jean Paul Gabbud and we trust that we will obtain good results.

Moreover, during the Congress of the European Dermatology Forum (EDF) and the Union Européenne des Médecins Spécialistes (UEMS) proceed according to well-defined programmes: the guidelines and the accreditation of our activities. This last process appears to be more complex than expected, but it is being pursued with great ability by the Committee Chairman Jean Paul Gabbud and we trust that we will obtain good results.

The relationships with the European Dermatology Forum (EDF) and the European Skin Research Foundation (ESRF) for European dermatological research with a contribution of €30,000, thus supporting, together with the EDF and the ESDR itself, the realisation of an old dream, which will be helpful for research and young researchers and
Aspiring Teledermatology – A Response

Teledermatology is an important medical tool for practising and having a better continuing medical education. Nowadays, we are living in a globalised world and it is necessary to stimulate the development of national, regional and worldwide nets.

Dermatology will benefit from all the aspects that Professor Soyer commented on in the last issue of EADV News (n° 24). Patients in isolated communities without access to specialists will have the chance to get a similar level of medical care and to consult the opinions of world experts in the diagnosis and management of their diseases.

Advantages
The advantages of teledermatology will be especially important to practising dermatologists to allow them to have a better continuing medical education. Written journals will be replaced and the dermatologists will read them for free if they belong to a scientific society. All these advantages are available now and the number of dermatologists not yet having access to these new advances is rapidly decreasing.

As with all new advances, teledermatology has some negative aspects that should be considered. In a great number of cases the practice of dermatology requires direct contact with the patient. The physician-patient relationship may become poor. On the other hand, non-specialists and non-physicians will also have access to the information. They could share their views, giving opinions and acting as specialists treating patients. Moreover, groups that manufacture skin and cosmetic medicines could find their information on the treatments that they produce easily accessed by other competitor companies who might try to suggest that these products have important side effects.

Regulation
Regulation of teledermatology is urgently needed. The world dermatological societies, as well as the international health organisations, should establish measures to certify that the publications and the information provided is correct. It is necessary to evaluate the information and provide credits to the dermatology nets.

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This article does not reflect EADV’s views but is the opinion of one individual. For a new Point of View, on psychodermatology, please turn to p9.
While we are facing the winter of 2008 we would like to invite you to enjoy the spring of the new year in Istanbul during the 5th EADV Spring Symposium.

We believe all our chairpersons have contributed significantly to produce a spectacular scientific programme that encompasses all fields of dermatology and venereology making the motto of the symposium “Dermatology: Bridging the Continents” a reality. We believe people from different cultures and backgrounds face similar challenges in life and we can benefit from each other’s experiences, points of view, methods and approaches.

The two-day programme includes 13 courses, 18 symposia, and four plenary lectures, plus ‘what’s new?’ sessions, all of them chaired by distinguished dermatologists and presented by prominent speakers in the specific area of interest.

**Bridging the community**

Also, we are delighted by the participation of sister societies who will organise their meetings on 22 May 2008. They will take place at the Congress venue offering a varied choice of topics for discussion.

The highlight of the scientific programme will be marked by the opening lecture of Professor Steven Katz, entitled ‘Advances and Opportunities in Skin Biology and Skin Disease Research’.

Moreover, at the plenary sessions a number of distinguished figures from both our specialty and medicine will offer their insights and expertise on very interesting topics, such as ‘Toll-like Receptors in Dermatology’, ‘Immune Mechanism of Drug Hyper-sensitivity’ and ‘Ethics in Dermatology’.

The concluding ‘What’s New?’ session will provide a useful update on advances in clinical dermatology, venereology and research.

Mehmet Ali Gürer
Chairman
5th EADV Spring Symposium

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**Plenary Lectures**

- **Toll-like Receptors in Dermatology**
  Speaker: Anthony Gaspari, USA

- **Acne Inversa, alias Hidradenitis Supratativa, a Disease Sui Generis**
  Speaker: Gerd Plewig, Germany

- **Immune Mechanism of Drug Hyper-sensitivity**
  Speaker: Jean-Claude Roujeau, France

- **Ethics in Dermatology**
  Speaker: Constantine Orfanos, Germany

- **Genital Herpes Management**
  Speaker: Olivier Chosidow, France

- **Tumour Vaccination Strategies**
  Speaker: George Stingl, Austria
Istanbul is home to a layering of civilisation upon civilisation, of empire built on empire. It’s as momentous as Rome, as captivating as Paris, and as exotic as Bangkok. A city that straddles both Europe and Asia, Istanbul is a symbol of greatness, coveted historically by everyone from Xerxes all the way down the historic dateline through to World War I.

The traditions inherited from 2,500 years of history are most evident in the Old City, known as Old Stamboul or Sultanahmet. A stroll through this historic peninsula will reveal ancient Roman hippodromes and aqueducts, the greatest excesses of the Byzantine Empire, as well as the mystique and power of the Ottoman Empire.

As a religious centre (heart of the Greek Orthodox Church as well as the Islamic faith for centuries), Istanbul is the custodian of one of the world’s most important cultural heritages and home to some of the world’s most opulent displays of art and wealth. Early Greek civilisation left us the building blocks for Rome and Byzantium, which swathed these earlier foundations in rich mosaics and left its mark in monuments such as the Hippodrome and Ayasofya. Even Fatih Mehmet II was astounded by the beauty of the city he had conquered. The Ottoman dynasty redirected the city’s fortunes into the imperial majesty of undulating domes and commanding minarets, and the sumptuousness of the Topkapi Palace.

Daily life in Istanbul is colourful and vibrant and continues to bustle side by side with many carefully protected Roman, Byzantine and Ottoman monuments. Istanbul is often considered the capital of Turkey in terms of commerce, entertainment, culture, education, shopping, tourism and art. While world famous pop stars fill stadiums, activities like opera, ballet and theatre continue throughout the year. During seasonal festivals, world famous orchestras, chorale ensembles, concerts and jazz legends can be found, often playing to a full house.

The city has also been nicknamed “The City on Seven Hills” because the historic peninsula, the oldest part of the city, was built on seven hills (just like Rome). The hills are represented in the city’s coat of arms with seven mosques, one at the top of each hill. Another old nickname of Istanbul is Vasileousa Polis ("Queen of Cities"), which arose from its importance and wealth throughout the Middle Ages. Like a lost and forgotten kingdom, Istanbul is waiting to be discovered again. 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.

Did you know that Turkey…
- laid the foundations for the first known Human Rights Declaration in 1463, 485 years before the Universal Declaration of Human Rights?
- was where Alexander the Great cut the intricate Gordian knot? A phrase commonly used for “solving difficult problems” today.
- is the birthplace of King Midas? The Touch of Midas was said to turn everything into gold.
- is a secular republic, founded in 1923, after the collapse of the Ottoman Empire?
- is where Noah’s Ark landed, at Mount Ararat, in eastern Turkey?
- is the location of two of the Seven Wonders of the World - the Temple of Artemis and the Mausoleum of Halicarnassus?
- has 3,500 periodical publications, 1,056 radio stations and 280 TV channels?
- is said to have provided the water for the Garden of Eden from its two great rivers, the Euphrates and Tigris?

Did you know that Istanbul…
- was the capital of three of the biggest empires in history: East Roman, Byzantine and Ottoman?
- is where the first man ever to fly took off? In the 17th century, Hezarfen Ahmet Celebi, flew from the Galata Tower over the Bosphorus to land in Usküdar in Istanbul using two wings he had made from cloth and wood.
- has a 650 year-old shopping mall - the famous Grand Bazaar, a covered shopping area of 64 streets, 22 entrances and 25,000 workers?
- is where the first man ever to fly took off? In the 17th century, Hezarfen Ahmet Celebi, flew from the Galata Tower over the Bosphorus to land in Usküdar in Istanbul using two wings he had made from cloth and wood.
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- is said to have provided the water for the Garden of Eden from its two great rivers, the Euphrates and Tigris?

Dates to Remember
- Early Registration Deadline
  14 January 2008
- Abstract Evaluation Announcement
  1 February 2008
Y
es, we do suffer from our diseases, but we are not about to be sufferers – but equal partners in care.

The European Federation of Allergy and Airways Diseases Patients’ Associations (EFA) was founded as a non-profit organisation in 1991 by national allergy and asthma patient organisations, prompted by the belief that the patients’ voice requires a larger stage at both the political and medical levels on prevention and care than the national and local ones operating in isolation.

EFA, based in Brussels, now has 32 allergy (including atopic eczema), asthma and Chronic Obstructive Pulmonary Disease (COPD) patient member organisations in 20 countries, which have over 500.000 individual members – and speaks on behalf of over 100 million people with these diseases in Europe. We are committed, through partnership and from the patients’ perspective to improve the health, participation and quality of care of patients with allergy, asthma and COPD across Europe.

We also aim to influence the international guidelines on allergic diseases, asthma and COPD so that the patients’ perspective is incorporated – from the very beginning – and collaborate in their dissemination.

Our vision for the future is a Europe where every patient with allergy, asthma and/or COPD has equal access to good quality care, including patient education and can actively take part in decisions regarding their care, no matter where they live; a healthier environment so that our patients will enjoy fulfilling lives despite the disease; and a Europe where prevention and cure are possible to protect our children. To achieve all this, we are currently running a development project to strengthen the organisation.

**Advocacy**

Our activities include EU advocacy, capacity-building of members and sharing best practices. In advocacy, we can cite among our recent successes having respiratory diseases and allergy included among the priorities of the EU 7th Framework Programme for Research, including food allergies and indoor and outdoor air pollution; the new and improved labelling regulations for food allergens in packaged food in the EU that came into force in late 2005; the recent publication of the European Commission Green Paper, Towards a Smoke-free Europe; and many other policy options at EU level.

Through our annual conference and monthly electronic newsletter, *EFA eZine*, which can be subscribed to for free through our website, we keep our members and others interested in these topics informed of developments within EFA, plus EU policies that impact on our patients such as air quality, research, food safety and pharmaceuticals. We also include contributions from our members, share best practices and innovative ideas on advocacy, information on services for patients and awareness-raising.

**Partnerships**

EFA partners with many organisations and institutions in pan-European projects and surveys, such as our recent survey on severe asthma, *Fighting for Breath*, which was recently published in *Allergy* and was supported by MEP Liz Lynne. We are partners in the GA²LEN Global Allergy, Asthma and European Network of Excellence and EuroPrevall Prevalence, Cost and Basis of Food Allergy in Europe, as well as projects funded by the EU 6th Framework Programme for Research.

Our recent educational and awareness tools to be reproduced in different languages include the *Learn to Live with Asthma* patient support toolkit, GA²LEN leaflet *Does Rhinitis Lead to Asthma?* and *EFA Allergy Patient Manifesto*.

The key to each of our successes has been partnership with other like-minded health professionals, including the European Respiratory Society, European Academy of Allergology and Clinical Immunology and International Primary Care Respiratory Group, WHO Global Alliance against Respiratory Diseases and we are delighted, by way of this introduction, to take the first step in linking with the EADV.

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Susanna Palkonen
Executive Officer

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Living with Atopic Dermatitis

For me personally, the treatment of my atopic dermatitis is exactly the same as in 1967. I was three years old when I received my first treatment with topical corticosteroids: triamcinolone acetonide 0.1%. Exactly the same ointment I use today. And when I ask my dermatologist what is causing my eczema, I get the same answer my parents got in 1967: he doesn’t know.

There have been many improvements in medicine, but in the field of atopic dermatitis, not all that much has changed. Of course, much more is known, there are novel treatments – although not undisputed – but there has not been a major breakthrough. Such a breakthrough would be so welcome to the many patients with atopic dermatitis – and there are many, many more of them now than in 1967.

My life with eczema has been a journey. I recall that as an eight year old boy I wanted to switch bodies. I liked myself, but not my body. I had already separated the two, and I considered myself a nice person trapped in the wrong body. A body that was scaly, itchy and covered in red patches, wounds and crusts. A mind that was pure, sweet, intelligent and caring. That dichotomy has persisted until today.

Luckily, I was never bullied because of my eczema. And I remained happy-go-lucky, as many children with eczema do. Until I hit puberty. At thirteen, my eczema exploded. I was dragged from one complementary therapist to another, and nothing worked. The last one advised a diet, some homeopathic drops and complete abstinence from medication. I was fifteen, didn’t go to school anymore and spent hours in the bathtub, the only place where I was relieved from the horrible itching. In those six weeks without medication I was in such bad shape that I had to be admitted to a hospital with infected, generalised atopic dermatitis. I remember those fourteen days in hospital as one of the happiest times of my life.

At the age of thirty, I had a big relapse. For more than a year and a half I struggled trying different treatments: UVB, ciclosporine, topical corticosteroids. Nothing seemed able to keep my eczema in check. I also became severely depressed. Luckily, I recovered.

At the age of 43 I am doing reasonably well, eczema-wise. I only use triamcinolone once a week. Unluckily, I have severe skin atrophy. My arms have skin as thin as a paper sheet, and I bruise easily. I have no dermis anymore, my dermatologist told me. But that doesn’t matter so much to me. What matters more is that I look different from others. I hate the fact that my face is all red. The eczema patches on my back, chest, knees, ankles and feet don’t bother me so much, they are covered. My face is not, so that is a different matter.

No matter how they deal with it personally, all people with atopic dermatitis want to be understood and cared for – by their loved ones, but also by their dermatologists. And, as I learned from the eminent Professor Carla Bruijnzeel-Koomen, an important success factor in the treatment of atopic dermatitis is the doctor-patient relationship. She is right. We do need prescriptions - but we also need care.

Bernd Arents
President
Dutch Association for People with Atopic Dermatitis

New International Appointment

Dr Frank Powell (former Secretary General of the EADV 2000 - 2004) has been appointed by the Board of Directors of the American Academy of Dermatology (AAD) and the American Academy of Dermatology Association (AADA) as the International Observer to their Board for 2008-2010.

As the representative of the international dermatology community he will attend all forthcoming meetings of the AAD Board of Directors, Leadership Forums and Strategy Committee. He replaces Dr Marcia Ramos-e-Silva who was the previous International Observer on the Board.

Almost 20% of the AAD’s membership is international and about one quarter of all attendees at their annual meeting are from countries other than the USA or Canada. The AAD is conscious of the importance of the international dimension of their membership and has set up a Work Group (to which Dr Powell was appointed) to develop an International Strategy Plan.

Among the most important elements of this plan is increasing the already close co-operation with the EADV which is recognised as best representing the dermatologists of Europe. The AAD and EADV already have reciprocal representation at each other’s annual congress, members of the Executive of the EADV and AAD meet annually, and the possibility of holding a joint meeting of the two academies is being discussed. The AAD is exploring further ways of developing this relationship, including the possibility of enabling EADV members to become members of the AAD through a simplified procedure.

EADV members who have suggestions or opinions that they would like to contribute to the development of this International Strategy Plan are invited to contact Dr Powell through the central office: office@eadv.org
**Facts & Figures**

**Country Name:** Belarus  
**Capital:** Minsk  
**Population:** 9,700,000 inhabitants  
**Area:** 207,600 km²  
**Official languages:** Belarusian, Russian  
**GDP per capita (2006):** $7,700  
**Number of dermatologists:** 566

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**Dermatology in Belarus**

The history of independent Belarusian dermatology dates back to 1921 when the Belarusian State University, along with the School of Medicine was founded. The first Chair of Skin and Venereal Diseases was established in 1922 with the appointment of Professor William Mrongovius (1874-1938).

The centre of scientific research in the field for a number of years has been the Belarusian Scientific Research Institute of Dermato-venereology which was founded in 1932 and functioned till 1988. It was headed by Andrej Procophchuk who can be considered the founder of the Belarusian School of Dermatologists and Venereologists. Having graduated from Moscow University Medical School he studied dermatology in Paris (Sorbonne) and worked at the Pasteur Institute in 1928. He was then invited to Minsk and appointed to the Chair of Skin and Venereal Diseases at Minsk State Medical Institute (renamed the Belarusian State Medical University in March 2001).

**Education and training**

Belarus has four State Medical Universities in Minsk, Vitebsk, Grodno and Gomel as well as the Belarusian Academy for Post-Graduate Training in Minsk. Chairs of skin and venereal diseases have been in place at these medical educational establishments since 1922, 1935, 1961, 1992 and 1946 respectively. It is their right and responsibility, in co-operation with corresponding regional dermatovenerological dispensaries, to provide dermatological education to medical students as well as specialisation in dermatovenerology for post-graduates.

**Dermatology practice today**

Currently, there are 566 dermatologists in Belarus. The majority of them work in the public sector which is represented by 20 dermato-venereological dispensaries located at large administrative centres, 110 specialised outpatient departments in smaller towns and 29 departments for skin and venereal diseases at multi-profile municipal hospitals. Overall, Belarus has 1,692 dermatological inpatient beds and 427 day-care beds (1.7 per 10,000 population). The dermato-venereological public health service also includes 55 serological and 30 bacteriological laboratories. In the 1990s, anonymous sections for the testing and treatment of sexually transmitted diseases were introduced in the dispensaries for patients who did not wish to identify themselves. This measure was compelled by an epidemic of STD in Belarus which reached its peak in 1996 with 209,7 cases per 100,000 population. The dermato-venereological public health service also includes 55 serological and 30 bacteriological laboratories. In the 1990s, anonymous sections for the testing and treatment of sexually transmitted diseases were introduced in the dispensaries for patients who did not wish to identify themselves. This measure was compelled by an epidemic of STD in Belarus which reached its peak in 1996 with 209,7 cases per 100,000 population.

**Common skin diseases**

Patients with severe forms of psoriasis, nummular eczema and atopic dermatitis prevail at inpatient departments of dermatological dispensaries. The most common fungal infection is tinea capitis caused by Microsporum canis. Cases of skin tuberculosis are observed very rarely and not one case of leprosy has been seen for the last 50 years. The most common of the sexually transmitted infections are Chlamydia trachomatis and Trichomonas vaginalis.

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**Early pioneers**

At the national level, Professor Procophchuk reported on a novel treatment of lupus erythematosus with quinacrine and was the first to use radioactive isotopes in the treatment of skin diseases. A considerable contribution to the development of dermatology and venereology in the country was made by his followers: Oktyabr Komov (1923-1993), who was a pioneer in the field of the immunology of dermatoses; Leonid Bogdanovich (born 1923), who was the first in the former USSR to use ultrasound in the treatment of skin diseases; Aleksandr Sosnovsky (1923-1996), who studied skin superstructure in radiation dermatitis and developed methods for the management of this disease and its variations; and Nikolai Yagovdik (born 1931), who worked on trace elements in dermatology and investigated the activity of various enzymes in the skin of patients with eczema and psoriasis.
Belarusian Dermatological Society

The first Society of Dermatologists on the territory of Belarus was founded in Minsk in 1914. Since 1924 the Society has played an important role in promoting the introduction of new methods of diagnostics, management and prophylactics of skin and venereal diseases and holds its meetings on a regular basis. At present most of the Belarusian dermatologists are members of the National Dermatological Society. The Society Council Assembly takes place every year with about 50 professionals taking active part in it. The Congresses of the Belarusian Dermatological Society are held every five years, the last one being in 2006. The Belarusian Dermatological Society is a member of the Association of Dermatologists and Venereologists of CIS countries and a member of CEEDVA. Belarusian dermatologists are practically always present at the annual EADV Congresses and Symposia. In 2004, a joint meeting of Belarusian and Ukrainian associations of dermatologists was held within the framework of the 2nd EADV Spring Symposium in Budapest. But in spite of steadily growing professional interest in EADV meetings the number of participants from Belarus remains limited because of two main factors: the low level of earnings in the country and the very complicated visa formalities for crossing the EU’s borders. But we all hope for a better future because, thanks to the support of EADV, young Belarusian dermatologists manage to actively participate in various training courses on dermatology which not only improves their professional level but also makes them feel that they belong to the European community of dermatologists.

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Diagnostics in Psychodermatology

The main requirement of diagnostics is the improvement of communication in daily practice on the one hand and the clinical relevance of diagnostic entities with respect to treatment and prognosis on the other. One of the main problems with the psychodermatological classifications available today is that the assignment to classes is based on more or less unproven assumptions and postulations concerning pathogenesis and nosology.

This unsatisfactory diagnostic situation was the incentive that led to the setting-up of the Vienna Diagnoses Schedule for Psychodermatological Disorders (VDS), which was developed on the basis of clinical experience in the psychodermatological treatment of nits and includes four main diagnostic categories:

1 Mental disorders without dermatological symptoms, eg delusional syndromes (delusional parasitosis, dysmorphic delusions, delusions of smell, HIV delusions, other hypochondriacal delusions), phobias and obsessive-compulsive disorders (dysmorphophobia, bromidrosophobia), pruritus sine materia, and chronic pain syndromes (glossodynia, vulvodynia, scrotodynia, anodynia)

2 Mental disorders combined with dermatological disorders, eg classical psychosomatic disorders and stress-related disorders (atopic dermatitis, urticaria, acne excoriée etc), secondary dermatological disorders due to mental disorders (self-mutilation, factitious disorders, trichotillomania etc), secondary mental disorders due to primary dermatological disorders (disfigurements, distortions, melanoma, injuries), mental disorders due to dermatological treatment (cortisone-, interferone-psychoses), dermatological disorders due to psychiatric treatment (allergic reactions, lithium-induced dermatosis), dermatological disorders often associated with mental disorders (psoriasis, alopecia areata etc), and dermatological and mental disorders occurring simultaneously but independently from each other

3 Dermatological disorders without mental disorders, but usually misinterpreted as mental disorders (troublesome patients, misdiagnosed patients, treatment-resistant patients)

4 Dermatological and/or mental problems not reaching the level of a disorder (ageing skin problems, cosmetic problems). Such a categorical classification has to be enlarged in clinical practice by a dimensional diagnostic approach, including not only deficiencies but also the resources of the patient in order to provide effective treatment strategies focusing not only on the disorder itself but on the suffering human being in his entirety.

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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 EADV News no 26 which will be published in April 2008.
As President of this year’s 21st World Congress of Dermatology, I would like to take this opportunity to express some closing thoughts. Specifically I will draw on the Congress’ achievements and on the solidarity shown by many organisations, among them the EADV, that made this Congress a success – certainly – but mostly a human adventure, an adventure that was possible due to the advice of the different dermatological societies.

Key Statistics
Statistics show that this Congress gathered together an extraordinary number of people. Indeed, La Rural hosted 14,000 colleagues from all over the world, 60% of whom were from Latin America. The remaining 40% came from 90 different countries around the globe. These numbers make us proud. We succeeded in providing the opportunity to developing countries’ colleagues to attend. We were able to offer the cheapest registration fees and - more importantly - scholarships.

Scholarships
Because of the help of several dermatological societies, 400 scholarships were granted to dermatologists coming from India, China, Yemen, Ukraine, Latvia, Tunisia, South Africa, and most of South America, among others. This was achieved through the interaction of dermatologists from very different specialisations, including the youngest practitioners. We dreamt of building an arena where dissension, discussion and discovery would shine. Reality was very close to our dream. This was possible due to the conviction of the International League of Dermatological Societies (ILDS) in supporting youth.

We granted free registration to our Chairs and co-chairs and special guest speakers (plenary lectures, advances lectures, ‘what’s new?’ sections, hot spots and interactive sections). These contributed to building a remarkable scientific programme organised by Professor Fernando Stengel. The scientific programme embraced every aspect of dermatology from molecular biology to cosmetics and also introduced new formats to presentations, such as the “meeting of minds”. Further, in order to give a bigger arena of participation to younger dermatologists, we decided to display their posters throughout the entire Congress. We were happy to select over three thousand posters.

Strong support
All this was possible due to the financial help of laboratories which have been enthusiastic supporters since the very first day of the organisation. We are also in indebted to the several dermatological societies around the world that gave the advice we needed to organise the best possible Congress. Among them, the EADV was crucial. The Local Organising Committee wants to express its deepest gratitude and wishes you a great 2008. See you in Paris!

Professor Ricardo L Galimberti
President
21st World Congress of Dermatology
A truly international learning experience, the first Psychodermatology Training Course offered by the EADV between 18-20 July 2007 at the EADV House in Brussels, brought together 20 residents and five teachers from 15 European countries to study, discuss and share their knowledge and ideas on psychodermatology.

Psychodermatology is the practice of treating skin disorders using psychological and psychiatric techniques. An estimated 30-60% of patients who seek medical help for skin problems have emotional issues as well. These stressors can keep the most advanced medical treatment from working effectively.

Course report

“I have changed my mind about how to work with dermatology patients” and “Now I know that psychodermatology is needed in my daily work with my patients” were only some of the comments overheard by participants after the three-day workshop. Five experts from the European Society of Dermatology and Psychiatry (ESDAP), an EADV sister society, committed to sharing their experiences with the young dermatologists through case studies, discussions and lectures.

Françoise Poot, dermatologist and family therapist in Brussels, organised the training course together with psychiatrist Christopher Bridgett from London, psychologist Professor John de Korte from the Amsterdam Dermatology Department (The Netherlands), Professor Jacek Szepietowski from the Wroclaw Dermatology Department (Poland) and dermatologist and psychotherapist Dr Uwe Gieler from the University of Giessen (Germany). Guest lecturer, Ray Jobling, psoriasis patient and National Chairman of the Psoriasis Association (UK) gave a very impressive and emotional account from a skin patient’s point of view and emphasised the relevance of work done by patient self-help groups.

The training course started by giving an overview of psychodermatological terminology and classification. The residents learnt some diagnoses of diseases they had not heard of before, such as the Dorian Gray, Gardner-Diamond, Morgellons and Ekbom’s Syndrome. Communication skills, which play an integral part in dealing with sensitive skin disease patients, were taught through role-plays and demonstrated in video sequences. Other major topics of the first day were how to improve empathy and rapport in the dermatologist-patient relationship, how to increase adherence to treatment and how to achieve shared decision-making.

On the second day residents looked at the family as an important influence on both compliance and psychosocial support. Different presentations of psychodermatological cases by the residents themselves from their own departments showed that psychodermatological problems are very similar all over Europe, even if psychosomatic therapies and psychotherapeutic resources may differ.

The third day dealt with psychological influences of chronic skin disorders, including management of delusions in skin patients, the several types of factitious disorders, body dysmorphic disorders and the question of how to persuade patients to accept psychotherapy and psychosomatic/psychiatric treatment.

By the end of the course the residents recognised the need to integrate psychodermatology into their routine clinical work. All were encouraged to develop a psychodermatological approach in their dermatological practice.

All residents who participated in the training course reported that they would be keen to attend similar EADV Fostering Dermatology workshops in the future, as they bring young residents together to exchange their experiences and knowledge, while providing an opportunity to make friends, co-operate and work with colleagues from all over Europe.

Dr Françoise Poot (Belgium)
Chairperson
Training Course Psychodermatology

Lecturers:
Dr Uwe Gieler (Germany)
Dr Christopher Bridgett (UK)
Dr Jacek C Szepietowski (Poland)
Dr John de Korte (The Netherlands).
New Approaches and Treatments

The EADV Task Force “Acne/Rosacea” was inaugurated in 2006 under the co-ordination of Dr Frank C Powell (Dublin) and Professor Christos C Zouboulis (Dessau/Berlin). The new Task Force immediately targeted two priorities: the organisation of international conferences under the auspices of the EADV and the co-ordination of European activities in the respective fields.

1st International Conference on Hidradenitis suppurativa

The first conference organised by the Task Force, the 1st International Conference on Hidradenitis suppurativa/Acne Inversa, took place on 30 March – 2 April 2006 (see report in EADV News n° 24). About thirty expects in the field under the scientific direction of Professor Ralf Paus (Lübeck) and Professor Zouboulis met for the first time to agree on:

• a road map for future research on Hidradenitis suppurativa/Acne inverse (HS)
• the so-called Dessauer definition of the disease: “Chronic, inflammatory, recurrent, debilitating skin disease that usually presents after puberty with painful, deep-seated, inflamed lesions in the apocrine gland-bearing areas of the body, most commonly the axillary, inguinal, and anogenital regions”
• a genetic working hypothesis: “A polygenic disease with sporadic cases having defects in a number of critical genes involved in the pathogenesis of HS and familial cases with probably highly penetrant defect(s) in one of these genes”
• the further development of the Hidradenitis Suppurativa Foundation, Inc.

2nd International Conference in 2008

The next major conference activity under the auspices of the Task Force will be the 2nd International Conference on “Sebaceous Gland, Acne and Related Disorders - Basic and Clinical Research, Clinical Entities and Treatment” which will take place on 14-16 September 2008 in Rome just before the 17th EADV Congress in Paris. It is being organised by Prof Zouboulis and Dr Mauro Picardo (Rome).

This conference will offer a forum for both clinicians and scientists to discuss “what’s new” in the emerging fields of acne, rosacea and acneiform skin diseases both from the pathogenesis and treatment perspectives. In addition, the multiple functions of the sebaceous gland considered nowadays to be the “brain of the skin” will be addressed.

The need for such a meeting derives from a growing volume of research and new approaches in these fields. The sebaceous gland is no longer simply considered the organ-target for acne but has grown up to be a major organ of interest for developmental biologists, embryologists, molecular biologists, neurobiologists, endocrinologists and biogerontologists. On the other hand, acne is the most common skin disease affecting 70-95% of adolescents and is also seen in increasing prevalence and different forms in adults such as acne tarda or acneiform disorders associated with other therapies such as the anti-EGF receptor agents. The initiation of acne requires alterations in lipid metabolism.

Considerable progress has been made in recent years in understanding its pathogenesis and in the modalities used for treating it. The major role played by inflammatory mediators is now being recognised and, consequently, therapeutic approaches are undergoing change. To reflect the areas of current scientific and clinical interests the conference will focus on these new developments in sebaceous gland biology and acne pathogenesis and treatment.

The William J Cunliffe Scientific Awards

The Task Force also supports the annual William J Cunliffe Scientific Awards which were inaugurated to honour the lifetime scientific work of a great acnologist, Prof William J Cunliffe, after he was appointed emeritus. The Awards are official prizes of the EADV and were supported between 2001-2006 by a generous gift from Galderma. The Awards aim to recognise and encourage innovative and outstanding research in the areas of Endocrine Dermatology and Skin Pharmacology conferring great benefit upon understanding the function of the pilosebaceous unit as well as the

First row (sitting, from left to right):
Dr Uppula Radhakhrishna PhD (USA), Michelle Barlow (USA), Dr Samuel L Moschella MD (USA), Prof Dr Christos C Zouboulis (Germany), Dr William Danby (USA), Dr Anirban Mandal (UK)

Second row:
Dr Ichiro Kurokawa (Japan), Dr Sabine Fimmel (Germany), Dr Frangiski Tsatsou (Germany), Dr Gregor Jemec MD (Denmark), Dr Dolores Herreros MD (Spain), Prof Dr Wolfgang Marsch (Germany), Dr David Adams MD (USA), Dr Jihai Shi (China)

Third row:
Prof Dr Ralf Paus MD (Germany), Prof Rodney Sinclair MD (Australia), Dr A Dupuy (France), Dr John P Sundberg DVM (USA), Dr Jan Von Der Werth (UK), Prof Dr Wolfgang Hartschuh (Germany), Dr Hjalmir Kurzen (Germany), Dr W H Irwin McLean BSc PhD DSc (UK), Dr Peter R Hull MBBCch MMed (Dem) PhD FRCPC (Canada)
pathophysiology and treatment of its diseases. The Awards are presented during the annual EADV Congress.

Laureates of the William J Cunliffe Lectureship, a symbol of the admiration of a scientist’s lifetime achievement, have been Prof William J Cunliffe (2001), Prof Albert M Kligman (2003), Prof John S Strauss (2005) and Prof Gerd Plewig (2007). For further details please visit www.cunliffe-awards.org.

**FICTA**

**Forum for the Improvement of Clinical Trials in Acne (FICTA)**

The mission statement of FICTA is “to answer questions important to the receivers and providers of acne therapy by upholding rigorous standards of trial design, conduct and reporting”. FICTA is a partner of the Task Force and its aims are to:

- promote the development of trials which address questions relevant to patients, physicians, the pharmaceutical industry and funders for health care and to encourage the prospective registration of such trials in a publicly accessible database
- identify best methods of doing trials which should be standardised and validated using a limited number of outcome measures and to ensure that users of these measures receive adequate training and monitoring
- identify the best methods of data analysis and presentation in order to facilitate the incorporation of new evidence into patient management and the pooling of data from individual studies (meta-analysis)
- actively involve patients from the outset – after all it really is patients who matter in the end!

**Evidence-based medicine and a new textbook**

Members of the Task Force are also involved in new editorial activities, namely:

- evidence-based guidelines of acne treatment, which are under preparation and will be published soon in German in the Journal of the Deutsche Dermatologische Gesellschaft (JDDG; guest editors: Prof Christos C Zouboulis and Prof Harald P M Gollnick)
- a new multi-author textbook entitled “Pathogenesis and Treatment of Acne and Rosacea”, which is under preparation by Profs Andreas Katsabas, Albert M Kligman and Christos C Zouboulis and with the contribution of over 100 authors - all experts in these fields (Springer Verlag).

In the future, the Task Force aims to improve networking for European clinical and laboratory researchers in these interesting fields which represent the most common dermatological diseases.

Christos Zouboulis
Moderator
EADV Task Force on Acne/Rosacea
The development of dermatology needs an intensive training of academic dermatologists throughout Europe. In the USA, a funding organisation, the DERM. FOUNDATION, became the most important training programme for young dermatologists throughout the entire USA.

Scope and purpose
In order to establish a Europe-wide training programme, all three European dermatology societies - the European Society for Dermatological Research (ESDR), the EADV, and the European Dermatology Forum (EDF) - founded the European Skin Research Foundation (ESRF).

The ESRF was launched on 5 September 2007 in Zürich in the presence of leading dermatologists throughout Europe, invited guests from industry and the media, together with the directors, presidents and representatives from international and national dermatological societies. The launch was celebrated by an opening address from Professor Enno Christophers, who outlined the concepts and goals of the newly established foundation. Donations from the ESDR, EADV, EDF and the ‘Fondation Touraine’ were received. These funds will provide the basis for future ESRF accomplishments.

In the meantime a strategic plan has been developed on which the ESRF will base the conduct of its future operations. A short summary follows below but full details can be found on the website: www.euroskinresearch.org

Board of Trustees
A Board of Trustees is going to be established consisting of prominent persons representing various disciplines of European dermatology, eg clinical dermatology, dermatosurgery, dermatopathology, laser therapy, experimental dermatology, outstanding members from industry as well as colleagues with special accomplishments in fundraising.

Executive Committee
The Executive Committee represents the driving force of the foundation. The number of members should not exceed eight. It is their obligation to actively participate in fundraising, provide ideas for ensuring the efficiency of the foundation and to help make a success for our young dermatologists in training.

Scientific Committee
In parallel with the above mentioned committees a group of outstanding scientists will establish a Scientific Committee (headed by Professor Irene Leigh) which will regulate scientific matters, determine and execute the methods of grant supply, and provide advice to the Board of Trustees and the Executive Committee. This is of particular importance for decision making in matters of the Foundation’s finances and in selecting recipients of financial support. A liaison person from the Scientific Committee will regularly report to the Executive Committee.

The fundraising activities of the ESRF will be clearly defined in the near future but among the proposals are to:

- maintain contact with the international derm societies (EADV, ESDR, EDF and others) and inform these organisations about ESRF activities and the benefits for their members. We are most grateful for their donations in Zürich.
- have representatives of these societies elaborate together with the Chairperson of the ESRF a grant-support system for the ESRF.
- find a third avenue of private funding, alongside corporate donations and funding by European associations. All dermatologists, but especially professors and chairpersons should be encouraged to donate to the ESRF. There is already much support for this idea among leaders in dermatology.
- make public the names of all sponsors to underline the importance of this foundation. The route of transmitting this information remains to be determined (journals, press releases, home page of the societies etc).

Contact details
European Skin Research Foundation
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1205 Geneva
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Update from the CME-CPD Committee

Key Statistics from Vienna 2007

For many years, the CME-CPD Committee of the EADV has collated statistics from its Congresses and Symposia. They have provided interesting feedback for organisers and speakers and will, furthermore, be a most valuable tool for the planning of future scientific events. I’m sure that the figures are also interesting for you as participants.

Among the most attended and highly ranked lectures/courses/workshops, it is encouraging to find such basics as genetics, histopathology and mycology. Furthermore, it is very positive to see among the top rankings ‘classical’ dermatology and venereology and its subspecialties such as phlebology, surgery and dermatoses of pregnancy and childhood. It is, of course, a sign of our time that aesthetic dermatology is also to be found among the winners.

So, which were the five most attended sessions in Vienna?

1. Plenary lectures on 17 May
2. Atopic Dermatitis in Adults
3. Atopic Dermatitis in Children
4. What’s New?
5. Adverse Drug Reactions

Please note: for further details regarding their ranking speakers and chairmen may contact: judith@eadv.org or jgabbud@bluewin.ch

Jean-Paul A Gabbud
Chairman
CME-CPD

Getting to Know:

EADV Board of Directors’ Representation on Executive Committee

Erwin Tschachler (Austria)

Erwin Tschachler graduated from Vienna Medical School in 1978 and started training in dermatology in 1983, initially in the Department of Dermatology with Klaus Wolff and Georg Stingl. From 1986 to 1989 he conducted HIV-1 research at the Laboratory of Tumour Cell Biology under the guidance of Robert Gallo. In 1996 he became a full Professor of Dermatology and Venereology in the Department of Dermatology of Vienna Medical University. He is also the Scientific Director of the Neuilly-based CERIES (Centre de Recherches d’Investigations Epidemiques et Sensorielles).

Basic skin research with special focus on keratinocyte differentiation, skin vascularisation and infectious skin diseases are at the centre of his interests. Erwin Tschachler has been a member of the Board of the Austrian Society of Dermatology and Venereology since 1992, the European Society of Dermatological Research and the Austrian AIDS Society (of which he is also a former President). In addition, he has been on the EADV Board since 2001 and also serves on the boards of several scientific journals. In 2007, Erwin Tschachler, as Congress President, organised the 16th Congress of the EADV in Vienna.

“For me the EADV is the logical completion of a Europe which is growing together at breathtaking speed. It has been a fascinating experience and an honour to serve on the Board of the EADV, to work and share visions with outstanding dermatologists from all over Europe and to participate in the progress and expansion of our Academy over recent years.”

Board Director – Serbia

Ljiljana Medenica

Dr Ljiljana Medenica graduated in medicine from the University of Belgrade Medical School in 1976. She obtained her MSc in 1980 and her PhD in 1991. Her current positions are Professor of Dermato-venereology in the Department of Dermato-venereology, University of Belgrade Medical School and Academic Head of the Teaching Institute of Dermato-venereology in Belgrade. She also currently serves as the President of the national Serbian Association of Dermato-venereologists.

“As a representative of Serbia on the EADV Board of Directors my goals are to promote the goals and activities of the EADV among the members of our national society of dermatovenereologists and all national health services’ dermatologists and private practitioners across the country; attract and augment the number of EADV members; encourage collaboration and increase research, education, training and knowledge transfer among dermatologists and venereologists at the international level.”
Update from the Scientific Programming Committee

New Members and Services

SPC mandates recently ended for Thomas Luger, Michel de la Brassinne, Jose Diaz-Perez, Pascal Joly and Peter Steijlen. I would like to thank them all for their hard work and contributions to the Committee and their drive in guiding its development, particularly Thomas as Past Chairman. Indeed, both Thomas and Pascal, I should add, will stay with us as ex officio members as they will be future Congress Presidents.

Sarolta Karpati, Giovanna Zambruno and I now take this opportunity to warmly welcome new members Gillian Murphy from Ireland, who will represent the Northern Region, and Luca Borradori from Switzerland, who will be the new Western Representative.

Records show both Gillian and Luca have been EADV members since 1997. Gillian had a major role in the organisation of the highly successful EADV Dublin Congress in 1997 as Secretary of the Local Scientific Committee. She also runs a national service for the investigation of photosensitive patients in Ireland and a research programme encompassing mechanisms underlying cancers in renal transplant recipients, as well as skin cancers in the general population.

Luca served as a Swiss member on the EADV’s Board of Directors between 2000 and 2005 and on the Financial Committee. He currently leads the EADV Task Force for Autoimmune Bullous Diseases. His scientific interest is focused on the organisation of the dermo-epidermal junction, cytoarchitecture and intermediate filament proteins as well as, clinically, on blistering disorders. Both new members, therefore, bring a lot of experience to the Committee.

The SPC’s regionalised format emerged from a decision made at the Budapest Board session in 2004, with the four regional members representing EADV members from the countries in their region. It is a format that has proved successful in keeping the Committee reasonable in size and very productive through concentrated input.

Apart from continuing and developing its usual functions, the SPC is now involved in the online CME-CPD service to members led by my friend Jean-Paul Gabbud which will hopefully be operational soon. The service is the result of joint collaboration between Pablo Fernandez-Penas, Jean-Paul Ortonne, Jean-Paul and myself. It is my wish to involve SPC members closely in content issues surrounding this service and in overseeing multiple choice questions and answers.

2008 will see the SPC looking forward to the fruition of the Istanbul and Paris events which promise to herald success through the highest quality programmes, while also preparing for new ones in Bucharest and Berlin in 2009 and Croatia and Sweden in 2010.

Alexander J Stratigos
Chairman
Scientific Programming Committee
Dear Friends,

As we start another year, we can pause to reflect on what was achieved in 2007, and where we hope to go in 2008.

2007 was notable for the:

- increasing expansion of the membership, up 9.3% on 2006 (an increase of 38.6% since 2004)
- election of board members from several countries represented for the first time
- rethink of the status and privileges of retired members who have now had both their voting rights and the hard copy of JEADV (also for founding and honorary members) restored
- adoption of new internal rules by the Board in Vienna and subsequent elections for committee positions. For the first time ever, these posts were open to all voting members and then voted upon by the Board Directors. The Board Committees are doing some excellent work and thanks are in order.
- flawless Congress in Vienna.

Perhaps the most notable and probably far reaching change, which will be reflected in 2008, was the agreement on **conditions to accept national dermatology/venereology organisations as members under the existing supporting members clause in our statutes**. The proposal originally put forward by President Alberto Giannetti was widely debated and after a successful meeting in Buenos Aires between the Executive Committee (EC), Board members, and Presidents of a number of national societies, a formula was proposed by the EC that appears acceptable to all. The influx of national societies will add much to the legitimacy of EADV’s position as the representative of the specialty of dermato-venereology within Europe.

2008 will see the results of the success of “the Giannetti Initiative” as more societies decide to join EADV. Consequently EADV’s lobbying efforts in favour of the specialty and our patients may be expected to become ever more fruitful in future.

In addition I believe our immediate priorities should include further consolidation of:

- the profile of EADV in Switzerland
- an increasing EADV role in Congress/Symposium organisation culminating in our own Congress Organisation Office
- an equitable spread of duties both within the Board and among all the members at large
- the existing excellent financial transparency in line with the radical changes EADV is undergoing at the present time
- our attention to the increasing importance of sexually transmitted diseases, such as syphilis, which are mounting a most unwelcome return to prominence in all our countries.

In 2008, autumn elections will be a major event with President-elect and Secretary General-elect ballots. All relevant information including a call for nominations will be issued shortly on the EADV website and in the next EADV News.

In addition, it is my personal ‘target’ that 2008 will see continued improvement in harmony within EADV brought about by a genuine resolve of all our members to go forward, together, meeting in the middle ground where differences exist, but always in the spirit of friendship, mutual respect, professionalism, and devotion to our specialty and our patients.

Consolidation of what has been achieved in the past few years and attainment of new goals in future requires continued endeavour, vision, diplomacy, equitable relations with all members and all countries, always within total respect for the statutes and internal rules which govern our organisation. Duty calls… for sheer hard work by all of us.

I trust I and my team are being of service to all. Please never hesitate to come forward with comments, suggestions… and even the odd complaint!

Finally, none of the above would be possible without the sterling work of our super staff both in Brussels and Malta.

A Happy New Year to all in our EADV family.

Joseph L Pace MD
Secretary General

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Bids to host the EADV Congress and the EADV Spring Symposium for 2011 will be considered at the Board Meeting in Istanbul in May 2008.

Those interested in bidding for these events should contact the EADV office (office@eadv.org) for full details and application forms.

Completed applications should be sent to the EADV – (Succursale belge)
Avenue General de Gaulle 38,
B-1050 Brussels, Belgium,
by 15 February 2008 to be eligible for consideration.

Please send your suggestions, feedback and contributions to EADV News Administrative Officer, Stefanie Blum at: stefanie@eadv.org

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In Memoriam

Professor Dr Jean Marie Naeyaert
A Leader and a Visionary

On 26 July 2007, after a long and unequal fight against his illness, Professor Dr Jean Marie Naeyaert passed away peacefully. With him we not only lost the head of our department, an eminent dermatologist and scientist, a leader and a visionary, but most importantly a friend.

Jean Marie Naeyaert was born on 27 April 1956 in Oostende (Belgium). After his secondary education he went to Ghent University, where he obtained his medical degree magna cum laude. After his military service he started his specialisation in the field of dermatology and venereology under the auspices of Professor A Kint in 1982, and obtained that degree in November 1986.

In November 1992, he obtained his higher education teaching qualification ("agregaat") with the thesis "Regulation of Human Melanogenesis". He then went on to become Research Assistant (1986-1992), Postdoctoral Research Assistant (1993-1994), and part-time Assistant Professor in 1995. In January 1995 he took over as Head of the Department of Dermatology, from Professor Kint. He became an Associate Professor in October 1998 and a full Professor in October 2003.

In 1986 he won a scholarship from the Horlait-Dapsens Foundation, allowing him to stay with Professor Thivolet in Lyon, France. The experience he gained there allowed him to introduce the culture of human keratinocytes at the Ghent University Hospital in 1987. This technique is still used routinely today in the treatment of ulcers and certain pigmentary defects.

International collaboration

In 1988 he obtained the John Fogarty International Research Fellowship Award to stay at Tufts University in Boston, USA, where his interest in everything to do with pigmented disorders was kindled. That same year he also won the Nato Research Fellowship Award. Later he won the KVBVDV (Royal Belgian Society of Dermatology and Venereology) Prize in 1994, and the International La Roche-Posay Prize in 1996. In 2006, he was honoured by the Society for Investigative Dermatology with the American Skin Association's Annual Vitiligo & Pigment Cell Biology Achievement Award.

Jean Marie was a member of a great many scientific societies, including the Royal Belgian Society of Dermatology and Venereology, the European Academy for Dermatology and Venerology and the American Academy of Dermatology. He also was a founding member of the Belgian Society for Paediatric Dermatology.

In addition to his many publications, he was also an Associate Editor of the European Journal of Dermatology, Managing Editor of the Belgian Society of Dermatology, the Associate Editor of the ESPCR Bulletin and a member of the editorial board of Keratin.

In the Department of Dermatology we got to know Jean Marie as a multi-faceted personality: organiser, eminent clinician, expert pathologist, excellent teacher and scientist. But foremost he was a very caring superior, deeply involved in the well-being of all the people working for him. Clinicians of the department could always rely on him for help and his examinations always ran the same methodical course: from the primary skin manifestations leading to a number of different diagnoses to the final diagnosis. Time and time again he has proven that dermatopathology was the key to a proper diagnosis.

Together with his fellow researchers and co-workers he also founded the Dermatological Research Unit, which is the envy of many in and out of the country. Since 2000, more than 10 researchers have obtained their PhDs under his tutelage and more are in preparation. Professor Naeyaert was also a regularly invited extra muros expert for doctoral theses.

New techniques

Under his initiative several techniques, projects and committees were started or introduced in the department and the hospital: the culture of human skin cells, diagnosis of bullous diseases, a melanoma committee, a vasculitis committee, laser techniques, stimulation of clinical studies and a vitiligo centre.

Finally, we should not forget one person who played an invaluable role in the life of Jean Marie, namely his wife Nicole. She was an unwavering supporter and was also responsible for enabling Jean Marie to function professionally for close to 100% up until a few weeks prior to his death.

Let us all, together, keep the memory of this great man alive. May his sincere drive and enthusiasm be an example to us all.

Professor Dr Jo Lambert and staff members
Department of Dermatology
Ghent University Hospital
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

These pictures represent three stages in the development of Milker’s Nodules, an occupational disease, mainly affecting people in contact with dairy cattle. It is caused by an infection of Parapoxvirus and the incubation period can vary from four days to several weeks. The infection starts as red flat-topped nodules. Later, a greyish skin and a small crust develop. One or two weeks after the appearance of the nodules some patients develop an eruption of small raised blisters on the hands that fade in one to two weeks. Milker’s Nodules is a self-limiting disease which lasts between 14-72 days and resolves itself without leaving scars.

Calendar of Events

> 2008

66th Annual Meeting AAD
San Antonio (TX), United States
1-5 February 2008

15th IUSTI-Asia-Pacific Congress
Dubai, UAE
3-6 February 2008

Global Dermatology
Genoa, Italy
23-26 April 2008

9th Congress of the European Society for Paediatric Dermatology
Athens, Greece
15-17 May 2008

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

9th Congress of the European Society of Contact Dermatitis
Estoril, Portugal
28-31 May 2008

VIIth 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

17th EADV Congress
Paris, France
17-21 September 2008

COSMODERM XIIIth Joint Meeting of ESCAD and the Hellenic Society of Dermatology & Venereology
Athens, Greece
12-14 December 2008

> 2009

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

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

12th World Congress on Cancers of the Skin
Tel Aviv, Israel
3-6 May 2009

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

11th IUSTI World Congress
Cape Town, South Africa
9-12 November 2009

> 2010

7th EADV Spring Symposium
Cavtat, Croatia
13-16 May 2010

19th EADV Congress
Gothenburg, Sweden
6-10 October 2010

Warning: The UK Medicines and Healthcare products Regulatory Agency (MHRA) issued a press release on 12 December 2007 warning that steroids had been found in OSAS (Intensive Body Lotion with Aloe Vera). For further information, please visit www.mhra.gov.uk and click on ‘News Centre’.
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Control the itch, tame the eczema.

Protopic® provides effective control of eczema.

- Fast relief of itch\(^1\,\,^2\)
- Effective control of moderate and severe atopic eczema\(^3\,\,^5\)
- For short-term and intermittent long-term treatment in adults and children (≥ 2 years)\(^6\)

References:

Abbreviation: PRINCIPAL: Protopic® 0.03% ointment, baccillus monotherapy Protopic® 0.1% ointment, baccillus monotherapy. ACTIVE INGREDIENT: Protopic® 0.03% ointment (1 g contains 0.3 g of tacrolimus as tacrolimus monohydrate 0.3%). Protopic® 0.1% ointment (1 g contains 1 g of tacrolimus as tacrolimus monohydrate 1%). THERAPEUTIC INDICATIONS: Protopic® 0.03% - treatment of moderate to severe atopic dermatitis in adults who are not adequately responsive or are intolerant of conventional therapies such as topical corticosteroids. Protopic® 0.1% ointment - treatment of moderate to severe atopic dermatitis in adults who are not adequately responsive or are intolerant of conventional therapies such as topical corticosteroids. DOSE AND METHOD OF USE: Protopic® should be initiated by physicians with experience in the diagnosis and treatment of atopic dermatitis. Protopic® should be applied as thin layer to affected areas of the skin and may be used on any part of the body, including face, neck and flexure areas (e.g. axillae, intertriginous and mammary) until clearance occurs, when treatment should be discontinued. Treatment should be intermittent and not continuous. Protopic® should not be applied under occlusion. Generally, improvement is seen within one week of starting treatment. In signs of improvement are seen after two weeks of treatment, then five treatments should be considered. Protopic® 0.1% ointment for short-term and intermittent long-term treatment. In the first sign of a recurrence (flare) of the disease symptoms, treatment should be reintroduced. Use for children (6 months of age and above) Treatment should be started with Protopic® 0.1% ointment twice a day and continued until clearance of the lesion. If symptoms recur, twice daily treatment with Protopic® 0.1% ointment should be restarted. An attempt should be made to reduce the frequency of application to the lower strength of the clinical condition. Protopic® is not recommended for use in children below the age of 2 years and further studies are available. Patients (60 years of age and older) Specific studies have not been conducted in elderly patients. However, clinical experience has shown the necessity for no dosage adjustment. UNDESIRABLE EFFECTS Very common: burning sensation (which tends to resolve within one week of starting treatment), pruritus. Common: Common: pruritus, erythema, pain, irritation, paresthesia and rash at site of application. Occasional experiences: facial flushing, skin irritation, and consumption of an allergic reaction. Patients may experience an increased risk of venous infections (thrombophlebitis, phlebitis, eczema herpeticum, Kaposi's varicelliform eruption) and folliculitis. Under normal use conditions, serious skin and skin cancer have been reported in patients using tacrolimus ointment. Physicians should consider the sum of product characteristics in relation to other side effects. PRECAUTIONS FOR USE: Protopic® should not be used in patients with congenital or acquired immunodeficiency or in patients on therapy that causes immunosuppression. The effect of treatment with Protopic® on the development of immune system children is uncertain, the young has not yet been established and should be taken into account when prescribing to this age group. Exposure to the skin is sunlight should be minimized and the use of adequate sunlight protection with UVA/UVB combination (e.g. photoprotectors) should be avoided. In addition, the protection of the skin from the sun is recommended. When applying Protopic® Concentration use of other topical preparations has not been studied. There is no experience with concurrent use of systemic steroids or immunosuppressive agents. Before commencing treatment with Protopic® clinical evaluation and treatment sites should be cleared. The potential for local immunosuppression or possibly involving infections or cutaneous malignancies in the long term (i.e., over a period of years) is unknown. Protopic® should be used only after consultation with a healthcare provider. In transplant patients prolonged systemic exposure to intense immunosuppression following systemic administration of calcineurin inhibition has been associated with an increased risk of developing lymphomas and skin malignancies. In patients using tacrolimus ointment, cases of malignancies, including cutaneous cancers and other types of malignancies, and skin cancer have been reported. Patients with atopic dermatitis treated with Protopic® have not been found to have significant systemic exposure to tacrolimus. Long-term studies were not conducted in clinical trials. The majority of these cases less likely to involve infections (infections, respiratory tract, skin), and resolved with appropriate antibiotic therapy. Patients who receive Protopic® and who develop lymphoma should be monitored to ensure that the lymphoma is not associated with the initiation of treatment. If lymphoma occurs, it is necessary to consider discontinuation of treatment. If lymphoma is observed, discontinuation of treatment should be considered. In the absence of any evidence of the lymphoma or lymphoid neoplasia in the presence of acute infection, monoclonality, prolonged discontinuation of Protopic® should be considered. Protopic® should be used with caution in patients with hepatic failure. Protopic® should not be used in patients with dermatitis herpetiformis. Case should be reviewed if applying Protopic® to patients with systemic illness may be encountered. Protopic® should be used during pregnancy if it is clearly necessary and not recommended when breast-feeding. The safety of Protopic® has not been established in patients with generalized erythroderma. Protopic® is unlikely to have an effect on other current medications. INTERACTIONS: Because of the potential risk of systemic toxicity, treatment should be administered via skin losan treatment of a treatment-free interval of at least 14 days between the last application of Protopic® and the vaccination. In case of an anticipated vaccination, this period should be extended to 28 days. All of the above alternative vaccines should be considered. Systemically localized tacrolimus is metabolized in the hepatic CYP3A4 and 3A5. The possibility of interactions cannot be ruled out. The concurrent systemic administration of cyclosporine or tacrolimus is not recommended in patients with concomitant systemic corticosteroids or other immunosuppressive drugs should be done with caution. PACKAGE SIZES Price per unit: Vla. Protopic® 0.03% ointment: 10 g (150 mg tacrolimus) and 25 g (500 mg tacrolimus). Protopic® 0.1% ointment: 10 g (150 mg tacrolimus) and 25 g (500 mg tacrolimus). Locally, CATEGORIES: Y1, Y2, Y5, Y6. MARKETING AUTHORIZATION HUMANS: Vla. Protopic® 0.03% ointment EU/172/025/039/04, Protopic® 0.1% ointment EU/172/025/039/04. FURTHER INFORMATION AVAILABLE FROM: Astellas Pharma UK Limited, House, London, SURREY TW18 3AZ, UK. DATE OF PREPARATION OF PRINTING INFORMATION: FEBRUARY 2003. FOR FULL PRESCRIBING INFORMATION REFER TO THE SUMMARY OF PRODUCT CHARACTERISTICS.

Adverse event reporting should also be reported to your local Astellas Pharma, details available from www.astellas.com.