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PARIS 2008

PALAIS DES CONGRÈS

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17th CONGRESS OF THE EUROPEAN ACADEMY OF DERMATOLOGY AND VENEREOLOGY

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Meeting expectations

Quality of life is closely linked to how well we achieve our aspirations and the world meets our expectations. Unmet aspirations, like unrequited love, are a highly frustrating experience. What could have been is nearly always thought of with an excess of positive feeling, which may not always be based on reality. In some unfortunate individuals this is taken to extremes, but it is only a select few who have never had the thought: ‘what if?’ Among historians a whole new genre of counterfactual stories has been created on the basis of ‘what ifs’, eg what if Hannibal had vanquished Scipio?

Aspirations are, however, individual and can be adjusted by all of us to suit talents, abilities and circumstances and the well-adjusted adult regulates aspirations and lives a happy and productive life.

Expectations are different. They are generally a more rational process, based on – or mired in – our interpretation of reality. In the best-case scenario expectations are substantiated prognoses based on facts. Everyone knows that few things are as deeply unsatisfactory as unmet expectations. If we have been promised something, but the promise is not fulfilled, then irritation or unhappiness is not far away. Because of the generally pseudo-rational or analytical basis of expectations this kind of problem is often seen more as forced unhappiness than as unmet expectations.

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As dermatologists, we are involved in patients’ quality of life. Sometimes we successfully improve it, and sometimes we do not. One way to optimise our work is to adjust the aspirations and expectations. Aspirations must invariably be high, but not so high as to become invisible or impracticable. Incremental improvement allows for steady development towards even the highest goals. Similarly, patients’ expectations should be realistic. In the course of treating a chronic disease there appears to be a directly proportional relationship between results and expectations – the more that has been cured the higher the expectations. A change of PASI from 25 to 20 is often much more satisfactory to many patients than the proportionally larger change from 5 to 2. In order to improve the quality of life for patients and dermatologists alike an adjustment of expectation can be useful – and this is definitively best achieved in close cooperation. Working with patients on aspirations and expectations is perhaps one of the most worthwhile activities we can undertake.

Gregor Jemec
Editor
Moving ahead

Dear colleagues and members of the EADV,

We are getting closer to important appointments in the life of the Society, not without difficulties, but with the perseverance necessary to obtain useful results. The dermatological community - and not only the European one - has long looked to the EADV as a reference point for its activity and we do not intend to disappoint such expectations. In order to satisfy such requests we have to remember that the footholds of our activity are essentially three:

1. The EADV must represent the whole European dermatological community. For months we have been discussing with the national societies how to allow their members to subscribe to the EADV in a way that is compatible with our respective statutes so as to encourage a direct dialogue on the problems relevant to European dermatology and the ways to tackle them with success. Welfare systems are again under discussion in more or less every country, on the basis of the costs of such a system are too high for the economy, posing many limitations and strict controls for all clinical activities.

New ways of working

The repercussions on dermatology are very marked so an adjustment and a re-examination of our ways of working are now necessary. It is also clear that without a cultural accommodation at the highest possible level our specialty will end up losing more and more space and visibility towards neighbouring disciplines, such as oncology, allergy-immunology and rheumatology, which compete for some major pathologies. No matter what dermatological field is followed, it must be practised at the highest possible level of expertise. For this reason we need everyone’s help and everyone needs to be helped.

Continuous medical education, which is the primary objective of the EADV, must be pursued using all available resources, acknowledged methodologies and relevant alliances. The latter are represented by the twinned societies EDF, ESDR and UEMS, with which we have started closer and more effective cooperation through regular meetings during the relevant congresses (the last one held in Interlaken by the EDF in January 2008), taking part in the drawing up of the European guidelines, which must supersede national ones, and contributing to the financing of the ESRF, set up in Zurich in 2007.

Scientific competences

An important role is played by the affiliated societies, which cover practically all branches of dermatology and which must contribute with their scientific competences to the process of growth and cultural updating of the EADV. The EADV must represent the “umbrella” of the activities of super-specialty societies but the pharmaceutical companies, whose scientific competences should be harnessed, can also take part. The cooperation process with the national societies has undergone a notable acceleration in these last weeks, which will hopefully come to fruition shortly.

2 Cooperation with other big dermatological societies must be strengthened and intensified. On the occasion of the AAD in San Antonio we had some useful discussions with our American colleagues. They accepted the proposal, put forward for the EADV by Johannes Ring, of arranging an annual meeting between the two societies, starting in 2009, on controversial themes, with a debate between European and US experts. The first meeting will take place in Munich and the central theme will be ‘Cutaneous Allergology’.

3 We have to further improve the general rules of our Society: it is a regular and constant process but the adjustment to new demands is a sign of vitality. For
President's Perspective

The skin is the largest organ of the body and functions as a social, psychological and metabolical interface between the individual and the environment. Recent studies have demonstrated that the skin plays an important role in the multidirectional communication between the endocrine, immune, and central nervous systems. In addition to acting as an effector organ, the skin is also a producer of humoral and neural signals that act both locally and centrally.

Histologically, the skin is composed of two main structures - the epidermis and the dermis. The skin and the nervous system share some common embryological origins. Otherwise, recent research indicates that the skin and its appendages are both a target of key stress mediators (such as corticotrophin-releasing hormone [CRH], cortisol, catecholamines, prolactin, substance P, and nerve growth factor) and a source of these classic immunomodulatory mediators of the response to psychological stress.

The skin-brain connection may be the basis for the observation that a wide range of inflammatory skin conditions such as atopic dermatitis and psoriasis are exacerbated by psychological stress. Clinically, the importance of psychosomatic factors in dermatological disorders is well recognised. Furthermore, the placebo response in certain dermatological disorders is greater than 30%, which emphasises the importance of psychosomatic mechanisms.

One of the main adaptive responses to systemic stress is mediated by the central hypothalamic-pituitary-adrenal (HPA) axis. Activation of the HPA axis centrally starts with the hypothalamic production of CRH, which activates the CRH type 1 (CRH-1) receptor in the anterior pituitary and induces the release of proopiomelanocortin (POMC)-derived peptides adrenocorticotropin (ACTH), α-melanocyte stimulating hormone (α-MSH), and ß-endorphin. ACTH stimulates the production and secretion of cortisol in humans by the adrenal cortex.

It has been also demonstrated that the skin expresses a neuroendocrine system involving CRH, urocortin (a CRH-like neuropeptide that has been identified in the brain and has a high affinity for the CRH-2 receptor in addition to the CRH-1 receptor), and the POMC-derived peptides ACTH, α-MSH, and ß-endorphin. Skin cells also express functional receptors activated by these neuropeptides.

All of this knowledge can work as an important physiopathological basis to support the clinical classification of psychodermatological diseases, mainly the classical psychosomatic and stress-related disorders, proposed by Dr Musalek.

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

The theme of the 5th EADV Spring Symposium is 'Dermatology bridging the Continents' and the extensive scientific programme on offer aims to do just that by encompassing all fields of dermatology and venereology.

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. We are also delighted to welcome the participation of sister societies whose own meetings will take place on 22 May 2008 at the congress venue.

The highlight of the scientific programme is the opening lecture by Professor Stephen Katz*, entitled “Advances and Opportunities in Skin Biology and Skin Disease Research”.

Moreover, at the plenary sessions a number of distinguished figures of both our specialty and medicine will offer their insight and expertise on a range of topics from “Toll-like receptors in Dermatology” to “Immune mechanism of Drug Hypersensitivity” and “Ethics in Dermatology”.

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

Plenary Lectures

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

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

- Immune Mechanism of Drug Hypersensitivity
  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

*Correction: in the last issue of EADV News we incorrectly spelled Professor Katz’s first name. We apologise for this error.

Take the time to visit some of Istanbul’s world famous treasures...

Topkapi Palace (Topkapi Sarayi)
Residence of the sultans, administrative seat of the Ottoman Empire for almost 400 years, and the source of legend on life in the harem, the Topkapi Palace should be up at the top of the list for anyone interested in the vast and exotic world behind the seraglio walls. It’s impossible to rush through the palace, so you should allot at least a half-day and be prepared to encounter a few bottlenecks throughout the enclosed exhibition halls, especially in the Holy Relics Room where the ardent faithful, in their religious fervour, tend to obstruct the display cases.

Ayasofya
For almost a thousand years, the Ayasofya was a triumph of Christianity and the symbol of Byzantium and, until the 16th century, maintained its status as the largest Christian church in the world. The cathedral is so utterly awesome that the Statue of Liberty’s torch would barely graze the top. Erected over the ashes of two previous churches using dismantled and toppled columns and marble from some of the greatest temples around the empire, the Ayasofya (known in Greek as the Hagia Sophia and in English as St Sophia or the Church of the Holy Wisdom), was designed to surpass in grandeur, glory, and majesty every other edifice ever constructed as a monument to God.

After five years and four months the construction of the Ayasofya was completed in 537 AD. Enthusiasm for this feat of architecture and engineering was short-lived, because two years later an earthquake caused the dome to collapse. The new dome was slightly smaller in diameter but higher than the original, supported by a series of massive towers to counter the effects of future earthquakes. Glass fittings in the walls were employed to monitor the weight distribution of the dome; the sound of crunching glass was an early warning system indicating that the...
The History of Turkish Dermatology

The teaching of modern dermatology started in Turkey in 1892 after the German dermatologist, Dr Ernest von During, was invited to Istanbul by Sultan Abdulhamid II to found the Chair of Dermatology at the Medical Faculty in Istanbul. Dr During worked in Istanbul until 1912 then left for Kiel where he was invited to start another Chair of Dermatology.

Dr Celal Muhtar, who replaced him after his departure, trained for four years at the Saint Louis Hospital in Paris where he worked with well known professors such as Fournier, Vidal and Darier and attended courses at the Pasteur Institute. He trained many dermatologists and acquired an international reputation with many articles published in Turkish and international medical journals. His work, Trichophytie Palmaire et Plantaire, figures in all medical textbooks.

Professor Hasan Reşat Sigindim, who chaired the Department of Dermatology between 1923-33, trained for four years in Germany and also worked in France. His writings on Monocytal Leukaemia, published while he was working at the St George Hospital in Hamburg, became a classic of their field. Prof Hasan Reşat has also worked at the Damascus Turkish Medical Faculty and founded the Afghan Medical Faculty in Kabul.

In 1933, following the University Reform Movement of Kemal Atatürk, Professor Hulusi Behçet was appointed head of the Dermatology and Syphilis Clinics. Dr Behçet was appointed Senior Professor in 1939 and represented Turkish dermatology locally and abroad for 14 years. The famous Behçet Disease carries his name. He also wrote articles for 196 medical journals and published a number of books.

Senior Professor Cevat Kerim İncedayı, who chaired the Dermatology Department between 1948 and 1961, had studied in Austria with Professor Berta Ottenstein. He was followed by professors Osman Yemni, Nevzat Oke, Türkan Saylan, Ahmet Murat and Dilek Kocabalkan who all worked as clinical directors.

There are universities with dermatology faculties in 40 Turkish provinces, such as Ankara, İzmir, Bursa and Adana, with approximately 1,500 dermatology specialists. These doctors get together in medical associations and organise national and international conferences. The first professional association in the field of dermatology was established in Istanbul in 1919. After a short interruption due to the First World War, the association started operating again in 1930 in Istanbul under the title of Association of Dermatological and Venereal Diseases. This was followed by the Turkish Dermatology Association which was established in Ankara in 1968. We also have dermatology associations in İzmir and Adana, as well as the Association for Combating Leprosy, which was established in Ankara in 1970.

The association has published the Archives of Dermatological Disease and Syphilis since 1930, as well as the Leprosy Journal and the Dermatopathology Magazine since 1992. The Turkish Dermatological Association also started the publication of a professional magazine on the internet.

The first Turkish National Dermatology Congress was held in İzmir in 1968 and the first Symposium on Innovations in Dermatology took place in 1973. Our colleagues are now getting ready for the 22nd National Dermatology Congress which will take place in Konya this year. They are also planning to organise the 19th Symposium on Innovations in Dermatology next year. These two congresses are held every second year. There are also international congresses on dermatopathology, Leprosy, Behçet’s Disease and aesthetic surgery, as well as regular national meetings. Many Turkish and foreign specialists participate in our national and international congresses and conferences and Turkish dermatology has reached the level required for the successful organisation of such meetings.

Many of our members have attended courses abroad and are also members of international associations. Our colleagues participate in growing numbers in international conferences while working actively in their field of expertise.
The Internet Support Group on Mastocytosis is a German support group for patients with Cutaneous Mastocytosis (CM) as well as Systemic Mastocytosis (SM). Additionally there is a new category of patients with a diagnosis of Mast Cell Activation Disorder (MCAD), the definition of which is still in progress. All we know at this time is that these patients suffer from the same symptoms as patients with CM and SM. We have a total of 100 patients in our support group. Most of them are from Germany, a few others come from Austria, the Czech Republic, Belgium and Denmark. Hence we are proud to consider ourselves a European support group.

Our Internet Support Group has an extensive web presentation comprising the WHO criteria of Cutaneous and Systemic Mastocytosis. These criteria describe the diagnosis standard as well as the classification of mastocytosis. It also includes information about treatment options, anaesthesia advice and food recommendations, as well as a list of mast cell mediator-related symptoms. The group does not have its own journal, but because of good relations with the American support group, The Mastocytosis Society (TMS), the founder of our group, Andrea König, writes a column, ‘News in European Research’, which is printed in the TMS newsletter. This newsletter is published quarterly. Our group is also in contact with the Mastocytosis Support Group of the United Kingdom. In our eyes it is important to build a patient network beyond frontiers.

The main activity of the Internet Support Group on Mastocytosis is to explain this rare group of diseases to patients. Cutaneous Mastocytosis is a more commonly known diagnosis, while Systemic Mastocytosis, as well as Mast Cell Activation Disorder, are rarely recognised by doctors. Hence it is a challenge and task to inform patients about their diseases. Furthermore doctors occasionally contact us with questions. In addition to providing information to both patients and doctors, it is our aim to listen to the patients and offer them support. This happens through the help of our internet discussion forum. You can find access to this forum on our website.

We also attend conferences run by European Competence Network on Mastocytosis in an effort to stay up-to-date with the latest research. It is also important to meet our experts, with whom we are in e-mail contact throughout the year, and in person from time to time. We feel this deepens these relationships and allows us to better express our daily needs and concerns.

Our goal in the coming years is to hold a support group meeting at which we can speak with each other personally. We would also like to invite speakers who will offer us further information about our disease. We are pleased that a few doctors have already expressed a desire to contribute and offer their expertise. Another goal is the publication of pamphlets that will provide additional information to patients and physicians about mastocytosis.

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Living with mastocytosis

"In my case, it all started in 1995 with a few spots on the abdomen and I was very worried because I had never had such marks on my body before. I immediately went to the skin doctor where a sample was taken and its histology examined. It had been described as “Urticaria Pigmentosa” and I was just told that it could sometimes itch, and that it could be possible that even more spots would come. That was about it and nobody ever said anything about any kind of after-care or another check-up. Thus, my spots became more and more numerous but if somebody asked me about them I would just say that it was nothing serious… it was only some kind of harmless pigmentosa. I never thought much about it, not even when my whole body was covered with pigments.

Over the last few years, I have had many problems with my cardiovascular system, for example cardiac arrhythmia, fluctuating blood pressure and I very often struggled in my daily routine. I wasn’t resilient anymore and had problems at work because I wasn’t able to cope with the heavy workload and stress that comes with shift work. I had huge problems climbing stairs and after eating some foods in particular. I nearly always had to go to the toilet immediately after the meal. I often had an upset stomach and acid reflux with strong pain but I always blamed it on my shift work and missing sleep. I sometimes had tachycardia until I suffered shock and once I even had to call the emergency doctor. The diagnosis was that I was overworked and should get my heart checked. My heart was checked back in 1999 and everything was in order.

In February 2006, I reached a point where I was again close to going into shock. I cooled down just as I did many times before and went to my doctor the next day. He referred me to different doctors. When I came to a dermatologist, he couldn’t believe what he saw: it was a bold mastocytosis he had rarely seen before! He talked about “Mast Cell Leukaemia” and other things and referred me directly to a skin clinic. He couldn’t believe that nobody had diagnosed the correct disease and he was shocked about that fact. Well, I was very glad that I had met this doctor and thanked him. If I hadn’t visited him, I still wouldn’t know what kind of disease I have!

Very quickly I got an appointment with the Dermatology Department at the Wiesbadener HSK (Wilhelm-Fresenius Klinik), and the doctors there were very involved with my case. Everybody worked hand-in-hand there and within the next 10 days of inpatient treatment GI tract biopsies were taken (with positive results and severe oesophagitis II*), a bone marrow biopsy (with severe positive results), as well as two ultrasounds of the abdomen (enlarged liver and increased spleen). A bone szintigraphy was also carried out (mast cell sediments in the upper arms, skull, thigh and both knees). They also determined the tryptase level in my blood as well as histamine metabolites in my urine. I also received an emergency rescue set that contains two tablets of “Tavegil”, three tablets of “Decortin” 50 mg (now changed to liquid medication with “Fenistil” and “Celestamine”) and an “Anapen 300”.

Subsequently I was transferred to the Haematology/Oncology Department at HSK Wiesbaden. There they took 11 X-ray images from head to toe and a bone densitometry to exclude possible osteoporosis. The DEXA-bone densitometry was normal. They also took another bone marrow biopsy and sent it to the University Hospital Mannheim, where they found the mutation D816V in exon 17 of the c-kit gene.

In 2007 an additional immune histochemical tryptase staining of my former bone marrow biopsy was done. The diagnosis was confirmed. It is Systemic Mastocytosis (ISM – Indolent Systemic Mastocytosis.)

My daily routine is very often tough. I get heavy pain in my bones and in the smallest situations where I get into stress; I react with problems in my cardiovascular system like tachycardia and blood pressure fluctuation. My skin also reacts very heavily. I also have big problems with heat! Food and drinks do not harm me in any way but I found that I would get very forgetful and sometimes I have to think a long time before finding the simplest words to explain something. Other affected people told me about having that symptom too.

I take up to 4mg of “Ketotifen”, two tablets of “Pantozol 40” and one tablet of “Jodid 100” each day, plus some painkillers (“Paracetamol 500”) if necessary.

Michael Christe
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Dermatology in Romania

The medical prowess of Romania’s ancestral people – the Dacic – has been known since ancient times when their medicinal herbs were mentioned in the “De material medica” of Pedanius Dioscorides.

However, it was only in the middle of the 19th century that the development of Romanian dermatology began. The Faculty of Medicine of Bucharest was founded in 1869. Though General Carol Davila (1828-1884), its founder, was better known for his surgical passion and skills, this originally French general was also familiar with venereal problems. He obtained his doctoral thesis The Prophylaxis of Syphilis (1853) in Paris and his involvement in some important anti-venereal campaigns in Romania is proof of his dedication and knowledge in this field.

Later, in 1891, Professor Mihail Petriti Galati, founded a dermatological and syphilographical clinic at Coltea Hospital (the first - and for several decades - the best hospital in Bucharest at that time). International recognition came with his successor, Professor Stefan Gheorghe Nicolau who founded the Department of Dermatology of Colentina Hospital (another famous hospital in Bucharest). Prof Stefan Gheorghe Nicolau is known as the founder of the Romanian scientific dermatology.

Other Romanian figures of international resonance include Constantin Levaditi (whose main research activity was done in Paris at the Pasteur Institute), Coriolan Tataru in Cluj-Napoca and Gheorghe Nastase in Iasi. An ascending line of progress followed right after World War II for Romanian dermatology when two other universities of medicine were built in Timisoara and Targu Mures. Soon after, in 1956, the capital would get its second hospital with dermatological profile led by a great personality in the field, Professor Scarlat Longhin (this clinic today bears its founder’s name).

During the difficult communist years progress in this interesting medical field was made by the collaborative efforts of the great leaders of Romanian dermatology: Stefan Teodorescu, Aurel Conu, Scarlat Longhin, Alexandru Coltoiu, Stefan Antonescu, Pavel Vulcan and Alexandru Dimitrescu in Bucharest; Mihai Anghelescu in Timisoara; Iuliu Capușan in Cluj Napoca; Emerich Ujvary in Targu Mures; Ion Bădănoiu in Craiova and George Demetriade in Iasi.

The year 1989 was a new starting point for the Romanian scientific world and a new generation of professors contributed to the increase in international visibility of Romanian dermato-venerology: Dan Forsea, Sanda Popescu, Justin Dumitru Diaconu and Ioan Nedelcu in Bucharest; Nicolae Maier, Rodica Cosgarea and Alexandru Tataru in Cluj Napoca; Zenaida Petrescu in Iasi; Ion Tolea and Irina Stoicescu in Craiova; Ovidiu Butiu in Targu Mures; and Virgil Feier - the current President of the Romanian Society of Dermatology in Timisoara.

The Romanian Society of Dermatology developed international links as an ILDS member and CEEDVA founding member. Romanian dermatologists embraced in great numbers EADV membership and are represented by two delegates on the EADV Board of Directors. In 2009 the EADV Spring Symposium will be held in Bucharest.

A/Professor George-Sorin Tiplica
Dr Carmen Sălăvăstru
Dr Magda Constantin
Dr Carmen Vinte
Dr Elena Severin

Sources:
The Romanian Society of Dermatology

The Romanian Society of Dermatology (RSD) was founded in 1929 by Prof Stefan Gheorghe Nicolau (Romanians always mention his middle name to distinguish him from his colleague Prof Stefan Nicolau, one of the founders of virusology).

In the same year a Romanian journal of dermatology was issued entitled Bulletin de la Société Roumaine de Dermatologie et Syphiligraphie. It was published quarterly in French. After World War II the journal was published in Romanian. Prof Pavel Vulcan was appointed Chief Editor in 1957 and he remained in that post until 1994, managing in difficult times to maintain the high standards of the journal, now entitled Dermato-venerologie. In 1994 Dr Smaranda Iosif was elected Chief Editor and until 2006 she imposed a straightforward, scientific style on the journal without commercial interferences.

A new team of editors, under Dr Mihail Alecu as Chief Editor, is now trying to gain wider awareness of the Romanian journal in the rest of Europe.

Currently, Dermato-venerologie is read by all the 650 members of the national society of dermatology – RSD. The journal has permanent sections such as clinical and experimental studies, clinical cases and CME papers, plus non-permanent sections such as mycology, venereology, allergology and dermato-surgery.

From 2007 abstracts have been presented in English and the journal will also accept for publication papers in English.

Potential authors and subscribers can contact the journal at:
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Bucharest, Romania
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www.srd.ro

Since I have only recently started my residency, I can’t really say what a typical day in the life of a dermatology resident might look like, but I can certainly tell you about my first day as a resident.

“Good morning Bucharest! Here is Radio Delta”! It was 06:15 and time for me to get up. A yoghurt and a strong coffee prepared me for the big day. With the MP3 player singing in my ears and my bag over my left shoulder I began the 10-minute walk to the underground station. In 30 minutes I was standing in front of the hospital. With some emotion, I entered the resident’s room and that was the moment when I met my colleague Ana, another first-year dermatology resident. We dressed in our white coats, took our stethoscopes and went together to the morning meeting of the doctors who were on duty. We took a seat and listened carefully to the cases that were being presented by the doctors.

Then we met the doctor who would co-ordinate our activities in residency. He presented us with the structure of the department of dermatology and introduced Ana and me to our patients. The first patient was a 50 year-old man diagnosed with pemphigus vulgaris. Ana was next to me discussing with an erythrodermic patient. It was just the beginning. After two hours we had examined five patients and completed their examination charts. I don’t know how but in the very second that we were finishing the paperwork and were just ready for a break we received a message from one of our colleagues calling us to the dermato-surgery room.

When we arrived there a 60 year-old patient with plenty of seborrhoeic keratoses over his trunk and face was waiting for us. After local anaesthesia, we saw our colleague using the cautery to treat the seborrhoeic keratoses. The surprise came with an invitation for Ana and me to repeat the procedure for several lesions. Fifteen minutes of treatment, 15 minutes of paper work and 15 minutes of case discussion.

We got together with the other residents in the clinic to see the photo slides of some of the interesting cases admitted for investigations over the past month. Everything has been so exciting that I barely noticed time passing. It was 15:00. We were a little bit tired and yet we could have started all over again if asked. We left the hospital together and on our way home we talked and exchanged opinions about our first day of residency. Though the day was at the end our faces were shiny, full of that special gleam that contentment gives you. Yes, we were smiling and feeling good about this special day in which we had the leading part. I hoped that the next day would be as exciting as well. It was.

Elena Severin MD

Junior dermatologists in Colentina Hospital Bucharest: Alina Parvu, Elena Severin, Konstantina Karadima, Carmen Vinte, Madga Constantin.

Elena Severin MD
The René Touraine Foundation: together for better skin care

René Touraine was one of the founders of dermatological research in France. He died in 1988. The René Touraine Foundation (www.fondation-r-touraine.org) is a European non-governmental, non-profit organisation, founded in 1991.

Four ministries are represented on the Board of Trustees, as well as ESDR (currently by Philippe Musette).

The foundation works thanks to an International Scientific Board:

President: Y de Prost; Vice Presidents: I Leigh, G Tappeiner, JC Roujeau; Secretary: T Luger; Members: G Zambruno, L Borradori, A Hovnanian, Charles Lapiere (✝ 2007), P Wolkenstein, S Aractingi, P Rousselle, M de Rie, P Felipe, R Ballotti, N Dupin.

The purpose of the René Touraine Foundation is to support therapeutic progresses in dermatology through activities bringing together dermatologists, scientists, pharmaceutical companies and health authorities.

Its main activities are:

1 To support international collaborations by awarding grants to young European researchers. One fellowship of €18,000 and four fellowships of €4,500 are awarded every year. The 82 previous winners of fellowships came from Austria, Belgium, Bulgaria, China, Colombia, the Czech Republic, Finland, France, Hungary, Iran, Italy, Japan, the Netherlands, Norway, Poland, Russia, Spain, Switzerland, the UK, USA, and Vietnam.

2 To organise every year a top-level symposium on skin cell functions at the Ministère de la Recherche (French Research Ministry), focusing on a different cell each year, and to sponsor an outstanding lecture, the René Touraine Lecture, during the European Society of Dermatological Research (ESDR) meeting.

3 To create networks to enhance communications among the dermatology community:
   - The René Touraine Foundation, in partnership with Galderma, has developed the directory of the International League of Dermatological Societies (ILDS), www.whoandhow.org. Please register or update your e-mail address.
   - Set up the “Genodermatoses and Mediterranean” project, in partnership with Pierre Fabre Laboratories and in collaboration with government departments (Health, Social Affairs, Research, Education, Foreign Affairs) and parliaments. It is not a research project but a collaborative task to improve the medical and social support for patients suffering from severe genodermatoses and their families and also to support dermatology as a specialty in charge of very severe diseases. More information is available on the website: www.genodermatoses-et-mediterranee.org. If you are interested in helping these patients, please join us and contact mj.guillou@free.fr.
   - As a part of the Psoriasis Task Force of EADV, the Foundation has set up a website: www.psoriasis-international.org. This website is a convenient tool to help connect dermatologists interested in psoriasis at the national and international level and patients’ associations. A free website or a link to already existing websites is offered to those willing to use this network. Please join us and contact weboffice@psoriasis-international.org.
   - The René Touraine Foundation has published on the web the first free-access medical book, Thérapeutique Dermatologique, It is the reference book in French-speaking countries (1288 pages and 333 authors) and can be accessed via www. therapeutique-dermatologique.org. We plan to translate this book into English and to send each chapter to international opinion-leaders to get comments and take into account the diversity of the therapeutic strategies in the world.

The René Touraine Foundation is proud to have been, with EADV, EDF and ESDR one of the four founders of the ESRF. Our goals are quite complementary: the ESRF will focus on biological research and the René Touraine Foundation on creating tools to connect dermatologists in order to promote clinical and therapeutic research.

Contact details:

Fondation René Touraine
Hôpital St Louis
Pavillon Bazin
1 avenue Claude Vellefaux
F-75010 Paris
Tel: 33 (0) 1 53 72 20 60
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E-mail: fond.r.touraine@chu-st-louis.fr
www.fondation-r-touraine.org

This European foundation benefits from the support of pharmaceutical and cosmetic companies, leaders in dermatology:

The EADV and the Local Organising Committee, together with the French Society of Dermatology and Venereology, invite you to join the 17th EADV Congress in Paris, France from 18-21 September 2008.

The theme of the congress, 'Beyond fashion', is both a joke, since Paris is the capital of fashion, and a reminder that dermatologists have the obligation of working in accordance with a high standard of care and evidence-based medicine, beyond fashion.

France, which hosts the 17th EADV Congress, is highly involved in clinical research with numerous cooperative groups of clinicians who work in various fields of our specialty such as autoimmune bullous skin disorders, cutaneous lymphomas, skin cancers and cutaneous disorders of organ-transplant patients. The Congress will provide good opportunities to exchange new findings from European groups and to become updated on all new developments in dermatology and venereology.

**Scientific programme**

In addition to the traditional workshops, symposia, ‘what’s new?’ sessions, courses and plenary lectures on hot topics delivered by experts of the highest reputation, new interactive and innovative sessions will be proposed, including:

- A one day ‘live’ surgery course will be organised with a video transmission. Delegates in the congress centre will be able to speak live simultaneously with three surgeons operating on patients in different operating theatres in a Paris hospital.

- Numerous ‘Test Yourself’ sessions (paediatric dermatology, internal medicine, contact dermatitis…) will be organised, as well as new forum sessions, including “Dermatology: think differently”, a new session devoted to innovative ideas, preliminary data and original opinions.

As clinical research is a strength of European dermatology, we aim to present the most attractive findings from clinical research: three sessions of clinical research entitled “The top ten of clinical research” will be organised every day during the Congress.

- In addition, two forum sessions will be specially devoted to clinical research in order to present “The best clinical studies from cooperation between academic and office-based dermatologists” and “The best clinical studies from European groups”. The best posters selected by the Local Scientific Committee will be presented orally during two interactive “Poster sessions” during which posters will be briefly presented in two minutes, followed by a three-minute discussion with the audience.

**Paris - both a historical and charming city**

Paris - “la ville lumière” - is one of the most beautiful cities in the world with numerous monuments, historical buildings, gastronomic restaurants and typical cafés in which you will enjoy the art of living “à la française”. You will discover the world famous Champs Elysées Avenue (the congress centre is located in the heart of Paris, near les Champs Elysées), as well as typical neighbourhoods such as Montmartre with its famous cabarets. You could decide to cruise on the Seine or to visit one of the numerous museums (Le Louvre, le Musée d’Orsay etc) or historical places such as the palace of Versailles. Paris has a very convenient public transport system and a metro pass will be provided to delegates during the Congress.

The EADV and the Local Organising Committee will do their best to make the 17th EADV Congress a most memorable scientific, social and cultural experience.

All French dermatologists are looking forward to welcoming you to Paris in September 2008, the best season in Paris!

Pascal Joly
On behalf of the Local Organising Committee

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**Local Organising Committee**

Pascal Joly (President)
Olivier Chosidow (Vice-President)
Jacques Houset (Secretary General)

**Local Scientific Committee**

Bernard Cribier (President)
Pierre Wolkenstein (Secretary)
Marie Beylot-Barry
Jean-Paul Claudel
Michel Le Maitre
Call for EADV Scholarship Applications – 17th EADV Congress in Paris, France 17-21 September 2008

1 John Stratigos Memorial Scholarship
Named after the late dear friend and distinguished colleague Professor John Stratigos, the EADV will offer the John Stratigos Memorial Scholarship to one recipient of each Mediterranean country.

2 Michael Hornstein Memorial Fellowship
Named after the late friend and distinguished colleague Dr Michael Hornstein, the EADV will offer the Michael Hornstein Memorial Fellowship to one recipient of each former Eastern European country.

3 Imrich Sarkany Non-European Exceptional Cases Grant
Named after the late friend and distinguished colleague Dr Imrich Sarkany, the EADV will offer the Imrich Sarkany Non-European Exceptional Cases Grant to a maximum of five (5) young dermatologists from non-European countries.
Each of the above scholarships consists of €1,000 - less the fee for a one-year EADV membership - according to the status of each recipient. Free registration to the EADV Congress is also provided for each winner.

4 The Irish Association of Dermatologists (IAD) Scholarship - 2008
One successful applicant from Eastern Europe will be provided with free registration to the EADV Congress. The successful applicant will also receive a grant of £500 (GBP) kindly offered by the Irish Association of Dermatologists.

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

Call for AAD Scholarship Applications
The American Academy of Dermatology (AAD) offers three scholarships to young dermatologists from Europe to facilitate their attendance at the 67th AAD Annual Meeting in San Francisco, California, USA in March 2009.
The scholarship consists of $750, free registration to the Annual Meeting and complimentary tuition at a one- or two-day postgraduate course of their choice.
Candidates interested in this scholarship should therefore fulfil the following criteria:
• Candidates who are an EADV member
• Candidates who are younger than 35 years of age
• Candidates who have not previously received an EADV or AAD scholarship
• Candidates who have completed medical school more than 15 years ago are ineligible to apply
• Candidates must have an adequate knowledge of the English language

Required documentation for applications for any of the scholarships are listed below and have to be submitted in English:
• Scholarship Application Form
• CV (one page)
• Letter of support written by the departmental head of clinic/hospital
• Letter of support written by an EADV member for applicants from Europe or by the head of the national society for non-European applicants endorsing the application
• Current copy of the applicant’s training or specialist certificate
• One passport-size photograph with copy of ID card.

Application deadline for all scholarship calls: 15 June 2008
Attention: Please specify on the scholarship form which scholarship you are applying for. Further information and the application form is available at: www.eadv.org/scholarship.asp
EADV

ELECTION OF PRESIDENT-ELECT 2008/2010

15 February 2008

Notice is hereby given that nominations for EADV President-Elect 2008/2010 will be received by the undersigned at EADV House*, Avenue General de Gaulle 38, B-1050 Brussels, Belgium, until 17.00 on 15 May 2008.

The electoral process will be concluded at the 2008 Annual General Meeting of EADV to be held on 19 September 2008 in Paris at the Palais des Congrès de Paris, Porte Maillot at 12.30.

Please turn to page 14 for the nomination form. For full details of the rules governing the nomination of the President-Elect please visit www.eadv.org

Details of the actual voting process together with an illustrative specimen copy of the voting document will be made available in good time before the election. Since electronic voting will be an available option, it is imperative that e-mail addresses are updated as soon as possible.

Joseph L Pace MD
Secretary General

*Fax: +32 2 650 0098
E-mail: office@eadv.org
EADV
NOMINATION FORM

President-Elect

I, the undersigned, nominate

Dr / Prof

an Ordinary member of EADV, for the position of President-Elect in September 2008

Proposer’s Name: ..................................................................................................................................................
EADV Membership Number: ..................................................................................................................................
E-mail: ................................................................. Fax: .................................................................

Proposer’s signature: ............................................................................................................................................

Seconder’s Name: ..................................................................................................................................................
EADV Membership Number: ..................................................................................................................................
E-mail: ................................................................. Fax: .................................................................

Seconder’s signature: ............................................................................................................................................

Acceptance of Nomination

I, Dr/Prof ................................................................................................................................................................
Hereby accept the nomination for the position of President-Elect of EADV
EADV Membership Number: ................................................................................................................................
E-mail: ........................................................................... Fax: ............................................................................

Signature: ................................................................. Date: .................................................................

RECEIVED:
EADV OFFICE Date Signature
SECRETARY-GENERAL Date Signature
CHAIR NOMINATIONS COMMITTEE Date Signature
Notice is hereby given that nominations for Secretary General-Elect 2008/2010 will be received by the undersigned at EADV House® Avenue General de Gaulle 38, B-1050 Brussels, Belgium, until 12.00 on 15 July 2008.

The Secretary General-Elect will be elected by the Board of Directors on 17 September 2008 in Paris.

Please see the nomination form on p16.

Regulations for the administration of the elections:

1. The Secretary General-Elect is elected by the Board of Directors of the EADV.
2. Due notice of the date of election and call for nominations will be notified in *EADV News* and/or through a notice to members on the EADV website.
3. The names of candidates for the office of Secretary General-Elect should be submitted to the Secretary General two months before the date of election using the appropriate nomination form.
4. If more than two candidates are competing for election, and if a majority (50% + 1) is not achieved the candidate with the least votes will be eliminated and a further vote taken until the candidate achieves a majority of at least 50% + 1 vote.
5. The Secretary General-Elect is elected for a period of not more than two years and succeeds the current Secretary General when the office of the latter expires. If the latter retires during his term of office, the Secretary General-Elect assumes the role of Secretary General in the interim until the next AGM when his term of office will commence.

Joseph L Pace MD
Secretary General

*Fax No: +32 2 650 0098
E-mail: office@eadv.org*
EADV
NOMINATION FORM

Secretary General-Elect

I, the undersigned, nominate

Dr / Prof ..............................................................................................................................................................

an Ordinary member of EADV, for the position of Secretary General-Elect in September 2008

Proposer’s Name: .....................................................................................................................................................

EADV Membership Number: .....................................................................................................................................

E-mail: ......................................................................................... Fax: .................................................................

Proposer’s signature: ...................................................................................................................................................

Seconder’s Name: ......................................................................................................................................................

EADV Membership Number: ...................................................................................................................................

E-mail: ......................................................................................... Fax: .................................................................

Seconder’s signature: ..................................................................................................................................................

Acceptance of Nomination

I, Dr/Prof ..............................................................................................................................................................

Hereby accept the nomination for the position of Secretary General-Elect of EADV

EADV Membership Number: ..................................................................................................................................

E-mail: ......................................................................................... Fax: ..........................................................................

Signature: ................................................................................................ Date: ............................................................

RECEIVED:
EADV OFFICE Date Signature
SECRETARY-GENERAL Date Signature
CHAIR NOMINATIONS COMMITTEE Date Signature
The Euromelanoma programme is rapidly expanding and I am pleased to report that there are now 25 countries participating in this prevention campaign.

Efforts are continuously being made to develop the project and hopefully attract additional countries to join each year. Currently, our focus is on updating the Euromelanoma website (www.euromelanoma.org) so that, in the not too distant future, it will function not only as a basis for country representatives to obtain information and guidelines concerning Euromelanoma in their country, but also as a source of information for the general public who are interested in finding out about Melanoma Monday in their region and participating dermatologists; this will be possible by the setting up of links with local advertising channels.

Additionally, we are also working on streamlining the questionnaire to establish an easier, homogenised version which simplifies the process of obtaining details from the screened individuals on Melanoma Day.

Euromelanoma 2008 and Melanoma Monday have been scheduled to take place on Monday, 5 May 2008. However, this date may vary in some countries due to various national events which may coincide. The slogan for this year is "Check your moles regularly, catch melanoma early", which we hope will initiate a general interest among the public to have their moles checked and to detect any suspicious changes at an early stage.

Statistics will be collected from each country’s Melanoma Day results and these will be compared and discussed during the next Euromelanoma programme meeting foreseen later in the year.

As part of Euromelanoma 2008, the UK National Library for Health (NLH), Skin Disorders and Cancer Specialist Libraries are holding their first National Knowledge Week on Skin Cancer from 5-9 May 2008. The National Knowledge Week is intended to highlight the latest evidence and developments in skin cancer for health professionals, with the results of a search for recent systematic reviews on skin cancer and a range of expert commentaries. The National Knowledge Week will be accessible from 5 May from the home pages of the two electronic libraries, at www.library.nhs.uk/skin and www.library.nhs.uk/cancer.

Andreas Katsambas
Chairman - Euromelanoma
Although EADV membership has been rising steadily over the years, it has shown a certain degree of deceleration in recent times even though we are far from saturation point. The recently revised membership criteria and the substantial benefits that members enjoy have gone some way towards attracting new members. However, in a bid to extend the fishing net and consequently enable non-members to get a taste of our organisation, our President came up with the innovative idea of extending EADV membership to national societies and their members at a nominal fee. This idea was, to say the least, initially regarded as highly controversial and created a fair amount of heated but healthy discussion within EADV structures. The main issue being that such a move could seriously compromise the incentive for individual membership. However, the proposal has subsequently been finetuned to one which appears to be acceptable to all parties concerned and still retains potential for achieving its aim.

The expansion proposal, recently approved by the Executive Committee, allows any national society related to dermatology and/or venereology, not necessarily based in Europe, to join EADV as an Associate (Supporting) Member, in the form of an entity rather than as an individual. This is permitted by the recently revised statutes. The society pays €5 euro as a lump sum for each member on its books. Since the individuals are not EADV members, opting out does not feature in the equation. Each member society is to send a database of its members in February each year. Only those included at this time can avail themselves of the benefits linked to this scheme.

The benefits are:
1. The presidents of the member national societies will have an annual meeting with the EADV Executive Committee in order to address issues of mutual interest.
2. EADV News will be sent to the society for distribution to its members.
3. The society can participate in lobbying at a European level.
4. Society members can be appointed to EADV Task Forces.
5. Each member of the society gets a reduction of €50 when registering for academic EADV meetings.
6. Society members may purchase an electronic version of JEADV for €25. These will be purchasers of JEADV online not individual members.

As enshrined in the statutes, however, individual members of a member society “shall not be entitled to vote and may not be elected to the Board or appointed Officers of the Academy.”

Interested eligible organisations should apply to the Secretary General who will bring the application to the attention of the Board of Directors for approval or otherwise. A number of national societies have already shown a keen interest, and the likelihood is that more will follow soon.

Lawrence Scerri
Chairman
Membership Committee
Getting to Know Your EADV Board

As part of our regular series, meet three more members of the EADV Board of Directors.

Agustín Alomar (Spain)

Agustín Alomar graduated in medicine from the University of Barcelona in 1969. He went on to specialise in dermatology and syphilography at the School of Dermatology, Hospital Clínico, Barcelona. He was awarded his doctorate (cum laude) in medicine and surgery by the Autonomous University of Barcelona in 1984 and he joined the Hospital Sant Pau as a staff physician in 1973, becoming Chief Clinician in 1987 and Director of Service, Service of Dermatology, in 1996. In parallel, he was appointed Associate Professor in 1988 and Professor and Chair of Dermatology at the Autonomous University in 1992. Professor Alomar’s areas of special interest are: professional dermatosis, contact dermatitis, atopic dermatitis, vitíligo, photobiology and cosmetic dermatology. He is a founding member of the Vitiligo European Task Force VETF and was Organiser of Second Congress of the European Society of Contact Dermatitis in Barcelona in 1994, President of the Organising Committee of the XXIX National Congress of the Spanish Academy of Dermatology and Venereology in Barcelona in 2001, and Vice-President and Treasurer of the Organising Committee of the 12th EADV Congress in Barcelona in 2003.

Carle Paul (France)

Carle Paul completed his dermatology training in Paris in 1994, having begun his studies in 1989 in various university hospitals under the leadership of professors Louis Dubertret and Yves de Prost. In 1994 he was appointed a junior lecturer in dermatology and Director of the Clinical Pharmacology Unit at the Saint Louis Hospital and Paris VII University, posts which he held until 1998. He then carried out pharmaceutical research between 1998 and 2005 in the clinical research department of Novartis Pharma AG while maintaining patient care one day a week in the Department of Dermatology, Mulhouse, France. During his time in pharmaceutical research, he focused on the development of dermatological drugs, mainly for psoriasis, atopic dermatitis and fungal skin diseases. After completing a PhD thesis in pharmacology, he joined the University Department of Dermatology in Toulouse, France, becoming Professor and Chairman in September 2006.

On being elected a member of the Board of Directors in 2007, Professor Paul said, “It’s a great honour for me to serve on the EADV board for the next three-year term and I would like to thank the colleagues who supported my application. My primary objectives will be to support the continuous medical education and research activities of the Academy. I also would like to promote clinical research activities at the European level in the field of pharmacology and drug therapy: to help develop partnerships across geographic and also across cultural boundaries in Europe and to facilitate research training for young investigators.”

Giuseppe Monfrecola (Italy)

Giuseppe Monfrecola graduated in medicine from the University of Napoli “Federico II”, Italy, in 1975 and then went on to specialise in dermatology and venereology in 1978. Remaining faithful to his University he was appointed Associate Professor, then Professor of Dermatology and is now the Director of Napoli University’s Dermatology and Venereology Specialisation School. From a scientific point of view, photodermatology represents his main field of interest. His list of publications includes more than 200 scientific papers. Moreover he is author or co-author of 26 textbooks. Professor Monfrecola has been an EADV member since its foundation and is also a member of other international and Italian dermatological societies. He is also a member of different dermatology editorial boards.

On joining the Board, he commented, “During recent years globalisation has influenced not only economic and financial fields but also the scientific and cultural sphere. Social changes, scientific innovations and modern communications media among people have lead to new challenges for our science domain. The main purpose of a big scientific society such as EADV is to foresee increasing changes and then provide the fastest answers, while still holding interests of patients and scientific progress in mind. During my term I hope to contribute to the hard working efforts of all my colleagues from the Board in order to encourage the development of a modern European dermato-venereology.”
The aim of the Fostering Dermatology and Venereology Programme, which started in 2005, is:

- To raise standards of dermatology throughout Europe to benefit patients and dermatologists.
- To promote community, collaboration and exchange between European dermatologists.

There are two foci to this programme:

1. Fostering Dermatology and Venereology Skills Development Programme for Private Practitioners.
2. The EADV Excellence in Education Residents Training Programme.

**EADV Skills Development Programme for Private Practitioners**

The Fostering Dermatology and Venereology Committee launched an ambitious programme of skills development for private practitioners and we now have private practitioners on our committee advising on the programme.

**Visits to centres of excellence**

There have been two visits so far to centres in Germany and Sweden, with three more approved to Germany and Romania. The visitors are from Europe, the Middle East and the Indian sub-continent. This has showcased European dermatology to the world, but we hope more of our European members will apply.

**Practical workshops/courses and regional courses**

The programme of practical and interactive courses run by EADV members started with a very popular regional course on dermoscopy in Modena in November 2007 which concluded by mid-March 2008. Following its success the intention is to roll it out across Europe.

Further courses are:

- Educational Course Lasers
  - Event chairpersons: Dr Maurice Adatto, Dr Klaus Fritz, Dr Moshe Lapidoth
  - Location: Geneva, Switzerland
  - Number of places available: 18

- Interactive Course Hand & Facial Dermatitis
  - Event chairperson: Dr Christa De Cuyper
  - Location: Brussels, Belgium
  - Number of places available: 15

**EADV Excellence in Education Residents’ Training Programme**

The first 10 courses have been concluded and 201 residents from 36 countries attended.

The participants have formed friendships and taken their enthusiasm and skills back to their departments. There is always a real feel-good atmosphere at these courses and these residents will be the backbone of our future EADV.

The next courses are:

- Training Course Cutaneous Lymphoma
  - Roskilde, Denmark
  - 13-15 June 2008
- Summer School STD
  - Sofia, Bulgaria
  - 23-27 June 2008
  - For all residents
- Summer School Dermatopathology, part 2
  - Graz, Austria
  - 7-11 July 2008
  - Two-year course for European Residents with more than two years of training

**Statistical and Geographical Representation of Fostering Dermatology Course Participants since 2005**
The need for certification and more patient education

EADV Task Forces were started by the EADV Board in 2005 with the aim of creating flexible working groups of people with an interest in solving actual problems, promoting ideas and contributing their special experience to the life of EADV. Moderators were appointed and asked to organise different activities.

With regard to paediatric dermatology there are specific issues to be addressed and two main problems emerged:

1. The certification and training of paediatric dermatology does not have equal standards in the countries of the world, or even within Europe.

2. There is an urgent need for better patient and parental education, which is particularly important in paediatric dermatology.

These two issues are, therefore, the focus of our current work.

Idea  on certification and training

There is a great need for certification of paediatric dermatology and for specialised training both for dermatologists and paediatricians. (See also the White Book publication of Oranje et al., 2005.) Several societies for paediatric dermatology - ISPD, SPD, ESPD - have been founded and national societies are working in different countries. There have also been several meetings and journals focusing on this discipline. However, formal training and certification of this field have not yet been defined. In most countries paediatric dermatology has not yet become a formal subspecialty; in some countries it is not officially recognised, although there are a number of paediatric dermatology centres. Paediatricians and dermatologists, along with some colleagues from other disciplines (eg human genetics, immunology), also deal with paediatric dermatology problems.

A symposium was organised on Training Demands in Paediatric Dermatology in 2001 by Prof Arnold Oranje et al, where the evaluation and the position of paediatric dermatology was discussed. The various societies of paediatric dermatology were taken into consideration, the history, current position of this subspecialty and the number of active physicians were evaluated. The main goal was to get a worldwide overview of the position of paediatric dermatology. An ideal training plan was proposed, which consists of a one- or two-year fellowship training after a dermatology or paediatric residency. It was also agreed that there is a need for international training centres and training requirements. An exchange of ideas on training demands to achieve a minimal consensus was also recommended (Oranje et al, internal report, ESPD).

The internet is an ideal medium for exchanging ideas on the issue of certification and training demands in paediatric dermatology. The first step is to bring together those specialists who can create an active forum on the website.

Idea on patient education

How to create a system on the web for patient information and education sheets?

The aim is the construction and expansion of a well organised system, which is attached to an existing organisation. These patient education forms should be created after exchanging knowledge and, with the approval of a committee, uploaded on the website. This data should be available not only to paediatric dermatologists but also to patients as well so that a real patient education network in dermatology can thrive. The website of the European Society for Paediatric Dermatology (ESPD) (www.espd.info) has been chosen as the portal.

Patient education forms on paediatric dermatology are already available to download from the ESPD website and the home page in fact serves as a common platform for the members of the paediatric dermatology community as well.

There are some other good existing examples of parent and patient education in some countries and also functioning atopy schools in several countries. Following a very new initiative in Hungary, an improved form of patient education has been established, which does not exist anywhere else to our knowledge. An 'atopy call centre' has been organised with a professional nurse skilled in atopy treatment and nursing on call to answer questions and to help organise appointments with the doctor and the atopy school. Patients requiring information about the system can access it on the hospital website and a short film about the atopy school can be downloaded from there:

The idea of patient education seems pertinent for the following reasons:

There is a great need for patient education, particularly in the field of chronic diseases but also for genetic diseases. It is an emerging field where experimentation is in process. There is no official European representation today for this field.

How to start?

During the next ESPD Congress, which is going to be held in Athens on 15-17 May, we plan to discuss the next steps, collaborations and the representatives of this work. Those who start to work on this have to realise that there is no financial compensation for this work, but the satisfaction of helping the development of paediatric dermatology and supporting working groups and patients.

Zsuzsanna Szalai MD PhD
Budapest, Hungary
Prof Dr Arnold P Oranje
Rotterdam, The Netherlands
The history of the EADV is characterised by the collaboration of scientists and resident doctors. It was mainly founded by physicians in private practice and so we are very grateful to Professor Ring, the father of the task forces, that he and the EADV Board saw the necessity of a Task Force on Office Management. Health systems across Europe vary greatly, so the organisation of our profession differs a lot. Many health systems are predominantly public and the private sector might not play an important role in daily practice in some. In other countries, for example France or Germany, most dermatologists run their own offices and the management of their offices is getting more and more critical from an administrative and financial point of view. Even in public health care systems the private sector, and not just for aesthetic and laser dermatology, has become a more and more important field in our profession.

The roots of the EADV Task Force on Office Management are to be found in February 2006 during the EADV Spring Symposium in Lapland. As a first step, a questionnaire was developed and sent by Dr Ostendorf to all EADV Board members to get information about national resident doctors’ associations. The idea was to develop a database of national contact persons. During the 16th EADV Congress in Vienna in May 2007 a first meeting took place with delegates from Germany, Spain, Portugal and Poland. The Task Force on Office Management’s aims were then constituted during its meeting held on 1-2 December 2007 in Herxheim-Heina (Germany) with the participation of Monika Gniadecka (Denmark), Rolf Ostendorf (Germany) and Georges Reuter (France).

Our goals
The particularity of the new task force is that it is not devoted to a specific disease or to a specific technique but to promote exchange and information between dermatologists in private practice in Europe. Only a few countries, as far as we know, have a professional organisation devoted to dermatologists in private practice. One of the first jobs of the working group will be to list these organisations within Europe and the collection of this data is now in progress. The working group has additionally defined the following goals:

- diagnostic knowledge exchange: pearls from private practice
- collecting information on different health systems in Europe including the training structures and CME
- knowledge about the spectrum of the diseases managed in private practice
- describing different sub-specialties in dermatological practice in Europe: the spectrum of dermatological service performed in the private practice - biology, lasers, phlebology, andrology, allergology etc
- office organisation: both the running of an office and the special help needed for starting a new private office
- future dialogue with insurance companies on professional liability, governmental health authorities, improving national and European guidelines, coding systems in Europe.
- private practice networking in Europe
- and last but not least, providing continuous information about all these topics to dermatologists in private practice all over Europe.
The five committee members of the reorganised Ethics Committee (ETC) met during the Vienna Congress: Hans W Rothenborg (DK), Chair; Michael Waugh (GB), Secretary; Lucio Andreassi (IT); Anne Kobza Black (GB); and Antonio Picoto (P). EADV Secretary General Joseph Pace (MT) was also present.

As Committee Chairman, I stated that, according to the revised statutes of the EADV (art 13E & 18G), the EADV Board is mandated to appoint and discharge chairmen and members of committees including the ETC; and that according to the same statutes it is the right and duty of the ETC not only to deal with matters referred to the committee, but also to bring forward, discuss and present matters to the EADV Board, which the ETC considers of importance.

The ETC discussed which issues we would like to ask the EADV Board to consider:

1 Disclosure of possible conflicts of interest prior to presentations at our congresses and in EADV publications.
2 Ensure complete anonymity of photographic presentations of clinical cases and material and obtain prior permission from the patient.
3 Poster presentations should be authorised by local ethical committees and be accompanied by a statement that the work submitted is original, not copied from others.

The Secretary General stated that vacancies to committees would in future be advertised, perhaps in EADV News, so that all EADV members are given a chance to apply.

The next meeting of the ETC will take place during the EADV Spring Symposium in Istanbul in May 2008.

Hans W Rothenborg MD
Chairman
Ethics Committee

Visit to a Centre of Excellence

My visit to the Laser Section of the Department of Dermatology at Malmo University Hospital (Sweden) was a great experience. I had the opportunity to get an idea about all kinds of laser devices used across the field of dermatology, but the most important benefit was the friendly relationship I had with my colleagues in the Dermatology Department, especially with so kind and expert a person as Dr Agneta Troilius.

Many thanks to Dr Agneta and EADV.

Dr Sleem George Mousi

Update from the Task Force on Quality of Life

Invitation

The initial meeting of the Task Force on Quality of Life will take place on Thursday morning, 22 May 2008, during the EADV Spring Symposium in Istanbul.

The aim of this meeting is to develop a series of realistic task force goals and to identify possible participants. If you wish to attend, please inform Professor Andrew Finlay: finlayay@cf.ac.uk

Andrew Y Finlay, Torsten Schäfer
Joint Moderators
Task Force on Quality of Life

Networking interface

The new task force would like to act as an interface with other EADV task forces and European organisations, structures and institutions, especially the UEMS (Union Européenne des Médecins Spécialistes), the EADV’s Fostering Dermatology & Venereology Committee and national societies and institutions involved in dermatology.

We would really like to create a living platform for the needs of colleagues working in private practice within the EADV. So, we are pleased to invite anyone who is interested in collaboration to our next meeting during the 5th EADV Spring Symposium in Istanbul. We’ll meet on Friday, 23 May at 15:30-17:30 in Sultan 3 Hall in the congress centre.

See you there!

Monika Gnidecka
Rolf Ostendorf
Georges Reuter
We are pleased to announce a new source of information on our website www.eadv.org – the leaflets of the European Academy of Dermatology and Venereology and the pamphlets of the American Academy of Dermatology. The EADV leaflets are an ongoing project that reflect the work of EADV Task Forces. We will add new documents as they are produced by the Task Forces. The pamphlets are kindly provided by the AAD and comprise 18 issues in alphabetical order. Topics range from acne to skin cancer and are partially illustrated.

You can view them once you are logged in as a member, by clicking on the button ‘pamphlets’ in the left column under education (see figure 1).

Under the agreement with the AAD, the text remains their copyright and cannot be reproduced or copied. However, they are an excellent guide to how to address dermatological issues and make them comprehensible to our patients. We hope they will help our members to improve their dermatological practices. National societies and organisations are welcome to translate any of the leaflets or pamphlets into their local language(s) to ensure wider access to this information. (Please note: translation costs are the responsibility of the societies.)

As some of you have already been informed by e-mail, we have now activated our Forum which is accessible through the website (see figure 2).

It is designed to be an open platform for statements and discussions of all kind of topics, either related to the Academy itself or to general dermatological/medical issues or non-medical subjects of interest for our community. The forum is simple to use and every EADV member is invited to participate as well as members of the EADV committees and EADV officers. A simple line of text can put you in direct contact with experts in dermatology, with friends from across Europe and beyond.

As it's an open community, e-profiles will be visible to all and some commonsense rules guide activity within the Forum. (You can check these by clicking on ‘forum rules’ on the Forum web page.) The adding of new topics and posts/replies to existing topics and statements works in a friendly and intuitive way, similar to other internet forums. You will find clear icons for copy, paste, delete, write, colour and many other things. Do not overlook the icon that will help you to upload pictures; it is going to be very useful when posting in the ‘Looking for help’ or ‘Nice pictures’ sections of the forum.

The forum moderator is Website Committee member Professor George-Sorin Tiplica who is available in case of questions or comments.

We hope to have a lively and active forum very shortly. So please log in and communicate soon!

Pablo Fernandez Peñas
Chairman
Website Committee
Steingrimur Davísson
Olle Larkö,
George-Sorin Tiplica (Forum moderator)
Young dermatologists share their perspectives

Olivier Gaide MD
PhD
(Switzerland)

“I had the pleasure of attending our meeting in Vienna and was impressed by the vitality of disciplines related to cosmetology. Our Academy is obviously a great place to nurture and set very high standards for this field of dermatology. I even heard a (provocative) statement: the future of dermatology lies in cosmetology, while the more medical part of our field is to be left to specialists in rheumatology, immunology and infectious diseases. With the fantastic new diagnostic and therapeutic tools that revolutionise our field each year, it would be a pity to let other specialists have all the fun! I hope on the contrary, that we will fully assume our role in molecular and clinical research, and have aimed my career accordingly.

I obtained an MD thesis working with Prof A Aguzzi on brain tumours and a PhD thesis with Prof J Tschopp working on skin appendages development. I then had the chance to start my own research group while practising dermatology-venereology, thanks to professors L French and J-H Saurat, despite the fact that combining research and clinical work is often said to be impossible. (It is not impossible, just very demanding!). My group is now focusing its research on a family of proteins that control the inflammation response to danger signals like UV irradiation and contact sensitisers, bridging innate and adaptive immunity. With an interesting twist: several drugs regulating these signalling pathways are already used at the bedside, meaning that this research is likely to benefit our patients in a not so distant future. Hence, I hope our Academy will also provide an environment in which young dermatologists may rise to the occasion and become clinical leaders competing at the highest levels with our colleagues from other specialties.”

Melanie Raes MD
(Belgium)

“I am 31 years and was born in Belgium, but for four years I’ve been living in the Netherlands, where I work as a resident in the Department of Dermatology and Venereology at the Erasmus Medical Centre in Rotterdam.

I studied medicine at the Vrije Universiteit in Brussels, where I graduated in 2002. During the following year, I worked as a resident in the department of internal medicine in a hospital in Antwerp. In September 2003 I started my dermatology training in Rotterdam, which I will finish in August 2008.

In the Netherlands, it takes five years to become a dermatologist. Besides learning how to diagnose and treat skin diseases in general, we perform many dermatological surgical procedures for both malignant and non-malignant skin disorders. During our residency, we also learn to work with different kinds of lasers. In the Netherlands, as in Germany, we are very active in the field of phlebology. This is my favourite part. I really like performing endovascular laser surgery on the insufficient saphenous trunks.

I had the opportunity to attend the Summer School of Dermatopathology in Graz, Austria, which was organised and sponsored by the EADV. Thirty residents in dermatology from many European countries were present at this excellent course, which I enjoyed a lot. The basic inflammatory reaction patterns of the skin were studied extensively. Furthermore, this course allowed us to meet and mingle with our colleagues from all over Europe. It was nice to hear how dermatology is practised elsewhere and learn about the different cultures. The international setting of this course made it an unforgettable experience.

This kind of courses contribute significantly to the education of dermatologists and help to foster friendships within Europe. Therefore, I hope that the Academy will continue to support these kinds of initiatives.”

Camilla Salvini
MD
(Italy)

“I was born in Florence in 1976 and graduated in 2002 from the University of Medicine in Florence, becoming a specialist in dermatology and venereology four years later. I teach at the School of Obstetrics at the University of Florence and also have a research contract with the Department of Dermatology, working on the diagnosis of melanoma. My special clinical and research skills and interests are in the field of melanoma genetics, epidemiology, and early diagnosis. I have published about 18 papers in international journals and six chapters in Italian and English text books. I became an EADV junior member because I would like to help further ‘dermatology without borders’.”
The Highest Performance, Best Made Laser Systems in the World

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Letter to the Editor

Dear Sir,

I have read with interest the Point of View of Professor Michael Musalek published in EADV News, Winter 2007-2008, N° 25, and I would like to add a few more practical comments that might be helpful to all of us as practising dermatologists.

How to suspect hidden psychiatric alterations in patients consulting dermatologists for skin disorder not considered psychocutaneous in origin? Sensitive dermatologists should be able to automatically suspect that a psychological alteration may exist by the following approach:

Patient’s General Aspect and Behaviour:
• Patient avoiding meeting the doctor’s eyes.
• Patient with a tense aspect and sitting on the edge of the chair
• Patient sitting with a dejected aspect – drooping shoulders, tilted head and body
• Patients being in a hurry to speak

Patient’s Explanation of Problems:
• When the explanation of the symptoms becomes a series of complaints.
• When the patient consults for a variety of unrelated cutaneous disorders
• When the dermatologist cannot see a lesion in any area that the patient tries to point out
• When the patient explains his or her disorders with a previously noted list
• When a patient answers “fatal!” to the question “How do you feel?”

Also, a short systematic psychiatric questionnaire will help us more easily reject or accept a suspected disorder using a specific questionnaire. In fact, it is used routinely in patients in whom psychological alteration is suspected.

The questionnaire could address such questions as:

Over the past 3 months:
• How many hours per night do you sleep?
• Do you sleep satisfactorily?
• Do you take tablets to get to sleep?
• Do you have difficulty in getting to sleep?
• Do you wake up many times during the night?
• Do you wake up easily?

Yours faithfully,
Iqbal A Bukhari
Associate Professor and Consultant Dermatologist
King Faisal University and King Fahad Hospital of the University
AlKhobar, Saudi Arabia.
5 February 2008

Reference:
My dear friends throughout Europe and beyond,

2008 will be notable:

• as a year when the fruit of major decisions taken in the recent past started appearing, with an ever increasing number of national societies opting to take up EADV membership. With only two countries definitely declining to join, the legitimacy of EADV’s position as the representative of dermato-venereologists in Europe has been greatly strengthened and this augurs well for the future;

• as a year when the major decision-making process to elect a President-elect and a Secretary General elect takes place in September (see pages 13-16);

but also:

• as a year when our voting members will shortly decide whether to accept or reject a recommendation that, in the opinion of the Board of Directors and the Executive Committee, presents a remarkable opportunity for EADV to carry out its mission of continuing education ever more widely and extensively with a sound financial basis for the foreseeable future.

An Extraordinary General Meeting has already been announced on the EADV website where all details are available: www.eadv.org. This EGM will take place in Istanbul on Saturday, 24 May. For those unable to be physically present, “distance voting” is available and will be organised throughout by an independent electoral organisation from London. This company, ERS, will communicate directly with each member eligible to vote, sending all relevant information, voting details etc.

It is imperative therefore that you

• Update the EADV Office with your current e-mail address immediately

• Ensure that you have paid your 2008 EADV dues since only paid-up members are eligible to vote

This is another first for EADV since, in past EGMs, even participation in major decision-taking was available only to the few who could be present as this was all the pre-2006 statutes permitted. The truly democratic method of general consultation to be used here is a fruit of the changes made in Saariselka in 2006. It illustrates how EADV has changed to adapt itself in preparation for the challenges the future is expected to bring and to address ever more successfully its aims and objectives which include:

• to advance excellence in clinical care, research, education and training in the field of dermatology and venereology.

• to act as the advocate and educator of patients, particularly those with cutaneous or venereal diseases.

So, if you are eligible, take this opportunity to shape the future of dermato-venereology in Europe, and give your opinion by voting at the EGM in Istanbul or electronically. It is your Society, so your voice is sovereign.

Joseph L Pace MD
Secretary General

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

Hidradenitis suppurativa is a chronic recurrent inflammatory disease of the apocrine gland-bearing areas of the body, most commonly the axillary, inguinal, and anogenital areas. Patients usually present with painful, inflamed lesions with complications such as abscesses and sinus tract formations, fistulisation and scarring, but the most serious complication is squamous cell carcinoma. Many contributing factors have been suggested including sweat, heat, stress, tight clothing, genetic and hormonal components. Treatments include antibiotics, retinoids, local excision, radiation, and laser therapy but radical excision of the defective tissue is the most definitive treatment to prevent further complications.

Text and photos: Iqbal A Bukhari, Associate Professor and Consultant Dermatologist, Dermatology Dept, College of Medicine, King Faisal University and King Fahad Hospital of the University, AlKhobar, Saudi Arabia.

Correction: in the last issue of EADV News we inadvertently transposed the second and third photos showing the development of Milkers’ Nodules. We apologise for this error.

Calendar of Events

> 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

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

7th International Conference of Adjuvant Therapy on Malignant Melanoma (ICATMM) & 4th Congress of the European Academy of Dermatologic Oncology (EADO)
Marseille, France
19-21 June 2008

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

2nd International Conference on Sebaceous Gland, Acne and Related Disorders Basic and Clinical Research, Clinical Entities and Treatment
Rome, Italy
13-16 September 2008

> 2009

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

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
Control the itch, tame the eczema.

Protopic® provides effective control of moderate and severe atopic eczema.

- Fast relief of itch¹ ²
- Effective control of moderate and severe atopic eczema³ ⁵
- For short-term and intermittent long-term treatment in adults and children (≥ 2 years)⁶

References:

PRODUCT CHARACTERISTICS Protopic 0.03% ointment and Protopic 0.1% ointment

ABBREVIATED PRESCRIBING INFORMATION: Protopic® 0.03% ointment tacrolimus monohydrate (Protopic® 0.03% ointment tacrolimus monohydrate). ACTIVE INGREDIENT: Protopic® 0.03% ointment (tacrolimus as tacrolimus monohydrate 0.03%). Protopic® 0.1% ointment (tacrolimus as tacrolimus monohydrate 0.1%). THERAPEUTIC INDICATIONS: Protopic® 0.03% ointment treatment of moderate to severe atopic eczema in children 2 years of age and above. Protopic® 0.1% ointment treatment of moderate to severe atopic dermatitis in adults who are not adequately responsive to or are intolerant of conventional therapies such as topical corticosteroids. DOSAGE 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 a thin to thick layer on affected areas of the skin and may be used on any part of the body, including face, neck and flexures after thorough skin cleansing. Protopic® should be discontinued 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. This sign of improvement is seen after two weeks of treatment, further treatment options should be considered. Protopic® should be used for short-term and intermittent long-term treatment. At the first sign of exacerbation of the disease symptoms, treatment should be reinstated. Use in children 2 years of age and above. Protopic® 0.1% ointment is not indicated for use in children.

TREATMENT: Treatment with Protopic® 0.03% ointment should be directed twice a day for up to three weeks. Whenever the frequency of applications should be reduced once a day until clearance of the lesion. Treatment should be intermittent and not continuous. Use in adults 2 years of age and above. Treatment: Protopic® 0.1% ointment twice a day and continued until clearance of the lesion. If symptoms recur twice a daily treatment with Protopic® 0.1% should be restarted. An attempt should be made to reduce the frequency of applications to the lower strength of the clinical condition. In children, Protopic® is not recommended for use in children below the age of 2 years. Further data unavailable. Use in children 2 years of age and above. Specific studies have not been conducted in elderly patients. However, clinical experience has shown the necessity for any dosage adjustment. UNDESIRABLE EFFECTS: Very common: Burning sensation (which tends to resolve with continued use of the treatment) and Pruritus. Common: Sensation of warmth, erythema, pain, irritation, pruritus, rash at site of application. Rare: Erythema, rash after consumption of alcoholic beverages. Patients may be at an increased risk of herpes virus infections (herpes simplex virus, varicella zoster virus) and molluscum. During product marketing experience it has been possible to identify cases of cutaneous and other types of infections, and skin cancers have been reported in patients using tacrolimus ointment. Prescribers should consult the summary of product characteristics in relation to other side effects. PRECAUTIONS FOR USE: Protopic® should not be used in patients with congenital or acquired immunodeficiencies or in patients on therapy that causes immunosuppression. The effect of treatment with Protopic® on the development of systemic immune responses in children has not been established. This should be taken into account when prescribing to this age group. Exposure of the skin to sunlight should be minimized in the case of use of the ointment with UVB and in combination with phototherapy (PUVA). The avoidance of exposure to sun exposure is also recommended during use of Protopic®. Protopic® should be available in appropriate sun protection methods, such as minimization of the time in the sun, use of a sunscreen product and covering of the skin with appropriate clothing, and Protopic® ointment should not be used in patients who are considered to be potentially malignant or pre-malignant. Emollients should not be applied to the same area within 2 hours of applying Protopic®. Concerns over use of other topical preparations has not been assessed. There is experience with concurrent use of systemic steroids or immuno-suppressive agents. Before commencing treatment with Protopic® clinical assessment at treatment start should be shared. The potential for local immunosuppression resulting in infections or cutaneous malignancies in the long term (i.e., over a period of years) is uncertain. Protopic® should be used in comparative trials in transplant patients, prolonged systemic exposure to intra-epidermal migration following systemic administration of ciclosporin (inhibits has been associated with increased risk of developing suspicious lesions and skin malignancies, in patients using tacrolimus ointment, cortisone, malingered, and other types of malignancies, and skin cancers have been reported. Patients with systemic disease treated with Protopic® have been found to have significant systemic corticosteroid use. Lymphoma was uncommonly occurring in clinical trials. A majority of these cases resolved to infections (invasive, regressing) in the long term (i.e., over a period of years) is uncertain. Protopic® should be used with caution in patients with hepatic failure. Protopic® should not be used in patients with neutropenic syndrome. Care should be exercised if: applying Protopic® to patients with extended skin involvement over an extended period of time, especially in children. Protopic® should not be used during pregnancy unless clearly necessary and with caution recommended when breast-feeding. The safety of Protopic® has not been established in patients with generalized erythroderma. Protopic® is not recommended in patients with a history of atopic eczema. INTERACTIONS: Because of the potential risk of systemic reactions, vaccination should be administered prior to commencement of treatment or during a treatment-free interval with a period of 14 days between the last application of Protopic® and the vaccination. In case of autoimmunisation of tuberculosis, this period should be extended to 2 days after the use of alternative vaccines should be considered. Systemically available vaccinations are not contraindicated in patients with cutaneous and/or systemic disease should be done with caution. PACKAGING: The standard price in the ointment is 0.5% w/v. Protopic® 0.03% ointment 15.4g, (50mg/g) 30g, 60g (15mg/g) 60g, (15mg/g) 60g and Protopic® 0.1% ointment 15.4g, (50mg/g) 30g, 60g (15mg/g) 60g. FURTHER INFORMATION: Available at: Astellas Pharma Ltd, Lovett House, Lovett Road, Stevenage, SG1 2AB, UK. Date of preparation 02/07/01. FOR FULL PRESCRIBING INFORMATION REFER TO THE SUMMARY OF PRODUCT CHARACTERISTICS.