First ESRF grants awarded

The European Skin Research Foundation (ESRF) distributed its first four grants in 2009 to clinically relevant research initiatives in the Netherlands, Denmark, Sweden and the UK, with the generous support of Almirall Hermal, Merck-Serono, Abbott and Galderma (the latter being the main sponsor to date).

Set up jointly by EADV, European Dermatology Forum (EDF), European Society for Dermatological Research (ESDR) and Fondation René Touraine in late 2007, ESRF recognises the increasing complexity of clinical dermatology, arising from the discovery of new antiviral drugs and the emergence of complex treatment modalities for autoimmune diseases, including psoriasis, for cancer and complex immuno-suppressed patients. This includes melanoma, blistering autoimmune diseases, lupus erythematosus, lichen planus, transplant and HIV-infected patients, to mention just some of the most frequent diseases.

The major goal of ESRF is to train young dermatologists in understanding skin biology, mechanisms of diseases and their treatment. Bench-to-bedside approaches will help to train young dermatologists throughout Europe. Today any clinical discipline can only continue to exist if it continues to progress and to develop. By recognising this basic principle, all four European associations jointly agree to support the independent foundation, with a legal board of trustees, headed by Prof E Christophers (Kiel, Germany) and a scientific board, headed by Prof I Leigh (Dundee, UK).

In time, it is hoped ESRF will be able to foster European dermatology in the same way as the long-established Dermatology Foundation in the USA, which is the first port of call for financial support for young academic dermatologists and is largely financed by donations from generous dermatologists throughout the country, as well as by the American Academy of Dermatology (AAD), other dermatology associations and industry.
SMARTXIDE DOT

Advanced CO₂ Fractional Technology

Exclusive SmartPulse Technology
Innovative SmartStack Function

With SmartXide DOT fractional technology can be used in complete safety. The ability to precisely adjust all the parameters - such as power, DOT dwell time, SmartStack level and distance between DOTs - makes it possible to successfully treat the most pronounced skin imperfections such as wrinkles, spots, enlarged pores and acne scars, without any complications, even in darker skin types.

www.dekalaser.com
Playing our part in the evolution of humanity

Proponents of an idea usually proclaim it to be the next big thing, perhaps forgetting that the accuracy of a prediction can only be assessed in retrospect. Many things are proclaimed to be something they do not turn out to be and the big moves in the history of Man may not have been so self-evident when they occurred as when they are seen with the benefit of hindsight.

It is, for instance, difficult to imagine the great revolution of genetics occurring in another era than the early 19th century. The descriptive structure was well understood, but it is unlikely that the biological importance of chance, environment and individual opportunity for procreation would have been obvious to anyone living in an earlier theologically- or feudally-founded society. You might say that ‘Liberté, égalité, fraternité’ was a prerequisite for the more free abstract thought about genetics. New ideas and change, even scientific ones, occur in a zeitgeist that permeates human society and affects the individual in a multitude of ways.

Over time the big idea affects the small idea and the small idea affects daily minutiae. In this way a basic understanding of genetics turns into a routine PCR test for asymptomatic onychomycosis in an otherwise healthy teenager a few centuries later. The miraculous thing is then that the routine use of an idea creates the zeitgeist that sets the stage for the next big idea.

What is the current zeitgeist therefore becomes an extremely important question and one that requires active involvement. We all contribute to the zeitgeist, of course, through ideas and thoughts, but not necessarily consciously so. It also happens through how we solve problems, how we communicate, how we do things in our everyday lives. The zeitgeist is the sum of the infinity of human thoughts and actions that occur at the given point in time and space. How you contribute to the zeitgeist may therefore be your greatest contribution to the evolution of humanity.

Gregor Jemec
Editor

Latest edition of the EDF White Book published

The 3rd edition of the White Book - The Challenge of Skin Diseases in Europe* was launched at the European Dermatology Forum (EDF) annual scientific meeting in Luzern, Switzerland on 23 January 2010.

Skin and sexually-transmitted diseases pose a huge health problem to Europe with 25% of the population suffering from skin diseases or allergies. They range from the very common to the rare, from the severe to the relatively trivial, and from acute illness to chronic life-long disease. They include cancers, infectious diseases and long-term inflammatory diseases resulting in profound health economic issues. Correct diagnosis and early management can mitigate against these costs, reduce morbidity and greatly improve the life quality of patients.

Building upon the success of the past two editions, the EDF has published an expanded and definitive text on dermatological issues and solutions that will aid the development and implementation of dermatology care programmes across Europe. This book describes the burden of skin and sexually-transmitted diseases to Europe and shows how service provision varies across the continent. It outlines the high impact diseases and their management and provides up-to-date information on key areas of clinical and scientific advance. A directory of national dermatological associations, European dermatology societies and patient organisations complete a valuable resource that will inform all those involved in delivery of healthcare to patients. These extend from dermatologists, to healthcare providers to the pharmaceutical industry and to politicians.


To order: please fax the number of copies required and the full name and address of person ordering (and recipient if different) to +41 44 255 44 03, for the attention of Veronica Feroce.

Please pay total amount in advance to: Zürcher Kantonalbank, CH 8001 Zürich, in favour of: EDF, c/o Dermatologische Klinik USZ IBAN CH63 0070 0130 0073 5760 5 Swift ZKBKCHZZ80A
Dear friends,

Having now moved well into 2010, we have started off well with a promising year ahead. The annual European Dermatology Forum (EDF) took place in Luzern, Switzerland and EADV, as a sister society, was of course present. It is not until one puts all the information together that one realises how far the Academy has progressed and I was proud to represent EADV and report on its activities throughout the previous year. Interesting ideas were exchanged among the societies, which resulted in a very fruitful meeting whilst reinforcing the relationships between colleagues and their societies.

The prospect of EADV establishing its own PCO is moving forward. Evidently, EADV congresses are continuously increasing thus creating a need for the development of a better functioning and centralised system to support the necessary requirements in the organisational process. The SPC chairman, Prof Luca Borradori, has approached the EC with suggestions for improvements in this area, which the EC officers found acceptable and inception is anticipated in 2012.

**New projects, new campaigns**

The first skin care research programme took place in Bellinzona, Switzerland on 3 December 2009. Profs Lazavecchia and Borradori assembled a faculty of distinguished speakers, giving a prestigious touch to an interesting scientific event with successful results. Additional meetings of this nature will continue to be organised in Lugano, thus keeping in line with the statutory requirements of Swiss Law, since the Academy’s official base is in Switzerland.

In November 2009, EADV launched a new pan-European campaign to begin in 2010 and in collaboration with the European Parliament. “Healthy skin @ work” will address the problems of occupational skin diseases and so far 20 European countries have joined the prevention campaign under the large umbrella of EADV. It is hoped that additional campaigns against other dermatological diseases will follow.

The planning of another AAD/EADV Review Course is now under way and should be ready to take place in the summer of 2010 in the USA. This 2nd joint meeting between two of the largest dermatological families will offer a mixture of European and American scientific aspects on various dermatological topics and allow the opportunity once again to members of both academies to work in partnership towards a common goal.

Alliances with India are also continuing, with another series of meetings having just taken place in March. Profs Wojnarowska, Happle and Marini have kindly agreed to give lectures in four different Indian cities to an anticipated large audience.

The International Exchange Initiative with China is to also begin in a new series of teleconferences scheduled for 2010 at which distinguished EADV members will be invited to present their topics to a broad Chinese audience.

Having successfully established collaboration between EADV and two of the largest continents, it is our goal to develop similar alliances with Africa and Latin America in the near future. Ideally, these team efforts help strengthen international relations between dermatologists around the globe, whilst showcasing EADV in all corners of the world.

Our aim is to lead the way in education throughout Europe and beyond and seemingly we have provided a strong basis for this concept to continue.

On a final note, it is a pleasing result to have accomplished a 6.6% increase in EADV memberships and I believe this is due to our wonderful existing members who act as ambassadors in their countries and, therefore, help EADV grow. Well done to everyone!

My best wishes for a spectacular year,

Andreas Katsambas
EADV President (2008-2010)
Between 23-25 November 2009, the Bulgarian Dermatological Society organised the first national campaign on the diagnosis and prevention of skin allergy. The project was supported by EPOS (European Initiative for the Prevention of Occupational Skin Diseases) and ESSCA (European Surveillance System on Contact Allergies).

Five university dermatology clinics took part in the campaign in four of the major Bulgarian cities: Sofia, Plovdiv, Pleven and Stara Zagora. During the campaign medical consultations as well as in vivo skin testing (patch, prick, etc) were performed. All the consultations and the testing were free of charge for patients with allergic skin complaints. Together with designated specialists in dermato-allergology working pro bono during the campaign, many interns and PhD students took part, thus acquiring broader knowledge in the field. All the materials required for the skin testing were provided with the kind support of companies working in the field of dermatology. The campaign was announced on TV and in the national press. In addition, many patients were informed about the campaign by their general practitioners and dermatovenereologists in outpatient clinics.

A special clinical form was created for the campaign to collect the data which included demographics, disease history and present findings. Special attention was given to the occupational aspects of the disease (i.e. occupational anamnesis). Overall 483 patients were consulted (133 males and 350 females), aged from 4 months to 83 years. The majority of those examined presented with allergic skin diseases with contact dermatitis being the most prevalent condition, although one-third had non-allergic dermatoses. In total, 220 patients underwent in vivo skin allergy testing, 186 by patch and 34 by skin prick testing. During the campaign 199 positive patch reactions were registered while 73 patients displayed reactivity to more than one allergen. Nickel was the most common allergen, as expected. A summary of the patch test reactivity is presented in figure 1. Just under 10% of all subjects related their skin symptoms to factors originating from their workplaces. The most commonly affected were those working in the machine industry.

The campaign received broad media support and positive social appraisal as a result of the good collaboration between medical specialists, the media and industry. Based on this and on the success of the campaign we believe that this initiative can be further developed in the near future and can become an international project. The Bulgarian Dermatological Society is happy to share its experience of organising and running the campaign.

Jana Kazandjieva, Razvigor Darlenski, Nikolaï Tsankov
On behalf of the members of the Working Group of the Bulgarian Dermatological Society

For further information, please visit: www.bg-derm.org/index_eng.html or contact Assoc Prof Jana Kazandjieva at janaderm@abv.bg

Figure 1: Summary of the patch test results
Dear Colleagues,

Croatia is proud to host this major event for the first time and to welcome EADV to our home soil. The theme of the Symposium, “Harmony in Dermatology and Venereology”, is inspired by the need for the co-existence of both dermatology and venereology, which is a tradition in Croatia and conditio sine qua non in European medicine.

The latest European Union survey into Europeans’ satisfaction with life, healthcare and personal living conditions* was published in January 2010 and reveals a mixed picture.

With regard to attitudes to healthcare, 12% of EU citizens rate healthcare provision in their country as ‘very good’, 52% ‘rather good’, 27% ‘rather bad’ and 8% rate ‘very bad’. However, there is a marked geographic discrepancy in the findings. The seven countries giving an 80% or higher approval rating are all in northern or western Europe (Belgium, the Netherlands, Austria, Luxembourg, the UK, Sweden and Finland). By contrast, the seven countries giving the lowest approval ratings (40% or below) are all in eastern or southern Europe (Lithuania, Poland, Latvia, Hungary, Greece, Romania and Bulgaria).

Age and socio-economic status all influence attitudes to healthcare. Younger people aged 15-24 (67%) and older people aged 55+ (65%) and are more likely to rate health care as good than those aged 25-54. Citizens who are better educated (those who studied until age 20 or later) are also more likely to rate healthcare as good than those who are less educated (studying until age 15-19) and those who self-certify as in the higher socio-economic brackets are also more satisfied than those who place themselves lower down the scale.

A small majority of European citizens (45%) thought healthcare provision had stayed the same over the past five years, compared with 39% who said it had become worse; only 12% think it has improved.

Germans and Hungarians were the most pessimistic about their healthcare systems: 65% of respondents in both countries felt their healthcare had worsened, followed by Croatia, Ireland, Greece and Slovenia, all registering more than 50% for this question. By contrast, citizens in Malta, Cyprus, Spain and Estonia topped the rating of those who felt that healthcare had improved. Not surprisingly, perhaps, younger citizens and especially students are the least likely to consider that healthcare provision has become worse in the past five years, as they tend to be the lightest users of healthcare systems in all countries. Again, a lower position on the social ladder correlates with the view that healthcare has deteriorated.

We promise traditional Croatian hospitality and the Local Organising and Scientific Committee will do its utmost to create an unforgettable professional and social atmosphere for every participant. Take the opportunity to visit Croatia’s historic cities, stunning countryside and coastline. A variety of tours has been organised for Symposium participants, ranging from a guided tour of Dubrovnik, wine-tasting and at the Pelješac vineyards and a visit to Trstenë-Ston, the oldest botanical garden in Croatia, to a tour of the Elaphite Islands.

Prof Jasna Lipozenčić

Dear Colleagues,

Croatia is proud to host this major event for the first time and to welcome EADV to our home soil. The theme of the Symposium, “Harmony in Dermatology and Venereology”, is inspired by the need for the co-existence of both dermatology and venereology, which is a tradition in Croatia and conditio sine qua non in European medicine.

EU Eurobarometer survey – att

The latest European Union survey into Europeans’ satisfaction with life, healthcare and personal living conditions* was published in January 2010 and reveals a mixed picture.

With regard to attitudes to healthcare, 12% of EU citizens rate healthcare provision in their country as ‘very good’, 52% ‘rather good’, 27% ‘rather bad’ and 8% rate ‘very bad’. However, there is a marked geographic discrepancy in the findings. The seven countries giving an 80% or higher approval rating are all in northern or western Europe (Belgium, the Netherlands, Austria, Luxembourg, the UK, Sweden and Finland). By contrast, the seven countries giving the lowest approval ratings (40% or below) are all in eastern or southern Europe (Lithuania, Poland, Latvia, Hungary, Greece, Romania and Bulgaria).

Age and socio-economic status all influence attitudes to healthcare. Younger people aged 15-24 (67%) and older people aged 55+ (65%) and are more likely to rate health care as good than those aged 25-54. Citizens who are better educated (those who studied until age 20 or later) are also more likely to rate healthcare as good than those who are less educated (studying until age 15-19) and those who self-certify as in the higher socio-economic brackets are also more satisfied than those who place themselves lower down the scale.

A small majority of European citizens (45%) thought healthcare provision had stayed the same over the past five years, compared with 39% who said it had become worse; only 12% think it has improved.

Germans and Hungarians were the most pessimistic about their healthcare systems: 65% of respondents in both countries felt their healthcare had worsened, followed by Croatia, Ireland, Greece and Slovenia, all registering more than 50% for this question. By contrast, citizens in Malta, Cyprus, Spain and Estonia topped the rating of those who felt that healthcare had improved. Not surprisingly, perhaps, younger citizens and especially students are the least likely to consider that healthcare provision has become worse in the past five years, as they tend to be the lightest users of healthcare systems in all countries. Again, a lower position on the social ladder correlates with the view that healthcare has deteriorated.

We promise traditional Croatian hospitality and the Local Organising and Scientific Committee will do its utmost to create an unforgettable professional and social atmosphere for every participant. Take the opportunity to visit Croatia’s historic cities, stunning countryside and coastline. A variety of tours has been organised for Symposium participants, ranging from a guided tour of Dubrovnik, wine-tasting and at the Pelješac vineyards and a visit to Trstenë-Ston, the oldest botanical garden in Croatia, to a tour of the Elaphite Islands.

Prof Jasna Lipozenčić

7th EADV Spring Symposium

13–16 May 2010, Cavtat, Croatia

Harmony in Dermatology and Venereology

We promise traditional Croatian hospitality and the Local Organising and Scientific Committee will do its utmost to create an unforgettable professional and social atmosphere for every participant. Take the opportunity to visit Croatia’s historic cities, stunning countryside and coastline. A variety of tours has been organised for Symposium participants, ranging from a guided tour of Dubrovnik, wine-tasting and at the Pelješac vineyards and a visit to Trstenë-Ston, the oldest botanical garden in Croatia, to a tour of the Elaphite Islands.

Participants from 59 countries have registered so far, mostly from Romania, Croatia, UK, Spain, Portugal, Korea, Serbia, Poland, Germany and even from United Arab Emirates, USA, Mexico, Morocco and Japan.

We look forward to welcoming you all!

Jasna Lipozenčić
Chairwoman
7th EADV Spring Symposium
Healthcare in the EU

Most expect healthcare provision to remain the same or worsen over the next 12 months, the young being more optimistic than the old.

The results are summarised in the accompanying table. As a broad generalisation those who are more affluent, better educated and from richer countries are more satisfied than poorer people. Is this because they are more adept at using the system? ●

Prof Fenella Wojnarowska

Special Eurobarometer 315 – Social Climate. The survey covers the resident populations of the 27 European Union Member States aged 15 years and over. The EUROBAROMETER 71.2 has also been conducted in the three candidate countries (Croatia, Turkey and the Former Yugoslav Republic of Macedonia). In these countries, the survey covers the national population of citizens and the population of citizens of all the European Union Member States that are residents in these countries and have a sufficient command of the national languages to answer the questionnaire.

COUNTRY RANKING: Health care provision in (our country)

<table>
<thead>
<tr>
<th>Country</th>
<th>Evaluation of the current situation</th>
<th>Situation compared with five years ago</th>
<th>Expectations for the coming 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Better-worse index</td>
<td>% The same</td>
<td>Better-worse index</td>
</tr>
<tr>
<td>EU 27</td>
<td>1,3</td>
<td>-27</td>
<td>45%</td>
</tr>
<tr>
<td>BE</td>
<td>5,5</td>
<td>+9</td>
<td>61%</td>
</tr>
<tr>
<td>NL</td>
<td>5,1</td>
<td>-19</td>
<td>48%</td>
</tr>
<tr>
<td>LU</td>
<td>5</td>
<td>+12</td>
<td>60%</td>
</tr>
<tr>
<td>AT</td>
<td>4,7</td>
<td>-18</td>
<td>62%</td>
</tr>
<tr>
<td>UK</td>
<td>4,3</td>
<td>-4</td>
<td>52%</td>
</tr>
<tr>
<td>SE</td>
<td>3,6</td>
<td>-22</td>
<td>47%</td>
</tr>
<tr>
<td>DK</td>
<td>3,2</td>
<td>-13</td>
<td>52%</td>
</tr>
<tr>
<td>FI</td>
<td>3,1</td>
<td>-21</td>
<td>55%</td>
</tr>
<tr>
<td>MT</td>
<td>2,7 ++</td>
<td>+9</td>
<td>27%</td>
</tr>
<tr>
<td>FR</td>
<td>2,6</td>
<td>-31</td>
<td>42%</td>
</tr>
<tr>
<td>ES</td>
<td>2,3 +</td>
<td>+10</td>
<td>50%</td>
</tr>
<tr>
<td>CZ</td>
<td>1,5 -</td>
<td>-20</td>
<td>49%</td>
</tr>
<tr>
<td>DE</td>
<td>1 --</td>
<td>-62</td>
<td>30%</td>
</tr>
<tr>
<td>SI</td>
<td>0,9 --</td>
<td>-42</td>
<td>39%</td>
</tr>
<tr>
<td>EE</td>
<td>0,6 =</td>
<td>...</td>
<td>38%</td>
</tr>
<tr>
<td>CY</td>
<td>0,2 +</td>
<td>+18</td>
<td>45%</td>
</tr>
<tr>
<td>IT</td>
<td>-0,1</td>
<td>-29</td>
<td>53%</td>
</tr>
<tr>
<td>SK</td>
<td>-0,3 --</td>
<td>-40</td>
<td>43%</td>
</tr>
<tr>
<td>PT</td>
<td>-1 -</td>
<td>-18</td>
<td>41%</td>
</tr>
<tr>
<td>LT</td>
<td>-1,1 --</td>
<td>-38</td>
<td>37%</td>
</tr>
<tr>
<td>IE</td>
<td>-1,7 --</td>
<td>-47</td>
<td>25%</td>
</tr>
<tr>
<td>PL</td>
<td>-1,7</td>
<td>-27</td>
<td>49%</td>
</tr>
<tr>
<td>LV</td>
<td>-1,8 --</td>
<td>-33</td>
<td>33%</td>
</tr>
<tr>
<td>HU</td>
<td>-2,1 --</td>
<td>-61</td>
<td>28%</td>
</tr>
<tr>
<td>RO</td>
<td>-3 --</td>
<td>-35</td>
<td>42%</td>
</tr>
<tr>
<td>EL</td>
<td>-3,1 --</td>
<td>-41</td>
<td>38%</td>
</tr>
<tr>
<td>BG</td>
<td>-3,4 --</td>
<td>-44</td>
<td>39%</td>
</tr>
<tr>
<td>MK</td>
<td>0,1</td>
<td>-9</td>
<td>42%</td>
</tr>
<tr>
<td>TR</td>
<td>0 --</td>
<td>-5</td>
<td>22%</td>
</tr>
<tr>
<td>HR</td>
<td>-1,1 --</td>
<td>-49</td>
<td>31%</td>
</tr>
</tbody>
</table>

Source: TNS Opinion
The second EADV Fostering Dermatology Course on Genodermatoses took place from 27-29 January 2010 in Salzburg at the EB-Haus Austria in the Department of Dermatology of the University Hospital Salzburg.

This year, 14 students/residents were selected to join the course. The participants were of Austrian, British, Egyptian, German, Italian, Montenegrin, Norwegian, Russian, Slovenian, Spanish, Serbian and Syrian nationality.

The course started with basic lectures about genetic traits and genodermatoses as well as theoretical considerations on molecular diagnosis in genodermatoses. Later, well known experts on Ichthyosis, Prof. Schmuth from the University of Innsbruck and Prof. Fischer from INSERM in Paris, presented up-to-date knowledge on the subject. Prof. Hintner, chairman of the University Hospital of Salzburg, gave an update on the management of EB and the EB-Haus Austria. The day was concluded by practical work on molecular diagnosis of Epidermolysis bullosa. On Thursday evening the residents were invited to enjoy a dinner sponsored by EADV at the Gabler–Bräu, which was very well received by all the participants!

On Friday case reports were presented by the participants as well as residents from the University Hospital of Salzburg. The course concluded with a presentation of the results of the practical work on Genodermatoses and a small quiz.

We look forward to welcoming new residents in 2011.

Johann Bauer MD
Division of Molecular Dermatology and EB-Haus Austria
Department of Dermatology
Paracelsus Private Medical University of Salzburg
Salzburg, Austria
Based on my unforgettable experience at the Summer School on Microbiology, held in Vienna in July 2009, I enthusiastically participated in the Genodermatoses course in Salzburg. I would describe it as one of the most interesting courses I went on in my dermatological life. EB-Haus Austria is a unique centre for EB diseases and with such an expert staff, led by Prof Hintner and Prof Bauer, we could finally have a fully comprehensive training in both clinical and practical genetics. As important, with such an intimate group, we spent magnificent moments in the “Altstadt”, the old city, where you can smell the history of picturesque Salzburg. In simple words I can say: it is a must-do course.

Kinan Hayani (Syria)

I was one of the 14 lucky residents selected from all over Europe to participate in this course which was held in the EB-Haus Austria, considered one of the best Epidermolysis bullosa centres in the world. During the theoretical part of the course we enjoyed outstanding lectures focused on the most frequent genodermatoses, Epidermolysis bullosa and Ichthyoses given by world-renowned experts: our host Prof Johann Bauer, Prof Hintner, Prof Schmuth from Innsbruck, Austria and Prof Fisher from Paris. The most impressive experience for me was the performance of molecular diagnoses by Prof Klausegger and his team in their modern, well equipped laboratory where we applied the skills of finding the exact localisation of the mutation which has great importance as a prognostic marker for the course of the disease, prenatal and predictive diagnostics and as a condition for gene therapy, where “first steps” have already been taken in EB-Haus. We all presented our cases which was a very useful exercise. Fostering dermatology and friendship between colleagues from diverse countries through ensuring high quality education and practice, as the aim of this meeting, was successfully led thanks to EADV and Ms Papp. So thanks to all.

Adrijana Kiš (Montenegro)

The course was very interesting and the content well presented and informative. I learned a lot. It gave me a greater understanding of the principles of clinical molecular diagnostics and the use of molecular techniques in the diagnosis of genodermatosis. In the framework of demonstrations in the laboratory, important details could be debated and each topic could be discussed. Tutors in the laboratory were very friendly and helpful (especially Ms Breitenbach, thank you for your time). I was also able to get to know nice and friendly colleagues from all over Europe. We could exchange our experiences in the field. We had lots of fun and enjoyed being trained by competent specialists. A very big thank-you to Prof Bauer and his expert team at EB-Haus Austria for this excellent course.

I would definitely recommend the next training course in Salzburg. Last but not least, I would thank Ms Papp for her help in organising it.

Soo-Jin Cha (Germany)
Main achievements

In May 2008, JSID organised the successful “International Investigative Dermatology 2008” (IID2008), the fifth joint meeting of three societies - JSID, SID and ESDR. The event was held in Kyoto, Japan.

Main goals in the next five years

Fostering and educating young researchers and further internationalising the Society.

Interaction with the EADV

JSID continues to promote clinically orientated research and to contribute to EADV annual meetings.

Membership

JSID has 1,332 members within and beyond Japan and welcomes those who are engaged in skin research.

Publications

The Journal of Dermatological Science (JDS) is the official journal of JSID. The journal’s impact factor has been consistently increasing. The recent impact factor is 2.973 (2008). JDS provides free colour figures and two-colour text. It has a web-based submission and review system and there are no submission or publication charges. Members of JSID receive a complimentary JDS subscription that includes print and online services.

Main activities

- **Annual Meetings**: English is the official language of the JSID annual meeting. Dermatological researchers from all countries are welcome to the meeting. In 2009, the ESDR/JSID Young Fellow Collegiality Awards were established and the number of submitted abstracts rose to approximately 300.

- **Seminars for young researchers**: The Society provides young doctors with opportunities to find out more about dermatology in order to interest them in taking up the discipline, as well as useful information that will lead to their becoming excellent dermatovenereologists. It holds annual seminars for young doctors throughout Japan who would like to apply themselves to dermatological science.

Main achievements

In May 2008, JSID organised the successful “International Investigative Dermatology 2008” (IID2008), the fifth joint meeting of three societies - JSID, SID and ESDR. The event was held in Kyoto, Japan.

Main goals in the next five years

Fostering and educating young researchers and further internationalising the Society.

Interaction with the EADV

JSID continues to promote clinically orientated research and to contribute to EADV annual meetings.

Contact

Prof Hiroshi Shimizu
Secretary-General

JSID

c/o Department of Dermatology
Hokkaido University Graduate School of Medicine

Tel: +81-11-706-7387
Fax: +81-11-706-7820
Email: jsid@pop.med.hokudai.ac.jp
Website: http://www.jsid.org
Information on the cutaneous porphyrias is currently being developed as part of the EPNET project and will be available shortly. There is clinical advice on the management of the acute attack and how to investigate family members (predictive testing). Of particular importance is the detailed advice concerning safe prescribing in acute porphyrias. There are specific suggestions concerning several common clinical situations (anticonvulsants, anaesthesia), lists of safe and unsafe drugs and a link to a searchable drug safety database (www.drugs-porphyria.org).

Also available are details of the recognised specialist porphyria centres in Europe as well as some associate members elsewhere in the world (Australia, New Zealand, South Africa and the USA). Contact information and details of what services are available, usually in the relevant language, are also provided, along with links to the relevant national patient support groups and information regarding past and future conferences on porphyrins and porphyrias.

Dr Mike Badminton
University Hospital of Wales (UK)
On behalf of the European Porphyria Initiative Steering Group

Contact
EPI/EPNET
E-mail: info1@porphyria-europe.com
www.porphyria-europe.org
European Society for Pediatric Dermatology

History
During the 3rd International Congress for Pediatric Dermatology in 1983 in Monte Carlo, a group of 40 doctors met on the initiative of Prof Marc Larregue to create the European Society for Pediatric Dermatology (ESPD). Professors R Happle and E Grosshans were asked to create the statutes of the Society and organise a founding meeting.

The founding meeting took place on 4 June 1983 in Brussels during the “XVIIe Congrès de l’Association des Dermatologistes et Syphiligraphes de Langue Française” where ESPD was officially launched.

Mission
The goals of ESPD are the promotion of teaching, scientific research and international contacts in Europe in the field of pediatric dermatology. All doctors and researchers in the specialism are eligible to membership. The Society has 130 members of European and international origin.

Publications
The ESPD has two official journals: European Journal of Pediatric Dermatology and Pediatric Dermatology as well as a website (www.espd.info).

Activities
ESPD aims to organise an event every year to facilitate the coming together of young professionals and distinguished pediatric dermatologists, clinicians and basic scientists.

A summer school and a three-day congress are the main events, alternating every year. Additionally ESPD organises every second year a sub-specialty society meeting at the annual EADV congress.

The first ESPD Summer School for Pediatric Dermatology took place in Istanbul on 5-7 June 2009. The seminar’s theme was “Emergencies in Pediatric Dermatology” and it was attended by 400 trainees and specialised colleagues in dermatology or pediatrics. Following the success of the ESPD congress in 2008 in Athens Greece, the Society is looking forward to the next three-day congress in pediatric dermatology to be held in Lausanne, Switzerland, on 20-22 May 2010. All EADV members are welcome to actively participate in our events.

Contact
Talia Kakourou
Secretary General
ESPD
First Pediatric Dept, Athens University
Aghia Sophia Children’s Hospital
Athens, Greece.
E-mail: secretary@espd.info;
Kakst@otenet.gr
Update from the EADV Task Force on HPV Infections

HPV: dermatology and/or venereology?

Anogenital infections caused by Human papillomavirus (HPV) are the most frequently diagnosed sexually-transmitted infections (STIs) of viral origin. HPV is the cause of cervical cancer and other anogenital cancers, not only in women but also in men.

Anogenital warts (condylomata acuminata) are the most common lesions presented in both men and women. However, over the past decade, other HPV-associated lesions such as condylomata plana, vulvar, vaginal, penile, scrotal, and anal intraepithelial neoplasias, as well as penile, urethral bladder and prostate cancers have been studied a bit more extensively (not to speak of the laryngeal involvement!). Consistent studies are still lacking for the male population.

The clinical variations might range from clinically “invisible”, “asymptomatic” lesions to penile carcinoma and anal carcinoma, the bizarre forms of giant condyloma of Buschke-Löwenstein type, including Bowen, different kinds of erythroplasias in both men and women and a large spectrum of HPV-induced dermatovenereological entities in the genital region (the “non-genital” HPV-associated diseases, familiar to dermatological practice are not even mentioned here).

More than 35 types of HPV infect the genital tract; types 16 and 18 induce about 70% of high-grade intraepithelial genital neoplasias (not only cervical), and HPV 6 and 11 cause 90% of anogenital warts. However, the “banality” of anogenital warts should not be underestimated providing that the high risk HPV DNA 16 and 18 can be isolated from “benign” HPV-associated genital lesions (anogenital warts) in about 30% of patients, ie more than it is usually expected. On the other hand, the presence and the recalcitrant course of HPV DNA 6- and 11-associated diseases represent a significant physical and psychological problem for both men and women.

We need the HPV vaccination programme to try to get rid of one of the oldest and up to now unsolved problems of mankind. Logically, managing both partners is necessary in order to eliminate the virus in the population. Approaches to this include prophylactic HPV vaccines for both men and women. There is a real need for a co-ordinated effort by patients, parents, health professionals, hospitals, and policy-makers to ensure successful implementation of vaccination programmes.

Evidence-based guidelines help everyone to become more familiar with HPV vaccination and how to handle this exciting new development of cancer prevention and prevention of genitoanal warts (Pathirana et al. Vaccine 2009 23;27(34):4551-9).

Some recent activities of the EADV Task Force for HPV-genital infections include:

- 23rd IUSTI (International Union against Sexually-Transmitted Infections) Europe Conference, Cavtat/Dubrovnik, Croatia, October 2007; HPV Symposium (co-organised by the EADV HPV Task Force)
- 24th IUSTI Europe Conference, Milan, Italy, September 2008: HPV Symposium co-chaired by Prof Gerd Gross (Rostock, Germany) and Prof Mihael Skerlev (Zagreb, Croatia)
- 6th EADV Spring Symposium, Bucharest 2009: Focus Session on HPV vaccine (M Skerlev)

As a very important part of future activities we strongly recommend and plan to organise HPV Courses on behalf of the EADV HPV Task Force in order to raise the awareness of the HPV prevention issue within the European dermato-venereological community.

A proper dermato-logical training is required as the clinical criterion is still very important and HPV-induced lesions get quite often misdiagnosed unless managed by skilled professionals. HPV courses run by the EADV HPV Task Force will enable interested colleagues to become more familiar with diagnosis, treatment and prevention of HPV-associated diseases. It can be thus concluded that HPV-genital infections represent a significant dermato-venereological issue, and dermato-venereologists should definitely be the part of the HPV vaccine programme team.

Mihael Skerlev and Gerd Gross

Prof Mihael Skerlev (left) and Prof Gerd Gross during the EADV HPV Symposium at the Berlin Congress in 2009

- 18th EADV Congress, Berlin, October 2009: HPV Symposium (Chair: G Gross), Focus Session on HPV Diseases (M Skerlev)
- IUSTI World Congress Cape Town, South Africa 2009… and many others.

Future activities

The HPV Symposium is also part of the forthcoming 7th EADV Spring Symposium to be held in May 2010 in Cavtat, Croatia.

As a very important part of future activities we strongly recommend and plan to organise HPV Courses on behalf of the EADV HPV Task Force in order to raise the awareness of the HPV prevention issue within the European dermato-venereological community.
EADV and the Local Organising Committee invite you to join us in Gothenburg for the 19th EADV Congress from 6-10 October 2010.

The 19th EADV Congress will be dedicated to the presentation and discussion of the most recent developments in dermatology and venereology.

Scientific programme

The scientific programme of the meeting will feature nine Plenary Lectures, more than a dozen courses, over 50 symposia and 26 workshops, all experts in their field who will refer to the actual knowledge and future perspectives of their topics. Together with interactive self-assessment sessions, “What’s New?” lectures, focus sessions and satellite symposia, the Congress programme will give a comprehensive insight into diagnostic and therapeutic developments in dermatology and venereology.

Plenary highlights

The Plenary Lectures will cover hot dermato-political topics and highlights of dermatological research:

- U Jappe (Lübeck, Germany) will discuss multi-resistant bacteria: are they important in dermatology?
- J Larsson (Gothenburg, Sweden) will discuss dermatology and the environment
- B Diffey (Newcastle, UK) will lecture on sun, vitamin D and the skin
- E Stockfleth (Berlin, Germany) will present skin cancer in OTR
- R Warren (Manchester, UK) will look at pharmacogenomics
- J Serup (Copenhagen, Denmark) will highlight the importance of patient compliance in treatment outcome
- A Stary (Vienna, Austria) will point out the evolving strategies in STI prevention
- Y Barrandon (Lausanne, Switzerland) will give an overview of stem cells in dermatology
- A Hauschild (Kiel, Germany) will outline molecularly targeted treatments in skin cancer (or inflammatory skin diseases)

In addition to the scientific events at the Congress itself, EADV will continue its successful partnership with specialised
dermatological sub-specialty societies who will hold satellite meetings at the Congress Centre on the Wednesday prior to the Congress opening. For detailed information please consult our website at www.EADVGothenburg2010.org

The EADV and the Local Organising Committee are pleased to welcome you to Gothenburg and will do their very best to make this Congress a most memorable scientific, social and cultural experience. We are very much looking forward to seeing you in October!

Olle Larkö
Congress President 2010
On behalf of the Local Scientific Committee

---

Key Dates to Remember

- Fellowship Application closes 29 April 2010
- Notification of Acceptance of Abstracts 30 May 2010
- Early Bird Registration closes 18 June 2010
- Deadline for Hotel Reservation 31 August 2010
- Congress Opening Ceremony 6 October 2009 at 18h30

---

Focus Update for Specialists/Private Practitioners
Training Course
Psychodermatology

15-18 July, 2010 in Brussels, Belgium
Course chair: Dr. Françoise Poot (ESDaP)
Course registration fee: ESDaP/EADV members: 250 Euros
non-members: 400 Euros
CME accreditation: to be allocated
Application deadline: 1 June, 2010
Number of places: 20, allocated on a first-come,
first-served basis
Course language: English

Participants receive:
- An interactive course with engaging discussions
- Educational material, certificate of attendance, CME certificate (tbc), catering and a social event (dinner) during course

Further information & application form are available online at: www.eadv.org
For enquiries and/or submission of documents either by e-mail or fax to:
fostering@eadv.org, 0032 265 000 98
Phono: 0032 265 000 90
At the Board Meeting in Paris 2008, EADV decided to inaugurate an International Committee in order to offer a platform for the increasing number of international members of our Academy. Alberto Giannetti (Modena, Italy) and Johannes Ring (Munich, Germany) were elected as chairpersons of the committee.

The committee members are:

- **Americas**: Diane Baker (USA), David McLean (Canada), Ricardo Galimberti (Argentina), Marcia Ramos-Silva (Brazil)
- **Asia/Pacific**: Soo-Chan Kim (Korea), Dedee Murrell (Australia), Hiroshi Shimizu (Japan), Flora Xiang (China)
- **Africa/Middle East**: Sarah Brenner (Israel), John Masenga (Tanzania)
- **Europe**: Julián Conejo-Mir (Spain), Sarolta Karpati (Hungary), Olle Larkö (Sweden)

At the 2009 Berlin Congress, the International Committee had its first meeting where a number of current problems were discussed and interesting ideas were developed to be put forward to the Board and Executive Committee.

One major focus definitely is the effort to help the increasing number of young dermatologists from overseas countries. Ideas under discussion included extending the current and very well appreciated scholarship programme and introducing a certain number of reduced registration fees for young residents from overseas countries.

Financial support is only one part of the help EADV could give: it would be also very attractive to create special certificates for residents submitting very good abstracts.

Some members of the Committee felt that it would be helpful to make proposals to the Scientific Committee for EADV congresses or spring symposia and a potential exchange of speakers or maybe symposia between big congresses in America, Europe or Asia was also discussed.

Providing help where there is real need is another key consideration. John Masenga described the situation in Central Africa where not only financial and personal help is needed, but also help in creating dermatology societies. This should be done in close cooperation with the International League of Dermatological Societies (ILDS). John Masenga expressed his thanks for the continued support EADV is giving for the regional training centre in Moshi, Tanzania.

Through the International Committee, EADV international members should get a voice within the Academy; maybe even an official observer could be nominated at the EADV Board.

**Alberto Giannetti** (Modena) and **Johannes Ring** (Munich)

**Co-Chairs**

**EADV International Committee**

### Joint courses

Furthermore, international co-operation between dermatology societies of various countries was discussed and common programmes met with approval, such as the first joint review course “State of the art in dermatology” between the American Academy of Dermatology (AAD) and the European Academy of Dermatology and Venereology (EADV) organised in Munich in June by Johannes Ring and Mary Maloney. Similar programmes in co-operation with a Japanese or Korean society or with Latin America could also be looked into.

### Collaborative research

Another topic is common research projects, since EADV not only has the mission to promote teaching and education, but also generally advancing the specialty. Here the European Society for Dermatological Research (ESDR), the Society of Investigative Dermatology (SID) and the Japanese Society for Investigative Dermatology (JSID) should be approached.

### News from the European Parliament

**Amended definition of the medical act**

The European Parliament has amended the European definition of the medical act, which is now defined as:

> “The medical act encompasses all the professional actions, eg scientific, teaching, training and educational, organisational, clinical and medico-technical steps, performed to promote health and functioning, prevent diseases, provide diagnostic or therapeutic and rehabilitative care to patients, individuals, groups or communities in the framework of the respect of ethical and deontological values. It is the responsibility of, and must always be performed by a registered medical doctor/physician or under his or her direct supervision and/or prescription.”

(UEMS News 2009/04, June 2009, p1)

**Comment:** It is important for every doctor, also dermato-venereologists, to be aware of this important statement, also for medico-legal reasons, especially when delegating a medical act!

**Jean-Paul A Gabbud**

jgabbud@bluewin.ch

Chairman CME-CPD Committee

Swiss delegate to UEMS, Section & Board D/V
NOTICE OF EXTRAORDINARY GENERAL MEETING

Your attention is drawn to the announcement of an Extraordinary General Meeting to be held at Ragusa Room, Hotel Croatia, Cavtat, Croatia on Thursday, 13 May 2010 at 09.00 to adopt or reject the proposed changes to the Statutes.

The official announcement with all details has been posted at the EADV website www.eadv.org

Please note that the website also contains detailed information regarding voting procedures which may be either electronic or in person at the EGM.

Electronic Voting
Arrangements have been made with the Electoral Reform Society, an independent organisation that is also responsible for EADV Presidential elections, as follows:

1 CONFIRM YOUR E-MAIL ADDRESS TO THE EADV OFFICE (membership@eadv.org)

2 DETAILED VOTING INSTRUCTIONS WILL BE SENT TO YOU ELECTRONICALLY BY THE ELECTORAL REFORM SOCIETY INCLUDING YOUR PIN NUMBER

Members who do not have an e-mail address will receive the necessary documentation by post.

REMEMBER:
only those who have paid their 2010 subscription are entitled to vote.

Joseph L Pace
Secretary General 2 March 2010

IMPORTANT ANNOUNCEMENT

Membership dues and voting rights

IF THE PROPOSED AMENDMENTS TO STATUTES ARE PASSED AT THE CAVTAT EGM THEY COME INTO IMMEDIATE EFFECT AND ONLY THOSE WHO HAVE SETTLED THEIR ANNUAL DUES BY 31 MAY WILL BE ELIGIBLE TO VOTE IN THE PRESIDENTIAL ELECTION LATER THIS YEAR.

You may wish to pay online: www.eadv.org or contact the membership office: membership@eadv.org
ELECTION OF PRESIDENT-ELECT 2010/2012

1 March 2010

Notice is hereby given that nominations for EADV President-elect 2010/2012 will be received by the undersigned at EADV (succursale belge),* Avenue General de Gaulle 38, B-1050 Brussels, Belgium until 17.00 (Central European Time) on Thursday, 7 May 2010.

The electoral process will be concluded at the 2010 Annual General Meeting of EADV to be held on 7 October 2010 in Gothenburg at the Swedish Exhibition and Congress Centre, at 11.15, when the result of the election will be announced.

Applications:
It is strongly advised to use registered mail or courier. Electronic submission is acceptable provided that a hard copy follows immediately afterwards.

These will include:

i a 2-page CV on A4 paper
ii a head and shoulders photograph
iii a position statement of 2 A4 pages to address inter alia the candidate’s vision for EADV
iv two letters of support from EADV voting members. These letters may confirm and amplify the content of the candidate’s statement as well as additional information that the candidate did not include him/herself.
v the official nomination form signed by the candidate and two supporting EADV voting members in good standing (fully paid-up for current year)

These documents are made available to the membership electronically or in print.

Electronic Voting
The election will be conducted electronically utilising the services of an independent electoral organisation, the Electoral Reform Society of London, that has managed our last Presidential election highly satisfactorily. Members who do not have an e-mail address will receive the necessary documentation by post.

If more than two valid nominations are received, the single transferable voting method will be used.

Rules governing the election of the President-elect and 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 used, it is imperative that e-mail addresses are updated as soon as possible.

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

Joseph L Pace MD
Secretary General
I, the undersigned, nominate

Dr / Prof ____________________________

a Specialist member of EADV, for the position of President-elect in October 2010.

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 (2010-2012)

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

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

Signature: 

Date: ...............................................................................................
Exanthem is a word that comes from the Greek “exanthema” which means “a breaking out like a flower blossom”. To date this word is the medical name given to a widespread rash that is usually accompanied by systemic symptoms such as fever or malaise and headache. It is usually caused by an infectious condition such as a virus and represents either a reaction to a toxin produced by the organism, damage to the skin by the organism, or an immune response. Exanthems may also be due to a drug, especially antibiotics.

This definition is not very specific, so the terms “rash” and “eruption” are often used synonymously. The six classical exanthems described in paediatric textbooks are the following:

- 1st disease – Measles
- 2nd disease – Scarlet fever
- 3rd disease – Rubella
- 4th disease – Filatow-Duke disease
- 5th disease – Megaloerythema
- 6th disease – Exanthema subitum

Indeed, this list just has a historical value mixing viral and bacterial exanthems and represents only the chronological registration of the different diseases, not taking into account their origin. Not enough has the existence of the 4th disease, that was first described more than a century ago, been demonstrated.

In the past Filatow-Duke disease was described as a minor form of scarlet fever. Moreover, Varicella (Chickenpox) has not been included in the historic list.

As it has been said before, exanthems can be caused by an infection or by a drug. In the first case, many viruses (e.g. Morbillivirus, EBV, CMV, HIV, VZV, rubellavirus, parvovirus B19, HHV6, Dengue flavivirus) and bacteria (e.g. staphylococcus aureus, streptococcus pyogenes, meningococcus, mycoplasma, rickettsiae) can cause exanthematous eruptions.

In many other cases pathogenesis can only be suspected: in measles, an antigen-antibody mechanism is supposed because the rash starts when antibodies are appearing.

The fact that many patients with an exanthem have taken one or more drug, makes it often impossible to distinguish between a form induced by microorganisms or a form induced by a drug. Moreover, drugs can provoke almost every type of exanthem including the three major patterns, eg morbilliform, scarlatiniform and roseoliform rash.

The following checklist, although not exhaustive, can be useful in order to distinguish the respective role of microorganisms and drugs in the provocation of skin eruptions.

Carlo Gelmetti MD
Clinica Dermatologica
Università degli Studi di Milano
Fondazione IRCCS Ca’ Granda “Ospedale Maggiore Policlinico” di Milano
E-mail: carlo.gelmetti@unimi.it

<table>
<thead>
<tr>
<th>Exanthems caused by micro-organisms</th>
<th>Exanthems caused by drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>infants</td>
<td>adolescents/adults</td>
</tr>
<tr>
<td>epidemics</td>
<td>sporadic</td>
</tr>
<tr>
<td>“safe” drugs</td>
<td>“suspect” drugs</td>
</tr>
<tr>
<td>“typical” presentation</td>
<td>“atypical” presentation</td>
</tr>
<tr>
<td>pruritus: absent/mild</td>
<td>pruritus: moderate/severe</td>
</tr>
<tr>
<td>fever: mild to severe</td>
<td>fever: absent/mild</td>
</tr>
<tr>
<td>lymphadenopathy-splenomegaly</td>
<td>lymphoadenopathy: absent/mild</td>
</tr>
<tr>
<td>lymphopenia</td>
<td>hypereosinophilia</td>
</tr>
<tr>
<td>&gt; IFN gamma</td>
<td>&gt; IL4, IL5, eotaxine</td>
</tr>
</tbody>
</table>
The total membership at the end of 2009 amounted to 3300. Of these, 16.5% are international, and 10.8% are junior. It is encouraging to note that junior membership has doubled in the last couple of years, possibly due to new initiatives to attract trainees, particularly the fostering programme. Applicants for the very popular fostering educational activities, who happen to be members of EADV, are given priority and receive an additional grant. The numbers in the new ordinary membership category remain low, despite original fears that this category could attract the wrong people to the Academy.

More Board input

The Academy still faces a significant degree of non-renewal of membership year in year out and the rate tends to be higher in non-election years. One possible contributing factor could be the fact that most pharmaceutical companies have adopted a new general policy of not sponsoring subscription fees. It has to be said that the newly-adopted system of asking board members to issue reminders to defaulting national colleagues to renew their membership subscription has proved beneficial and the further collaboration of all board members in this regard is desirable.

Reviewing member benefits

Another probable contributing factor is the low differential congress registration fee for members and non-members. As it stands, EADV congress fees for non-members is under twice that for members, whereas the AAD congress fee for non-members is over three times that for members. The committee feels that the difference is far too small to attract substantial numbers of new members and to minimise retention failure.

New renewal and voting rules

As it stands, the deadline for membership renewal is 31 March, following which a late payment fee of €25 is incurred, while the deadline for voting rights is 31 August. This means that if a member renews the subscription after 31 March, paying the late payment penalty before 31 August, that member still retains voting rights.

This system has proved to be somewhat complicated to administer and consequently, in order to simplify matters, it is being proposed that the deadline for membership renewal and that for voting rights will both fall on the same day, that is, 31 May. These changes will likely apply from this year if the new amended statutes are ratified at the EGM to be held at the EADV Spring meeting in Croatia. For this year the late payment fee of €25 normally incurred after 31 March has been waived as a one-off concession to facilitate a smooth transition.

At present, relapsers who have not paid for more than one year but less than five years can still join again, without having to pay for the missing years, without going through the process of re-application, and without losing their voting rights.

This is a good incentive for politically-motivated regular relapsers just to pay during election years. This state of affairs is believed to be too liberal, and the committee is therefore proposing that in this situation, relapsers wishing to rejoin are given 2 choices:

1. They can settle their dues for the past years and keep their voting rights if they pay before 31 May of the year of application, or
2. They can go through the new member’s application process such that they would not have to pay for past years’ dues, but they would not have voting rights for the first year, as is the case with all new members. This is thought to be a fair way of dealing with this contentious issue and at the same time cut down on abuse.

There has been some difficulty in the case of applicants for international membership finding three European specialist endorsers as stipulated by the revised statutes. Therefore, this committee is pleased that the EC has taken the stand of accepting two international specialist members and only one European specialist member to act as endorsers in this situation. Furthermore, in the event that an international applicant cannot even find one European endorser, they can be endorsed by one EADV officer.

Lawrence Scerri
Chairman
EADV Membership Committee
Board Member Profiles

Michael Boffa (Malta)

Michael Boffa graduated in Medicine from the University of Malta in 1986. In 1991 he moved to the UK and attended St John’s Hospital, London, on a Commonwealth scholarship and subsequently trained as Registrar and Senior Registrar in Dermatology in Manchester. He has been a Consultant Dermatologist since 1996, initially in Bradford (UK) and, since returning home in 1997, in Malta in public service and in private practice.

Dr Boffa is Senior Lecturer in Dermatology at the University of Malta, Vice-President of the Maltese Association of Dermatology and Venereology and an elected member of the Maltese Association of Dermatology. The public Dermatology Department in Malta is located at the Sir Paul Boffa Hospital, Floriana, named after Dr Boffa’s late great-uncle who was a medical doctor and prime minister of Malta from 1947-1950. Dr Boffa is married and has 3 children.

Commenting on his appointment, Dr Boffa said, “I feel honoured to have been elected to the EADV Board and look forward to representing my Maltese colleagues and making a valid contribution at Board level. EADV has developed immensely in recent years and is now undoubtedly the leading dermatological association in Europe. Thanks to the efforts of many individuals it has managed to raise the profile of dermatology throughout the continent and beyond. I believe EADV has a primary role in creating educational opportunities for practising dermatologists, particularly those in private practice and others working in small/isolated departments where such opportunities may be lacking. Apart from regular congresses and formal courses these could include short study visits/attachments to centres of excellence and I believe the EADV should set up, encourage and support a programme of such visits.”

Florence Corgibet (France)

“IT'S A GREAT PLEASURE AND A GREAT HONOUR FOR ME TO HAVE BEEN ELECTED TO THE EADV BOARD, TO REPRESENT THE PRIVATE PRACTITIONERS IN FRANCE, ALONG SIDE PROF CARLE PAUL FROM TOULOUSE. I HAVE WORKED AS PRIVATE DERMATOLOGIST IN BURGUNDY (DIJON) FOR 20 YEARS AFTER SIX YEARS SPENT AS A RESIDENT IN PROF LAMBERT’S DEPARTMENT OF DERMATOLOGY AT THE UNIVERSITY HOSPITAL OF DIJON. I AM PRESIDENT OF THE ASSOCIATION OF DERMATOLOGISTS OF BURGUNDY AND ON THE BOARD OF THE FEDERATION OF THE ASSOCIATIONS OF FRENCH DERMATOLOGISTS (FFCLEDV). ONE OF MY MAIN INTERESTS IS DERMATOLOGIC SURGERY, WHICH I PROMOTE WITHIN THE FRENCH SOCIETY OF DERMATOLOGY BY ORGANISING WORKSHOPS, INTER-UNIVERSITY DIPLOMA COURSES AND ANNUAL MEETINGS. I AM ALSO VERY INTERESTED IN PAEDIATRIC DERMATOLOGY, NAIL PATHOLOGIES AND INTERNAL MEDICINE.

I AM KEEN TO BE INVOLVED IN THE RUNNING OF EADV WHICH PROVIDES A TREMENDOUS OPPORTUNITY TO COMPARE AND EXCHANGE JOINT IDEAS AND EXPERIENCE. I HOPE I WILL BE USEFUL WITHIN THIS INSTITUTION WHICH ALLOWS EXTREMELY FRUITFUL COLLABORATIONS BETWEEN MANY GREAT SPECIALISTS AND THROWS NEW LIGHT ON OUR RICH AND EXCITING SPECIALTY. WE ARE LUCKY TO LIVE IN COUNTRIES WHICH HAVE A STRONG MEDICAL BACKGROUND AND ARE A ROLE MODEL IN MANY DIFFERENT FIELDS. IT IS ESSENTIAL TO GATHER AND TO SHARE THIS KNOWLEDGE AND THIS EXPERTISE FOR THE BENEFIT OF EVERYBODY AND ABOVE ALL FOR OUR BEAUTIFUL SPECIALTY. EADV MUST PLAY A MAJOR WORLDWIDE ROLE IN THE PROMOTION OF DERMATOLOGY. I AM LOOKING FORWARD TO MEETING THE OTHERS BOARD MEMBERS AND BRINGING MY CONTRIBUTION TO ITS INFLUENCE.”

Martin Röcken (Germany)

Martin Röcken studied medicine at the universities of Brussels, Berlin, Bern and Lausanne. From 1984 to 1988 he specialised in dermatology, venereology and allergology at the City Hospital Munich, Germany. His academic career started in 1989 at the Department of Dermatology, University of Geneva. From 1991-1992 he was guest scientist at the National Institutes of Health in Bethesda, Maryland (USA) and in 1993 he started at the Department of Dermatology and Allergology, University of Munich, first as assistant professor and then continuing as a full professor of dermatology. Since 2002 Prof Röcken has been a full professor and chairman of the Department of Dermatology in Tübingen, Germany, one of the largest departments of dermatology, specialised in dermato-oncology and system therapies, allergy and inflammatory disease, dermato-histopathology, laboratory medicine and palliative medicine.

His major research focus is the understanding of chronic inflammation in autoimmune diseases and infection and cancer development, and the development of targeted therapies for inflammatory autoimmune diseases and skin cancer.

When asked for his perspectives on the Board of EADV, he commented he will “strongly promote the understanding of severe skin diseases and the development of novel therapies on the European level. Close international co-operation, clinical development and the solid training of young dermatologists will help us to improve the health of our severely diseased patients all through Europe.”
EADV Committee Updates

Website Committee
New chairman, new objectives!

Following the launch of the new EADV website last year, the Website Committee now has a new chairman, Dr Klaus Fritz. The objective set by Dr Fritz is to make our website clearer and easily accessible for all. We will also work on providing more website-based CME tools, webinars, congress PowerPoint presentations or streaming videos.

With this in mind, the content of some pages has been reviewed and improved:

- **Publications**: just click on the cover of each EADV publication to read the latest issue. Previous issues of EADV News remain accessible from the Newsletters page.
- **EADV Scholarships and Grants**: each now has its own dedicated page.
- **CME-CPD**: questionnaires are now accessible to all EADV members and their certificates can be downloaded and printed directly from the website after the results have been displayed.
- **Patients’ information**: patients and EADV members can find information about a specific topic thanks to the Links page. In order to help people find the correct information, these links have been listed according to the status of each organisation (eg topic, extent and target public).
- **Payments**: EADV annual dues can be settled through the website. To counter the difficulties some web users had in making payments online tips have now been added under the payment fields to facilitate their use. The system is secure and is for the benefit of all!

In the future, the EADV Website Committee wishes to increase not only the number of Congress presentations available online to members (with the speakers’ permission, making sure that pictures and texts don’t violate copyright rules) but also to develop a streaming access of the presentations for people who – unfortunately – cannot attend our meetings, or for participants who miss a presentation due to schedule incompatibilities. This would ensure greater visibility and better promotion of the activities of the Academy.

Klaus Fritz
Chairman
Website Committee
Please send your suggestions, feedback and contributions to Alexandre Dewaide at: alexandre@eadv.org

---

CME-CPD Committee

Statistics from the EADV Berlin Congress 2009

Thank you to all the participants at the Berlin Congress who answered the evaluation sheet distributed on behalf of the CME-CPD Committee. Why is it so important to have data about attendance at the various events and the quality of the presentations?

The answer is simply because our Scientific Programming Committee, together with the CME-CPD Committee, use the statistics to establish the content of the programmes of the next Congresses and Symposia, already 18 months before the event takes place. It is therefore important to know what our participants like or dislike!

As in former evaluations, we only considered the rating of topics and the ranking of sessions with more than 20 participants.

For reasons of confidentiality, we do not publish individual speaker ratings.

Nonetheless, speakers may ask for their personal data by mailing to cme-cpd@eadv.org

The **10 best attended topics** were:

1. Acne (S11)
2. Diseases of Oral Mucosa (S14)
3. What’s New in Food Allergies? (WN 1)
4. Atopic Dermatitis (S03)
5. Plenary 1 (Health Care Perspectives in European Dermatology) (PL01)
6. Dermatoses in the Genital Area (S12)
7. Etiology and Management of Pruritus (W06)
8. Diagnosis and Management of Vasculitis (S13)
9. Adverse Drug Reactions (S02)
10. Novel Therapeutic Options for Skin Diseases (S29)

The **10 highest rated events** were:

1. Basic Dermoscopy (W32)
2. Mastocytosis (FS02)
3. What’s your Venereological Diagnosis? (TY03)
4. Proctology (FS09)
5. What Clinicians should know about Dermatopathology (W26)
6. Human Papillomaviruses (S20)
7. What’s your Clinical Diagnosis? (TY01)
8. How to Manage Melanocytic Nevi (F02)
9. Tumour Surgery of the Face (FS08)
10. Novel Drugs - New Adverse Skin Reactions (S28)

It is encouraging that the core of dermatology is still in the focus of interest of Congress attendees.

Once again, due to scanning problems unrelated to EADV staff, a few events could not be included in the statistics. We apologise to the speakers concerned.

On behalf of the CME-CPD Committee
Jean-Paul A Gabbud
Chairman
jgabbud@bluewin.ch

---

GAIN CME-CPD online credits: Log on to our monthly Multiple Question Online Test at www.eadv.org > education > gain cme-cpd online and get immediately correct answers and your certificate.
Spotlight on young dermatologists

Serena Lembo (Italy)

“My name is Serena Lembo. I am 31 and live in Naples. I had wanted to become a dermatologist like my father since I was a child. I graduated from the Medical School at Federico II University of Naples in 2002 and completed the dermatology training programme there in 2007. During my 4 years of training I studied and practised in the field of photodermatology, working with Prof Giuseppe Monfrecola and on dermato-allergology following the teaching of Prof Fabio Ayala. I also worked in general dermatology in outpatients services and in the dermoscopy clinic. With the other trainee doctors, we had to be examined orally every year by all the professors involved in the programme, in order to be admitted to the following year.

I joined EADV in 2004, ESDR in 2006 and am, of course, a member of SiDeMaST, the Italian Society of Dermatology. Since I started my training programme and registered to join EADV junior section, I have taken part in a number of activities organised by the Academy around Europe.

In 2004, I participated in a training course on bullous diseases held in London in 2006 and in a training course on paediatric dermatology in Rhodes in 2007, as well as the training course in dermatopathology in Graz in 2008. In 2007 I won the John Stratigos Fellowship and I attended the EADV annual meeting in Vienna, where I presented the results of my Irish research. The previous year, thanks to the permission of the Italian SPR programme and to the co-operation of Dr Gillian Murphy, Head of the Dermatology Dept at Beaumont Hospital, Dublin, I spent 6 months running a research project on the incidence of skin cancer and PLE in the Irish population. This was a great challenge and a very important experience.

Participating in the Fostering Programme training courses was very important in the building up of my scientific and investigative “curiosity”. Meeting young colleagues from other European countries with the same interests and wishes makes you feel part of a community and encourages sharing projects and co-operation. With the expansion of the EU these feelings are necessary for the improvement of scientific progress and patients quality of life. I think EADV is doing a great job leading young dermatologists in this direction.

I am now completing the second year of my PhD and am involved in research about psoriasis pathogenesis and biochemical markers.

I hope to have the possibility to continue participating in EADV events, in order to consolidate and enlarge friendship and co-operation with my European colleagues.”

Sandra Peternel (Croatia)

“I was born in 1977 in Rijeka, a town on the northern Adriatic coast of Croatia. I graduated from the School of Medicine at the University in Rijeka and completed a 3-year postgraduate scientific study in Biomedicine. In Croatia, it is difficult to obtain a residency in dermatology as we are a small country and new resident positions are opened rarely. Not even graduating top of my class and receiving the Rector’s Award for the best student of the School of Medicine could give me the opportunity to choose the desired residency. Nevertheless, I managed to enter the world of dermatology by becoming a research fellow of the Croatian Ministry of Science, Education and Sports. I am currently working on my PhD thesis on the immunopathogenesis of psoriasis and am performing some of the experimental work myself, such as immunohistochemistry and immunofluorescence on skin biopsy specimens.

By the end of 2008, I became a resident at the Department of Dermato-venereology of the Clinical Hospital Centre in Rijeka and applied for EADV membership soon after. So far, I have participated in two EADV fostering courses, the Genodermatoses in Salzburg and Summer School Microbiology in Vienna. I found these courses a valuable source of knowledge taught by the best and a motivation for professional development at a high standard European level. I hope that, through the organisation of training courses, EADV will establish a strong professional network that will maintain dermatology and venereology as an extensive, yet autonomous medical specialty with excellence being its main distinguishing quality.

I am also happy that the courses gave me the opportunity to meet many young colleagues, future dermatologists, to share experiences, perceive the European diversity and to create new friendships. With that in mind, I look forward to welcoming my new European colleagues to Cavtat, Croatia at the next EADV Spring Symposium!”
Dear friends,

This message is shorter than usual (I hear sighs of relief!) as a number of important issues will be decided upon in the very near future and an update may well appear on the website in due course.

Staying therefore with the bare essentials, we have:

**Spring Symposium**

Preparations are in full swing for the 7th EADV Spring Symposium which will be held in Cavtat, Croatia from 13 to 16 May. The Symposium has as its logo “Harmony in Dermatology and Venereology” inspired by the need for the co-existence of skin and venereal diseases. In addition to the scientific programme you will get the opportunity to discover Dubrovnik, a magnificent city from the UNESCO List of Cultural Heritage, whose city walls are very well preserved and a walk along them is an absolute must. Let’s experience the warm hospitality of the Croatians as well as majestic mountains and the breathtaking shores of the Adriatic Sea.

**New Treasurer-elect**

I am pleased to announce that Jørgen Ronnevig was elected Treasurer-elect for a two-year period. We congratulate Jørgen and wish him well. His stint as Chairman of the Finance Committee has given him ample experience regarding the Academy’s finances. Prof Martino Neumann is now the new Chairman of the Finance Committee.

**New Board Members**

Nikolay Potekaev and Matilda Bylaite are the first Board Members to represent the Russian Federation and Lithuania respectively. Magnus Bruze was elected Board Member for Sweden. We welcome them all to the EADV family.

**President-elect**

In this issue you will find a call for applications to fill the position of President-elect (2010-2012). A nomination form is also enclosed. The election will be held in September/October and is managed entirely by the Electoral Reform Society (ERS), a London-based independent electoral body which has organised the past two elections with great efficiency. The election will be conducted electronically; however, members who do not have an e-mail address will receive necessary documentation by post.

On a personal note I wish to welcome Laura Moens, who replaces Stefanie Blum in our Brussels office, and take this opportunity to thank Stefanie for her excellent work with the Website, Media and PR Committees.

---

Joseph L Pace
Secretary General
Send your pictures to EADV News ...

Send us pictures of dermato-venereology practice to: laura@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

EADV supports Wroclaw restoration project

Books and moulages restored

The collection of books and prints in the library of the Wroclaw Department of Dermatology is one of the biggest in Poland. The oldest objects date from the 18th century and the collection started in 1877 when the department was established.

We gratefully acknowledge the generous donation from EADV for:

• cataloguing the most important volumes,
• the restoration work of the most important volumes
• the partial scanning of these volumes

We also plan the restoration of the Wroclaw collection of moulages. The cataloguing is finished, but now we will start to estimate the condition of the collection.

History

The Wroclaw Department of Dermatology (Breslauer Universitaet Hautklinik) was founded in 1877 thanks to the efforts of Heinrich Koebner (1838-1904). When his health problems forced him to leave Wroclaw in 1878, Dr Oskar Simon (1845-1882) became the new head of the department. Albert Neisser (1855-1916) was the first full-time assistant of the department and one of Simon’s favourite students. In 1882 Oskar Simon died. Neisser, still only 27 years old, accepted the post and was granted the title of Professor Extraordinary (Professor Extraordinarius) of dermatology and venereology. Neisser enjoyed such high esteem among Wroclaw clinicians (fig 1) and Berlin health authorities that, already in 1892, his Department of Dermatology and Venereology was moved to a new, modern, separate building in the complex of University Hospital, which is still in use today (fig 2).

Thanks to a well thought-out and excellent design this new building had the capacity to serve as an education facility (a library and a lecture hall for 98 people), as well as a medical institution (with 95 hospital beds) and a research centre (various laboratories). The design was prepared in close consultation with Prof Neisser and was frequently revised during its construction. His personality, diligence, and success in research soon earned his department wide recognition as the Wroclaw School of Dermatology. Prof Neisser donated his private collection of books and journals to the library of his department. He died in 1916 and was succeeded by Joseph Jadassohn (1863-1936), another outstanding dermatologist of those times.

In 1931 Max Jessner (1887-1978) took over for the next four years and was succeeded by Heinrich Adolf Gottron (1890-1974) in 1935, who held his post until 1945. The end of World War II marked the end of the first, German period in the history of this department.

Its heritage was taken over by professors from the University of Jan Kazimierz in Lwow (Lviv, Lemberg), the city they had to leave following the stipulations of the Yalta agreement.

The Wroclaw Department of Dermatology building did not suffer substantial damage during the war and its educational aids - moulages - and books were luckily saved from destruction.

Dr Rafal Bialynicki-Birula
Fund Administrator
Head of the Studio of the History of Dermatology
Wroclaw Department of Dermatology
Wroclaw, Poland
E-mail: rafalb@derm.am.wroc.pl

(Fig 1) Lecture in the so-called new lecture room; early 20th century. In 1914 a large lecture room was built and in this room the Museum of Moulages was arranged.

(Fig 2) The present view of the Department of Dermatology, Venereology and Allergology, Wroclaw Medical University.
Calendar of Events

> 2010

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

10th ESPD Congress
Lausanne, Switzerland
20-22 May 2010

6th Congress of the European Association of Dermatologic Oncology
Athens, Greece
17-19 June 2010

PSO 2010 - Congress of the Psoriasis International Network
Paris, France
1-4 July 2010

International Conference on Behcet’s Disease
London, UK
7-10 July 2010

25th IUSTI-Europe Conference
Tbilisi, Georgia
23-25 September 2010

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

1st World Congress on Controversies in Plastic Surgery and Dermatology (CoPLASDy)
Barcelona, Spain
4-7 November 2010

COSMODERM XVI – The International Aesthetic Dermatology Congress
Dresden, Germany
9-12 December 2010

> 2011

8th EADV Spring Symposium
Carlsbad, Czech Republic
14-17 April 2011

22nd World Congress of Dermatology
Seoul, South Korea
24-29 May 2011

20th EADV Congress
Lisbon, Portugal
20-24 October 2011

> 2012

9th EADV Spring Symposium
Verona, Italy
19-22 April 2012

21st EADV Congress
Riga, Latvia
5-9 September 2012

Fostering Dermatology & Venereology - Excellence in Education - Training Programme

Training Course Hair & Scalp
26-28 November, 2010 in Bologna, Italy
Course chair: Dr Bianca Maria Piraccini
Application deadline: 19 September, 2010
Number of places: 24
Course language: English

Selected applicants receive:
- A free of charge course with practical, hands-on experience
- Educational material, free accommodation, catering and a social event (dinner) during the course, certificate of attendance
- EADV members only: an educational grant

For queries or submission of documents via e-mail or fax to:
EADV Succursale belge
38, Avenue General de Gaulle
1050 Brussels - Belgium
Tel: +32 2 650 00 90
Fax: +32 2 650 00 98
E-mail: fostering@eadv.org

Further information & the application form are available online for download at: www.eadv.org -> Fostering courses

www.eadv.org
19th Congress of the European Academy of Dermatology and Venereology

Gothenburg 2010
6–10 October | The Swedish Exhibition Centre

For information and questions please contact:
MCI - Berlin Office
Markgrafenstrasse 56
10117 Berlin, Germany
Phone +49 (0)30 20 45 90
Fax +49 (0)30 20 45 950
E-mail info@EADVGothenburg2010.org

www.EADVGothenburg2010.org