World Psoriasis Day 2010

Updates and initiatives across Europe

The annual World Psoriasis Day was established in 2004 and takes place on 29 October. It aims to give an international voice to the 125 million people with psoriasis or psoriatic arthritis around the world by raising awareness and dispelling myths; encouraging healthcare decision-makers to give psoriasis sufferers better access to the most appropriate therapies for their condition; delivering relevant information and knowledge to interested parties; and providing a platform for patients’ voices.

Many countries organise a range of activities and national campaigns to support the initiative and we report on four countries’ methods of treating psoriasis and their activities to mark the day.

Cyprus

To mark World Day for Psoriasis, the Cyprus Dermatology & Venereology Society planned a series of activities seeking to inform people about this disease, including a press conference with dermatologists from across Cyprus and members of the public. We also worked with the media on presentations about psoriasis and on articles for publication in newspapers and magazines. Posters were also placed in all the health centres, informing the public about the disease. Statistical details are not recorded because we do not have patient lists and there is no national association for psoriasis.

Iceland

One unique treatment option we have in Iceland is the Blue Lagoon clinic, 40 kms outside Reykjavik. The patients are treated as outpatients as well as inpatients. Over the last few years, 450-550 patients have been treated annually in 6500-7500 treatment sessions. Of these about 10% of patients come from abroad. The Blue Lagoon hotel can accommodate 30 patients, although it is also used by tourists.

The silica rich water in the Blue Lagoon contains unique blue-green algae which are used in combination with UVB and Blue Lagoon creams for the treatment of psoriasis. The silica in the water has a rapid descaling effect. This treatment has been shown in studies to be superior to UVB treatment alone. It has recently been shown by Dr Henna Huld Eylsinsdottir et al that the Blue Lagoon treatment lowers the TH17 lymphocyte population so that could possibly explain a part of the efficiency of the Blue Lagoon treatment.

We still use tar in the treatment of psoriasis in the Goeckerman’s regimen. Most doctors who have seen the effect of this old treatment are impressed. However, it is difficult as an outpatient treatment as it is a lengthy and smelly process. We can still prescribe tar ointments from the pharmacies but the use of the new biological drugs is strictly regulated in Iceland.

Lithuania

To mark WPD 2010, the Lithuanian Psoriasis Association and Lithuanian Association of Dermato-venereologists organised a conference on 29 October in Kaunas, the second biggest city in Lithuania, with a special guest speaker, the world-renowned expert on psoriasis, Prof Christophers from Kiel, who presented two outstanding lectures and

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The role of kindness

In a moral sense, the Hippocratic Oath defines the work of physicians, but that does not imply that the many other factors that regulate interpersonal relationships are of no importance and may be disregarded. One of the most important of these factors is kindness, defined as the need, the willingness and the ability to do something good for another person. One may be more or less altruistic when being kind, but there is no doubt that kindness is the oil that allows the machinery of interpersonal relations to function smoothly.

The many different ways of practising medicine highlight a similar range of different approaches to the consultation process. The more acute specialties promote a more precise and efficient communication due to the need for speed, whereas more chronic or recurrent diseases such as skin diseases often promote a different approach. No matter what you do, it is, however, difficult to imagine being a good but unkind doctor.

The guidance, the consolation and the encouragement we owe our patients perform require empathy and kindness to be believable and hence effective. Veracity tempered with kindness provides a safe and fertile framework for dealing with the stress of disease. Few of us practise alone, and even fewer without any patients, and physicians do not have a monopoly on kindness. It is a general aspect of interpersonal relations and it is, therefore, reasonable to expect that our patients should kind to us as well, as should our colleagues.

In a Mankind united by fate, kindness provides us with the best chances of meeting this fate so that our resources are focused on securing the best possible outcome both as individuals and as a group. Kindness does not preclude efficiency, scientific stringency or daring novelties, but doing to others as you wish them to do to you, is a universal obligation that you abandon at your own peril.

Gregor Jemec
Editor
Suicidal ideation in teenagers with acne

Mental health issues such as depression and suicide are increasing among adolescents in Europe and a recent Norwegian population study brings the issue of suicidal ideation and acne back on the table for dermatologists again.[1] Suicidal ideation is understood as any thoughts of engaging in suicide-related behaviour and is linked to emotional distress but not necessarily associated with depression.

Why should dermatologists be concerned by these issues? Prevalence is one reason. Most dermatologists treat young people with acne problems and acne is probably the most common skin condition we meet among adolescents. The relation of acne and depression, self-esteem, the impact on body image and quality of life has been recognised in several studies. In contrast, studies exploring suicidal ideation are mostly smaller and the results are more controversial.

An association between isotretinoin, depression and suicide has been claimed but no controlled study has been performed and the existing literature is not unanimous in its conclusions. Several studies have shown that depressive symptoms decrease with successful acne treatment. The most recent study is a 12-week follow-up study among 135 acne patients, showing that depressive symptoms and suicidal ideation decrease in the majority of patients treated with isotretinoin. The authors conclude that, at least on a group level, there is no apparent association between isotretinoin treatment and suicidal ideation.[2]

Greater awareness

In the newly published Norwegian study, a sample of 3775 late adolescents from the general population participated in a survey. The complete questionnaire included self-reported information on somatic health, mental health, health-care behaviour and lifestyle. In this large non-clinical sample, 1 in 4 adolescents with a lot of acne reported suicidal ideation and adolescents with more significant acne reported suicidal ideation more frequently with an odds ratio of 1.80. For girls with a lot of acne the prevalence of suicidal ideation was twice as high as for those without acne. Boys with significant acne reported suicidal ideation 3 times as frequently as boys without acne.

Information from the Norwegian Prescription Database showed that only a few prescriptions of isotretinoin were given during the time of the study. With the size of the non-clinical sample it is highly unlikely that the findings are due to isotretinoin treatment.

This study demonstrates the relation of acne severity to suicidal ideation as well as other mental health problems in young individuals. At a population level it quantifies the burden of acne in this age group. The results of this new study emphasises that dermatologists should be even more aware of mental health issues when dealing with young people presenting with acne.

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References
President's Perspective

New priorities for a new era

As this is my first report as EADV President I would like to thank our outgoing president Andreas Katsambas who steered the “EADV Ship” safely past the various hazards of the past two years. There are many organisational and medico-political issues that have to be addressed in our Academy. Andreas dealt with these with his easy friendly style which ensured that the many different constituents of the EADV felt included in the ongoing process.

However, there are several urgent issues that we need to face in the near future. The first relates to our financial status. While EADV is fortunate to have significant funds at its disposal at the present time, it does not have financial security. This is because our charitable status in Switzerland does not facilitate us to accumulate funds in case of future need. Our main income source remains our successful annual congress. An unpredictable event, such as a natural catastrophe or civil unrest which could lead to the cancellation or major disruption of a congress could therefore place us in a difficult financial position. The effects of the recent volcano in Iceland on air travel and the 9/11 terrorist attacks are examples of such events. We must now find a way, working together with the Swiss Revenue authorities, to ensure our funds will be available for the future security of our Academy.

Redefining relationships

The second issue follows on from our financial security. EADV needs to redefine its relationship with the pharmaceutical industry. In its formative years EADV was heavily dependent on industry to support its events through both sponsorship of attendees as well as industry exhibitions. However, we have now reached a stage of development where we should go forward in co-operation with industry but no longer dependent on it. As many of you are aware, government and EU agencies are increasingly examining the relationships between industry and medical organisations. In the future there will be EU restrictions on the types of interactions permitted between medical organisations such as ours and its related industry. We should plan now to accommodate this change and not wait for regulations to be thrust upon us. In parallel with this we need to continue to grow our membership numbers so that we can become increasingly self-supporting and more representative of our specialty.

Health equality

Thirdly, we know that the level of expenditure on healthcare varies greatly in different areas of Europe. We should actively promote and campaign for adequate minimal standards of care for all patients with skin and venereal diseases throughout Europe. EADV can do this by becoming the “Voice of Dermatology” at EU level in Brussels. We will work with our sister societies (EDRS, UEMS and EDF) to identify common priorities for our specialty. We will form a coalition of relevant partners in this area of healthcare (including national dermatology societies, patient organisations and nurses) and, to be effective, we need professional advice. To this end we have initiated contacts with relevant experts in Brussels who can help us develop the strategy to have a lasting impact in this area.

These are some of the priorities that will be addressed over the next two years. With your support I look forward to dealing with these and the many other important matters that are likely to come up in the future. I will keep you updated with progress on issues and look forward to any comments members might have.

Best wishes from Dublin!

Frank C Powell
EADV President (2010-2012)
The 19th EADV Congress was the second time that the EADV Congress was held in a Scandinavian country. Attendance was tremendous with more than 7,000 participants including office and hospital-based dermato-venereologists, researchers, nurses and sponsors. People traveled to Gothenburg from over 104 different countries from all continents of the globe and 300 guests were able to enjoy the President's Dinner held inside The Museum of World Culture.

The meeting offered an outstanding programme with presentations and discussions about the most recent developments in clinical as well as experimental dermatology and venereology, as well as ample opportunity for networking, meetings and exchange of ideas in the modern and well planned venue, the Swedish Exhibition & Conference Centre situated in the heart of the city.

The morning of the first day was dedicated to satellite meetings of the various sub-speciality societies. The official programme began after lunch on 6 October with various symposia, workshops, forum sessions and a course on dermatopathology. This was topped off with a spectacular and entertaining opening ceremony in which first Prof Olle Larkö, Congress President, cordially welcomed all attendees, followed by the Governor of Västra Götaland, Lars Bäckström and outgoing EADV President Andreas Katsambas who wished all delegates a successful meeting. The master of ceremonies, Fredrik Swahn, spiced up the opening ceremony with a magnificent show including the movie “Gothenburg – we love you” and a tribute to ABBA, interlaced with Swahn’s own live musical performances.

Full spectrum

The scientific programme reflected the vast diversity of topics encompassed within our specialty: 127 scientific sessions covered the full spectrum of dermatological and venereological diseases including rare disorders. The Local Organising Committee together with the Local Scientific Committee created a scientific programme that managed to pay particular attention to novel trends in rapidly moving fields such as cutaneous oncology, allergy, and autoimmune, inflammatory and infectious disorders of the skin. Further emphasis was given to novel strategies in the treatment and management of atopic dermatitis, recent findings in therapy of psoriasis, the challenges in dermatologic oncology. Updates on aesthetic and cosmetic dermatology were also covered.

In addition to the diversity of symposia, workshops, courses and other sessions, nine plenary lectures were of special interest. One of the highlights was the talk on “Sun, Vitamin D and the Skin”, by B Diffey (Newcastle, UK). His presentation showed the true and, unfortunately, suboptimal effects on vitamin D levels obtained through 20 minutes of casual exposure to the summer sun. His results will surely change the way we advise our patients. Another highlight was U Jappe’s (Borstel, Germany) presentation on "Multiresistant bacteria: Are they important in Dermatology?", which focused on the differences between hospital-acquired and community-acquired MRSA infections. The take-home message was the need to follow our guidelines and use antibiotic treatment according to their indication. Following the success at previous EADV meetings, well attended “What’s new?” plenary talks dedicated to the most recent developments in dermatological research, dermatological therapy and dermatopathology were given as a closing session. Moreover, three fabulous “Test yourself” sessions were carried out on the subjects of venereology, demoscopical and clinical dermatology.

The rapid development of global dermatology was also addressed in special symposia devoted to India and Africa and gave the attendees a unique chance to compare selected disease spectra (eg pigmentary or infectious disorders) and therapeutic traditions between Europe and these countries. In addition, a Junior Member session chaired by Prof Johannes Ring and Prof Erwin Tschachler was included in this year’s programme giving young dermatologists the chance to present their research results.

Olle Larkö
2010 Congress President
On behalf of the Local Scientific Committee
The Cleft Lip & Palate Association (CLAPA) is the only UK-wide voluntary organisation specifically helping those with, and affected by, cleft lip and/or palate. It is unique.

CLAPA was set up in 1979 as a partnership between parents and health professionals. It provides support for new parents, and for people with the condition and their families, from infancy through to adulthood.

The CLAPA National Office is based in London with a network of branches all run by volunteers who have themselves benefited from the organisation, often working in partnership with local health professionals.

What is cleft lip and/or palate?

During early pregnancy separate areas of the face develop individually and then join together. If some parts do not join properly the result is a cleft, the type and severity of which can vary. The condition affects 1 in every 700 babies born in the UK, which equates to approximately 1000 babies per year, and is the most common congenital craniofacial anomaly. About 75% of these cases are diagnosed at the 18-22 week foetal anomaly scan.

Cleft lip

A cleft lip is a condition that creates an opening in the upper lip between the mouth and nose. It looks as though there is a split in the lip. It can range from a slight notch in the coloured portion of the lip to complete separation in one or both sides of the lip extending up and into the nose. A cleft on one side is called a unilateral cleft. If a cleft occurs on both sides it is called a bilateral cleft. A cleft in the gum may occur in association with a cleft lip. This may range from a small notch in the gum to a complete division of the gum into separate parts.

Cleft palate

A cleft palate occurs when the roof of the mouth has not joined completely. The back of the palate (towards the throat) is called the soft palate and the front (towards the mouth) is known as the hard palate. If you feel the inside of your mouth with your tongue, you will be able to notice the difference between the soft and the hard palate. A cleft palate can range from just an opening at the back of the soft palate to a nearly complete separation of the roof of the mouth (soft and hard palate).

Sometimes a baby with a cleft palate may have a small lower jaw (or mandible) and a few babies with this combination may have difficulties with breathing easily. This condition may be called Pierre Robin Sequence.

How does it happen?

The cause of this failure of the face to fuse is not known. Whilst we know what happens, we do not know why. It may occur as a “one off” within a family or it may be the result of a number of genetic and environmental factors which occur together in a way that could not have been predicted, or prevented, in advance.

CLAPA's key functions

In order to help address these problems CLAPA works to:

- Organise local parent-to-parent support through its nationwide network
- Run a specialist service for parents and health professionals seeking help feeding babies with clefts
- Develop support for children and adolescents affected by clefts at school and in social settings through activities such as confidence-building residential camps and one-day workshops
- Encourage and support research into causes and treatment of cleft lip and palate
- Represent the interests of patients and parents, influencing policy on future treatment of cleft lip and palate
- Conduct educational seminars for health professionals and the general public
- Hold an annual conference for all stakeholders including families, cleft specialist professionals, generic health professionals and adults with cleft
- Raise funds in the community for equipment, literature and services
- Publish and distribute a range of information leaflets
- Raise public awareness of the condition using social media and networking sites
- Support projects in countries where cleft treatment is limited or unavailable.

Contact

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You can also find us on Facebook
EVEN WHEN SKIN IS FLARE-FREE ON THE SURFACE

ECZEMA IS ALWAYS WAITING TO ATTACK

FOR LONG-TERM ECZEMA CONTROL
YOU NEED TO MANAGE THE UNDERLYING INFLAMMATION ACTIVELY.†

Atopic eczema flares can be managed in the short-term, but the threat of another flare is always lurking under the surface. Twice-weekly PROTOPIC™ offers an effective way to control eczema in the long-term† by treating the sub-clinical inflammation between flares.‡ It prevents flares and prolongs flare-free intervals in adults with moderate and chronic severe eczema.§

SO DON’T WAIT FOR THE FLARE, USE TWICE-WEEKLY PROTOPIC TO CONTROL ECZEMA IN THE LONG TERM.†

† With intermittent use. ‡ Patients should have had an initial response to an acute exacerbation with PROTOPIC twice daily (max. 6 weeks’ treatment).

REFERENCES: 1. Wolfenbarger A & Bieber T. Allergy 2009; 64: 276-278. 2. Reitsma S & Allograp B J. Dermatol. Treatment 2002; 25: 34-44. PRESCRIBING INFORMATION: PROTOPIC 0.03% ointment: tacrolimus monohydrate (PROTOPIC 0.03% ointment: tacrolimus monohydrate) A ACTIVE INGREDIENT PROTOPIC 0.03% ointment (5g) contains 0.3mg of tacrolimus as tacrolimus monohydrate (0.03%). PROTOPIC 0.1% ointment (1g) contains 1.0mg of tacrolimus as tacrolimus monohydrate (0.1%). THERAPEUTIC INDICATIONS PROTOPIC 0.03%: †treatment of moderate to severe atopic dermatitis in children (2 years of age and above) who failed to respond adequately to conventional therapies such as topical corticosteroids. †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. PROTOPIC 0.03%, 0.1%: †maintenance treatment of moderate to severe atopic dermatitis for prevention of flares and prolongation of flare-free intervals in patients experiencing a high frequency of disease exacerbations (i.e. occurring 4 or more times per year) who have had an initial response to a maximum of 6 weeks treatment of twice daily tacrolimus ointment (0.1%) cleared, almost cleared or mildly affected. DOSAGE AND METHOD OF USE PROTOPIC™ should be initiated by physicians with experience in the diagnosis and treatment of atopic dermatitis. PROTOPIC™ can be used for short-term and intermittent long-term treatment. Treatment should not be prolonged as a rule as at the commencement of treatment, with PROTOPIC™ and may be used on any part of the body, including face, neck and flexure areas (except eyes and mucous membranes). PROTOPIC™ should not be applied under occlusion. PROTOPIC™ is not recommended for use in children below the age of 2 years until further data are available. Specific studies have not been conducted in elderly patients. However clinical experience has not shown the necessity for any dosage adjustment. Treatment of flares. PROTOPIC™ treatment should begin at the first appearance of signs and symptoms. Each affected region of the skin should be treated with PROTOPIC™ until lesions are cleared, almost cleared or mildly affected. Thereafter, patients are considered suitable for maintenance treatment (see below). At the first signs of recurrence (flare) of the disease symptoms, treatment should be re-initiated. General contraindications for treatment of flares: Use in children (2 years of age and above) PROTOPIC 0.1% is not indicated for use in children. Treatment with PROTOPIC 0.03% should be started twice a day for up to three weeks. Afterwards the frequency of application should be reduced to once a day or until clearance of the lesion. In use in adults (6 years of age and above) Treatment should be started with PROTOPIC™ 0.1% twice a day and continued until clearance of the lesion. If symptoms recur, twice daily treatment with PROTOPIC™ 0.1% should be resumed. An attempt should be made to reduce the frequency of application or use the lower strength if the clinical condition allows. Generally improvement is seen within one week of starting treatment. If no signs of improvement are seen after two weeks of treatment, further treatment options should be considered. Maintenance of flare-free intervals. PROTOPIC™ should be applied once a day twice weekly (e.g. Monday and Thursday) to commonly affected areas to prevent progression to flares. Between applications there should be 2-3 days without PROTOPIC™ treatment. Adult patients (6 years of age and above) should use PROTOPIC™ 0.1%, children (2 years of age and above) should use the lower strength PROTOPIC™ 0.03%. If signs of a flare recur, twice daily treatment should be re-initiated. After 12 months, a review of the patient’s condition should be conducted by the physician and a decision taken whether to continue maintenance treatment. In children, this review should include suspension of treatment to assess the need to continue this regimen and to evaluate the course of the disease. UNDESIRABLE EFFECTS Very common: Burning sensation (which tends to resolve within one week of starting treatment), pruritus, Common: Sensation of warmth, erythema, pain, irritation, paraesthesia and rash at site of application, Alcohol intolerance (if flushing or skin irritation after consumption of an alcoholic beverage). Patients may be at an increased risk of herpes viral infections [herpes simplex (cold sores), herpes zoster, herpes genitalis, and varicella zoster]. Uncommon adverse effects: Rosacea. Also, cases of malignancies, including cutaneous and other types of lymphoma, and skin cancers, have been reported in patients using tacrolimus ointment. Application site impetigo and application site infections occurred more frequently in a study of maintenance treatment in adults and children. Prescribers should consult the summary of product characteristics in relation to other side effects. PRECAUTIONS USE FOR PROTOPIC™ should not be used in patients with congenital or acquired immunedeficiencies or in patients on therapy that causes immunosuppression. The effect of treatment with PROTOPIC™ on the developing immune system of children, especially the young, has not yet been established and therefore should be taken into account when prescribing to the age groups. Exposure of the skin to sunlight should be minimised and the use of ultraviolet (UV) light from a phototherapy, therapy with UVB or UVA in combination with psoralens (PUVA) should be avoided during use of PROTOPIC™. Patients should be advised on appropriate sun protection methods, such as minimisation of the time in the sun, use of a sunscreen product and covering of the skin with appropriate clothing. PROTOPIC™ ointment should not be applied to lesions that are considered to be potentially malignant or pre-malignant. Emollients should not be applied to the same area within a 2 hour period of applying PROTOPIC™. Concomitant use of other topical preparations has not been assessed. There is no experience with concomitant use of systemic steroids or immunosuppressive agents, before commencement treatment with PROTOPIC™, clinical infections at treatment sites should be cleared. The potential for local immunosuppression (possibly resulting in infections or cutaneous malignancies) in the long term (i.e. over a period of years) is unknown. PROTOPIC™ contains the active substance tacrolimus, a calcineurin inhibitor. In transplant patients, prolonged systemic exposure to intense immunosuppression following systemic administration of calcineurin inhibitors has been associated with an increased risk of developing lymphomas and skin malignancies. In patients using tacrolimus ointment, cases of malignancies, including cutaneous and other types of lymphoma, and skin cancers have been reported. Patients with atopic dermatitis treated with PROTOPIC™ have not been found to have significant systemic tacrolimus levels. Lymphadenopathy was uncommonly (0.8%) reported in clinical trials. The majority of these cases related to infections (skin, respiratory tract, tooth) and resolved with appropriate antibiotic therapy. Patients who receive PROTOPIC™ and who develop lymphadenopathy should be monitored to ensure that the lymphadenopathy resolves. Lymphadenopathy present at initiation of therapy should be investigated and kept under review. In case of persistent lymphadenopathy, the antibody to the lymphadenopathy should be investigated. In the absence of a clear antibody to the lymphadenopathy or in the presence of acute infectious mononucleosis, discontinuation of PROTOPIC™ should be considered. PROTOPIC™ should be used with caution in patients with hepatic failure. PROTOPIC™ should not be used in patients with Netherton syndrome. Care should be exercised if applying PROTOPIC™ to patients with extensive skin involvement over an extended period of time, especially in children. The development of any new change different from previous eczema within a treated area should be reviewed by the physician. PROTOPIC™ should not be used during pregnancy unless clearly necessary and is not recommended when breast-feeding. The safety of PROTOPIC™ has not been established in patients with generalised erythroderma. PROTOPIC™ is unlikely to have an effect on the ability to drive or use machines. CONTRAINDICATIONS Hypersensitivity to macrolides, in general, to tacrolimus or to any of the excipients. INTERACTIONS Because of the potential risk of vaccination failure, 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 live attenuated vaccination, this period should extended to 28 days or the use of alternative vaccines should be considered. Systemically tacrolimus is metabolised via the hepatic Cytochrome P450 3A4. The possibility of interactions cannot be ruled out and the concurrent systemic administration of known CYP454 inhibitors In patients with widespread and/or erythrodemic disease should be done with caution. PACKAGE SIZES Prices exclude VAT. PROTOPIC 0.03% ointment £19.44 (30g tube), £35.04 (60g tube) PROTOPIC 0.1% ointment £23.60 (30g tube), £41.01 (60g tube). Prices from the UK are provided as an example. LEGAL CATEGORY: POM, MARKETING AUTHORIZATION NUMBERS: PROTOPIC 0.03% ointment EU/2002/001-2, PROTOPIC 0.1% ointment EU/2002/001-4. FURTHER INFORMATION AVAILABLE FROM: Astellas Pharma Europe Ltd., Lovett House, Lovett Road, Staines, TW18 1AZ, UK. DATE OF REVISION: April 2009. For full prescribing information refer to the SUMMARY OF PRODUCT CHARACTERISTICS. As prescribing information may vary from country to country, use local Prescribing information for full details. APELS2065

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Fostering Dermatology and Venereology Programme

EADV/ESDR Summer Workshop

Inaugural course
We are delighted that the inaugural EADV/ESDR Research Training course was a success. The course was significantly oversubscribed and we were able to accept 25 participants from 12 countries. We received excellent feedback from the participants with average scores of 4.5/5 reported to the questions “was the course useful and interesting?” and “usefulness of the practical sessions.” Indeed, the free text comments particularly highlighted the benefit of “hands-on” experiments in the laboratory. On the basis of this positive feedback, we are planning a further Research Training course to be held in Rome in July 2011. Further details will appear on the ESDR and EADV websites in due course.

Prof Erwin Tschachler
Course Chair, EADV

Prof Nick Reynolds
Course Chair, ESDR

Report
On 25 July 2010, 25 dermatology trainees arrived in the beautiful city of Vienna for the first EADV/ESDR Summer research skills workshop. The course, developed and led by Professor Erwin Tschachler (Vienna; EADV) and Professor Nick Reynolds (Newcastle, UK; ESDR) reflected the aim of the 2 societies to foster research training amongst young dermatologists in Europe with a long-term goal of enhancing international collaborations and raising the standard of research.

This aim was achieved through a week-long programme of both direct teaching and practical laboratory work focusing on common laboratory methods in dermatology, led by experts in the field from around Europe supported by Vienna research institute staff.

The course brought together trainees not only from across Europe, but also from as far afield as Tunisia and Siberia. The majority of participants were in the early phases of their research or just embarking on their research higher degrees, like myself, but also included one or two post-doctoral investigators.

Renowned teachers
The programme commenced with lectures on basic research techniques and the practical sessions commenced with extraction of DNA from skin cells and the running of PCR (Dr Penny Lovat, Newcastle). This was followed by practical sessions on Western blotting (Dr Julia Reichelt, Newcastle), immuno-histochemical staining (Dr Daniela Kovacs, Rome) and demonstration of flow cytometry (Prof Knut Schäkel; Heidelberg, Germany), among others. The lectures continued between practical sessions with topics such as the use of skin equivalents and organotypic culture and preparation of epidermal sheets (Ing Michael Mildner and Dr Christina Reinisch, Vienna).

The group benefited from the large number of external internationally renowned researchers teaching on the course, including Dr Giorgia Cardinali (Rome) as well as core staff from the Anna Spiegel building for Translational Research at the Medical University of Vienna. The setting was ideal, with use of the new Anna Spiegel building and thereby allowing our experience of cutting-edge techniques in superb surroundings. With the language barrier removed through teaching in English, the trainees enjoyed learning in the informal environment and, apart from the teaching sessions, were able to spend time discussing differences in dermatology and research training.
Participants’ feedback

This workshop provided facilities for dermatology residents and trainees who have an interest in pursuing research to gain a broad insight into the main laboratory techniques such as PCR, gel electrophoresis, Western blotting, immunohistochemistry and immunofluorescence staining. Beside the seminars the course comprised practical experience of, among others, flow cytometry and confocal microscopy image analysis, or culturing artificial human skin. This five-day programme was located at the Medical University of Wien, and with the guidance of Prof Nick Reynolds and the helpful laboratory staff a special family atmosphere was generated. As the highlight of the weekend we were able to participate in a unique evening in the Hauerkuchl’, a traditional Wiener restaurant with a lot of delicious Wiener “schnitzel” and original gypsy music. Finally, this workshop provided us a prime occasion to acquire essential knowledge in laboratory techniques facilitating future experimental work.

Dr Ágnes Kinyó
Department of Dermatology and Allergology
University of Szeged, Hungary

As a dermatology resident interested in pursuing a career in academic research, I was fortunate to have the opportunity to partake in the ESDR/EADV Summer Research Workshop in Vienna, Austria, in July of this year. This intensive one-week course was a combination of practical benchside tutorials in a wide range of scientific techniques such as RT-PCR, gel fixation, immunohistochemistry, immunofluorescence and flow cytometry analysis, alongside complementary didactic seminars from experts in these fields. During modules dedicated to research article analysis, the course mentors critically appraised research presentations and research article evaluations to further scientific thinking and debate among the group. The course provided not only a comprehensive practical grounding in scientific techniques, but also served to foster scientific relationships and possible future collaborations between academic dermatology centres in Europe and further afield. I would highly recommend this course to dermatology residents interested in the field of scientific research and those embarking on PhDs.

Dr Caitriona Ryan
Baylor Research Institute
Dallas, Texas, USA

In addition to highly quality lectures we were able to participate in practical laboratory sessions with hands-on various research techniques and follow from first till the very last step of each method. A very important part of the course was our own research or journal club presentations with an insight in how to correctly evaluate a scientific paper. As Vienna is the only capital city in the world that produces wine within its borders, our social evening took place in a lovely traditional Austrian restaurant facing vineyards while still being in the city. After 5 very busy, tiring and amazing days I had gained many new friends in dermatology from all over Europe. A very big thank you to the hosts Prof Tschachler and Prof Reynolds, all the speakers, the always forthcoming laboratory staff and Ms Ildiko Papp!

Elga Mozeika (Latvia)

It was a very exciting experience to meet people interested in dermatological research all around Europe. It gave me an overview of the active European research teams in each field of dermatology. We got the chance to get an update about the newest discoveries in skin physiology and treatments. The Vienna staff also trained us in all the techniques one can need in skin research, from the most basic PCR (with MC1R gene probes, of course!) to the very specialised culture of organotypic skin. In France, most residents in dermatology don’t get the chance to do any basic research during their rotations in hospitals, as we are always so busy with our work on the wards. Only a few hospitals organise journal clubs from time to time. That’s why I appreciated even more this week as, for once, we could take time to go deeper into basic research. Thank you very much for this very special week.

Dr Lise Boussemart
Resident, Paris, France

Midway through the course we celebrated its success at a ‘Heurigen’ (Austrian restaurant serving local wine). With plentiful Austrian delights, the trainees and faculty were able to relax and soak up the atmosphere.

Towards the end of the week trainees chose to present either a recent journal or their own research, focusing on their project planning. I found this to be the most rewarding session, conducted by way of short presentations, allowing us to critically appraise research design and consider questions and improvements to our own research plans.

The group gelled extremely well and plans for future alumni meetings are already in place. I hope that the course continues to encourage dermatology trainees in their research endeavours and I personally hope to return at a later stage to present my own findings.

Dr Amy Foulkes
Dermatology Specialist Registrar
(year two of training)
Newcastle upon Tyne, UK
Dear colleagues and friends,

First, I would like to thank all of you who voted for me to become the next President-Elect of the European Academy of Dermatology and Venereology, our Academy! I am proud and I do feel privileged to have the chance to serve our Academy during the next six years as the first Lady-President and the first non-western European. I am ready to work in a team of enthusiastic colleagues who have built up the Academy and let it grow into the most important Dermatological Society in Europe.

My ideas to chair the Academy include the following aims and scope:

1. **Feelings of togetherness, friendship, and fruitful co-operation**
   I would like to facilitate our communication, mainly a personal one. People have no chance to meet, to speak, to shake hands. The Internet has replaced many of our social events, but it must not be the only means of communication. The human being is a solo personality who needs to discuss and exchange ideas, to share feelings and build up new projects. I would like to spread EADV’s ideas and logo anywhere we meet, at any scientific and social event we could organise together with your local/national dermatological organisations.

2. **Equal chances to be listened to, to share knowledge, to lecture, to publish personal observations, scientific results**
   I experienced myself how difficult it is to enter the world of scientific publications if one has no training, but good ideas and willingness to work hard. We need to teach our colleagues who do not have their own teachers/mentors at the places where they work. Thus, I could imagine developing the marvellous Fostering Dermatology programme started by Prof Fenella Wojnarowska and going further to open it not only to private practices of dermatologists, but also dermatological departments for anyone who would like to join a daily dermatological training, together with the residents at different universities. Good clinical experience, supported by deep theoretical knowledge, is the only background to any proper approach to research and scientific publications. Let’s start a “University Programme for Residents”

3. **Fair support to those who have not been privileged in the past and now need help in education, skills, exchange programmes and research co-operations**
   There are still many countries which expect more than others in educational activities as the sources for education and research are limited. I would like to start to organise “Master Courses in Dermatology” in the countries which would ask for such education, to address as many colleagues as possible, focused on the dermatological problems of particular interests. Such courses should be aimed at young dermatologists and, therefore, I am sure to get the support of other EC EADV members to start a “Young Dermatologists’ Forum” in the Academy. I think “Excellence in Dermatology” week could be enlarged and “Summer Week of Dermatology” would be the right way to go on.

4. **Proper direction to grow professionally, ethically and personally in our European dermatology community**
   All Academy members would get a common voice. I would like to offer not only exchange programmes and educational events held in each country, but also more scholarships. I believe to achieve this we must not limit congress venues to a few European cities as any city fulfilling the criteria for a congress/symposium must be explored. I would like to enlarge the EADV Board by inviting also non-European members (ie one from each continent) as we have spread the voting rights to non-European countries too.

I am ready to serve each and every European and non-European dermatovenerologist. I need your help and I rely on your support!

Yours,

Jana Hercogová
EADV President-elect (2010-2012)
Fostering Dermatology and Venereology Programme

Visit to a Centre of Excellence in Denmark

“Thanks to EADV’s help, in September 2010 I participated in EADV’s Fostering Programme – Visit a Centre of Excellence – to study Photodynamic Therapy in Denmark.

This centre was selected by me because Photodynamic Therapy is now a main interest for me, as I am working on my thesis project: “Photodynamic Therapy in acne vulgaris”. So the possibility to study this technique was very important for my professional experience.

My most heartfelt thanks to Dr Monika Gniadecka, who organised my extraordinary stay in Denmark, with a very full scientific and practical programme. This included visiting three hospitals: Gentofte Hospital, Bispebjerg Hospital, Roskilde Hospital; and Herlev Private Clinic.

In the hospitals I participated in morning conferences and then studied Photodynamic Therapy methods, applications and indications. The main pathologies Photodynamic Therapy was applied to were: actinic keratoses, squamous cell carcinoma, and basal cell carcinoma, as well as acne and keloid scars. It was extremely important for me to see the protocol of photodynamic procedure – the method of photosensitizer application, light source and light dosimetry and also the number of treatments. I was very curious to see the protocol of Daylight PDT, its indications and to realise that it really works.

Renowned experts

I also had the possibility to study from renowned experts in PDT, such as Prof Menne, Prof Wulf and Prof Heidenheim. I also studied a lot of Q-Yag Nd: YAG laser, DYE laser, CO2 laser and IPL applications from Prof M Haedersdal. And, of course, a great experience with Dr Monika Gniadecka in her private practice, with consultations on various skin pathologies, biopsy-taking, dermatologic surgery assistance and of course Photodynamic Therapy. Throughout my stay I felt a great atmosphere of friendship and collegiality.

I think it is very important for a dermatologist to visit a Centre of Excellence in another country, to get familiar with different diagnostic methods, treatment options and, of course, the whole medical system. All the knowledge I have received, I will apply directly in my everyday work and on my thesis project.

In 2009, when I first attended an EADV Spring Symposium, I listened to the lecture by Prof Wulf on Photodynamic Therapy and I thought that it can be great to see his practice and to study from him. So, with EADV, the dreams come true!”

Ecaterina Petre
Chisinau, Moldova
Dear colleagues,

You are all warmly invited to join us in the spa city of Carlsbad, Czech Republic for the 8th EADV Spring Symposium, hosted by the Czech and Slovak dermato-venereological societies.

Scientific highlights

The 8th Spring Symposium will bring together a rich scientific programme emphasising the profound and complex influence of skin health on all the aspects of human life. Prevention as well as management of skin diseases will give the opportunity for physicians, scientists, and patients to meet and share the perspective of dermatology and venereology.

At plenary sessions, world renowned and distinguished European specialists will offer their insights into the following topics:

- Vaccination in Venereology - Prof Annamari Ranki
- Pathophysiology of Autoinflammatory Syndromes - Prof Lars French
- Climate Changes on Today’s Skin – Prof Frank R De Gruijl
- Haemangiomas: Clinics and Treatment - Prof Rainer Grantzow
- Neuroinflammation and Skin Disease - Prof Thomas Luger
- Living with Skin Disease - Prof Petr Arenberger
- What’s New in Microbial (non-venereal) Dermatology? - Prof Martin Black
- What’s New in Allergen-specific Immunotherapy in Dermatology? - Prof Magdalena Czarnecka-Operacz

Other important topics

- HPV in Dermato-venereology
- Autoimmune Bullous Diseases
- Sexually-transmitted Infections
- Advanced Cosmetic Dermatology
- Self-infected Skin Lesions
- Balneotherapy
- Botulinum Toxin - LIVE
- How to Manage the Difficult Acne Patient
- Difficult Pigmented Lesions
- Minimally-invasive Facial Rejuvenation
- Office-based Procedures: an overview
- How to Manage the Patient with Recalcitrant Warts/Condylomas
- Facial Dermatoses
- Bacterial Skin Infections
- How to Manage Psoriasis with Biologics
- Tumour Board: Challenging Cases from Dermato-oncology
- Allergic Contact Dermatitis
- Junior Session
- Case Reports
- ‘What’s New?’ Session
- Satellite Symposia

What’s New in Skin Disease in the Transplant Patient? - Prof Hubert Pehamberger

Altogether, we expect to have approximately 500 communications and 1000 posters during the Symposium.

Supported by well known experts from all parts of Europe, we will do our utmost to make the scientific and professional level of this Symposium memorable. We promise traditional Czech hospitality and every effort by the Local Organising and Scientific Committee to create an unforgettable professional and social atmosphere for every participant.

Please enjoy a 5-minute virtual videowalk! Just stream our video at http://carlsbad2011.eadv.org/welcome/about-carlsbad/ or visit the city web pages at http://www.karlovy-vary.cz/en/. But remember - nothing can replace your own experience. Therefore, simply register now for the 8th EADV Spring Symposium at www.eadv.org and enjoy both the carefully selected scientific programme and varied social activities including extended spa activities like golf, tennis, horse riding, swimming, balneotherapy, massages and of course sightseeing walks and tours. Your participation will add immensely to the goals of this Symposium.

Don’t forget to mark 14-17 April in your 2011 diary.

See you in Carlsbad!

Petr Arenberger
Chairman
8th EADV Spring Symposium
EADV Outreach

Involving nurses as partners in EADV

EADV represents dermato-venereologists from Europe with responsibility for the skin and sexual health care of a population of over 750 million people. The role of EADV is to ensure high quality equitable clinical care for all skin and sexual health patients and to champion them and their medical attendants. In order to more effectively represent dermato-venereology, EADV has forged alliances with European national societies and now the Board and Executive Committee have launched a programme of linkage with dermato-venereology nurses, and wish to encourage their participation in EADV.

Why nurse participation in EADV?

- Nurses contribute to the care of dermato-venereology patients
- Nurses are well loved and esteemed by patients
- Nurses are respected by the public and politicians and regarded as the patients’ advocate

EADV has done this because an all-encompassing EADV with doctors and nurses as members would give us a very large and broad-based membership. It would encourage the sharing of knowledge; we would all learn from each other and participating in mutual projects would be productive and contribute to mutual respect and understanding. Furthermore such an alliance would make EADV much more effective in campaigning with the public and politicians.

Specific advantages to EADV

- Increased political influence
- Widening of appeal for pharmaceutical sponsorship
- Input into task forces
- Liaison with patients

The proposals are to offer the European members of the International Skin Care Nursing Group (who are enthusiastic) and European National Dermatological Nursing Societies the opportunity to be Supporting Societies, and to encourage individual nurses to become ordinary members of EADV.

The training and roles of nurses in dermato-venereology varies greatly between different European countries, as do the standards. In some countries the roles of nurses are expanding with nurses taking on procedures and clinical duties initially done by doctors, for example surgery, laser, botox, skin cancer work, nurse-led clinics (leg ulcer, treatment, vulval etc) and nurse prescribing. In order to ensure that this work is done to the highest standards a Nurse Dermato-venereology Education programme is one of the topics for discussion. Another possibility is a programme for visits by nurses to centres of excellence in other countries to learn new skills and working methods.

We need your help to do this. Firstly, can you identify nurses who you feel should be included so we have representation from as many countries as possible? Secondly, please can you let us know your views on the initiative. Lastly, please send your suggestions for projects and training courses.

What You Can Do

- Identify nurses in your country to participate
- Send us your views on the initiative
- Send us suggestions for projects
- Offer to run training courses

I am really inspired and excited by this new EADV initiative and pleased to be part of it. Please participate in this plan to widen access to EADV and thus to increase its influence.

Fenella Wojnarowska
EADV
ELECTION OF BOARD DIRECTORS
2011-2014

1. CZECH REPUBLIC
2. ITALY
3. NORWAY

November 2010

Notice is hereby given that in terms of the Statutes (Articles 14, 15, 16 & 17) nominations for Board Directors representing the Czech Republic, Italy and Norway will be received by the Secretary General not later than FRIDAY 14 JANUARY 2011.

Please see the relevant nomination form on page 15 which can be photocopied before completing and should be sent by post to:

The Secretary General,
EADV (Headquarters)
Via delle Scuole, 12
CH-6900 Lugano (Cassarate)
Switzerland

or

by fax: +41 91 973 45 30

Further information can be obtained at http://www.eadv.org

If more than two valid nominations are received from one of the countries above the single transferable voting system will be used.

Only Specialist Members are entitled to stand for election. Voting members from the Czech Republic, Italy and Norway shall elect their national Board Member. Each candidate must be a national of and resident in the country they are representing and be nominated by two voting members resident in their country.

Successful candidates’ term of office will be for a period of three years. They may be re-elected once for a further three years.

Erwin Tschachler MD
Secretary-General
EADV
NOMINATION FORM
BOARD DIRECTORS – 2011-2014
CZECH REPUBLIC
ITALY
NORWAY

I, the undersigned, nominate

Dr / Prof _____________________________________________________________ a specialist member of

EADV, to represent (insert country) ________________________________ on the Board of Directors.

Proposer’s Name: ................................................................. EADV Membership Number: .................

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

Fax: ................................................................... Telephone: ...........................................................

Proposer’s signature:

Seconder’s Name: ...................................................................... EADV Membership Number: .................

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

Fax: ................................................................... Telephone: ...........................................................

Seconder’s signature:

(Both Proposer and Seconder must be fully paid-up members with voting rights and resident in nominee’s country)

Acceptance of nomination

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

a national of and resident in (insert country) ________________________________ hereby accept the

nomination for the position of Board Director representing this country.

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

Address: .....................................................................................................................................

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

Fax: ................................................................... Telephone: ............................................................

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

For office use:

RECEIVED EADV OFFICE Date................................. Signature

SENT TO: SECRETARY-GENERAL Date................................. Signature

CHAIR NOMINATIONS COMMITTEE Date................................. Signature
November 2010

Notice is hereby given to fill vacancies on Board Committees.

Candidates for election to Committee Membership must be proposed and seconded by two EADV members. Any EADV member in good standing is eligible for election.

Committee members are elected by the Board of Directors at a Board meeting or electronically and the Single Transferable Vote system will be used if necessary.

Please see the nomination form on page 17 which can be photocopied before completing and will be received by the Secretary General not later than FRIDAY, 14 JANUARY 2011

by post to:

EADV (Headquarters)
Via delle Scuole, 12
CH- 6900 Lugano (Cassarate)
Switzerland

or

by fax: +41 91 973 45 30

Current Vacancies:

Media & PR Committee: 1 vacancy
Website Committee: 1 vacancy
Statutes & Development Committee: 1 vacancy

Erwin Tschachler MD
Secretary General
EADV
NOMINATION FORM
BOARD COMMITTEES 2010

I, the undersigned, nominate

Dr / Prof

For the position of member of the ____________________________________________ Committee.

Proposer’s Name: .......................................................... EADV Membership Number: ..............

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

Fax: ............................................................ Telephone: ..........................................................

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

Seconder’s Name: .......................................................... EADV Membership Number: ..............

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

Fax: ............................................................ Telephone: ..........................................................

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

((Both Proposer and Seconder must be fully paid-up members))

Acceptance of nomination

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

Hereby accept the nomination

For the position of member of the _________________________________ Committee

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

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

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

For office use only:
RECEIVED: EADV OFFICE Date......................... Signature

SENT TO: SECRETARY-GENERAL Date......................... Signature

CHAIR NOMINATIONS COMMITTEE Date......................... Signature
It is most encouraging to note that EADV membership has more than doubled in the past 10 years. It currently stands at 3551, of which 14% are European Junior members and 18% are International members. I have now come to the end of my four-year term as Chairman of this committee and would like to highlight the important membership-related developments that took place during my tenure.

1. Total membership has gone up by 40% since 2006. This rise could be attributed to the greatly increased involvement of Eastern European countries in EADV, enhanced liaisons with non-European colleagues and various new incentives to attract new members.

2. Junior membership has quadrupled since 2006. The ever-popular, heavily-subsidised, educational fostering programmes have surely played a pivotal role in attracting more and more trainees to EADV. Junior EADV members are given priority on fostering programme courses and receive an additional grant.

3. International membership went up by 30% since 2006. This boost is most likely related to the enhanced status and image of EADV in the eyes of our non-European colleagues, who recognise the importance of belonging to our prestigious Academy.

4. The recently introduced policy whereby chairs, co-chairs and speakers at EADV congresses are required to be EADV members has also surely helped to consolidate membership.

5. The statutes amendments ratified in Cavtat last May brought many changes: there is no longer an age limit of 35 years.

What is STV?
The ballot paper lists the names of the candidates. Voters vote by putting a ‘1’ (= first preference) next to their favoured candidate and have the option of putting a ‘2’ (= second preference) next to the next favoured candidate if they wish. However, members are not required to vote for more than one candidate.

The ballot papers are sorted into piles according to the first preferences – the ‘1’s. If any candidate has more first preference votes than the quota, (the number of valid votes cast divided by the number of candidates to be elected plus 1), they are elected. If no candidate has reached the quota the candidate with the fewest votes is eliminated and his/her votes are transferred to the voters’ second preferences. The process of excluding candidates and transferring their second preference votes continues until enough candidates have reached the quota to fill all the places to be elected.

To guarantee that you have the possibility to vote in your Board elections please inform the EADV office (membership@eadv.org) of any change of e-mail or address.

Erwin Tschachler MD
Secretary-General
non-members to get a taste of EADV and increase the likelihood of them attending EADV congresses and/or ultimately becoming full EADV members. Individual national society members are not EADV members and have no voting rights. They do, however, enjoy slightly reduced congress registration rates, receive an electronic copy of EADV News and online JEADV at a nominal fee. The national society presidents have the opportunity to have an annual meeting with the EADV Executive Committee in order to address issues of mutual interest, and can participate in lobbying at a European level. To date 17 national societies have joined.

8. In order to help curb membership manipulation for political reasons, a probationary period of one year is now imposed on all new members such that they acquire voting rights one year after joining EADV. The application procedure has been tightened, such that new applicants have to submit a copy of their passport or ID card, and need to have 3 endorsers (EADV members), who in turn are subsequently contacted by the EADV office for verification. The deadlines for payment of subscriptions and voting rights have now been merged into one date, that is 31 May. This new system is expected to be much easier to administer.

9. In order to help curb membership manipulation for political reasons, a probationary period of one year is now imposed on all new members such that they acquire voting rights one year after joining EADV. The application procedure has been tightened, such that new applicants have to submit a copy of their passport or ID card, and need to have 3 endorsers (EADV members), who in turn are subsequently contacted by the EADV office for verification. The deadlines for payment of subscriptions and voting rights have now been merged into one date, that is 31 May. This new system is expected to be much easier to administer.

10. This committee has long been insisting that it strongly believes that widening the gap in congress registration between members and non-members, could be a very strong motivator for new membership applicants. This model has certainly worked for the AAD and there is no apparent reason why it should not work for EADV. Currently, the congress registration rate for non-members is 80% higher than that of members in EADV compared to 300% higher than that of members in AAD!

Although significant progress in the membership sphere has been registered in the past 4 years, thanks to the hard work, dedication, vision and collaboration of all concerned - not least the Membership Committee members, other EADV committees, EC and, of course, all board members - there is still much work to be done in order to attract more members. The current EADV membership only amounts to a small fraction of the many thousands of dermatologists in Europe and worldwide. A bigger membership would in turn help to strengthen the lobbying power of our Academy. With this in mind I sincerely wish every success to Prof Sarah Rogers and remaining members of the committee in continuing with the noble mission of recruitment and retention of EADV members.

Lawrence Scerri
Immediate Past Chairman
Membership Committee
EADV Scholarships for the 20th EADV Congress

Lisbon, Portugal, 20-24 October 2011

1. Michael Hornstein Memorial Scholarship
Named after the late friend and distinguished colleague Dr Michael Hornstein, EADV will offer the Michael Hornstein Memorial Scholarship to one selected applicant of each Central, Eastern, Northern & Western European country.

- Eligible countries – geographic Central, Eastern, Northern & Western Europe:
  - Andorra, Austria, Belgium, Bulgaria, Czech Republic, Denmark, Estonia, Finland, Former Yugoslav Republic of Macedonia, France, Germany, Georgia, Hungary, Iceland, Ireland, Latvia, Liechtenstein, Lithuania, Luxemburg, Norway, Netherlands, Poland, Republic of Moldova, Romania, Russian Federation, Serbia, Slovakia, Slovenia, Sweden, Switzerland, Ukraine, United Kingdom of Great Britain & Northern Ireland

2. John Stratigos Memorial Scholarship
Named after the late dear friend and distinguished colleague Prof John Stratigos, EADV will offer the John Stratigos Memorial Scholarship to one selected applicant of each Southern European & Mediterranean country.

- Eligible countries – geographic Southern European & Mediterranean countries:
  - Albania, Algeria, Croatia, Cyprus, Egypt, Greece, Israel, Italy, Lebanon, Libyan Arab Jamahiriya, Malta, Monaco, Morocco, Palestine, Portugal, Montenegro, Spain, Syria AR, Tunisia, Turkey

3. Imrich Sarkany Non-European Memorial Scholarship
Named after the late friend and distinguished colleague Dr Imrich Sarkany, EADV will offer the Imrich Sarkany Non-European Memorial Scholarship to a maximum of eight (8) young dermatologists of non-European countries.

- Eligible regions - Rest of the world (except geographic Central, Eastern, Northern, Western, Southern & Mediterranean countries already listed before) eg Africa, Arab countries, Asia, Azerbaijan, Kazakhstan, Kyrgyzstan, Uzbekistan, Latin America, North America (inc Alaska, Canada), Oceania (Australia, New Zealand etc)

Every EADV scholarship award consists of €1000 less the fee for a one-year EADV membership* according to the status of each recipient. Free registration to the 20th EADV Congress is also provided for each winner. • valid for the upcoming calendar year

Other Grants:

- The Scottish Dermatology Society (SDS) Grant – 2011
One (1) successful applicant from Eastern Europe will receive free registration to the SDS Annual Meeting on 10-11 June 2011 in Edinburgh, Scotland. The successful applicant will also receive a grant of £750, kindly provided by the Scottish Dermatology Society. The successful applicant will be expected to stay for approximately 1 week, during which time they will travel around to 3 or 4 dermatological departments throughout Scotland. Accommodation for the visiting dermatologist will preferably be with young Scottish dermatological residents to facilitate collegiality and establish potentially long-lasting friendships.

- The British Society of Paediatric Dermatology (BSPD) Grant – 2011
Two (2) successful applicants from Eastern Europe will receive free registration to the BSPD Annual Meeting, which is held in Nottingham, UK on 11 & 12 November 2011. The successful applicants will also get a grant of £500 each, kindly provided by the British Society of Paediatric Dermatology. There may be a possibility of an attachment with a local dermatology department.

- Eligible countries for BSPD & SDS grants - geographic Central & Eastern Europe:
  - Albania, Belarus, Bosnia & Herzegovina, Bulgaria, Czech Republic, Croatia, Estonia, Former Yugoslav Republic of Macedonia, Georgia, Hungary, Latvia, Lithuania, Montenegro, Poland, Republic of Moldova, Romania, Russian Federation, Serbia, Slovakia, Slovenia, Ukraine

Criteria to be observed when applying for EADV scholarships and/or BSPD grant:

- Young dermatovoeneologists or residents/trainees under 35 years of age
- Must not have previously received an EADV scholarship and/or BSPD grant
- Must have adequate knowledge of the English language

- AAD Grant – 2012
The American Academy of Dermatology (AAD) offers three (3) grants to young dermatologists from Europe to facilitate their attendance at the 70th AAD Annual Meeting in San Diego, California in March 2012.

- Eligible countries: Geographic Europe
The grant consists of $750 (tbd/c), free registration to the Annual Meeting and complimentary tuition at a one- or two-day postgraduate course of choice.

Criteria to be observed when applying for the AAD grant:

- Must be an EADV member
- Must be younger than 35 years of age
- Must have adequate knowledge of the English language
- Must not have previously received an AAD grant

Required documentation for application (to be submitted in English only) for any of the scholarships and grants listed above:

- The completed Scholarship/Grant Application Form
- A CV and a list of publications (not more than 3 pages)
- A current copy of the applicant’s training or specialist certificate
- A letter of support written either by the training director/ head of department, hospital or clinic endorsing the application
- A letter of support written by a “specialist” EADV member endorsing the application
- A copy of an ID with a passport-size photo

Application deadline for other scholarships and grants: 31 March 2011
Further information & the application forms available at: http://www.eadv.org/scholarships/
or upon request by e-mail to Prof N Tsankov, Chairman, Honours & Awards Committee at scholarship@eadv.org

Notes: Applicants will be notified about receipt of application by e-mail. Applicants will be informed about the status of their application around the end of June 2011. Exception: SDS grant applicants will be informed sooner – by mid-April 2011.
The Nomination and Election Committee consists of Prof Johannes Ring (Munich), Chairman; Prof Herbert Hönigsmann (Vienna); and Prof Dr Amerigo Figuereido (Lisbon). When the then EADV President Alberto Giannetti and Secretary General Joe Pace asked me to take over this committee I thought this was an easy job consisting mainly in accepting the results of the president election from the English voting company and in handing them over to the current President and Secretary General - I have since learnt that this is not the case! There is a considerable amount of work to do, mainly due to our new statutes with the many very democratic elections, such as:

- Election of EADV Board members from different European countries
- Election of committee members
- Election of chairpersons for committees
- Election of representative Board members to the Executive Committee
- Election of the president-elect

All these elections have to be accomplished according to modalities stated in our statutes and our internal rules. Yet, quite often, there are discrepancies or problems arising, in the majority of cases from missing documents or correct signatures on correct application or nomination forms.

According to EADV rules, we do not have valid electronic signatures. This means that e-mail proposals or nominations are not accepted. However, a fax document arriving in time with the correct signature is accepted, providing that the original letter is following by post. Often the committee felt sorry when the deadline was not kept; but we felt that it would be unwise and an open door to never-ending quarrels, if at any moment these rules were not obeyed strictly.

More problematic sometimes are elections for EADV Board members from the various European countries. Here the committee was asked in certain cases to enquire into problems dealing with “inappropriate actions” during an election process within the country. There were cases with rather serious mutual accusations and letters from different parties. At times a particular election process had to be repeated. The committee usually gives recommendations to the Board and so far all problems have been able to be solved peacefully.

A rather unusual problem sometimes occurred when people applied for Board membership who were not EADV members at the time of the application. The committee decided that this was not correct; the simple argument was that you cannot run for the US Senate when you are not yet a US citizen.

Sometimes, questionable sentences in personal statements of candidates had to be modified or commented on in order to make things clear.

We hope that with our statutes in action for a longer time and people getting used to the internal rules the election processes will run more and more smoothly.

Johannes Ring
Chairman
Nomination and Election Monitoring Committee
When I met Joe Pace on the last day of the EADV Congress in Gothenburg he looked much more relaxed than I have seen him during the past 6 years. You can guess why! His term as Secretary General was complete and this duty has passed to me. Joe’s time as Secretary General spanned the terms of 3 presidents and has seen tremendous changes, most prominently the change of our seat to Switzerland and many changes of our statutes necessary to adapt to the new situation and secure the administrative basis of EADV in Lugano. I would like to thank Joe Pace for his input to the benefit of EADV.

Listening and understanding

Our Academy today is busy and growing, we have now over 3500 members, and our congresses regularly draw the biggest attendance of any dermatology meeting in Europe.

This is not only good news because we are increasing in size but rather because we gain in strength in our work for the benefit of our specialty. We are not alone in these efforts on behalf of our specialty. As in the past we will continue to cooperate closely with our “sister” organisations UEMS (Union Européenne des Médecins Spécialistes), ESDR (European Society of Dermatological Research) and EDF (European Dermatology Forum).

The diverse cultures of Europe, as in dermatology, are both a strength and a weakness. A strength because we are able to tap into various experiences, traditions and different curricula to build a stronger and better specialty. A weakness because Europeans speak 23 different official languages and sometimes it’s difficult to understand each other. English, today’s lingua franca of research and medicine, is not the mother language of the vast majority of Europeans and does not come easily to those of my generation.

Listening to each other and understanding what the other is trying to express is an important duty for us all, and is certainly a priority for me in the coming years as Secretary General.

Mitigating inequalities

Apart from the different curricula in dermatology and the varying infrastructures in the different countries there are also huge income gaps for dermatologists across the region.

It is certainly one of the duties of our Academy to help to mitigate these differences – at least as far as access to Continuing Medical Education is concerned. We have had in recent years several training programmes for residents which were free of charge.

In addition, we have given many funded fellowships for dermatologists and dermatology residents from economically less privileged countries. We will continue and expand these activities in the coming years. This is not charity but rather an investment in the future of our specialty. Only by standing together in EADV rather than by going it alone as individual countries will we be able to increase the standing of dermatovenerology and the quality of patient care throughout Europe.

Erwin Tschachler
Secretary General
Photo Competition

The first of our winning entries to the photo competition was sent by Yashpal Manchanda (Kuwait).

This is a case of squamous cell carcinoma developing on the lichen planus hypertrophicus lesion on anterior aspect of right lower limb.

Our thanks to Dr Manchada who will shortly receive a specially chosen work of dermatology. To take part in the competition, please send your photo(s) to alexandre@eadv.org before 11 February 2011. EADV members whose photo(s) are published will receive a work of dermatology chosen by our Editor.

Calendar of Events

> 2011

3rd Annual Meeting of the Multidisciplinary Interventional Cosmetics Group of the RSM London, United Kingdom 28 February 2011

11th "Euro-Photo Dynamic Therapy" Annual Congress Paris, France 11-12 March 2011

14th Congress of the European Society for Dermatology and Psychiatry (ESDaP) Zaragoza, Spain 17-19 March 2011

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

1st Arcachon European Course of Paediatric Dermatology Arcachon, France 26-29 April 2011

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

2nd Summer School of Pediatric Dermatology Greece 3-6 June 2011

EADO - European Association of Dermato-Oncology Nantes, France 20-23 June 2011

2nd 5 Continent Congress Lasers and Aesthetic Medicine 15-17 September 2011 Cannes, France

Interacademic Course of Onychology Brussels, Belgium 23-24 September 2011

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

> 2012

9th EADV Spring Symposium Verona, Italy 6-10 June 2012

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

> 2013

10th EADV Spring Symposium Krakow, Poland 23-26 May 2013
8th EADV Spring Symposium

Carlsbad Czech Republic
14–17 April 2011

„Caring for Skin and Well Being“

EADV

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