Euromelanoma 2011

SOS: Save Our Skin!

Euromelanoma is a pan-European skin cancer prevention campaign which started in Belgium in 1999 and was rolled out across Europe in 2000.

Currently 26 countries collaborate and work on their own national campaigns. Every year a new theme to promote prevention is chosen and this year the goal is to reach people planning to travel to sunny places and provide information and warnings about the risks of sunburn. This year’s motto is “Save our Skin” using the universally-known acronym SOS as a symbol of danger which will feature in posters across Europe.

The campaign has two main objectives: primary prevention focusing on providing information about sun exposure preventive measures and a secondary aim of helping people to detect melanoma and identify who is at risk. Press conferences will be organised in airports and prevention materials will be distributed to people who are travelling to hot countries.

Free screenings for the public will be held from 9-16 May 2011 in several countries (see www.euromelanoma.org for details). The screenings will take place in hospitals, private practices and in public places. In addition, a standard questionnaire will be used in all the participating countries to enable information to be pooled from 60,000 patients from all over Europe. These data are studied in Rotterdam’s Erasmus University by Robert van der Leest and Esther de Vries. They will be presented in Carlsbad during the melanoma symposium at the 8th EADV Spring Symposium.

continued on page 3 ▶▶
Update from the CME-CPD Committee

Statistics from the 20th EADV Congress – Gothenburg 2010

Many thanks are due to Prof. Olle Larkö and Dr. John Paoli for their tremendous work in organising, together with the SPC and the LSC, a very high-level and unforgettable EADV Congress.

Thanks also to all the participants who took the effort to fill in our evaluation forms, some adding their personal and very valuable remarks. The opinion of our members means a lot to us to ensure we achieve even better programming in future scientific events!

Top 15 best attended scientific events

1. Facial Dermatoses (S15) - 224 participants
2. Plenary Lectures (PL-A) PL01 (Multi-resistant Bacteria), PL03 (Sun, Vitamin D and the Skin), PL04 (Skin Cancer in Organ Transplant Recipients) - 208
3. Diagnosis & Management of Autoimmune Bullous Diseases (S03) - 159
4. Plenary Lectures (PL-B) PL02 (Dermatology & the Environment), PL05 (Pharmacogenomics), PL06 (Patient Compliance) - 150
5. Diagnosis & Management of Vasculitis (S07) - 141
6. Adverse Cutaneous Drug Reactions (S09) - 138
7. Challenging Problems in Dermatology Practice (S19) - 132
8. Atopic Dermatitis in Children (S06) - 130
9. Dermatomyositis & Scleroderma (S17) - 120
10. How to Manage Atopic Dermatitis Successfully? (W01) - 111
11. Urticaria (S41) - 110
12. Lupus Erythematosus (S23) - 104
13. Plenary Lectures (PL-C) PL07 (Evolving Strategies in STI Prevention), PL 08 (Stem Cells), PL09 (Molecularly Targeted Treatments in Skin Cancer) - 94
14. Emerging Concepts in Cutaneous Infections (S18) - 93
15. Test Yourself in Dermoscopy (TY 03) - 92

The list shows that “challenging problems” with regard to diagnosis and treatment (ie autoimmune diseases, urticaria, bullous diseases, resistant bacteria, etc.), attract a lot of members and that the programming of these issues is most relevant for daily dermatological practice.

This is my last report as the (past-)chairman of the CME-CPD Committee. I would like to take this opportunity to wish all the best to my successor, Dr. Lawrence Scerri.

Jean-Paul A Gabbud MD
Immediate Past-Chairman
CMP-CPD Committee
jgabbud@bluewin.ch

Please Note
Personal evaluations of the speakers are not published for reasons of confidentiality. Personal data are available by contacting cme-cpd@eadv.org.

Win one of the Three Scholarships offered by EADV to participate Free of Charge in the EUROPEAN BOARD EXAMINATION 2011 in Dermato-venereology

Section and Board of Dermato-Venereology
European Union of Medical Specialists (UEMS)

ANNOUNCEMENT

The Section and Board of Dermato-Venereology (UEMS) is again organising a two-day European Board Examination for residents from the EU as well as non-EU countries. The purpose of the examination is harmonisation of residents’ training in the EU according to the European Training Charter for Medical Specialists in the European Union, Chapter 6.

A diploma is delivered to participants who successfully pass the examination and is proof of Excellence in the field of Dermatology and Venereology.

Important: In most medical disciplines the UEMS European Examination does not currently have general acknowledgment at national level. Therefore each participant has to apply to their National Boards and/or Institutions for individual acknowledgement.

Date: 5-6 August 2011
Application deadline: 1 July 2011
Venue: Department of Dermatology and Venereology
Klinikum der J.W. Goethe-Universität
Theodor-Stern-Kai 7
D-60590 Frankfurt am Main, Germany

Contact Person: Prof. Harald Gollnick, Past-President
Chair, Sub-commission on European Board Examination in Dermato-Venereology (UEMS)
E-mail: harald.gollnick@med.ovgu.de
Fax: +49 (0) 391 671 52 35

More Information: www.uems-ebdv.org/ebdv
When the patient is the problem...

The problems presented by patients are most often easily understood; and when they are presented by a normal person in a reasonable way, empathy is also easy. This creates the best background for a smooth collaboration for the benefit of the patient. Sometimes, however, this is not the case. Problems occur when either the problem or the patient falls outside the norm imposed by the patient-doctor relationship.

If it is the problem that is difficult to understand, help is at hand: better patient history, more time, more tests, consultations with colleagues or works of reference. These are some of the standard weapons with which to fight medical problems that arise from rare diseases at the fringes of knowledge, but what do you do when the patient himself is the problem?

How do you deal with unreasonable or aggressive patients, who have problematic opinions and demands? When the problem is more psychosocial than biological, or when the problem centres on the patient-doctor relationship rather than the disease?

Some patients present demands that are unacceptable from an ethical point of view. They may object to personal aspects of the physician, such as race or religion. In this case they move themselves out of the ethical constraints of the patient-doctor relationship, provided they do not do themselves harm. Dermatology is fortunate in that it rarely deals with immediate threats to life and it therefore seems reasonable to give this group of patients the choice between your services or those of someone else. This is fortunately a rare situation.

Occasionally we are however faced by patients that are not ethically problematic, just offensive, unco-operative, uninterested, unmotivated or systematically non-adherent. Here the solution is to try again, only harder, to help the patient. Perhaps the solution you prefer is not possible, but another needs to be identified. The burden here is that one sometimes needs to accept a change of plan. Accepting the unavoidable is inextricably linked to existence, how we accept it is, however, another matter. For the sake of all involved, I suggest graceful acceptance of a change of plans if it is to the benefit of the patient.

Gregor Jemec
Editor
EADV is getting younger!

EADV began life in 1987 with 27 founding members. Initially registered in Luxembourg with our administrative office in Brussels, we have since moved our head office to Lugano, Switzerland while retaining our elegant Ernest Blerot-designed EADV House in Brussels which we are in the process of refurbishing. With the help of Daniel Wallach and the History of Dermatology Task Force we will embellish the interior with historic portraits of some of the founding fathers of our specialty; and EADV founder member, Hans Rothenberg, has provided a historic background to the early days of our Academy which will be exhibited in the house. We are developing a Dermatology Library in EADV House. We are requesting donations of books written by EADV members (many of whom have contributed significantly to dermatology literature). Any member who wishes to contribute a book to the library can contact me (president@eadv.org) or EADV staff (alexandre@eadv.org) and we will arrange for the material to be sent to EADV House without cost. In time the EADV library will become a resource of interest for future European dermatologists.

Supporting future EADV leaders

The membership of EADV has increased steadily over the years. With almost 4,000 members and a further 5,000 dermatologist practitioners to visit centres of refurbishing. With the help of Daniel Wallach and the History of Dermatology Task Force we will embellish the interior with historic portraits of some of the founding fathers of our specialty; and EADV founder member, Hans Rothenberg, has provided a historic background to the early days of our Academy which will be exhibited in the house. We are developing a Dermatology Library in EADV House. We are requesting donations of books written by EADV members (many of whom have contributed significantly to dermatology literature). Any member who wishes to contribute a book to the library can contact me (president@eadv.org) or EADV staff (alexandre@eadv.org) and we will arrange for the material to be sent to EADV House without cost. In time the EADV library will become a resource of interest for future European dermatologists.

The membership of EADV has increased significantly to dermatology literature). Any member who wishes to contribute a book to the library can contact me (president@eadv.org) or EADV staff (alexandre@eadv.org) and we will arrange for the material to be sent to EADV House without cost. In time the EADV library will become a resource of interest for future European dermatologists.

The membership of EADV has increased steadily over the years. With almost 4,000 members and a further 5,000 dermatologist practitioners to visit centres of refurbishing. With the help of Daniel Wallach and the History of Dermatology Task Force we will embellish the interior with historic portraits of some of the founding fathers of our specialty; and EADV founder member, Hans Rothenberg, has provided a historic background to the early days of our Academy which will be exhibited in the house. We are developing a Dermatology Library in EADV House. We are requesting donations of books written by EADV members (many of whom have contributed significantly to dermatology literature). Any member who wishes to contribute a book to the library can contact me (president@eadv.org) or EADV staff (alexandre@eadv.org) and we will arrange for the material to be sent to EADV House without cost. In time the EADV library will become a resource of interest for future European dermatologists.

To help non-native English-speaking Junior Members prepare formal presentations for EADV Congresses and Symposia we will pilot an English-language proofreading facility within the EADV administration in the coming months to help presenters avoid errors related to incorrect English translation or phraseology.

There are many positive, exciting developments in our Academy. EADV continues to grow in size and with its expanding junior membership its age profile is getting younger!

Hoping to see many of you at the Spring Symposium in Carlsbad.

Frank Powell
EADV President (2010-2012)
Welcome to Carlsbad and the 8th EADV Spring Symposium! We will bring together a rich scientific programme emphasising the profound and complex influence of skin health on all the aspects of human life. Focus on prevention as well as management of skin diseases will give the opportunity for dermato-venereologists and other healthcare professionals to meet and share their perspectives of dermatology and venereology.

Together with 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.


Petr Arenberger
Chairman
8th EADV Spring Symposium

---

**Social Programme**

**Dušan Buchvald MD PhD:** “When going to the Carlsbad area, I never miss Mariánské Lázně (Marienbad). The city is located about a 30km drive from Carlsbad and has 53 mineral springs. Most of the pavilions and colonnades that have been built around them date from the second half of the 19th century when many musicians, writers and top European rulers came to enjoy the curative carbon dioxide springs.”

**Nina Benakova MD PhD:** “I love to visit Carlsbad and relax in its famous Castle Spa. It is located directly in the centre of Carlsbad next to the hot spring colonnade. It is one of the most beautiful spa centres in the world. From the unique huge thermo-mineral pool you can watch an amazing performance of the Spirit of Springs – guardian of all the springs of Carlsbad. You can choose from different classical and underwater massages, such as carbonic pearl or bubble baths.”

**Prof Karel Ettler MD PhD:** “Concerning beer, I am a typical Czech citizen. Going to Carlsbad always means a stop in the city of Pilsen in the famous Plzeňský Prazdroj (Pilsner Urquell) brewery. The first Bavarian beer, the so-called pale lager, was brewed in Pilsen in 1842. Plzeňský Prazdroj is the leading brewing company in central Europe and is the largest exporter of beer to more than 50 countries all over the world. During the guided tour of Pilsen you can see the historical brewery and cellar where the beer is still produced in the traditional way in open wood kegs and matured in oak barrels.”

**Monika Arenbergerova MD PhD:** “The Moser glassworks is for me the most amazing experience in Carlsbad. The tour at Moser starts with an interesting video showing the history of the glassworks, continues in the gallery with the glass artworks and culminates with an amazing visit to the factory where directly in front of your eyes skillful glassblowers create beautiful artefacts. The famous ‘Splendid’ collection, owned by most of the European royal families, celebrates its 100th anniversary this year.”
Caring Matters Now is a UK charity that provides support to those affected by congenital melanocytic naevi (CMN), a rare disfiguring skin disorder which also carries the risk of additional medical complications.

About congenital melanocytic naevi

Congenital melanocytic naevi are moles that are present at birth and can cover up to 80% of the body. The affected skin is dark brown in colour, tends to be hairy and can be very loose, soft and more wrinkled than normal skin, tearing easily if traumatised. Around 20% of children with large CMNs have abnormalities in neurodevelopment, sometimes caused by abnormalities in the brain and/or spinal cord. This is most commonly due to a condition called neurocutaneous melanocytosis, but other associated brain abnormalities are tumours, hydrocephalus, and developmental malformations. Malignant melanoma of the skin or brain is also a recognised complication of this condition, and although the overall rate of this is much lower than was previously thought it may still be as high as 10-15% in those with the largest CMN.

CMN support group

The challenges of growing up with a visible difference can be significant. The obvious psychological and social developmental challenges for children due to appearing different to others can be more devastating than the physiological challenges. The Caring Matters Now support group was initially set up in 1998 by Jodi Unsworth, at the time a 15 year-old patient at Great Ormond Street Hospital with extensive CMN. Jodi and her parents provided support to those similarly affected by the condition. This was the first known and only dedicated support group in the UK. It was clear that those with CMN and their families were in desperate need of accurate information, advice and contact with others affected by the same disorder.

Today, the CMN support group has over 230 families registered and 13 UK regional support contacts in operation. The charity primarily covers those living in the UK but is also happy to provide support and information to families living internationally. Individuals and/or families only need to register online to be on the distribution list for newsletters and to be put in touch with a support contact.

The support group has three main aims which are:

- To support CMN sufferers and their families
- To raise awareness about the CMN skin condition
- To raise funds for CMN research

With partnerships with other support groups dealing with disfigurements and help from those that have grown up with CMN, we provide information, advice and personal support and reach out to all those affected by the condition.

We currently host family days across the UK to give those with CMN, their parents and siblings the opportunity to get together, meet others affected by the same disorder, share stories and experiences. The family days also offer the chance to meet and talk to medical professionals. Presentations are made to update all about both the charity’s activities and the latest developments on the research programme.

Members actively fundraise as Caring Matters Now is a significant funding source for the CMN research programme taking place at Great Ormond Street Hospital in London (UK). To date, the cause of CMN has still yet to be determined and treatment options are very limited.

The future holds a lot of development for Caring Matters Now including an aim to increase collaboration with international CMN support groups to establish a worldwide network, share best practices and ultimately to find effective treatments for CMN sufferers.

For more information and contacts please visit the website: www.caringmattersnow.co.uk
Spotlight on a young researcher

Jakob Mutanu Jungersted (Denmark)

Dr J M Jungersted started his research at the Department of Dermatology, Roskilde Hospital, Denmark as a PhD student under the supervision of Associate Prof Tove Agner and Prof Gregor Jemec, made possible by a grant from the Danish Council for Independent Research in Medical Science and the Aage Bang Foundation.

“My main area of research was, and still is, the barrier function of the skin. My two supervisors are both experts on non-invasive barrier measurements. Another shared interest is the lipids of the stratum corneum, an area that since the 90s has been examined extensively using in vitro models. However, the research in vivo on humans and in clinical settings has been sparse. In collaboration with the Danish Technical University, we refined a known method for collection of stratum corneum and ended up having a reliable technique that was easy to handle, for the collection of stratum corneum with the cyanoacrylate method.

Using the cyanoacrylate method in both experimental settings and in the clinical setting, together with well-known barrier parameters, we investigated the impact of age, gender, ethnicity, occlusion, different topical drugs, UV-light and different diseases on stratum corneum ceramides. This has given us a better understanding of the ceramides in both healthy and diseased skin.

In the spring of 2009 I was privileged to visit Associate Prof Stephan Weidinger’s group at Technische Universität München Am Biederstein, supported by the Fondation René Touraine. We integrated the lipid and skin barrier measurements in a cohort of filaggrin genotyped individuals. The main finding from this work was to show the influence of filaggrin status on skin surface pH in both atopic and healthy skin.

This year I became involved in the COST group SKINBAD, an EU-funded network where researchers with different academic backgrounds collaborate to enhance joint projects within the EU in the field of skin barrier and atopic dermatitis. This has led to the initiation of promising future projects.

My main workplace is now the Department of Dermatology, Bispebjerg Hospital, Copenhagen, where I work part-time in the clinic and part-time as a post-doctoral research fellow. The research is made possible by a grant from the Augustinus Foundation. My main area of research is still the skin barrier, which I now aim to correlate with genetics, bacteria and antibacterial peptides.”
dermatology residents to participate in the elective. This programme has continued to grow over the years and in 2010, the programme was increased to 12 resident positions (10 funded by the AAD, and two by a private donor), which allowed year-round dermatology assistance by the residents in Botswana. The success of this collaboration has been in large part due to our supporters, including the Botswana-UPenn Partnership and the Botswana Ministry of Health.

Dermatologic care in public central hospitals

Botswana is a country of two million people and has the second highest adult HIV/AIDS prevalence in the world. Although there is a great need, dermatologic care in the public sector in Botswana is scarce. In 2008, the only dermatologist in the public sector left to pursue private practice. This left a huge void in care and the gap was bridged by the rotating dermatology residents. In June 2009, a Cuban dermatologist, Dr Gilberto Lopez, arrived in Botswana to assist in the care of patients at the main public teaching hospital in Gaborone, Princess Marina Hospital (PMH). Dr Lopez will return to Cuba in May 2011, after serving two years in the public dermatology sector in the capital of Botswana; however, Dr Didi Motsepe, who recently completed her dermatology residency training in Cape Town, South Africa, will take his place. Along with the rotating dermatology resident, Dr Motsepe plans to improve and optimise dermatologic care at PMH, the central public referral hospital for the country. In addition, Dr Maitse Nwako, who recently completed her diploma in dermatology, has returned to Francistown, Botswana, where the other central referral hospital, Nyangabgwe Hospital (NYH), is located. Dr Nwako is working to establish a dermatology clinic in Francistown, and for the first time in many years, there will be two thriving dermatology referral centres (PMH and NYH) in the country.

Dermatologic care beyond central hospitals

When we started our dermatology collaborative partnership in 2007, there was no significant dermatologic care in the country beyond the central hospitals. There are 17 district hospitals that cover the entire country of Botswana and no regular dermatologic care took place in these locations. Patients that wanted to be seen by a dermatologist have historically had to travel long distances to be seen in the PMH clinic. In 2008, we began to travel on a regular basis to four district hospitals in southern Botswana, in order to conduct monthly dermatologic clinics. These hospitals have varied over the years, but they now include Mochudi, Lobatse, Kanye, and Mahalapye District Hospitals. This has been incredibly helpful for the patients that are unable to travel to PMH and we often see the most neglected skin diseases at these sites. Although we rotate in some of these district hospitals, there are several that still have no dermatologic services. For this reason, we...
Dermatologic education

A significant component of the resident rotation is dedicated to teaching the clinicians in Botswana about local dermatologic disease. Residents and visiting faculty give lectures to a variety of audiences, including attending physicians, university faculty, resident physicians, medical officers, community health workers, and nurses. The lectures have been conducted at the central hospitals, district hospitals, local non-governmental agencies (NGOs) and community organisations. The lectures are often based on dermatologic cases seen in Botswana, with emphasis on local diagnostic techniques and available therapies. We have also incorporated an audience response system, which allows for active audience participation and feedback. More recently, we have initiated a formal dermatology rotation for the University of Botswana residents in paediatrics and internal medicine. These residents rotate through the clinics, attend outreach clinical sessions in district hospitals, and conduct inpatient rounds with the dermatology team. They each receive a dermatology textbook based on African cases, and they attend all the dermatology lectures.

In collaboration with the local dermatologists in the public sector, we are also proposing a more formal hands-on teaching curriculum that will include some medical officers and local clinicians that would like to have specialty training in dermatology. These clinicians would be based in the NYH dermatology clinic with Dr Nwako for a defined period of time, while also attending dermatologic clinics around the country with the rest of the dermatology team. When the training is complete, the medical officer will return to their district hospital or health post, and they will be able to care for basic dermatologic disease in that area. They will be equipped with teledermatology services, in order to continue to share cases and learn from the local dermatologists.

Dermatopathology services

The National Laboratory in Botswana has two full time pathologists, who read all surgical and cytology specimens for patients in the southern part of the country (at least one million people). The have an extraordinary amount of specimens to interpret and when we started to scale up dermatology services in Botswana, there was the creation of more skin biopsy specimens than before. The pathologists had no specialty training in dermatopathology, and the turnaround time for interpretation was often greater than a month or two. In 2009, the University of California, Los Angeles Department of Pathology (specifically Dr Scott Binder) procured a Zeiss Mirax Live RT® system for the National Health Laboratory in Gaborone. After approval by the Ministry of Health, installation by Dr Max Fischer and support of a private internet connection by the University of Pennsylvania Center for AIDS Research, we had a fully functioning live telepathology system in place. When the local pathologist or clinician would like a consult on a skin biopsy, the slide is placed on the microscope, and I can read the slide from my office in the US. I send a report and histology photos back to both the referring pathologist and the clinician, in order to allow for continuity and local capacity-building. The addition of this service has been incredibly helpful and allows for both improved diagnosis for the patients and the education of local pathologists and clinicians.

Challenges

Although dermatologic care and education has been growing and improving over the last few years, there are still many challenges that we are facing. Even in the central hospital dermatology clinics, there are limited dermatological instruments and limited dermatologic medications (that are often out of stock). Access to appropriate dermatologic medications is even more difficult in the district hospitals or small clinics. Due to the large number of patients that are scheduled in the central hospitals, there is little time for patient education. Nurses in the central hospitals often rotate between clinical services, which prevent them from developing substantial knowledge in dermatologic care.

In conclusion, the dermatologic care in Botswana is improving and expanding rapidly. With the hard work of local collaborators and supporters, dermatologic services will continue to grow and reach the most remote patients. Education of clinicians in local skin diseases, with continual reinforcement of knowledge through teledermatology, can allow for the development of individuals with local expertise, which will benefit the entire country.

Dr Carrie Kovarik
University of Pennsylvania
Philadelphia, PA, USA

Dr Maitseo Nwako
Nyangabgwe Hospital
Francistown, Botswana
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-term¹ by treating the sub-clinical inflammation between flares.² It prevents flares and prolongs flare-free intervals in adults with moderate and severe eczema.

SO DON'T WAIT FOR THE FLARE, USE TWICE-WEEKLY PROTOPIC TO CONTROL ECZEMA IN THE LONG TERM.¹

REFERENCES: 1. Wellenberg A & Beben T Allergy 2009: 64: 276-278. 2. Retamo S & Alberga B J Dermatol Treatment 2010: 21, 34-44. PRESCRIBING INFORMATION: PROTOPIC™ 0.03% ointment tacrolimus monohydrate (PROTOPIC™ 0.03% ointment tacrolimus monohydrate) contains 0.3mg of tacrolimus as tacrolimus monohydrate (0.03%). PROTOPIC™ 0.1% ointment (tacrolimus 1mg/g ointments 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 (lesions 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 continuous. PROTOPIC™ should be applied as a thin layer to affected or commonly affected areas of the skin 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 used 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 dosage adjustment. Treatment of flares: PROTOPIC™ treatment should begin at the first appearance of signs and symptoms. Each affected region of the skin 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 considerations for treatment of flares: Use in children (2 years of age and above) PROTOPIC™ 0.03% is not indicated for use in children. Treatment with PROTOPIC™ 0.03% should be started twice daily for up to three weeks. Afterwards the frequency of application should be reduced to once a day until clearance of the lesions. Use in adults (18 years of age and above) Treatment should be started with PROTOPIC™ 0.1% twice a day and continued until clearance of the lesions. If symptoms recur, twice daily treatment with PROTOPIC™ 0.1% should be restarted. 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 week 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 (16 years of age and above) should use PROTOPIC™ 0.03%, (children 2-16 years of age and above) should use the lower strength PROTOPIC™ 0.01%. If signs of a flare recur, twice daily treatment should be re-initiated. After 2 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 few burning sensations which tend to resolve within one week of starting treatment; pruritus. Common Sensation of warmth, erythema, pain, irritation, panesthesia and rash at site of application. Alcohol intolerance (facial flushing and 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), erythema herpetiforme, Kaposi’s varicelliform eruption or folliculitis. Uncommon: acne. During post-marketing experience: Rosacea. Also cases of malignancies including metastatic melanoma and other types of lymphomas, and skin cancers, have been reported in patients using tacrolimus ointment. Application site itching 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 FOR USE PROTOPIC™ should not be used in patients with congenital or acquired immunodeficiency illnesses or in patients on therapy that causes immunosuppression.

¹With intermittent use. *Patients should have had an initial response to an acute exacerbation with PROTOPIC™ twice daily (max 6 weeks)/treatment.

Twice weekly for long-term eczema control

Protopic (tacrolimus) 0.03%, 0.1% ointment

Twice weekly for long-term eczema control

The effect of treatment with PROTOPIC™ on the developing immune system of children, especially the young, has not yet been established and this should be taken into account when prescribing this age group. Exposure of the skin to sunlight should be minimized and the use of sunscreen (SPF 30) light from a solarium, 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 minimization of the time of 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 2 hours 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 commencing 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. Patients using tacrolimus ointment, cases of malignancies, including cutaneous and other types of lymphomas and skin cancers have been reported. Patients with atopic dermatitis treated with PROTOPIC™ have not been found to have significant systemic tacrolimus levels. Lymphoproliferation was uncommon (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 lymphoproliferation should be monitored to ensure that the lymphoproliferation resolves. Lymphoproliferation present at initiation of therapy should be investigated and kept under review. In case of persistent lymphoproliferation, the etiology of the lymphoproliferation should be investigated. In the absence of a clear antibody for the lymphoproliferation 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 hemodialysis 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 new and different types of eczema from previously untreated areas 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 particular 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 attenuated vaccination, this period should be extended to 28 days or unless all alternative vaccines should be considered. Systemically available tacrolimus is metabolised via the hepatic CYP3A4 and P450. The possibility of interactions cannot be ruled out and the concurrent systemic administration of known CYP3A4 inhibitors in patients with impaired and/or enzyme-dependent disease should be done with caution. PACKAGE SIZEs Please include VAT. PROTOPIC™ 0.03% ointment £19.44 (30g tub), £34.80 (60g tub), PROTOPIC™ 0.1% ointment £31.00 (30g tub), £61.04 (60g tub). Prices from the UK are provided as an example. LEGAL CATEGORY: POM. MARKETING AUTHORISATION NUMBERS PROTOPIC™ 0.03% ointment EU/2010/001-002.1 PROTOPIC™ 0.1% ointment EU/2010/001-003.4. FURTHER INFORMATION AVAILABLE FROM: Astellas Pharma Europe Ltd, Lowett House, Lovett Road, Staines TW18 3AZ, 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, refer to local Prescribing Information for full details. AREF3205

Adverse events should be reported. Reported forms and information for the UK can be found at www.yellowcard.co.uk. For other countries please check local requirements. Adverse events should also be reported to your local Astellas office. © June 2009 Astellas Pharma Europe Ltd. Unless otherwise stated, all trade marks are owned by Astellas Pharma Inc. and its related entities.
Konbit Sante Cap–Haitien health partnership in Haiti

Lying approximately 560 miles to the southeast of Florida (US), Haiti is a mountainous nation of more than 10 million people. In 1804, Haiti rocked the western hemisphere by becoming the first independent black republic. It was in 1791, in the hills bordering Cap-Haitien (located on the northern coast, Haiti’s second largest city), that the historical battle that would eventually lead to Haiti’s independence from France and freedom for the black slaves who worked the plantations began.

Today, more than 200 years later, the major health indicators in Haiti reflect the impact of the extreme poverty that is the daily reality for the vast majority of Haitians. Although Haiti’s maternal mortality ratio has improved during the last 20 years, one in 32 women still dies from complications of childbirth. Among children, acute diarrhoeal disease, intestinal infectious diseases, malnutrition and acute respiratory illness contribute to about one in 12 children dying before the age of five. Rates of HIV/AIDS, tuberculosis and typhoid are among the highest in the northern hemisphere.

Health outreach programmes

Since 2001, Maine (US)-based Konbit Sante Cap-Haitien Health Partnership staff and volunteers have worked in collaboration with the Haitian Ministry of Health and other partners to build local capacity in all aspects of the health system: from door-to-door community outreach programmes, to strengthening community health centres, to improving care at the regional referral hospital. With a small staff in the US and a Haitian staff of more than 30 including physicians, nurses, educators, community outreach workers, administrators and supply chain managers, Konbit Sante supports initiatives in community outreach and disease prevention, paediatrics, women’s health, procurement and management of medical equipment and supplies, improvement of water quality at the regional referral hospital, and much more.

In Haitian Creole, a konbit is a traditional Haitian method of working together to till your friends’ fields as well as your own. The word sante means health. The konbit is a powerful model in Haiti, as it means working together, shoulder to shoulder, every person pulling his weight, towards a common goal.

EADV support

Konbit Sante is funded by donations from individuals and organisations as well as by grant funding for several specific programmes. Konbit Sante’s board and staff would like to thank EADV for its generous contribution to support their critical core work. “The generous contribution from EADV will help Konbit Sante offer care for the victims of cholera and for prevention, including improved water supply and education for protecting and sterilising the water,” according to J Michael Taylor MD MPH, a Maine-based dermatologist who founded Konbit Sante in 2000.

“The funds will help hire and support agents sante – home health agents - who go into the community to provide demonstrations and identify early cases of cholera. These agents sante also offer prenatal care, nutrition education, early detection of tuberculosis and malaria, helping to bring about a more comprehensive health effort,” he said.

The EADV support was both extremely generous and timely, according to Konbit Sante’s Executive Director, Nathan L.

Nickerson RN DrPH. “It came during the early part of the second great calamity for Haiti in less than a year - the outbreak of one of the most aggressive cholera epidemics ever. Konbit Sante was able to put these funds to use immediately and directly to address treatment, early intervention, and prevention of the further spread of cholera in an area of the country that was affected early and hard,” he said.

Wendy Taylor
126 William Street
Portland, ME 04103, USA
Tel: +1 (207) 774 5744
www.healthyhaiti.org
Marquis de Pombal rebuilt the city in the style of the Illuminist Period prevailing at the time. A mixture of ancient and new. You will discover a city with old and even ancient quarters alongside modern ones. In the newest part of Lisbon to the east and on the Tagus River we invite you to visit the area where the 1998 International Expo was held, now a modern bustling residential and commercial section of the city where, among other sites of interest, you can visit our wonderful Oceanarium.

You will find that the Portuguese are a hospitable people always friendly to all who come from abroad and many, if not most, speak English. Through the years Portuguese cuisine has varied from the traditional and regional, adopting the many flavours found and brought back by our navigators from the faraway lands they discovered, to the sophisticated created by inspired chefs. An evening meal in a restaurant listening to the Fado, our national song, will be a very enjoyable experience.

To allow you to discover Lisbon for yourself we will also offer you a free pass to our public transportation system. Enjoy a trip by tram through the centre of town. If you plan to use the opportunity of your stay in Portugal for a few days’ holiday, please note that the most interesting parts of Portugal in the north and south are all easily accessible from Lisbon by modern highways.

We will be thrilled to see you in Lisbon in October!

António Picoto
President
20th EADV Congress
A variety of tours have been specially designed so you may take this opportunity to visit this charming city and its surroundings.

For full details please visit www.eadvlisbon2011.org

Key Dates to Remember

- Registration and hotel reservation opened in November 2010
- Online registration at www.eadvlisbon2011.org is the most preferred method
- Deadline for early bird registrations – 20 May 2011
- Deadline for hotel reservations – 20 August 2011
The first two EADV courses for private practitioners/specialists have been launched. Both were held at EADV House in Brussels and were a great success. The first was on Psychodermatology and took place from 15-18 July 2010 with 20 participants. Great thanks are due to the very dedicated course chair Françoise Poot and the speakers Uwe Gieler, John de Korte and Jacek Szepietowski. The participants of this course gave very satisfied feedback and the evaluation of this course showed an overall score close to excellent/extremely good. A course on surgery is being held in March 2011 and we are looking forward to getting the evaluation of this second EADV Specialist Course. A Fostering course about Laser Medicine in Cannes under the responsibility of the European Society for Laser Dermatology (ESDL) is scheduled for the summer (www.esld.org).

For 2012, pre-arrangements for specialist courses on Psychodermatology in Brussels and on Hair and Nail in Sophia are on the way, but also further course proposals, especially for 2013 or later are welcomed by the Committee. Please have a look at the website: www.eadv.org/fostering-courses/how-to-organize or feel free to contact Miss Ildikó Papp, who is always very happy to help, by phone on +32 2 650 00 90 or by e-mail to fostering@eadv.org. You can also contact any other member of this Committee:

Sue Aquilina, Maria Balabanova, Georgios Chaidemenos or Florence Coribet - we will always be happy to get your suggestions.

Rolf Ostendorf
Chairman
Fostering Skills Committee

Visit a centre of excellence

“My experiences during my visit to Dr Rolf Ostendorf’s office in Mönchengladbach, Germany offer a good example of how visiting another’s practice is not only educational but can also be a source of inspiration and motivation. Dr Ostendorf was very kind and welcoming, which helped me to feel comfortable. He was very knowledgeable about dermatologic surgery and provided me with a free ticket to the Medica Exposition in Düsseldorf, which I attended during my stay there. It was a huge expo which I had never seen before and of course I was impressed. The dermatologic surgery interested me a lot. So that for my future practice I will certainly make a specialisation in that field.

I express my gratitude to the EADV staff for giving us such important possibilities to visit medical centres within Europe. You are doing a great job, many thanks!”

Vera Malcoci MD
Moldova

New exchange programmes

In addition to the well-established Centre of Excellence Exchange Programme (one-week visits) the See My Office initiative is ready to expand.

So far, 32 centres in 20 countries are looking forward to welcoming guests in their offices. These visits are scheduled for a few hours only as most practitioners find it difficult to spend more than a few days away from their office and also for the guest office it is mandatory that these visits do not disrupt their daily business. But even a few hours may give an important impression of how other colleagues and health systems are working and may have a great impact on the own work.

Visits have already taken place in offices in Bucharest, Potsdam and Berlin (see EADV News Nº 33). But now this programme is open to applicants on the EADV website (www.eadv.org/fostering-courses/see-my-practice/) and we hope it will find much interest among EADV members.
The Training Course on Hair and Scalp Diseases was held in Bologna, Italy, on 26-28 November 2010.

We had 24 participants, all very keen to learn and very interested in the lessons.

The programme was very intense, with lectures from the best European scientists in the hair field from different countries. Topics included basic nail anatomy and physiology and the most common forms of hair disorders: androgenetic alopecia, alopecia areata and paediatric alopecias, telogen effluvium. Lessons on diagnostic methods, including pull test, trichogram, scalp dermoscopy and istopathology, were followed by practical sessions.

At the end of the course the students acquired all the information that can help them make a correct assessment of the patient with hair problems and establish a diagnosis. The major treatments for hair disorders and their evidence-based practices were also covered. The atmosphere was relaxed during the course and questions and discussions were welcomed by the lecturers.

The fabulous Bolognan cuisine offered at breakfast, lunch and dinner also increased the value of the sessions!

Bianca Maria Piraccini MD
Course Chair
Training Course Hair & Scalp
Bologna, Italy

Participants’ feedback

“I had such a great opportunity as a resident in dermato-venereology from Prague to take part in this event, together with 23 other young dermato-venereologists from all over the world. I was very satisfied with organisation of the course as well as with professional attitude of the speakers.

On 26 November, the course started in Aula Magna, Clinica Dermatologica of Bologna, with an opening lecture on ‘Hair Anatomy and Physiology’, given by Dr Bianca Piraccini. The next day, the following topics were presented: ‘Evaluation of Patients with Hair Loss’ (B Piraccini), ‘Alopecia Areata’ (P Fant), ‘Androgenetic Alopecia’ (U Blume – Peytavi), ‘Telogen effluvium’ (R Trueb), ‘Hypertrichosis and Hirsutism’ (U Blume-Peytavi), ‘Cicatricial Alopecias’ (P Reygagne), ‘Hair Disease in Children’ (R Grimault), ‘Pull Test and Trichogram’ (B Piraccini), ‘Scalp Dermoscopy’ (L Rudnicka), ‘Hair Dermoscopy in Hair Shaft Disorders’ (L Rudnicka). In the afternoon there was emphasis on practical sessions on pull test, trichogram and scalp videodermoscopy.

On 28 November we could enrich our knowledge of ‘Scalp Pathology in the Different Diseases’ (C Misciali/P Fant), ‘Hair Cosmetics’ (R Trueb), ‘Hair Transplantation’ (R Grimault). At the end of the EADV Fostering Course on Hair and Scalp all the participating residents received an educational grant of €150 and a Certificate of Participation.

I would like to thank EADV for organising such a helpful medical event for residents in dermato-venereology that enabled us to learn about current therapeutic trends in hair and scalp disorders.

My special word of thanks belongs to Ildikó Papp who, as a perfect EADV representative, kindly took care of all the residents during the programme and solved our problems with such responsibility and willingness.

I am looking forward to future EADV Fostering courses.”

Zora Dubska MD
Resident in dermato-venereology
Prague, Czech Republic

“I very much appreciated the time I spent in the beautiful city of Bologna. It was a great opportunity to enlarge my knowledge of hair and scalp diseases. The subject on scalp and hair dermoscopy was especially interesting. The whole course provided a good base to develop my knowledge as a dermatologist. In particular, I would like to thank EADV and all the speakers for their efforts and their excellent courses.”

Michael Opsomer
Eischen, Luxembourg
About IDS

The International Dermoscopy Society (IDS) was founded in 2003 by H Peter Soyer, Rainer Hofmann-Wellenhof and Giuseppe Argenziano to promote clinical research in dermoscopy and to represent a clinically-orientated international organisation with a thrust towards helping and improving education in dermoscopy.

Dermoscopy is a relatively new imaging technique that has become popular among dermatologists, surgeons, oncologists, paediatricians and general physicians devoted to skin cancer screening, due to the fact that it helps clinicians improve their ability to recognise melanoma while minimising the unnecessary excision of benign skin tumours.

Membership and activities

Our membership is worldwide and currently more than 110 different countries are represented. By June 2009, about 3,700 members had joined the Society. Individuals may join by direct application for free membership at www.dermoscopy-ids.org.

Our organisation holds a world congress every three years and sister society meetings every year during the annual American Academy of Dermatology Congress in the US and the annual European Academy of Dermatology and Venereology Congress in Europe.

Among the online activities of IDS, a discussion forum is available for registered members. Colleagues from all over the world post and discuss cases of difficult skin tumours, with special emphasis on their relevant dermoscopic features and suggested management approach. The forum started in April 2006 and after three years almost 2,000 cases had been posted, with an average of about two new cases posted every day.

Among the scientific activities of IDS, special attention is devoted to clinical trials. Between 2006 and 2008, several studies were conducted and the results published in relevant dermatology journals, including:


Future goals

In the next five years the goals of IDS are to expand its didactic, scientific and online activities to promote dermoscopy worldwide. “We are beginning to move away from clinicopathologic diagnosis into an era of clinico-imaging diagnosis.” This is what Robinson and Callen wrote in 2005, a vision that, to our estimation, is slowly becoming true. The dermatoscope, in fact, increasingly used as the dermatologist stethoscope, reveals a new and fascinating morphologic dimension of pigmented and non-pigmented skin tumours and, moreover, improves the recognition of a growing number of skin symptoms in the field of general dermatology.

For further information:

H Peter Soyer, IDS President
E-mail: p.soyer@uq.edu.au

Giuseppe Argenziano, General Secretary
E-mail: g.argenziano@gmail.com

Rainer Hofmann-Wellenhof, Treasurer
E-mail: rainer.hofmann@medunigraz.at

www.dermoscopy-ids.org
EADV junior membership highly recommended

“I have been a Junior Member of EADV since 2006. Being a Junior EADV Member has facilitated me with many social, educational and training opportunities. I receive the Journal of European Academy of Dermatology and Venereology (JEADV) monthly with its impressive array of articles from all parts of Europe and elsewhere in the dermatology world. As a Junior Member I can register for the various EADV Congresses and Symposia at much reduced subscription rates and I am kept up-to-date on the various activities and educational opportunities in the Academy through EADV News.

I was fortunate to be selected to participate in the EADV Fostering Course on Genodermatoses which took place in Salzburg in 2010 under the direction of Prof Bauer. This excellent course involved lectures from experts in the field (including Prof John McGrath from London), ranging from the various, often complex clinical aspects of genodermatoses to the molecular diagnoses of these conditions. There was instruction on the laboratory techniques involved in the diagnosis of genodermatoses, followed by practical sessions in the laboratory in carrying out techniques such as PCR and gel electrophoresis.

A welcome enhancement to the educational benefit of these courses is the interesting historic European locations in which they are held. The genodermatoses course was held in the beautiful and culturally-rich Austrian alpine city of Salzburg, the birthplace of Mozart and the setting for the musical and film ‘The Sound of Music’. It was a wonderful opportunity to spend several days in this environment with all our expenses paid for by a grant from the EADV Fostering Programme.

I would highly recommend EADV Junior Membership! It facilitates training and education and encourages collaboration and professional friendships on an international scale. Because EADV holds its educational events in many different centres throughout Europe there are also opportunities to appreciate the rich and varied cultural heritage of our European cities, which is an added important bonus of participating in EADV.”

Maeve McAleer
EADV Junior Member

Fostering education and friendship

Opportunities for future academic collaborations are germinated in this type of learning environment as young dermatologists from all over Europe who attend these courses meet and interact on a professional level over a three-day period. In addition there was a very nice social programme which facilitated the hard-working participants to relax and get to know each other and the lecturers in an informal setting.

2011 Joint AAD/EADV International Symposium

Please join us on Thursday, 3 August 2011 during the American Academy of Dermatology Summer Meeting, 3–7 August 2011, New York

World renowned dermatologists from Europe and the United States will take the stage to present a variety of cutting-edge topics in medical dermatology.

Registration for AAD members opens on 11 May 2011 and for non-members on 25 May 2011.

For more information, please visit www.aad.org.
The Local Organising Committee has gone to great lengths to ensure that the Congress lives up to its status as the most prominent and important international scientific event in the field of dermatology. To that end we are proud to report that the Scientific Programme will have an unprecedented 279 total sessions delivered by an outstanding international faculty of over 1,200 chairpersons and speakers.

In spite of the recent global economic troubles, thousands of delegates from nearly every corner of the world have registered for the Congress. The ILDS and other member societies are also committed to providing an unprecedented level of support for those from disadvantaged economic backgrounds. Approximately 400 educational scholarships will be provided for trainees (residents and fellows) and dermatologists from developing countries who wish to attend the 22nd WCD.

Companies and other organisations have also shown their overwhelming support for the Congress through major sponsorships, participation in the exhibition, symposia and ancillary meetings and numerous other opportunities. Thirteen leading medical, pharmaceutical and cosmetic companies have filled every level of sponsorship and, through generous funding, will help to provide numerous services for participants of the 22nd World Congress, such as a continuous shuttle bus service to over 50 official WCD hotels.

Additionally, those of you with smartphones will soon be able to download an application that provides almost every bit of information you might need about the WCD at your fingertips. 2011 marks a rare appearance of the Congress in Asia, signifying the growing importance of the region and the rapid development that has occurred here in every sector over the past several decades. As such, Asian themes will be featured throughout the various Congress programmes and materials, such as the WCD Commemorative Special Book, Asian Skin and Skin Diseases, which will be given to every registered delegate in CD-ROM format. Authored by over 170 prominent Asia dermatologists, Asian Skin and Skin Diseases departs from the historic approach taken by prior WCD special books and provides a clinical overview of the unique or peculiar aspects of dermatology in Asia.

It is a tremendous honour for us to be able to host such a prestigious and significant event and we hope that you will join us next in year Seoul as we make our vision of ‘Connecting the World Through Innovative Dermatology’ a reality.

Hee Chun Eun
President
WCD 2011

Welcome to Seoul!

About Seoul
The word ‘Seoul’ means capital in traditional Korean. The city is divided into northern and southern halves by the Han River and is surrounded on all sides by towering mountains.

It is the physical embodiment of much of Korea’s history and culture as well as its modern developments and technology. Seoul is a city of immensely diverse culture and traditions. The city has over 700 museums, over 400 galleries covering all styles and types of artwork and hundreds of performance centres.

Tradition and culture
Visitors can also enjoy traditional festive dances and royal cuisine, getting a true ‘taste’ of what it was like to be a king during the Choseon Dynasty. Those looking to expand their spiritual horizons can stop by a number of traditional Buddhist temples in Seoul and even engage in a ‘Templestay’ programme where the life of a monk can be fully experienced and explored.

Economic and social hub
Seoul is not only the heart and capital of Korea, but has also grown to become a major economic hub and social centre of Asia. Currently, Seoul is entering a new ‘Renaissance’ Period as it continues to evolve and develop with a renewed commitment to the environment.

Hee Chun Eun
President
WCD 2011

The front of the Injungjun in the Changdok-gung Royal Place
The main rotunda of the Seokguram Grotto
between the Koreas. Many pre- and post-congress tours will be available to other parts of Korea, such as the famed Jeju Island, and neighbouring countries like China. For detailed information about the tour programme and to reserve a tour spot, please visit the Congress website at www.wcd2011.org.

**Congress Secretariat**
Koconex Ltd, Suite 220 G-five Central Plaza 1685-8 Seocho-dong, Seocho-gu, Seoul 137-070 Korea
Tel: +82.2.3476.7700
Fax: +82.2.3476.8800
Website: www.wcd2011.org
E-mail: info@wcd2011.org
Alexey Kubanov
(Russia)

Alexey Kubanov graduated from Moscow Medical University in 1994 and specialised in dermato-venereology at the scientific research centre for dermato-venereology in Moscow. Since that time he has worked as a doctor, a head of department and now as a deputy director. He began his work in the field of sexually-transmitted infection. This was at a time of very high morbidity of syphilis and other STIs in the post-Soviet Union and it was very important to find an effective and low-cost diagnostic technique and treatment.

He is Chair of the Executive Committee of the Russian Society of Dermato-venereologists which is the oldest national society of dermatology and venereology in Europe and probably in the world.

Now as a deputy director, responsible for research in dermatology and venereology, he is involved in and leads many projects all over Russia and beyond, such as the research into the polymorphism of gene TNF-a in cases where therapy is not successful, or monitoring resistance of STIs to antibiotics.

Commenting on his election to the Board, Prof Kubanov said, “I want to repeat the words of my colleagues that it is a great pleasure and a great honour to be on the EADV board and represent Russian dermato-venereology. I believe that these two places which Russia has on the Board shows our integration into all European activity and that it will be very useful especially for young dermatologists. EADV gives many opportunities for education, clinical training and communication, which is what we missed in the past. With great pleasure I see young Russian dermatologists who have begun to learn languages because they want to participate in EADV events. I am looking forward to working with my colleagues and making our Academy better and better!”

EADV Cocktail at the AAD Congress 2011

EADV hosted a cocktail at the American Academy of Dermatology (AAD) Annual Meeting in February 2011 in New Orleans, Louisiana. Below are a selection of photos from the event.

President of Galderma, Mr H C Atunes and Prof F Powell

R Freedman Bimbaum and husband, Prof D Murrell

Prof J H Olafsson, T Thorhallsdottir, Prof M Black, Prof F Powell and Prof A Katsambas

Dr A Picoto and wife, E Haeneke

Prof G Murphy, C Rosen MD and H Lui MD
Update from the Secretary General

EADV members vote in confidence and confidentiality

EADV is thriving! Our membership keeps increasing steadily – at the end of 2010 we counted 3,600 members. Most of them are from within the boundaries of Europe (see map) but 560 (15.5%) are international members from all over the world who have found our Academy attractive to join.

Having grown from a small society initiated by a handful of farsighted dermatologists more than two decades ago, the rapid growth of our Academy has also come with a few challenges.

One of them is the question of how to best assure the participation of our members in the democratic decision-making of the Academy. Whereas the Board is the principal deciding body, it is our members who directly elect the Board delegates of their respective home countries, as well as the President of EADV. After EADV membership had passed 2,000 members, elections became difficult, if not impossible, to hold by voting in person at congresses. Therefore, one of the main reasons for moving our site of registration from Luxembourg was that we were looking for a country in which electronic voting is legally accepted. In Switzerland this is the case. Whereas in 2008 and 2010 we had already successfully administered two presidential elections by electronic vote, this procedure has now been introduced for the election of Board delegates in each of the member countries in Europe. Therefore, and also since I frequently get asked questions about it, I would like to give just a short review of our voting procedure.

How our voting system works

According to our statutes (www.eadv.org/about-eadv/statutes/) Ordinary, Junior and Retired Members in each member country have the right to vote for Board members. By contrast only Specialist Members can stand for election. Nominations for election to the Board need to be proposed by an EADV member and seconded by another member of the respective country. Neither the national dermatological societies nor any other organisations are in a position to propose a candidate or otherwise influence the voting procedure. It is the democratic right of each individual EADV member to make his/her choice for whom he/she votes.

The actual voting procedure is executed by the Electoral Reform Society (ERS), an independent institution in the UK, which also organises elections for political parties, trade unions and many medical associations. It is absolutely confidential. The individual votes of members cannot ever be traced to the person who cast the vote and no member of EADV (neither President nor Secretary-General nor any other person) can access this information now or at any time in the future as all voting records are destroyed by ERS after a certain time period following each election.

In January, the first electronic Board election was held in Turkey. This was highly successful with more than 85% of EADV members in Turkey casting their votes for the candidates. The result of this election was that Prof Sibel Alper was elected by a majority of the votes cast. We congratulate Prof Alper on her election and will welcome her as the new Turkish representative at the EADV Board meeting in Carlsbad.

Erwin Tschachler
Secretary General
About the SBCD

The SBCD (Brazilian Society of Dermatological Surgery) was founded in 1988 to encourage the practice, learning, research and scientific training on dermatologic surgery and related procedures in Brazil through the promotion of education, research and the organisation of scientific congresses and meetings. The actions taken by SBCD are in full compliance with the ethical norms and technical standards approved by the international scientific community.

Membership

Currently, SBCD comprises about 1,500 associates. SBCD members are highly qualified dermatologists and hold specialisation certificates, being approved through a strict examination and testing process organised and certified by the Brazilian Society of Dermatology (SBD) and the Brazilian Medical Association (AMB).

Main Activities

• Brazilian Congress of Dermatologic Surgery

Over the past 22 years, SBDC has promoted the Brazilian Congress of Dermatological Surgery, which is the only scientific meeting of the specialty in Brazil. From its very beginning, SBCD has innovated by including practical activities and workshops in the programme of the congress. Currently, live procedure panels and practical courses offer real-time demonstrations of different therapeutic methods using state-of-the-art technology. Each edition of the congress gathers some 2,500 participants and approximately 500 patients are assisted at no cost during the practical activities.

• Professional qualifications

With the purpose of contributing to the improvement of dermatology professionals, SBCD promotes scientific courses and workshops. SBCD also organises a 12-month extensive course on dermatological surgery and cosmiatry, the only one of its kind in Brazil. Divided into theoretical and practical modules, the course focuses on the training in basic and advanced surgical procedures, preventive and healing oncology, cosmiatry and laser therapy.

• Skin ageing prevention campaign

Organised by SBCD, the skin ageing prevention campaign promotes public awareness of the factors that accelerate the skin ageing process, emphasising the risks of sun exposure.

Publications

• Surgical & Cosmetic Dermatology

As the most relevant Brazilian scientific publication about cosmetic dermatology and dermatological surgery, Surgical & Cosmetic Dermatology magazine is published by the Brazilian Society of Dermatology (SBD) with the support of SBCD.

• SBCD Bulletin

Issued quarterly, the SBCD Bulletin aims to inform and educate. In each edition, the Bulletin reports the most important news on dermatology, as well as scientific articles, clinical case studies and supporting materials for doctors’ offices.

Main goals

The main goal is to promote the research and teaching of dermatological surgery in Brazil and contribute to promote Brazilians’ excellence in this area. SBCD also aims to internationalise the Society and take part in research and scholar exchange projects with other medical societies and institutions from abroad.

Contact

SBCD
Rua Mato Grosso, 306, cj.1411, Higienópolis
São Paulo 01239-040, Brazil
Tel: +55 (0)11 2114 6388
E-mail: sbcd@sbcd.org.br
www.sbcd.org.br

www.eadv.org

Advertising

For information about all the advertising opportunities in EADV News, please contact: Alexandre Dewaide
Tel: +32-2-650 0090
E-mail: media.pr@eadv.org

Please send your suggestions, feedback and contributions to Alexandre Dewaide at media.pr@eadv.org
Please send your pictures to media.pr@eadv.org before 13 May 2011 in order to be considered for publication in the next issue.

Photo Competition

This issue’s winning photo was sent in by EADV Member B Bardhi. Dr Bardhi will receive a reference work on dermatology specially chosen by our Editor.

Melanoma on the lumbar region

Calendar of Events

> 2011

8th EADV Spring Symposium
Carlsbad, Czech Republic
14-17 April 2011
www.eadvcarlsbad2011.org

Porphyrsins and Porphyrias 2011
Cardiff, UK
10-13 April 2011

1st Arcachon European Course of Paediatric Dermatology
Arcachon, France
26-29 April 2011
More information on www.eadv.org

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

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

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

Joint Congress - Russian National Society of Dermato-venereology & Cosmetology/2nd Continental Congress of Dermatology
Saint Petersburg, Russia
6-9 July 2011

2nd 5-Continent-Congress - Lasers & Aesthetic Medicine
Cannes, France
31 August 2011

21st Congress and international postgraduate medical and surgical course of the International Society for the Study of Vulvovaginal Disease (ISSVD)
Paris, France
3-10 September 2011

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

7th European Masters in Aesthetic and Anti-Ageing Medicine
Paris, France
30 September & 1 October 2011

20th EADV Congress
Lisbon, Portugal
20-24 October 2011
www.eadvlisbon2011.org

> 2012

8th IACD World Congress of Cosmetic Dermatology
Cancun, Mexico
31 January 2012 - 4 February 2012

8th EADV Spring Symposium
Verona, Italy
6-10 June 2012

21st EADV Congress
Riga, Latvia
6-10 September 2012

> 2013

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

22nd EADV Congress
Istanbul, Turkey
3-7 October 2013
20th Congress of the European Academy of Dermatology and Venereology

Discoveries in Dermatology
Lisbon - Portugal - 20 / 24 Oct. 2011

www.eadvlisbon2011.org