African dermatopathology making strides

An international African Dermatopathology Meeting is being planned for 12-13 January 2015 in Moshi, Tanzania, to link with the official Regional Dermatology Training Centre (RDTC) CME Meeting on 14-16 January. It will be a free, two-day meeting covering the most important fields of dermatopathology. Speakers and experts have been invited from Africa and Europe and the meeting is open to all interested dermatologists and dermatopathologists.

Training centre

The conference builds on the work of the Regional Dermatology Training Centre (RDTC) which was set up in Moshi, Tanzania in 1992. The centre has become an academic pan-African reference centre for the management of skin diseases and dermatological training. Each year it takes care of more than 13,000 patients and performs 500 skin biopsies. Its other important duties are: a) education of “community dermatologists” – since 1992 more than 200 such healthcare workers have been trained; b) education of residents in dermatology (currently 15 residents – 10 have already received the Dermatology Specialist Diploma since 1992); c) lectures for medical students at the local University; and d) organisation of a dermatological conference with a high international reputation.

Essential service

Light microscopy studies of skin biopsy together with clinical evaluation are the most important step in dermatological diagnosis. Specialists visiting African dermatology clinics, such as RDTC, immediately realise the real need for dermatopathology services across Africa. The availability of such expertise varies significantly across the world. In developing countries there is limited or no access at all to specialists such as dermatologists and dermatopathologists. In sub-Saharan Africa, trained and/or board-certified dermatopathologists are extremely rare (less than 14% of countries).

Effectiveness

The thought of even developing dermatopathology in developing countries can be met with scepticism. Even to those involved, it may seem foolhardy to introduce histological laboratories into Africa where the primary health needs may seem to be of an entirely different nature. In reality, however, dermatopathology has certain characteristics that make it particularly suitable for the needs of developing countries: costs are low, particularly when compared with other diagnostic procedures, and the organ of concern (the skin!) is superficial and accessible therefore efficiency rates are much higher.

continued on page 7 ▶▶

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12th EADV Spring Symposium

5-8 March 2015
Palacio de Congresos
Valencia, Spain
www.eadvvalencia2015.org
A highly significant milestone was reached in the field of dermatology in May this year, when the World Health Organisation Assembly approved plans to raise awareness about psoriasis. Although many skin diseases are common, easy to see and cause sizeable problems to the patients, public acknowledgement of their importance has been slow and low. This is unlikely to be due to a lack of problem recognition, since most people – including healthcare decision-makers – are very quick to seek medical attention for even minor blemishes of their skin and waiting times for dermatological consultations are consequently substantial in most countries.

WHO deals with health in its widest sense. Lichen nitidus is obviously a different problem from that of Ebola – by an order of magnitude – but that does not mean that all skin diseases are insignificant. We as dermatologists have perhaps been a little slow to show this. Acknowledgement of the individual patient’s morbidity is one of the most important things we can provide our patients in the direct interaction. The entire consultation process hinges on the mutual understanding of the patient’s morbidity. On an academic or organisational level, this acknowledgement must however extend to making the impact of skin disease visible to decision-makers within the healthcare systems we operate within. We are the patients’ advocates, not only individually but also collectively.

The impact of skin disease must be made obvious to those who are neither patients nor dermatologists. In the press release, WHO states that psoriasis is a chronic inflammatory disease, burdening patients with relatively higher risks of heart disease, stroke, hypertension, diabetes, depression and anxiety compared with the general population. In other words, the acknowledgement of our patients’ plight stems from solid scientific work provided primarily by the dermatological community providing a more comprehensive picture of the morbidity suffered by our patients. It is also an opportunity for the many other skin diseases, such as atopic dermatitis, hidradenitis suppurativa and many other diseases where similar significant morbidity occurs. This is indeed something to be proud of.

Gregor Jemec
Editor
President’s Perspective

Predicting the future

Dear EADV Friends, Colleagues and Members,

Let me first thank the Serbian team chaired by Prof Ljiljana Medenica and Prof Miloš Nikolić for an excellent job! The 11th EADV Spring Symposium attracted more than 1,600 participants to Belgrade to share up-to-date knowledge of our discipline despite the terrible catastrophic flooding. For the first time in EADV history, we could also share the spirit of the Royal Family as we were honoured to be welcomed by Crown Prince Alexander and Crown Princess Katherine for the Presidential Dinner in their White Palace.

“The best way to predict the future is to create it”

This motto has come many times to my mind during my service as EADV President and as President of the Board of Directors of EADV.

Have we contributed enough in creating a better dermatology world in this short period of almost two years of “my” administration of the Academy?

Is our Academy now totally transparent, accountable and governed as prescribed by the Bylaws?

I have decided not to answer directly the above questions but I will try to contribute to releasing possible answers by sharing with you a few considerations.

The impact of dermatology in Europe and EADV’s role

We are now witnessing the growing trend of fewer dermato-venereologists at work, at present clearly evident only in some European countries, but spreading rapidly – so not only smaller academic departments but also dermatologists’ practices are losing out to non-dermatologist-based care of skin conditions and diseases.

EADV contributed to this by opening its “association doors” to nurses and, more generally, to non-dermatologists. In some ways we have been predicting the future by creating it. We are now requested to govern in the best interest of our patients this turbulence which we have helped to create, with vision, responsibility and a clear, strong and unified voice.

CME and the leading role of EADV

European aggressive “spending review” policies are reducing further dermatology services in favour of apparently less expensive and less specialised approaches. The increase in self-pay and cosmetic patients in dermatologists’ private practice is also having a non-predictable impact on the future development of academic departments, independent research in skin biology, and eventually on the fate of CME in dermatology and venereology.

EADV has enormously improved its independent offer of high-level Continuing Medical Education in recent years, which we hope will continue to spread across Europe and mitigate some of the negative impact.

Internet, dermato-venereology and EADV’s educational future

We and our patients are becoming expert and convinced internet navigators. Internet information in dermatology and venereology is per se not professionally edited, peer-reviewed, transparent and or subject to immediate corrections. Nevertheless, this is becoming, and surely will become, the most popular way of “education” and “communication” in the dermatology and venereology global village.

EADV is also improving and will hopefully reinforce its mission in the web universe by developing professional, highly academic and independent multimedia and interactive distance learning programmes, taking advantage of the experience of the highly specialised so-called ‘telematics universities’. This will assure the highest level of innovation, education and communication in this special age of our Academy which is entering a complex adult life after an exciting and sometimes thrilling adolescence.

All the above challenges reinforce my opinion that the only way to predict the future is to create it.

Let’s develop further an independent EADV under the flag of full collegiality, transparency, mutual respect and solidarity.

Let’s continue to build together our strong, proud and transparent Academy!

Jana Hercogova MD MHA
EADV President (2012-2014)
The great English poet and writer of the First World War Robert Graves wrote his classic autobiography “Goodbye to All That” about his privileged life before and his extraordinary, violent experiences in the trenches on the Western Front during World War I.

The title refers to the great social and cultural changes that swept across the upper classes in Britain that were forever changed as a result of the trauma and enormous loss of life during the war. One of the few good experiences of the war that he identified was the comradeship he developed with fellow writers such as Siegfried Sassoon and T E Lawrence. Graves had both a medical and an Irish connection in that his uncle was the Irish physician who described the disorder of the thyroid gland that bears his name. I am writing this piece as a “goodbye” to my duties within EADV, an organisation that has also experienced major changes in a relatively short period and in which I have formed many firm friendships.

It has been my great privilege to have served the Academy over many years as Chair of the Statutes Committee, as Secretary-General and finally as President. I am in my final phase as EADV Past-President which ends with the Amsterdam Congress.

One of EADV’s great strengths has been its inclusiveness. Coming from a small country like Ireland it was a wonderful experience to have held positions of responsibility and leadership within this organisation. I have learned much about different European traditions and cultures as well as the way dermatology functions in different countries. In this short message I thought it might be helpful to reflect on some of the essential aspects of our Academy as I have seen them over the past years.

Trust and collegiality

Coming together in a large European organisation is not a simple matter even though we share a common goal to promote knowledge and understanding of venereal and dermatological disorders so that we can care better for our patients. The members of the EADV committees, all their chairpersons and officers, including the president, perform their duties without payment or any other form of recompense. In fact it requires a financial sacrifice by these people because EADV time is time spent away from our other paid professional activities.

Why do we do it? To my mind the answer is simple: we do it because we believe that the goals of EADV are worthwhile and we are rewarded with the trust and collegiality of our fellow dermatologists throughout Europe. This is the essence of democratic functioning and what makes participation in the leadership of EADV such a pleasure and privilege.

Financial transparency

EADV is not a business but by running a highly successful Congress each year it generates the revenue necessary to support the many educational opportunities, scholarships, grants etc, for trainee and established dermatologists throughout Europe - grants that are not restricted to EADV members. We can be rightly proud of our record of promotion of knowledge throughout our specialty. Our highly professional administrative staff members provide the essential framework around which these activities are built. So involvement in finances is an inherent component of EADV activities.

External verification: EADV has in place mechanisms that ensure that there is financial transparency as well as rigorous checks and balances in the oversight of our financial affairs, including external auditors and oversight by the Swiss Revenue authorities.

Member oversight: The Treasurer, elected by the EADV Board members representing all constituent member countries, supervises the preparation of the accounts and presents the detailed accounts and the budget to the Executive Committee and Board where your representatives discuss all the details at length. He also presents these to the AGM where he receives questions from the membership at large. The Board also elects the chairperson and the members of the Finance Committee. This important committee, comprising EADV members from several different countries, works closely with the Treasurer. However, and most importantly, the Finance Committee works independently of the Treasurer. It has the power, and indeed the duty, to question and/or investigate any matter relating to EADV’s finances that comes to their attention. The President is an ex-officio members of the Finance Committee and so can attend all their meetings and raise issues of concern should he or she so wish. The Finance Committee reports independently on their work to the EADV Board and through the Board to the AGM.

Goodbye to all that!

As I reach the end of my time in the leadership I am happy to report to you that our Academy is in excellent shape. I would like to take this opportunity to thank all those individuals, friends and colleagues who have contributed so generously of their time on committees and boards to help make our Academy become one of the premier dermato-venereology organisations in the world today.

Goodbye and thank you!

Frank Powell
EADV Past-President (2012-2014)
After three wonderful days full of skin surgery in theory and in practice, it is time to make our evaluation of the course. Having participated in two other EADV courses, (one also for beginners in another topic), it is impossible not to compare.

The surgery course (Part I) in Brussels was indeed for beginners! Both the organising committee (Dr M Trakatelli and Dr B Richert) and the rest of the trainers (Dr K Kalokasidis, Dr F Corgibet, Dr E Rossi and Dr O Cogrel) were really well prepared to first make the introduction in simple terms, and then provide all the necessary equipment together with their valuable advice in order to help us practise in this field of dermatology about which most of us knew little before the course.

Furthermore, this course was really interesting not only for the knowledge provided, but also for the opportunity to meet people from many different countries such as Belgium, Croatia, Germany, Bulgaria, Malta, Greece, and even a participant from New Zealand came in order to learn as much as she could on derm surgery.

From day one, we all started acting as a team, discussing and learning so many new things in such a short time, as our trainers encouraged us to ask as many questions as we wanted, as there are no stupid questions only stupid answers, as Dr Richert told us!

In three days – actually half-days, as in the other half we had practice sessions on pigs - their presentations managed to cover all the information a trainee needs, in order to decide how to make an excision on our own, without being afraid, as the whole procedure was fully detailed step-by-step.

Then, when the time came to practise on pigs, all the trainers kept close to us, trying to give us all the tips and tricks on how to perform best an excision both from medical and aesthetic points of view.

Last but not least, I have to report on the environment and the hospitality where the course took place. It was held in the amazing building where EADV has its Belgian office; a house that is really worth visiting for its great architecture, together with the warm hospitality of Marc (EADV administrative staff member in charge of this course).

A really exceptional experience that I truly recommend to all dermatology residents across the whole world!

Dr Athina Traianou
Thessaloniki, Greece
African dermatopathology making strides

Dermatopathology’s effectiveness is shown best where there is an infrastructure to support it. RDTC is one of the best examples of such an institution. Biopsy-taking should be in the curriculum of any healthcare worker trained in basic dermatology skills (“community dermatologist”) and working near the bottom of the healthcare pyramid.

In Africa there are now more than 200 such specialists able to do skin biopsies who were trained at the Tanzanian centre. A skin biopsy is a simple technique with a great impact on diagnosis. Proving the existence of a disease can be seen as an approach to choosing the correct treatment for individual patients and ultimately as a starting point of a supporting programme.

Development study

A group of motivated experts with limited funding recently started a project focusing on the development of dermatopathology at RDTC with the main aim of supporting and coordinating the development of dermatopathology in Africa starting from one of the most important dermatology clinics of the sub-Saharan part of the continent. I worked as a volunteer at RDTC in 2009 for six months, taking a sabbatical from my dermatopathology post in Switzerland, and have made regular visits since. I am now coordinating the development of dermatopathology expertise in Africa. We have an international collaboration with specialists from different university hospitals: Nairobi (Kenya), Kakamega (Kenya), Bern (Switzerland), Tübingen (Germany), Madrid (Spain), Graz (Austria), Cape Town (South Africa) and Rome (Italy).

EADV support

EADV supports this multicentre initiative which is very much complementary to the current work of RDTC and has liaised closely with many dermatopathologists from Europe and USA. The efforts are integrated in ongoing initiatives of an existing panel of specialists committed to promoting dermatology and dermatopathology in Africa (Prof H Grossmann, Prof R Hay, Dr C Fuller, Prof B Naafs, Dr S Kiprono, Dr J Cuevas and Prof L Cerroni).

The main objectives include:

- The organisation of the dermatopathology curriculum at RDTC through regular courses and workshops for local residents in dermatology.
- Promoting education of, and implementing basic biopsy techniques among, “community dermatologists” by providing teaching of biopsy technique and biopsy materials (punches, gauze, local antiseptics).
- Coordination of the regular (but not yet continuous) presence of a senior dermatopathologist at RDTC to support a regular slide-reading back-up throughout the year.
- Scholarships for motivated African pathologists/dermatologists willing to learn dermatopathology in Europe. The goal should be the successful participation in the International Board Examination in Dermatopathology (IBED) in Frankfurt, Germany.
- The organisation of an international African dermatopathology meeting in January 2015, alongside the official RDTC Meeting.

Successes

Among the many successful activities in the region have been:

- Since 2009 funds have been raised for and invested in the African dermatopathology project, mostly for fellowship-exchange programmes. These are grants from Basel University, from IFD (Prof R Hay), and several private donations.
- Since 2011 all dermatopathology slides are completely processed at RDTC in the new fully equipped dermatopathology laboratory.
- Since 2009 there has been a regular presence of dermatopathologists at RDTC (Dr J Cuevas, Dr Kiprono and myself).

- Publication in 2013 and 2014 of three peer-reviewed studies of dermatopathology activities at RDTC (Kiprono et al, Beltraminelli et al, Amani et al), with other studies currently ongoing.

- The opportunity for selected African physicians to increase their knowledge and expertise in dermatopathology outside Africa and for two African colleagues (Dr D Zuriel, Kenya, 2011; and Dr S Kiprono, Kenya, 2013) to successfully pass the International Board Examination in Dermatopathology (IBED).

Currently we are offering a scholarship for training to one dermatologist from Rwanda (Dr A Amani) and one dermatologist from Ethiopia (Dr A Belachew), and more specialists from other Africa countries will be trained in Europe during next years.

I would like to take this opportunity to thank the EADV project decision board for supporting the African Dermatopathology Development Project. It is an immense pleasure to see the high engagement of the African Fellows at the microscope and to see the increase of dermatopathology activities in the African continent. Thank you again on behalf of all Fellows.

For further information about the African Dermatopathology Meeting and the official RDTC Meeting in January 2015, please contact: Helmut Beltraminelli MD Department of Dermatology Bern University Hospital 3010 Bern, Switzerland Email: helmut.beltraminelli@insel.ch
Some of you may have read the report about ICD-11 which I was asked to prepare 18 months ago for EADV News. That was accompanied by a screenshot from the World Health Organization (WHO) website in which the year 2015 was prominently displayed.

You will notice that the 5 has now been subtly replaced by a 7. When WHO set out to commence the task of revising ICD in 2007 it envisaged that the project would be completed with a final classification ready to present to the World Health Assembly by 2014. The eruption of Eyjafjallajökull in Iceland in April 2010 and the chaos to air travel it would cause was not foreseeable. It did however put paid to the original deadline, as a long-planned meeting of the ICD Revision Steering Group in Geneva had to be cancelled and important strategic decisions were delayed. It was conceded by WHO that the 2014 target was not going to be met and the planned completion date was deferred by a year.

Budget cuts

A year later WHO was hit by a much graver crisis than Icelandic volcanic ash. Donor countries chopped its budget by nearly one billion dollars, forcing the organisation to cut 300 jobs at its headquarters in Geneva and severely restricting funds for projects such as ICD. Although the US, as an example, is prepared to spend billions of dollars on changing from ICD-9 to ICD-10 (some 25 years later than most of Europe), the money invested by the international community into the team coordinating the current ICD Project is vanishingly small.

The ICD-11 team in Geneva consists essentially of two physicians, a chiropractor and a computer programmer. The Director was forced to terminate the contract of a technical officer who had been the liaison between all the Topic Advisory Groups and WHO.

In the circumstances it is remarkable what has been achieved. Late in 2013 it was, however, reluctantly accepted that it would be wise to defer completion by a further two years to 2017 to enable thorough peer review and field-testing to be undertaken. I find myself engaged in this project for the long haul!

New classifications

ICD-11 has the potential to revolutionise disease classification across the globe to enable data retrieval and analysis of a sophistication of which the compilers of ICD-10 25 years ago could not have dreamed. The so-called Foundation has been greatly expanded over its predecessor and will enable precise standardised global classification of thousands of diseases which currently feature nowhere in ICD.

The Orphanet Group from Paris has done an amazing job in redesigning Genetic and Developmental disorders. As the Rare Disease Topic Advisory Group it has added thousands of genetic and developmental disorders to the classification in a very systematic way with definitions for most of them.

The Neoplasms Group has for the first time incorporated tumour morphology (ie histopathological type) to dominate over precise anatomical site. This means that it will be possible for the first time within the core ICD classification to differentiate basal cell from squamous cell carcinoma of the skin and even to specify subtypes of each. Currently within ICD-10 it is possible merely to record Other malignant neoplasm of skin. The extended version of ICD-10 which is being introduced in the US does include the facility to specify basal cell carcinoma but only after the site has been specified, eg Basal cell carcinoma of skin of unspecified upper limb, including shoulder. In addition to the inclusion of solid skin tumours there is now a comprehensive classification of cutaneous lymphomas.

Furthermore I have been involved with a small group in developing an ICD surface topography classification which...
will enable a much more precise location to be appended to any skin lesion than, for instance, the unhelpful skin of upper limb, including shoulder imposed upon ICD-10 users.

**New possibilities**

The new possibilities opened up by modern information technology and the development of electronic health records has rendered the production of a single generic International Classification of Diseases much more complex. The deficiencies of ICD-10 are clearly evident from the multiplicity of national modifications of ICD which are in use around the world; however, the ability of different nations to embrace new technology varies enormously. ICD-11 thus has to cater for those nations where little more than crude mortality-based statistics can be collected using paper-based records to those where sophisticated data systems are readily available. There are large numbers of stakeholders with often quite different and divergent views on what ICD-11 should be. There is a constant tension between tradition and reform. The eagerness for reform has varied not only across nations but also across disciplines with otologists, for instance, stating from the outset that they were completely happy with the classification of Diseases of the Ear and did not wish to be involved in any revision but many others keen for radical change to enable ICD to reflect 21st century medical practice.

As I previously reported, the Skin Disease Chapter has also been completely redesigned with input from large numbers of colleagues from around the world. It can be viewed at http://apps.who.int/classifications/icd11/browse/f/en. What you can see there will be the basis for a joint WHO and ILDS (International League of Dermatological Societies) electronic and paper-based publication which will be the WHO/ILDS International Classification of Skin Disorders. There will be similar special classifications for other disciplines.

The equivalent of the basic ICD-10 will be what it has now been agreed will be called the ICD-11 Joint Linearization for Mortality and Morbidity Statistics and will be published in traditional paper as well as electronic form. The number of skin disorders represented in this is considerably smaller than in the Skin Disorders classification but the new structure of the Diseases of the Skin chapter is embedded in the Joint Linearization. The current state can be viewed at http://apps.who.int/classifications/icd11/browse/l-m/en. It is inevitable that compromises have to be made here and the final size and shape of this classification has not yet been agreed. Nevertheless we hope that the representation of skin disease will be much more logical and comprehensive than it is in ICD-10.

There is still much to be done and help in identifying inevitable errors and in supplying missing definitions would be much appreciated. I am happy to be contacted directly about this.

**Robert Chalmers MB FRCP**
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WHO ICD Revision Project
ICD email: icd11@ilds.org

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Examples of Orphanet’s work on classifying genetic and developmental disorders

Examples of new classifications developed by the Neoplasms Group

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<td>CLAPO syndrome</td>
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<td>Hypertrichosis osteochondrodysplasias</td>
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<td>Macroscia - obesity - macrocephaly - ocular abnormalities</td>
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<td>Marshall-Smith syndrome</td>
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<td>Mycosis fungoides</td>
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<td>Erythrodermic mycosis fungoides</td>
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<td>Pagetoid reticulosis</td>
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<td>Granulomatosus syncytial skin</td>
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<td>Sézary syndrome</td>
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<td>Primary cutaneous CD30+ anaplastic large cell lymphoma</td>
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<td>Lymphangioplasmo papulosis</td>
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<td>Subcutaneous panniculitis-like T-cell lymphoma</td>
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<td>Primary cutaneous aggressive epidermotropic CD8+ T-cell lymphoma</td>
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<td>Primary cutaneous CD4+ small/medium sized pleomorphic T-cell lymphoma</td>
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<td>Hydroa vacciniforme-like cutaneous T-cell lymphoma</td>
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<td>Acut T-cell lymphoma, lymphoma, skin</td>
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Our universities are still using the same teaching methods they did 1,000 years ago…” This is a perhaps somewhat slightly exaggerated recent statement from Sebastian Thrun, former Professor of Artificial Intelligence at Stanford University and one of the pioneers of a modern educational initiative, termed MOOCs (Massive Open Online Courses).

Nevertheless, how best to teach in a modern world, presents a major dilemma for our universities and medical schools, a situation compounded by shortages of space, time and money in an era of expanding knowledge and an increasing number of students.

Instead of endless reflection and resistance to change, however, now is the time our universities should be bold and take on innovative changes in medical education that go way beyond reading traditional textbooks. This is the time to reform teaching methods; the technology is there and the students are ready for the implementation of modern information technologies (IT) into their academic curricula.

Blended learning

An attractive solution to solve some of the antiquated problems in old-style education is “blended learning”. This approach combines classical learning tools, using books and lectures, alongside teaching, seminars and courses to enhance practical skills through e-learning, a concept and activity that is highly suited to a visual discipline like dermatology. Blended learning gives self-dependent flexibility in terms of time, place and pace of learning and allows didactic optimisation and harmonisation of content, which in return provides international standards beyond national borders. Lecturers also benefit through blended learning and from the shift in teaching methods, with more time for research and other professional activities.

LRSMed (the Learning Resource Server in Medicine) lists more than 60 programmes with dermatological content. Unfortunately many of them are lamentable in their composition, inflexible, old-fashioned, and dull. A decade ago, there was suddenly a lot of hype about e-learning, such that most universities and medical schools put thousands of PDFs, PowerPoint presentations and other lecture documents on electronic platforms or intranets, mistakenly and misleadingly calling such endeavours “e-learning”. Many of the documents presented were irrelevant for students, optically unreadable, overloaded, and rapidly outdated with no interactivity and limited options to update. Thus students became frustrated by an enormous amount of educational smog, a situation that also masked and discredited the few good, interactive, motivating and entertaining e-learning programmes that were launched. Thankfully, times have changed, and the next generation of e-learning initiatives, such as Blended Learning, has helped launch a whole new way of teaching and learning.

Apart from a few idiosyncratic vagaries in treatment protocols or diagnostic methods, curricula content in dermatology-venereology should be identical across all countries, independent of any national or political issues. What is most important for undergraduate students is to know exactly what they have to learn in order to pass their examination(s) and to gain basic knowledge for their professional future as physicians. They do not want to be bored by dispensable, needless and superfluous information.

DOIT

DOIT - Dermatology Online with Interactive Technology (www.cyberderm.net) is an interactive, systematic, case-oriented multilingual (English, German, French, Italian, Spanish, Portuguese) electronic learning platform. It is designed to supplement classic undergraduate training in dermatology in a “blended learning” concept. DOIT is composed of numerous modules. Based on the Dutch catalogue of learning objectives for undergraduate students, it follows a stepwise organic way of learning, ie (1) orientation, (2) learning, (3) training, (4) testing and feedback, and (5) repetition by audio-visual podcasts and by lecture documents. DOIT is also accessible online as an App (cyberderm) on mobile devices, including tablet PCs or smartphones (iOS, Android, BlackBerry and others) and also can be run offline, providing maximal flexibility.

The programme was selected as a finalist in competitive international e-learning
EDF & DOIT-Association Initiative

In order to foster harmonisation of undergraduate training in Europe, the European Dermatology Forum (EDF) recommends DOIT as the standard electronic distant learning platform. Furthermore, DOIT has been launched in Nepal to be used by students and teachers there and potentially in other Asian countries.

Developing an e-learning programme

Creating a new e-learning platform requires significant financial resources, personnel commitments and the cooperation of several partners under the organisational guidance of a leading institution. DOIT was one of the first projects of the Swiss Virtual Campus (#991017), which was started in 2000 as a collaboration between the Departments of Dermatology in Basel, Bern, Lausanne, Zürich (lead institution), Zürich-Triemli and Jena (DOIT-partners). At that time, there was no common consent on the best platform for medical e-learning programmes. Consequently a proprietary platform was developed, presenting lecture documents from one of the authors (GB), supplemented by case-presentations of the DOIT-partners. After switching to an open JAVA Content Management System (CMS) (Magnolia®) in 2012, Version 4.0 could be released. In May 2014, there were more than 17,000 pages per month. The access rate is almost worldwide. The access rate is almost 100%.

Future developments

According to Nathan Harden, the future will bring “The end of the university as we know it”11. However distance teaching universities (EADTU12) which offer MOOCs and other distance learning tools cannot hope to succeed in medicine, since close contacts with patients and practical skills are indispensable for doctors in training. The future, therefore, will be a “hybrid model”, combining significantly slimmed down classical tools of teaching and learning with new electronic learning tools (“blended learning”).

The biggest obstacle to the inevitable reforms our universities and medical schools will undergo is the innate resistance to changing the “intrinsic 1,000-year-old academic mentality” of indolent, well-established systems. Change, however, will come from bottom-up demand: the impulse will come from the students, with a call for harmonised medical training, that is internationally valid, and which is affordable for all universities, wherever they may be. Dermatology, as a relatively small specialty, can be a driving force for reform in medical education. We should not miss this chance.

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http://www.elearningguild.com
ix Established in 2012 by the DOIT-Partners
xiii Members of the Managing Board of the EDF & DOIT-Consortium are: M. Bagot, Paris; G. Burg, Zürich; V. Djamei, Zürich (coopt.); L. French, Zürich; H. Gollnick, Magdeburg; J. McGrath, London; P. Schmid-Grendelmeier, Zürich
xviii Harden, N. (2012). “The end of the universities as we know it.” The American Interest VIII.
xix European Association of Distance Teaching Universities http://www.eadtu.nl/
Dear Colleagues,

From 8-12 October we will meet in Amsterdam for the 23rd EADV Congress. Since the foundation of EADV in 1987 and its first congress in 1989 in Florence, EADV has grown and professionalised its organisation enormously. EADV shared the congress profit with the local society and the local society also provided the congress president.

New approach

For the first time, with the Amsterdam meeting, the congress organisation lies 100% in the hands of EADV. The EADV President will now be the president of the congress. No local organising committee is involved and the Dutch national society has only an advisory role regarding the budget. Only for some special events, such as the networking symposium, is EADV being assisted by a creative events company.

As the Dutch representatives on the EADV Board and as part of the EADV organising team we are pleased to give you a foretaste of this year’s congress. First of all a very interesting programme, covering the whole spectrum of dermatology, has been developed by the EADV Scientific Programming Committee. The congress will start on Wednesday, 8 October at 18.00 sharp with a presentation by André Kuipers, MD and astronaut. Do not miss this unique opportunity to listen to his experiences of spaceflight and the exceptional views of our planet! Plus all you need to know about skincare in space, a question we might have to answer more often in the future.

Promoting young dermatologists

The motto ‘building bridges’ is intended to involve young and promising dermatologists as new chairs and speakers and let them be guided by the experienced ones. Moreover, all chairs are encouraged to focus on interactivity with the audience. We also want to involve you, as a visitor to the congress, to make each day a success by at least asking one question to a speaker. ‘Pro/Contra’ and ‘Test Yourself’ sessions are designed for this purpose and will enhance you learning curve. For the trainees, the Dutch residents are preparing a quiz during the Junior Session on Thursday, 9 October with a prize to win.

Get the app

Breaking scientific news will be presented with late abstract submission now possible. A practical skills training in surgery and phlebology will be given by enthusiastic experts with broad practical experience. Six keynote lectures are prepared by excellent speakers on subjects ranging from skin cancer to gene therapy. We are very proud to have Prof Tamar Nijsten and Prof Marcel Jonkman among them. Overview presentations on ‘What’s new in dermatology’ will be held by very experienced and respected dermatologists. Since we need to increase
our visibility, training in presentation skills and media contact is offered by the EADV Media & PR Committee. We are aware of the fact that we offer you a grand pallet of science, until Sunday morning. We encourage you to study the entire programme, and we will offer you a mobile app specially designed for the Amsterdam congress. And it might be that your favourite topic is presented on Sunday! For full information please visit: www.eadvamsterdam2014.org

Get connected
For some of you networking may be another important goal of your visit. We will therefore facilitate you in meeting new colleagues during the networking symposium. EADV is preparing a special event where topics such as art and industrial design will be presented. As medical professionals we should seek cooperation not only with each other but be open to other specialisms. Studying a beautiful painting together with your dermatology colleagues might be a nice moment to think about new possibilities together.

And since Amsterdam has more to offer than the congress centre, for example the 1281 bridges, a walk along famous or special bridges will be designed for you. We do not advise you to rent a bicycle, unless you are an experienced cyclist.

We can be proud that in a short period EADV has taken on the responsibility to educate the European dermatologist and we hope to welcome you all to Amsterdam.

Catherine (Bibi) van Montfrans
EADV Board member

Martino Neumann
EADV Treasurer-Elect

Our visibility, training in presentation skills and media contact is offered by the EADV Media & PR Committee. We are aware of the fact that we offer you a grand pallet of science, until Sunday morning. We encourage you to study the entire programme, and we will offer you a mobile app specially designed for the Amsterdam congress. And it might be that your favourite topic is presented on Sunday! For full information please visit: www.eadvamsterdam2014.org

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Catherine (Bibi) van Montfrans
EADV Board member

Martino Neumann
EADV Treasurer-Elect

Opening Plenary Lecture
Watch this Space!

Wednesday, 8 October 2014 at 18:00

Do not miss this unique opportunity to listen to André Kuipers (MD and astronaut) recount his experiences of spaceflight and the exceptional views of our planet!

André Kuipers is the first Dutchman with two space missions to his name. His second mission is the longest spaceflight in European history in which he spent a total of 204 days in space: 11 days during mission DELTA in 2004 and 193 days during mission PromiSSe.

During his six months on board the International Space Station, he was not only a medical doctor, scientist and flight engineer, but also a handyman and ambassador for several charities.

André Kuipers will offer a unique, behind the scenes look at international human spaceflight and share his story about the training, the mission and his exceptional view of our planet.
Pedrag Stilet
(Montenegro)

I am deeply honoured to have become a member of the EADV Board, and I would like to thank all my colleagues for electing me to represent Montenegro.

I graduated from the Faculty of Medicine, University of Nis, Serbia in 1983. Upon my graduation I worked for five years in the Bay of Kotor State Medical Centre, Montenegro. From 1988 to 1992 I received specialisation in dermato-venereology at the Military Medical Academy (VMA), Belgrade, Serbia, after which I worked again in the Bay of Kotor State Medical Centre until 2005. That same year I moved to Stockholm as Minister-Counsellor at the Embassy of Serbia and Montenegro. My diplomatic duty lasted two years.

On my return I started my private practice and also became Vice-Chairman of the Dermato-Venereology Association of Serbia and Montenegro (2000-2006) and since 2007 I’ve been the Chairman of the Dermato-Venereology Association of Montenegro (after Montenegro became independent).

In 2011 I organised the first congress of dermato-venereologists of Montenegro which included international attendance.

I was also the Chairman-elect for the First Regional Congress of Reconstructive Dermatology in the 21st Century (for the former Yugoslavia successor countries and Bulgaria), held on 19-22 June in Becici, Budva, Montenegro.

**CO02: Self-Assessment Course in Virtual Dermatopathology**

This interesting technology allows participants to use their own laptops as microscopes to view digitally-scanned histopathological slides. The online software enables changes from low to higher power, as well as rotating sections 360 degrees. It can also be used for both online consultation and CME.

The second EADV clinico-pathological course using virtual dermatopathology will be held on 9 October at the 23rd EADV Congress in Amsterdam. It will begin with participant review of 20 intriguing cases online.

Clinical information and photographs, digital slides and multiple-choice questions, to be answered by participants, are presented through the software.

Once the questions have been answered and submitted by participants, brief lectures will be given by the faculty on the key features of the cases. The participants will get handouts in pdf format, with correct answers to the questions, discussion about the cases and references.

The faculty is an international team of speakers:
- Ellen Mooney, Chair
- Gürkan Kaya and Ismini Vassiliki, Co-Chairs
- Christina Mitteldorf
- Jacqueline Junkins-Hopkins

**DEADLINE FOR REGISTRATION**
(by email only):

**15 September 2014**

To register, please contact: registrations@eadvamsterdam2014.org

*After registration participants will get an instruction letter by email with a link to the software. They must create a username and password enabling them to both practise using the software and, most importantly, get online for the course.*
The EADV Honours and Awards Committee, under the chairmanship of Prof Dr Dr h c Christos C Zouboulis, offers scholarships consisting of a free registration to the Symposium and €1,000, including the fee of a one-year EADV membership (for the upcoming calendar year), according to the status of each recipient.

Call for Applications

1. Michael Hornstein Memorial Scholarship
Named after the late distinguished colleague and former Board member Dr Michael Hornstein, EADV will offer this scholarship to one selected applicant from each Central, Eastern, Western & Northern European country.

Mandatory Criteria
- Young dermato-venereologists or residents/trainees under 35 years of age
- Must not have previously received an EADV Scholarship
- Must have adequate knowledge of the English language

Required documentation (in English only)
- The Scholarship Application Form completed online

2. John Stratigos Memorial Scholarship
Named after the late distinguished colleague, founding member and former President Prof John Stratigos, EADV will offer this scholarship to one selected applicant from each Southern European & Mediterranean country.

Mandatory Criteria
- A short CV (not more than 3 pages)
- A list of publications written as explained in the document “How to prepare my publications list” available online
- A letter of support, written on official headed paper, signed and stamped, 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 current copy of the applicant’s training certificate in English indicating the start and end date or specialist certificate
- A copy of ID (identity card, passport) with a passport-size photo

3. Imrich Sarkany Non-European Memorial Scholarship
Named after the late distinguished colleague, founding member and former President Dr Imrich Sarkany, EADV will offer this scholarship to a maximum of eight (8) young dermato-venereologists from non-European countries.

Mandatory Criteria
- A short CV (not more than 3 pages)
- A list of publications written as explained in the document “How to prepare my publications list” available online
- A letter of support, written on official headed paper, signed and stamped, 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 current copy of the applicant’s training certificate in English indicating the start and end date or specialist certificate
- A copy of ID (identity card, passport) with a passport-size photo

Note: Only complete application files will be submitted to the Honours and Awards Committee.

Application deadline for all scholarships:
15 October 2014 (12:00 am CET)
Further information & the application form(s) available at: http://www.eadv.org/scholarships

Note: Applicants will be notified about receipt of application by email.
This information will be available on the EADV website from mid-July 2014.
Applicants will be informed about their status of the application around December 2014.
The membership year and status will be activated for the calendar year 2016.
The Website Committee was established by the EADV Board in 2003. It is fully responsible for the good management and proper functioning of the EADV website, shares several duties with the PR & Media Committee and brings to public knowledge the valuable activities of EADV.

EADV is truly a global organisation. The Website Committee, as part of the Academy, supports excellence in dermatology through a wide range of programmes and initiatives. These initiatives reflect three pillars of the Academy: to preserve the past, to honour the present and to shape the future.

We preserve the past by relying on our most experienced colleagues, the creators of the current website: Prof Raimo E Suhonen and Prof Pablo Fernandez Peñas, past chairs of the committee, together with their colleagues, and Dr Klaus Fritz who successfully carried out the tasks set by his predecessors and created the premise for “finding a specialist” tool and live webinars.

We honour the present by supporting members’ activities, both clinical and research, offering them harmonised scientific meeting programmes, online CME courses, Fostering courses and - through the remarkable activity of the Honours and Awards Committee - scholarships, grants and high recognition of their devotion to the specialty and our Academy.

We shape the future: the power of “Like” is indisputable.

If we want to capture in a major way the attention of the vast scientific community and of the general audience it is of tremendous importance to understand the easiest way to meet everybody: in cyberspace.

It is our committee’s goal to transform a good website into a great one.

In this respect, some of my proposals include:
• to permanently update the EADV web pages
• to create a forum for the EADV community; this should be a way of sharing scientific, administrative and teaching information
• to create a special section for scientific events and their conclusion
• to create a special section for the Junior members
• to expand the access to a wider virtual library.

To achieve our goal, please send your comments, opinions and proposals to alexandre@eadv.org. Alexander Dewaide, whose tremendous work as a devoted EADV officer with our committee I gladly acknowledge, is ready to receive your emails.

I think we are fully prepared to bring our contribution to a wonderful new portal.

Carmen Salavastru
Chair
Website Committee

Current Committee Members:
Carmen Salavastru, Chair
Pavel Chernyshov (UA)
Evangelia Papadavid (GR)
Françoise Poot (BE)
Marie-Aleth Richard (FR)
Thrasyvoulos Tzellos (NO)
co-opted Junior member

• Carmen Salavastru

Web site meeting during the EADV Congress in Gothenborg (October 2010): Dr Carmen Salavastru (member), Catherine Cathala (EADV Senior Administrative Officer), Alexandre Dewaide (EADV Administrative Officer), Prof GS Tiplica (EC member) and Dr Klaus Fritz (Chair)
NOTICE OF ANNUAL GENERAL MEETING 2014

Notice is hereby given that the 2014 Annual General Meeting (AGM) of EADV will be held on

FRIDAY, 10 OCTOBER 2014
At the RAI Exhibition & Convention Centre, Amsterdam, The Netherlands
At 12:00
(Registrations will open at 11:30)

AGENDA

1. Call to order and welcome by the President
2. Approval of the minutes of the 2013 AGM, Istanbul, 4 October 2013
3. Matters arising from the minutes of the 2013 AGM
4. Reports:
   i. President
   ii. Secretary General
   iii. Treasurer
5. Election of the President-Elect (announcement of result of the Members’ ballot)

NEW BUSINESS

6. Appointment of auditors
7. Any other urgent business
8. Date and time of next meeting

Carle Paul MD PhD
EADV Secretary General
July 2014
CALL FOR NOMINATIONS
BOARD DIRECTORS 2014–2017
CZECH REPUBLIC / ESTONIA*/ IRELAND*/ UNITED KINGDOM

Notice is hereby given that nominations for Board Directors representing the Czech Republic, Estonia*, Ireland* and the United Kingdom will be received by the Secretary General before MONDAY 1 SEPTEMBER 2014 at 17:00 (Central European Time).

* The incumbent ends first term of office and can be re-elected.

- Voting members from the above countries shall elect their national Board Member.
- Only Specialist Members in good standing and with voting rights are entitled to stand for election.
- Candidates putting themselves forward for election are considered as representing the country where the candidates have their EADV registration.
- Candidates must be proposed and seconded by two EADV voting members in good standing who are registered in the same country as the nominee.

All nominees must send in:
1. The completed Nomination Form signed by the applicant.
2. The form must also be signed by the two EADV voting members supporting the application.
3. A curriculum vitae of up to two (2) A4 pages of the candidate.
4. A mission statement by the candidate of not more than 300 words.
5. A recent head and shoulders photograph of the candidate.
6. A completed current Conflict of Interest Form.

The relevant Nomination Form and Conflict of Interest Form can be downloaded from the EADV website: www.eadv.org

Submission of required material will only be possible electronically (files should be either in Word or pdf format or scanned).
Kindly send all documents to: secgen@eadv.org
Incomplete or late Nomination Forms will not be accepted.
All applications will be subject to approval by the Nomination and Election Monitoring Committee.

Candidates from the Czech Republic who applied in the previous call for the vacant position of Board Member need not apply again. Their previous application will be considered.

The election of EADV Board Members will be conducted electronically in September 2014. It will be managed by Electoral Reform Services (ERS) of London. The voting system used is safe and confidential. If more than two valid nominations are received the single transferable voting system will be used.

Further information can be obtained at www.eadv.org

Carle Paul MD PhD
EADV Secretary General

July 2014
CALL FOR NOMINATIONS

CHAIRPERSON OF MEMBERSHIP COMMITTEE (2014–2018)

* Position open only to Board Members

Notice is hereby given to fill the positions of Chairperson of the CME-CPD Committee and Chairperson of the Membership Committee.

Nominations will be received by the Secretary General not later than MONDAY, 1 SEPTEMBER 2014

- Only Specialist Members in good standing and with voting rights are entitled to stand for election. The position of Chairperson for the CME-CPD Committee is open only to Board Members.
- Candidates for election to CHAIRPERSON must be proposed and seconded by two BOARD MEMBERS.
- The Chairpersons of the CME-CPD and Membership Committees will be elected by the Board of Directors at the Board Meeting to be held in Amsterdam on 8 October 2014. If more than two valid nominations are received for one position the single transferable voting system will be used.

All nominees must send in:

1. The completed Nomination Form signed by the applicant and the two Board Members.
2. A curriculum vitae of up to 2 A4 pages of the candidate.
3. A mission statement by the candidate of not more than 300 words.
4. A recent head and shoulders photograph of the candidate.
5. A completed Conflict of Interest Form.

The relevant Nomination Form and Conflict of Interest Form can be downloaded from the EADV website: www.eadv.org

Submission of required material will only be possible electronically (files should be either in Word or pdf format or scanned) and sent to the Secretary General: secgen@eadv.org

Incomplete or late applications will not be accepted.
All applications will be subject to approval by the Nomination and Election Monitoring Committee.
Further information can be obtained from: www.eadv.org

Carle Paul MD PhD
EADV Secretary General

July 2014
Notice is hereby given to fill vacancies on Board Committees.

Nominations will be received by the Secretary General not later than **MONDAY, 1 SEPTEMBER 2014**

- Only **Specialist Members** in good standing and with voting rights are eligible to stand for election.
- Candidates for election to Committees must be proposed and seconded by two EADV voting members in good standing.

Committee members will be elected by the Board of Directors at the Board Meeting on 8 October 2014
The single transferable voting system will be used if necessary.

All nominees must send in:
1. The **Nomination Form** signed by the applicant and the endorsers
2. A **short CV** of up to 2 A4 pages (with a recent photograph if available)
3. A completed **Conflict of Interest Form**

Submission of required material will only be possible electronically (files should be either in Word or pdf format or scanned) and should be sent to the Secretary General: secgen@eadv.org

Incomplete and late applications will not be accepted.
All applications will be subject to approval by the Nomination and Election Monitoring Committee.
Committee meetings are normally held twice a year during the Spring Symposium and the Annual Congress.
Further information can be obtained from www.eadv.org

**CURRENT VACANCIES:**
Committee Members:
- **CME-CPD Committee** (1 vacancy)
- **Finance Committee** (1 vacancy)
- **Fostering Specialist Skills Committee** (1 vacancy)
- **Honours & Awards Committee** (2 vacancies)
- **Media & PR Committee** (1 vacancy)
- **Membership Committee** (2 vacancies)

Candidates must indicate clearly on the Nomination Form for which position they are applying.

* One of the positions is open only to Board Members

**Carle Paul MD PhD**
EADV Secretary General

July 2014
The 4th trainee course on genodermatoses took place from 13-14 January 2014 in Innsbruck, Austria. The course was organised by Dr Matthias Schmuth and Dr Johann Bauer, chairs of dermatology in Innsbruck and Salzburg, Austria, respectively.

The genodermatoses course programme is designed to introduce trainees to the increasingly important role of genetics and genomics in dermatology. Teaching is provided by a diverse faculty consisting of dermatologists, geneticists and paediatricians to reflect the interdisciplinary approach necessary to best care for patients with a genodermatosis. The course includes both lectures and hands-on laboratory sessions for all participants.

Patient involvement

Many participants commented that the laboratory part was an eye-opening experience, which greatly helped them to truly grasp the nature of the diagnostic process involved in identifying gene mutations in genodermatoses.

Because patient empowerment is very important for successfully managing patients with rare genodermatoses, a highlight of this course was the participation of a patient support group. Pachyonychia congenita (PC) Project sent patients, together with an expert physician, Dr David Hansen (University of Utah, USA) from the medical advisory board, to teach the residents about this rare condition.

The participants of the course unanimously stated that seeing live patients during this course made a tremendous impression and they would never forget this particular disease. There was also time for social interaction, not only for networking among the residents from 15 different countries, but also with the patients affected by pachyonychia congenita who were invited by EADV to join the social activities.

Orphan diseases

Genodermatoses are rare diseases (“orphan diseases”) with less than 1 in 2,000 people affected among the general population. Genodermatoses can be debilitating, severely affect the quality of life, and they may affect other organ systems. Without treatment, they often result in reduced life expectancy.

Although individual entities are rare, the sum of all patients with genodermatoses represents a considerable number of patients who need specialty care. Thus, it is of major importance to teach the residents of our specialty about these conditions requiring specific care due to the difficulty in establishing a diagnosis, to prevent complications and/or to set up treatments. In the field of rare diseases, it is important to share and transmit this expertise where it is lacking, for example through EADV training courses.

In 2015 the course will take place in Salzburg in January.

Dr Matthias Schmuth
Course Co-Chair

Dr Johann Bauer
Course Co-Chair
Fostering Dermatology & Venereology Programme
Upcoming Courses 2014

Training Courses for Residents

**Hair & Scalp**
14-16 November 2014
Bologna, Italy
Course chair: Dr Bianca Maria Piraccini
Places: 25

**Advanced STIs**
19-21 November 2014
Amsterdam, The Netherlands
Course chair: Prof Henry de Vries
Places: 30

Training Courses for Specialists

**Phlebology**
7-8 November 2014
Dusseldorf, Germany
Course chair: Dr Rolf Ostendorf
Places: 15

Applications for the organisation of Specialist courses are open! Please contact us if you are interested or want further information.

For further information, how to apply and application deadlines, visit the Fostering Section on:

www.eadv.org
or contact fostering@eadv.org

**NOTE**

- Resident courses are free and students can receive an EADV grant of €400.
- Specialist courses are affordable at a very low price and offer guaranteed CME points.

Follow us on Facebook, Twitter or LinkedIn to receive updated information.

Dates might be subject to modification.
Calendar of Events

> 2014

10th IACD World Congress
18-20 July 2014
Rio de Janeiro, Brazil

XV World Congress on Cancers of the Skin
3-6 September 2014
Edinburgh, Scotland, UK

Stratum Corneum VIII Conference
8th International Symposium
17-19 September 2014
Cardiff, Wales, UK

1st Euro-Asian Melanoma Congress
18-21 September 2014
Sarajevo, Bosnia & Herzegovina

5th World Congress of Teledermatology
18-20 September 2014
Barcelona, Spain

XXVIII IUSTI Europe Congress
18-20 September 2014
St Julian’s, Malta

23rd EADV Congress
8-12 October 2014
Amsterdam, The Netherlands

2014 International Congress of the Society for Melanoma Research
13-16 November 2014
Zurich, Switzerland

> 2015

EUROGIN 2015
4-7 February 2015
Seville, Spain

12th EADV Spring Symposium
5-8 March 2015
Valencia, Spain

4th World Congress of Dermoscopy
16-18 April 2015
Vienna, Austria

23rd World Congress of Dermatology
8-13 June 2015
Vancouver, Canada

24th EADV Congress
7-11 October 2015
Copenhagen, Denmark

> 2016

13th EADV Spring Symposium
5-8 May 2016
Athens, Greece

25th EADV Congress
28 September-2 October 2016
Vienna, Austria

> 2017

26th EADV Congress
13-17 September 2017
Geneva, Switzerland
23rd EADV CONGRESS

"Building Bridges"

Amsterdam RAI Convention Centre
Amsterdam, The Netherlands

8-12 October 2014
www.eadvamsterdam2014.org