Welcome to the 21st EADV Congress
Prague, 27–30 September 2012

Dear EADV Member,

I send you warm greetings from the EADV Board of Directors and the Executive Committee for 2012! I am sure this will bring us all new challenges in the uncertain world of European finances and, as an optimist, I hope our politicians will rise to the serious challenges that face us all.

Change of venue

In the world of EADV we have also faced serious challenges recently. At our recent Executive Committee and Board meetings in Lisbon we were faced with serious logistical problems relating to the proposed venue for the 21st EADV Congress in Riga. There are no purpose-built congress centres of sufficient capacity to host an EADV Congress in Riga so the actual venue proposed was an Olympic Sports Centre. This has wonderful facilities for sporting activities but required major internal changes (temporary construction of meeting rooms and all the necessary related facilities to facilitate a meeting of several thousand participants at an EADV Congress).

As time progressed it became less certain that such constructions could be achieved within the budget projected by EADV and supporting funding from the Sports Centre and Riga Tourist agencies had not materialised as promised. Also, serious issues were raised regarding the liability of EADV as the organising body in the unfortunate event of an accident occurring on site relating to the temporary constructions.

Consultation

The Executive Committee considered this matter with the input of the chairs of the Scientific Programme Committee, CME-CPD Committee and the Finance Committee. All were unanimous that the Board be recommended to move the 21st Congress to Prague where adequate congress facilities were available at a later date in September 2012. The Board then considered the issue in detail the following day with an

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9th EADV Spring Symposium
A DERMATOLOGICAL OPERA

EADV

6-10 June 2012
Conference Centre - Palaexpo Verona Fiere
Verona - Italy

www.eadvverona2012.org
info@eadvverona2012.org
Adapting to circumstances

Each communication medium has its own requirements. The spoken word requires language, the written word form, and electronic media brevity. Many have rightly criticised how television has transformed all official communication into 10-second sound-bites, implying that communication has become superficial and empty. A sound-bite however can contain all the qualities of a good one-liner joke: it catches the attention; it is memorable and it often contains more than a grain of truth. If the message is clearly and cleverly considered, the sound-bite may even span time and become an aphorism.

Flexibility

Helmuth von Moltke the Elder (1800-1891) was a highly successful Prussian general who left us with a very practical aphorism: No plan survives contact with the enemy. Its value lies in the fact that it does not even need an actual enemy to be true. It is a universally useful aphorism and consolation whenever we are forced to adapt our plans to circumstances outside our control - and it reminds us of the need to be flexible.

The career of the elder Moltke (his son was also a general) was not obviously hampered by the need for flexibility. In spite of what prejudice one might hold about Prussian officers, he was very flexible and therefore able to reach his planned goals more effectively than his adversaries.

Resilience

Prussian officers are not the only subjects that may elicit prejudice. Big and complex organisations are often considered slow and inflexible, but just like the elder Moltke this is not necessarily true. The transplantation of the whole 21st EADV Annual Congress 2012 to a new venue with less than a year to spare is scarcely the sign of inflexibility. On the contrary it is a sign of strength and resilience, both in the local organisers and the Academy. Together they now bravely face many challenges and together they will adjust in order to achieve a successful Riga-led Congress – although it will not be held in Riga. They share the challenges just as they will share the successes.

Gregor Jemec
Editor

Latvia continues to lead

EADV’s Board of Directors also decided that in recognition of the work that Prof Andris Rubins had put into the organisation of the 21st Congress, he be invited to be the Congress President of the Prague meeting. I am happy to report that he has accepted this honour and that all preparations are now advancing smoothly for what promises to be an exceptional meeting in Prague.

I will be writing to you again in the near future. In the meanwhile I hope you and your families will have enjoyed some special time over the holiday period.

I look forward to seeing many of you in the beautiful town of Verona in June and in the charming city of Prague in September!

Frank Powell
EADV President 2010-2012
Antarctica (also known in ancient times as “Terra Australis”) is the seventh continent and encapsulates the South Pole.

Antarctica was first discovered in 1820 by the Russian expedition of Fabian Gottlieb von Bellingshausen and Mikhail Lazarev. In 1911 Roald Amundsen was the first man, together with his expedition, to reach the South Pole.

The Antarctic Treaty was signed in 1959 by 12 countries. Nowadays 46 countries have signed the treaty. Bulgaria acceded to the Antarctic Treaty in 1978 and became the 27th consultative party in 1998.

Cold climates and the skin

The Bulgarian base Saint Kliment Ohridski is situated on Livingston Island with coordinates 62° 38' 29'' S and 60° 21' 5'' N, which is at an elevation of 12 to 15 metres above mean sea level. An average of 25 people work at the Saint Kliment Ohridski base, during the austral summer, in the fields of geology, glaciology, meteorology, biology and medicine, usually included in international projects.

During the 19th expedition in 2011 I studied the influence of climatic factors on the skin. Usually, during the austral summer (early December to the end of February) the temperature varies between -20°C and +30°C, the humidity between 70% and 90% and wind speed of between 40 and 55 km/hour. All of the participants applied moisturising and photo-protective creams 2-3 times a day. I measured the moisture, oiliness and skin roughness of the skin of the face and the hands.

The participants in the expedition were the models for the Euromelanoma 2011 campaign posters in my country.

As ever, I did my best to promote EADV among the international teams I met in Antarctica - and among the neighbouring seals and walruses!

Nikolay Tsankov
President, Bulgarian Dermatological Society

For further information about the Bulgarian Antarctic Institute, please visit: www.bai-bg.net

International Outreach

EADV sets foot in Antarctica

Prof Nikolay Tsankov flying the EADV flag in Antarctica

Bulgaria’s Euromelanoma 2011 campaign models

Two new EADV recruits?

Greeting the locals
Dear Friends and Colleagues,

I have the great pleasure of inviting you, on behalf of the Local Organising Committee and Local Scientific Committee, to attend the 9th EADV Spring Symposium to be held in Verona, Italy from 6-10 June 2012.

Scientific highlights

The Symposium will offer a comprehensive overview of all facets of dermatology, with special emphasis on medical dermatology and the dermatological aspects of internal medicine. The opening lecture will focus on the future climatic changes in Europe, and will be followed by an opera performance, reminding participants that the Arena Opera Festival will open the week after the meeting. As Verona has always been an inspiration to great minds and a meeting place of excellence, it is the perfect setting in which to house the 9th EADV Spring Symposium.

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

- Dermoscopy
- Dermatological surgery
- Lasers in dermatology
- Sexually-transmitted diseases
- Dermatological therapy
- Paediatric dermatology
- Dermatopathology
- Dermatology and internal medicine
- Acne and rosacea
- Photodermatology
- Vitiligo and hyperpigmentation disorders

- Melanoma and oncologic dermatology
- Psoriasis
- Autoimmune skin diseases
- Infectious skin diseases
- Clinical dermatology
- Corrective aesthetic and cosmetic dermatology
- Atopic and contact dermatitis

Several sessions dedicated to free communications and poster presentation will also be available.

For further information, please visit the Congress website: www.eadvverona2012.org

Looking forward seeing you in Verona!

Giampiero Girolomoni
Chairman
9th EADV Spring Symposium

Social Programme

We have organised a rich social programme for you and your partners from which you can choose a variety of different options: history, culture, shopping, relaxation…

Verona tour: A guided walking tour of the city centre including Bra Square with the Arena and its Renaissance buildings, Juliet’s house, Erbe Square, Signori Square and the Scaligeri tombs.

Lake Garda full-day tours: Two different full-day tours. The first, a drive along the Verona shores of the lake, followed by a visit up Mount Baldo by cable car. The second, a trip along the southern shores including Sirmione, a small lake town called by Catullus “the pearl of the lake”, and a motorboat excursion to Isola del Garda, a private island of rare beauty.

Mantua and Fashion District Outlet: A guided visit of Mantua city centre, a real open air museum; the town of Gonzaga, home of the most plush and representative Italian family of the 16th century; combined with afternoon shopping at Mantua Fashion District Outlet.

Venice: A full day dedicated to one of the most famous towns in the world. An extraordinary and unique architectural masterpiece in which even the smallest buildings contain works by some of the world’s greatest artists such as Giorgione, Titian, Tintoretto, Veronese and many others.

Soave and wine-tasting: A half-day tour in the Soave area, famous worldwide for its wine production, including a wine-tasting visit to one of the best cellars in the region.

Key dates to remember

- Early bird registration deadline
  17 February 2012
- Hotel reservation deadline
  6 April 2012
- Opening of the Symposium
  6 June 2012

Registration

Online registration is now open at www.eadvverona2012.org
E-mail:
registration@eadvverona2012.org
Hereditary angioedema (HAE) is a rare, potentially life-threatening inherited disorder with symptoms of severe, painful, and recurring attacks of oedema (swelling). HAE patients often suffer for many years and may be subject to unnecessary medical procedures and surgery prior to receiving an accurate diagnosis. While HAE cannot yet be cured, intelligent use of available treatments can help patients lead a relatively normal life.

**Cause and incidence of HAE**

HAE affects between one in 10,000 and one in 50,000 people worldwide¹ ² and is hereditary. If one parent has HAE, the child has a 50% chance of inheriting the disorder¹. HAE patients have a defect in the gene that controls a blood protein called C1-inhibitor, and therefore the disorder is also commonly referred to as C1-inhibitor deficiency. The genetic defect results in production of either inadequate or non-functioning C1-inhibitor protein. Normal C1-inhibitor helps to regulate the complex biochemical interactions of blood-based systems involved in fighting disease, inflammatory response and coagulation. Because the defective C1-inhibitor does not adequately perform its regulatory function, a biochemical imbalance can occur and produce an unwanted peptide — called bradykinin — that induces the capillaries to release fluids into surrounding tissues, thereby causing swelling.

The absence of family history does not rule out the HAE diagnosis. However, scientists report that as many as 25% of HAE cases result from patients who had a spontaneous mutation of the C1-inhibitor gene at conception.

**Experiencing HAE**

People with HAE experience attacks of severe swelling that affect various body parts including the hands, feet, face, airway (throat) and internal organs. Swelling of the throat is the most dangerous aspect of HAE because the airway can be closed and cause death by suffocation. Throat attacks must be treated as an emergency and patients must seek prompt medical attention as soon as throat involvement is suspected. Studies reveal that more than 50% of patients will endure at least one throat attack in their lifetime.⁴ ⁵

Almost all HAE patients experience abdominal attacks.⁶ Swelling in the abdomen involves severe and excruciating pain, vomiting, and diarrhoea.¹ ⁷ ⁸

Approximately one third of patients with undiagnosed HAE undergo unnecessary surgery during abdominal attacks because the symptoms mimic a surgical emergency.¹

Swelling of the face, hands, feet and other body parts is disfiguring, extremely painful and debilitating. It is not uncommon for HAE attacks to involve more than one body part. Untreated, an average attack lasts for between 24 and 72 hours, but some attacks may go on for over a week.⁷

The majority of patients experience their first attack during childhood or adolescence.⁵ Most attacks occur spontaneously with no apparent reason. However, anxiety, stress, minor trauma, certain medical, surgical and dental procedures and illnesses such as colds and flu have been cited as triggers. ACE Inhibitors (a blood pressure control medication) and oestrogen-derived medications (birth control pills and hormone replacement drugs) have also been shown to cause HAE attacks.

Patients often report a “tightness” sensation at the site where the swelling then occurs thirty minutes to several hours later. In some cases, this sensation can be felt 12 to 24 hours before the swelling begins. Approximately one quarter of HAE patients experience a

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**Table 2: Diagnosing hereditary angioedema³**

**Typical signs and symptoms of HAE include:**

- Recurrent episodes of angioedema and abdominal attacks without urticaria (itching)
- Episodic attacks, with intervals between periods of swelling
- Onset of attacks in childhood or young adulthood, worsening around the time of puberty
- Prolonged attacks (typically 76-96 hours in duration)
- Family history of attacks (in 75 per cent of patients)
- Attacks do not respond to antihistamines or corticosteroids

Diagnosis must be confirmed by laboratory tests for C1-INH and other blood parameters
Hereditary Angioedema (HAE)

Impact on patients’ lives

Untreated patients have attacks every 7-14 days on average, with a frequency ranging from virtually never to every three days. There is considerable variation in the severity of HAE, even among affected family members. Because a typical attack lasts several days before it subsides, people with HAE may be debilitated by their symptoms for up to 100 days of the year, severely diminishing the patient’s quality of life through missed days of work, school, and leisure activities. Two-fifths of people with HAE are clinically depressed, and they are twice as likely as the general population to be taking psychoactive drugs. The burden of HAE related to productivity impairment is similar to that seen in data from patients with better-recognised chronic diseases such as severe asthma and Crohn’s disease.

Treatment of HAE

Because HAE is a non-allergic form of angioedema, symptoms do not respond to treatments for allergic reactions, such as antihistamines, corticosteroids and epinephrine. Treatments are available for HAE across the EU which have been approved by the European Medicines Agency but there are extreme variations in availability and access which urgently need to be addressed in order to improve all patients’ quality of life.

About HAEi

HAEi – International Patient Organisation for C1 Inhibitor Deficiencies – is a global non-profit organisation dedicated to raising awareness of C1 inhibitor deficiencies around the world. Our purpose is to join efforts and experience of the global HAE community to achieve optimal standards of care and treatment for HAE patients.

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References

Patients’ Information

Külli Kingo
Estonia

“Estonia is a small country of 1.3 million people on the Baltic coast in northeastern Europe. I graduated from the Faculty of Medicine, University of Tartu in 1996. I defended my PhD thesis obtaining the degree of Doctor of Medicine in 2005. The title of my thesis was “The interleukin-10 family cytokines gene polymorphisms in plaque psoriasis”. I became an associate professor of the Department of Dermatology, University of Tartu in 2008 and, since 2010, Head of the Department and also Project Manager of Estonian Doctoral School of Clinical Medicine.

My research activities are concentrated on psoriasis and vitiligo. I study gene polymorphisms and the gene expression profiles related to these complex disorders. I have published 24 scientific articles in CC-referred journals and several book chapters issued by international scientific journals.

Most of my teaching duties are related to doctoral training. Several Master and PhD theses have successfully commenced under my supervision and currently I have eight promising PhD students.

I am also a member of the Council of the Medical Faculty of the University of Tartu and of the local societies for Estonian and Baltic dermatovenerologists. I became a member of EADV in 2006.”

Board Member Profile
The fourth Dermatopathology Summer School was held in Graz, Austria from 11-15 July 2011. The course was open to dermatology residents from all European countries and, like previous courses, was divided into two parts: a two-week course this year with the second two-week course taking place next year. The first part of the course was dedicated to inflammatory, infectious, and genetic skin diseases.

Thirty dermatology residents from 18 different countries (see map) gathered in Graz to listen to lectures by Josette André (Brussels, Belgium: nail disorders), Lorenzo Cerroni (Graz, Austria: lichenoid & interface dermatitis), Laila El Shabrawi-Caelen (Graz, Austria: granulomatous dermatitis), Katrin Kerl (Zürich, Switzerland: psoriasiform dermatitis), Heinz Kutzner (Friedrichshafen, Germany: infectious disorders), José Manuel Mascaró (Barcelona, Spain: vesiculo-bullous disorders), Dieter Metze (Münster, Germany: drug eruptions and genetic skin disorders), Luis Requena (Madrid, Spain: panniculitis and cutaneous deposits), and Bernhard Zelger (Innsbruck, Austria: spongiotic dermatitis). Lorenzo Cerroni gave the evening lecture which focused on the “illusion of certainty.”

Supporting young residents
EADV should be applauded for making such a meeting possible by providing the financial background and the organisational skills. Thanks to this titanic effort, residents in dermatology and venereology from all over Europe get full-time exposure to dermatopathology at its highest level. All presentations were of very high standard and were very well received. On the last day each resident was given the opportunity to present a case from his/her department.

One of the most remarkable achievements of the course was to bring together dermatology residents from so many different countries and such disparate backgrounds (we have seldom heard English spoken with so many different accents and that was really a pleasant experience, as it emphasised the multicultural and multi-ethnic nature of the course).

The future of dermatopathology is intrinsically bound to the experience, qualification and knowledge of those doing it, as well as on the passion and commitment of those caring for it. This course paved the way for a future of better integration of this discipline into the curriculum of dermatology, a specialty that should not only look to the new “cosmetic” disciplines, but also nurture, foster and support its traditional fields.

Lorenzo Cerroni
Course Chair

Participants’ feedback
“I had a wonderful time at the Dermatopathology Course in beautiful Graz, Austria - what a splendid location in which to get to grips with the basics of dermatopathology. By the end of the week, I felt so much more confident in describing the various histological reaction patterns and in making a diagnosis and differential diagnosis. The lectures were well paced for learning, from European leaders in the field, and I particularly enjoyed working through the seminary images in the afternoon.

Another feature of the course was meeting such a keen and friendly group of trainees, from all over Europe. I have certainly made some lasting friendships and look forward to Dermatopathology Part 2 in 2012!”

Stephanie Arnold
United Kingdom

“I was very fortunate to have been selected to attend the EADV 2011 Fostering Course in Dermatopathology in Graz. A very intuitive course with excellent speakers who used a combination of effective learning and teaching methods, which efficiently converted theory into practice. All key topics of dermatopathology were sufficiently covered. It was also a very good opportunity to network and create contacts from different countries. All 30 participants were enthusiastic, knowledgeable and dedicated dermatologists. In addition, Graz is a lovely place with a European atmosphere; very culture-orientated. As an early career dermatologist, I would recommend this course to all colleagues in any stage of training. I am looking forward to Part 2 next year!”

Elina Theodorakopoulou
Greece
Lobomycosis

Lobomycosis (Lacaziosis) or Jorge Lobo’s disease is a chronic and granulomatous fungal infection that involves skin and subcutaneous tissues, but not mucous membranes. It can affect human and members of the family Delphinidae.

It predominates in tropical areas and it is considered endemic in the Amazon region. The first case was reported in Brazil, described by a Brazilian dermatologist called Jorge Lobo, in 1930. “Some human cases have been reported in Europe and United States in patients who had travelled to endemic countries or had contact with infected dolphins.”

Lobomycosis is caused by traumatic implantation of the fungus Lacazia loboi in the skin. The disease is characterised by solitary or multiple cutaneous hard plaques and nodules, with variable size and firm consistency, with the general appearance of a keloid. They are not attached to deeper structures. The lesions usually occur on exposed areas, particularly on the extremities and ears. There is no pain associated, but some patients report pruritus. Lymph node involvement is uncommon. The evolution is very slow and there are no systemic symptoms or dissemination associated.

The differential diagnosis of lobomycosis includes lepromatous leprosy or its reactive tuberculoid form, leishmaniasis, chromoblastomycosis, paracoccidioidomycosis, Kaposi’s sarcoma, keloids, neurofibromas, dermatofibrosarcoma protuberans, spinoctelial epitheliomas and cutaneous metastatic lesions. The definitive diagnosis is based on demonstration of the infectious agent present in the direct exam or histopathology.

Lacazia loboi is a fungus from the order Onygenales, and microscopically characterised by spherical yeasts measuring 6-12 μm in diameter with doubly refractile membranes arranged as single cells or in chains of two to ten budding cells, linked to each other by a tubular connection.

The histopathological examination is considered the gold standard method for the diagnosis of lobomycosis. “The epidermis is usually atrophic and the dermis is occupied by a fibrous, diffuse, inflammatory granuloma composed of histocytes, and giant cells containing the typical thick-walled cells. Periodic acid-Schiff (PAS), Grocott methenamine silver or Gridley’s silver stain clearly distinguish the yeast-like cells.” (Talhari 2008) It also can be seen in hematoxylin-eosin. This fungus has never been cultivated in vitro.

Case report

Male patient, 40-years-old, lumberjack, white, coming from a non endemic area: Dourados, Mato Grosso, Brazil. History of injury in the right ear 10 years ago. The lesion was papulonodular and became ulcerated, with no pain or itching. Evolved with healing over 12 to 24 months. New lesions appeared, and after spontaneous healing, it ulcerated causing deformities in place, without affecting the general condition.

He came to our clinic presenting infiltrated lesion, fibrous, with small ulcers, covered with blood crust with partial destruction of the right helix. No lymphadenophaty was detected, not even immunosuppression was found. We made hypotheses of diagnosis of Leishmaniasis, Paracoccidioidomycosis and Lobomycosis. We then opted for tests. Among those, Montenegro reaction with 6 mm induration. Anatomopathology showed granulomatosus infiltrate with giant cells containing numerous parasites with double membrane, isolated and grouped. The treatment used was combination of clofazimine and itraconazole for 18 months. The patient improved with complete healing of the lesions, leaving only scar deformities in the ear.

Case discussion

The case presented here demonstrates and illustrates the fragility of diagnosis based on clinical findings alone, reinforcing the need for additional tests for the correct diagnosis. A recent report demonstrated that exfoliative cytology might be useful in the diagnosis of lobomycosis. Until now, the gold-standard exam is the histopathology. The Lacaziosis presents a large polymorphism of lesions, therefore it is necessary to establish differential diagnosis with various skin diseases.

It is important to emphasise that lobomycosis lesions have no tendency to heal spontaneously and until now there is no effective treatment. This infection is almost always resistant to medical therapy. Ketoconazol, myconazol, amphotericine B, trimethoprin and 5-fluorocitoxyne have not given good results. Clofazimine, with its anti-inflammatory effects in granulomatous process, has shown some positive results. The usual dose is 100-200mg/ day. However, the duration of the treatment and its effectiveness is not well defined.

Some cases reported good results with itraconazole or using cryosurgery, but surgical excision with margins showed more effective treatment. Squamous cell carcinoma is an occasional long-term complication. More research is needed.

Freire JG, Bazzo I LMS, Santos TC, Yshizumi RM, Vecchi LL, Yshida CY, Lima SS
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References:
EADV visits India
1 – 6 June 2011: Bengaluru, Chennai, Kolkata, New Delhi

In 2009 EADV agreed a knowledge exchange programme with India. Since then, three lecture tours by European dermatologists have taken place with prominent speakers addressing their specialist topics in clinical dermatology and research.

AUGUST 2009
Four cities – New Delhi, Chennai, Bengaluru and Mumbai (with webcast) – were visited by three speakers:

• Dr Andreas Katsambas (Greece): Rising to the melasma treatment challenge
• Dr Alberto Giannetti (Italy): Psoriasis, pathogenesis and treatment challenges
• Dr Vincenzo Bettolli (Italy): Acne, novel perspectives and therapeutic considerations

MARCH 2010
Another four-city tour was organised – Trivandrum, Bengaluru, Kolkata and Mumbai (with webcast) – with three speakers:

• Dr Rudolph Happle (Germany): Newer therapies in the management of hair loss
• Dr Leonardo Marini (Italy): Fractional laser resurfacing
• Dr Fenella Wojnarowska (London): Intraepidermal immunobullous disease

AUGUST 2010
Lectures were held in Bengaluru, Ahmedabad, Hyderabad and New Delhi (with case presentations) and the speakers were:

• Dr Clive Grattan (London): Chronic Urticaria
• Dr Klaus Fritz (Germany): Lasers: hypop- and hyper-pigmentation

JUNE 2011
This year, due to the World Congress of Dermatology in Seoul, only one such event was planned. The two speakers visited Bengaluru, Chennai, Kolkata and New Delhi (with webcast):

• Dr Johannes Ring (Germany): Adverse cutaneous drug reactions
• Dr Eckart Haneke (Germany): Inflammatory nail diseases

The lecture tour was organised by Mr Homiyar Mistry. Dr Rachana Acharna, Ms Tanushree Chakraborty and Mr N Balasubraman were responsible for all five lecture venues with local representatives giving support in each city.

The events were organised in a very similar manner in all four cities. The lecture tour started in Bengaluru. Formerly known as Bangalore and now India’s high-tech and information technology centre, it is nicknamed the Silicon Valley of India but also called the City of Gardens. It is the capital of the state of Karnataka. This is a city of approximately seven million inhabitants in the south of India.

After a brief introduction by Dr Acharna, each lecture was intended to last for 30-40 minutes with another 30-40 minutes of discussion. These were moderated by the local organising committee chairmen who were well known experts in the field of the speakers’ topics. All in all, the scientific session took more than three hours as the discussions were lively and reflected great interest from our Indian colleagues.
Knowledge Exchange Programme

Next stop: Chennai (formerly Madras), which is the fourth largest city in India and the capital of Tamil Nadu. There was some spare time in the morning for a one-hour drive to visit St Thomas’ Cathedral with the apostle’s grave and the famous wide and white Marina Beach before the next meeting started. Here again the lectures and discussions took more than 3 hours. In the evening, we took the plane brought to Kolkata.

Kolkata, the former Calcutta, is the capital of the State of West Bengal. It has a population of 4.5 million but with its suburbs there are about 16 million people. It is situated on one of the tributaries of the Ganges delta. A very brief city tour brought us to the famous bridge over the Hooghly river and to the Victoria Memorial, which is situated in a large park. The meeting was held in the early afternoon till almost 6 o’clock. That evening we boarded the plane to New Delhi.

New Delhi, the capital of India, is the second largest city in India with nearly 14 million inhabitants. The meeting took place in a hotel on Nehru Place. In the morning, there was time for a short visit to the Lotus Temple nearby, which is the holy temple of the Baha’i sect and stands out by its extraordinary architecture. As before, the lectures and discussions filled the entire afternoon.

The second day in New Delhi and last day of the lecture tour was reserved for a webcast. Held in a TV studio, the lectures were transmitted to 34 Indian cities and over 800 dermatologists. Here we had a particularly long and lively exchange of experiences with our Indian colleagues where we also learnt from their knowledge in the fields of cutaneous drug reactions and inflammatory nail diseases.

Rewarding experiences

The EADV – India Knowledge Exchange lecture tour is an exhausting but extremely rewarding experience. Altogether we probably reached over 1500 dermatologists in this one week with our lectures and discussions. Indian hospitality is simply overwhelming. All colleagues whom we had the pleasure of meeting were eager to learn and discuss their experience. India is the second largest country in the world by population, but the largest democracy.

There is a tremendous progress noticeable since I (EH) was last in India 10 years ago. New Delhi has profited from the Commonwealth Games 2010 and modernised its public transportation system as well as built many new roads. Even though there was hardly any time to see the country and people, it is encouraging to see this great nation advancing. When you come to India it is not only the Taj Mahal that is worth seeing, there are many places for almost everyone who comes to India without prejudices. Finally we would like to wholeheartedly thank our accompanying representatives who made us always feel very welcome and who took such good care of us.
EADV takes a leading role in the international activities for the prevention and management of occupational skin diseases (OSD), the top health risk at workplaces.

On the initiative of EADV a successful joint workshop on the issue was held with the World Health Organisation (WHO) at WHO headquarters in Geneva. Being aware of the growing challenges related to OSD, WHO and ILO (International Labour Organisation) now seek to increase recognition of OSD through the revision of the International Classification of Diseases List (ICD 11) and of the ILO 2010 list of occupational diseases. Furthermore, in July, a Written Question submitted by Antigoni Papadopoulou MEP in the European Parliament, challenged the European Commission to enable better recognition of OSD, awareness-raising and training of professional staff.

“Occupational skin diseases are not only a European but a global problem. They are however preventable if proper strategies are being put in place” said Prof Erwin Tschachler, EADV Secretary General, in his opening speech of the joint EADV-WHO global workshop held from 22-23 February 2011 in Geneva. The event was attended by 35 European and non-European experts from 20 countries around the globe. It took place within the framework of the EADV pan-European “healthy skin@work” campaign launched in November 2009 (EADV News N° 36).

Dr Maria Neira, WHO Director for Occupational Health, congratulated EADV for its dedication on the issue and for the exemplary professional European campaign. According to a recent WHO survey undertaken in 120 countries, skin diseases represent at least 27% of all diseases worldwide. The challenges are very similar throughout the globe but scarce data make it difficult to make a case for concerted action, particularly regarding policy-makers. Experts pinpointed the lack of notification and massive under-reporting of OSD as well as the absence of a comprehensive disease classification system. Diverse and varying legal definitions of occupational diseases add to the complexity of the problem. The low capacity of health staff, including their lack of specific training and knowledge is a further challenge. Reporting of OSD is made extremely difficult where a large proportion of the working population is in the informal sector as this is the case not only in developing and emerging countries but also in European countries. The implementation of coherent prevention strategies sometimes fails because the key players cannot reach agreement on the prevention criteria. However, changes can occur with the necessary political will as emphasised by the experts. “It was made clear that the dermatologist is the responsible specialist for the management of occupational dermatoses from dermatitis to skin cancer”, stated Prof John.

Attention was furthermore drawn to the urgent need for improved training and capacity-building, and on the enhancement of safety conditions at workplaces. Some urged the revision of the national lists of occupational diseases in their countries as well as the design of proper OSD prevention programmes. The workshop concluded with a follow-up list, which includes the collection of practical tools for workplace risk assessment and management, developing hands-on key messages on OSD for health care providers, developing standard training materials for professional health staff on OSD and further networking with a view to integrating the different disciplines within the occupational health community. Fostering exchange, good practices and raising awareness at local, national and international level are crucial factors for success. It was underlined that early access to dermatologists by those affected is pivotal and that options for dermatologists to properly diagnose, treat and advise patients urgently need to be improved.

The final session of the workshop was specifically devoted to the revision of ICD 11 during which EADV, including members of the European Initiative for
the Prevention of Occupational Skin Diseases (EPOS)*, had an opportunity to bring their substantial experience and expertise to bear on the proceedings. Indeed, now, the revised list will allow for a better coding of occupationally-induced skin manifestations. This will be a major tool to help capture more comprehensive data on OSD at both national and international level and thus improve on OSD epidemiology and awareness.

ILO announced it was holding a meeting on 11-14 October 2011 on the exposure and diagnostic guidance of the diseases included in the ILO 2010 list of occupational diseases where “special attention will be given to OSD” stated Shengli Niu, ILO representative at the EADV-WHO meeting. The EADV and EPOS experts would be present and ensure that by a better representation of OSD in the ILO list their epidemiology, prevention and compensation is improved.

EU action

In pursuance of the adoption of the European framework agreement on the prevention of health risks in the hairdressing sector, also referred to the Declaration of Dresden (DoD; www.safehair.eu), (EADV News N° 39), phase 2.0 of the EU-funded SafeHair project has now been launched as of 1 July 2011. The objective is to implement the OSD prevention standards contained in the DoD at national level. The first project workshop took place from 11-12 November in Ljubljana, Slovenia. SafeHair is the first European Commission initiative in the field of OSD prevention in risk professions and comes under the umbrella of the EADV campaign.

With a view to gain more stakeholders such as social security to join the EADV “healthy skin@work” campaign (see EADV News N° 33 and N° 36), a workshop was held on 22 June 2011 in Dresden, Germany, on the occasion of the Conference of the “European Forum of Insurances against Accidents at Work and Occupational Diseases”. This was an excellent opportunity to introduce the campaign to the national organisations responsible for statutory insurance against occupational diseases. A number of these organisations have a legal obligation to improve safety and health standards, including for OSD. Hence, much interest was expressed towards the EADV campaign and contacts have been established between EPOS and Forum members. Such platforms are important to make clear what dermatology can do for society, but also that early dermatological intervention and effective prevention are needed to reduce the burden of OSD on social security.

What has been happening over the past months at international and European level is very encouraging. Without doubt it confirms that joining knowledge and efforts under the “healthy skin@work” campaign can make a difference. We need to continue and not lose momentum as every achievement helps your patients and your specialty.

For more details on the campaign and on how to support it, please contact:

Swen M John MD
Chairman
EADV/EPOS “Healthy Skin @ Work” Campaign
Tel: +49 541 405 18 10
e-mail: pweinert@uos.de

*The EADV campaign is scientifically guided by the European Initiative for the Prevention of Occupational Skin Diseases (EPOS), which is a network of over 80 experts from more than 50 dermatological centres in 24 European countries under the umbrella of EADV. As structured prevention programmes are unevenly available throughout European countries, mutual transfer of knowledge and best practice-sharing is necessary. If you’re interested in becoming a partner, please contact us via the EPOS website: www.epos2010.eu or www.eadv.org (Press Corner).
As always the activities of the Congress began on Thursday with the meeting of the Board and 22 sub-specialty meetings of the so-called “sister societies”.

New “members” joined the EADV club which I believe was an excellent EADV initiative. One of these was the “Colégio Iberolatinoamericano de Dermatologia”, a society that brings together members from Portuguese- and Spanish-speaking countries (Iberia and the Americas).

In this time of economic and political turmoil in Europe, organising this big event gave us a very good feeling. This is possible only in Europe. Why? The event provides a unique cultural diversity; it takes place in different European countries and cities which offer different atmospheres, cuisines, architecture and culture, offering the participants and their families unique and unforgettable experiences. The scientific programme was also of the highest level.

A taste of Lisbon

Our objective during the opening ceremony was to provide the participants with a taste of Lisbon and Portugal in a very short time. In choosing the venue we knew immediately that to achieve our objective the only option was the Campo Pequeno Bull Ring with its capacity to seat 5,000 people.

Then there was the entertainment. The decision was to offer works by Portuguese composers played by the Sinfonietta de Lisboa, one of our best orchestras. Also, since you cannot come to Lisbon and not hear the traditional Fado, we arranged to have Camané, one of our best new generation Fado singers give a performance.

We also asked the Portuguese painter Antonio Jorge Gonçalves to draw for us on a big screen what this music inspired in him. This gave us moments of pure magic. The ceremony ended with the traditional cocktail during which numerous specialties of Portuguese cuisine were offered.

Scientific excellence

So, this gave the Congress a very good beginning. During the following four days we provided a comprehensive scientific programme with about 20 rooms working simultaneously. A total of 147 exhibits made up the technical show. We had an incredible number of on-site registrations jumping from 6,250 participants to 7,740 by the end of the first day forcing us to shut down applications for security reasons. Participants came from 85 different countries including 650 colleagues from Brazil and 750 from Spain. It was a truly international gathering and we thank you all for your attendance!

The 18 satellite symposia, 7 Meet-the-Experts sessions, 3 live courses on surgery and cosmetics and 2 controversial sessions, the regular workshops, symposia and plenary lectures and the 1,800 posters more than filled the four days.

The live courses were quite successful and sold out. They took place at “Hospital da Luz” a new modern private hospital and we must give a special thanks to Dr Campos Lopes who organised them.

During the Congress we received new information on new treatments for advanced basal cell carcinoma and for advanced melanoma giving our patients new hope. Prof Luca Borradori and Dr Margarida Gonçalo were the pillars of the scientific programme and we thank them heartily for a job well done - four years’ preparation for five days of congress but we are very happy with the results!

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We also had the support of a great team in Lisbon: Luisa Teixeira and Mundiconvenius, a great congress organiser. We also enjoyed the support of the EADV administrative staff. Prof Frank Powell was always there when I needed him and I thank him for all his support.

See you at the next EADV meetings.

António Picoto
President
20th EADV Congress - Lisbon 2011
**International Dermatology**

**Dermatology in Korea**

Korean dermatology began in the late nineteenth century when American missionary doctors introduced Western medicine to Korea. Before the Second World War, the medical system in general was similar to the Japanese system; however, dermatologists and their training institutes were few in proportion to the total Korean population. In this period, there were several pioneering dermatologists, including Kung-Sun Oh.

**Korean Dermatological Association**

After the Second World War, in October 1945, the Korean Dermatological Association (KDA) was established by dermatourologists as the Chosun Dermato-Urology Association (dermatology as a field was separated from the urology societies in 1954). After the devastating Korean War in the early 1950s, the entire medical system gradually came under American influence. The board certification system of producing dermatology specialists has enriched the field of academic medicine as well as medical practice in general.

Korean dermatology is now a thriving discipline, and the KDA includes 1,853 active members (dermatology specialists), many of whom have had a global impact on dermatological science.

The KDA holds two annual meetings and has six subcommittees dedicated to various areas of dermatological research.

In January 1960, the KDA published the first issue of the *Korean Journal of Dermatology*, which has undergone continuous expansion in content and frequency and is currently published monthly. To network with the global scientific community, the KDA decided to publish a second, complementary journal in English. The first issue of the *Annals of Dermatology* was published in January 1989, and it is currently published quarterly.

**International collaboration**

In the late 1980s, the international dermatology community began to assemble a network of research-oriented societies as more emphasis was placed on the benefits of dermatological research. In order to participate in a joint meeting, known as the International Investigative Dermatology Meeting, Korea established its own national society for dermatological research - the Korean Society for Investigative Dermatology (KSID) - in March 1991 with members who are not only dermatologists but also scientists in related fields of medicine. The KSID now has about 300 members and holds an annual scientific meeting. The Asia–Oceania region, including Korea, is one of the world’s most rapidly developing economic regions, and the field of investigative dermatology in this region is expected to expand accordingly in the near future. Consequently, many Korean dermatological investigators have supported the founding of the proposed Asia–Oceanica Society for Investigative Dermatology (AOSID). Modelled on the ESDR, the AOSID is expected to include all dermatological research societies in Asia and Oceania, encouraging more active participation in the international investigative dermatology arena. The KSID is formally contacting key persons actively conducting dermatological research in Asian nations and also contacting established dermatological research societies in this region, such as Australia, Japan, and Taiwan.

**Future growth**

In October 2008, the 8th Asian Dermatological Congress was held in Seoul. During the congress researchers from seven Asian nations agreed to hold the first symposium of the Asian Pacific Society for Investigative Dermatology (APSID) in conjunction with the KSID Annual Meeting in March 2009 in Seoul, Korea. In May this year, the 22nd World Congress of Dermatology was held in Seoul, Korea. Nearly 12,000 people from 110 different countries attended this important global event. There is no doubt that such events have facilitated and strengthened dermatology in Korea, as well as highlighted the growing enthusiasm and productivity of Korean investigative dermatologists.

**Prof Hee Chul Eun**

Department of Dermatology
Seoul National University College of Medicine, Korea
President, 22nd World Congress of Dermatology

**FACTS AND FIGURES**

- **Country name:** Republic of Korea
- **Capital:** Seoul
- **Population:** 48,754,657 (July 2011 estimate)
- **Official language:** Korean
- **Life expectancy:**
  - Male: 75.56 years
  - Female: 82.28 years
- **Infant mortality rate:** 4.24/1,000
Update on the TITAN Project

Tele dermatology in Transcontinental Academic Networking (TITAN)

The TITAN project - a collaborative effort by EADV, ILDS and the Danish Dermatological Society – aims to study the use of tele dermatology to promote development of clinical best practice in dermatology on a global scale. It does this through the twinning or establishment of ‘sibling’ departments, in effect creating international teams of dermatologists where a case-oriented discussion and exchange of knowledge between departments is facilitated for mutual education and benefit of individual patients.

Background

The distribution of dermatological services on a global scale is highly uneven, with certain countries having approximately 15-20,000 inhabitants per dermatologist, and other countries having several million inhabitants per dermatologist. And yet, skin diseases are among the most common diseases and are easily recognised by lay people. Hence skin diseases are public diseases in all societies. The suffering of the patients is not limited to the symptoms caused by the disease, such as itching, oozing or pain, but in most societies skin diseases have significant psychosocial consequences which greatly affect the societal integration and quality of life of patients in a strongly negative manner.

Telemedicine utilises existing telecommunication for education and treatment through the establishment of virtual cooperation, where specialists from different countries are joined in teams, with the aim of exchanging information and promoting best clinical practice according to established guidelines.

Participants and methods

Three dermatological centres are participating: Colentina University Hospital in Bucharest, Romania; Roskilde Hospital in Denmark; and the National Dermatological Centre in Ulaan Baator, Mongolia. The three participants share a Store-and-forward teledermatology system, in which the diagnosis of cases from Mongolia is discussed in Bucharest and their treatment in Roskilde.

First steps

The first questions to be answered were how well all the participants agree on the two main elements: diagnosis and severity of the disease. The diagnostic congruence was studied in 102 patients seen by two Mongolian and two Danish dermatologists at the National Dermatological Centre in Ulaan Baator. Store-and-forward tertiary teledermatological diagnoses were subsequently made by two Romanian and two other Danish dermatologists. Kappa statistics were used to estimate congruence and the diagnosis agreed upon by the majority of dermatologists was taken as the reference. Kappa values of 0.41-0.60 were considered moderate, and values of 0.61-0.80 substantial. The overall mean kappa was 0.60, with a range of 0.48 to 0.73. Diagnostic congruence was similar to that reported in ethnically and culturally homogenous samples.

Next steps

Individual patient cases were uploaded in the system on a weekly basis. For each case history data, results from the laboratory investigations initially performed in Ulaan Baator and images (general aspect of the patient, lesions close-up, human chart with lesions disposition) were available. For some of the cases images from pathology were also available. From the starting diagnosis made by the Mongolian dermatologists a list with differentials and related investigations was built in Bucharest. This event had teaching value as residents and young dermatologists together with their senior colleagues were involved in discussions. The last intervention on the case was made by dermatologists in Denmark with treatment suggestions. The patients were not previously selected, offering a real view of the dermatologists’ activities in Mongolia. Patients with psoriasis, eczema, lichen planus, acne and other common dermatoses were presented. Case related comments posted by the involved teams showed no disagreement.

Future steps

From common dermatoses the project teams have to orientate also to complicated cases or difficult to treat patients. As no important differences were observed in the case judgement, common guidelines and protocols can be established. A running exchange of cases between the centres involved is under construction.

Preliminary conclusions

Tertiary tele dermatology is a potential medium for clinical collaboration between specialists. Severity assessment was not obviously influenced by either seeing the patient face-to-face or by the origin of the dermatologist, suggesting that the assessment reflects individual perception rather than cultural or organisational setting. Another tele dermatology dimension is educative and young dermatologists were quickly involved in the project.

Gregor B E Jemec
Roskilde Hospital, Denmark
Semchin Munkhbayer
National Dermatological Centre, Ulaan Baator, Mongolia
George Sorin Tiplica
Colentina University Hospital, Bucharest, Romania
The third Fostering Course in Psychodermatology was held this summer at EADV House in Brussels. Twenty residents from all over Europe met experienced teachers during the one-week course. Through workshops, discussions and case presentations, they could acquire better knowledge, experience and communication skills to manage these difficult conditions.

EADV House is a prestigious Art Nouveau building. A special atmosphere emerges there when going between the different floors to work with the residents who were divided in small groups. The plenary session in the loft made the participants feeling closer to each other. Special thanks go to EADV administrative officers Ilidikó and Marc who did their best to make this event successful.

During the sessions Prof de Korte (Netherlands), Prof Gieler (Germany), Prof Szepietowski (Poland) and myself were on hand to answer questions and animate debates with the residents. We are all Board members of the European Society for Dermatology and Psychiatry and active EADV members.

The residents were very enthusiastic and developed strong friendships when sharing their experience with patients suffering from chronic skin diseases with psychological consequences. After this course they felt much more at ease with delusional or depressed patients. They could also accept that some of these patients are very difficult to treat even for experienced psychodermatologists!

At the 20th EADV Congress in Lisbon we also had the opportunity to meet again during the ESDaP sub-specialty meeting. ESDaP hosted a coffee break for all previous course participants, a unique opportunity to renew friendships created during the courses. It was followed by two lectures given by A Bewley (London, UK) and W Harth (Berlin, Germany).

Next year the course will be held from 12-15 July 2012 along the lines of the Psychodermatology Training Course 18-22 July 2011, Brussels, Belgium

Participants’ feedback

“As this was the first time I had joined an EADV Fostering Course I really did not know what to expect. But the psychodermatology course exceeded my expectations completely. The course itself was very rich in interactive exercises so we really could not get bored. Many interesting cases were presented from everyday practice which I believe will be very helpful for us in our daily work. We had the chance to put plenty of questions and each of them was discussed precisely and fully which I also found very useful.

This course helped me realise once again how important it is to concentrate not only on the clinical assessment of the severity of a patient’s disease but also on getting more insight into the patient’s problems. Recognising the link between physical and psychological health allows us to develop a more holistic approach to patient care.

Taking part in international meetings such as Fostering Courses is very important. It gives us, young people, the opportunity to experience an unbelievably high level of worldwide dermatology but also to meet people who can very often inspire us.”

Anna Jiráková
Prague, Czech Republic

The course was very well organised. We had excellent teachers who made a really friendly atmosphere. All lectures were highly interactive so everyone could express their opinion. I also very much appreciated the CD with educational material that was provided.

This course broadened my views regarding the doctor-patient relationship and will definitely have an influence on my future career.

I enjoyed meeting people from different countries with whom I shared the same passion and I hope this course was a beginning of long-term friendships.

I would like to thank EADV for organising such wonderful events and would encourage all dermatology residents to attend this course.”

Elena Angelovska
Skopje, Macedonia
Near six years ago the pearl of Finnish Lapland, Saariselkä in Ivalo, was honoured to host the EADV Spring Symposium from 9-12 February 2006. With 1000 guests in a village with 400 permanent residents, this event was the biggest medical meeting ever held in Finnish Lapland.

Despite a bold and early start of discussions with the Board, it took time to convince the EADV leadership that the idea of bringing the Spring Symposium to one of the most northern villages of the world really was a bright one, although it was at first considered impossible!

The successful site visits by EADV leaders; especially the experiences of Secretary General Joe Pace in Kakslauttanen’s hot smoke sauna and swimming in ice water pond, finally helped to prove that it is indeed possible to survive in these arctic latitudes. Joe Pace was actually the key person to help us Finnish colleagues in our exciting project – not least by successfully organising the first EADV Spring Symposium in Malta in 2003. The encouraging comment by Prof Saurat in Valetta is memorable: “Go on with the Lapland project!”

Convincing the Board was not the only challenge we faced: good imagination and an effective northern network were useful – and truly necessary - in finding accommodation and securing flight capacity for all our guests. Occasionally the Finnair headquarters seemed to be based in Saariselkä, not in Helsinki! To our pleasure, in addition to the hardworking EADV staff, the Finnish Dermatological Society was also ready to get involved with great enthusiasm and dedication, helping to prepare for a successful and memorable symposium for all EADV members and other friends.

Cryosurgery
The theme Skin and Climate meant we had the possibility to attend a wide-ranging series of exciting lectures and courses. Personally I have especially warm memories of the cryosurgery course for young doctors. Finding suitable teachers for the course was an easy task: every global cryo specialist accepted the invitation without hesitation. The lively discussion during the course gave an impression that the participants got many useful take-home tools.

As we know, lectures, courses and exhibitions are not the only attraction of medical get-togethers. It was certainly evident to huskies and reindeers pulling sledges as well as to the skidoo companies, that there was hunger for outdoor activities as well… and talking about hunger, let’s not forget the delicacies of the unique Lapland cuisine.

Hosting an event in Saariselkä in mid-February carries the possibility of experiencing temperatures of minus 40°C. With proper equipment even this would not have been an issue – we would still have managed to enjoy Lapland and its offerings. However due to a temporary “heat wave” with temperatures between minus 5°C and minus 10°C, we all could, without frost-bite, also enjoy the surrounding nature with lots of sunshine and heavy dense snow covering trees on the nearby fells.

Good events, good memories
Our Symposium was, at the time, recognised by the main national economic magazine (Talouselämä 17.2.2006) with a half page picture of the Board by an EADV ice sculpture. We were highlighted as an example of an “open-minded and successful choice of a site for an international meeting.”

Finland has successfully hosted numerous medical meetings and the EADV Spring Symposium in Lapland was proof of that, ably supported by the Finland Convention Bureau (thank you, Kerstin Träskman).

Personally I can’t say that the whole event was a relaxed one, though… Only when I was sitting in the last of the seven planes leaving Saariselkä at the end of Symposium did I feel truly relaxed: no strikes, no snow storms, no skidoo accidents! Thank you everybody – and welcome again.

Raimo Suhonen
Chairman
4th EADV Spring Symposium 2006
Saariselkä, Lapland, Finland
Fostering Dermatology & Venereology Programme

Visit to a Centre of Excellence
Graz, Austria

In June 2011, I visited the Dermatology Department at Medical University of Graz under the EADV Fostering Programme “Visit a centre of excellence”. My intention was to study dermoscopy, so I spent most of my time in the Dermoscopy Unit with Prof Rainer Hofmann-Wellenhof and his team. Throughout the whole week of my training, I was impressed by the professional and warm attitude of the medical staff there. I also had the honour of meeting Prof Aberer, Head of the Department of Dermatology and Venerology and Prof Becker, Chief of the Department of General Dermatology.

New techniques
Every day during the week I had the opportunity to see and examine with a dermoscope lots of patients together with Prof Hofmann and his team. I was also able to perform mole max, and total body digital photography, two techniques used for the documentation and follow up of atypical nevuses. I was introduced to confocal reflectance microscopy and learned more about this technique from Dr Edith Arzenberger.

Many thanks are due to Prof Hoffman who kindly gave me his book entitled Color atlas of melanocytic lesions of the skin which is an aid to my everyday work and a beautiful reminder of the time I spent in Graz. Great thanks are also due to the wonderful Dr Regina Fink-Puches who helped with arranging the whole visit and assisted me every day in patients’ examinations.

Support and friendship
After the consultations at the Dermoscopy Unit I attended afternoon outpatients visits at different units, such as the Bullous Disorders Unit, Psoriasis Unit, Scalp and Hair Disease Unit.

I enjoyed very much the consultant rounds of the clinic supervised by Prof Becker, discussing the hospitalised cases, their diagnosis and treatment. I also had the chance to participate in a meeting held monthly where the most interesting cases and rare diagnoses presented at the Department were discussed.

I would also like to thank Ildikó Papp who helped me establish contacts and was always happy to assist me with advice and suggestions for the arrangement of my visit. I thoroughly enjoyed the week from which I benefited greatly professionally. Therefore, I would highly encourage young dermatologists to apply for this programme.

A big thank-you to EADV Fostering Committee and to the excellent Department of Dermatology in Graz!

Irena Savo
Tirana, Albania

Get a chance to participate in the examination FOR FREE!
EADV Offers Three Grants

The Section and Board of Dermato-Venereology (UEMS) organises a two-day European Board Examination for residents.
This year, EADV is offering 3 grants to EADV Junior members to take the examination at no cost.
If successful, a diploma will be delivered to successful candidates, as well as a proof of Excellency in the field of Dermatology and Venereology.

DATE: 3-4 August 2012 APPLICATION DEADLINE: 1 June 2012 VENUE: Klinikum der J W Goethe-Universität in Frankfurt am Main, Germany

More detailed information on http://www.uems-ebdv.org/ebdv

Important: A letter from your Head of Department or University stating that you fulfil all criteria to take the examination is required.
In most of medical disciplines the UEMS European Examination does not currently have general acknowledgment at national level. Therefore each participant has to apply to the National Boards and/or Institutions for individual acknowledgement.

Contact:
- Prof M Czarnecka-Operacz, President Section & Board Dermato-Venereology, UEMS E-mail: mczarne@ump.edu.pl
- Prof Harald Gollnick, Past-President Section & Board Dermato-Venereology, UEMS E-mail: harald.gollnick@med.ovgu.de
Membership
Membership of ENS is open to all dermatologists accredited as such by their national medical authorities. We currently have members from over 20 countries. Members from outside Europe are also welcome to join ENS.

ENS membership entitles you to:

• access to the Scientific and Clinical Reviews Area containing a review of the most relevant papers published on nails in the clinical, surgical, histological, mycological and research fields
• access to the ENS Members’ List
• electronic submission of difficult cases to an expert panel (e-nail).

Main activities
ENS is a non-profit association established in 1997 by a group of European dermatologists. Its object is to promote the study of normal and diseased nails, to evaluate their treatment modalities and to develop and maintain solidarity between members.

As a sister society of EADV, the group meets each year at the EADV Annual Congress with a 6-8 hour session on nail diseases. Each year has a theme. To support this, there are 3-4 main speakers covering educational aspects of these themes. This is followed by a research update covering research sponsored by ENS, as well as papers published from around the world on nail diseases. In recent years we have also included a session open to pharmaceutical companies for them to tell us what is new in nail research contributing to products for our patients. This session gives research and marketing teams in the companies an opportunity to ask and be asked questions from some of the top nail people in the world and can produce stimulating debate. The session is finished by one of the annual favourites “e-nail”. In this session, cases that have been circulated to the board of experts beforehand are discussed, projecting all the clinical details, results and conclusions. Typically, this results in gaining 5-7 opinions on a range of cases of nail diseases, where these responses are discussed in an interactive fashion with the audience to get their opinions as well. In this way we try to engage the audience in problem solving for medical and surgical nail problems and add to the expertise they can take home with them at the end of the day.

Main achievements
Our main achievements are in the sponsoring of nail research, extending the inclusive nature of our Society to all people in Europe and the rest of the world and in focusing on the problem of melanonychia and its relationship with nail unit melanoma. Every 12-24 months we sponsor new research projects, usually undertaken by a training grade in dermatology and align them with one of the board members of ENS. This gives the applicant an opportunity to undertake a selected research topic whilst working in collaboration with one of the leading nail specialists in the world. This is expected to lead to a presentation at the ENS annual meeting and a publication.

ENS has been inclusive from the outset and has strong links with other nail societies outside Europe, such as the American Nail Council and the Latin American Nail Group. Many of the members attend the AAD for participation and presentation in their meetings, with reciprocal attendance at EADV and ENS conferences. From this collaborative approach has arisen the International Melanonychia Group that meets twice a year at the EADV and AAD meetings with involvement of the leaders in melanonychia management in dermatology. The aim of this group is to gather more detailed data from the membership on melanonychia and in turn provide clearer, evidence-based guidance to clinicians on the diagnosis and management of melanonychia, especially in the context of nail unit melanoma.

Main goals
The Society continues in its main aim of engaging clinicians in Europe and beyond in education and research to advance the understanding and management of nail diseases. Our changing annual syllabus enables us to respond to the educational needs of colleagues and provide advice on the latest approaches and diagnoses in nail diseases as described by the clinical and research experts. We are always pleased to welcome people at all levels of experience into our group, whether it is a trainee wishing to learn or a more senior clinician happy to lend his or her expertise to our group. All can join and attend with the minimum of expense.

Contact
Matilde Iorizzo MD PhD
ENS Secretary
E-mail: matildeiorizzo@gmail.com
www.euronailsociety.org

Sister Society News

European Nail Society (ENS)
By the time you read this article you will, no doubt, have seen our new mailing, “Why should I renew my EADV membership?”.

You may wonder, perhaps, why this was thought necessary since we recently reported to you (EADV News N° 40) that our membership has grown and that we have recruited many new members, including those from the USA and from Eastern countries.

While this is admirable, we do not want our existing European membership to become complacent and allow their membership to fall by the wayside. It has recently been noted that some existing members were not renewing their membership. We need to show that dermatology and venereology are strong in Europe and hence the drive to keep our existing members within the fold.

Because of the pace at which we live life today we all work under pressure, attending to clinical duties, teaching, paper work, writing and answering e-mails and keeping up with CPD. It is not, therefore, surprising that the deadline for renewal of an annual subscription can float by. But it is important to remember to renew on time. Apart from the obvious advantage that it is another task completed for one year, the reverse can be unpleasant.

If your membership lapses you have to go to the bother of reapplying – more form-filling. Not only filling in a new application form, but also getting endorsers and copies of diplomas. And, if your membership has lapsed for a while, you have to pay all past dues as well as the subscription for the next year. This thought should be enough to make you rush to pay your subscription on time!

Retired members

We have nothing but good news for our retired members. For those retired members who have been Specialist/International members (over 65) their annual subscription is reduced to €75. For this the retired member:

a) retains the right to vote
b) continues to receive the JEADV and EADV News (in print or online, depending on the category)
c) has access to the website.

Lastly, and a little sadly, our dear and esteemed administrative colleague, Elli Donou, is leaving EADV after working with the Academy for six years. She is returning home to Greece. We will all miss Elli, but none more than I. Elli’s quiet, intelligent manner and gentle guidance made my job as Chair of the Membership Committee run smoothly. We wish you bon voyage, Elli, and all best wishes for the future.

Sarah Rogers
Chairman
Membership Committee

The Official Journal of the European Academy of Dermatology and Venereology (JEADV)

Editor

The European Academy of Dermatology and Venereology (EADV) invites applications for the position of Editor of their monthly, peer-reviewed journal, JEADV, published by Wiley. The Editor will succeed the incumbent, Professor Jean-Paul Ortonne, in October 2013.

JEADV publishes articles of interest in the field of dermatology and venereology including clinical and basic science topics. The journal is published 12 times a year in simultaneous print and online editions.

The 2010 impact factor is 3.309. The Editor will oversee the selection of all editorial content for publication in the journal and work closely with the EADV board and the publisher to maximise the journal’s visibility, scientific standing and quality.

EADV is looking for an outstanding individual with an internationally-recognised track record of scientific publications. Previous experience in editing peer-reviewed literature is desirable.

The Editor position is part-time. A fixed annual honorarium is provided in addition to secretarial support.

For further information and application forms please contact office@eadv.org

Erwin Tschachler MD
EADV Secretary General
December 2011

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December 2011
Call for Applications

EADV Scholarships - 21st EADV Congress 2012
Prague, Czech Republic

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

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

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

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

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

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

Each EADV scholarship award consists of €1000 less the fee of a one-year EADV membership* according to the status of each recipient. Free registration to the Congress is also provided for each winner.

* valid for the upcoming calendar year.

Other Grants
AAD Grant, BSPD, SDS Grant 2012: please check the EADV website about their availability.

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

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

Application deadline for the scholarships above and other grants: 31 March 2012

Further information & the application forms available at:
http://www.eadv.org/scholarships/

or upon request by e-mail to:
Prof Christos Zouboulis, Honours & Awards Committee Chair,
at scholarship@eadv.org

Note: Applicants will be notified about receipt of application by e-mail.
Applicants will be informed about the status of their application around end June 2012.
Update from the Ethics Committee

Respect and transparency are paramount

I last wrote an update on the work of the Ethics Committee in EADV News No 35, Summer 2010. So it is a timely opportunity to inform members, other readers and Congress attendees once again of what we are about.

If you are anything like me the best way to find out about what has happened before is to go to the EADV website, rather than rummage around in piles of papers in your office. I can thoroughly recommend the history of EADV written by Martin Black, a former President, in August 2003.

Open forum

I was a member of EEC monospecialty committee on dermato-venereology in 1980s, not because of any special expertise but because I could converse in French which was one of the official languages over 30 years ago. Little did I know when we signed in Luxembourg on 3 October 1987 what we were giving birth to, the wonderful organisation which is EADV.

Apart from Paris in 2008 I have been to every Annual Congress and Spring Symposium. We are like a huge family and need to support one another. We have our differences. But in a free society we must discuss them. We are not perfect. We must give one another support. The joys have been the encouragement of young dermato-venereologists and the ever increasing growth of membership from those in Eastern Europe, countries which were not even free when we started.

Conflicts of interest

The Ethics Committee is responsible to the Board. Our job is to consider matters from the Board which have ethical content within them which need sound content which are practicable, not snap judgments. If you go to the EADV website you will find examples, such as presentations at EADV meetings on respecting patients’ privacy, clinical photographs and conflicts of interest.

At the EADV Congress in Gothenburg in October 2010, the Ethics Committee hardly saw anything of the sessions as we were working very hard discussing and refining the Code of Conduct and Conflict of Interest Form which was successfully delivered to the President and Secretary General for the Board to execute at its Board Meeting at the Spring Symposium in Carlsbad (Karlovy Vary) on 14 April 2011.

It was a proud moment for me as I am not a Board Member (though I have been in the past) to present to the Board the updated Conflict of Interest policy, the forms for which were later signed by all Board Members. Transparency of discussions and decisions is paramount.

Professional courtesy

As I wrote before professional good manners are essential. Remember that all clinical slides and photographs whether presented in a session or shown as a poster are as a result of colleagues’ hard work. You have no right to copy them without permission or plagiarise their findings. It is almost impossible to police as modern cameras on mobiles don’t flash when being used.

Now, who is on Ethics Committee? We have tried to make it representative of Europe, to cover both sexes and to include the young. We say thank you to our Secretary Anne Kobza Black who is standing down as secretary but will stay on the Committee until Riga in 2012.

Our other members are Lucio Andreassi, Italy; Antonio Picoto, Portugal, who was of course responsible for the recent 20th EADV Conference in Lisbon; Päivikki Susitaival, Finland; and co-optee Norbert Wikonkal, Hungary.

I have been on Ethics Committee in one position or another for a long time, since the second Florence Congress in 2004, and if matters run smoothly will be on it until 2013 when I shall be 70. It has been a privilege to work with two other founder members as chairmen: Hans Rothenborg, Denmark and Giorgio Landi, Italy.

I hope that the wisdom of Ethics Committee will be of use for EADV in the years to come.

Michael Waugh
Chairman
Ethics Committee

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Michael Waugh
Chairman
Ethics Committee

Your presentation for 9th EADV Spring Symposium has been accepted?
Congratulations!

However, do you still feel uncertain about the English wording?
Do you wish to improve the structure of the presentation?
Prof Martin Black, former EADV President, can help you improve your presentation.

Interested?
Please send your accepted presentation to review@eadv.org before 6 April 2012.
Please note that the first 20 presentations will be reviewed and commented on. Kindly send your presentations double-spaced to facilitate the corrections. Your presentation should comply with the presentations’ guidelines (copyright, word count etc).
Eczema is always waiting to attack.

Even when skin is flare-free on the surface.

For long-term eczema control you need to manage the underlying inflammation actively.1

Atopic eczema flares can be managed in the short-term, but the threat of another flare is always lurking under the surface. Twice-weekly PROTOPIC™ offers an effective way to control eczema in the long-term by treating the sub-clinical inflammation between flares. It prevents flares and prolongs flare-free intervals in adults and children with moderate and severe eczema.2

So don’t wait for the flare, use twice-weekly PROTOPIC™ to control eczema in the long term.3

Twice weekly for long-term eczema control

REFERENCES: 1. Wollenberg A & Beier T Allegry 2006: 64: 256-272. 2. Roetman S & Allegry R J (Dermapr Treatment 2009) 2: 24-44: Prescribing Information PROTOPIC™ (tacrolimus 0.03% ointment [tacrolimus monohydrate] PROTOPIC™ 0.1% ointment [tacrolimus monohydrate]. ACTIVE INGREDIENT PROTOPIC™ 0.03% ointment 1g contains 1mg of tacrolimus as tacrolimus monohydrate (0.03%). PROTOPIC™ 0.1% ointment 1g contains 1mg of tacrolimus as tacrolimus monohydrate (0.1%). THERAPEUTIC INDICATIONS PROTOPIC™ 0.03% ointment - 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™ 0.1% ointment - treatment of moderate to severe atopic dermatitis in adults who are not adequately responsive to or are intolerant of conventional therapies such as topical corticosteroids. PROTOPIC™ 0.03% ointment 0.03% - maintenance treatment of moderate to severe atopic dermatitis for prevention of flares and prodromation of new 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 dermatologists 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 currently 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 applied under occlusion. PROTOPIC™ is not recommended for use in children below the age of 1 year until further data are available. Specific studies have not been conducted in elderly patients. However clinical experience has not shown the necessity for any dosage adjustment. Treatment of flares PROTOPIC™ treatment should begin at the first appearance of signs and symptoms. Each affected region of the skin should be treated with PROTOPIC™ until lesions are cleared, almost cleared or mildly affected. Therefore, patients are considered suitable for maintenance treatment (see below). At the first signs of recurrence of lesions 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% ointment should be started twice a day for up to three weeks. Afterwards the frequency of application should be reduced to once a day until clearance of the lesion. Use in adults (16 years of age and above) Treatment should be started with PROTOPIC™ 0.03% twice a day and continued until clearance of the lesion. If symptoms recur, twice daily treatment with PROTOPIC™ 0.03% 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 improvement is seen within two weeks of treatment, further treatment options should be considered. Maintenance of 8 flare-free intervals: PROTOPIC™ should be applied once a day twice weekly (eg. 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™ 0.1% children (2 years of age and above) should use the lower strength PROTOPIC™ 0.03% if signs of flare occur; twice daily treatment should be re-initiated. At the time of a flare or before a flare, 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 supervision of treatment to assess the need to continue this regimen and to evaluate the course of the disease. UNDESIRABLE EFFECTS Very common: Burning sensation (which tends to resolve within one week of starting treatment); pruritus. Common: Sensation of warmth, erythema, pain, irritation, paresthesia and rash at site of application. Alcohol irritation facial flushing or skin irritation after consumption of an alcoholic beverage. Patients may be at an increased risk of herpes viral infections (herpes simplex [cold sores], eczema herpeticum, Kaposi’s varioliform eruption) and folliculitis. Uncommon: acne. During post-marketing experience: Rash. Also, cases of malignancies, including cutaneous and other types of lymphomas, and skin cancers have been reported in patients using tacrolimus ointment. Application site-injection 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 immunodeficiencies or in patients on therapy that causes immunosuppression. The effect of treatment with PROTOPIC™ on the developing immune system of children, especially the young, has not yet been established and this should be taken into account when prescribing to this age group. Exposure of the skin to sunlight should be minimised and the use of ultraviolet (UV) light from a solarium, tanning bed or tanning lamp should be avoided during use of PROTOPIC™. Patients should be advised on appropriate sun protection methods, such as minimisation of the time in the sun, the use of sunscreen on 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. Tumours 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 evidence 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 immune suppression following systemic administration of calcineurin inhibitors has been associated with an increased risk of developing lymphomas and skin malignancies. In patients using tacrolimus ointment, cases of malignancies, including cutaneous and other types of lymphomas, and skin cancers have been reported. Patients with atopic dermatitis treated with PROTOPIC™ have not been found to have significant systemic tachyphylaxis levels. Lymphadenopathy was uncommon (0.8%) reported in clinical trials. The majority of these cases related to infections (skin, respiratory tract, tonsils) and resolved with appropriate antibiotic therapy. Patients who receive PROTOPIC™ and who develop lymphadenopathy should be monitored to ensure that the lymphadenopathy resolves. Lymphadenopathy present at initiation of therapy should be investigated and kept under review. In cases of persistent lymphadenopathy, the prednisolone of the lymphadenopathy should be investigated. In the absence of a clear aetiology for the lymphadenopathy or in the presence of acute infectious mononucleosis, discontinuation of PROTOPIC™ should be considered. PROTOPIC™ should be used with caution in patients with hepatic dysfunction. PROTOPIC™ should not be used in patients with herpetic infections. Care should be exercised if applying PROTOPIC™ to patients with extensive skin involvement over an extended period of time, especially in children. The development of any new change different from previous eczema within a flare area should be reviewed by the physician. PROTOPIC™ should not be used during pregnancy unless clearly necessary and is not recommended when breast-feeding. The safety of PROTOPIC™ has not been established in patients with generalised erythroderma. PROTOPIC™ is unlikely to have an effect on the ability to drive or use machines. CONTRAINDICATIONS Hypersensitivity to macrolides in general, to tacrolimus or to any of the excipients. INTERACTIONS An interaction study with protein conjugated vaccine against Neisseria meningitidis serogroup C has been investigated in children aged 2-11 years. No effect on immediate response to vaccination, the generation of immune memory, or humoral or cell-mediated immunity has been observed for more data see summary of product characteristics. Systemically available tamsulosin is metabolised via the hepatic Cytchrome P450 3A4. The possibility of interactions cannot be ruled out and the concomitant systemic administration of known CYP3A4 inhibitors in patients with oedematous and/or erythematous disease should be done with caution. PACKAGE SIZES Prices exclude VAT: PROTOPIC™ 0.03% ointment 19.44 (35g tube) 34.46 (60g tube) PROTOPIC™ 0.1% ointment 22.40 (35g tube) 40.89 (60g tube). Prices from the UK are provided as an example. LEGAL CATEGORY: FOR MARKETING AUTHORIZATION NUMBERS PROTOPIC™ 0.03% ointment EU/1/2020/0001-2. PROTOPIC™ 0.1% ointment EU/1/2020/0034-4. FURTHER INFORMATION AVAILABLE FROM: AbbVie, Pharma EU Ltd, Leeton House, Leeton Road, Stevenage, TW18 1AZ, UK. DATE OF REVISION: May 2021. FOR FULL PRESCRIBING INFORMATION REFER TO THE SUMMARY OF PRODUCT CHARACTERISTICS. PRS/1/00125/EU 10 June 2011. As prescribing information may vary from country to country, see local Prescribing Information for full details.

Adverse events should be reported. Reporting forms and information for the UK can be found at www.medicines.org.uk. For other countries please check local requirements. Adverse events should also be reported to your local Astellas office.
The 20th EADV congress in Lisbon was one of the most successful congresses we have had in the past 10 years. With more than 8,000 attendees it actually surpassed all our projections since we did not expect to reach such high numbers because the World Congress of Dermatology was held just a few months earlier in Seoul.

**Huge success**

Our thanks go to António Picoto, President of the Lisbon Congress and to the entire local team who helped to organise this outstanding event which we will remember for its excellent scientific sessions as well as for its brilliant opening ceremony.

However, the huge success brought a small drop of bitterness because on the second day into the Congress the local authorities made us close the registration for non-preregistered participants since our Congress exceeded the number of people allowed at the congress centre. I take this opportunity to apologise to all the colleagues who, for this reason, were not able to participate.

**Milestone year**

Apart from our memorable Congress in Lisbon there are also other reasons why the year 2011 has been a milestone in the annals of our Academy. This year has seen several important administrative steps which will make EADV better prepared to deal with important challenges in the future. An important example concerns the organisation of future congresses.

**Future congresses**

At its meeting during the Spring Symposium in Carlsbad our Board of Directors has decided on a new way to select congress sites. Instead of considering the bids from different countries, EADV will in future actively identify and select congress sites based on objective, well defined criteria. These selection criteria are based on our ambition and our responsibility to deliver the best possible environment for the participants at our congresses: congress centres furnished with high quality facilities and able to host 10,000 participants, sufficient hotel capacity in the appropriate categories and within a reasonable distance from the congress centre and easy accessibility of the venue from the various locations in Europe. The first EADV Congress based on this selection will be organised in 2014.

Until then we will have excellent congresses and symposia using the “old format” in Verona, Prague and Istanbul. I am looking forward to meeting you there.

With my best wishes for a healthy and successful 2012.

Erwin Tschachler
Secretary General
Fostering courses for specialists in dermato-venereology

Call for applications:

<table>
<thead>
<tr>
<th>Training Course Hair &amp; Nail</th>
<th>Training Course Psychodermatology</th>
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</thead>
<tbody>
<tr>
<td>Sofia, Bulgaria • 11-12 May 2012</td>
<td>Brussels, Belgium • 19-22 July 2012</td>
</tr>
<tr>
<td>Course chairs: Dr Sue Aquilina, Prof Eckhart Haneke</td>
<td>Course chair: Dr Françoise Poot (ESdAP)</td>
</tr>
<tr>
<td>Course registration fee: EADV member: €250</td>
<td>Course registration fee: EADV/ESDaP member: €250</td>
</tr>
<tr>
<td>Non-member: €400</td>
<td>Non-member: €400</td>
</tr>
<tr>
<td>Application deadline: 29 February 2012</td>
<td>Application deadline: 31 March 2012</td>
</tr>
<tr>
<td>Places: 20 (allocated on a first come, first served basis)</td>
<td>Places: 20 (allocated on a first come, first served basis)</td>
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<tr>
<td>CME: yes</td>
<td>CME: yes</td>
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Training Course Surgery of the Face – Medical and Aesthetic Approach

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<thead>
<tr>
<th>Training Course Surgery of the Face – Medical and Aesthetic Approach</th>
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<tbody>
<tr>
<td>Bucharest, Romania • 2-3 November 2012</td>
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<tr>
<td>Course chair: Dr Mihaela Leventer</td>
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<tr>
<td>Course registration fee: EADV/ESDaP member: €250</td>
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<tr>
<td>Non-member: €400</td>
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<tr>
<td>Application deadline: 10 September 2012</td>
</tr>
<tr>
<td>Places: 20 (allocated on a first come, first served basis)</td>
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<tr>
<td>CME: yes</td>
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</tbody>
</table>

For further information, please visit: [http://www.eadv.org/fostering-courses](http://www.eadv.org/fostering-courses)

Fostering courses for registrars/residents/trainees in dermato-venereology

<table>
<thead>
<tr>
<th>Training Course Itch</th>
<th>Training Course Acne, Rosacea</th>
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<tbody>
<tr>
<td>Brussels, Belgium • 22-25 June 2012</td>
<td>Debrecen, Hungary • 6-7 September 2012</td>
</tr>
<tr>
<td>Course chair: Prof Jacek Szepietowski</td>
<td>Course chair: Prof Eva Remenyik</td>
</tr>
<tr>
<td>Application deadline: 15 March 2012</td>
<td>Application deadline: 15 June 2012</td>
</tr>
<tr>
<td>Places: 20</td>
<td>Places: 30</td>
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EADV/ESDR Summer Research Course on Clinical Research and Epidemiology (in conjunction with EDEN)

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<thead>
<tr>
<th>EADV/ESDR Summer Research Course on Clinical Research and Epidemiology</th>
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</thead>
<tbody>
<tr>
<td>Rotterdam, The Netherlands • 16-20 July 2012</td>
</tr>
<tr>
<td>Application deadline: 29 February 2012</td>
</tr>
<tr>
<td>Places: 25</td>
</tr>
</tbody>
</table>

All courses are in English. Fostering courses for registrars/residents/trainees are free of charge

For further information, please visit: [http://www.eadv.org/fostering-courses](http://www.eadv.org/fostering-courses)
Please send your pictures to media.pr@eadv.org in order to be considered for publication in the future issues.

Photo Competition

This issue’s winning entry was sent to us by Erjona Shehu from Albania. Dr Shehu will receive a work on dermatology chosen by our Editor.

An expression of Kaposi’s sarcoma on the foot

Calendar of Events

> 2012

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

International Dermatopathology Symposium
London, UK
10 - 11 May 2012

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

3rd World Psoriasis & Psoriatic Arthritis Conference
Stockholm, Sweden
27 June - 1 July 2012

EUROGIN 2012
Prague, Czech Republic
8-11 July 2012

27th IUSTI Congress
Antalya, Turkey
6-8 September 2012

Stratum Corneum VII
Cardiff, UK
10-12 September 2012

6th World Meeting of Interdisciplinary Melanoma Skin Cancer Centres & 8th EADO Congress
Barcelona, Spain
14-17 November 2012

> 2013

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

12th World Congress of Paediatric Dermatology
Madrid, Spain
25-27 September 2013

22nd EADV Congress
Istanbul, Turkey
3-6 October 2013

> 2014

XV World Congress on Cancers of the Skin
Edinburgh, UK
3-6 September 2014
21st Congress

www.eadvprague2012.org