In many dermatology and allergy textbooks and journals the impression is given that allergies are a product of civilisation and an inherent problem of “Western, modern” societies.

The “hygiene” or “jungle” hypothesis depicts lower prevalence rates in rural environments compared to cities so, following this hypothesis, there should be few or no allergies in sub-Saharan Africa where people have quite different problems such as leprosy, AIDS, malaria and conditions linked to malnourishment. This is clearly not the case.

In 1992, the International League of Dermatological Societies (ILDS) decided to found a Regional Dermatology Training Centre (RDTC) in Moshi, Tanzania, associated with the Kilimanjaro Christian Medical Centre (KCMC). Situated at the foot of Mount Kilimanjaro, over the last 17 years a large number of health medical officers (HMO) and, more recently, residents have been specially trained in dermatology. It is directed by Prof John Masenga from Moshi who also trained with Prof Orfanos in Berlin. Peter Schmid-Grendelmeier has been working for the past two years at RDTC and Rosemarie Moser recently spent six months there to study the multitude of tropical dermatoses and also learnt to recognise the general problems in healthcare in this region. For some years now we come to Moshi every year when the staff of RDTC holds the traditional continuous medical education course in January.

Local and global challenges

In the daily work of the outpatient clinic or on the wards one can see a multitude of severe infectious skin diseases, not only leprosy, but other bacterial and especially fungal diseases. HIV infection plays a major role with 20-30% of the population being positive. The information regarding “serology” relates to HIV and is crucial for every patient. A special problem is the group of people with albinism with dramatic rates of skin cancer who are also psycho-socially stigmatised in this area. Dr Moser is especially involved in this albino project, continuously raising funds for many years (www.albino-help.at).

In addition, allergic diseases and especially atopic eczema represent an increasing problem also in Africa. The diagnosis of inflammatory skin diseases on dark skin is not easy, since the classical “erythema” is missing. Epidermal involvement can easily be recognised as “ashy graying”.

In January 2011 we organised the first international “allergy crash course” in Moshi where on three consecutive days 30 young HMOs and physicians learnt...
10th EADV Spring Symposium
Cracow, Poland
23-26 May 2013

Burden of skin diseases

www.eadvcracow2013.org
the basics of allergy in pathophysiology, clinics, diagnostics and therapy. The performance of the skin prick test was new. Patch tests can be problematic in the heat, since the back is often not suitable as a test area because of profuse sweating. In those cases the upper arm has to be used. In an international action between Austria, Germany and Switzerland this course was supported by the Christine-Kühne Centre for Allergy Research and Education (CK-CARE).

Raising awareness

In January 2012, the 7th Georg Rajka International Symposium on Atopic Dermatitis was organised in Moshi. This symposium was created in Norway by Georg Rajka in the 1980s and since 1998 has been named after him. There were two main reasons to organise this event in Moshi: to underline that atopic eczema represents a major problem also in Africa; and to support and disseminate to the international community the excellent work performed by RDTC in Moshi by highly qualified people.

Practising dermatologists and HMOs from all over sub-Saharan Africa came and participated. In the discussions and talks in the evenings it became clear that eczema, especially in children, is one of the major problems in their daily practice and also in Central Africa.

EADV supports RDTC with an annual grant. This year RDTC will move into new rooms in the hospital and get new wards and operating theatres. To support one person (HMO or resident) in training in Moshi costs a fraction of what it does in our wealthy countries. The Austrian Society for Dermatology has taken the lead in supporting one RDTC graduate every year (supervised by Georg Klein).

While tropical dermatoses can be found more and more frequently in Europe due to migration and tourism, allergies have reached the “jungle”. The world is growing closer together and so are its diseases.

Joannes Ring (Munich)  
Rosemarie Moser (Eisenstadt)  
Georg Klein (Linz)  
Peter Schmid-Grendelmeier (Zurich)

Editorial

Championing good detective skills

It is hardly a new observation that dermatologists have to be excellent observers of the skin in order to make a clinical diagnosis. Not unlike Sherlock Holmes himself, they have to piece together a story from the often minute traces presented by their patients. The superficial ulceration and the discrete blister on the excoriated back of the hand of a man who likes his alcohol and has noticed that he has got hairier in the face lately, needs to be combined with the observation of elevated liver enzymes and IgA to present an example of porphyria cutanea tarda that almost does not need specific confirmation through analysis of urine and stools for porphyrins. The question is: how do we ensure that the coming generations of dermatologists do not just rely on tests?

Many clinical skills are being replaced by tests and proponents of this development cite scores of studies that show that many clinical observations are fraught with bias and inaccuracy, detracting significantly from their practical utility with regard to the registration of physiological changes in patients. This may sometimes be true, but proponents of this view forget two very important aspects of physical examination: the added cost is nil and the benefit for the patient is immense – a cost-benefit ratio we all like.

A skilled physician can perform a physical examination very quickly, not slowing down the consultation process perceptibly; but even the most cursory examination is often well perceived by patients. On the other hand the magic of interacting with patients, of touching the diseased skin and of letting the patient see that your involvement is such that you must look carefully at lesions yourself is great. The physical examination is an easily understood sign that you care about their problems, and there is no greater service you can do to your patients – even if you have to supplement your examination with a few tests later on.

Gregor Jemec  
Editor
EADV is celebrating its 25th birthday in 2012! Founded in 1987 by 21 doctors the Academy has grown to over 4,000 members in 2012. These represent 94 different countries from all around the world. Of course, the majority of EADV members are from European countries, but over 800 are International members with the United States, South America, the Middle East, and increasingly China and India being prominently represented.

Future growth

EADV is still very much in its growing stages and the potential membership of the Academy in Europe alone is well in excess of 20,000 specialists in dermato-venereology. Compared to the American Academy of Dermatology (AAD) which has over 17,000 members we are at present relatively small. However, we must remember that AAD was founded in 1938 so they have a 50-year start on us! In addition, the membership potential of AAD is almost at capacity as most certified dermatologists in the United States are already members, a situation EADV would like to achieve with dermatologists and venereologists in Europe.

How does the EADV compare with our “Sister Societies” in Europe? (The European Society for Dermatology Research [ESDR] and the European Dermatology Forum [EDF] together with AADV are often referred to as the Sister Societies in Europe.)

In terms of membership EADV is by far the biggest European society in our specialty. ESDR was founded in 1970 and has approximately 1,000 members, while EDF was founded in 1997 and has about 200 members representing 30 countries. The focus of each of these organisations is also different. ESDR has research into skin and related biology/diseases as its main focus, while EDF works to educate and influence health policy-makers as to the importance of our specialty in patient care.

President’s Perspective

Happy Birthday EADV!

EADV President (2010-2012)

Frank Powell

Education and training

EADV, on the other hand, focuses mainly on education, running a very successful Fostering Programme for residents (recently extended to practitioners) and our annual Spring Symposium and Congress in different parts of Europe. In addition, we produce a monthly journal, the Journal of the European Academy of Dermatology and Venereology (JEADV) which has entered the “Top 10” of dermatology journals worldwide reflecting its increasing Impact Factor.

EADV recognises the importance of combining the strengths of the various organisations and has worked hard in recent years to develop close relationships with the other societies in our specialty to work together on joint projects and advance and protect our specialty. For example, the leadership of AADV and EADV meet twice yearly and the academies hold joint symposia at each other’s meetings with keynote speakers from Europe and the United States participating. The leadership of ESDR, UEMS, EDF and EADV meet yearly and EADV runs a joint “European Research Week” with ESDR for residents that is highly sought after.

EADV also helps to fund the important EDF White Book on Dermatology, which is distributed to decision-makers in health and education and encourages dermatologists to participate in UEMS European Board Certifying Examinations in Dermatology and Dermatopathology by providing scholarships awards to some of those undertaking these examinations. Not bad for a 25 year-old!

Looking forward to seeing many of you in Verona.
Dear Friends and Colleagues,

We are delighted to welcome you to the 9th EADV Spring Symposium!

The Symposium will offer a comprehensive view of all dermatology facets, with special emphasis on medical dermatology and dermatological aspects of internal medicine.

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

- Climatic changes in Europe/Future solar radiation on earth – Prof J Bormann (New Zealand)
- Epidemiology and treatment of methicillin-resistant Staphylococcus aureus infections in Europe – Prof G Cornaglia (Italy)
- Sex, sun and pleasure – Prof C O’Mahony (UK)
- Sexually-transmitted diseases
- Plasmacytoid dendritic cells in healthy and diseased skin – Prof F Facchetti (Italy)
- Epigenetic therapy of cancer – Prof S Minucci (Italy)
- Visible diseases – history of the perception of skin disease – Prof M Geiges (Switzerland)

An opera performance will follow the opening ceremony on Wednesday evening and the Arena Orchestra will serenade us at the welcome cocktail where delicacies of Italian cuisine will be served.

We have received more than 1,000 abstracts and we are sure the meeting will be a great scientific experience for you.

If you haven’t already registered, please do so now at www.eadvverona2012.org

Looking forward to seeing you in Verona!

Giampiero Girolomoni
Chairman
9th EADV Spring Symposium 2012

Programme overview

The overlaps between our extensive disciplines produce the highest calibre sessions and allow some important and new voices to be heard. The programme is designed to get us thinking, to improve our insights and to give us all the opportunity of leaving with real take-home messages that evolve the care we give our patients.

Key elements:

- courses kick off the main programme on Wednesday afternoon
- symposia and workshops remain in their usual spots as do the ‘Test Yourself’ sessions.
- a series of focus sessions on “how I manage...” fill lunchtimes on Thursday and Friday
- ‘What’s New?’ session finishes things off at midday on Saturday
- sub-specialty meetings and industry satellites are also catered for.

My colleague, Giampiero Girolomoni, has already outlined the all-important plenaries and given an update on abstracts.

Finally, we have a joint venture symposium with the American Academy of Dermatology (AAD) where distinguished American colleagues present hot topics and expertise in distinct areas.

Please do not forget to give us your feedback via the CME evaluation forms or the EADV website.

Luca Borradori
Chairman
Scientific Programming Committee

Key information

- Opening of the Symposium
  6 June 2012

Registration

- Online Registration:
  www.eadvverona2012.org
- E-mail:
  registration@eadvverona2012.org
This story began with a young doctor in Edinburgh and ended up in Australia. No-one ever thought a human papilloma virus (HPV) vaccine would be feasible as even natural infection does not seem to confer significant immunological protection.

The impetus was for a therapeutic vaccine initially. However, fantastic work by Ian Frazer and Jian Zhou led to the development of the L1 proteins from the capsid of the human papilloma virus being synthesised. Fortuitously, these perfectly synthesised L1 proteins self-assembled to form an intact capsid of the HPV. This had the potential to be the absolute ideal in vaccine development. In other words, you can synthesise any amount of an intact HPV virus but, crucially, it has absolutely no nucleic acid material in it; only the intact protein coat that looks exactly like the real thing. They knew they had the perfect basis for vaccine development.

Clear causes

At this time it also became obvious that HPV 16, 18 and other oncogenic HPV types were the causes of cervical cancer throughout the world. Almost 100% of genital warts are caused by HPV 6 and 11. Sanofi Pasteur MSD undertook the development of a vaccine containing HPV 16, 18 and HPV 6 and 11 (Gardasil). GlaxoSmithKline (GSK) opted to go for a simpler vaccine containing 16 and 18 and also used an adjuvant that induced higher antibody levels (Cervarix).

Success in prevention

Trials were done and both vaccines showed extraordinary success in prevention of disease related to 16 and 18 and Gardasil showed almost 100% success in preventing genital warts in young people vaccinated before sexual debut. Both vaccines are of most benefit if given before acquisition of any HPV type so vaccine programmes generally commenced at 12-13 years of age. Australia was the first country to introduce a national programme for young women between the ages of 12-26. Over a three-year period any young woman in that age group could have free vaccination. Uptake was >80% so coverage was extensive. Within a year of the vaccine programme finishing, there was a 90% reduction in new genital wart cases in young women and - surprisingly - also a 90% reduction in new genital warts in young heterosexual men. Herd immunity effect was far greater than anyone had hoped for.

Similar efficacy is expected in reduction of cervical cancer but it will be some years before we begin to see the benefit from that. As with any vaccine programme there is a small but vociferous anti-vaccine lobby. Declarations that this would increase promiscuity amongst young women were never scientific and have been shown to be unfounded. With such extraordinary success, it is also hoped that any genital disease due to these viruses will be prevented and studies are showing up to 90% of cases of VIN, AIN, VAIN, PIN and Bowens are caused by oncogenic HPV types. We would hope to see a reduction in these dreadful conditions also.

Future therapies

Has there been any therapeutic value? The manufacturers have to say ‘no’ but research is already under way and some promising results do suggest that vaccination, even in the presence of ongoing disease, may enhance the immune response so much that a therapeutic effect in the form of prevention of recurrence is possible. New research also shows that many head and neck cancers are linked to HPV 16 in particular and there’s hope for a reduction in those tumours also. In conclusion, HPV vaccine development is a triumph of scientific endeavour. If a country can afford it, all young people, both males and females, should be vaccinated. Young gay men should also be targeted as anal cancer rates are increasing in this group. Countries with high rates of cervical cancer and death desperately need this vaccine.

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Skin capillaries and small skin lesions have been the subjects of various attempts to magnify them for more than 350 years, almost immediately after microscope discovery. That is why Peter Borellus in 1655 used a reflected light microscope to visualise subungual capillaries. At that time the main problem was the disturbing light reflection from the skin surface which prevented observation of structures located skin deep. Therefore, Ernst Abbe, in 1878, added immersion oil into the system. It was only in the 1980s that dermatological groups in Vienna and Munich introduced portable handheld dermoscopes which started to spread worldwide.

The dermoscope traditionally consists of a magnifier (typically x10), a non-polarised light source, a transparent plate and a liquid medium between the instrument and the skin. Modern dermoscopes dispense with the use of liquid medium and instead use polarised light to cancel out skin surface reflections.

New technologies

Rapid advances in technology were another signal to upgrade optical dermoscopy into computer-aided devices - digital dermoscopes. The most recent developments in communication technologies have also affected dermoscopy, leading to the simple question: “Why not turn your iPhone into a digital dermoscope communicating with a distant expert server?” Dermoscopy instrumentation continues to evolve with the development of faster, more sophisticated handheld and computer-aided systems.

The new technology is extremely exciting. However, one should also understand the picture in the dermoscope or on the screen. The dermatologist is able to recognise only the structure with which he is familiar. This explains why dermoscopy seminars, courses, training and hands-on sessions are so popular. For example, among the top five highest-rated events at EADV’s Lisbon Congress last year, four sessions were linked to dermoscopy.

More than 40% of dermatologists are still able to survive without using dermoscopy in their office. They find dermoscopy to be ineffective in detecting melanoma earlier than with traditional methods. However, statistics clearly show that using dermoscopy can increase the sensitivity of clinical diagnosis of melanocytic, and nonmelanocytic, benign and malignant skin lesions by 10-25% compared to that achieved by clinical examination with the naked eye. The scientific level of knowledge in this field is continually increasing; algorithms and new findings are being published in correspondence with the Medline data where the number of manuscripts on dermoscopy has multiplied by 38 during the last ten years.

Dermoscopy brought into the dermatological nomenclature new expressions such as “blue-white veil”, “moth-eaten border”, “maple-leaf-like-areas”, “fat-fingers” or “spoke-wheel-areas” creating a world of metaphors with dermoscopical structures and helping physicians recognise and remember them.

Better detection

The typical applications of dermoscopy include early detection of melanoma, diagnosis of non-melanoma skin tumours - such as basal cell carcinomas or squamous cell carcinomas, aid in the diagnosis of scabies or warts and the recently developed trichoscopy - dermoscopy of the hair and scalp. Dermoscopy can also be helpful in the determination of the surgical margin of superficial basal cell carcinomas or lentigo maligna with very indistinct margins. It allows the surgeon to correctly identify the true extent of the tumour and repeated surgery can be avoided.

The summer is approaching and we expect to be very busy examining the moles of our patients. Most of us will use dermoscopy at this time of the year several times a day with the main goal that no patient should leave our department with an undiagnosed melanoma. An EADV Melanoma Task Force e-training in dermoscopy will shortly be available on the EADV website.

Imagine the dermoscope to be like the seatbelt in your car. You should never drive to your office without it.

Monika Arenbergerova MD PhD
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Tel: +420 267163000
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Dermatology in Europe

Dermatology in Slovenia

Facts and Figures
Country name: Republic of Slovenia
Capital: Ljubljana
Land area: 20,273km²
Population: 2,032,362 (2008 figures)
Official languages: Slovenian (slovenščina); Hungarian and Italian in certain regions
Life expectancy (2005 figures):
Male: 79.2
Female: 83.3

History
The beginnings of dermatovenerology in Slovenia as an autonomous medical discipline date back to about 70 years ago. In the late 1940s, the first Slovenian dermatology clinic was founded in Ljubljana, the capital of Slovenia.

At that time, the Department of Dermatology and Venereal Diseases was also established within the Faculty of Medicine, University of Ljubljana. Since then, dermatology has evolved into one of the most renowned medical specialties in our country. Our first dermatologists made great efforts to keep abreast of developments in the world and practise their profession at a level comparable to that in other European countries. The most distinguished among them was Professor Franjo Kogoj, after whom the “spongiform pustule of Kogoj” was named. In the past two decades, the situation has not been as good, and there has been a lack of experienced teachers, but this is beginning to improve.

Dermatology today
Since 2004, Slovenia has been a part of the European Union. Nowadays, for a population of around two million people, there are two university medical centres with departments of dermatovenerology. Two of our general hospitals also have dermatology departments. Slovenia has two faculties of medicine, in Ljubljana and in Maribor, each having a department of dermatology and venereal diseases.

Besides these academic and clinical institutions, the Association of Slovenian Dermato-venereologists was founded in 1997, as a continuation of the Dermatology Section established within the Slovenian Medical Association in 1958. The Association has many activities and missions. Its main goal is to promote the development of dermatology on a clinical and research level. It is an active organisation consisting of experienced specialists and young enthusiasts.

Meetings of the Association are organised at least three times yearly and are often attended also by foreign colleagues. The Association has played an important role in alerting the general public to the hazards of sun exposure and promoting measures to prevent malignant skin tumours. Its activities in connection with the European Melanoma Day have been amply covered by the media.

Closer international ties
The Association has its own journal, Acta Dermatovenerologica Alpina, Pannonica et Adriatica, which was founded in 1992 by Professor Aleksej Kansky. It has undergone continuous progression. The journal has an international editorial board. It is published quarterly in English and is indexed in Medline and Excerpta Medica. In 2009, the Association published an updated edition of the Slovenian dermatological book Koža in spolne bolezni, written for medical students and family doctors.

There are only 85 active (about 1 per 24,000 of the population) and 20 retired dermatologists in Slovenia. With increasing patients’ demands, there are considerable waiting times to visit a dermatologist, even of several months. The majority of Slovenian dermatologists work for the public health service, only about 20 have a private practice. There are no private dermatological hospitals in Slovenia. Nearly all serious skin conditions are treated in hospital departments of dermatology.

A dermatologist working in a university medical centre must cope with a heavy workload of daily obligations in the wards, outpatient clinics and laboratories as well as teaching activities for students and junior physicians. There is a chronic lack of time for work on different research projects. A great deal of dedication and enthusiasm are needed to ensure that the quality of care offered to our patients is comparable to that provided to patients in other European countries. Fortunately, dermatovenerology is a popular specialty among young medical doctors in Slovenia at present.

Being a rather small professional group, Slovenian dermatologists appreciate the support received from abroad and are eager to promote close international ties.

Mateja Dolenc-Voljč MD PhD
Department of Dermato-venereology
University Medical Centre Ljubljana
Ljubljana, Slovenia
Fostering Dermatology & Venereology Programme

3rd Training Course on Genodermatoses

16-18 January 2012
Salzburg and Innsbruck, Austria

For this training course we had 15 participants from 10 countries ranging geographically from Portugal to Azerbaijan.

The first day started with basic lectures on genetic traits and epidermolysis bullosa as well as porphyrias. Afterwards, first impressions of molecular diagnosis procedures were delivered. The evening’s highlight was a dinner in the cosy restaurant “Eulenspiegel” in the downtown area of Salzburg.

On the second day, the participants presented their case reports and laboratory work on molecular diagnoses of rare diseases was finalised in the afternoon. Then the participants were transferred to Innsbruck.

On the third day, a morning session was delivered in Innsbruck that focused on ichthyosis (disorders of cornification) with lectures on its biology and clinical features. Case reports and a lecture on connective tissue diseases followed before the programme finished with a general discussion and answer session.

Johann Bauer
Matthias Schmuth
Co-Chairs
Fostering Training Course on Genodermatoses

Participant’s Feedback

“I was given a great opportunity to participate in a genodermatoses training course for residents, held in beautiful Salzburg and Innsbruck in January 2012. There were 17 participants from different parts of Europe. The goal of the training was to raise awareness and interest among young dermatologists into genetic research and its application to dermatology.

The first day began with welcoming remarks from Prof Bauer and for the next two days there followed excellent presentations by himself, Prof Hinter - the head of EB House Austria, and members of his team, including Dr Laimer and Dr Klausseger. They covered different topics such as epidermolysis bullosa and porphyrias with the accent on molecular diagnosis. Participants were involved not only in the practical training of DNA detection and investigation, but also in the presentation of their own genodermatoses cases from their home departments.

The last two days were held in Innsbruck, where Prof Schmuth and members of his team, including Dr Gruber and Dr Martinz, gave excellent presentations on ichthyosis. These were followed by a presentation on the molecular diagnosis of ichthyosis and connective tissue diseases by world class geneticists such as Dr Fisher and Dr Hennies.

In summary, this training was an excellent occasion to encourage young dermatologists to consider minor signs of diseases (mosaicism in parents) which may have severe consequences in probands. Furthermore, it promoted collaborative working, trying to refer and centralise patients with rare diseases, to provide better treatment and also a better life with their often mutilating disease.

I would like express my admiration for the work of the dermatologists and genetic biologists who participated in this training and who have brought out the desire to broaden our horizons in dermatology and genodermatoses. And, of course, I would like express a lot of thanks to EADV staff member Ildikó Papp as she was very helpful from the time of the registration till the very end of this course.

Sandra Vykutlova
UK/Czech Republic
Dear Friends and Colleagues,

It is our great pleasure to invite you to the 21st EADV Congress in the historic city of Prague, capital of the Czech Republic, from 27-30 September 2012.

As the second time an EADV event has been hosted in this captivating city, our premier annual educational event will take on a new dimension this year. Prof Andris Rubins and his local scientific committee of Latvian dermatologists will be involved in the organisational aspects – the first time a Congress President has been appointed from a country outside the Congress venue. There will be a strong presence from the Baltic and neighbouring countries as well as high numbers of Czech dermatologists, who have graciously agreed to facilitate the running of this event in Prague.

Leaders in dermatology

This Congress will unite leading European, international, regional and local speakers to share their knowledge and experience in basic and clinical dermatology as well as dermatosurgery, cosmetic dermatology, skin infections, venereology and many other important areas of dermatology. Congress participants will have the opportunity to meet leaders in dermatology and medical science during the What’s New?, Plenary Lectures and Masters of Dermatology sessions. Also new to this event are the Spotlight lectures featuring some of the “best picks” in dermatology.

With exclusive views of the historic quarter and state-of-the-art equipment, Prague Congress Centre is the ideal location for this event, creating a fine balance between the old and the new, the past and the present. A large selection of exhibitors will also be available to promote their products and services and offer participants the opportunity to learn more in their satellite symposia.

The city of Prague

Prague is also known as the “heart of Europe” for its central geographical location. Easily accessible from every European country – by car, train, bus or plane – the city nestled above the Vitava is a much-appreciated venue for conferences and congresses.

For lovers of historical monuments Prague is a paradise of riches with grand Baroque palaces, Prague Castle and the magnificent Gothic cathedral to name a few.
few. The Lower Quarter boasts a profusion of intimate corners and pleasant restaurants. Stately houses blend with splendid aristocratic palaces and idyllic gardens. The Old Town of Prague offers its visitors a network of twisting medieval lanes and the Old Town Square. Charles Bridge, the most beautiful promenade in Prague, is alive with street artists and musicians. The former Jewish town, home of synagogues, the Old Jewish Cemetery and extensive collections in the Jewish Museum, evokes a mysterious, spiritual atmosphere of past times.

With the appeal of architectural monuments of all styles, the traditional hospitality of its people and the excellent beer served in Czech pubs, as well as the remarkable mix of Czech, German and Jewish cultures, it is considered one of the most beautiful cities in Europe and beyond.

For more information visit the Congress website at the following link: www.eadvprague2012.org.

Please join us in creating our own piece of history in the charming city of Prague!
ELECTION OF EADV PRESIDENT-ELECT 2012-2014

A call is hereby given for candidates for the above position.

Nominations for the position of EADV President-Elect 2012-2014 must be received by the Nominations and Election Monitoring Committee Chair before 17:00 hours (Central European Time) on Friday, 1 June 2012.

All the required documents must be sent electronically to: elections@eadv.org to arrive before Friday, 1 June 2012 at 17.00 hours

Submission of required material will only be possible electronically (files should be either in Word or pdf format or scanned).

- Only Specialist members in good standing are entitled to stand for election
- Candidates must be proposed and seconded by two EADV members in good standing

The election of the President-Elect is conducted electronically in September 2012. The result of the election will be announced at the 2012 Annual General Meeting of EADV to be held on 28 September 2012 in Prague, Czech Republic.

To be valid Applications must include:

i. the official Nomination Form signed by the candidate and the two endorsers.
ii. a curriculum vitae of the candidate (up to 2 A4 pages)
iii. a recent head and shoulders photograph
iv. a position statement of up to 300 words to address inter alia the candidate’s vision for EADV
v. two letters of support from EADV voting members
vi. a completed Conflict of Interest Form

The Nomination Form and the Conflict of Interest Form are shown on page 13 and pages 18-19 in this issue and can also be downloaded from: http://www.eadv.org to be filled in and submitted electronically.

The Nominations and Election Monitoring Committee shall determine the number of candidates going forward and approve (or not) the suitability of applications for this election. If more than two valid nominations are approved, the single transferable voting method will be used.

Electronic Voting: The election will be conducted electronically utilising the services of an independent electoral organisation, Electoral Reform Services of London which guarantee secret and confidential voting and has managed our past Presidential and Board elections satisfactorily.

Members should ensure (a) that they are entitled to vote according to the EADV statutes and rules and (b) that their current e-mail address is correctly recorded by the EADV Office. Members who do not have an e-mail address will receive the necessary documentation by post.

Details of the voting process will be made available before the election.

For further information please consult the Statutes of EADV at http://www.eadv.org

Erwin Tschachler MD
EADV Secretary General

April 2012
NOMINATION FORM
President-Elect 2012-2014

We, the undersigned, nominate

Dr / Prof ................................................................................................................................................................

a Specialist member of EADV, for the position of President-Elect in October 2012

Proposer’s Name: ...................................................................................................................................................

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

Email: .......................................................................................................................................................................

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

Seconder’s Name: ..................................................................................................................................................

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

Email: .......................................................................................................................................................................

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

(Both proposer and seconder must be paid up members for 2012)

Acceptance of Nomination

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

Hereby accept the nomination for the position of President-Elect of EADV (2012-2014)

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

Email: .......................................................................................................................................................................

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

All required documents must be sent electronically to: elections@eadv.org

For office use:

RECEIVED:

CHAIR NOMINATIONS COMMITTEE Date Signature
ELECTION OF BOARD DIRECTORS 2012-2015

Notice is hereby given that nominations for Board Directors representing the following countries will be received by the Secretary General not later than FRIDAY, 13 JULY 2012.

BULGARIA, CROATIA, CZECH REPUBLIC, DENMARK*, FRANCE*, GERMANY (2)*, GREECE (2), HUNGARY, ITALY*, LATVIA, LUXEMBOURG, MALTA*, NETHERLANDS*, POLAND, ROMANIA (2)*, RUSSIA*, SWITZERLAND*, TURKEY

* The incumbent ends first term of office and can be re-elected. (2) = two vacancies

• Voting members from the above countries shall elect their national Board Member.
• Only Specialist Members in good standing are entitled to stand for election.
• Each candidate must be a national of and resident in the country they are representing.
• Candidates must be proposed and seconded by two EADV members in good standing who are resident in the country of the nominee.

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

Submission of required material will only be possible electronically.
(files should be either in Word or pdf format or scanned).
Incomplete or late Nomination Forms will not be accepted.

Please see the relevant Nomination Form (on facing page) and the Conflict of Interest Form (on pages 18-19). They can be downloaded from: http://www.eadv.org.

Kindly send all documents to: secgen@eadv.org

The election of EADV Board Members is conducted electronically in September 2012. It will be managed by Electoral Reform Services of London. The voting system used is safe and confidential. If more than two valid nominations are received the single transferable voting system will be used.

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

Erwin Tschachler MD
EADV Secretary-General

March 2012
NOMINATION FORM
BOARD DIRECTORS – 2012-2015
BULGARIA, CROATIA, CZECH REPUBLIC, DENMARK*, FRANCE*, GERMANY (2)*, GREECE (2), HUNGARY, ITALY*, LATVIA, LUXEMBOURG, MALTA*, NETHERLANDS*, POLAND, ROMANIA (2)*, RUSSIA*, SWITZERLAND*, & TURKEY

* The incumbent ends first term of office and can be re-elected. (2) = two vacancies

We, the undersigned, nominate

Dr / Prof .................................................................................................................a specialist member of EADV, to represent (insert country)........................................................................................................on the Board of Directors.

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

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

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

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

(Both Proposer and Seconder should be fully paid up members and resident in nominee’s country)

Acceptance of Nomination

I, Dr/Prof ................................................................................................................. a national of and resident in (insert country) ............................................................................. hereby accept the nomination for the position of Board Director representing this country.

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

Email: ............................................................................................................................................

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

All required documents must be sent electronically to: secgen@eadv.org

For office use:

RECEIVED BY SECRETARY-GENERAL Date Signature
SENT TO CHAIR NOMINATIONS COMMITTEE Date Signature
CALL FOR NOMINATIONS TO FILL VACANCIES ON COMMITTEES - 2012

Notice is hereby given to fill vacancies on Board Committees.

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

**Committee members will be elected by the Board of Directors electronically and the single transferable vote system will be used if necessary.**

Nominations (see form on facing page) will be received by the Secretary General not later than **20 JUNE 2012**

All nominees must send in:

1. The **Nomination Form** signed by the applicant and the endorsers
2. A **short CV** (with a recent photograph if available)
3. A filled in **Conflict of Interest Form** (see pages 18-19 in this issue).

Submission of required material will only be possible electronically (files should be either in Word or pdf format or scanned). All forms can also be downloaded from http://www.eadv.org

Kindly send all documents to: **secgen@eadv.org**

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

**CURRENT VACANCIES:**

**Committee Members:**

- CME-CPD (3 vacancies)
- Ethics Committee (3 vacancies)
- Finance Committee (2 vacancies)
- Fostering Trainee Education Committee (1 vacancy)
- Membership Committee (2 vacancies)
- Project Proposal & Review Committee (2 vacancies)

**Co-option of Junior Members**

- Membership Committee (1 vacancy)

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

Erwin Tschachler MD
EADV Secretary General

April 2012
NOMINATION FORM
COMMITTEES 2012

We nominate Dr / Prof ...........................................................................................................................................
for the position of member of the ..........................................................................................................................Committee.

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

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

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

Signature: .................................................................................................................. Date: .............................
(Both Proposer and Seconder MUST be paid up members for 2012)

Acceptance of Nomination

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

Hereby accept the nomination for the position of member of the ........................................................................
........................................................................................................................................................................ Committee

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

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

All nominees must be paid up members for 2012.
All nominees must send in a short CV, mission statement and fill in a Conflict of Interest Form
All required documents must be sent electronically to: secgen@eadv.org

For office use only:
RECEIVED: SECRETARY-GENERAL Date Signature
SENT TO: CHAIR NEMC Date Signature
CONFLICT OF INTEREST

EADV is committed to transparency and objective decision-making at all organisational levels. The Academy is dedicated to providing continuing medical education that is independent, fair, balanced and objective and free of commercial bias. In order that the Academy operates effectively for these purposes, it is important that the Academy decisions and actions are not unduly influenced by any special interests of individual members. Therefore, it is important to identify actual or potential conflict of interest in a formal way. In most cases disclosure will be sufficient to protect the integrity of the Academy’s operations. Rarely, where disclosure is not adequate, further action may be necessary.

Academy members in Leadership Positions (Executive, Members of the Board, Chairs of Committees and Task Forces, Editor of the Journal of the European Academy of Dermatology and Venereology and Academy publications) should understand that they occupy a position of trust and are expected to act at all times in the best interest of the Academy in good faith and without favour or bias and avoid even the appearance of using their positions to advance any personal interest or for personal or third party gain.

These members in leadership positions should submit descriptions of all personal and professional circumstances which might create a private interest in conflict with the interest of the Academy. A comprehensive disclosure of financial relationships with a commercial interest producing healthcare goods or services consumed or used by patients must be indicated on the form provided and signed (Appendix A).

Members in leadership positions should sign and update annually the following statement: “I shall act at all times in good faith and without bias and favour to interests outside the Academy. I shall always declare outside interests which could potentially conflict with my duty to the Academy and I shall not act in a way inconsistent with the purposes of the Academy.”

The Secretary General will retain statements of potential conflict of interest in the care of the Academy office and he will make them available to the members of the Board after consultation. The Secretary General reviews the statements and if further review is required will forward the statements to the Ethics Committee, at the same time informing the Executive of any conflict that may be significant. The Ethics Committee then initiates any request for further information and reports its findings to the Secretary General and the Board of any items found to be especially significant.

Appendix A

Disclosure Statement of Potential Conflict of Interest
By an Officer; Director; Chair of a Committee or Task Force; Editors; or Senior Administrative Staff Member

I ________________________________ , hereby acknowledge that, as a:

of the European Academy of Dermatology and Venereology, I occupy a position of trust. I am expected to act at all times in good faith and without bias or favour to outside interests. Whenever my outside interests or other responsibilities potentially conflict with my duty to the Academy, I shall declare these potential conflicts and shall act in such a manner as to avoid even the appearance of using my position to advance any personal interest or the interest of any individual or entity with which I have a significant relationship. In particular, I shall not act in a way inconsistent with the purposes and interest of the Academy.

I hereby certify that, to the best of my knowledge, no aspect of my current personal or professional circumstances places me in the position of having private interest which is in conflict with any interest of the Academy or with my obligations to the Academy.
OBLIGATION

I shall act at all times in good faith and without bias and favour to interests outside the Academy. I shall always declare outside interests which might potentially conflict with my duty to the Academy and not act in a way inconsistent with the purposes of the Academy.

Industry relationships
I shall disclose my relationships with manufacturers of any commercial products and providers of commercial services related to healthcare in the past 12 months.

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Type of relationship</th>
<th>Nature of Compensation</th>
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</table>

I am an officer, or committee member or sub-committee member, or advisor or facilitator in the following professional organisation(s), university, hospital, or paid or non-paid healthcare organisation:

______________________________________________

National or International Government Affiliations related to healthcare eg EU Committee:

______________________________________________

Editor or Author of Non-Scientific and Promotional Publications related to healthcare:

______________________________________________

My principal professional activities relating to dermatology are conducted in the following settings:

______________________________________________

Private Practice __________________________________

University Practice ________________________________

NAME (Signature)                                Date
It is with great pleasure that I report to you on the 20th EADV Congress held in the enchanting city of Lisbon. Due credit for the overall organisation must of course go to António Picoto and his hard-working team.

Record attendance
This meeting attracted a record attendance of 21,884 delegates. Once more, the EADV Scientific Programming Committee and CME-CPD Committee in collaboration with the Local Scientific Committee put together an excellent scientific programme, which went down very well in general, judging from feedback gleaned from returned session evaluation forms.

Here are the highest-rated and most-attended events, based on data from returned evaluation forms and headcounts respectively.

**Highest-rated events (for which at least 20 evaluation forms were received):**
1. Dermoscopy: What’s your diagnosis? (TY03)
2. Classical advanced dermatological surgery (CL02)
3. Follow-up on naevi (WS04)
4. Basic dermoscopy (CO10)
5. Advanced dermoscopy-interactive (CO01)
6. Neutrophilic dermatoses: New concepts (WS20)
7. Challenging cases of psoriasis: How to treat them (SY13)
8. Skin cancers in organ transplanted patients (SY36)
9. Topical immunomodulation (WS18)
10. What’s New? A (WN01-WN04)
11. Dermatology of the immunosuppressed (SY24)
12. Biologics in psoriasis: A lifelong commitment versus inclusion within rotative therapy (CV01)
13. The spectrum of neutrophilic vasculitides and autoinflammatory diseases (WS29)
14. Dermatopathology: What’s your diagnosis? (TY02)
15. Is it skin allergy? What’s your diagnosis? (TY06)

**Most-attended sessions:**
1. Acne (SY01)
2. Challenging cases of psoriasis: How to treat them (SY13)
3. Plenary lectures B (PL04-PL06)
4. Plenary lectures C (PL07-PL09)
5. Plenary lectures A (PL01-PL03)
6. Atopic dermatitis (SY03)
7. Pigmentation disorders: From vitiligo to hyperpigmentation (SY17)
8. Vasculitis (SY10)
9. Urticaria and angioedema (SY16)
10. Cosmetics and cosmeceuticals (SY26)
11. What’s New? A (WN01-WN04)
12. Lupus erythematosus: The skin and beyond (SY07)
13. Facial dermatoses (SY08)
14. Psoriasis (SY31)
15. Nail pathology: Diagnosis and treatment (SY06)

Bread and butter dermatology topics were clearly very popular as expected. “Test yourself” sessions were of extremely high educational value judging from the high scores and flattering comments that they attracted. The same can be said for the live surgery course and the interactive dermoscopy course. This goes to show that a fair dose of dynamic sessions as opposed to purely informative sessions should continue to be included in future scientific programmes.

**More feedback required**
On a relatively disappointing note, the percentage of incoming evaluation forms in relation to the estimated number of meeting participants in Lisbon was 24% compared to 35% in Gothenburg. Your continued feedback is extremely valuable to help us plan future meetings.

Comments that stood out include the need for bigger rooms for the more popular sessions, the annoyance of flash photography and ringing mobile phones during sessions, avoidance of blatant pharmaceutical bias especially in cosmetic and cosmeceuticals sessions, and the need for better English among certain speakers.

A sizeable number of delegates questioned the timing of the closing ceremony prior to the “What’s new?” session, which is something that perhaps needs re-evaluating. Finally, for the first time, all speakers are being forwarded their performance ratings automatically as of the Lisbon meeting, as has been the case in AAD for many years. This should surely go down well.

Lawrence Scerri
Chairman
CME-CPD Committee
Having been Secretary General now for almost two years, I have come to fully understand the inner workings of EADV.

Many of our members give their time voluntarily to help facilitate the smooth running of our Academy. Election to office is of course a great honour, but also involves a real commitment of time and effort. 2012 is an important election year - not only for the United States and for France, but also for EADV! The President-Elect of EADV and nearly half of our Board of Directors (see graph) are up for election in the autumn.

Direct democracy

The change of statutes a few years ago made direct democracy in EADV elections possible by allowing the use of electronic voting. The practical impact is that EADV voting members, wherever they might be in the world, have the possibility to cast their secret vote (see also: EADV News № 38, page 21, EADV members vote in confidence and confidentiality). Therefore, participate in shaping the future of EADV – cast your vote.

Transparent communication

One important requirement for a democratic vote is a transparent and comprehensive communication between the leadership, the administration and the electorate. EADV has several tools to guarantee that our members are up-to-date on developments within the Academy – our website (www.eadv.org), EADV News and direct mailing to each member on specific issues.

However, to be successful in our communication efforts we need your help. Please keep us updated on any changes to your mailing addresses. It should be easy - check your contact details on our website in the section “My Corner” and if you need to update your address, just send a short e-mail with the changes to membership@eadv.org and the EADV staff will do the rest and assist you if any questions arise.

Personal contact

Communication via websites, e-mails and publications has facilitated many aspects of our professional lives - nevertheless it cannot substitute for the exchange of views and information during personal meetings.

Therefore I am looking forward to meeting you at the EADV Spring Symposium in Verona.

With warmest greetings from Vienna.

Erwin Tschachler
EADV Secretary General
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 Assoc Prof Dr Zeljko Mijuskovic from Belgrade, Serbia.

Prof Mijuskovic will receive a work on dermatology chosen by our Editor.

Leaf-like structures in pigmented BCC on the chest

Calendar of Events

> 2012

International Dermatopathology Symposium
10-11 May 2012
London, UK

UV-radiation induced disease - Roles of UVA and UVB
24-26 May 2012
Stockholm, Sweden

12th Annual Congress of the European Society for Photodynamic Therapy
25-26 May 2012
Copenhagen, Denmark

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

3rd Congress on Genodermatology
12-14 June 2012
Beijing, China

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

EUROGIN 2012
8-11 July 2012
Prague, Czech Republic

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

Stratum Corneum VII
10-12 September 2012
Cardiff, UK

21st EADV Congress
27-30 September 2012
Prague, Czech Republic

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

> 2013

13th International Pan Arab League of Dermatology Conference
21-24 February 2013
Dead Sea, Jordan

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

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

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

> 2014

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

23rd EADV Congress
9-12 October 2014
Amsterdam, The Netherlands
APPLICATION FOR MEMBERSHIP

PERSONAL DETAILS: (PLEASE TYPE OR PRINT)
Last name: __________________________ First name(s): __________________________ Position/Title __________________________
Date of birth: — / — / — Nationality: __________________________ Passport Number (or ID) __________________________
Address: __________________________ City: __________________________ Country: __________________________ Postcode: __________________________
Telephone: __________________________ Mobile: __________________________ Fax: __________________________ Email address: __________________________

PROFESSIONAL INFORMATION REQUIRED:

A. INDIVIDUALS: (The Board will decide on the relevant category)

1. Nationality: Copy of passport or ID card required

2. Specialisation: Copy of Certificate OR letter of attestation of status from EADV member is required
First Medical Degree: Date: ———— University: ———— Country: ————
Specialist status: Date: ———— Institution: ———— Country: ————

3. PhD (if applicable- scientists) Doctoral award:
Date ____________ Institution: ———— Country: ————
Topic: ————

4. Trainee enclose official certificate of training and dates of entry and presumed completion

5. If retired, date of first joining EADV

6. Endorsers THREE EADV Specialist members must endorse application confirming that, in their opinion, the applicant in question is a fit and proper person to be admitted to membership of EADV
Endorser 1 Name ———— EADV number ————
Endorser 2 Name ———— EADV number ————
Endorser 3 Name ———— EADV number ————

APPLICANT’s SIGNATURE

Note: For online applicants the confirmation of identity form with original signature must be sent by post

ANNUAL DUES: (The relative dues are revised annually by the Board of Directors)
European:

- Ordinary (non-specialist): €170
- Specialists: €150
- Trainees: €75 *
- Retired: €75

*extended until age 35 to those attaining specialist qualification

Non-European:

- International €150
- Trainees: €75 (E -version of JEADV)

PAYMENT METHOD:

- Bank transfer or
- Credit Card

Bank details information will follow with request of payment upon approval of your application for EADV membership.

B. ORGANISATIONS: Letter to Secretary-General (see web page www.eadv.org)

NOTE: Please refer to the EADV website for members’ benefits and rights: Website: www.eadv.org

Kindly send application form together with required documentation: proof of status in ENGLISH, copy of ID, to:
The Secretary General - EADV Succursale belge- Avenue General de Gaulle, 38 - 1050 Brussels – Belgium
Phone: +32 2 650 00 90 - Fax: +32 2 650 00 98 - Website: www.eadv.org