I felt excited being invited to write an article on how EADV has facilitated my personal and professional evolution, because I would have another opportunity to share with fellow EADV members, especially the junior ones, my personal experience on how EADV has really helped me make my professional dreams come true.

Education

My first contact with EADV was when I received the John Stratigos Memorial Scholarship, one of the many EADV scholarships, in 2011. This scholarship came with a free registration to the Spring Symposium and financial support, which allowed me to attend for the first time in my life an international dermatological meeting of that magnitude. EADV scholarships are given twice a year to junior dermatologists, mostly residents, after the appraisal of their applications by the EADV Honours and Awards Committee. They represent a unique opportunity for the recipients to enhance their scientific and professional career.

EADV scholarships also come with a free 1-year junior EADV membership. I started receiving JEADV, the official journal of EADV, which is, in my opinion, an industry-independent journal publishing many important articles, covering all issues of dermatology. Membership gave me access to an integrated online image database, which strongly enhanced my reading as a resident. It also offered me the opportunity to apply for one of the EADV Fostering Courses for residents, which are well organised and highly educative, and I was able to attend the EADV/ESDR Summer Research Course.

Read more on page 2
Clinical Research and Epidemiology, which gave me the scientific tools to conduct research better.

Lastly, I was privileged to receive the American Academy of Dermatology (AAD) Scholarship and the Scholarship Alumni Club - Lecturer of the Year Award for 2012. There I met Prof Jørgen Rønnevig, former EADV Treasurer, who was the person who helped me find my current work post.

**Networking committees**

I was honoured to participate in the Website Committee under the guidance of Prof Carmen Salavastru, the Project Proposal Review Committee under the guidance of Prof Alexander Stratigos, and the Acne/Rosacea/Hidradenitis Suppurativa EADV Task Force under the guidance of Prof Christos Zouboulis and Prof Gregor Jemec. All these activities broadened my scientific horizons and network further. EADV Task Forces are a valuable tool for young researchers.

**Research**

Having matured scientifically through EADV activities, I was also privileged to receive support from the Project Proposal Review Committee for organising, along with colleagues from many European countries, the European registry for hidradenitis suppurativa. I had the opportunity to meet new colleagues, partners and friends. EADV activities really promote the culture of sincere collaboration.

**Working**

After my residency, I tried to find a post that could allow me to combine clinical practice with research. I found my current post in Norway with the great help of former EADV Board Member for Norway, Prof Rønnevig. Currently, I am working as Senior Consultant in the University Hospital of North Norway and as associate professor at the University of Tromsø. I realised my dream of combining clinical practice with research with the help of EADV and EADV members. In 2017, I was proposed by Jørgen Rønnevig and Dagfinn Moseng (leader of the Department of Dermatology in University Hospital of North Norway and one of the oldest EADV members) as a candidate for Board member and I was honoured to be selected by my fellow Norwegian colleagues as EADV Board Member representing Norway. With this position I will try to help junior colleagues in realising their dreams as well.

I do believe that the primary goal of this Academy is to educate young members and facilitate their scientific involvement.

Thank you EADV!

Thrasyvoulos Tzellos MD PhD (Norway)
A year between anniversaries, but still so important

2018 is just coming in and, therefore, allow me to also wish you from this place a healthy, happy and successful new year!

European dermatology devotes increasing responsibility to the continuous development of our specialty. Together with its sister European societies, our EADV has long since reached maturity and now enters the biologically most productive age, ready to undertake the responsibility of its age in several fields.

This year marks the intermission between the 30th anniversary of EADV’s inauguration, which we celebrated in 2017, and the 30th anniversary of EADV congresses, which is approaching in 2019. Despite its role as a celebration intermission, the current issue of EADV News offers you many possibilities to find out why this year is also important.

The founders and older members of EADV will probably be proud of our Society after reading the cover page story. The marvellous opportunities for career development with the support of EADV are vividly described there by one of the younger members of the Board. We look forward to reading further exceptional young member stories in the future!

Under the title “Revision, Restructure, Renew and Reinforce EADV” our President, Prof Luca Borradori, summarises the work done by the Executive Committee and the Board of members in 2017 towards the revision of the governance landscape, the restructuring of staff, the renewal of the EADV culture, the reinforcement of relationships with partners and stakeholders, and new international partnerships, as well as reiterating the mission and vision of EADV. It is mandatory to read this contribution in order to become a part of it and to understand that the maturing of our Society also means shouldering new responsibilities.

The numerous educational opportunities offered through the new EADV School, which organises and delivers courses for residents and specialists all over Europe, covering many aspects of our specialty, can be seen on page 8 and on the new-look EADV website.

Education and research go hand in hand in dermatology. In this issue, a number of reports by the co-ordinators of EADV research grants are presented. New knowledge derives from these studies and with their support EADV assumes the responsibility of influencing our field by supporting the generation of new knowledge. This is another sign of the maturing of our Society, for which we can be proud.

The young year 2018 already offers a lot of valuable activities to EADV members, including our two major events: the 15th Spring Symposium, on 3–6 May in Budva, Montenegro, and the 27th Congress, on 12–16 September in Paris, France. Further information about the Symposium can be found on pages 6–7 and all useful dates and links are summarised on the back cover.

See you in Budva!

Christos C Zouboulis MD PhD
Editor

READERS’ SURVEY
We want to ensure that EADV News continues to cover issues of interest to you so please take part in our short online readers’ survey

We welcome your feedback. Thank you.
2017 was a very eventful year for the Academy in terms of cementing our goals and values which further affirm our identity. You have all heard and read about the famous SWOT analysis and Porsche Report and were informed of the six strategic dimensions the Academy has decided to pursue.

So, concretely, where are we now?
The four “R’s” – Revision, Restructure, Renew and Reinforce

Revision of the governance landscape. Following the amendments to the statutes, the EADV governance landscape has completely changed. It is now necessary to increase the awareness among the Board, administration and membership of the practical consequences of these changes. This new situation implies progressive adaptation of the internal rules with which the Statutes and Development Committee has been tasked. It is critical to define new mandates, responsibilities, roles and reporting lines to progressively change the entire strategic functioning and operational work flow.

Restructure the staff. The revision of the governance landscape also affects the administration of the Academy. First and foremost because the Academy now has a CEO! Nancy Induni, long-time acting CEO, has been officially confirmed and recognised as CEO of EADV. Under her supervision, the EADV office staff is being restructured to reduce the number of departments, improve the CEO’s span of control and to have an organisation aligned with our defined core processes (congress organisation, education, communication, administration and finance, and membership). Having a strong, professional staff is essential in the medium and long term to ensure strategy implementation, as well as to enable change and improvement. Porsche Consulting is both assisting and supporting EADV to make sure that structures and processes are successfully converted. Conversion is the essential step to ensure that the 19 strategic initiatives are properly tackled and progressively implemented.

Renew the EADV culture. As president, one of the most challenging and difficult tasks – somewhat surprisingly- has been to overcome resistance within the EADV leadership to finally develop, after 30 years’ existence, a clear vision and to set strategic objectives for the middle and long term. EADV can no longer merely address the daily business focused on the preparation of the annual congresses and educational activities, or rely on individual initiatives and projects. The change in culture is aligned with a global perspective and a structured approach essential for further successful growth. The dated model in which individuals in key positions impose their views, set the immediate agenda and make EADV development person-dependent should be definitively abandoned forever. Our “suitcase association model” in which physicians - as we are - are directly involved in operational processes without having the required expertise and skills, should be abandoned to avoid further mistakes. For example, budgeting, internal control of the financial operations of a now complex organisation, tax issues, choice of IT programmes or definition of the work flow in the various committees should no
longer be dictated by dermatologists or venereologists but by real professionals in these areas.

Finally, how many times have I been told by the old guard in EADV that an EADV president can at best only have one or two objectives for their presidency: should the future of the EADV simply depend on selected individual initiatives or rather rely on a well-concerted global strategy for which the president should primarily put full power into enabling and serving implementation?

The new revised statutes should now provide a framework towards efficient work flow. The CEO is fully responsible for the operations and strategy implementation including budgeting. Executive Committee (EC) and Board members will focus on the strategic objectives and budget planning.

Reinforce relationships with partners and stakeholders. Another area of activity in these last 12 months has been to nurture and further strengthen new or existing relationships respectively with various partners and stakeholders. The last year has been a fruitful one regarding our approach to and our relationship with both industry as well as other dermatological societies and stakeholders. EADV had to devise its own framework with a clear set of priorities and expectations for industry. The goal was to be able to approach industry with a list of activities and objectives, so that it could assess how to associate these with their own priorities and adjust accordingly. Staff worked together with a working group created by the EC to prepare a handbook on policies and regulations with regard to endorsement of projects supported by industry. It is an excellent brochure summarising all industry opportunities for participation (exhibition, industry sessions, educational opportunities, advertising, and networking).

New international partnerships
The collaboration and exchange with other partners has not been neglected. I am delighted to report that we have strengthened relationships with various international societies, amongst which are the Chinese Society of Dermatology (CSD), the Ibero-Latin American College of Dermatology (CILAD) and the International Society of Dermatology (ISD). These exchanges invariably include the possibility of a subspecialty slot, exhibition booth, planning of common scientific sessions, scholarships and/or other educational projects. We are also pursuing educational activities in India and exploring new opportunities in the Middle East. Furthermore, together with the American Academy of Dermatology (AAD) and its president, Prof Henry Lim, we have initiated a joint project to support the activities of a young medical association - the African Dermatopathology Society (ADPS). This education project perfectly complements another ongoing EADV initiative, that is the promotion of the postgraduate specialisation in dermatopathology of highly motivated dermatologists from sub-Saharan Africa.

Finally, the Academy has been proudly behind various campaigns in the European Parliament. All of this invigorates, ever more strongly, the status of EADV as a top player in the international arena of dermato-venereology and as a strong advocate for our specialty.

In conclusion, dear members, in times of change it can be difficult to remember why we are here and where we want to go. Might I remind you of our Mission and Vision - our lighthouse in a storm, the foundation of our skyscraper, the roux for our sauce:

MISSION: We are dedicated to advancing patient care, education and research in the field of dermatology and venereology by providing a unique platform to bring people together and share ideas.

VISION: EADV is the leading community to further the knowledge of health professionals and advocates in the field of dermatology and venereology.

The Academy is a work in progress, as all good things are. We must never settle and accept mediocrity, even if this requires pushing ourselves, facing unpleasant truths and bypassing resistance. It is important that we keep our mission and vision in unobstructed view at all times. This will keep us from losing our perspective and the bigger picture because by only focusing on one dimension important initiatives and opportunities are lost, missed or delayed. And in today’s world, that is something we absolutely cannot afford.

I leave you with a quote from Charles Darwin, “It is not the strongest of the species that survives, nor the most intelligent, but the one most responsive to change.”

Luca Borradori MD PhD
EADV President (2016-18)
We are delighted to welcome you to the medieval seaside town of Budva on the Montenegrin Riviera, and the setting of the next EADV event in 2018. We thank the Spring Symposium Chairperson, Dr Pedrag Stilet, for his enthusiasm in hosting the 15th EADV Spring Symposium in this beautiful location. It will be an honour to welcome our most distinguished experts in dermatology, venereology and other related disciplines both as speakers and participants.

Budva will also be the perfect setting to meet with peers and colleagues, to discuss and share best practices, gain new knowledge and be used as the exchange platform to stimulate interaction and continued development of dermatology and venereology throughout Europe.

Programme highlights

The intensive 3-day programme will include 30 stimulating sessions from contributors originating from more than 30 different countries worldwide. Thematic highlights include eczemas through the ages, skin cancer, as well as infectious diseases and STIs.

The tracks will be complemented by keynote lectures given by internationally recognised experts. We are delighted to already announce the following speakers and topics:

- Advances in melanoma therapy
  Rene Gonzalez (USA)

- New threats from STIs
  Mihael Skerlev (Croatia)

- Skin in Antarctica
  Nikolai Tsankov (Bulgaria)

- Marine dermatology
  Lawrence Scerri (Malta)

- Management of chronic wounds
  Sanja Schuller-Petrovic (Austria)

- Planning surgery for facial tumours
  Ricardo Vieira (PT)

Saturday’s “What’s New” session will highlight key areas of development and progress in psoriasis, acne and rosacea, paediatric dermatology and bullous diseases. The morning tracks will focus on lasers, hair disorders and basic activities for a private aesthetic practice.

We will deliver an outstanding programme to our delegates and have endeavoured to include the latest developments and updates, innovative treatment modalities and new areas of clinical research and development, to keep up with the ever-
Budva is one of the oldest settlements on the Adriatic coast, and the centre of Montenegrin tourism. The Old Town of Budva, Stari Grad, is a historic medieval treasure, and the coastal area around the town, Budva Riviera, boasts 25kms of stunning coastline and beaches. The climate in Budva is typically Mediterranean, with temperatures in May normally around a pleasant 20°C.

The Budva region has had a rich and turbulent history since it was first settled by the Illyrians, then becoming successively a territory of the Roman, Byzantine, Venetian, French and Austro-Hungarian empires. More recently, in the second half of the 20th century, it became a part of Yugoslavia, and latterly, Serbia, before Montenegro voted for independence in 2006. This diverse past is reflected in the many monuments, churches and monasteries that abound in and around the town.

If you have time, make Budva your staging post for easy day trips along the coast to take in the walled town of Kotor, a medieval jewel on the bay of Boka that snakes up the mountains, or over the border in Croatia to the UNESCO world heritage site Dubrovnik.

For all information and how to register, please visit: www.eadvbudva2018.org

Key Dates

Early Bird Registration
Deadline: 22 January 2018

Late Registration
Deadline: 28 February 2018

Opening of the Spring Symposium
3 May 2018

Brigitte Dreno MD PhD
EADV Scientific Programming Committee Chair

Martin Röcken MD PhD
Past EADV Scientific Programming Committee Chair

About Budva

changing world of skin diseases and improve European dermatology for our patients. For further information about the programme and how to register, please visit: www.eadvbudva2018.org

So, save the dates... 3–6 May 2018! We look forward to welcoming you to Budva, to a great meeting with stimulating lectures and thought-provoking discussions.

Brigitte Dreno MD PhD
EADV Scientific Programming Committee Chair

Martin Röcken MD PhD
Past EADV Scientific Programming Committee Chair
As demonstrated by the popularity of EADV School’s previous networking events, our members value the opportunity to meet colleagues from all over the world, and our networking event also provides a platform for interaction between resident and specialist dermatologists. To increase opportunities for these two groups to meet and learn from each other, EADV School is introducing new “combined” courses which are open for both resident and specialist participants. Our first combined course on Tropical Dermatology took place earlier in 2017 in Frankfurt under the chairmanship of Prof Helmut Schöfer. The success of this course convinced EADV School to increase the number of combined courses for 2018 to 11, which will comprise a third of all courses organised next year.

Celebrating the past, looking to the future

The 26th EADV Congress also marked the end of the four-year terms of Prof Klaus Fritz and Prof Bertrand Richert as the chairmen of Fostering Specialist Skills Committee and Fostering Trainee Education Committee respectively, and the merger of these two committees under the name of EADV School. The networking event in Geneva was also a great opportunity to celebrate the achievements of EADV’s educational programme and their terms. Since 2013 the number of courses offered for both resident and specialist dermatologists has increased significantly with a wide range of interesting course topics. The growth in the number of courses offered each year has been matched by the growth in applications and the rapidly growing interest in EADV’s educational programme in Europe and beyond.

In the past four years, EADV School has also undertaken new educational projects which go beyond the traditional course format, such as EADV Masterclasses which were held during EADV Spring Symposia and the Centre of Excellence project with the objective of providing insight into the infrastructure and know-how of European dermato-venereological institutions. The work done by Prof Fritz and Prof Richert has laid a solid foundation for the future development of EADV School.

While celebrating the work of the retiring chairmen, the selection of Prof Myrto-Georgia Trakatelli as the chairperson of the combined committee was announced at the EADV School networking event. Prof Trakatelli has worked closely on EADV’s educational activities as a committee member, an organiser and a speaker at several EADV courses. The EADV School team would like to congratulate Prof Trakatelli for being selected as the new chairperson and looks forward to working with her and the committee members on the Academy’s educational activities.
Starting with the 15th Spring Symposium in Budva in May 2018, the European Academy of Dermatology and Venereology will use a new and improved website design. It will respond to the needs of the international audience by making information about EADV meetings easier to find, read and access, especially on mobile devices.

We wanted a new website to clearly share our mission, to better collaborate with our partners and generate interest in our pan-European meetings of dermatologists and venereologists. This modernisation coincides fortuitously with EADV’s 30th anniversary and the growing number of participants at our events, necessitating an improved online platform to respond to constantly increasing online traffic.

Find information faster and more easily

Annual EADV meetings gather dermatologists and venereologists from all over the world. With our website we want to make our visitors even more familiar with the event. That is why we introduced on the homepage three buttons which link to the most popular and important sections of the website: Registration, Scientific Programme and The Meeting.

We hope you like the fresh new look of the website and the improved navigation. As on the previous event websites, key dates and recent updates are also visible on the home page. To improve online reading experience, we added a text re-sizer. If you wish to take your time and read information offline, you can always print the articles with our printer-friendly feature.

Online registration and scientific programme

Even though the official website of the EADV meetings has changed, some elements remain the same, especially the scientific programme and online registration form. Indeed, the place where users will be registering for the event will be the same as in previous years.
EADV Course for specialists and residents in dermato-venereology

Location: Bucharest, Romania
Course Chairs: Prof. G-S Tiplica & Prof M Neumann
Language: English
Number of Places: 20

INFORMATION FOR SPECIALISTS
Registration Fees: 400 € (EADV member) or 650 € (Non-member)

Specialist participants will receive:
CME points
Certificate of Attendance
Free course materials
Free catering & one social event

PLEASE NOTE: Places for specialists will be assigned on a first-come-first-served basis. Apply as soon as possible!

INFORMATION FOR RESIDENTS
Resident participants will receive:
Educational Grant
Certificate of Attendance
Free course materials
Free catering & one social event

Application deadline for residents: 4 February 2018

A website to better support your experience

EADV cares about providing you with all the information you need in order to fulfill your professional obligations in the context of congresses and symposia. To address this point, we launched a survey and took into account the recent research into how people actually look for and consume online content. The goal is to present the content in as clear and straightforward way as possible. Our aim is to be the best possible and reliable source of information for our participants.

Some of the key features of the new site are:

- information that is easy to find, easy to read and easy to understand
- a clear display of Registration Fees and Deadlines
- interactive Scientific Programme and Programme at a Glance
- a download or read the Final Programme feature (available only online a few weeks before the event)
- a layout that can be viewed properly on any device, from a mobile phone to a desktop
- being able to stay up to date with all the deadlines, requirements, and news
- easy-to-find information about Accommodation and Travel
- the ability to share the content on social media
- a map with all the places that have hosted EADV Events.

Click here to apply or contact courses@eadv.org
Following the most important European dermato-venereological meeting in September 2017, we can now provide you with the feedback from the evaluation forms that were submitted by the EADV Congress participants. These include session overviews (together with personal information), speaker overviews with rankings and separate listings sorted by nationality or per session.

The returned evaluation forms were comparable to those from Vienna, Copenhagen, Amsterdam and Istanbul concerning the percentage of resident responses and percentage of participants whose registration fees were paid by industry, the latter showing a slight decrease.

The most attended sessions and topics

- Dermoscopy sessions (329 and 246 returned forms; more than 800 persons in the room)
- Plenary lectures (194, 183, and 103 forms)
- Paediatric dermatology
- Skin ageing
- Hair disorders
- Melanoma
- Spotlights 2
- STIs
- Autoimmune/autoinflammatory diseases and non-melanoma skin cancer.

The ones scoring between 90% and 86% were dermatosurgery parts 2 and 1, autoimmune bullous diseases, mucosal diseases, botulinum toxin, hair disorders, nail disorders, dermoscopy, photomedicine, clinically applied genetics, energy-based devices, and non-melanoma skin cancer (NMSC).

The EADV Geneva Congress hosted 535 speakers from 56 countries. Among the top 10 represented countries, there were speakers from Canada, United Kingdom, United States, Belgium, the Netherlands, Czech Republic, Croatia, Austria, Denmark, and Switzerland.

Top 10 speakers

Sorted by average mean score of more than 94%, with more than 50 forms returned

- H Galadari
- M Marcus
- S Broesby-Olsen
- K Reich
- P Arenberger
- M Davis
- D Cohen
- J Kadouch
- J Shapiro
- C O’Mahony.

In total, 16% of returned evaluation forms came from students or residents while 1% were from nurses.

What about the registration fees? In all, 43% of respondents had their registration paid by industry (compared to 42% in Vienna, 43% in Copenhagen, 43% in Amsterdam and 49% in Istanbul). In correlation, 17% of respondents felt that sessions contained commercial bias compared to 18% in...
CME-CPD update

Feedback from some of the participants at the 26th EADV Congress in Geneva

Vienna, 19% in Copenhagen, and 20% in Amsterdam and Istanbul.

Noteworthy comments (see box) included the need for slower delivery for a multicultural audience, clinical relevance and complaints concerning the broken technical equipment and poorly soundproofed walls.

The SPC and CME-CPD committees will as always do their utmost to address these issues.

The overall comments were, however, very positive: 93% wished to hear a session about the same topic next year. Feedback from the Geneva speakers and participants was similar to that from the Vienna Congress.

Finally, I would like to remind all participants who actively attended EADV scientific sessions (NB these do not include subspecialty and industry meetings) that they can also claim their CME credits online. Download your certificates from www.eadv.org/scientific/cme/download-cme-credits.

Your remarks and comments are very important to us. We look forward to seeing you next year and receiving more insights for our next events!

Petr Arenberger MD PhD
CME-CPD Committee Chairman

In the next issue of EADV News we will feature the results of an EADV-funded project into the factors influencing the scores for sessions and speakers at EADV congresses. This data analysis will help to further improve the quality of EADV events. Stay tuned!
In the last 20 years since the advent of antiretroviral therapy, HIV has been transformed from a lethal infectious disease to a chronic condition where HIV-positive patients can expect almost normal life expectancy if they adhere to medication. This medication is also highly effective in preventing onward transmission of the virus, offering the potential to slow the epidemic significantly and potentially eliminate it in the long run.

In order to provide this life-saving therapy, the first step in the treatment cascade is to identify those who are infected. Yet in Europe, a staggering one in four HIV-infected people are unaware of their condition. Many of these are not in specific risk groups and therefore may never consider getting tested for HIV. Others who might consider themselves at risk can erroneously assume that they have already been tested for HIV as part of routine blood tests for investigation of symptoms.

There have been several initiatives to raise health professionals’ awareness of the importance of testing for HIV when patients present with HIV indicator conditions. However, there is much still to be done if we are to have a significant impact on the undiagnosed rate. UNAIDS launched its 90-90-90 target in 2014 with the following goals:

- By 2020, 90% of all people living with HIV will know their HIV status.
- By 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy.
- By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression.

**Early signs of infection**

Through the Project Proposal Review Committee, EADV supported the development of www.hivindv.org to help dermatovenereologists and other clinicians managing skin conditions and sexually-transmitted infections to diagnose HIV. Ultimately, more than 90% of patients will develop a skin disease as a manifestation of their HIV infection if the latter is undiagnosed and untreated.

Dermatologists are key in identifying ‘late presenters’ but ideally should also be in a position to identify early signs of infection.

This online resource can be used by individual clinicians for self-directed learning. It covers background information and the epidemiology of HIV, plus why, when and how to test for HIV, including information about use of rapid tests in a clinical setting. HIV indicator conditions are described, fully illustrated with colour photographs and demonstrated through case histories. These show how patients with HIV have failed to be diagnosed...
by a variety of clinicians. Case histories are useful for small group teaching as all relevant information is included in an easy-to-use format, providing trainers with a ready-made package to teach a variety of clinicians in the clinical setting. The resources and references list contains up-to-date and relevant policies and guidelines. Finally, a knowledge test helps users to identify gaps in their learning and points them towards sections of the website providing information to address these. The website can be used as self-certified learning but other options are being explored for formalising CPD.

The website was developed by a project team of experts including Prof Henry De Vries from Amsterdam as Chair of the EADV Sexually-Transmitted Infections Task Force, Dr Angela Robinson as Project Lead, Prof Simon Barton and Peter Greenhouse. Task Force members were also consulted. The project co-ordinator and lead writer was Ruth Lowbury.

In future, we hope that the EADV website will have a direct link to the www.hivindy.org website, so that more dermatovenerologists will be made aware of it and be able to use it to improve their practice. This is a valuable resource which should help to increase diagnoses of HIV infection in dermatology and venereology, save lives and prevent further transmission of the virus.

Feedback is welcomed and can be sent to the Sexually-Transmitted Infections Task Force at the following contact address: marina@eadv.org.

Angela Robinson MD FRCP
Department of GUM/HIV
Mortimer Market Centre
London, UK

Ruth Lowbury BA (Hons) HonFFSRH
Independent consultant specialising in HIV and sexual health

NIVDP digital slide collection for European education in dermatopathology

Digital microscopy or whole slide imaging (WSI) is the software manipulation of high-resolution digital images of tissue sections, which simulates examining glass slides under a microscope. Magnifications of up to 40x can be achieved. WSI for routine surgical pathological diagnosis was recently approved by the US Food and Drug Administration (FDA) and regulatory agencies elsewhere will soon follow suit. Widespread use of digital microscopy, ranging from diagnosis and consultation, to board certification and continuing medical education (CME) is rapidly increasing. Consultation with digital slides is already in use in Europe. By 2020 the American Board of Dermatology Examination will contain digital slides and this will spread to other countries. CME credits for digital pathology, both in live courses and online programmes have been available in the US, Europe and Australia for several years.
The European Union of Medical Specialists (UEMS) has recently endorsed "Training Requirements for the Specialty of Dermatology and Venereology. European Standards of Postgraduate Medical Specialist Training". A number of skills in dermatopathology are listed within the training requirements, which were prepared for the European Commissioner for Education (and Culture) who is responsible for the preparation of all documents pertaining to the recognition of professions in the EU/EEA. Thereafter, it is a matter for the European Parliament. Currently, it is estimated that in five years, a supranational European Board Examination will take effect and additional exams, for example, for skills, will be performed at national level.

The objectives of this project, which was led by the Nordic Institute of Virtual Dermatopathology (NIVDP), were threefold:

1. To create a European collection of digital dermatopathology slides to make teaching material accessible where resources and slide collections are limited. The collection would help to ensure uniformity and common standards of dermatopathological training. An added benefit of improved training is improved standards of dermatological care.

2. Dermatology residents would simultaneously get training in the use of digital dermatopathology and related software and be able to utilise it in self-study and clinico-pathologic correlation. This experience can be used for in-training examination, board examinations, consultations, and in CME programmes.

3. The creation of this collection and continuous feedback from institutions using it would increase pan-European collaboration between dermatologists, both those working with WSI, as well as those in need of the teaching material. The Digital Slide Collection, which was created during this project, consists of over 450 digital dermatopathological slides and about 200 clinical photographs and clinical information for the cases where clinical photographs are available. The main contributors were the NIVDP members, particularly Prof. Antoinette F. Hood and Werner Kempf, as well as Prof. Rajendra Singh. The collection is meant to contain certain "core" diagnoses for teaching dermatology residents. It is not meant to function as a textbook, but rather to be used as ancillary teaching material in a formal teaching setting, or for self-study demonstration of textbook material, previous PowerPoint lectures or handouts.

Collaborative departments were located in Victor Babes University of Medicine and Pharmacy in Romania; Sir Paul Boffa Hospital, Floriana, Malta; and Semmelweis University in Budapest. They participated in reviews of the collection from the outset. Subsequently, access was given to the departments of dermatology in the universities of Tampere, Finland and Gothenburg, Sweden.

There were three reviews of the collection by the collaborating institutions. Subsequent to the first two, numerous digital slides, immunofluorescence photomicrographs, clinical slides and information were added and considerable editing was done. The final review involved institutional use of the collection, both by residents and instructors. Subsequently, suggestions for further use were conveyed.

Distant consultation with the use of WSI will lead to the establishment of regional and international networks of dermatopathology, referral centres and/or centres for tertiary care. In order to have international referral centres for consultation purposes, more equivalency of training requirements and acceptance of board exams across borders will ensue.

This will lead to international certification committees and standardisation of certification exams worldwide. Increased demand for board certification review courses, self-assessment exams at congresses, and CME exams (for example, in preparation for re-certification) which contain WSI, will follow. This collection will prove very useful in preparation for all of these.

Ellen Mooney MD  
Director  
Nordic Institute of Virtual Dermatopathology  
Hafnarfjörður, Iceland
In daily practice, we all encounter patients with hyperpigmented macules on sun-exposed skin. When managing such a patient, what would you do to rule out a lentigo maligna (LM)? Do you take a biopsy, do you perform skin-mapping or an incision biopsy? And if it is an LM, what kind of treatment do you choose? For example, surgical excision or local immunotherapy? By talking to our international colleagues, we noticed that there is a lack of consensus regarding the management of LM patients in Europe. To answer these questions we submitted a study proposal and received an EADV grant to study the management of LM among EADV members in Europe.

To evaluate how LM patients are managed internationally we sent out a survey highlighting every aspect of the clinical process, from diagnosis, to treatment and finally follow-up. We also explored what kind of aspects clinicians take into account when they choose a treatment strategy. A survey consisting of 29 questions was sent to 3308 members of the European Academy of Dermatologists and Venereologists (EADV). Most questions were multiple choice, and multiple answers could be ticked per question. A total of N = 415 (12.5%) completed surveys were included in the analysis. A combination of clinical diagnosis (65.7%), dermatoscopy (83.4%) and histopathology (88.2%) was used by most respondents to diagnose LM. Only a minority of the respondents used confocal microscopy (5.5%) for diagnostic purposes. Tissue for histopathological evaluation was collected using either a punch biopsy in 61% of cases, an incisional biopsy in 27.7%, an excisional biopsy in 31.9% and/or skin-mapping in 19.1%. The most common treatment for LM patients <60 years of age is surgery (97.6%). For LM patients >70 years of age, 66.8% of the respondents preferred surgical treatment. However, non-surgical options such as radiotherapy (17.0%), topical imiquimod (31.6%), watchful waiting (17.6%) or cryotherapy (20.4%) were used more often in these elderly patients.

So, when you feel hesitant about the options for a patient with a brown macule which you suspect of being an LM, you are not alone. The results of this study show an absence of consensus on the diagnosis and management of LM around Europe. We would recommend that further studies compare the different treatment options such as surgery, local imiquimod and radiotherapy in a randomised controlled setting. These alternative treatment options could be of value for patients who do not qualify, or do not opt for surgical treatment. The manuscript of the full article has been submitted for publication in the JEADV.

Catherine van Montfrans MD
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References
European guidelines for ichthyosis therapy

Background
Ichthyoses are rare genetic skin diseases that profoundly affect the quality of life of the affected patients and are characterised by pronounced universal life-long scaling and often by marked skin inflammation, inability to sweat and heat intolerance, prunus and by a proneness to infection and sometimes a failure to thrive. So far, no guidelines are available and therapeutic approaches for these diseases differ between various European countries. Also, because we are dealing with a rare disease, even that what can be done for patients right now is mostly not accessible by the dermatologists or other medical doctors who are presented with these patients.

The aim of the project is therefore to create European guidelines in a concerted effort involving leading experts from European expert centres (especially experts from the European Reference Network for rare skin diseases) and from the European patient organisation for ichthyosis. The project will benefit patients suffering from ichthyosis, advance the management of ichthyosis in the community and improve patients’ care and quality of life. The guidelines will also help clinicians in their clinical practice and further establish EADV as the leading organisation of dermatological care.

A 3-step project
Step 1 (achieved): preparation of the expert conference
The AGREE II instrument (a 23-item tool comprising 6 quality-related domains) was used to develop this guideline. The clinical questions covered by the guidelines were listed and divided into five domains (topical therapy, systemic therapy, particularities of ichthyoses, complications, and psychosocial management). Literature searches limited to articles about humans, with no other restrictions, were performed using the PubMed database (www.ncbi.nlm.nih.gov/pubmed). Additional relevant references were added during the iterative process of guideline development. Levels of evidence were evaluated using the Scottish Intercollegiate Network guidelines. Due to the low number of clinical trials in AGREE II, a significant number of recommendations are based on the expert opinion of the expert group. A first draft of the guideline was circulated for comments to all participants prior to the conference that took place in April 2016.

Step 2 (achieved): one-day expert conference held in Toulouse in April 2016.
A total of 36 experts attended (25 dermatologists, one paediatrician, one otorhinolaryngologist, one ophthalmologist, one clinical geneticist, one psychologist, one pharmacist, one dermato-epidemiologist, one nurse and three representatives from patient support groups).

Step 3 (in process): writing the guidelines/publication/dissemination.

Juliette Mazereeuw Hautier MD PhD
Dermatology Department
Université Paul Sabatier
and Department of Dermatology
Centre Hospitalier Universitaire
Toulouse, France
**Development of diagnostic criteria and establishing an international database of patients with allergic reactions to metal implants (ALLREMA Project)**

Every year, an increasing number of patients will receive metal implants and regain quality of life. Sometimes metal implants like stents, pacemakers, osteosynthesis materials and joint replacements may cause complications. Correspondingly, about 9% of the annual hip/knee replacements are revision surgeries. When assessing “intolerance” reactions (ie both cutaneous and extracutaneous symptoms) there is no clear definition of diagnostic steps and criteria for metal implant allergy. Thus, the ALLREMA project intends to fill this gap.

The collaboration of experts from 7 countries (Czech Republic, Denmark, Germany, Netherlands, Poland, Sweden and Switzerland) will enable consensus on diagnostic criteria and the creation of corresponding documentation. Major components are a standardised questionnaire and patch test protocols. Furthermore, the diagnostic role of lymphocyte transformation test (LTT) will be evaluated. To allow description and definition of the clinical spectrum of adverse/allergic reactions to metal implants a larger data collection is intended. For this purpose a standardised data input protocol will be developed in order to enable national registry-like data collection and evaluation.

Based on this approach, subsequent data analysis at international level will be possible. In addition, such an expert network will function as an information platform for the medical community. A website will be created offering links to the national partners and corresponding sources of information. At present the first publication is in preparation based on the results of the consensus conference held in June 2017 in Munich.

By focusing on metal implant allergy, standardisation of work-up protocols for respective patients will be proposed by questionnaire-aided history-taking, documentation protocol, patch test series and critically discussing and defining additional diagnostic steps such as histology and LTT. Such diagnostic steps and diagnosis criteria can then be utilised for a European guideline.

The information platform, starting with this group of experts, should be activated in early 2018. It is also open to further input and feedback from the European medical community as well as providing information support to yet underinformed colleagues. Currently, ALLREMA is also working on integrating an information link to implant developers and materials-testing experts in such a platform in order to facilitate information access for dermato-allergologists. In parallel to publication of the consensus paper, there will be dissemination of the standardised input protocol for data collection and giving such protocol information to European dermato-allergologists.

On behalf of all co-operating project partners,

**Peter Thomas MD PhD**  
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Safety and efficacy of a 0.5 mg/kg/day dose of prednisone as initial treatment of bullous pemphigoid

Validation of the EADV/EDF guideline therapeutic ladder

**Background**

Bullous pemphigoid (BP) is the most frequent autoimmune blistering disease of the skin. BP mainly affects the elderly. Importantly, a significant proportion of these elderly BP patients are in poor general condition, with a high prevalence of neurological and cardiovascular disorders. Old age and poor general condition have been demonstrated to be major deleterious prognostic factors of BP.

High doses of systemic corticosteroids (CS) have been considered the standard treatment for BP patients for many years. Then a large controlled clinical trial demonstrated that high doses of super-potent topical CS increased survival of patients with extensive BP, and dramatically decreased the rate of severe treatment side effects as compared with oral prednisone 1mg/kg/day. Moreover, topical CS have been shown to be more effective than oral prednisone, as the rate of disease control obtained with topical treatment was 100 and 99% in patients with moderate and extensive BP, as compared with 95% and 91% with oral prednisone, respectively. Another randomised controlled trial (RCT) and a retrospective study have then confirmed the extremely high efficacy of super-potent topical CS in both limited and extensive BP.

However, the application of topical CS over a long period is inconvenient for elderly patients, since it often needs the assistance of nurses who are not available in all European countries. Therapeutic alternatives are limited. Tetracyclines have been recently tested with rather poor results even in mild/moderate pemphigoid. Methotrexate has a higher efficacy but many elderly BP patients have contraindications to this drug.

Thus, EADV guidelines have proposed the use of medium doses or oral CS (prednisone, 0.5 mg/kg/day) as an alternative to topical CS in the treatment of BP.

The main reasons for this recommendation were the following:

1. Proposing an alternative treatment to topical CS in countries in which the practical management of topical treatment is difficult.
2. Avoiding high doses or oral CS due to their well-demonstrated deleterious side effect profile.
3. Avoiding low doses 0.3 mg/kg/d of prednisone, which have been demonstrated to be ineffective.

**Objectives**

The primary objective of this study is to assess the safety and efficacy of a first-line treatment with prednisone 0.5 mg/kg/day in BP patients, namely in terms of rate of disease control and one-year survival.

Secondary objectives are: i) to evaluate the characteristics of BP patients treated with prednisone 0.5 mg/kg/day in clinical practice, in order to assess the external validity of this study; ii) to assess other markers of treatment efficacy (delay of control, rate of CR off therapy, and rate of CR on minimal therapy), and safety (rate of severe side effects); and (iii) to identify prognostic factors of treatment success.

**Methods**

We are currently undertaking a European
observational non-interventional study enrolling 200 newly-diagnosed BP sufferers who are followed for 2 years. Patients with localised BP have been excluded, since there is a consensus in clinical practice to treat these patients with topical CS, rather than oral CS.

According to the EADV guidelines, it was proposed that patients could be treated with an initial prednisone dose of 0.5 mg/kg/day. According to the recommendations of the guidelines, patients not achieving disease control within 1-3 weeks with 0.5 mg/kg prednisone, should be treated by increasing the prednisone dose up to 0.75 mg/kg/day or 1 mg/kg/day. Then, the EADV guidelines proposed that the initial dose will be tapered gradually with the aim to stop treatment or to maintain minimal therapy (0.1 mg/kg/day) within 6 months from initiation of treatment. However, investigators were free to decide the optimal time for stopping CS treatment even if EADV treatment guidelines recommended discontinuation in patients free of symptoms for at least 3 to 6 months under minimal therapy with oral prednisone (0.1 mg/kg/day).

After starting treatment, investigators were free to treat their patients as they think best. However, the addition of any treatment potentially effective on BP or increase of oral prednisone doses were considered as “failure of the therapeutic strategy”.

Preliminary Results

311 patients were screened and 111 excluded (n=3). 200 patients have been included. The main reasons for non-inclusion were: associated disorders, poor general condition (n=65), too extensive NP (n=15); localised BP (n=16).

Patients excluded had a lower Karnowsky Index (69 vs 59; P<0.01), were older (82 versus 80 years; p=0.07) than patients who were included. Most patients excluded were treated by topical CS.

Only 100 patients had completed a 12-month follow-up. A preliminary analysis on the first 100 patients included showed that the rate of disease control by day 21 was 58/69 (84%) in patients with moderate BP versus 15/31 (48%) in patients with extensive BP (P<0.01), and the rate of disease control at any time during the study was 62/69 (90%) in patients with moderate BP and 18/31 (58%) in patients with moderate BP.

These preliminary data suggest that the 0.5 mg/Kg/day dose of prednisone recommended in the EDF/EADV guidelines is not an adequate treatment for patients with extensive BP.

Pascal Joly MD PhD
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Hôpital Charles Nicolle
and Inserm U 519
Université de Rouen, France
The EADV Honours and Awards Committee, under the chairmanship of Dr. Michael Boffa, offers scholarships consisting of a free registration to the Symposium and EUR 1000, minus the fee of a one year EADV membership (for the upcoming calendar year), according to the status of each recipient.

**MICHAEL HORNSTEIN MEMORIAL SCHOLARSHIP**
EADV will offer this scholarship to one selected applicant from each Central, Eastern, Western & Northern European country.

**JOHN STRATIGOS MEMORIAL SCHOLARSHIP**
EADV will offer this scholarship to one selected applicant from each Southern European & Mediterranean country.

**IMRICH SARKANY NON-EUROPEAN MEMORIAL SCHOLARSHIP**
EADV will offer this scholarship to a maximum of twelve (12) young dermato-venereologists from non-European countries.

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

**REQUIRED DOCUMENTATION (in English only)**
• The Scholarship Application Form completed online
• A short CV (not more than 3 pages)
• A list of publications written as explained in the document “How to prepare my publications list” available online
• A letter of support written by a “Specialist” EADV member endorsing the application
• A letter of support, written on official headed paper, signed and stamped, written either by the training director/head of department, hospital or clinic endorsing the application
• A current copy of the applicant’s training certificate in English indicating the start and end date or specialist certificate
• A copy of ID (i.e. identity card, passport) with a passport-size photo

Important: Only complete applications filled in according to the requested format will be considered by the Honours and Awards Committee. Applications that are incomplete and/or not filled in according to the requested format will be automatically rejected.

**OPENING DAY: 10 JANUARY 2018**
**APPLICATION DEADLINE: 10 APRIL 2018 (12:00 AM CET)**

Further information & application form available at: [https://www.eadv.org/scholarships](https://www.eadv.org/scholarships)
To start, I would like to say how honoured I am to be elected as the new EADV Secretary General. Thank you to my predecessor, Dr Michael Reusch, who gave his time to the Academy. It is a great privilege to serve as Secretary General. With my new responsibilities, I feel an obligation to help in furthering our success. Much can be done regarding the prosperity of the Academy. With the implementation of the new statutes, this is a crucial moment for the organisation and I will do my best to assist in the advancement of the Academy.

Now, as is our end-of-year tradition, I am pleased to be able to report on the elections held this past year.

I would like to thank all of those who took the time to run for office and vote. EADV is founded on democracy and all members in good standing are entitled to vote. Being part of a democratic organisation, we should feel it a privilege to participate in elections. Let your voice be heard, whether it be by those you elect, or running for a position yourself. Voting helps shape the future of our Academy. We have the right to vote, so please exercise your right. Take the time to vote for those you would like to represent EADV. Vote for the change you want to see. Candidates elected act as a mouthpiece for the Academy. If you want to have more of a voice then please run for an open position. We would love to have more input and involvement from the EADV community.

Whether you have run for a position, or voted in elections, you have helped us in furthering our common goal, improving EADV, and we would like to thank you. The Academy has continued to have positive growth and we are grateful to all that have taken the time to participate.

I would like to thank and bid farewell to those ending their terms and welcome those just starting theirs.

**Ending their term:**

**Board of Directors:**
- Petr Arenberger (CZ)
- Piergiacomo Calzavara-Pinton (IT)
- Constantinos Demetriou (CY)
- Kulli Kingo (EE)
- Pauline Marren (IE)

**Committee Chairs and Members:**
- Herbert Honigsmann (Ethics Committee Chair)
- Norbert Wikonal (Ethics Committee Member)
- Klaus Fritz (FSSC Chair)
- Carmen Rodriguez Cerdeira (FSSC Member)
- Bertrand Richert (FTEC Chair)
- Kristin Thorsdottir (FTEC Member)
- Andreas Katsambas (NEMC Chair)
- Alexander Stratigos (PPRC Chair)
- Magnus Bruze (PPRC Member)
- Martin Rocken (SPC Chair)
- Lajos Kemeny (SPC Member Eastern Region)
- Alexander Tartaru (Statutes & Development Member)
- Carmen Salavastru (Website Chair)

**Newly elected:**

**Board of Directors**
- Treasurer-Elect: Dimitrios Ioannides*
- Barour Sigurgeirsson (IS)
- Thrasyvoulos Tzellos (NO)

- Kristin Buxtorf Friedli (CH)
- Can Baykal (TR)
- Erjona SHEHU (AL)
- Asja PROHIC (BH)
- Michael SKERLEV (HR)
- Pille KONNO (EE)
- Mateja DOLENC-VOLJC (SI)

**Committee Chairs and Members**
- Ethics Committee Chair: Carmen Salavastru
- EADV School Chair: Myrto-Georgia Trakatelli
- NEMC Chair: Frank Powell
- SPC Chair: Brigitte Dreno
- Website Committee Chair: Marie-Aleth Richard
- Media & PR Member: Mihael Skerlev
- SPC Eastern Region Member: Monika Arenbergerova
- Statutes & Development Committee Members: Alexander Katoulis and Sarah Rogers
- Website Committee Member: Carmen Rodriguez Cerdeira

A special thank-you to the immediate past chairs of the following Committees as they have been co-opted for one year to provide guidance to the new Chairs: Ethics, PPRC, and SPC.

To all the reconfirmed co-opted Committee members, we appreciate your continued work. Working together as a team we can head in a positive direction for EADV. I am confident if we have more participation and input, we can improve the Academy. A big thank-you to all of those who have participated and added to the continued success of EADV.

**Branka Marinovic MD PhD**
Secretary General

*To take office once a new Finance Committee (FC) Chair has been elected.*
ELECTION TO THE BOARD OF THE REPRESENTATIVES 2018-2021
TO THE SPECIALIST MEMBERS OF EADV

Notice is hereby given that nominations for Board Representatives in the following countries will be opened on Monday, 12 February 2018:

Ireland

Nominations must be submitted to the Secretary General by Monday, 12 March 2018 at 23:59 CET.

All potential candidates are requested to carefully read and respect the following instructions:

• Only Specialist Members in good standing and with voting rights are entitled to stand for election.
• The nominees must represent the country in which their EADV membership is registered (i.e. Registration Country stated in the membership application).
• Nominees must be proposed and seconded by two EADV voting members in good standing who are registered in the same country as the nominee.
• The term of office of a Board Member is three years with a one-time possibility of re-election.

A complete application is comprised of the following:
1. The Nomination Form signed by the applicant and by the two endorsers
2. A short CV (max 2 A4 pages)
3. A recent head-and-shoulders photograph
4. A Mission Statement (max 300 words)
5. An updated and signed Conflict of Interest Disclosure Form
6. A signed Code of Conduct

The necessary forms as well as other relevant information can be found on https://eadv.org/calls-for-nominations.

All documentation must be sent to eadvelections@eadv.org.

NB – no other means of submission and/or incomplete or late nominations will be accepted.

All applications will be subject to approval by the Nomination and Election Monitoring Committee (NEMC).

All nominees will be required to sign a Code of Behaviour upon approval of the nomination.

The election of EADV Board Members will be conducted electronically in March-April 2018. It will be managed by Electoral Reform Services (ERS) of London. The voting system used is safe and confidential. Voting members in good standing from Ireland are eligible to elect their national representatives to the EADV Board.

Branka Marinovic MD PhD
EADV Secretary General

January 2018
ELECTION OF BOARD REPRESENTATIVES TO THE EXECUTIVE COMMITTEE
OFFICE PERIOD 2018-2020

TO THE MEMBERS OF THE BOARD OF DIRECTORS

Notice is hereby given that nominations for one position as Board Representative to the Executive Committee will be opened on Monday, 12 February 2018.

Nominations for the position of Board Representatives to the EC must be submitted to the Secretary General by Monday, 12 March 2018 at 23:59 CET.

All potential candidates are requested to carefully read and respect the following instructions:

• Only Board Members in good standing and with voting rights are entitled to stand for election.
• Board Members from the following countries are NOT eligible to stand for this election as these countries are already represented on the EC: Austria, Croatia, France, Greece, Lithuania, Netherlands and Switzerland.
• Candidates must be proposed and seconded by two Board Members in good standing and with voting rights.
• The term of office for this position is a single 2-year term and re-election is NOT possible.
• Board Representatives to the EC whose term of office as Board Member expires, will nevertheless continue in their EC position until the term has been completed.

A complete application is comprised of the following:
1. The Nomination Form signed by the applicant and by the two endorsers
2. A short CV (max 2 A4 pages)
3. A recent head-and-shoulders photograph
4. A Mission Statement (max 300 words)
5. An updated and signed Conflict of Interest Disclosure Form
6. A signed Code of Conduct

All documentation must be sent to eadvelections@eadv.org.

NB – no other means of submission and/or and incomplete or late nominations will be accepted.

All nominations will be subject to approval by the Nominations and Election Monitoring Committee (NEMC).

All candidates will be required to sign a Code of Behaviour upon NEMC approval of the nomination.

The names of validly nominated candidates shall be circulated to all the Board Members at least 14 days before the Election is held.

The election of the two Board Representatives to the EC will be held at the 53rd Board Meeting in Budva, on Wednesday, 2 May 2018.

The candidates will be allowed five (5) minutes to address the entirety of the Board.

Elected Board Representatives are entitled to attend all EC Meetings as members of the EC with full voting rights.

All candidates are strongly encouraged to read the EADV Internal Rules for the election of the Board Representatives to the EC.

Please also consult the EADV Statutes on the Academy’s website (www.eadv.org).

Branka Marinovic MD PhD
EADV Secretary General

January 2018
CALLS FOR NOMINATIONS
COMMITTEE CHAIR (2018-2022)

Notice is hereby given that nominations for positions as Committee Chair on the following Committee will be opened on Monday, 12 February 2018:

Finance Committee

The deadline for applications is Monday, 12 March 2018 at 23:59 CET.

All potential candidates are requested to carefully read and respect the following instructions:

• See the Statutes, Section 14 for more information on eligibility.
• Candidates for election must be proposed and seconded by two EADV Board Members in good standing and with voting rights.
• The term of office for Committee Chair is four years.

All nominees must send in:
1. The Nomination Form signed by the applicant and the endorsers (candidates must clearly indicate which committee they are applying for on the Nomination Form)
2. A short CV of up to 2 A4 pages
3. A mission statement of no more than 300 words
4. A recent head-and-shoulders photograph
5. A filled in Conflict of Interest Disclosure Form
6. A signed Code of Conduct

The necessary forms as well as other relevant information can be found on the official EADV website. All documentation must be sent to eadvelections@eadv.org.

NB – no other means of submission and/or and incomplete or late nominations will be accepted.
All applications will be subject to approval by the Nomination and Election Monitoring Committee (NEMC). All nominees will be required to sign a Code of Behaviour upon approval of the nomination.

Committee Chairs will be elected by the Board of the Representatives at the 53rd Board Meeting in Budva, on Wednesday, 2 May 2018.

Branka Marinovic MD PhD
EADV Secretary General

January 2018
CALL FOR NOMINATIONS
COMMITTEE MEMBERS (2018-2022)

Notice is hereby given that nominations for positions on the following Committees will be opened on Monday, 12 February 2018:
- Ethics Committee
- Scientific Programming Committee - Western Region*

The deadline for applications is Monday, 12 March 2018 at 23:59 CET.

All potential candidates are requested to carefully read and respect the following instructions:

- See the Statutes, Section 14 for more information on eligibility.
- Candidates must be proposed and seconded by two EADV voting members in good standing.
- Each Committee should preferably have at least one member who is also a Member of the Board.
- The term of office of a Committee Member is four years.

*SPC European Spread – Western Region: Austria, France, Germany, Liechtenstein, Luxembourg, Switzerland

A complete application is comprised of the following:
1. The Nomination Form signed by the applicant and by the two endorsers. Candidates must clearly indicate which Committee they are applying for on the Nomination Form
2. A short CV (max 2 A4 pages)
3. Recent head-and-shoulders photograph
4. An updated and signed Conflict of Interest Disclosure Form
5. A signed Code of Conduct

The necessary forms as well as other relevant information can be found on the official EADV website. All documentation must be sent to eadvelections@eadv.org.

NB – no other means of submission and/or incomplete or late nominations will be accepted. All applications will be subject to approval by the Nomination and Election Monitoring Committee (NEMC). All nominees will be required to sign a Code of Behaviour upon approval of the nomination.

Committee members will be elected by the Board of the Representatives in Budva on Wednesday, 2 May 2018.

Committee meetings are normally held twice a year during the Spring Symposium and the Annual Congress.

Branka Marinovic MD PhD
EADV Secretary General

January 2018
EADV LEADERSHIP

Executive Committee
BORRADORI Luca (CH) President
PAUL Carle (FR) President-elect
TSCHACHLER Erwin (AT) Past President
MARINOVIĆ Branika (HR) Secretary General
NEUMANN Martino (NL) Treasurer
BYLAITE-BUCINSKIENE Matilda (LT) Representative of the Board

Board of Directors
ABERER Werner (AT)
ANDRASHKO Yuriy (UA)
ANTONIOU Christina (GR)
ARAVIISKAIA Elena (RU)
BAYKAL Can (TR)
BORG Helen (MT)
BUCHVALD Dusan (SK)
BUNKER Christopher (GB)
BUXTORF FRIDELI Konstantine (CH)
CORK Michael (GB)
DE CUYPER Christa (BE)
DELEURAN Mette (DK)
DEL MARMOL Véronique (BE)
DOLENC-VOLJC Mateja (SI)
GAASTRA Menno (NL)
GISONDI Paolo (IT)
HOHL Daniel (CH)
JASAITIENE Daiva (LT)
KAZANDJIEVA Jana (BG)
KEMENY Lajos (HU)
KONNO Pille (EE)
KONSTANTINOU Paschalis (CY)
MASTROUSENIO Paschalis (CY)
MAGHIA Rémi (FR)
MASSA Antonio (PT)
NAGORE Eduardo (ES)
NIKOLIC Milos (RS)
OSTENDORF Rolf (DE)
PAOLI John (SE)
POPESCU Catalin Mihai (RO)
PROHIC Asja (BH)
PUIG Luis (ES)
RANKI Annamari (FI)
SAHIN Sedef (TR)
SALAVASTRIU Carmen (RO)
SEPTE Marcis (LV)
SERUP Jørgen (DK)
SHEHU Erjon (AL)
SIGURGERSSON Bardur (IS)
SKERLEV Mihael (HR)
SOTIRIADIS Dimitrios (GR)
STILET Predrag (ME)
SZEPETOWSKI Jacek (PL)
TZELOS Thrasyvoulos (NO)
VAN MONTRANS Catherine (NL)
VASKU Vladimir (CZ)
WOLKENSTEIN Pierre (FR)
ZAMBRUNO Giovanna (IT)
ZOUBOULIS Christos (DE)

Chief Executive Officer
INDUNI Nancy

GRANTS

Reduced Registration Fee (former Fellowship)
EADV gives 100 persons the opportunity to register for the 15th EADV Spring Symposium in Budva at the cost of EUR 100 only. This special offer applies to dermatologists, venereologists, students, etc. who are not otherwise supported to attend the above mentioned meeting in Budva.
DEADLINE: 1 FEBRUARY 2018
To learn more and apply, please click here

2018 BSPD Grant - British Society for Paediatric Dermatology Annual Meeting
Once a year, the BSPD invites two trainees/dermatologists from Eastern Europe to attend their Annual General Meeting. The two successful applicants will receive free registration to the 2018 BSPD Annual meeting in Glasgow and a grant of GBP 500 toward travel and accommodation.
DEADLINE: 21 FEBRUARY 2018
To learn more and apply, please click here

Eli Lilly Grant 2018
Information on the Eli Lilly Healthcare Provider Grant 2018 will be available soon on https://eadvparis2018.org/ Stay tuned!

27th EADV Congress in Paris Abstract Submission
The EADV Scientific Committee invites authors to submit their abstracts for consideration and inclusion in the Scientific Programme of the 2018 EADV Congress in Paris. Click here to learn more
DEADLINE: 13 MARCH 2018

For further information, all deadlines and how to apply for courses or project funding, visit www.eadv.org

Dates might be subject to modification.
Calendar of Events

> 2018

2018 Updates in Wound Technology
21-23 January 2018
Paris, France
Continue reading ►

7th Conference of the European Hidradenitis Suppurativa Foundation
7-9 February 2018
Rotterdam, The Netherlands
Continue reading ►

3rd International Dermatology and Cosmetology Congress (INDERCOS 2018)
14-17 March 2018
Istanbul, Turkey
Continue reading ►

15th EADV Spring Symposium
3-6 May 2018
Budva, Montenegro
Continue reading ►

18th ESPD Annual Meeting
7-9 June 2018
London, United Kingdom
Continue reading ►

5th World Congress of Dermoscopy
14-16 June 2018
Thessaloniki, Greece
Continue reading ►

5th World Psoriasis & Psoriatic Arthritis Conference
27-30 June 2018
Stockholm, Sweden
Continue reading ►

27th EADV Congress
12-16 September 2018
Paris, France
Continue reading ►

19th Meeting of the European Association for Haematopathology
29 September - 4 October 2018
Edinburgh, United Kingdom
Continue reading ►

14th Congress of the EADO (European Association of Dermato-Oncology)
6-9 November 2018
Barcelona, Spain
Continue reading ►

CILAD 2018
14-17 November 2018
Sao Paulo, Brazil
Continue reading ►

> 2019

24th World Congress of Dermatology
10-15 June 2019
Milan, Italy
Continue reading ►

28th EADV Congress
9-13 October 2019
Madrid, Spain
Continue reading ►