The EADV Board set up task forces in 2005 to develop educational materials for both doctors and patients.

As part of the Academy's mission to act as an educator of patients, in 2017 the EADV task forces were invited to provide materials and information in the form of leaflets for patients. These leaflets will be published on the EADV website and made available for download.

These leaflets are intended to give advice to patients on different skin diseases/conditions and current treatments. Research shows that giving patients adequate information about their care makes them less anxious and more satisfied. Many patients seem to express common concerns, ask the same questions and look for answers first on the internet. They often search for the most reliable information sources and EADV is recognised as such.

Addressing patient concerns
In the process of collecting the material, the task forces were given guidelines on how to structure their leaflets. Each task force had to consider what to include in the leaflets based on their need to communicate certain information, but also follow these recommendations to try to harmonise the final versions.

From the outset a number of fundamental factors were considered to ensure that the leaflets could be easily understood:

- A good patient information leaflet should be clear and easy to understand and should address common questions and concerns. The information contained in the leaflets should use simple vocabulary and be comprehensible to people from any socio-economic background and with varying levels of education. Complicated concepts and highly
It is important to adapt the content (tone, style, words and amount of information) to ensure that it is accessible and meaningful for the general audience. The leaflet should be concise and consistent; important words or phrases should be highlighted to immediately catch the attention of the reader; information should be accurate, evidence-based, and up to date.

Leaflets should consider specific legal country restrictions, such as permissions for the use of medical images which could be considered sensitive material.

Having received over 50 different leaflets, we are now in the process of collating, reviewing and standardising information. Due to the enormous variety of leaflets and topics, this procedure has inevitably been taking quite a lot of time and resources.

Although the official language of the leaflets is English, in the future we hope to be able to translate these into different languages. In the spirit of EADV membership and collaboration, we invite you contact Marina Binarelli at marina.binarelli@eadv.org to share any proposal you might have on this subject.

I would like to take this opportunity to thank all colleagues who have dedicated their time and knowledge to producing this valuable content and I look forward to sharing the leaflets with you all in the near future!

View the current available leaflets on our online Patient Corner.

Ljiljana Medenica MD PhD
Chair, EADV Task Forces

Leaflet topics

- Acne / Rosacea / Hidradenitis suppurativa (HS)
- Autoimmune bullous diseases
- Contact dermatitis
- Dermatopathology
- HPV infection
- Laser dermatology & energy-based devices (EBD)
- Melanoma
- Mycology
- Non-melanoma skin cancer
- Occupational skin disease
- Paediatric dermatology
- Pruritus
- Psoriasis
- Psychodermatology
- Quality of life and patient outcomes
- Sexually-transmitted infections (STIs)
- Skin diseases in pregnancy
- Skin in organ transplant recipients (OTRs)
- Teledermatology
- Tropical dermatology
- Urticaria / Angioedema
- Vasculitis
- Wound healing

“A good patient information leaflet should be clear and easy to understand and should address common questions and concerns.”
When I was a young physician
I considered the answer to “What is a disease?” to be simple and straightforward. It should be dependent on the diagnostic skills of the responsible physician, who educates his residents to use indications and evidence in order to select the most appropriate differential diagnosis. Through the years and decades of performing medicine and the increasing experience with patients, the initially clear answer starts to become less satisfactory. The World Health Organization claims that health is “a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity”, indicating that health and disease are not only matters of skilled medical diagnosis but a holistic viewpoint of well-being. The assessment of this holistic approach by a physician is often utopic: We only have to think about how many times individuals, whom we consider healthy, declare themselves to be ill!

Notions of health are also highly context-dependent. Studies in medical anthropology and sociology have shown that whether people believe themselves to be ill varies with class, gender, ethnic group and less obvious factors such as the level of support from family members. Many of us have experienced the unexpected treatment discontinuation by telangiectatic rosacea patients due to the influence of their environment. Their improvement led to negative reactions of their family members, who had been used to the “healthy looking appearance of the red cheeks” and associated the new pale face appearance as a sign of malnutrition or systemic disease.

What counts as a disease also changes over time, partly as a result of increasing expectations of health, due to changes in diagnostic ability and to social and economic reasons. Current medicine is able to make powerful, effective interventions into people’s health. New ethical responsibilities arise and make it, therefore, more important than ever to know what a disease or disability is. For example, is someone with a genetic predisposition to a disease already ill? The individual may be asymptomatic but the diagnosis makes the difference.

Nowadays, science cannot stand above the culture in which it operates. The influence flows both ways and it is the cultural framework that tells scientists what they should turn their attention to. In the process of moving towards this direction, EADV has initiated the presence of patients’ support organisations at its congresses and our guidelines for the treatment of skin diseases are developed with the active participation of patient group representatives. The co-operation of specialised physicians with well-informed patients is the optimum combination in order to better understand diagnostic needs, variations in disease severity and the demand for treatment.

Another step towards this direction is written information provided from each side for the other. We have all experienced excellent publications, such as articles or books from patients and members of their families, which inform us about the wide consequences of diseases and their treatment for patients and their environment. In this issue, the disease-orientated EADV task forces start to present the EADV contribution to the wider public, namely comprehensive leaflets for certain skin diseases. This is an important service for those patients who would like to know more about their disease without being irresponsibly terrorised by the wealth of incompetent information, which is widely distributed.

Christos C Zouboulis MD PhD
Editor
The Cutaneous Lymphoma Foundation (CLF), a US-based non-profit patient support and advocacy organisation, strives to support each person impacted by a diagnosis of cutaneous lymphoma by promoting awareness and education, advancing patient care and facilitating research. Cutaneous lymphomas are a rare form of non-Hodgkin’s lymphoma that develop in the skin and are divided into two major groups: cutaneous T-cell lymphoma (CTCL) and cutaneous B-cell lymphoma (CBCL).

Unlike most other types of lymphoma, which develop in lymph nodes, people with cutaneous lymphoma have a cancer of lymphocytes that develops primarily in the skin. While the skin is not typically considered a lymphatic organ, it is the largest surface of interaction between the human body and the environment, and as such is a very important battleground for normal immune responses.

The two most common types of CTCL are mycosis fungoides (MF) and Sézary syndrome (SS). Together, they make up about three quarters of all CTCL. CTCL makes up about 75-80% of all cutaneous lymphomas, whereas cutaneous B-cell lymphoma makes up about 20-25%. Another “type” of cutaneous lymphoma are the family of conditions called primary cutaneous CD30-positive lymphoproliferative disorders (pcCD30+LPD). The name lymphoproliferative disorder is used to define a broad range of diseases of the immune system that share a common biology (in this case the presence of CD30-positive T-cells) and may span from non-malignant, inflammatory or infectious, all the way to full-blown lymphoma. In the family of pcCD30+LPD, LyP is usually classified as non-malignant or as a CTCL precursor, though some experts say it is a very low-grade form of CTCL.

Supporting and connecting patients

With the rarity of these group of disorders, people often find themselves isolated and alone. The Foundation was born out of this feeling of isolation by a patient, Judy Jones who collaborated with Judith Shea, the wife of a Sézary syndrome patient who had passed away from the disease and Dr Stuart Lessin, a specialist in the field. With this collaborative effort, Judy Jones organised an online support group in 1995 and led CLF for the first 13 years. Today, the organisation exists to make sure each person receives the best care possible by increasing knowledge and understanding about cutaneous lymphoma around the world.

The cornerstone programmes are in-person, regional forums for patients and their loved ones which are also live streamed via the internet for participation by anyone with a computer. These educational events feature expert speakers who provide information about cutaneous lymphoma, treatment options along with patients who share their journeys. Because the disease is rare, most patients have never met or connected with anyone with the disease. Meeting others, sharing fears and challenges inspires hope and provides comfort knowing they are not alone.
Working with EADV

CLF is a daily lifeline playing a vital role in answering questions, offering tips to manage symptoms, finding treatment centres and expert healthcare providers, and providing emotional support by talking with patients or caregivers one-on-one. Participating in scientific programmes like EADV’s allows the CLF staff to stay up-to-date on research and other scientific initiatives in the field as well as connect with other patient organisation colleagues to share best practices. This keeps the programmes and services fresh and engaging for patients around the world who rely on us to keep them informed.

Updates, news about research, advances in the field and activities are shared with patients through the Forum newsletter, along with publications including A Patient’s Guide to Understanding Cutaneous Lymphoma, a comprehensive booklet about the disease. The website contains a wealth of information, including video education by experts in the field and patient stories. The online learning centre is the best place for anyone diagnosed with this rare disease to educate and empower themselves.

Research is also a key area of support. Partnering with medical and scientific investigators, professional societies and research organisations, we have supported research through our CLARIONS research awards programme specifically funding cutaneous lymphoma research and we continue to look to the future for funding new research initiatives.

Today, CLF is led by CEO Susan Thornton, a cutaneous lymphoma patient. Susan spent over 25 years in the healthcare technology field and holds a business degree from the University of Pennsylvania’s Wharton School. She has served on the Board of the CLF, Leukemia & Lymphoma Society, local chapter and other non-profit groups. A native of Philadelphia, she has completed 17 triathlons, raising money for cancer research.

For further information, please visit the CLF website.
To participate in the CME-CPD programme and gain your credits during the Budva Symposium, you will need to complete online the evaluation forms for all sessions attended. Each medical specialist can claim only those hours of credit that he/she actually spent in the educational activity.

Ensure your badge is scanned when visiting sessions and evaluate them afterwards on your smart phone or laptop while onsite or later at home. You will then be able to claim your credits and download your CME-CPD Certificate.

The evaluation platform is accessible with the log-in details used during the registration process for this event OR with your EADV member credential.

More information is available here

A direct link to the above-mentioned evaluation and certificate download module will be active starting from the beginning of the Symposium.

Social media @ Budva

The EADV Symposium in Budva has a dedicated hashtag for you to share learning, insights, and fun meetings with peers: #eadvbud

You can use this hashtag on Facebook, Twitter and Instagram so everyone can find your posts easily. We would love to see your messages!

In the meantime, don’t forget to follow EADV on social media for updates and news, to share experiences and practices, or to simply ask for opinions.

Join us on Facebook, Twitter, LinkedIn, and Instagram, and actively connect and interact with other professionals in the field.
We arrived at the clinic at around 6.30pm and were welcomed by Dr Konstantine Buxtorf Friedii. The visit had been organised by the EADV Office Management Task Force. Eleven EADV members visited the practice. We had a drinks reception followed by a tour of the practice. It is a purpose-built state-of-the-art office and our hosts moved in about four months ago merging two practices. The clinic consists of 15 consultant rooms, a kitchenette and a reception and waiting area. There are currently two consultant dermatologists, one receptionist, and four clinical assistants/beauticians. A third dermatologist is to join the practice very soon and their practice has an area of about 400m². The office is a doughnut-shape design with an easy flow-through of patients.

The practice has an electronic filing and billing systems and they also use a strict procedure code for reimbursement, with a special code for dermoscopy reimbursement. Their clientele consists of local residents, international patients from neighbouring countries and the international staff of the UN, WHO and other global organisations in Geneva.

The practice was very well equipped including a UVB cabin and also hand and foot PUVA machine for treating inflammatory skin conditions. We saw a Fotofinder machine for mole mapping and mole monitoring and patients are seen every four months. There was also Actilite for PDT and Kleresca with Blue Light for treating acne patients that don’t want to go on systemics treatments. They have various lasers including freeze MP, vitasonic skin care, gentle las PRO, hair removal laser, Palomor ICON, Revlite, Candela, Candela perfecta, Pico Way and Fractional CO₂, and Cryo Air. Moreover, we saw cold sculpturing for cryolipolysis. In total there were more than 10 lasers in six laser rooms. They use their laser machines for treating conditions including rosacea, vascular lesions, acne scar, and hair removal. They also have Mira Dry machine for treating axillary hyperhidrosis and Candela Syneron for vaginal rejuvenation.

Other equipment included electric epilation for electrolysis which is done mainly by their beautician and also a PRP machine for hair loss. We also visited two operating theatres for skin surgery in the practice.

It was very interesting to see so many laser machines live after we attended the EADV session: “To have or not to have laser that is a question” at the 26th EADV Congress in Geneva last year.

I wish to thank the EADV Task Force for arranging this interesting and educative visit. Afterwards, the group went to a nearby restaurant for a nice meal, where in the friendly atmosphere we could further exchange our professional ideas.

Abba Sadiq Alkali MD
St Helens Hospital Department of Dermatology
United Kingdom
The 6th EADV genodermatoses course took place from 18–19 January 2018 in Innsbruck, Austria. Organised by Prof Matthias Schmuth and Prof Johann Bauer, chairs of dermatology in Innsbruck and Salzburg, Austria, respectively, it was designed to introduce and update 20 residents and 10 certified dermatologists on the increasingly important role of genetics in dermatology.

Teaching was provided by a multidisciplinary faculty consisting of dermatologists and geneticists to reflect the interdisciplinary approach necessary to best care for patients with genodermatoses. The two-day programme included both lectures and laboratory sessions for all participants. Many participants commented that the laboratory part was an eye-opening experience, which greatly helped them to truly grasp the nature of the diagnostic process involved in identifying gene mutations in genodermatoses. There was also time for social interaction for networking among the participants from 18 different countries.

Genodermatoses are rare conditions (“orphan diseases”) with less than 1 in 2,000 people affected among the general population. Genodermatoses can be debilitating, severely affecting the sufferer’s quality of life, and they may affect other organ systems (syndromic forms). Without appropriate diagnosis and disease management, they often result in reduced life expectancy and less favourable quality of life. Although individual entities are rare, the sum of all patients with genodermatoses represents a considerable number of patients who need specialty care. Thus, it is of major importance to educate about these conditions which require specific attention due to the difficulty in establishing a diagnosis, and the increased efforts for prevention of complications and/or initiatives for improved treatments including gene and stem cell therapies. In the field of rare diseases, it is important to share and transmit this expertise where it is lacking, which is one of the principal aims of the courses offered through the EADV School.

Matthias Schmuth MD PhD
Chair of Dermatology
University of Innsbruck, Austria

Johann Bauer MD PhD
Chair of Dermatology
University of Salzburg, Austria
In 2017, the EADV School held its first combined course, open to both specialists and residents. This new course format has allowed EADV to offer a larger range of topics to both categories, given the many requests throughout the years, and is in line with the decision to merge the two committees, which also happened last year.

During the combined courses, participants of different ages and experience have the opportunity to share their knowledge and scientific background, giving the already rich course programme an additional plus.

Take a look at the upcoming courses in 2018 and visit our website to learn more about our educational programme!

UPCOMING COURSES IN 2018

Communication Skills
8–9 June in Brussels, Belgium

Course chairs
Dr M Gniadecka
Dr F Poot
Prof U Gieler

Tropical Dermatology
20–22 June in Amsterdam, The Netherlands

Course chair
Dr M Starink

Ethnic Skin and Hair
28–29 September in London, United Kingdom

Course chairs
Dr O E Dadzie
Dr A Petit
Starting from January 2018, changes to the EADV membership fee categories were introduced. Members wishing to receive the hard copy version of the *Journal of the European Academy of Dermatology and Venereology (JEADV)* are now requested to pay an extra €30 for their membership fees.

The idea behind this change is to encourage more members to opt for the electronic-only subscription. The decision to focus on and take the direction towards electronic-only publishing was driven by profound changes in the ways scholarly information is produced, disseminated and consumed. As the amount of content designed for digital platforms rapidly increases, electronic publications in their various formats offer much wider possibilities for our authors and readers. Such a move towards digital publishing also aligns with EADV’s vision; we are committed to staying at the forefront of research and innovation by sharing scientific knowledge as widely as possible with the global dermatological community.

We have seen a great growth of the *Journal* in 2017. The Impact Factor has risen to 3.528, the highest in the history of the *JEADV*. The readership has also increased significantly in recent years as is evident from the growing number of downloads. In keeping with the Academy’s challenge - “Revision, Restructure, Renew and Reinforce” - the *Journal* moves forward into the digital age while maintaining its core identity as the clinical dermatologists’ reference publication. As the *JEADV* Editor-in-Chief, Prof Johannes Ring affirms in his editorial: “We try to offer our readers a careful selection of articles representing the wide spectrum of the field of dermatovenereology and something which cannot be read everywhere and anytime in every journal and has clinical relevance for daily practice.”

All members will continue to benefit from full access to the online version of the *Journal* on the browser, as well as on the *JEADV* app which is expected to be launched before this year’s Paris Congress. You can also download and print out a PDF of full texts of all articles.

The Academy sends out to our members email notifications of new online issues every month, along with a couple of highlights of the issue. The members’ feedback about the *Journal* is important to us. We welcome your ideas, suggestions, and comments for new inspirations to continuously improve! ●

Do not hesitate to contact us at jeadv@eadv.org
How to access the JEADV

1. Click on the Resource Centre from the main menu
2. Log in with your EADV credentials (email and password)
3. Click on the JEADV box in the Resource Centre
4. Access the Wiley Library

Dear Member,

A new year has begun and we are happy to have you as a member of the Academy for this year!

One of our aims this year is to make members more aware of activities and learning opportunities, membership benefits and the ways they can access these. That is why, starting from this issue of EADV News, you will find information and tutorials in the Membership Corner.

One of your benefits as an EADV member is the online access to the Journal of the European Academy of Dermatology and Venereology. By accessing the JEADV online, not only can you read the current issue of the journal in full text, but also recently published articles, most cited papers, and all past issues sorted by year and month of publication (under the “find articles” option on the left-hand corner tool bar). You may also download the articles in pdf format!

To access the JEADV, visit our website and either follow the steps above, or log in to your account by clicking on “My EADV”.

EADV Members: Deadline for payments

Don’t forget to settle your 2018 membership dues before 31 May 2018!

If you have any questions regarding your membership or need assistance, do not hesitate to contact the Membership Department at membership@eadv.org.

Not yet a member?

Contact us at membership@eadv.org

EADV Membership Team
Paris will be the perfect setting to discuss and share best practices, the ideal exchange platform to stimulate interaction and gain new knowledge, and an idyllic location to network and meet with peers.

Programme highlights

We have prepared an outstanding programme for 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-changing world of skin diseases and improve European dermatology for our patients. The intensive four-day programme will include more than 150 stimulating sessions - again arranged in the successful track system - from contributors originating from more than 50 different countries worldwide.

More than 700 star speakers with established publication records and high presentation scores over recent years have been strategically included in the programme. Eminent speakers will represent the northern, southern, eastern and western regions of the European continent, as well as Asia, the Americas and Africa. Well-known guests from other disciplines will also broaden our views with their extensive knowledge and experience.

The scientific programme will be complemented by keynote lectures and we can already give you a preview of the internationally recognised experts who have confirmed so far...

- Vasculitis and vasculopathies: Differential diagnosis and therapeutic consequences
  Warren Piette (USA)

- Can we cure metastatic melanoma?
  Christian Blank (Netherlands)

- Skin microbiome in health and disease
  Elisabeth Grice (USA)

- Skin infection and atopic dermatitis
  Tilo Biedermann (Germany)

- René Touraine Plenary Lecture: Congenital naevi: Diagnosis, spectrum and therapy
  Veronica Kinsler (United Kingdom)

- ESDR Plenary Lecture: Skin fragility syndromes
  Leena Bruckner-Tuderman (Germany)

Key Dates

Abstract Evaluation Deadline: 22 May 2018
Early Bird Registration Deadline: 23 May 2018
Late Registration Deadline: 25 July 2018
Opening of the Spring Symposium 12 September 2018
This year’s focus will be on **Clinical Oncology** and two full-day tracks will cover topics such as genetic predisposition, genetic causes and the environment, targeting the tumour environment, melanoma, lymphomas, non-melanoma skin cancer, rare skin tumours, as well as adverse effects of chemotherapies and targeted therapies.

Other popular highlights include the **Spotlights sessions** which will stimulate you with the latest developments on a wide spectrum of areas in dermatology and venereology; **Late-breaking News**, summarising the most recent important studies published to date; the EADV President’s Symposium featuring three eminent speakers from Europe and abroad, as well as a selection of practical “hands-on” workshops in smaller rooms, giving a more intimate and personal touch to these sessions.

Our collaboration with other societies continues to flourish and strengthen. We are delighted to invite our American colleagues back to Europe again in 2018, to take part in the **Joint EADV/AAD Symposium** on Friday, 14 September. Mention must also go to our European researchers from the **ESDR** who will host a thought-provoking session during the Friday afternoon slot.

Another exceptional programme has been put together for this year’s edition of the **EADV Aesthetic Sunday** programme. Ten renowned specialists in cosmetic and aesthetic dermatology have combined their knowledge and experience once again to satisfy your requests for excellence and training in aesthetics and cosmetic dermatology. The full morning of Sunday, 16 September will be dedicated completely and separately to the basics and hot topics in “Energy based devices, including lasers”, “Peels”, “Fillers”, “Botulinum toxin” “Threads”, “Scars”, “Complications” and more in four parallel tracks.

We look forward to welcoming you to Paris, to a great meeting with stimulating lectures and thought-provoking discussions. ⚫️

**Brigitte Dréno MD PhD**
EADV Scientific Programming Committee Chair

**Martin Röcken MD PhD**
Past EADV Scientific Programming Committee Chair

**Save these dates in your diary now:**
**12–16 September 2018!**

For information on the full scientific programme and how to register, [click here](#).
Hello dermatologists from Europe!

We are @EFA_Patients and it is an honour for us to have the chance to greet you through this publication of the European Academy of Dermatology and Venereology. We are the European Federation of Allergy and Airways Diseases Patients’ Associations (EFA), the umbrella federation representing people with allergy, asthma and chronic pulmonary disease (COPD), including atopic eczema. We are - and represent - patients from 42 associations in 25 European countries, and together we work towards four strategic objectives: better prevention, quality care, patient participation, and research for cures.

Our health should be considered in all policies for better prevention

Since EFA’s creation in 1991, we decided to join forces and develop a united voice on cross-country issues that might not be taken into account when regional institutions, especially the EU, adopt rules that directly affect our health. Very often, we are among the few health groups encouraging EU institutions to develop indoor air quality legislation, key to prevent the onset of allergy and asthma in specific settings, and the one to insert allergy patient needs into EU Food Labelling Regulation or working with the European Medicines Agency to ensure the patients’ perspective in evaluation, safety and information of medicines.

European Eczema Awareness Day

Encourage your patients to get involved

One vital and permanent awareness-raising forum for us is a specific Interest Group on Allergy and Asthma in the European Parliament, supported by EFA and the European Academy of Allergy and Clinical Immunology (EAACI). We are currently advocating to include health concerns within the EU Energy Performance of Buildings Directive, a piece of legislation under revision since 2017 that will govern the next decades of renovation and construction of buildings throughout the EU. Our requests have been heard and the draft revision contains considerations on indoor climate and health, crucial for patients.

Patients experience care gaps: allergy diagnosis

One of our priority areas in the last decade has been to improve the care pathways of allergy patients. Their experiences on diagnosis and access to quality care has led us to identify that the limitations on the recognition of allergology as a medical specialty is posing an enormous burden on patients. Without trained healthcare professionals, patients have difficulties controlling the disease, their quality of life is severely impacted leading even to quantifiable productivity loss. What is worse, without proper diagnosis patients might be unwittingly misusing medication and resources in the healthcare system. We have worked hand in hand with EAACI, the International Primary Care Respiratory Group (IPCRG), and the European Union of Medical Specialities (UEMS) to change medical study programmes and encourage the allergy specialty at European level. At national level, our members have been fundamental in raising awareness within
patient entry points, such as nurses and pharmacists, to promote early diagnosis among those patients seeking solutions.

**Atopic eczema patients: pain, social implications, economic burden**

We are currently assessing the situation of people living with severe atopic eczema. In a few months we will publish the results of our quality of life survey among atopic eczema patients in nine countries (Czech Republic, Denmark, France, Italy, Germany, Netherlands, Spain, Sweden and United Kingdom). There are very few current studies assessing the symptoms, routine and feelings of people living with atopic eczema so the participation of more than 1,000 patients in our survey will help raise awareness about a disease that has for too long been dismissed as a superficial skin condition, and to highlight the burden that it imposes on patients, and the quality of life and the psychosocial impact it has on patients and their families.

**Tell your atopic eczema patients to join the movement on 14 September!**

The results of the survey will be coupled with eczema patients’ testimonials to mark next 14 September as the first European Atopic Eczema Awareness Day. Patients and patient groups will take the lead, joining with others in a common action. We will mobilise the patient community through EFA but in order to reach out to as many patients as possible, please invite your patients to follow us on social media (#EczemaDay) and be part of the atopic eczema patient movement that day and beyond. We need your support as leading dermatologists!

**Let’s meet at the EADV Congress in Paris**

Last year in Geneva was the first time we participated in the EADV Congress. We would have loved to access the full Congress and know more about your challenges and discoveries, but it was still a great opportunity to connect with other patient associations. Thank you EADV for this new partnership.

This year we will also participate at the EADV Congress in Paris. We invite you to meet us at the Patient Village and also to participate in our Meet the Expert event, where we will present the results of our atopic eczema quality of life survey on 13 September from 16.30.

You can register [here](#).

Best wishes from
the EFA team.
Vascularisation of random pattern flaps and skin grafts: in vivo prospective study by laser speckle contrast analysis

Laser Speckle Contrast Imaging (LSCI) is a non-invasive, real time and in vivo technique used for the imaging of blood flow, allowing rapid, contactless, accurate and reproducible measurements over large surface areas, which makes it a valuable and promising tool for a skin flaps and skin grafts microcirculation study.

Random pattern skin flaps lack a defined vascular pedicle and depend on the vascular flow in the dermal and subdermal plexuses. This flow decreases according to the distance to the nutritive perforating vessels near the flap base and there is a critical perfusion pressure under which the survival of the flap is compromised. This critical perfusion pressure cannot be estimated and the flaps are planned empirically. Also, skin grafts lack their own vascularisation, but the creation of capillary anastomoses and the centripetal development of new vessels seems to allow the restoration of a vascular flow from 24-48 hours of healing time.

This project was selected for funding by EADV’s Project Proposal Review Committee in 2015 and is based on a prospective study designed to assess the dynamics of vascular flow along the evolution of skin flaps and grafts healing. The main scope of the proposed study is:

- to compare the microcirculatory functional response at different healing times and between different regions of skin flaps and skin grafts
- to develop a mathematical model capable of estimating critical perfusion pressure and optimise the design of skin flaps.

The goals of the study are to test the following hypotheses:

- the blood flow in random skin flaps varies according to the distance from the base of the flap and during the healing time
- the blood flow in skin grafts varies according to the zone of the graft (periphery versus centre)
the vascular dynamic response to provocation tests can be different in flaps or grafts when compared to normal skin.

Flaps and skin grafts performed in patients with defects resulting from surgical removal of skin lesions are being evaluated under LSCI. Each flap or graft is evaluated in the immediate postoperative period, at days 7 and 28 for skin flaps, and at days 1-7, 14, 21 and 28 for skin grafts. Demographic and clinical variables are also collected for statistical analysis.

A pilot clinical study has already been done, with LCSI measurements performed on three different patients submitted to random skin flaps: an advancement, a rotation, and a transposition flap. Measurements of skin blood flow were obtained immediately before and after the flaps were dissected, and after the flaps were sutured. The results were consistent with our expectations: perfusion pressure measured in the flaps decreased from the baseline (before flap undermining) up to flap suture, and we were able to prove that variation of perfusion pressure along the flap is dependent on the length to width ratio, being an exponential decreasing function (Figure 1). On the 7th and 28th postoperative days, skin flap microcirculation was stimulated, with local heating, in order to study its reactivity, on the base and tip of the flap. Microcirculation reactivity was higher at the control skin than on the flap, although it could be already noticed (Figures 2 and 3).

Regarding the study of skin grafts with LSCI, we were surprised to verify that perfusion did not begin at the periphery of the graft but at its centre, beginning to become apparent at day 5 and evolving favourably thereafter, in the case of a full-thickness skin graft on the dorsal hand (Figures 4 and 5). More studies are needed to be able to assess skin graft microcirculation dynamics during healing time.

The project is innovative because the main studies on this issue were performed with laser Doppler. As shown in comparative studies the two techniques are not overlapping - laser speckle being the one that involves fewer variation measurements between different zones of an area of interest. This poor correlation between the techniques and the lower reproducibility of laser Doppler are related with two different factors. On the one hand, the highest penetration of laser Doppler adds data for deeper and larger vessels. On the other hand, the image obtained by laser Doppler is captured by scanning and is prone to register variations in the microcirculatory state susceptible to occur in the time interval in which the measurement takes place.

The results obtained with our project may benefit EADV members, namely those who perform reconstructive surgery, and may contribute to a better knowledge about skin anatomy and flap/graft physiology. Simultaneously, the benefits for the patients are also visible. The impact of the project can be enlarged upon due to its originality and feasibility.

Ana Brinca MD and Ricardo Vieira MD PhD
Coimbra Hospital and University Centre
Portugal

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**Figure 1:** Day of surgery. Random pattern rotation flap before dissection, after dissection and after suture, under LSCI images and graphs, showing differences in perfusion (semi-quantitative colour scale, where black means absence of perfusion, blue means very low perfusion, green means low perfusion, yellow means moderate perfusion, orange means high perfusion and red means very high perfusion)

**Figure 2:** Day 7, base of the flap. Random pattern rotation flap image perfusion and graph at baseline, during thermal rise to 42°C, at 42°C plateau, and during thermal descent

**Figure 3:** Control skin (blue) and flap (red) graphs at microcirculation heating test, day 7

**Figure 4:** Full-thickness skin graft under LCSI images on dorsal hand, from day 1 to 28 after surgery

**Figure 5:** Full-thickness skin graft under LSCI images and graphs: at baseline, under occlusion, and during post-occlusion reactive hyperemia
Factors influencing sessions’ and speakers’ scores at EADV congresses

An analysis of score data to improve quality

Background and aims

In the face of ever-increasing and evolving medical knowledge, one of the major deep-rooted requirements has undoubtedly become the provision of continuing medical education and continuing professional development (CME-CPD) programmes. So far, few studies have examined the roles of various factors in the field of CME-CPD, and they were limited to a descriptive analysis or simple multiple comparison of the data.1-4

A massive amount of data related to the evaluation of sessions and speakers has been collected during the EADV congresses over the years. This information source has not been systematically evaluated. Therefore, we carried out a retrospective analysis of the EADV CME-CPD data in order to identify factors that positively or negatively affect sessions’ and speakers’ scoring.

Methodology

Before starting the study, the EADV staff was asked to provide all the available data on the congresses conducted during the last decade, including: type of session, topic covered, number of speakers and participants per session, congress year, sessions’ and speakers’ scoring, the latter derived as the average of the participants’ evaluation forms in a scale between 0-100.

The sessions’ scoring consisted of four elements (relevance, impact, educational power and organisation), while the speakers’ scoring comprised two factors (delivery ability and contents). For analytical purposes, the main outcome was the average score derived by combining together the single sub-items.

Two predictive models for session and speaker scoring were built based on multivariate linear regression. All variables with at least 5 cases and with a p-value<0.20 in MANOVA analysis were included in a sequential forward feature selection procedure with 2x5 fold cross-validation. This procedure ensured good generalisability of results. The effect of identified factors was expressed as mean score changes, along with their 95% confidence intervals (CI).

Results

Data collected in seven EADV congresses, from 2009 to 2015, were included in our study. Overall, 4964 speakers and 1022 sessions were evaluated. The average number of participants per single session was 5.0 ± 2.4 (mean ± SD), with an increasing trend from 31.3 ± 24.3 in 2009 to 82.4 ± 52.7 in 2015.

In the multivariate analysis, variables that were more positively associated with a session’s total score (based on an absolute change of at least 4 points) were, for the kind of topic, dermoscopy, screening programmes, melanocytic naevi, panniculitis, organ-transplanted patients, neutrophilic diseases, President’s Symposium, dermatopathology and history of dermatology. Conversely, factors that were more negatively associated with a speaker’s total score were, for the type of session, short thematic presentations and free communications, while for the type of topic covered, guidelines.

Factors that were more positively associated with total speaker’s score were, for the type of session, focus sessions and plenary sessions and lectures. For the kind of topic, they were, dermoscopy, screening programmes, melanocytic naevi, panniculitis, organ-transplanted patients, neutrophilic diseases, President’s Symposium, dermatopathology and history of dermatology. Conversely, factors that were more negatively associated with a speaker’s total score were, for the type of session, short thematic presentations and free communications, while for the type of topic covered, guidelines.

The year of the congress was included in the model and it was positively associated with both sessions’ and speakers’ scores, with an increase of 0.5 points (95% CI: 0.3, 0.7) and 0.3 points (95% CI: 0.2, 0.5) per year respectively. The number of speakers per single session was also included, and it was negatively associated with.

Conclusions and way forward

In conclusion, our analysis showed that some areas, such as short thematic presentations and free communications likely to include unfocused presentations, are of reduced interest to the general audience of the congress. On the contrary, focused and specialised topics, such as dermoscopy and skin cancer screening programmes are more prone to capture attention, satisfying the interest of a large proportion of congress participants. Quite surprisingly, relevant and focused topics such as guidelines and registries, as well aesthetic dermatology and cosmetology, scored lower in the audience evaluation,
analyses. Topics and sessions should be also categorised in predefined specific areas in order to systematically analyse CME-CPD data.

Over the years, EADV has constantly increased the quality of its congresses. Our findings can be used to predict speakers’ rating and sessions’ success with the aim to improve the scientific programming and the design of the congress grid.

Simone Cazzaniga, i Lawrence Scerri, ii Jean-Paul Gabbud, iv Petr Arenberger, iii Luca Borradori, ii Luigi Naldi, v

suggesting that a change should be considered in their delivery, such as more interactive presentations.

Interestingly, a larger number of speakers per single session was negatively associated with a session’s evaluation, suggesting that overcrowded sessions may be too dispersive and likely to be less appreciated by participants.

Other unexplored speakers’ variables (eg, age, gender, country of origin, specialty, affiliation) could potentially increase scoring prediction.

It would be advisable for EADV to systematically collect all the available de-identified information in electronic databases in order to improve future analyses. Topics and sessions should be also categorised in predefined specific areas in order to systematically analyse CME-CPD data.

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Figure 1 - Main variables associated with total session’s score in multivariate analysis. The graph shows the session’s total score change for the most relevant variables selected in multivariate analysis, sorted by kind of topic and type of session. Error bars indicate 95% confidence intervals.

Figure 2 - Main variables associated with total speaker’s score in multivariate analysis. The graph shows the speaker’s total score change for the most relevant variables selected in multivariate analysis, sorted by kind of topic and type of session. Error bars indicate 95% confidence intervals.

References


Centro Studi GISED, Bergamo, Italy
Dermatology Department, Inselspital University Hospital, Bern, Switzerland
EADV CME-CPD Committee, Lugano, Switzerland
EADV SPC co-opted member, Lugano, Switzerland
Dermatology Unit, San Bortolo Hospital - Azienda ULSS8, Berica (VI), Italy
The EADV Project Proposal Review Committee funds new and innovative research projects in the field of dermatology and venereology. In 2017 seven projects were approved for funding.

With the Research Fellowship programme, the EADV Project Proposal Review Committee provides financial support to resident or junior dermatologists and scientists interested in receiving training in a foreign institute. In 2017 five doctors received a grant from the Research Fellowship programme.

The deadline for the 2018 call for Projects Proposals and the application deadline for 2019 Research Fellowship grants is 30 April 2018.

For more information, please visit our website.

Do you have a project you would like EADV to support? All the details on how to apply, terms and conditions and the selection process can be found, here.
Have you already registered for the 2018 EADV Congress in Paris?

If not, find out how!

EADV is pleased to inform you that online registrations for the 27th EADV Congress in Paris are now open!

Click here to access and log into the online registration system.

Take advantage of the Early Bird Rate and benefit from the lowest fees available to register!

Find out the best registration category for you and start planning your EADV Congress experience.

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* Resident/Student/Nurse:
The online registration must be accompanied by written proof of status and a copy of an ID/Passport

** 1-Day Ticket:
The daily rate cannot be requested more than once (not cumulative).

Online pre-registrations are possible until 3 September 2018 included; participants who wish to register after this date will have to proceed with the registration on-site.

Delegate registration fee includes:

- Delegate badge
- Admission to the Sub-specialty Society Meetings
- Admission to the Networking Symposium – Wednesday 12 September 2018
- Admission to the EADV Scientific Sessions
- Admission to the Exhibition Area to Healthcare Professionals (HCPs) only
- Admission to Satellite Symposia and Meet-the-Expert sessions presenting data or research of prescription medicines exclusively to Healthcare Professionals (HCPs) only
- Possibility to collect ECMEC Credits on participation in the EADV scientific sessions
Calls for nominations for a new position on the EADV Board as International Board Representative will be open in early summer. International members in good standing are eligible for the position. Details, including the call, will be published on our website in the coming months.

A diversity of backgrounds and perspectives is fundamental in ensuring our common goal of being the foremost dermatovenerology society in Europe.

We also look forward to receiving your applications for other, soon to be advertised, positions.

Branka Marinovic MD PhD
EADV Secretary General

Encourage other colleagues to join EADV!

The EADV membership application form is available on the EADV website.

If you have any questions, please contact the Membership Department.

We will be glad to help you!
Calendar of Events

> 2018

15th EADV Spring Symposium
3-6 May 2018 – Budva, Montenegro

Australasian College of Dermatology 51st Annual Scientific Meeting
19-22 May 2018 – Gold Coast, Queensland, Australia

18th ESPD Annual Meeting
7-9 June 2018 – London, United Kingdom

2nd International Keloid Symposium
7-8 June 2018 – Rome, Italy

5th World Congress of Dermoscopy
14-16 June 2018 – Thessaloniki, Greece

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

13th World Congress of the International Academy of Cosmetic Dermatology (IACD)
28 June-1 July 2018 – Dubrovnik, Croatia

30th European Congress of Pathology
8-12 September 2018 – Bilbao, Spain

27th EADV Congress
12-16 September 2018 – Paris, France

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

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

CILAD 2018
14-17 November 2018 – Sao Paulo, Brazil

GA²LEN Global Urticaria Forum (GUF 2018)
5-6 December 2018 – Berlin, Germany

> 2019

24th World Congress of Dermatology
10-15 June 2019 – Milan, Italy

18th ESDaP Congress – “The skin patient – a multidisciplinary challenge”
20-22 June 2019 – Giessen, Germany

28th EADV Congress
9-13 October 2019 – Madrid, Spain

> 2020

29th EADV Congress
23-27 September 2020 – Vienna, Austria

> 2021

30th EADV Congress
13-17 October 2021 – Berlin, Germany

> 2022

31st EADV Congress
7-11 September 2022 – Milan, Italy
27th EADV Congress
12-16 September 2018
Paris, France
www.eadvparis2018.org