Welcome to Paris!

President Prof Luca Borradori, together with his successor, Prof Carle Paul, and Past President Prof Erwin Tschachler, feature eminent specialists discussing the do's and don'ts in clinical practice regarding lasers, pigmented skin lesions, acne, and syphilis and STIs.

In addition, there are also practical workshops covering basic surgery, allergology, phlebology, atopic dermatitis, basic laser treatment, advanced surgery, and STI diagnosis and treatment.

Finally, the Congress wraps up with the popular full-day Aesthetic Sunday programme which covers basic, advanced and hot topics in cosmetic and aesthetic dermatology.

For full programme details please go to [https://eadvparis2018.org/](https://eadvparis2018.org/)

For information about CME-CPD credits, please see page 8.

I look forward to seeing you all soon! ●

Brigitte Dréno MD PhD
Chair, Scientific and Programming Committee

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**Focus on: Clinical Oncology**

3 tracks:
- Review and Updates
- Training & Educational Forum
- Expert Forum

**Plus:** Aesthetic Sunday, Patient Society Village, Workshops...

Full details: [https://eadvparis2018.org](https://eadvparis2018.org)
Update from the SPC Committee

A big thank-you to the SPC members!

For the past two years, the annual EADV Congress has been the largest dermatology congress worldwide and EADV membership has increased by 50% - why this success?

Four years ago, the four members of the Scientific Programming Committee (SPC): Prof Lajos Kemeny (representing the Eastern region), Dr Catherine van Monfrans (Northern region), Prof Brigitte Dréno (Western region) and Prof Piergiacomo Calzavara Pinton (Southern region), together with their partners Prof Branka Marinovic and Prof Margarida Goncalo, started to restructure the scientific programme of EADV congresses. Their mission was - and continues today - to provide the best teaching programme for dermatologists and venereologists.

Programming for all levels

As young dermatologists require a different level of knowledge during their training than experienced, practising dermatologists or experts in the field, the group developed a novel structured programme for each of these three interest groups. Furthermore, to accentuate the European identity of the Academy, the SPC searched in each of the European countries represented on the Board for the best speakers from each nation. They contacted specialist groups and checked the scientific/teaching background and English knowledge of each potential speaker. With this information the SPC has successfully invited around 800 carefully selected speakers from Europe each year and has also gained immensely from the most valuable input from Asia, the Americas and Africa.

The programme focuses exclusively on medical dermatology to provide the best training for ourselves and our peers, and the consequent top treatment for our patients. In addition, the SPC has initiated the Aesthetic Sunday programme to satisfy the requests for excellence and training in aesthetics and cosmetic dermatology. With the help of renowned specialists in these fields, they have combined their knowledge and experience to provide an exceptional programme and training in aesthetic dermatology.

This is all supported by Nadja Hirzel and Viktor Trendafilov and the rest of the scientific team behind the scenes, who translate the immense work of the SPC into actual invitations and a finalised programme back in the EADV office. The SPC has succeeded in convincing us dermatologists of the high value of EADV and the joy in providing top quality training in the rapidly changing world of dermatology. Patients with skin diseases are deeply dependent on these trained dermatologists who above all, love their profession.

I wish the new chair, Prof Dréno, and the entire SPC – including new members Dr Monika Arenbergerová, who has replaced Prof Kemeny, and co-opted member, Prof Petr Arenberger – a continued fruitful collaboration and a splendid future.

Martin Röcken MD PhD
Past Chair, and co-opted member
Scientific Programming Committee
According to the Cambridge Dictionary, a “bridge” is a structure that is built over a river, road, or railway to allow people and vehicles to cross from one side to the other. In a wider sense, a bridge allows us to move over an obstacle - it facilitates contact with each other.

Moreover, a bridge “makes the difference or division between two things smaller or less severe”.

However, building a bridge is a complex undertaking requiring knowledge and expertise. Several variables come into play when deciding which construction method to use and bridge type to build.

Every physician in the second half of his/her life and career has experienced, to a greater or lesser extent, the strict vertical hierarchy of the medical profession. Some were patient enough to advance on their personal stairway, others have abandoned the long and difficult procedure and decided to proceed on their own. Many capable young colleagues have been ‘lost’ on the way, but the structure was pyramidal enough with a wide base; several newcomers emerged to close the gaps.

In the meantime, the medical profession has experienced what developed societies in general have long done. Younger physicians are only occasionally willing to follow the “difficult” path and even practical medicine recognises the developing gaps in the coming generation of physicians, who often dislike following traditional academic habits.

While hierarchy is still required in clinical medicine in the interest of our patients, teaching and research need vivid exchange. This can happen today more easily due to the wide development of electronic means, but despite the overwhelming power of evidence-based medicine, personal experience still represents the culmination of our profession. A crown handed down to future generations of physicians, who trust what they have learnt over time and do not forget that personal and hands-on patient care may result in wonders.

Bridges need pillars to stand safely on, and pillars cannot be markedly uneven and must be equally strong. On the other hand, personal interaction takes place in venues of lively and even academic exchange, such as medical societies and their conferences. It is, indeed, the case with EADV and its congresses that offer this same possibility to both older and younger dermatologists to exchange knowledge on an equal footing.

Both EADV pillars have to be equally represented to secure the structure of our professional bridge in the years to come. Such a unique bridging opportunity must be taken into account and an obvious next bridge is our upcoming EADV Congress. The best-loved American poet of his lifetime, Henry Wadsworth Longfellow (1807–1882), stood on his “bridge at midnight” on a lovely night in June and saw “her bright reflection in the waters” under him, “like a golden goblet falling…”

We shall stay on our next bridge, and the more the merrier, on 12-16 September in Paris!

With kind summer regards and see you soon in Paris.

Christos C Zouboulis MD PhD
Editor
This article is my last update to the membership in my role as EADV President. My two-year term ends at the Congress in Paris in September 2018. They have been two intense, but inspiring, years that have brought their challenges and pressures which lead me to what I would like to share with you below.

First, the remarkable growth of EADV in recent years has revealed the incredible reservoir and think-tank potential of an unmatched multicultural expertise. Enthusiasm and constructive-thinking has been distinct not only in the leadership and growing membership, but also in the staff - many of whom are remarkable, highly motivated and committed employees. If all these different people are able to stay engaged, be proactive and work synergistically to shape the future of our Academy, then that future will be bright: everything is within our reach. EADV should take full advantage of these valuable assets on which to build and further develop!

Second, resistance to even rudimentary change within the leadership is still slowing proceedings somewhat when change was, is and will be essential to keep EADV successful and maintain its modern edge. Sense and reason should prevail, and focus should return to the implementation and development of EADV into a leading education provider and global advocate for dermatology. It is my hope that my successor, who has my fullest support, is not confronted with opposition which risks blocking EADV in a way from which it would require years to recover and would risk preventing it from taking its place as a really professional top-level association. Emphatically, there must be an end to the desire for the comfort-zone feeling and the desire for privilege by some of us. Those trappings that might have been things of the past have no place in the contemporary world. This is not how we run our practices and departments - and this is not how to run a successful Academy.

Challenging ourselves

I reiterate, the Board is the parliament or the main discussion body: to approve strategic vision and initiatives, to assess restructuring opportunities, to verify and approve results and the progress of defined projects and reports by the EC and other bodies. The Board should not be there to micromanage. Anything Board-ratified is for the Executive Committee (EC) and other committees or working groups to fine-tune only and implement in close collaboration with the CEO and the heads of departments. The latter are in turn directly responsible for the strategy implementation and all operations providing regular feedbacks and reviews.

I would summarise the last two years’ milestones as follows:

1. EADV’s remarkable growth: 31 years ago, 21 founding members laid the basis with their visionary dream. EADV is now a medium-sized enterprise comprising 36 employees, and 6500 members from more than 200 countries. There are 48 delegates representing 36 European countries and 13 permanent committees. Our Academy has evolved into an association with an impressive number of educational activities providing support for sustainable projects in
developing countries and as advocate for dermatology at the European level. Despite these successes, certain fundamental things were missing, such as a clear strategy. In addition, despite the vast workload and growth in staff, an assessment of the functioning and processes had never been compiled. Doing nothing was not and is not an option. There are so many famous-but-fallen industry leaders whose demise can be irrefutably and directly linked to their inability to develop strategy and renew themselves. Continuous adaptation is crucial and complacency must never again be entertained.

2. Driving and shaping the new Academy: EADV must be maintained as a professional organisation always aiming at the leading position in Europe. A consolidation of its success and anticipation of new emerging dangers as well as awareness of the constant changes in the surrounding landscape should be best and wisely addressed from a position of strength rather than as a result of necessity.

My priority has been to make the leadership and membership aware of change and this translates into two major areas of specific actions:

a) The elaboration of a vision and mission statement as well as with the definition of 6 strategic areas of development: (i) ensure the growth of the membership base; (ii) optimise EADV events including further development of networking activities outside Europe to seize positional opportunities for EADV as a global player; (iii) improve the effectiveness, flexibility, and efficiency of our organisation; (iv) position EADV as a leading education provider; (v) maintain profitable growth with a solid financial basis; and (vi) establish partnerships and collaborations with various stakeholders, including policymakers, patient and nurse associations, national and international societies, as well as having a transparent and constructive relationship with industry.

b) The performance of an in depth critical reassessment of EADV’s organisation by an external consultant showed us the importance of a new structure and how to dispense with the large amount of work still of a manual nature. This was achieved through better clarification and definition of staff roles and responsibilities, identification of the areas where processes needed adaptation and support by appropriate and fully integrated IT tools and software programmes. Increased staff motivation and job satisfaction should also be achieved as important goal.

Ensuring the right balance

A continued systematic approach to consolidation of the new organisation is essential to a successful EADV future. Governance will need to be based on the new statutes, which were also an important achievement in 2017, and from which new internal rules need to be drawn up to cater for proper, faster decision-making, and improved response, coordination and supervision of projects. The current rules slow EADV’s progress and are painful, major weaknesses in the organisation and clutter day-to-day operations. As physicians too, Board members lack the time and specific expertise to devote the thought needed for project implementation or budget questions and so on. Let us concentrate rather on the global picture and key strategic goals and let experts in their field look after administration. The right balance between the centralisation of decision-making (EADV Board and EC following the strategic initiatives) and decentralisation of those decisions with the CEO, department heads and staff, needs to be found to ensure implementation and follow-up, with regular feedback and input from both sides allowing adjustment or innovation when necessary.

Dear members, it has been an honour to serve you. The role of President is challenging and sometimes difficult, but I have embraced both enthusiastically and have enjoyed the term of office you gave me. I wish all the best to you and EADV for a bright future.

I wish my successor, Prof Carle Paul, as well as the EC and Board members, an enjoyable and efficient collaboration in the service of EADV.

Luca Borradori MD PhD
EADV President (2016-2018)
One third of the EU population lacks quality cancer registries. That is the stark challenge confronting health policy-makers and stakeholders today and which a meeting organised by Members of Parliament Against Cancer (MAC) sought to address at the European Parliament in Brussels on 20 June 2018.

Not only do significant disparities exist between European Union regions in the quality, coverage and performance of registries, but insufficient harmonisation of registration procedures and data, as well as diverse legislation in EU Member States, significantly limit co-operation amongst national registries. This deficit in the reporting of cancer cases is particularly striking for skin cancer, where there are many additional obstacles. Melanoma, the deadliest form of skin cancer, claiming over 22,000 lives annually in Europe, is often considerably under-reported to the general cancer registries as was emphasised by Ana-Maria Forsea from Euromelanoma at the meeting. Certain essential parameters for melanoma prognosis are recorded only by a few special registries. This inevitably leads to a lack of quality cancer data. She rightly pointed out that without data there is no visibility, and hence “only what can be measured can be improved.”

Improving data-collection and reporting

When it comes to reporting non-melanoma skin cancer (NMSC), by far the most frequent cancer amongst the European population, Prof Swen Malte John, EADV Media & PR Committee Chair, pointed out that the situation is even more bleak: under-reporting is vast and non-reporting unfortunately predominant in European registries. Even if reported, only the first tumour will be documented, not the consecutive malignancies, even though they are so common in NMSC. However, latest research results highlight the economic burden of skin cancer, which is considered to be amongst the costliest of cancers to treat due to the sheer numbers of affected patients. It is estimated that in the EU alone direct costs resulting from NMSC amount to approximately Euro 36 billion per year. Moreover, NMSC is one of the most common occupational diseases (OD). In Germany, for example, NMSC is the third most frequent notified OD (>10% of all OD), with numbers increasing each year. For that reason, reporting of NMSC in registries would also reveal the huge dimension of occupational cases, if the professional activities of the patients were recorded. It was therefore recommended by the host, Dr Charles Tannock MEP, that this should be a pivotal argument for improvement of NMSC registration.

In this context Elisabeth van Eycken, European Network of Cancer Registries, outlined four pillars which are crucial for the registration on NMSC, namely (i) that any registered case should provide a complete dataset; ii) data should be accurate and precise; (iii) data should be standardised to be comparable; and (iv) data should be current. She recommended that registration guidelines should be made available to facilitate registration.

During the discussion there was general agreement that effective collection of cancer data is important for researchers, policy-makers, and other stakeholders,
and ultimately benefits the population at large through targeted prevention strategies. Thus, registration of all skin cancers should be a mandatory part of cancer registration. While actions could be undertaken at Member State and/or EU level to improve data collection, two MEPs expressed specific concerns about acting at EU level because public health falls under Member States’ control. MEPs could be active in advocating for improvements at national level, although, as mentioned by one MEP, there is often reluctance and a lack of interest from national governments to improve their cancer registry system. For that reason, EADV and its member dermatological societies should press for national initiatives to include NMSC in population-based cancer registries.

However, some speakers shared their positive experiences with EU projects through which collaboration between national health experts (eg, networks) has been successfully triggered, and thus suggested similar approaches when it comes to skin cancer registries. Also, the general population should be more involved and educated in order to put pressure on national governments.

Reporting is a fundamental cornerstone of well-functioning prevention programmes. Thus, sustained and joint efforts are needed to transform the knowledge and vision acquired in this area into real action in order to save patients’ lives.

All EADV members are requested to help by reporting any suspicious skin cancers, including work-related cases, they come across in their daily practice with a view to improving data collection. For work-related skin cancer, this can be done by making use of a simple notification form developed by the EU-funded Horizon 2020 StanDerm network, as a very simple tool in everyday clinical practice. The form can be downloaded from http://www.standerm.eu/output/resourcestools.html.

For further information, please contact:
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Dept of Dermatology, Environmental Medicine, Health Theory
University of Osnabrück, Germany
T: +49 541 969 2357
E: johnderm@uos.de

Programme

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1 Prof Swen Malte John
2 Participants and speakers
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The 27th EADV Paris Congress has been granted a maximum of 25 European CME credits (ECMECs). The Congress is accredited by the European Accreditation Council for Continuing Medical Education (EACCME) to provide CME activity for medical specialists. EACCME is an institution of the European Union of Medical Specialists (UEMS) www.uems.net.

How to gain your credits

Individual CME-CPD participation can be gained through the scanning of the QR code on the registration badge as attendees pass through the entrance of each session hall. Congress participants will be accredited only with the hours recorded by the scanning process.

A speaker/session evaluation form will be available online and on the EADV event app for a period of one month after the end of the Congress.

Your CME-CPD certificate

CME-CPD certificates will be available directly from the EADV certificate download page after completing the online evaluation of the sessions attended either on the website or via the EADV app on your smartphone, tablet or laptop. Evaluation data is essential to our statistics and is of considerable help in the choice of future topics and speakers. Your feedback and comments are greatly appreciated.

For the download you will only need to enter your EADV login (if you are an EADV member) or the credentials used during the registration process (if you are a non-EADV member). The remainder of the certificate is write-protected.

Conversion of credits: For information on how to convert EACCME® credits to an equivalent number of AMA PRA Category 1 Credits™, please go to www.ama-assn.org/go/internationalcme. For other countries please refer to the national CME-CPD authority in your country of practice for the exchange of CME-CPD credits/points.

Social media @ Paris

Join us across our social media platforms and actively connect and interact with other professionals in the field.

Facebook
Twitter
LinkedIn
YouTube
Instagram

Join the conversation!

The 27th EADV Congress in Paris has a dedicated hashtag you can use to share learning, insights, and interactions with friends and colleagues: #eadv2018

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.
EADV is an organisation based on individual membership and has no formal connections to the national dermatological societies of Europe. But EADV and the national societies are not competitors – quite the opposite: all work for the improvement of healthcare for patients with skin disease and sexually-transmitted infection, advancing medical science and offering postgraduate education for dermatologists and venereologists in all European countries.

Norway is a small country (approx 5.2 million inhabitants) with 240 dermatologists, of whom nearly all are members of the Norwegian Society of Dermatology and Venereology (NFDV) and 85 are members of EADV. At the annual meetings of NFDV, the Norwegian representative on the EADV Board presents an overview of the activities of EADV, highlighting what EADV has to offer young dermatologists and venereologists.

Benefits of closer links

Having recently taken over from Dr Claus Lützow-Holm (Oslo) as the EADV board member from Norway, Dr Thrasyvoulos Tzellos (Harstad) this year also introduced Dr Øyvind Bremnes, a young dermatologist from Tromsø, to share his experiences from attending two EADV School courses on hidradenitis suppurativa and cryotherapy. Dr Bremnes stated that the application process for the courses is simple, the costs for the participants minimal, and the dividend in terms of increased knowledge substantial. He encouraged young dermatologists to take advantage of the EADV courses and to join EADV early in their career.

The Norwegian Society of Dermatology and Venereology regularly gives out grants to young dermatologists to attend international scientific congresses, including EADV congresses. Our Society is looking forward to working even closer with EADV in the future to advance our specialty and to improve the healthcare of patients with skin disease and sexually-transmitted infection.

We believe that having a young dermatologist sharing his/her EADV experience at national meetings is a good way to promote the co-operation between EADV and national dermatological societies.

Petter Gjersvik MD PhD
President, Norwegian Society of Dermatology and Venereology

Thrasyvoulos Tzellos MD
EADV Board member from Norway

Our Society is looking forward to working even closer with EADV in the future to advance our specialty and to improve the healthcare of patients with skin disease and sexually-transmitted infection.
Patients’ Information

HS patients of Europe unite in EFPO

The European Federation of HS Patients’ Organisations, or EFPO, is a new umbrella organisation of national organisations representing patients with hidradenitis suppurativa (HS) across European countries.

Most national patients’ organisations for HS only have a short history, but while building our national base in each country we have also been working to join forces and build a European platform for the exchange of experience and common initiatives. Thus, EFPO was established in 2016 with the purpose of serving and promoting the interests and the visibility of its members in the health sector towards European institutions and other national and international organisations.

The founders were seven national HS patients’ organisations from France, Spain, The Netherlands, Italy, Belgium, and Denmark. While the Belgian organisation has ceased to exist, we are in dialogue with other national organisations who are interested in joining EFPO.

The mission of EFPO is to:

• support the well-being of people with HS, enhancing their experience, giving them a stronger voice and greater visibility, be a point of reference in the prediction of new models of health and social care and in the discussion of new drugs and therapies, in clinical and scientific research
• develop more effective co-operation between all stakeholders promote strong co-operation with affiliated organisations
• increase the number of member associations, and support patients who wish to create new ones
• network to achieve common goals and increase the cultural level and knowledge of its members.

HS patients experience many of the same challenges across all European countries. Many of us have been misdiagnosed, and many patients are even too embarrassed about their condition to seek medical help. With an average diagnosis lag of seven years, it is well known that patients often live for years or even decades without diagnosis and proper treatment. Therefore, awareness is always at the top of the agenda for any HS patient organisation.

Combating stigma

HS patients often have poor quality of life due to their symptoms, stigma and social isolation which means that another important issue for the organisations is to support patients and work for better treatment options. Despite language barriers and cultural differences, the HS patients’ organisations across different European countries can share experiences and inspire each other in our communication, awareness campaigns and information materials.

EFPO’s first publication is a booklet with information for patients about HS. The booklet is based on recent research in HS within aspects like genetics, bacteria, immunology, comorbidities and treatment options, which is supplemented with patients’ experience. Thus, our booklet will be interesting to read for patients as well as for healthcare professionals who will have the opportunity to learn about the patients’ perspective. The booklet will be written in English, but we expect that it will be transformed into national versions in different languages later, just like the Danish booklet which was launched in 2017.

We wish to invite all interested parties to contact us if you are interested in co-operation. More information can be found on our homepage https://www.efpo-hs.eu/.

Giuse Pintori
President

Bente Villumsen
Secretary General

Participants at an EFPO breakfast meeting in Milan, Italy
In 2017, EADV and Erasmus MC (Rotterdam, The Netherlands) organised an international Mohs micrographic surgery fellowship. This fellowship was open to (young) European dermatologists with excellent surgical skills and who were highly motivated to practice Mohs surgery.

The applicants had to be supported by a hospital in their homeland so they could perform Mohs surgery after completing the fellowship.

The Erasmus MC provided a full-time fellowship for 6 months ensuring approximately 200 procedures, hands-on teaching in reconstruction and in-depth training in reviewing the histologic slides. EADV provided generous financial support.

Intensive surgical training
For the 1st EADV Erasmus MC Mohs fellowship we received more than 15 applications from all over Europe and Asia.

After a careful selection process, Dr Joséphine Ofaiche from Toulouse (France) was selected. She had an outstanding CV with a passion for dermatologic surgery. Dr Ofaiche joined the Rotterdam Mohs team consisting of 6 Mohs surgeons from April till October 2017. She performed Mohs procedures 5 days per week, in total close to 200 procedures. After a short adjustment period, Dr Ofaiche fitted in very well and got to learn Mohs surgery and working in the Dutch healthcare system. She passed the ‘histology test’ with a score of 19/20 and received the certificate of Mohs surgeon (photo). Dr Ofaiche is now a very much respected colleague with superb surgical and pathology skills and member of the European Society of Micrographic Mohs surgery (ESMS).

In Toulouse, the department is setting up a Mohs unit where she can continue performing Mohs surgery.

Dr Ofaiche embodied the objective of this fellowship, which is to enable dermatologists to perform state-of-the-art dermato-oncological surgery in Europe.

Tamar Nijsten MD PhD
Professor and Chair, Dept of Dermatology, Erasmus MC

Renate van den Bos MD
Mohs coordinator, Erasmus MC

Joséphine Ofaiche MD
Mohs surgeon, Toulouse, France
The Impact Factor and ranking of a journal is a global measure of its quality and calibre and is still highly influential, amongst additional metrics, in attracting submissions and subscriptions. We are delighted to announce that the JEADV (Journal of the European Academy of Dermatology and Venereology) 2017 Impact Factor has jumped from 3.528 to 4.287, the highest in its history and is now ranked 7th of out 63 journals in the dermatology category. A great achievement!

The Impact Factor is calculated by the number of citations in 2017 to items published in 2015 and 2016 divided by the number of citable items in 2015 and 2016. The graph on the next page shows how it has grown in the last five years.

Not only has the Impact Factor increased, so has the five-year Impact Factor, the Article Influence, Immediacy Index and the Eigenfactor.

Take a look on the next page at some of the articles that were influential in achieving this result.

As you can see, this top 10 list illustrates a mixture of guidelines, original articles and position papers.

**Free online access to EADV members**

Browse these and any other articles of interest in the JEADV. All members benefit from full access to the journal online and will shortly be able to access content on the JEADV journal app.
Have you considered submitting a paper?

We publish articles of general and practical interest in the field of dermatology and venereology including clinical and basic science topics, as well as research with practical implications. We do this through editorials, review and practice articles, original papers of general interest and short reports.

If you have any queries about submission do not hesitate to contact us at jeadv@eadv.org. We look forward to hearing from you.

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### InfluenTIAL articles which have helped to improve the Journal’s Impact Factor

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<td>2016 European guideline on Mycoplasma genitalium infections</td>
<td>Jensen, J</td>
<td>Review</td>
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<td>Actinic keratosis with atypical basal cells (AK I) is the most common lesion associated with invasive squamous cell carcinoma of the skin</td>
<td>Fernandez-Figueras, M</td>
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<td>Cardiovascular outcomes and systemic anti-inflammatory drugs in patients with severe psoriasis: 5-year follow-up of a Danish nationwide cohort</td>
<td>Ahlehoff, O</td>
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<td>Alleviation of chronic venous leg ulcers with a hand-held dielectric barrier discharge plasma generator (PlasmaDerm (R) VU-2010): results of a monocentric, two-armed, open, prospective, randomized and controlled trial (NCT01415622)</td>
<td>Emmert, S</td>
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<td>TSLP, IL-31, IL-33 and sST2 are new biomarkers in endophenotypic profiling of adult and childhood atopic dermatitis</td>
<td>Nygaard, U</td>
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The origin of wax dermatologic modelling is closely connected with the work of three European pioneers: Franz Heinrich Martens (German, 1778-1805), Joseph Towne (British, 1806-1879) and Anton Elfinger (Austrian, 1821-1864).

The French dermatologist Charles Lailler (1828-1898) introduced the moulage to the Hôpital Saint-Louis in the late 1860s. Lailler met by chance an artist who would become one of the most important moulageurs in the history of dermatologic modelling. One day in 1864, as Lailler strolled through the Passage Jouffroy in Paris, he noticed a small shop that sold realistic fruit imitations made out of papier mâché. The artist was Jules Pierre Francois Baretta (1834-1923), 30 years old, born in Antwerp, Belgium, and brought up in Ixelles in Brussels. Lailler, deeply impressed by the works of Baretta, asked him to attempt some dermatologic models. The resulting work was so successful that it provided the basis for a long and fruitful collaboration between the physician and the artist.

At first, Baretta worked privately for Lailler, but then secured a contract in 1870 as a modeller to the hospital under the instruction of Lailler and his famous dermatologist colleagues. Baretta did not work exclusively for the Saint-Louis. Several other hospitals and private dermatologists even in foreign countries bought models from him. He therefore gradually gained an international reputation. When Baretta retired in 1914, he had cast approximately 3,000 models for the Saint-Louis.

We do not know very much about the methods and substances Baretta used for his moulding and casting processes. Laboratory research has shown that his moulage material was a “mixture of beeswax and a resin that may have been gutta-percha”. He moulded the negative from plaster, into which he poured the positive mixture that was heated to a temperature of about 200°C.

Largest collection in the world

The steadily growing moulage collection required room, so the directorate of the administration of the AP-HP (Assistance Publique-Hôpitaux de Paris) granted the construction of a pathologic museum to house all teaching specimens. In 1885, the building was finished and the moulage collection was transferred under the personal supervision of Lailler. The building was inaugurated on 5 August 1889, together with the first International Congress of Dermatology at Saint-Louis and the Universal Exhibition in Paris.

The main part of the moulage stock now consisted of dermatologic models, done by Baretta for Lailler. In addition to these, Baretta had also created a series of 510 surgical models for the famous surgeon Jules E Pean (1830-1898). Another set of

Moulages still represent an important milestone in the history of dermatology, the history of medicine and the history of the representation of the sick person.
435 moulages, illustrating mainly venereal manifestations, had been modelled by Charles Jumelin for Alfred Fournier (1832-1914), who had taken them from his former workplace, the hospital of Lourcine, when he came to the Saint-Louis in 1876. A last contingent of moulages showed forms of infantile syphilis and had also been cast by Jumelin for Parrot.

Baretta and his successors, Louis Niclet (1867-1924), Couvreur and Stephan Littre (1893-1969), produced an extraordinary museum, sometimes known as the Baretta Museum, which now has more than 4,800 items. It is the largest collection of its kind in the world. The last model was made in 1958.

Even if the models no longer have a role to play in the teaching of dermatology, having been replaced by photographs, they still represent an important milestone in the history of dermatology, the history of medicine and the history of the representation of the sick person. They are also an artistic heritage that must be preserved.

Martine Bagot MD PhD
Head of Dept of Dermatology
Hôpital Saint-Louis, Paris, France

Under the framework of “Skin and Health” initiatives, the EADV Media & PR Committee organised a first meeting during the 2017 EADV Congress in Geneva which brought together tattooists, tattooist trainers and dermatologists to identify the needs of the tattooist community and the role we dermatologists can play in the prevention of potential side effects. We learned that training and reliable information including better knowledge of contra-indications, complications and aftercare are important issues.

In 1872, Heinrich Koebner described the occurrence of psoriasis on a tattoo. This typical example of isomorphic response which is nowadays well known as the Koebner phenomenon, is nicely displayed in a wax sculpture at the Musée des Moulages in the Hôpital Saint Louis in Paris, shown here.

Training programmes

Please join us to admire the beautiful dermatological wax collection and for an interactive meeting with tattooists. The programme will feature a talk by tattooist trainer Olivier Laizé on training programmes for tattooists; Nicolas Kluger will outline contraindications and where special precautions are needed (e.g., moles), Paola Pasquali will speak about tattooists and early skin cancer detection; and I will cover informed consent and client suitability.

On behalf of the EADV Media & PR Committee,
Christa De Cuyper MD PhD

Date:  Friday, 14 September 2018
Time:  09.00-12.00
Venue:  Hôpital Saint-Louis, 1 avenue Claude Vellefaux, 75010 Paris
T: +33 (0)1 42 49 49 86

To register:  Click here
In addition to celebrating EADV’s 30th anniversary in 2017, we are also delighted to reach another milestone in 2018 - one decade on from the first Dermatological Meeting in Ticino, the region where EADV has its headquarters. Thanks to the dynamic support and constructive collaboration that the Academy receives from both the local Swiss Italian Dermatology Society and the Swiss Society of Dermatology and Venereology, we have been able to offer this free, one day-conference, open to all local dermatologists and basic researchers, every year since 2009.

The meeting will take place at the internationally renowned Institute for Research in Biomedicine (IRB) in Bellinzona, the capital of Canton Ticino, that lies at the foot of the Alps. The IRB offers a unique scientific environment and represents one of the most productive and innovative research centres in human immunology in Switzerland and worldwide.

EADV chose this ideal setting to discuss and focus on different dermatology specialties: from cellular and immunological developments to diagnostic and therapeutic approaches. The programme starts with a basic research session in the morning that includes the latest development in distinct fields, such as immunology of the skin, involving researchers from the IRB and the various Departments of Dermatology in Switzerland, and is then followed by a clinically-orientated section in the afternoon, featuring distinguished experts with recognised experience in their fields.

**Fostering co-operation between researchers and clinicians**

The aim of the meeting is two-fold: first, to provide an excellent educational opportunity and to strengthen the partnership between local Swiss dermatologists and their neighbouring colleagues from the best Italian university centres from Northern Italy; and second, to encourage medical progress and co-operation between researchers and clinicians.

This joint meeting has been instrumental in the past in triggering new and productive collaborations with scientific exchange, common research grants and publications. EADV has been proudly able to offer fruitful educational programmes and initiatives promoting high-quality patient management and research across Europe as well as in Ticino.

The Dermatology Society of Ticino, the Dermatology Department of the Ente Ospedaliero Cantonale, the Institute for Research in Biomedicine, together with EADV, are pleased to announce this latest edition of our joint project which will take place on 29 November.

We look forward to welcoming you and having the opportunity to exchange experiences and share approaches in our daily work!
Programme

Morning Research Programme
Chairs: Marcus Thelen, Robert Hunger

08.30-08.50 Novel regulators of cytotoxic responses
Greta Guarda (Bellinzona, Switzerland)

08.50-09.10 PI3K inhibition and biochemical re-programming of dermal stem cells
Hans-Uwe Simon (Bern, Switzerland)

09.10-09.30 Healthy ageing: An immunologic approach to systemic rejuvenation
Alexander Eggel (Bern, Switzerland)

09.30-09.50 Hidradentis suppurativa: A Th17 disease?
Robert Hunger (Bern, Switzerland)

09.50-10.10 Skin manifestations in ankylosing spondylitis
Valentina Cecchinato (Bellinzona, Switzerland)

Break

10.30-10.50 Pathogenic role of interleukin (IL)-26 producing Th17 cells in the acute forms of psoriasis
Jeremy Di Domizio (Lausanne, Switzerland)

10.50-11.10 Subpopulations of Th2 cells
Christoph Schlabach (Bern, Switzerland)

11.10-11.30 Pathogenic role for KLK5 – LL37 – pDC – type I interferon axis linking B. oleronius to flare ups of rosacea
Curdin Conrad (Lausanne, Switzerland)

11.30-11.50 The ATP-gated P2X7 receptor in the immunopathogenesis of systemic lupus erythematosus
Fabio Grassi (Bellinzona, Switzerland)

11.50-12.15 Marie Heim-Vögtlin Prize 2018: Award lecture

12.15-12.30 General discussion
Luca Borradori, Mariagrazia Uguccioni

Lunch

Afternoon Clinical Programme
Chairs: Franco Rongioletti, Carlo Mainetti

13.30-13.50 Psoriasis and the difficult patient: Practical approach
Nikhil Yawalkar (Bern, Switzerland)

13.50-14.10 Atopic dermatitis and the difficult patient
Dagmar Simon (Bern, Switzerland)

14.10-14.30 Cutaneous lupus erythematosus: How to manage it
Luca Borradori (Bern, Switzerland)

14.30-14.50 Lichen and lichenoid drug eruptions
Franco Rongioletti (Cagliari, Italy)

14.50-15.10 Management of urticaria:
How to tame the tiger
Giampiero Girolomoni (Verona, Italy)

15.10-15.30 Diagnostic and therapeutic approach to Photos and captionsensitive disorders
Piergiacomo Calzavara Pinto (Brescia, Italy)

15.30-15.50 Neutrophilic dermatoses: Spectrum of diseases
Angelo Valerio Marzano, Emilio Berti (Milan, Italy)

15.50-16.10 Cutaneous and mucosal manifestations of Sjögren’s syndrome
Carlo Mainetti (Bellinzona, Switzerland)

16.10-16.30 Final discussion and conclusion
Luca Borradori (Bern, Switzerland)

This event has been granted 6 European CME credits by the European Accreditation Council for Continuing Medical Education (EACCME®).

For further information, please contact:
marina.binarelli@eadv.org (for scientific programme)
karin.dedonno@eadv.org (for registration)
Our first thought was because EADV is an association 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—or it might also have something to do with the fact that we do care about you choosing us!

When we are looking at what makes you feel unique by being an EADV member, we inevitably draw conclusions from things we hear from other members, comments read in your emails, and experiences shared in the past. We are left asking these questions:

• What needs to be improved?
• How should we differentiate between EADV members and non-members during congresses?
• Why not meet and greet EADV members and non-members at other events?

We came to the conclusion that EADV needs to be more present, that is why we travel to meet you. Please feel free to join us on EADV adventures. We would love to share with you our past experiences and what is in store for the months to come.

Let’s take a look at the travel book!

**February 2018**: 2018 AAD annual meeting – San Diego, California

The AAD Annual Meeting provides a unique opportunity to build an international network with your worldwide peers and to also celebrate with each other.

We will definitely be present at the 2019 AAD Annual Meeting, 1-5 March 2019 in Washington, DC.

**May 2018**: AEDV 2018 “46th National Spanish congress”, Palma de Mallorca, Spain

With around 2000 attendees responding to the official communication received from AEDV. EADV’s Spanish Board member, Prof Luis Puig, came to visit us at our booth and held an interview with the press about the AEDV congress and discussing the upcoming 28th EADV Congress from 9-13 October 2019 that will take place in Madrid.

**June 2018**: IUSTI 2018 – World and European congress - “The appliance of science” - Dublin, Ireland

We had the opportunity to get an update from one EADV’s founding members, Dr Derek Freedman from Ireland. We were delighted to have him around and we hope to see him at one of our next destinations.
September 2018:  
27th EADV Congress, 12-16 September, Paris, France.

The membership department would be pleased to welcome you at the resource centre during the EADV main congress. This is not just an opportunity to meet each other but also to hear all your recommendations and make improvements with your advice!

November 2018:  
CILAD – “Congreso Ibero Latinoamericano de Dermatologia” – 14-17 November, São Paulo, Brazil.

December 2018:  
JDP: “Journées dermatologiques de Paris”, 11-15 December.

Don’t miss the chance of meeting other professionals from all around the world; we will be there with you!

EADV is always open to your opinions and we want to grow with your help. We are actively adding new events to the agenda and are looking forward to you joining us!

Thinking about joining?  
Write to us at membership@eadv.org and we will be glad to help you!
In June, 20 enthusiastic young scientists experienced a unique workshop aimed at passing on knowledge about cutting-edge techniques in basic dermatological research. Within the framework of the EADV-ESDR Summer School, held this year in Naples, Italy, we were introduced to RNA-seq, CRISPR/Cas9 gene manipulation, modern methods in dermatological research, as well as keratinocyte isolation, transfection and gene expression analysis.

The students, from a wide range of countries, enjoyed a mixture of exciting theoretical as well as practical sessions given by prominent international speakers. Dr. Caterina Missero, professor at CEINGE Biotecnologie Avanzate and at the Department of Biology Federico II University, hosted the course together with her helpful and enthusiastic team.

Connecting clinicians and researchers

From the start, Prof. Missero emphasised the importance of the connection and collaboration between clinicians and basic researchers for fruitful dermatological studies. Under this motto, the participating residents as well as PhD students and Postdocs freely exchanged their ideas, expertise and knowledge in a convivial atmosphere throughout the course and during the welcome reception and the course dinner.

Practical skills

With great interest we followed the theoretical sessions covering a wide spectrum of topics, including personalised medicine in dermatology, melanoma, induced pluripotent stem cells, epigenetics and epidermal differentiation. The presentations were usually followed by extensive Q&A sessions, in which comments and also critical questions were asked, and reflected our enthusiasm, sometimes even leading to schedule overruns!

Prof. Missero and her team successfully mastered the very difficult task of organising fascinating and informative hands-on sessions. Although students had different backgrounds and experience in
laboratory work everybody could profit from the well-chosen topics. We were split into small groups and were taught diverse practical skills, such as keratinocyte isolation, qPCR, organotypic skin models, and UV irradiation. Importantly, everyone individually was able to perform the experiments and thereby have practical experience. Furthermore, we were introduced to basic bioinformatic analyses of RNA-seq data and in silico CRISPR/Cas9 guide RNA design. Interspersed between theoretical and practical sessions, participants presented their work and shared interesting results of their research projects.

Alongside the scientific programme social networking was encouraged during the welcome reception on the rooftop of our comfortable hotel with a stunning view of the city. The grand finale of our impressive week was the course dinner at the seaside with a guided tour through the city beforehand.

I particularly want to highlight the great helpfulness and hospitality of our hosts, especially when flights were cancelled because of a strike or by answering questions about souvenirs and trips to Pompeii. Furthermore, I would like to underline the great support of Marc Somja at the EADV office who was present at all times and available for questions.

So, to sum up, we had a great experience in Naples not only scientifically but also socially!

Philip Kienzl
Course participant and PhD candidate
Department of Dermatology
Medical University of Vienna, Austria
Why I chose to organise a course with EADV School

EADV School asked three distinguished course chairs to discuss their inspirations for organising a course with EADV and the benefits offered by EADV’s educational programme for both the participants and hosting institutions.

What inspired you to organise a course with EADV School?

Dr Paola Pasquali (PP): Two years ago, I was asked to organise a Fostering Course on Cryosurgery for residents. Back then as a first-timer, I found myself with the challenge of putting together a two-day programme that would condense the scientific knowledge of my area of expertise. I had to make sure that each presentation in itself was a “masterclass”, with take-home messages and plenty of practical examples; selecting professors with expertise and plenty of enthusiasm; choosing an appealing location; and, making arrangements that would help my participants feel at home by creating a good working atmosphere. Last but not least, I needed to find patients willing to participate in the practical sessions. I would like to believe that my Reus/Valls experience in 2016 was all that and the good experience motivated me to go for a second round.

Prof Bianca-Maria Piraccini (BMP): I organised my first Fostering Course on Hair and Scalp Disorders in 2010 by chance, following a request by my two friends Josette André and Bertrand Richert. Bertrand was at that time in charge of the EADV Fostering Committee. I cannot stop thanking these friends for this opportunity, as it is only by organising a course that one really understands the significance and enrichment of teaching 20 students coming from different countries with the sole desire to learn from you!

Dr Ahmed Sadek (AS): Since I first attended an EADV annual meeting back in 2012 and becoming a member in 2013, I have felt very attached to this very successful organisation that helps lots of dermatologists to exchange experiences and provides a network of diverse expertise. After spending some time among this community, I was really touched by the big efforts exerted to help those in areas of needs or with economic difficulties and I wanted to be part of the people who share their knowledge and experience through EADV School.

What are the benefits of organising an EADV School course?

PP: I think it is a win-win situation: for the participants, for the professors, the course chair and for the hosting institutions. For participants, they spend two days with experts in a field of their interest, getting an immersion course from more experienced dermatologists who have know-how that takes years to master and which they can go back and apply in their everyday practice. For professors, teaching students from such a wide range of backgrounds and countries is a fascinating challenge as we are confronted with diverse levels of training and experience. As these are courses taken on a volunteer basis, teaching is usually more relaxed and friendly. As far as my experience as a course chair is concerned, I have found this year’s task different: more laborious but still rewarding. We had both residents and specialists together and a different location (Barcelona) which was easier to reach.

BMP: The joy of meeting young students full of enthusiasm and willing to learn.

AS: In a nutshell, I shall say that networking and exchanging experiences is the ultimate goal of our profession as it assists in improving patients’ welfare. Organising an EADV course gives the best opportunity to achieve this by helping juniors to get cutting-edge training and allowing experts to interact with the new generation of dermatologists while promoting continuous and dynamic scientific development. The EADV School Committee helps make this happen at every stage, as you will witness when you get to organise such events. These benefits encompass the delegates, mentors and the establishment itself which gets more well known in the field of healthcare while not forgetting the doctors and patients as well.

What are the benefits for the hosting hospital/clinic?

PP: Institutions can say that they are holding a course run by a prestigious association like EADV.
BMP: Some of the staff of the hospital and the resident students are involved in the course, and they have the opportunity to mix with foreign colleagues.

In your opinion, what is the value of providing platforms for interaction between younger and more experienced dermatologists?

PP: First, not all speakers are college professors, yet they have enormous experience and willingness to transmit their knowledge. This platform gives a unique opportunity to learn from those with experience who are not necessarily part of academia. Secondly, participants get to know and learn first-hand from experts from other countries who would otherwise be difficult to access. Thirdly, practical know-how is not readily available in books and journals. It is transmitted in an effective manner by direct contact with an experienced person. This is particularly true for cryosurgery, as most residencies do not include cryosurgery as part of their formal training programme, leaving students in need of courses like these to learn a technique that will help them solve many daily situations in a correct and effective manner. I love to think that those that have taken my courses have been able to apply some of the information they got from us and, in the future, transmit it to younger colleagues.

BMP: Transferring knowledge and transmitting the enthusiasm that an experienced dermatologist possesses.

AS: Creating platforms of continuous communication between all the healthcare system stakeholders allows up-to-date and dynamic interaction between them all, keeping in mind and maintaining the high standards of human interaction, development and progress for the welfare of the humanity.

If you are interested in organising a course with EADV School, please visit our website at www.eadv.org/eadv-school.
Calendar of Events

› 2018

World Congress on Cancers of the Skin
15-18 August 2018 – Sydney, Australia

Wissenschaftliche Tagung der Deutschsprachigen Mykologischen Gesellschaft e. V./ Österreichische Gesellschaft für Medizinische Mykologie
[Scientific Conference of the German-speaking Mycological Society, in co-operation with the Austrian Society of Medical Mycology.
Event languages: German, English]
6-8 September 2018 – Innsbruck, Austria

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

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

Journées Dermatologiques de Paris
1-15 December 2018 – Paris, France

› 2019

8th Conference of the European Hidradenitis Suppurativa Foundation
6-8 February 2019 – Wrocław, Poland

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