On behalf of the Scientific Programming Committee (SPC), it is my privilege to invite you to join us at the annual EADV meeting 2019, which will take place in Madrid. The handsome capital of Spain offers a unique combination of a glorious past with a lively present. Here beats the young heart of a sparkling city full of culture which makes it the perfect location for our meeting.

This year will be my first programme as SPC Chair and I’m proud to present to our distinguished guests an outstanding scientific content. In accordance with our vision of promoting education in dermatology and venereology, all participants - experts, trainees and stakeholders, as well as healthcare professionals from different fields, speakers and delegates - will be offered a unique opportunity to be informed on the latest developments and updates, innovative treatment modalities and new areas of clinical research and development, allowing physicians to deliver the highest quality of care to their patients.

The intensive 4-day programme will include approximately 150 stimulating sessions by contributors originating from more than 50 different countries worldwide and arranged once again in our 3-track system.

From AI to wound healing

More than 700 speakers with established publication records and high presentation scores over the past years have been strategically included in the programme. Eminent global speakers and well-known guests from other disciplines will broaden our views and inspire us with their extensive knowledge and experience:

- How the dermatologist can influence the availability of new treatments
- Rosacea: From the new spectrum to the new therapies
- Comeback of the great imitator
- ESDR Plenary Lecture: Combing through the genetics of hair disorders
- The opening plenary lecture will focus on “Artificial intelligence and medicine: The secrets for a good marriage”.

www.eadvmadrid2019.org
This year’s “hot topic” will focus on skin imaging and cover areas such as confocal microscopy, sonography in dermatology, optical coherence tomography and computer vision (machine and deep learning). Challenges, state-of-the art advances, future opportunities and the age-old question “can the computer do it better than the dermatologist?” will all be addressed and discussed.

New this year in Madrid is the introduction of controversy sessions in the Expert Forum tracks.

On Saturday, 12 October, we will host the first EADV Nurse Day, a full day dedicated to nurses who truly are the heart of healthcare and we all appreciate their hard work and commitment every day. We have prepared a special track with a mixed faculty of dermatologists and nurses, ideally to bring together both parties and learn about their respective fields of interest. The two major topics will be hand dermatitis and wound healing, as well as an update on biologics. See page 13 for how to register.

Another high quality, inspirational programme will be waiting for you at EADV’s Aesthetic Sunday, covering key aspects from the basics to advanced and hot topics in “Energy-based devices”, “fillers”, “botulinum toxin”, “peels”, “scars”, “practice management” and much more in 4 parallel tracks.

Mention must also go to our strong relationship with our sister societies and partners. We are thrilled to welcome our American colleagues back to Europe for a joint EADV/AAD Symposium, as well as our European researchers from the European Society for Dermatological Research – ESDR, who will host a stimulating session in the programme.

We look forward to a great meeting with stimulating lectures and inspiring discussions.

Brigitte Dréno MD PhD
Scientific Programming Committee Chair

CME-CPD credits in Madrid

The 28th EADV Madrid Congress has been accredited with a maximum of 22 European credits by the European Accreditation Council for Continuing Medical Education (EACCME) to provide educational activity and professional development for medical specialists.

Gaining CME-CPD credits during the Congress is very easy:

• Scan your badge each time you visit a scientific session
• Access the EADV website or the event App and submit your evaluation for the attended sessions (until 10 November 2019)
• Download your CME-CPD certificate

Participants will only be accredited within the hours of the EADV scientific programme, as recorded by the scanning process. Additional details and information are available here.

AT A GLANCE

- Review and Updates
- Training and Educational Forum
- Expert Forum
- Nurse Day
- Aesthetic Sunday
- Patient Society Village

For full programme and registration information, visit the Congress website:
www.eadvmadrid2019.org
Europe, and especially northern and central Europe, is burning at unexpectedly high temperatures, with thermometers registering one temperature record after another in Austria, Belgium, the Czech Republic, Germany, Hungary, the Netherlands, Poland, Slovakia and the UK. For such a summer, when northern and southern Europe compete for the hottest and most dehydrating weather, dermatological advice - not only regarding how to keep your skin healthy under such extreme conditions but also how to keep your body active – takes on even greater significance. The American Academy of Dermatology has published interesting online information for the general public on 12 summer skin problems, which can be easily prevented. This advice is presented below, modified to better fit European needs.

12 preventable summer skin problems

• acne breakouts: by blotting, and not wiping, sweat from the skin, washing sweaty clothing and using non-comedogenic cosmetics
• dry, irritated skin: by applying sunscreen before going outdoors, taking a body temperature warm shower immediately after getting out of the pool and using mild cleansers to wash the skin
• folliculitis: by changing clothing after workouts, avoidance of hot tubs and whirlpools and wearing lightweight, loose-fitting clothes
• nail infection: by avoiding having manicures and pedicures in very hot weather.
• melasma: by staying out of the sun to avoid any brown to gray-brown patches on the face becoming more noticeable
• rashes: caused by poison ivy (for travellers to the US), or oak and sumac, by identifying what these plants look like and avoiding them
• heat rash (and miliaria crystallina): by wearing lightweight, loose-fitting clothes made of cotton, exercising outdoors during the coolest parts of the day and trying to keep the skin cool by using fans, cool showers, and air-conditioning when possible
• seabather’s eruption (also known as pica-pica): by avoiding contact with newly hatched jellyfish or sea anemones through staying out of infested water
• swimmer’s itch: by avoiding swimming in still water lakes and avoiding long-term contact with avian fecalia through staying out of infested water and/or briskly rubbing the skin with a towel after getting out of the water. The fecalia parasites start to burrow when the water on the skin begins evaporating
• sun allergy in individuals taking certain medications (eg, ketoprofen, tetracycline, doxycycline, minocycline) or having enhanced light sensitivity: by treatment discontinuation or skin protection through seeking shade, wearing sun-protective clothes and applying sunscreen that offers broad-spectrum protection (SPF 30+) and water resistance
• swimmer’s ear: by keeping ears dry through wearing ear plugs while swimming and never cleaning the ears with cotton swabs.

However, the most important piece of advice comes at the end of the text: “If you don’t have a dermatologist, find one”.

I wish you a healthy summer!

Christos C Zouboulis MD PhD
Editor

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Charismatic leaders are able to articulate a vision, to promote innovation and influence change and personal development. They are able to bring people together to reach a common goal.

When I think of the two or three leaders who helped me and had a major influence on my career, they shared three major qualities that made them so special. First, they were able to facilitate team bonding and build a sense of belonging within teams. Secondly, they were able to articulate a vision and forward-thinking about challenges and opportunities. Thirdly, they listened and showed a genuine interest in each person they mentored, finding out where they wanted to go and coaching them to get there.

It is our responsibility as leaders in medicine to develop young colleagues to help them to reach their full potential. Our times require leaders who are not only intelligent but wise and open to others’ well-being and to the sustainability of the world. Leadership programmes are developed by many professional societies such as the American Academy of Dermatology and EULAR and are a critical component of lasting success. The EADV leadership development initiative has been supported by the EADV Executive Committee and is also fully supported by the EADV Board of Directors.

**Why a leadership development initiative?**

We want to promote the best future leaders who will help to grow the organisation and also promote the growth of our speciality in their countries.
Future leaders will need to develop agility, self-management and negotiation skills and the ability to lead complex multicultural teams. They need to develop social awareness, including competence in empathy, to appreciate a diversity of perspectives, be more tolerant and have more harmonious interactions. These abilities can enable them to make a positive difference in their lives and within EADV.

The tailored programme we propose will build a legacy for our Academy and enhance the values we want to promote: openness, transparency, teamwork, respect and trust. The impact of such an initiative is important well beyond EADV, for the participants, their patients and their careers.

**How do we want to enhance leadership skills?**

The EADV Executive Committee has worked on a dedicated leadership development programme to promote the growth of our community and our specialty in a rapidly changing world. The programme is based on emotional intelligence, the most important quality of exceptional leaders. The programme will explore the leadership potential of the participants, their vision, and the bigger impact they can make on their team, organisation, and patients. We expect this initiative will ensure the renewal of the EADV leadership with colleagues sharing our values and having acquired the competencies to work in multicultural international teams.

**What is the content of the EADV leadership initiative?**

The EADV leadership programme was elaborated in collaboration with Key Step Media, a professional company with expertise in leadership development, under the direction of executive coach Michele Nevarez. It uses the principle of emotional intelligence outlined by Daniel Goleman who masterminded the programme, focusing on the key emotional intelligence capabilities of a successful leader.

At the time of writing, the selection of participants is ongoing and is based upon the curriculum and the motivation of the applicants. The selection process aims to encourage diversity in terms of gender, geography and background. The selection process will value applicants’ previous leadership experience and involvement in non-profit organisations and community work. A first cohort of 30 scholars will be enrolled in September 2019 with a first residency in Lugano, Switzerland in December 2019 and a second residency in Porto in 2020 prior to the EADV Spring Symposium. In addition to the residencies, the participants will have access to online learning and personal coaching.

Eligible participants are assistant/associate professors and dermatologists with approximately 5-15 years of practice both from an academic and office-based background. The programme will require applicants to make a sufficient time commitment. It is intended to transform participants and bring them to the level of high-achieving leaders who are able to inspire others. The participants will obtain leader level certification in the Foundational Skills of Emotional Intelligence upon successful completion of the programme.

I have no doubt that in a few years from now this new generation of leaders in dermatology and venereology will help to ensure the growth of EADV and make life better for patients with skin diseases.

**Carle Paul MD PhD**
EADV President (2018-2020)
The Spanish Academy of Dermatology and Venereology (Academia Española de Dermatología y Venereología - AEDV) represents almost all Spanish dermatologists. It includes more than 2,700 specialists, including both active and retired professionals, as well as residents in training. With more than 100 years of history, we wish to give you a warm welcome to Madrid, the city that will host you during the 28th EADV Congress being held from 9-13 October.

We want to take advantage of this opportunity to introduce you to our institution and its activities. AEDV organises the annual national congress of the specialty, which is next scheduled for 6-9 May 2020 in Bilbao, and other meetings linked to specific areas of the specialty, with the aim of promoting research and staying up to date.

In recent years, AEDV has exponentially increased its ongoing education offer to dermatologists, both with face-to-face activities and with online courses. Training for residents is also a great focus, since they are the future of dermatology. The Academy intends to make this offer available to other countries and aims to become an international port of call for ongoing training.

Research is another of our fundamental pillars, which is why the Research Unit of the AEDV Piel Sana Foundation has looked to expand its own resources. The goal is to put Spanish dermatological research on the map and promote innovation within the specialty.

Spanish dermatology’s quality and prestige are fostering extensive international collaboration with other academies, such as EADV, CILAD, etc. Strengthening ties with these ‘sister’ societies allows us to coordinate agreements between different countries that promote research and improve the care of our patients.

Supporting the public and disadvantaged citizens

For us, it is vital to increase the social prestige of dermatology, mainly through initiatives carried out by the AEDV Piel Sana Foundation, which also aims to improve the health of the most disadvantaged.

Dr Pedro Jaén Olasolo

“...
Through the **Humanitarian Dermatology project**, economic, technological and medical resources are offered to populations with dermatological problems in developing countries.

Dermatology can **contribute much more** to society. The Spanish Academy is open to **leading projects** that enhance the presence of this specialty. We hope that the next EADV congress in Madrid will be the perfect breeding ground for the gestation of new initiatives of international collaboration, as well as the opportunity to discover a city full of art and history.

**Pedro Jaén Olasolo MD**  
AEDV President
An experience never to be forgotten

During one of the first lectures I gave to my medicine students I invited a patient. She was my age and she had recently been diagnosed with a melanoma, carrying a genetic mutation leading to familial atypical multiple mole melanoma syndrome.

This lecture has remained a vivid memory ever since.

The purpose was to use that episode to teach my students “doctor-patient” communication skills. With my patient I also spoke about how she experienced her visit when I gave her the diagnosis of melanoma. Upon asking if there was anything I, as a doctor, should have done differently, she answered that she missed an empathetic approach from my side: I should have asked her about how she felt, if she expected this news or at least given her time to let the news sink in.

From my side, I remember leaving the consultation room, having given her the diagnosis of melanoma, so I could get her a patient leaflet about it. She was left on her own and I was relieved to flee for a moment from such overwhelming emotions.

I received this feedback in front of 350 students and I realised then how important it is to ask your patients for feedback, and not just for teaching purposes.

In involve patient associations to improve quality of care

Looking at this from a wider perspective we then invited the Dutch Melanoma Patient Society to come to a meeting on how to optimise our melanoma care pathway and discuss the critical steps in the patient journey in our hospital. The input we received was very valuable, whereas the doctor’s perspective is and remains a different one.

Meanwhile, the pharmaceutical companies, insurance companies and politicians have all discovered the importance of the voice of the patients. The mantra ‘no decision about me without me’ is recognised by EADV and underscores the need for patient advocacy. The term “advocacy” emphasises the ethical aspect of representation of “vulnerable” people with certain needs or difficulties, where the final aim is to intercede between parties and mediate so that all patients may have equal access to quality health and care.

Modern patient advocacy has its origins in the 1980s thanks to HIV/AIDS activism, as well as later in the 1990s with breast cancer awareness action. Today, one of the major commitments of patient associations is to raise patients’ priorities and concerns, to make sure their voice is heard and
EADV has now identified many patient organisations involved in skin diseases. In recent years, the EADV Patient Association Working Group (PAWG), has invested in the relationship with these patient organisations and patient representatives. We have set up a working relationship with Global Skin – the International Alliance of Dermatology Patient Organizations, which is an umbrella body for other skin patient associations involved in research, advocacy and support.

**Joint doctor-patient session at Madrid**

Since the EADV Congress plays a key role in the exchange of ideas, this year in Madrid we have organised a joint session called “Building the doctor-patient relationship through effective communication” together with patient organisations and the Psychodermatology Task Force (11 October 2019, 08:30 - 11:45 in Room N115-116).

Amongst other things, we will discuss effective interviewing for patient engagement, a skill that we - as dermatologists - should master; the consequences of inadequate patient communication; and best practices in communication for an optimal doctor-patient relationship. We hope again to surprise you with an innovative and interactive programme!

In addition, the role of nurses in the care for our patients will only grow and the EADV Nurse Association Working Group has consequently developed its programme and organised a Nurse Day that will take place on 12 October in room N115-116 (see also page 13).

In the past few years, we have welcomed the Patient Society Village at the Congress, which enables face-to-face opportunities to meet associations and understand patient needs, especially around adherence and lifestyle choices.

The patient today is a unique resource and involving patient leaders in scientific sessions, asking their input in research project proposals and in guideline developments is, in the opinion of the PAWG, the direction to follow. We believe we can build strong lines of communication, better health outcomes and approaches to meet a changing landscape.

Catherine van Montfrans MD
On behalf of the Patient Association Working Group
**Dermatology Health Care Providers (DHCPs) are an important cornerstone** in both public and private dermatology care. As few data are available, the EADV Nurse Association Working Group (NAWG) has designed an online questionnaire to collect information on demographics and competences, as well as on educational and training needs. All EADV members and their DHCPs were invited to participate in the online survey by email.

**The dermatologists’ view**

Among the 422 dermatologists (61.14% female, 38.86% male) who participated in the survey, about 50% were in the 35-54 age group. The geographical distribution of the responding dermatologists is shown in the chart on page 12. The majority of responders were young dermatologists and most had between 1-10 years of clinical practice. They were evenly distributed between the private and hospital sectors (40% apiece), with the remaining 20% working in a university setting. Most (87%) were active in general dermatology, dermato-oncology and inflammatory dermatoses and 40% also perform aesthetic procedures.

Only 35% of the respondents employ DHCPs with 19% employing 1, 27% 2, and 19% 3 and more. Most of the DHCPs have been employed for at least 10 years, although 30% for only 1 day per week. Nearly all participating dermatologists (93%) agree that more education and training is needed for their DHCPs.

**The DHCPs’ perspective**

DHCPs also participated in the survey and 134 responded (96.27% female, 3.73% male), with around 50% of respondents from the UK and Northern Ireland. Around 40% were in the 45-54 age group.

Nearly three-quarters (73%) of them work between 30 and 45 hours a week. About 70% are active in a hospital setting. Prior training was nursing school (45%) and university (45%). About 35% are involved in clinical trials as study nurses. Tasks and procedures performed were numerous and highly diverse and all the DHCPs expressed a high need for complementary education and training (see chart on next page).

Nearly a quarter (23%) have attended a prior EADV meeting, but lack of financing (45%) and unfamiliarity with EADV (45%) were the main reasons for not attending. However, 94% would consider attending future EADV conferences.

In conclusion, DHCPs perform highly versatile tasks. Both dermatologists and DHCPs have expressed a strong demand for additional education and complementary training. An increased outsourcing of dermatological tasks to DHCPs under medical supervision could clearly benefit both dermatologists, DHCPs and patients as well as reducing the waiting time to receive dermatological care.

**EADV filling the gap**

EADV can play a major role in designing and providing training and education for DHCPs. The EADV Nurse Association Working Group (NAWG) started filling this gap. During the next EADV Congress in Madrid a dedicated track for nurses will run in parallel with other scientific...
<table>
<thead>
<tr>
<th>Subject areas requested by DHCPs for complementary education and training</th>
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<tr>
<td><strong>Injection</strong></td>
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<td>- Biologicals</td>
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<td>- Antibiotics</td>
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<td>- Bloomycin</td>
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<td>- Corticosteroids</td>
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<td><strong>Blood sampling</strong></td>
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<td><strong>Aesthetic/Cosmetic procedures: Peels</strong></td>
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<td>- Hair removal lasers</td>
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<td>- Vascular lasers</td>
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<td>- Sclerotherapy</td>
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<td>- Botox techniques</td>
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<td>- Radiofrequency techniques</td>
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<td>- Thread lifting</td>
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<td><strong>Anaesthesia: topical</strong></td>
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<td>- Local</td>
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<td>- Locoregional</td>
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<td><strong>Surgery</strong></td>
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<td>- Shaving</td>
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<td>- Suturing</td>
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<td>- Punch biopsies</td>
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<td>- Surgical wound dressings</td>
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<td>- Surgical CO2 laser</td>
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<td>- Electrocoagulation</td>
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<td><strong>Allergology: Prick testing</strong></td>
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<td>- Epicutaneous patch testing</td>
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<td>- Photopatch testing</td>
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<td>- Intradermal testing</td>
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<td>- Drug and contrast agent testing</td>
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<td><strong>Phototherapy: PUVA</strong></td>
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<td>- UVB</td>
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<td>- Phototesting UVA/UVB</td>
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<td>- Photodynamic therapy PDT</td>
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<td>- Daylight PDT</td>
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<tr>
<td><strong>Wound care</strong></td>
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<td><strong>Consultation assistance: Medical records</strong></td>
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<td>- Additional tests</td>
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<td>- Drug prescriptions</td>
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<tr>
<td>- Organizing follow-up visits</td>
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<tr>
<td>- Reimbursement issues</td>
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<tr>
<td><strong>Telldermatology</strong></td>
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</table>

Do you wish additional training for the following procedures?

Do you perform autonomously the following procedures?

Do you assist the dermatologist during the following procedures?
sessions and will be a perfect opportunity to connect dermatologists and nurses.

The Nurse Day will take place on Saturday, 12 October and NAWG is delighted to propose a morning programme covering hand dermatitis and wound healing, followed by an interactive afternoon session that will offer practical tips and best solutions/practices on these two topics. The full programme is available here. Nurses are invited to attend and to participate actively: their experience is highly appreciated and any questions and concerns can be discussed. Additional activities for nurses are planned in 2020, such as an EADV School course to explore the diverse roles of nurses in dermatology practice.

We believe in a team-based approach for caring and treating patients and inclusion of all dermatology workers.

Arjen Nikkels MD PhD
On behalf of the EADV NAWG

The DHCP survey has been developed by:
C Chapelier1, E Deprez2, C De Cuyper3, J Lambert2, L Seidel4, M Binarelli5, AF Nikkels1

1ULiège Dept of Dermatology; 2UZ Gent Dept of Dermatology; 3EADV-NAWG chair, Bruges; 4Department of Biostatistics, ULiège, Belgium; 5EADV Headquarters, Lugano, Switzerland.

Country of work of interviewed dermatologists

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Country of work of interviewed dermatologists
EADV NURSE DAY

SATURDAY, 12 OCTOBER 2019
Madrid, Spain

The European Academy of Dermatology and Venereology (EADV) is honoured to host for the first time a NURSE DAY during its annual congress.

We understand the importance of interdisciplinary engagement of allied healthcare professionals and we are dedicated to advancing highly qualified patient care, education and research. The EADV Nurse Day is a full-day programme built on two major topics: hand dermatitis and wound healing, presented by a mixed faculty of renowned dermatologists and nurse specialists.

The designed morning lectures and the interactive sessions in the afternoon provide a valuable learning opportunity, encourage synergies and recognize the key role of Nurses in the management and approach to patient care and treatments.

### Morning lectures

08.30-09.00  Hand dermatitis: clinical aspect and differential diagnosis  
Esther Serra Baldrich

09.00-09.30  Occupational hand dermatitis in healthcare workers  
Swen Malte John

09.30-10.00  Occupational hand dermatitis in industrial setting. Diagnostic patch testing: how to select the test series according to the profession?  
Thomas Rustemeyer

10.00-10.15  Break

10.15-10.45  The role of the nurse specialist in wound healing  
Corinne Scicluna Ward

10.45-11.15  Atypical wounds and pyoderma: a diagnostic and therapeutic challenge  
Valentina Dini

11.15-11.45  Incontinence associated dermatitis and moisture associated skin damage  
Dimitri Beeckman

11.45-12.15  Biologics in a nutshell (What nurses should know about biologics in dermatology)  
Dagmar Simon

### Afternoon interactive rotating sessions

14.00-15.15  A) Hand dermatitis: prevention and management. The teaching role of nurse specialist  
Kathrin Thormann  
B) How to choose an adequate wound dressing: take (your) TIME for it!  
Hilde Beele and Steven Smet

15.15-16.30  A) How to choose an adequate wound dressing: take (your) TIME for it!  
Hilde Beele and Steven Smet  
B) Skin protection for health professionals: glove choice and usage  
Anna Buse  
B) Skin protection for health professionals: glove choice and usage  
Anna Buse  
B) Hand dermatitis: prevention and management. The teaching role of nurse specialist  
Kathrin Thormann
This October, I will be attending the EADV Congress in Madrid - my first time at this conference.

My practice is at the University of Pennsylvania in Philadelphia in the United States. My research interests focus on access to care, global health, telemedicine, ethics and costs of care, and HIV dermatology.

At this year’s EADV, I will be speaking on the role of telemedicine in dermatologic care in the developing world. I first became interested in this topic during medical school, and during my dermatology residency, I established a successful store-and-forward teledermatology consult service to support clinics in both Uganda and Guatemala using a smartphone application.

Digital health via smartphone

Right now, we are experiencing a major paradigm shift in how technology plays a role in our lives. In many parts of the world, where access to clean water and consistent electricity remain daily challenges, it seems everyone has a mobile phone, and many people may have smartphones (see Chart 1). Suddenly, the potential for communication between any two people in the world at any time can seemingly be fully realised. With open channels, new opportunities have presented themselves.

However, when it comes to health care, there are stark differences in access to care based upon where you live in the world. Global health equity remains a huge problem. In Sub-Saharan Africa, for instance, there are fewer than 10 physicians per 100,000 people, let alone any dermatologists (see Chart 2). However, with the advent of smartphone-enabled secure cloud-based networks, there is potential to expand access to care.

We are at a pivotal moment, a time where Netflix has destroyed the video store and Amazon has decimated the bookstore – these disruptive innovative companies leveraged technology to connect people to resources that were more efficiently obtained not in person. While we are excited about the potential for telemedicine, should we be concerned about alternatives to the brick and mortar model for delivering medical care? As the telemedicine environment evolves, we will continue to learn about the potential of telemedicine to improve access to care, and dermatology is especially well positioned to lead the way in smartly using this technology while anticipating possible pitfalls.

At EADV 2019, I am eager to engage with people who are willing to question even the most traditional longstanding ways we deliver care to innovate and consider new paths forward to improve medicine and dermatology. I am so humbled and honoured to be invited to speak, and I am looking forward to the conference in Madrid!

Jules Lipoff MD
University of Pennsylvania
Philadelphia, PA, USA

Chart 1: Growth of mobile phone use by population

Chart 2: Per capita distribution of world physicians

Source: Global Health Observatory (GHO). Click on the link to access individual country data.
THE MODERN FACE OF DERMATOLOGY

28th
EADV
CONGRESS
9-13 OCTOBER 2019
Madrid, Spain
How to get the best out of the 28th EADV Congress

A few tips from an old warrior

Adj Prof Nicolas Kluger MD PhD
Department of Dermatology, Helsinki University Central Hospital, Helsinki, Finland.
Email: nicolas.kluger@hus.fi
Twitter: @NicoKluger

This year’s EADV Congress in Madrid will be my 13th EADV Congress in a row. I am a true European of heart: I have Polish roots from my father’s side and Finnish roots from my mother’s. Born and raised in France, I was a medical student in Paris spending several summers as an exchange/visiting student in Sweden and Finland. After I completed my residency and a two-year position as chief of residents in Montpellier University Hospital, I moved to Helsinki, Finland to complete my PhD and I am now a full-time senior there. In Spring 2017 I opened a monthly consultation dedicated to tattoo complications in the Department of Dermatology, Bichat-Claude Bernard Hospital, in Paris, France (so, yes, I do travel 4000 kms every month for this).

With all this personal baggage, attending the EADV Congress and being a member felt natural and indisputable. I have never missed any since Vienna 2007. Of my first one, I remember the thrill and excitement of discovering the largest European dermatology event, a huge (and heavy!) programme booklet, crowded lecture halls, the rush in the exhibition halls, people speaking exotic foreign languages around me, drinking cappuccinos (lots of them!) and eating my first Sachertorte in old Vienna with my best friend and colleague.

As an EADV Congress old warrior, let me pass on some tips to you, if you are a Congress newbie, on how to best enjoy it:

Your programme
Prepare your daily programme the evening before. Plan some back-up lectures in case a room is overcrowded, or the lectures are not what you expected. Don’t hesitate to leave (respectfully between two speakers of course) if you feel that the session does not fit your expectations. Don’t miss the Spotlights sessions and keep an eye on the late-breaking news to keep aware of what’s currently hot. If you have nothing else planned on Saturday 12 October at 15:00, I recommend the review session about body-art and tattoos.

Step outside your confidence zone
We usually tend to go to talks on subjects we already know about and feel frustrated afterwards as “I did not learn anything”. Be open, do not be afraid to explore new topics even if you may never see those conditions ever in your practice.

The posters
Browse the posters: they are a good source of quick “take-home messages”, inspiration for further studies in your home department and (my favourite reason) look for the small gems. There are always those posters worth reading because they are off the beaten track.

Networking
Share with your colleagues your impressions and ideas. Studies and collaboration have started in the EADV exhibition halls around a coffee! Do not hesitate to talk to the speakers and share thoughts. I myself have learned new treatments that I brought back to Finland after someone from the audience came to share her own experience.

Take time to enjoy the city of Madrid
No one expects you to stay from 08.00 to 18.00 in the Congress centre! Take some “me time” every day of the congress, whether you are a morning jogger, an art fan (Museo del Prado celebrates its 200th anniversary this year!) or just love Spanish gastronomy (and wine).

I wish you all a fruitful 28th EADV Congress in Madrid. And if you bump into me in the congress, feel free to offer me a free cappuccino and share your EADV experience!

Nicolas Kluger MD PhD
Department of Dermatology, Helsinki University Central Hospital, Helsinki, Finland.
Head of “Tattoo consultation”, Department of Dermatology, Bichat - Claude Bernard Hospital, Paris, France
Email: nicolas.kluger@hus.fi
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MEMBERSHIP BENEFITS

EADV Member will have exclusive access to the following:

- Priority access to the EADV educational programme including EADV Courses and development programs.
- Journal of the European Academy of Dermatology and Venereology (JEADV) and new JEADV app.
- Direct access to more than 20 medical journals such as JAAD, JAMA, BJD & Rook’s and Bologna’s textbooks.
- Presentations and webcasts from past EADV scientific meetings.
- Voting rights and possibility to run for office for EADV leadership positions.
- Reduced fees for EADV scientific meetings, congresses and spring symposia.
To date in Europe, the risk of UV-radiation (UVR) exposure at workplaces is vastly neglected and the evident future challenges for healthcare systems and society at large, are contrasted with the current situation regarding legal recognition, options for dermatological patient care and compensation.

EADV, therefore, organised a Multi-Stakeholder Summit on Occupational Skin Cancer (OSC) by solar UVR on 26 April 2019 during the 15th Congress of the European Association of Dermato-Oncology (EADO) to address the unmet needs of affected workers. The Summit was co-hosted by six partner organisations including patient advocacy groups, medical associations and international occupational health organisations. The 40 high-level participants included representatives from the partner organisations, workers’ unions, occupational safety and health professionals, social security organisations, dermatologists and oncologists, the European Commission, the European Agency for Safety and Health (EU-OSHA) and the World Health Organisation (WHO).

During his welcoming remarks Prof Alex Stratigos, EADV President-elect, pinpointed that reporting must be improved in order to obtain more precise data and that better access to care and follow-up is needed. Prof Swen Malte John, EADV Media & PR Committee chair, stressed that non-melanoma skin cancer (NMSC) is by far the most frequently diagnosed cancer worldwide. It is also one of the most common occupational diseases in Europe and its prevalence continues to increase. Despite this, victims remain overlooked, while prevention efforts, screening and improved access to care are neglected.

Global reassessment of NMSC by WHO and ILO

The WHO/IARC designated solar UVR many years ago as a Group 1 human carcinogen, along with others, such as asbestos. However, in many countries health policy and labour laws have not been changed to take into account the dangers posed by outdoor work, even among the most at-risk occupational groups. Given the pressing nature of the growing numbers of NMSC cases linked to occupational UVR exposure, Prof John also mentioned that the International Labour Organization (ILO) and WHO are currently assessing - within the UN Sustainable Development Goals (SDGs) framework - the global disease burden of NMSC. Both UN agencies have classified it amongst the 10 most relevant occupational risk factors and health outcomes, that have never been included in previous global estimation strategies but are very likely to account for a considerable disease burden. Together, they will produce joint estimates on the impact of work on health. This will help leverage the case of work-related skin cancer at a global level.

With regard to the economic costs, Prof Matthias Augustin referred to the increasing annual direct (medical and non-medical) costs of occupational skin cancer in Europe, which are estimated to range from EUR 341 to EUR 853 million. The burden is even higher if the intangible costs are included (reduction of quality of life, life losses and cumulative life course impairment), ranging from EUR 1.04 billion to EUR 2.04 billion per year. In health policy, special attention should be paid to the huge economic saving potential of powerful prevention measures. Primary prevention of OSC is essential to avoid longer-term costs and decrease the disease burden. He emphasised that in professions with increased sun exposure, specific measures of awareness, protection and systematic dermatological screening provide value for money.

Missing data links

During three round-table discussions, several important aspects were highlighted. The most common was about the continuing poor data situation on the incidence and spread of occupational skin cancer. One reason is attributed to the fact that dermatologists and occupational physicians do not link the disease to the patient’s occupation. In addition, health professionals often do not know where to file a report due to the lack of a reporting system in their country (EADV provides open access general purpose notification forms). There was broad
agreement that such reporting systems need to be implemented in order to obtain meaningful data. The new WHO ICD 11 allows for coding of occupationally-induced NMSC - hopefully this option will be used by health professionals in order to reveal the true magnitude of the prevalence. For policy-makers, a problem is only perceived as such if numbers are available. So, reporting cases of NMSC to population-based cancer registries would be pivotal. Unfortunately, this does not happen in many countries.

In addition, a proper regulatory framework is necessary to make sure that employers take action, as was highlighted by numerous participants. Several stakeholders agreed on the importance of extending the scope of the optical radiation EU Directive 2006/25 to natural UV radiation, and to engage with the new European Parliament and European Commission on this topic after the recent elections. To elevate the debate to the global level, participants stressed the importance of linking it with the UN SDGs, goals 3 and 8.

When it comes to implementing prevention measures, understanding workers’ attitudes is essential. There is still a high level of ignorance on the risks of solar UVR amongst workers and targeted actions are therefore important. One good practice example is the recently signed social partner agreement in Germany in the agriculture and construction sectors, which lays the groundwork for natural UVR awareness-raising activities to create a prevention culture in companies. Such a prevention culture includes the development of a responsibility structure within a company.

There was general agreement that it is important to develop and invest in well-defined prevention programmes. It is an ethical responsibility by employers, regulators, trade unions and experts to work towards that goal. Participants therefore underlined the need to set up a multi-stakeholder coalition.

The meeting ended with the launch of the Global Call to Action, which contains a comprehensive 5-point programme to combat occupational cancers and is addressed to policy-makers, health professionals, patient advocacy groups and employers.
Interview with the Editor-in-Chief, Prof Johannes Ring

Please give us a short introduction: what is your background and what pathways led you to the role as the JEADV Editor-in-Chief?

After seven years of postdoctoral research in immunology and allergy in Munich and California, I joined the team of Prof Otto Braun-Falco to become a dermatologist – and ended up as Chairman of large university departments, first in Hamburg then at the Technical University of Munich (TUM). At the beginning I had no idea how it would unfold, but my professional career looks straight in retrospective. My motto has always been “Do what you are most interested in, work hard and the rest will come!”

Besides research, student education and patient care, I was always interested in absorbing and spreading knowledge among peers by reading and publishing in good journals. I had been the founding and chief editor of two allergy journals (Allergo Journal and the World Allergy Organisation Journal). I also became actively involved in scientific societies. For EADV, I had the honour to serve as the congress president in Munich 2001, as president in 2004–2006, then chairman of several committees. In 2013 I was elected as Editor-in-Chief of JEADV after my retirement. This position now takes most of my time and I cannot see how I would be able to do this if I was still running a department.

Could you share some insights about the JEADV? How have you seen the Journal evolve in recent years?

Already some years after its foundation in 1987 by Torello Lotti and Derek Freedman, the Journal acquired an Impact Factor, which now has risen to 5.1, ranking sixth among 66 international dermatology journals. My predecessor, Prof Jean-Paul Ortonne (Nice; 2002–2013), did a wonderful job of improving the scientific quality. At that stage, the Journal was receiving about 800 manuscript submissions and publishing 6 issues per year at the beginning. Whereas in 2018 we received close to 3,000 new manuscript submissions from all over the world, of which only one third came from European institutions. Similarly, JEADV is accessed globally, and the number of
article downloads has risen from 200,000 five years ago to almost 500,000 in the last year. This means that we have a high rejection rate of around 85% and that we also have to reject good papers. I think EADV should start a separate journal, perhaps called “JEADV – Clinical Cases” as other journals have done successfully. This would give a better chance to many excellent case reports which we unfortunately have to reject at the moment.

JEADV is a clinical journal, and our target audience is clinician dermatologists in private practice or in hospitals, as well as scientists, researchers and everybody interested in the skin.

We have welcomed 10 new Section Editors across a range of fields, in addition to the two Associate Editors who has been supporting the Journal over the years. To reflect these structural and other changes, we revamped the appearance with the new cover design last autumn.

Furthermore, our editorial team in Lugano under Asao Sarukawa has evolved. When I took over the Journal, I was alone with one editorial assistant, Maryse Clappier, working in Nice. We worked very hard until it became clear that more editorial support was needed in order to manage the increasing flood of manuscripts. Now, under the management of Asao Sarukawa, there is a strong editorial team with Marie Berset and Secil Umitvar in the Lugano office and Laurence Zulianello in Geneva. A new medical writer will soon join the team as well. Of course, this is only possible thanks to the IT developments in the last decade which allows us to have the publisher in Oxford, the editorial office in Lugano, the illustrator in Geneva, the Editor-in-Chief in Munich, the production in Manila, and printing in Singapore – but it works!

What is the best advice you can offer junior researchers who are considering submitting their papers to JEADV?

The Number 1 rule: Have a real interest – curiosity – in what you are doing and try to do it in the best possible way! Look around for a mentor who could also guide you in scientific thinking and publishing. Make English your “stepmother tongue” if you are not privileged to be a native speaker. Or ask for help from professional English proofreaders before submitting. Whether it is fair or not, papers written in good English have a better chance of being accepted. When you have your results, think of the message you want to give and then put this into words. Only then look for the relevant journal which would fit your paper best. As an author, you will need a certain frustration tolerance; bear in mind even the best papers of famous scientists have been rejected once or several times. Thank god there are many different dermatology journals around.

We also like to hear the opinion of our readers; feel free to write a letter to the editor when you have something important to say, such as comments to articles published in JEADV. Choose the Open Access option for your accepted articles whenever possible; many institutions offer some financial support to their co-workers for this purpose.

Which research topics do you think are of particular interest to the Dermatology and Venereology community at the moment?

One major obstacle to originality in science is the phenomenon of “topicality”; science goes in waves like fashion. There are hypes of topics coming up and down regularly. The editor has to withstand these trends; it is only the quality that influences whether or not a manuscript will be accepted for publication. So, the answer to your question is: there are not any special research topics we would be particularly interested in. Everything new under the dermatological sun is welcome!

If EADV members want to become involved in the journal, for instance as a reviewer, what is the best way to do so?

Just write to our Editorial Office with a short CV explaining why you are interested and what would qualify you as a reviewer for a certain field. It does not make sense to “apply” for membership to the Editorial Board; this is an honour that should come to you but not the other way around. We have about 50 members on the Editorial Board but we ask for the contributions of about 2,500 reviewers each year.

What is most rewarding about being Editor-in-Chief?

It is a privilege and a great joy to be connected with the scientific community in our field all over the world to bring to light new aspects, as well as to help young colleagues with our constructive criticism during the peer-review process. It is also fun to put together an attractive issue which will be opened and read by many people. Every month I look forward to receiving a copy of the new issue – although I am the one who put the issue together and saw all the manuscripts several times, there is still a difference in the final appearance; just like the difference between the embryo in ultrasound and the new-born baby!

The interview was conceived and conducted by Asao Sarukawa, Head of Editorial and Publication – JEADV.
Every other year we hear of new technologies that will transform our lives. From robots “performing” surgery to new wearables continuously monitoring our vital signs, we learn of innovative developments that promise life-changing improvements to our health and healthcare in general. But do these tools really help us and the public where we need it most? Can physicians provide better care, and who is most likely to benefit?

The short answer is most likely: maybe.

Already decades ago, we were fast in declaring the war on cancer with the goal of transforming it into a chronic or even curable disease and predicting that pathologists and dermatologists will be replaced by machines for higher accuracy and reliability. Yet in 2019, little of that has become a reality; cancer patients are still dying, and every patient will confirm that a well-trained dermatologist is worth nothing short of gold.

The picture changes when we look at the roots and starting points of new technological developments: pre-clinical research. The cost of sequencing an entire genome has come down dramatically and is now considered a standard in any lab. Groundbreaking computational tools continuously advance our understanding of detailed molecular analyses and aid the interpretation of complex findings. There is little doubt that the latest discoveries of highly effective, disease-specific treatments are a result of technological advances of recent years.

Still, we are only scratching the surface of connecting all the dots. In the case of cancer, we start to view (epi-)genetic changes and cancer biology in the light of the tumour microenvironment, immunological changes and, just recently, the microbiome. With every new finding and every new element contributing to cancer biology, the degree of complexity rockets – and for the most part, we are only looking at snapshots of defined cancer states, rather than longitudinal changes. As a result, an estimate of 1 million new research articles are published every year – an amount impossible to oversee for even large research groups.

This is where the latest emerging technologies may help significantly. Natural language processing, a sub-specialty of artificial intelligence, has the potential to put individual data into context with all thus far published scientific reports. By that, not only data from a specific research field can be considered, but anything produced and published by the research community including narrative text as well as molecular and structural data repositories, covering all diseases, molecules and drugs: personalised medicine 2.0. What sounds like science fiction has yet already proven its potential to revolutionise elements of our daily lives in the form of Apple’s Siri, Amazon’s Alexa, or Google’s Translator.

My aim is to repurpose such new technologies and ‘augment’ RAS-cancer research as we know it to date. The concept of personalised medicine is a success story of recent years and well suited to also address the needs of RAS cancer patients. My starting point is NRAS mutant melanoma; however, this approach has the potential to impact all of RAS cancer research and even cancer in general.

Christian Posch MD PhD
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Since 2012 I have been involved in EADV’s dermatologic surgery courses. At that time, I had finished my residency one year before. Many experienced colleagues, such as Prof Myrto Trakatelli, Prof Bertrand Richert and Dr Florence Corgibert trusted me: I could continue to work with them for many years, and nowadays they are not just mentors but also great friends.

I was lucky because I had the possibility to “grow up” in a Dermatologic Department with a surgical unit: surgery became my passion, and I could practise it and improve my skills.

In Europe, and most probably in every region even within a single country, there are big differences in opportunity to perform surgery for dermatologists; some residents will be able to perform just a biopsy of fusiform excision, some can perform flaps and grafts, some are not performing surgery themselves but can assist plastic surgeons, whereas in a few departments major dermatologic surgery such as sentinel lymph node biopsy or a multidisciplinary approach to complex defect can be performed.

In previous courses we have had some enthusiastic participants who arrived with a basic level but without knowing sometimes how to hold a needle holder: it was really a great satisfaction see the same participants coming back one or two years after in the intermediate and then advanced courses to perform flaps. If we were able to give a little help to develop a passion for surgery, that was our aim!

The possibility to meet residents and specialists from different countries, sharing practice, knowledge and friendship is really something unique. This is a way that allows achieving inspiration from each other: not only participants from teachers but the energy from participants is very precious for us.

The goal of the EADV courses is not only to learn new skills but also to create a people network: sharing and not keeping is the winning way to co-operate with colleagues.

I am sure that the young European dermatologist generation is going to work hard, to keep and improve the surgical part of dermatology. My wish in the near future is that people who attended our courses will become the next teachers!

I would like to end by citing Steve Jobs: “Your work is going to fill a large part of your life, and the only way to be truly satisfied is to do what you believe is great work. And the only way to do great work is to love what you do.”

Elena Rossi MD
Modena, Italy
I am a dermatology and venereology resident in a government training and research hospital in Istanbul, Turkey. When I first started my residency, attending congresses and courses seemed like a very remote possibility. The thought of meeting with important professors and experts, and visiting top clinics was even more fantastical!

Just hearing about EADV courses was exciting. I submitted several applications as soon as I first heard about them, but I never thought I was going to be selected.

Vision and insights

By far the most valuable activity in my residency outside the clinic was attending EADV courses. Not just due to the scientific information, but the vision, perspectives and opinions were equally beneficial and unique. Meeting and learning from experts is incredibly informative, stimulating and satisfying. I have learned so many things from these courses, solved many problems theoretically, and started to question knowledge. In these courses we can listen and learn, give our own opinions, hear amazing ideas and perspectives and get insights about topics from famous and leading experts, which is very important for deep learning.

Furthermore, meeting with residents from other nationalities was very pleasant and helps us compare experiences and keep up to date for other meetings, activities, courses and educational opportunities.

In the middle of my residency, soon after my membership approval, I discovered the Guidelines section on the EADV website – the Acne, Melanoma, and Atopic Dermatitis guidelines were very beneficial. I read them many times and also followed their updated versions. They were not just trustworthy and routinely updated, but also easy to access, simple, practical and gave good guidance, which is very important and helpful in residency.

The first congress I attended was the 26th EADV Congress that took place in Switzerland. Seeing foreign friends from courses was very reassuring and made me more comfortable, social and self-confident. Most importantly, I ceased to feel foreign. Also, thanks to EADV, registration fees are very reasonable for residents and give all an opportunity to attend. After this event, I decided to attend all possible meetings and became very inspired to present our studies at congresses. So, I presented one of our studies at the recent EADV Congress (27th) in Paris. I have also attended the Advanced Surgery course in one meeting from which I took away many unique and beneficial ideas and solved many problems in practice.

In conclusion, EADV has many beneficial, unique and top-level educational opportunities and events, all of which are easily accessible to residents with funds. I would like to express my gratitude to EADV for all these opportunities. In my opinion, all dermatology and venereology residents should follow online courses, apply and attend events and courses and make the most of these chances.

Mahmut Can Koska MD
Department of Dermatology and Venereology
Istanbul Medeniyet University
Turkey

I have learned so many things from these courses, solved many problems theoretically, and started to question knowledge.
In Goethe’s *Götz von Berlichingen*, he says: “Where there is a lot of light, there is strong shadow.” This is particularly true also for cosmetic medicine and its subspecialty of aesthetic dermatology. The spectrum of cosmetic treatments is vast and more and more confusing. The focus has shifted from aesthetic surgery with often considerable risks and lengthy downtimes to non-invasive procedures with neurotoxin injections and soft tissue fillers now heading the list.

The annual financial turnover is in the tens of billions of euros, if not hundreds worldwide. The consequence is that more and more physicians, trained or not, embark on cosmetics as this appears to be money easily earned in a short time. Unfortunately, even though the outcome is usually good there are lots of adverse effects that may occur and happen even to the most experienced aesthetic dermatologist. These unwanted - sometimes catastrophic - effects can start with the person seeking a beautification procedure; their selection must be done with the utmost care and caution and borderline personalities should not be treated - for their own sake and that of the doctor.

By contrast, organic contraindications for many procedures are relatively rare. The treating physician should always choose the best product with a long history of excellent tolerability and not use cheap untested products that are available at low cost – there is always a good reason why they are cheap! Finally, the cosmetic treatment, at least when it involves an invasive therapy such as injections and many energy-based devices, must be carefully selected by a medical doctor according to the individual’s needs and wishes, the doctor must be trained in the technique and device and know its pros and cons as well as its alternatives. Paramedics and lay people should not be allowed to perform cosmetic treatments except for well-trained personnel in the doctor’s office, for instance for laser hair removal.

**Don’t dismiss patients’ concerns**

The practice is also responsible for an adequate preparation before the treatment and good aftercare. It is essential that the doctor is available after the procedure. One of the worst mistakes that can be made is to dismiss a patient’s concern about potential complications; this is the most frequent reason for being sued! Showing empathy is not an admission of guilt or malpractice, on the contrary it is reassuring for the patient and gives her/him the impression of being taken seriously.

**What are the most frequent complications?**

Botulinum toxin is generally very well tolerated but its injection requires utmost precision. Upper eye lid ptosis and paralysis of the zygomatic major muscle are relatively common. Forced muscle training shortens the period of weakness. Filler complications are varied with immediate effects mostly being transitory and harmless, with late side effects often requiring some specific treatment and delayed ones represented by nodule and granuloma formation as well as cold abscesses and bacterial biofilms.

Vascular effects may cause major skin necrosis and, in rare cases, blindness and stroke-like symptoms. Hyaluronic acid (HA) is the only filler substance having a specific antidote with a very rapid action: hyaluronidase. Each user of HA fillers has to have hyaluronidase available. There are many more cosmetic treatments, with and without expensive energy-based machines that are now used with good results, but also with their specific potentials for unwanted effects.

In general, most cosmetic treatments are safe provided they are performed by trained and skilled persons.

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![Prof Eckart Haneke](image_url)
Interview

Meet EADV’s new CEO: Martine de Sutter

What attracted you to joining EADV?

After many years in a leading role in the mechanical industry, I was determined to move to a more humanitarian environment. Some 15 years ago I had let go of an opportunity, but it kept haunting me. This time, I was resolved to make the journey when the role of CEO of EADV was posted - a coincidence? The Academy has been growing fast these last few years and I can support them with my experiences from within a corporate environment, working with a strong operational team in Belgium and Switzerland. At the same time, the Academy’s mission and vision give an answer to my aspirations. I feel very lucky that the EC and Board members have chosen me as their new CEO.

What is your vision for the Academy? How do you see the future development of EADV?

EADV is about advancing patient care, education and research; and about furthering the knowledge of professionals in Dermatology and Venereology. What I personally would like to add is a high sense of self-evaluation and professionalism to reach a high level of excellence. The Academy is very successful for many reasons: membership benefits, practical courses, e-learning, scholarships, congresses and symposia… how can we do better and more?

I give high importance to engagement with our diverse numbers of stakeholders; how can we differentiate ourselves from and at the same time create partnerships with them, in and beyond the European borders?
The future of EADV lies in excellence and differentiation.

**What's one key leadership lesson you've learned along the way?**
I always refer to a quote I once read... “if you think you are leading and turn around to see no one following, then you are just taking a walk.” I know what I need before I can follow, I need a sense of purpose, why am I doing it, what is my role, where is it bringing me. As I do not believe I am that much different than anyone else, I will always try to relate to people in a way that they feel confident to be with me and receive my guidance.

**What achievements are you most proud of in your career?**
I never really had a career step plan in mind, it was always important for me to constantly learn, remain vigilant and not to dwell in a comfort zone. I believe I succeeded in doing so, and I am equally proud that in whichever function or role I moved, I always stayed close to my ‘self’.

**Questions from some of the EADV team**

**What’s the single best piece of advice you ever received?**
“To listen to advice.”

**What’s your spirit animal?**
Many people easily associate me with it, so I’ll stick to the owl!

**Who is your favourite author?**
Unchanged in top place since my student days is Shakespeare, and to add a contemporary one it is Julian Barnes. Very witty and playful psychological realism, a theme that is often coming back is the subjectivity of ‘truth’ and ‘reality’... highly recommended!

**What’s your spirit animal?**
Without a doubt the historical period drama; series such as Downton Abbey, the film versions of Jane Austen’s books, I can view a million times. There is the splendour of the settings and costumes, of course, but it is most often both the eloquence and wit of the dialogues and equally the tension of the ‘unspoken word’ that I find so intriguing!

**What’s the most interesting piece of art you’ve seen?**
Thinking about painting, there are so many great works to admire, but I am most touched by the works and personality of my friend’s father, a very well-known artist in Armenia now living in Antwerp, Belgium. I consider myself very lucky having some of his works on my apartment walls to see whenever I like.

**What’s your most favourite sport to play or watch?**
My interest in sports is one of the ‘coming and going’ kind, but few years ago I started playing golf, and I love it. As for watching a sport I would choose Xathlon, amazing athletes!

**What is your favourite movie genre?**

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

*We are dedicated to advancing patient care, education and research by providing a unique platform to bring people together and share ideas.*

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Calendar of Events

> 2019

20th World Congress of the International Society of Cryosurgery
4-5 September 2019 – Haifa, Israel
Continue reading ➤

31st European Congress of Pathology
Pathology is Nice
7-11 September 2019 - Nice, France
Continue reading ➤

22nd ESPCR MEETING
12-14 September 2019 - Brussels, Belgium
Continue reading ➤

16th International Workshop on Langerhans Cells
03—06 October 2019 - Mainz/Budenheim, Germany
Continue reading ➤

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

IANS Scientific Meeting 2019
1-3 November 2019 - Amsterdam, Netherlands
Continue reading ➤

4th Annual Symposium on Hidradenitis Suppurativa Advances (SHSA)
1-3 November 2019 - Detroit (MI), USA
Continue reading ➤

11th EADV Dermatological Meeting in Ticino
21 November 2019 - Bellinzona, Switzerland
Continue reading ➤

EADV Nails Masterclass
10 November 2019 – Mumbai, India
Continue reading ➤

> 2020

9th Scientific Conference of the European Hidradenitis Suppurativa Foundation (EHSF e.V.)
5-7 February 2020 – Athens Greece
Continue reading ➤

16th EADV Symposium
29 April–2 May 2020 – Porto Portugal

39th 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