e-DermPE project: empowering patients and the public

The Online Development of Patients and Family – Educational Materials in Dermatology (e-DermPE) project, developed through funding received from EADV’s Project Proposal Review Committee (PPRC) in 2018-2019, made it possible to create patient-tailored information for a wide range of skin diseases.

The objective was to provide free access to quality medical information in dermatology for patients and their relatives. To do this, we used the existing website - Therapeutics in Dermatology (English version) or Thérapeutique Dermatologique (French) - that had been previously developed for healthcare professionals, with restricted access. Since the website was also frequently visited by patients to obtain quality information about their skin disease, we then developed contents in the public domain with educational, clinical and therapeutic information specifically tailored for them.

The European Editorial Board of Therapeutics in Dermatology, co-ordinated by Menno de Rie (Amsterdam, UMC, Netherlands), Julien Lambert (University Hospital Antwerp, Belgium), Laurent Misery (Brest University Hospital, France) and Paulo Filipe (University Hospital Lisbon, Portugal), elaborated the guidelines for the contents (articles) to be developed for patients. The articles were primarily produced by young dermatologists from Spain and Portugal and then reviewed by the co-ordinators of the Editorial Board. After validation of the contents, they were uploaded to the Therapeutics in Dermatology website, translated into French and made available on the French part of the site, Thérapeutique Dermatologique.

In collaboration with the EADV Task Forces, we obtained the leaflets they had already produced in order to translate them into French and to devise new patient leaflets on diseases for which there are none yet. So far, this project has also resulted in the production of 20 new leaflets. The leaflets in English and French have been sent to EADV for the Patient Corner section of the EADV website. Ten other leaflets are still under review.
The 20 patient leaflets now available
1. Arterial ulcers
2. Balanitis
3. Chilblain
4. Drug eruption
5. Eosinophilic fasciitis
6. Gram-negative folliculitis
7. Hailey-Hailey
8. Hirsutism and hypertrichosis
9. Inherited epidermolysis bullosa
10. Kaposi’s sarcoma
11. Lichen nitidus
12. Lichen planus
13. Lichen sclerosis
14. Lichen striatus
15. Morphea
16. Photosensitisation
17. Raynaud’s syndrome
18. Shingles and chickenpox
19. Striae
20. Xeroderma pigmentosum.

The 10 leaflets under review
1. Alopecia
2. Angiomas or vascular abnormalities
3. Folliculitis decalvans
4. Ichthyosis
5. Palmoplantar keratoderma
6. Pediculosis
7. Perioral dermatitis
8. Radiation dermatitis
9. Scabies
10. Vitiligo.

We also opted to add other quality tools and resources created by third parties to the site (patient leaflets, links to patient associations, educational videos, etc). Additional links for patient associations and for national dermatological societies have also been added, particularly in the French version, specifically to the Dermato-Info website for patients and the public run by the Société Française de Dermatologie (French Dermatological Society).

The availability of quality-controlled educational content, specifically designed for patients suffering from skin diseases, can facilitate communication between dermatologists and patients, leading to better self-management by the patient. Educating patients empowers them with useful tools and resources that help maximise good healthcare in dermatology. It also benefits specialists and residents as well, given that it improves doctor-patient communication and hence consultation and treatment.

We hope that this project has succeeded in this mission. Learn more at: www.therapeuticsndermatology.org (English) www.therapeutique-dermatologique.org (French).

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We are back from the 28th EADV Congress in Madrid with a lot of impressions: superb scientific programme, good organisation, a smooth progression through the whole event and more than 12,600 attendees. The personal touch, from meetings with friends at the “Promenade” and the good Spanish weather, made it an excellent experience - vivid Dermatology and Venereology in all its aspects.

Whatever dermatological area we are working in, congresses are one of the most important – but also time-consuming – professional activities that we undertake during the year. Congress learning goals are driven by selected sessions and critical success factors. They are centred on awareness, education, behaviour change and future-facing concepts. These help us to validate our participation at the congress and may even assist us in fulfilling our personal goals and meeting our unmet needs, as well as in making decisions about how to prioritise our time, budget and resources. In addition, the time that we are willing to spend in congresses increases with the value of the experience we receive.

In order to enjoy a dermatology congress of this magnitude, the majority of the work needs to begin well in advance of the event. Thoughtful and considered selection of the individually essential sessions, with adequate free time in between so that we reach the session rooms without stress and make allowances for serendipitous meetings with friends on our way, is a most important step to ensuring that our congress participation will become a success.

On the other hand, modern online technology provides new learning possibilities. Web-based seminars - webinars - offer presentations, lectures, workshops or seminars that are transmitted over the Web using video-conferencing software. Webinars are convenient for both presenters and attendees. They can hold conferences and meetings at any time and place. Anyone can participate without leaving work or just while staying at home. Their interactive elements make it possible to give, receive and discuss information in real-time. They promise no more headaches about venue rental, coffee breaks and transfers – holding a conference seems to be as easy as several mouse clicks from home!

However, congresses in their traditional form can add something more and personal to the overall experience. They are one of the only truly experiential opportunities that we get with our colleagues. We have the opportunity to integrate activities and to share the physical, emotional and scientific aspects of our specialty, free from the time constraints of our daily routines. It is one of the few times that we are actively open to spending quality time and get the opportunity to network with colleagues and friends. The 28th EADV Congress was exactly what such a good congress experience looks like. It provided us the chance to take a break from our daily work, to socialise, and even have fun. Personally, I do not want to exclude such an intellectual challenge or revitalising break from my academic and professional life and I am sure that the majority of you will agree with me!

Christos C Zouboulis MD PhD
Editor
Join our EADV Community

Become a part of the largest pan-European community of dermatologists and venereologists in Europe.

Engage, learn and share with other practitioners, experts and specialists.

Membership Benefits

EADV Members have the exclusive access to the following:

- Direct access to more than 20 medical journals such as JAMA, BJD & Rook’s textbooks.
- Presentations and webcasts from past EADV scientific meetings.
- Access to the EADV e-learning platform.
- Reduced fees for EADV scientific meetings, congresses and spring symposia.
- Voting rights and possibility to run for office for EADV leadership positions.
- Priority access to the EADV educational programme including EADV courses and development programmes.
- Journal of the European Academy of Dermatology and Venereology (JEADV) and new JEADV app.

For further information and to apply, please visit www.eadv.org or contact membership@eadv.org
Choose a great mentor
Throughout my medical and teaching years I have had the opportunity to meet great mentors who represent true models of leadership and medical conduct. I currently work as an Assistant Lecturer and MD in Elias Emergency University Hospital, in one of the most important dermatology departments in Romania, led by Prof Călin Giurcăneanu, President of the Romanian Society of Dermatology.

Find a great team
I am lucky to be part of a strong team with excellent professional training and openness to collaboration with younger fellows in dermatology.

Passion for your work
I love dermatology and microbiology. Based on that, my passion for chronic skin infections, microbial biofilms and skin microbiota comes naturally, especially when I can translate fundamental knowledge into clinical practice and improve my patients’ prognoses. I also find it fulfilling to achieve an early diagnosis of skin cancer and to improve oncologic patient care. While I strive for medical and scientific excellence, I always keep in mind medical ethics and the wellbeing of patients.

Hard work
I strongly believe performance can be achieved only with hard work and passion for what you do. Romanian gymnasts are known for incredible achievements: Nadia Comaneci (pictured) made history when she was awarded the first perfect 10 in Olympic gymnastics, in Montreal, in 1976. In an interview with the Romanian gymnastics team, athletes revealed the secret to their success: they perform their best when, at the end of an exhausting day, they continue to train and overcome that feeling. When I struggle during the long nights of writing projects, scientific articles or different study projects, my motivation comes from fantastic successful stories like this one.

Motivate yourself and others
Each year, students and residents come to study dermatology in our clinic, while others take exams for upcoming professional degrees. I could not help but notice the rollercoaster of emotions they pass through - the uncertainties at the beginning, the anxiety when faced with the challenges of medical studies, and the fear of failure. After almost nine years of teaching practice, I have had the opportunity to adapt my techniques and to improve my empathy towards younger colleagues in various stages of intellectual and emotional development. While I love to be close to them, I take this position with great responsibility and I frequently wonder how I can motivate my colleagues, send positive messages and change perspectives. It is not easy to develop their strengths and put them on the right course of excellent professional development and the wellbeing of patients. Unsurprisingly, I have made a number of mistakes during this process.

Social media
While a great tool for professional and personal development, Twitter, Facebook and Instagram accounts should not reflect an ideal version of yourself, but the doctor you want to become. Your colleagues and your patients should not notice a great difference between the image projected online and reality.

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Sunbeds emit ultraviolet radiation to produce a cosmetic tan and are classified by the World Health Organization as first-group carcinogens: they have been significantly associated with increased risk of melanoma and non-melanoma skin cancer by several meta-analyses. Despite this, controversies still exist since sunbeds are able to increase serum vitamin D, so the sunbed industry relentlessly tries to promote them as a safe therapeutic measure; and some authors have recently expressed scepticism about the carcinogenicity of sunbeds. It is worrisome that indoor tanning is still widely used worldwide and especially in northern/western Europe, where a considerable 42% prevalence of sunbed ever use was reported. However, differences across the whole spectrum of European countries in terms of prevalence and determinants of sunbed use have not been extensively studied so far: this would be highly important to better design preventive strategies in the future.

In order to shed light on these controversies and satisfy the unmet needs related to sunbed use in Europe, three literature reviews and two extensive analyses of the Euromelanoma database were recently performed. Euromelanoma is a skin cancer prevention campaign conducted all over Europe; it offers a once-a-year screening during which participants’ data, including sunbed use and phenotype, are collected via questionnaires.

A first literature review summarised the current evidence on sunbed use, vitamin D status and vitamin D supplementation and showed that in the case of vitamin D deficiency, the risk/benefit ratio is clearly in favour of vitamin D supplementation instead of sunbed use, which should never be justified due to its carcinogenic risk.

A second literature review confirmed that European sunbed users are typically young women, sun seekers, and smokers, mostly from northern countries, going to tanning studios with aesthetic motives; however, exceptions seem to exist especially in certain southern countries and this could be better investigated by exploiting the Euromelanoma database, which included data gathered from 227,888 individuals coming from 30 European countries. Indeed, although not population-based, the data coming from the Euromelanoma campaign represented a unique chance to compare almost the entire spectrum of European countries in terms of sunbed use.

A first Euromelanoma paper showed an overall prevalence of sunbed ever use of 10.6%, but this figure was higher for northern, sun-deprived countries and, surprisingly, for Italy and Spain. For the first time, geographic particularities of sunbed use were detected and were named Iberian (prevalence ten times higher in Spain than Portugal), Balkan (prevalence disproportionately higher among women), Baltic (highest prevalence among young adults), and Scandinavian (highest prevalence among adolescents) (Figure 1). These data have public health relevance for future, tailored interventions aimed at reducing indoor tanning in Europe.

A second Euromelanoma paper focused
on the relationship between indoor tanning and skin cancer risk factors and found that ever sunbed use was significantly and independently associated with high nevus count, atypical nevi, lentigines and suspicion of melanoma. These data suggest that that avoidance/discontinuation of sunbed use should always be encouraged, especially, but not exclusively, for individuals with high-risk phenotypes.

Finally, a third literature review summarised the newly discovered evidence on the nature and temporality of the association between indoor tanning and melanoma, and found that all epidemiological criteria for causality apply to the previously published meta-analyses on sunbed use and melanoma risk.

This large body of evidence should convince even the most sceptical that indoor tanning is dangerous to human health - especially when first exposure occurs in youth (before the age of 35) - and that the debate over whether sunbed use contributes to melanoma should be definitively closed.

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References


Lasers in dermatology

Lasers are considered the treatment of choice for some cosmetic conditions and a limited number of skin disorders. However, hundreds of skin disorders have been reported to improve after laser therapy. This group of non-cosmetic skin disorders is highly varied, including skin disorders such as malformations, tumours, inflammatory disorders, pigmentary disorders, vascular disorders, hair follicle related disorders, genodermatoses, and even some infections. Many of these disorders meet the criteria of an orphan disease.

The problem

For most of these treatments evidence for efficacy is lacking. Many of these skin disorders are uncommon or even extremely rare, making larger studies particularly challenging. Moreover, laser companies have no financial interest to support studies for these non-cosmetic indications and laser conferences focus almost entirely on cosmetic indications. Only occasionally, certain non-cosmetic indications such as port wine stains or congenital nevi are a topic at laser conferences. The current evidence is insufficient to provide clinicians with guidance and details of the optimal laser regimen for nearly all the potential non-cosmetic indications for lasers.

The need to provide evidence for the efficacy of laser treatments

As a result of the lack of evidence, the benefit of lasers in the treatment of many skin disorders remains unclear. For patients, this lack of evidence results both in overtreatment (patients who receive ineffective laser treatments) and undertreatment (patients who do not receive potentially effective laser treatment). Furthermore, physicians have the ethical responsibility to provide evidence for unproven interventions.

This is expressed clearly in the Declaration of Helsinki from the World Medical Association. The last paragraph “Unproven Interventions in Clinical Practice” states the following:

“In the treatment of an individual patient, where proven interventions do not exist or other known interventions have been ineffective, the physician, after seeking expert advice, with informed consent from the patient or a legally authorised representative, may use an unproven intervention if in the physician’s judgement it offers hope of saving life, re-establishing health or alleviating suffering. This intervention should subsequently be made the object of research, designed to evaluate its safety and efficacy. In all cases, new information must be recorded and, where appropriate, made publicly available.”

This paragraph of the Helsinki Declaration expresses perfectly the necessity for a registry in cases where controlled studies are not feasible.

The solution

EADV allocated a grant to set up an international registry, the European Laser Treatment Dermatology (LEAD) registry which is supported by the European Society for Laser and Energy-based Devices (ESLD). Currently, experts in laser and/or
Achievements so far

The first step, the protocol has been completed and submitted for publication. The second step was a systematic review of the outcomes that have been used in clinical studies concerning laser treatments for skin disorders. This article was published recently and serves as the basis of an initial list of outcome domains for the registry. In this article we noted a large number of different measurement instruments and a lack of Patient Reported Outcome Measures (PROMs). Right now, we are preparing the e-Delphi procedure that will involve various stakeholders from different continents to reach consensus on the minimal set of generic outcome domains to be used in the LEAD registry.

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2018 was definitely a year of good news for me.

I was at home, in May, enjoying my maternity leave, taking care of my one-month-old beautiful daughter when I read an advertisement on the EADV website: “Mohs fellowship, the selection process will finish when we find the ideal candidate.”

As soon as I read the conditions, I immediately wrote an email and found out that they hadn’t chosen a candidate yet. I said to my partner: ‘would you come with me to Rotterdam in case I get a fellowship there?’ ‘Yes, why not’, he answered. So, I sat down and started writing my motivational letter.

I had always wanted to become a Mohs surgeon, and that is very difficult to achieve in Spain. There are several hospitals where they do Mohs, but unless you are a resident there (a lucky one that is allowed to perform surgery), you will find it very hard to reach the number of operations needed to become a Mohs surgeon.

When I was a resident I spent two months on a Mohs unit, and I knew I wanted to learn and master that technique. During my career afterwards I have always tried to get jobs that were really focused on skin cancer and the surgical part of dermatology, so luckily I got quite experienced in surgery. But Mohs requires special training, that seemed unachievable to me. That is why when I saw this opportunity I knew I had to try, even in that “special moment of my personal life.”

So, I had my certificates and CV translated and wrote a letter explaining, as nicely as I could, the whole situation. Besides, the hospital I am currently working in, is perfect for setting up a Mohs Unit - it’s big, has a powerful surgical environment and covers a large population. I think that is the key, that all the processes can lead to real practice afterwards.

A few weeks later, I received an email asking for a telephone interview, which meant I had passed the first selection process. I felt nervous and excited, and proud as well.

The day of the interview with Prof Nijsten I felt more relaxed. He wanted to know about my job, my hospital, my colleagues, and the chances I had to start a Mohs unit after the fellowship. He was really nice and calm during our chat, and when we finished he told me that in one week, more or less, they would make a decision.

A week later, nothing happened, nor two weeks after, nor three...and when I stopped thinking about it, I got a phone call from Tamar again... ‘Beatriz, do you remember about the Mohs fellowship?’

My first visit to Erasmus MC was in December 2018. I went there for just one day to say hi and meet the team leader. When I arrived in the Mohs unit I realised how fantastic that experience would be.

I found an apartment near the hospital and by the end of the year I had moved with my family and was celebrating New Year’s Eve in my new place, ready to start.

Mohs organisation

To become a Mohs surgeon in Europe and become a member of the European Society for Micrographic Surgery (ESMS), you need to perform one hundred operations as a lead surgeon, and also get two recommendation letters from two Mohs surgeons.

Erasmus MC has its own system: they issue their own certificate for Mohs surgeons, but you need to perform at least two hundred operations as lead surgeon and also pass an exam that consists of twenty clinical cases with slides that you have to watch and explain.

The Mohs unit is formed of six supervisors and three residents, four nurses and a technician who carves and stains the tissue.

There are two operation rooms working simultaneously, I was assigned to one, with the resident in the other and the supervisor moving between the two checking everything is correct and sometimes performing some especially difficult procedures.

There is a laboratory in the adjacent room, where we took the pieces to be processed and examined afterwards. They have two microscopes connected to a screen, so we can examine the tissue together with the supervisor, and the students and other staff can watch as well on the screen.

Six Mohs operations are scheduled every day, and from the very first day three of them were assigned to me and the other three to the resident, not only the surgical part but also the microscope examination of the tissue. That was the most challenging part for me and where I think I had my biggest achievements.
Aside from that, it is very important that the "computer work" is carried out properly. That means filling in correctly the anatomy reports, the clinical history and the letters from the other doctors.

Also, at Erasmus MC there is a Mohs file that is completed during the interventions. A picture has to be taken of every step, and pasted on the file, so we can draw where the tumour is and leave everything reflected on pictures; it is very helpful although it takes some time.

The most common tumours in the Mohs unit were basal cell carcinoma and squamous cell carcinoma, but we also saw sebaceous carcinoma, Merkel cell carcinoma and dermatofibrosarcoma protuberans.

The melanocytic malignant lesions are made with a slow Mohs technique, that means removing the tumour and leaving the wound open until the following week, so the patologist has time to examine it in formaline and check if it is free. It is not possible to examine melanocytic lesions in frozen sections yet.

On Monday and every second Friday, we had perioocular Mohs with Dr Marlies Wakkee. She started doing this special technique a few years ago, operating together with the oculoplastic surgeon. Now she is really experienced and it was very interesting working with her on that. We performed six interventions per day on tumours located on eyelids or periorcular. Reconstructions in this area require different skills and performing different flaps and sutures than in other locations. We performed primary closures on the eyelid margin, Tenzel flaps, Tripler flaps, blepharoplastias, canthotomy and canthoplastias, among others. At the end of the morning, the oculoplastic surgeon used to join us in case of complications.

On Tuesdays, Dr Dikrama is the supervisor; she is very experienced in histology and she is the resident tutor as well. She encouraged me a lot at the beginning to study and practise by looking at slides, since it’s really difficult if you are not used to doing that.

On Wednesdays, Dr Wijne is the supervisor: he is really experienced in Mohs, and also has several years of plastic surgery training, so I could learn many reconstructive techniques from him.

On Thursdays, Dr Walboer and Dr Onderdijk were in charge. He is part of the tumour committee, so it is also interesting to get involved in the evolution and the decision-making with the complicated or most challenging oncological cases. With Dr Onderdijk I could learn how to do eyelid repairs and blepharoplastias, since she is specialised in that as well.

On Fridays, Dr Malskat is the supervisor. She is the most recent member of the team and is specialised as well in phlebology, but also a very good Mohs surgeon who really enjoys teaching and watching you learn and progress.

The first month was kind of adapting to their rhythm, getting confident and especially studying a lot of histology, looking at all the slides every day. We started at 08.00, had lunch all together around 12.30 and then finishing between 17.00 and 18.00 (depending on whether there were any surgeries still ongoing).

At the end of the first month they would already let me do mostly everything by myself. I could feel how my knowledge in histology was getting better every day and my surgical skills were improving constantly. I felt like one more member of the team which I think is really great.

In March, when I already had already undertaken one hundred cases by myself, I did my mid-term exam. It is similar to the final one, but with ten cases. It is a good way to check your progress and know your weak points in histology.

Apart from the Mohs surgery, I was kindly offered the chance to have a look at other techniques that could be interesting me, such as the surgical treatment of suppurative hidradenitis.

At the beginning of June, I had already completed my 200 Mohs operations, so I did the final exam. It takes around 10 hours to complete the exam. I made two small mistakes that I had to analyse with the supervisors, but I passed. Nevertheless, they ask me to lead the surgical team of the Mohs unit for two days as if I were the supervisor, which means taking all the decisions on every patient. They seemed to be happy with my development because they congratulated me afterwards. Yes, I did it!

So, in the end I reached my objective of becoming a Mohs surgeon, which made me feel very happy.

**Back home**

Now back in my hospital, I am working on a project with my boss to set up the Mohs Unit soon, led by us and also in co-operation with maxillofacial surgeons and plastic surgeons. We have already done one operation that was successful and are making arrangements so we can have operation rooms available every two weeks to start our Mohs agenda, which is planned to start in November.

In the first week of October I made a presentation to show how things were organised in Erasmus MC and shared with the whole team some ideas that can be useful to how we organise ourselves.

And last, but not least, during this intense six months, I got to know amazing people, not only in a professional way, but also personally, many of them I consider friends right know. We shared a lot of moments; they really were supportive and motivating so I am really thankful for that.

I feel very thankful as well to the Academy and especially to Prof Nijsten who saw potential in me and for giving me this huge opportunity. I will never forget my experience at Erasmus MC and I am really determined to start a Mohs Unit that will be very helpful for the population here. I hope it will soon be a reality, I am working hard on it...

**Beatriz Castro MD**

Dermatology Surgeon  
Hospital Universitario Marqués de Valdecilla  
Santander, Spain
Dermatologists should be leading the care of (most) skin cancer patients, which requires well-developed surgical skills including MMS.

In contrast to the US and Australia, the availability of MMS in Europe is very limited. We want to expand the number of European Mohs surgeons and offer the best possible care for our skin cancer patients.

Erasmus MC Rotterdam in the Netherlands is among the largest MMS centres in Europe. It performs approximately 1700 MMS procedures annually and has a formal training programme for MMS.

Prof Tamar Nijsten and his faculty are offering a 6-month, EADV-sponsored MMS fellowship to a highly motivated dermatologist.

Applications for the next fellowship will open in January 2020.

**APPLICATIONS**

For 2020 applications, only selected candidates will be contacted.

Applications for fellowships starting in 2021 **will open in early 2020**.

Any questions? **Contact us**
### Upcoming Resident and Specialist courses

<table>
<thead>
<tr>
<th>Date</th>
<th>Course</th>
<th>Location</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>16–18 January 2020</td>
<td>Lymphomas</td>
<td>Bordeaux, France</td>
<td>Resident</td>
</tr>
<tr>
<td>27–28 January 2020</td>
<td>Genodermatoses</td>
<td>Innsbruck, Austria</td>
<td>Resident</td>
</tr>
<tr>
<td>3–4 February 2020</td>
<td>Hidradenitis Suppurativa</td>
<td>Athens, Greece</td>
<td>Resident and Specialist</td>
</tr>
<tr>
<td>12–14 February 2020</td>
<td>Bacteriology</td>
<td>Paris, France</td>
<td>Resident</td>
</tr>
<tr>
<td>20–22 March 2020</td>
<td>Cutaneous Allergy &amp; Contact Dermatitis</td>
<td>Brussels, Belgium</td>
<td>Resident</td>
</tr>
<tr>
<td>2–4 April 2020</td>
<td>Advanced Surgery on Cadavers</td>
<td>Verona, Italy</td>
<td>Specialist</td>
</tr>
<tr>
<td>15–16 May 2020</td>
<td>Botox</td>
<td>Athens, Greece</td>
<td>Specialist</td>
</tr>
<tr>
<td>12–14 June 2020</td>
<td>Hyperhidrosis management</td>
<td>Athens, Greece</td>
<td>Specialist</td>
</tr>
<tr>
<td>17–19 June 2020</td>
<td>Acne &amp; Rosacea</td>
<td>Debrecen, Hungary</td>
<td>Resident</td>
</tr>
<tr>
<td>29 June–3 July 2020</td>
<td>Dermoscopy Summer School</td>
<td>Thessaloniki, Greece</td>
<td>Resident and Specialist</td>
</tr>
<tr>
<td>29 June–3 July 2020</td>
<td>ESDR Summer School: Skin Microbiota</td>
<td>Lausanne, Switzerland</td>
<td>Resident</td>
</tr>
<tr>
<td>20–24 July 2020</td>
<td>Dermatopathology Summer School</td>
<td>Lausanne, Switzerland</td>
<td>Resident</td>
</tr>
<tr>
<td>4–5 September 2020</td>
<td>Dermatopathology</td>
<td>Barcelona, Spain</td>
<td>Resident and Specialist</td>
</tr>
<tr>
<td>11–13 September 2020</td>
<td>Skin Cancer</td>
<td>Trieste, Italy</td>
<td>Resident and Specialist</td>
</tr>
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All courses are open to EADV and non-EADV members.

For further information, please contact [www.eadv.org/eadv-school](http://www.eadv.org/eadv-school)

To apply to any of the courses: [www.eadv.org/eadv-school/330/how-to-apply](http://www.eadv.org/eadv-school/330/how-to-apply).
The structure and format of the 16th EADV Spring Symposium in Porto in 2020 has been comprehensively reviewed. Participants will discover an enhanced scientific programme focusing on the latest developments in dermatology through breaking news, clinical updates and clinical case discussion.

With an expected attendance of 1500 professionals from over 70 countries, the Spring Symposium represents a unique opportunity to further knowledge in dermatology and network with experts from all around the world.

Scholarships
The following scholarships are offered:

- **Michael Hornstein Memorial Scholarship**
  Offered to one selected applicant from each Central, Eastern, Western & Northern European country.

- **John Stratigos Memorial Scholarship**
  Offered to one selected applicant from each Southern European & Mediterranean country.

- **Imrich Sarkany Non-European Memorial Scholarship**
  Offered to a maximum of twelve (12) young dermato-venereologists from non-European countries.

About Porto
Porto is the second largest city in Portugal. It is one of the most beautiful, welcoming and cheapest cities in Europe, with a gorgeous cityscape and medieval riverfront, flanked by the Douro River extending through the vineyards of the Douro Valley, and home to several UNESCO World Heritage sites.

Contacts
Registration: registration@eadvcongress.org
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Scientific Programme: scientific@eadvsymposium.org
General information: symposium@eadv.org
For further information, please visit www.eadvporto2020.org

Application deadline for all scholarships: 20 December 2019

For full information and how to apply, visit the Scholarships page or email our team.
Come and discover the New format of the EADV Spring Symposium

- **Clinical updates**: focuses on clinical practical aspects of dermatology
- **Problem-based learning**: develops skills and knowledge on daily practice relevant problems through discussion
- **Breaking news**: provides an update in different rapidly changing fields of dermatology.

https://eadvporto2020.org
Now 107 years-old, the Brazilian Society of Dermatology (Sociedade Brasileira de Dermatologia - SBD) brings together about 9,500 associates and is Brazil’s leading organisation for dermatology and related fields.

Medical education
Every year, 408 medical residency vacancies are available in 89 institutions which are accredited by SBD. At the end of the teaching-learning process, the country will have a qualified dermatologist to practise in the specialty.

Scientific output
Among the SBD’s publications, the main journal is the Anais Brasileiros de Dermatologia (ABD). The first edition was launched in 1925, and for 36 years it was published every two months; it is now monthly. Nearly a century on, it has become the reference work for the latest medical-scientific developments in our field and is bilingual (Portuguese and English).

Social action
SBD is also active in supporting the health interests of the population. Campaigns to prevent skin cancer and leprosy are just two ongoing examples, and our public health advocacy will continue in the coming years.

In 2018, the SBD’s ‘December Orange’ initiative (Dezembro Laranja) was designed to raise public awareness of skin cancer, with multiple campaign activities across different states carried out by dermatologists. This caught the attention of the national media and highlighted SBD’s skin cancer guidelines.

Professional defence
In the fight to protect the rights of dermatologists among general physicians, the Society has promoted actions to highlight the importance of having an SBD-affiliated dermatologist for the diagnosis and treatment of diseases of skin, hair and nails, as well as for performing surgical and aesthetic procedures.

Still in this sense, it is worth remembering that the confrontation fomented by the SBD in the legal sphere against the attempted invasion into dermatology by other professional categories has led to more than 440 legal representations over the past three years and resulted in several decisions favourable to Brazilian dermatologists.

For a fuller history of the Society and overview of its activities, see EADV News 56 (Autumn 2015) ● Sérgio Palma MD SBD President (2019-2020) www.sbd.org.br
The 24th World Congress of Dermatology in Milan (June 2019) was a meeting full of new developments, among them the birth of a new society, the International Nail Society (INS). The INS is the result of a brilliant idea by its founding President, Prof Dimitris Rigopoulos from the Andreas Sygros University Hospital, University of Athens Medical School (Greece) who recognised the need to unite the four largest nail societies - the European Nail Society (ENS), the Council for Nail Disorders (CND), the Nail Society of India (NSI) and the Korean Society for Nail Research (KSNS) - to further strengthen awareness of nail science.

Together with Prof Rigopoulos, six Executive Board members (Nilton Di Chiacchio, Matilde Iorizzo, Bianca Maria Piraccini, Bertrand Richert, Natalia Rompoti and Antonella Tosti), three Auditing Committee members (Chander Grover, Beth Ruben and Adam Rubin) and two Honorary members (Robert Baran and Richard Scher) constitute the founding members of this Society.

**Aims and objectives**

The INS has the following aims and objectives:

1. To create and enhance co-operation between all healthcare professionals interested in normal and pathologic nail science, with an international scope
2. To support and facilitate research and education in the basic science, clinical, and histopathologic aspects of the nails, through the following actions:
   - Increase the overall awareness regarding nail diseases
   - Promote education and research regarding nail disorders and nail care
   - Provide educational programmes and materials regarding nail disorders and nail care for physicians, other healthcare professionals, and lay public
   - Assist healthcare professionals in the diagnosis and management of difficult nail disorders
   - Increase the quantity and distribution of both scientific and general publications related to nail science
3. To organise an “International Nail Summit” every three years
4. To represent or collaborate with all nail societies in commissions, international organisations and forums.

Similar to hair, nails are desired to be both functional and beautiful as they cannot be hidden by clothing. Because of the difficulty in treating nail disorders, many of which are even unknown in their pathogenesis, these skin appendages are often ignored.

This is one of the reasons why the INS was born: to promote awareness regarding nail science and to increase co-operation between nail experts from all over the world.

During national and international congresses, nail sessions are always full of attendees even if the timing is early in the morning or the last day of the meeting. Questions asked after the presentations often reveal only a basic understanding of nails and a desire to learn. Filling this gap is another goal of the INS, which desires to provide educational programmes and materials for residents and specialists, but also to healthcare professionals focusing on nail care.

The INS is open to all dermatologists, podiatrists, and scientists interested in nail research and nail disorders who want to improve their knowledge.

Matilde Iorizzo MD PhD
FMH Dermatology and Venereology
Bellinzona & Lugano, Switzerland
INS Secretary and ENS Board Member
E: matildeiorizzo@gmail.com

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"The INS unites the four largest nail societies - the European Nail Society (ENS), the Council for Nail Disorders (CND) the Nail Society of India (NSI) and the Korean Society for Nail Research (KSNS) - to further strengthen awareness of nail science."
Malassezia yeasts are lipophilic yeasts, members of the healthy cutaneous microbiome despite being often involved in numerous skin diseases, such as pityriasis versicolor and seborrhoeic dermatitis. Following a review of the literature, we were prompt to explore Malassezia species involvement in skin diseases, namely in pityriasis versicolor and seborrhoeic dermatitis, and in healthy skin through the development of a prospective study. A total of 182 volunteers were enrolled and 86 Malassezia isolates were retrieved by culture. Two methods of sampling were used (contact plate and adhesive tape) in each half of the participants We have concluded that contact plate sampling seems to be a more convenient and easier method to collect skin samples for culture.

An epidemiological survey aimed to provide insights into whether the Malassezia isolates recovered from patients with pityriasis versicolor, seborrhoeic dermatitis and healthy volunteers (control group), recruited at the clinical grounds, differed in and demographic data were obtained as well as information regarding previous treatment. These results, together with the susceptibility profile of clinical isolates to commonly used antifungals and non-antifungals agents led us to conclude that previous topical corticosteroids associated with a significant increase of the minimal inhibitory concentration values of fluconazole and terbinafine against Malassezia species. Furthermore, terbinafine exhibited in vitro rather low minimal inhibitory concentration values against Malassezia organisms, a fact that may deserve attention when selecting alternative drugs to azoles, the latter being frequently used in long-term preventive therapeutic regimens.

The subsequent work involved the use of a reconstructed human epidermis, recreating, in part, epidermal skin in vivo conditions. The interaction of Malassezia clinical isolates (one selected strain each of M. sympodialis and M. furfur) with this substrate was assessed. Herein, we have shown by imaging techniques that the above-mentioned yeasts were capable of producing a variable amount of biofilm, with an intricate architecture at the epidermal surface (Figure 1, which to the best of our knowledge had not yet been demonstrated.

Based on the ability of keratinocytes to initiate an immediate immune response whenever in contact with microorganisms and given that the biomarker profile induced by Malassezia yeasts is still under debate,\(^1\)\(^4\)\(^6\) we have used this reconstructed human epidermis to assess the expression of cytokines and antimicrobial peptides following exposure to Malassezia organisms. We noticed a distinct expression of cytokines and antimicrobial peptides was found following 24 and 48 hours of incubation, highlighting the prompt keratinocyte response against Malassezia with subsequent tolerance to the yeast presence.\(^7\)

This project highlights the complex interplay between Malassezia yeasts with their virulence factors and the host susceptibility which seems to be crucial for disease development.

Ana Pedrosa MD
Dept of Dermatology and Venereology
Centro Hospitalar Universitário São João
EPE and Faculty of Medicine, University of Porto, Portugal

References
1. Representative scanning electron microscopy (SEM) images of (a) *M. sympodialis* and (b) *M. furfur* biofilm formed at the surface of a reconstructed human epidermis (SkinEthic™ RHE small, Episkin, Lyon, France) at 96 hours of incubation (magnification 2000x).

2. Variation of gene expression in the reconstructed human epidermis incubated with *Malassezia sympodialis* and *Malassezia furfur* following 6, 24 and 48 h. Each bar shows the mean of gene expression ± SD from 3 independent experiments. Each experiment was run in triplicate. Values represent fold-change in gene expression relative to the cells of the reconstructed human epidermis without yeasts. *P < .05. Reproduced from Pedrosa AF et al. Mycoses 2019 doi: 10.1111/myc.12965.
It’s time to meet again in Bellinzona, city of magnificent castles and strategic crossroads of the alpine routes connecting the Latin and German worlds. What better place to host a dermatology day whose programme connects scientific research and clinical practice in a variety of stimulating presentations? Moreover, the medieval charm and the strong sense of intimacy of the city creates the ideal environment for a friendly meeting between colleagues sharing opinions and experiences on daily dermatology practice topics.

Since 2009, this one day-conference has been free and open to all dermatologists and basic researchers active in the territory. This is possible thanks to the dynamic support and constructive collaboration between the Academy, the local Swiss Italian Dermatology Society, the Swiss Society of Dermatology and Venereology, and the Institute for Research in Biomedicine (IRB).

As usual, the meeting will take place at the IRB. 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 selected this perfect setting to discuss and focus on different dermatology specialties: from cellular and immunological developments to diagnostic and therapeutic approaches.

The programme will start in the morning with a basic research session, including the latest achievements in cell trafficking to the skin in inflammation and tumour. It will be presented by researchers from the IRB, the University of Bern and the ETH Zurich.

A clinically-orientated section will follow in the afternoon and will address some important and controversial issues in paediatric dermatology such as the management of atopic dermatitis, atypical melanocytic lesions, psoriasis as well as sun-induced disorders in paediatric age groups. These will be very useful not only for dermatologists, but also for paediatricians, practitioners, immunologists and oncologists. Additional hot topics related to adult age groups will also be explored, such as auto-inflammatory diseases and rosacea. The topics will be presented by an expert panel of dermatologists both from Switzerland and Italy.

The aim of the meeting is both to provide an excellent educational opportunity and to strengthen the partnership between local Swiss dermatologists and their neighbouring Italian colleagues, in order to encourage medical progress and co-operation between researchers and clinicians.

A great opportunity to exchange experiences and share approaches in our daily work! We look forward to meeting you there.

For additional information and how to register, click here
# Morning Research Programme

**Chair:** Marcus Thelen

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker</th>
<th>Location</th>
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<tbody>
<tr>
<td>08:30-08:40</td>
<td>Welcome and introduction</td>
<td></td>
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<tr>
<td>08:40-09:00</td>
<td>Analysis of protein translation in T cells</td>
<td>Roger Geiger</td>
<td>Bellinzona, Switzerland</td>
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<tr>
<td>09:00-09:20</td>
<td>In vivo study of tattoo ink transportation and tattoo-induced inflammation in the draining lymph nodes</td>
<td>Santiago F. Gonzalez</td>
<td>Bellinzona, Switzerland</td>
</tr>
<tr>
<td>09:20-09:40</td>
<td>Molecular and immunological characterization of inflammatory responses of the esophagus</td>
<td>Hans-Uwe Simon</td>
<td>Bern, Switzerland</td>
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<tr>
<td>09:40-10:00</td>
<td>Association of Vascular Endothelial Growth Factor subtypes with melanoma patients' characteristics and survival: a semantic connectivity map analysis</td>
<td>Robert Hunger</td>
<td>Bern, Switzerland</td>
</tr>
<tr>
<td>10:00-10:20</td>
<td>Senescence induction by extracellular ATP limits tumoricidal activity of melanoma infiltrating T cells</td>
<td>Fabio Grassi</td>
<td>Bellinzona, Switzerland</td>
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**Coffee break**

**Chair:** Robert Hunger

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<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker</th>
<th>Location</th>
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<tbody>
<tr>
<td>10:40-11:00</td>
<td>Tuft cells - new players in type 2 responses</td>
<td>Christoph Schneider</td>
<td>Zurich, Switzerland</td>
</tr>
<tr>
<td>11:00-11:20</td>
<td>PPAR gamma regulates glycolysis and IL-9 expression in human Th2 cells</td>
<td>Christoph Schlapbach</td>
<td>Bern, Switzerland</td>
</tr>
<tr>
<td>11:20-11:40</td>
<td>Leukocyte migration through dermal afferent lymphatic vessels</td>
<td>Cornelia Halin</td>
<td>Zurich, Switzerland</td>
</tr>
<tr>
<td>11:40-12:00</td>
<td>ACKR3 in cancer metastasis</td>
<td>Marcus Thelen</td>
<td>Bellinzona, Switzerland</td>
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<tr>
<td>12:00-12:30</td>
<td>General discussion</td>
<td>Luca Borradori</td>
<td>Bern, Switzerland</td>
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<td>Mariagrazia Uguccioni</td>
<td>Bellinzona, Switzerland</td>
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# Afternoon Clinical Programme

**Chairs:** Carlo Mainetti, Franco Rongioletti

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker</th>
<th>Location</th>
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<tbody>
<tr>
<td>13:30-13:55</td>
<td>Atopic dermatitis management in paediatric age</td>
<td>Dagmar Simon</td>
<td>Bern, Switzerland</td>
</tr>
<tr>
<td>13:55-14:20</td>
<td>Spitz and Spitzoid lesions</td>
<td>Franco Rongioletti</td>
<td>Cagliari, Italy</td>
</tr>
<tr>
<td>14:20-14:45</td>
<td>Pityriasis lichenoides</td>
<td>Giampiero Girolomoni</td>
<td>Verona, Italy</td>
</tr>
<tr>
<td>14:45-15:10</td>
<td>Psoriasis in children</td>
<td>Carolina Figueira Gouveia</td>
<td>Bern, Switzerland</td>
</tr>
<tr>
<td>15:10-15:35</td>
<td>Photodermatoses in pediatric age</td>
<td>Piergiacomo Calzavara Pinton</td>
<td>Brescia, Italy</td>
</tr>
<tr>
<td>15:35-16:00</td>
<td>Autoinflammatory diseases: when to think about them in clinical practice</td>
<td>Angelo Marzano, Emilio Berti</td>
<td>Milan, Italy</td>
</tr>
<tr>
<td>16:00-16:25</td>
<td>Rosacea: clinical features and management</td>
<td>Carlo Mainetti</td>
<td>Bellinzona, Switzerland</td>
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<tr>
<td>16:25-16:45</td>
<td>General discussion and farewell</td>
<td>Franco Rongioletti</td>
<td>Cagliari, Italy</td>
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<td></td>
<td></td>
<td>Carlo Mainetti</td>
<td>Bellinzona, Switzerland</td>
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Calendar of Events

> 2019

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

29th EADV Congress
28 October - 1 November 2020 – Vienna, Austria

> 2021

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

> 2022

31st EADV Congress
7–11 September 2022 – Milan, Italy