Surviving and thriving in the “new normal”

The COVID-19 pandemic is certainly the most significant global event since World War II.

The metaphor that springs to mind to describe my impression of life and work over the past four months is that of Ulysses’ Journey. We navigate unchartered waters in a changing world. With new situations constantly challenging the way we think and act, the foundation of our societies and the relationships we have built across borders over the past decades have been redefined.

New challenges and opportunities in communicating with each other

The mandatory use of face masks in most situations is modifying human interaction dramatically. Not being able to see a person’s full facial expression can inhibit our understanding of others’ emotions. As physicians, establishing a rapid and secure connection with patients is crucial during a clinical interaction, however during these difficult times this may be compromised. Perhaps an unexpected advantage of the face mask is that it places greater importance on eye contact between persons, both in daily life and in the physician-patient relationship.

It may feel oppressive and even quite threatening to find oneself confined with others in a room during meetings or in public places. We may sometimes feel a sense of rejection from neighbours, or uncomfortable whilst on public transport or in shops. There may also be times, as physicians, when we experience rejection from patients. The rule of “social distancing” (which could be
more aptly described as “physical distancing”) may generate reactions of fear and disgust. But let’s remember, these are the very reactions some of our patients with visible skin diseases face in their everyday lives.

The fear of infection from others or by doctors may even deter some patients from seeking help for skin problems or attending clinical appointments. In these instances, we must do our very best to provide reassurance. For us, as healthcare professionals, these changes may generate stress and anxiety, but let’s remain steadfast and not be too proud to reach out to family, friends or the community for additional support.

How the EADV team is adapting to changes

The EADV team, based in Lugano and Brussels, in collaboration with EADV Board Members, Committees and Task Forces has continued to work remotely since the beginning of the pandemic, quickly adapting to this unexpected situation. All meetings have been held virtually and we have worked on offering alternative and supporting services to members, including:

• A specific COVID-19 dedicated area on our website which has been rapidly populated by 11 Task Forces’ recommendations and a guiding document for patients and for the general public. This work, coordinated by Task Force Facilitator Dr Christa De Cuyper shows members’ firm commitment to serving the community.

• The Journal of the European Academy of Dermatology and Venereology (JEADV) editorial team has worked extremely hard to review and publish an impressive number (124 at time of writing) of research articles and perspectives, shedding light on the pandemic. These resources have been uploaded with free access to the Journal’s website and are available via Wiley’s COVID-19 hub.

• European registries and surveys investigating the outcome of COVID-19, such as ProProtect and Secure-AD, have been widely promoted on the COVID-19 area within EADV.org.

The EADV School, under the leadership of Prof Myrto Trakatelli, has designed a special series of webinars, which have registered around 35,000 views:

- 5 Dermatology in times of pandemic webinars
- 3 Emotional Intelligence and Healthcare webinars

• The transformation of the 29th EADV Congress into a global virtual event, taking place from 29 to 31 October 2020, has been a necessary decision as well as an extraordinary opportunity.

With major uncertainties concerning the pandemic and the ability to organise large congresses in Europe before the end of the year, it was not possible to maintain our EADV congress in Vienna as a physical event.

The EADV Office and the Scientific Programing Committee, under the leadership of Prof Brigitte Dréno, are therefore currently building a spectacular, virtual learning experience. Themed on New Frontiers in Dermatology and Venereology, the scientific programme will consist of 171 sessions and around 550 speakers. Of the 1,890 abstracts submitted for review, 80 will be selected as free oral communications and the remaining will be published as e-posters. The immersive framework will offer multiple virtual networking opportunities, knowledge exchange hubs and an exhibition area.

What are the qualities that we, as leaders in Dermatology and Venereology, need to develop at these difficult times?

Trust

Cultivating trust and being inclusive are of primary importance and the pandemic should not prevent us from building connections with other persons and crossing physical and social frontiers, despite temporary restrictions on travel and gatherings. Trust is the basis on which to build a future of hope for everyone.

Clarity

Clarity in our objectives and our values. We need to remain focused on our motivations to create new opportunities for our specialty, for patients and for caregivers.

Agility

The world of tomorrow will not resemble the world of today and we need to develop a positive outlook and to grasp any new opportunity that promotes the EADV mission to advance patient care, education and research.

Prof Carle Paul MD PhD
EADV President (2018-2020)

I am indebted to Simona Vignati and Hazel Clarke for their help with this article.
The COVID-19 pandemic: Mistakes made and lessons learned, and a leap forward in scientific development

This issue is dedicated to the COVID-19 pandemic which has changed our lives and will continue to impact us in different ways for the foreseeable future. When, at the end of last year, media reported that a new epidemic within the SARS family of viruses had occurred in Wuhan, few of us could have imagined what would follow. Not only was it Christmastime, a period of celebration for Christians, but, geographically, China is far away from Europe and local epidemics are not uncommon in the Far East. What was there to worry about?

In February 2020, we were surprised to learn that what had seemed like a far-distant danger had already reached Europe. Italy was experiencing the consequences of the delayed recognition of the first few COVID-19 patients. Activation of preventive measures to protect other patients, hospital personnel and the nation’s citizens was equally slow, as was identification of where COVID-19 patients were coming from. The virus spread rapidly. Thirty percent of the patients first confirmed to have COVID-19 died, among them several physicians. We’ve learned two major lessons from Italy’s experience: a) all healthcare workers should have been tested for COVID-19 and those tested positive should have been isolated, even if they were asymptomatic, and b) an urgent and complete lockdown of the region should have been implemented to help contain the epidemic. Based on Italy’s experience, the rest of Europe had the chance to react accordingly.

The World Health Organization (WHO) announced the new disease to be pandemic in early March 2020, and by early April there were over 1.5 million cases worldwide, with over 90,000 deaths. Organ dysfunction, particularly progressive respiratory failure and a generalised coagulopathy have been shown to be associated with the highest rates of mortality. However, the natural history of COVID-19 is extremely variable, ranging from asymptomatic infection to pneumonia and on to potentially fatal complications. Rapid scientific work has produced prognostic models depending on the outcome of the first, crucial 10-15 days after infection, which depends on the balance between an individual’s cumulative viral exposure and the efficacy of their local innate immune response. If SARS-CoV-2 runs the blockade of this innate immunity and spreads from the...
Editorial

> upper airways to the alveoli in the early phases of the infection, it can replicate with no local resistance, causing pneumonia and releasing high amounts of antigens. The delayed and strong adaptive immune response that follows causes severe inflammation and triggers mediator cascades (complement, coagulation, and cytokine storm) leading to complications, often requiring intensive therapy and becoming, in some patients, fatal. In contrast to what was implemented at the initial stages of the pandemic, we’ve seen that strenuous exercise and high air flow in the incubation days and early stages of COVID-19 facilitates direct penetration of the virus to the lower airways and the alveoli. The crucial factor that decides a patient’s fate is whether the virus reaches the lung before the adaptative immune response develops.

The respiratory distress syndrome accompanying a subset of severe COVID-19 cases seems to be different from other viral lung diseases\(^4\). COVID-19 patients consistently reveal a unique and inappropriate inflammatory response, defined by low levels of type I and III interferons, juxtaposed to elevated chemokines, and a high expression of IL-6\(^5\). The striking deposition of C5b-9, C4d, and MASP2 in the microvasculature of organ systems, including the skin, is consistent with profound and generalised activation of both alternative and lectin-based complement pathways\(^6\). Taken together, reduced innate antiviral defences coupled with exuberant inflammatory cytokine production are the defining and driving feature of COVID-19. Understanding these pathophysiological events has led to the first effective treatment of severe COVID-19 cases with dexamethasone\(^6\). More specific, promising treatments may follow\(^6\).

Until then, a clinical scoring system, to be used when patients are admitted to hospital to predict their risk of developing a critical illness, has been developed\(^9\): Ten independent predictive factors are included in the risk score: unconsciousness, haemoptysis, chest radiographic abnormality, cancer history, dyspnoea, number of comorbidities, direct bilirubin, neutrophil-to-lymphocyte ratio, age and lactate dehydrogenase. The accuracy of the model has a value of 0.88 (good).

Viral pandemics, such as the one caused by SARS-CoV-2, pose an imminent threat to humanity. Because of their rapid emergence, the global community finds painful lessons on what should and should not be done at the preventive level. However, we also have the opportunity to develop quick scientific knowledge that enables us to be ready to fight similar threats in the future, which, due to globalisation, may again spread quicker than we expect.

Christos C Zouboulis MD PhD
Editor

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Join further discussions in the Nurse Virtual Meeting Room!

Visit and register on eadvvirtualcongress.org

The EADV supports the participation of nurses to the programme by offering a registration rate of EUR 100, including attendance to all scientific sessions of the EADV Virtual Congress.

MORNING PROGRAMME

“Leadership and global health”
- 2020 “Year of the Nurse and Midwife” in honor of the 200th birth anniversary of Florence Nightingale
  Sheila Ryan
- Year of the Nurse and Midwife: Reflections on the past, present and future
  Alberto Barea
- The UK-Model, 25-years of experience
  Rebecca Penzer Hick
- A European direction for specialist nurses
  Corinne Scicluna Ward

“Interprofessional collaboration. The role of the specialist nurse in dermatologic practice”
- Multidisciplinary team for skin cancer patients
  Saskia Reeken
- What do psoriasis patients expect and need from a psoriasis nurse specialist in outpatient care?
  Elfie Deprez
- Patient participation and empowerment. The involvement of experts by experience in hospitals
  Eva Marie Castro
- Added value of the nurse in a dermatologic consultation
  Kathrin Thormann

AFTERNOON PROGRAMME

“Doctor, I want to become pregnant. What about my skin disease, my medication and my baby?”
- Physiological skin changes in pregnancy and general skin care
  Iveta Gyliene
- Specific dermatoses of pregnancy: Algorithmic approach to the pregnant patient with pruritus
  Christina Ambros-Rudolph
- Breast care and breastfeeding
  Ella McNulty Brown
- Safe topical, systemic treatments and biologics in pregnancy. Patient information and education.
  Elif Afacan
- Skin infections in pregnancy
  Robert Müllegger
- Inflammatory changes in pregnancy
  Samantha Vaughan Jones
- Dermatological problems in newborns
  Mario Cutrone
- The midwife approach in prevention of AD in newborns
  Alison Cooke
I work as a consultant and Professor of Dermatology in Italy, Milan in particular. My city was one of the first, and among the biggest, epicentres of the spread of COVID-19 outside of China. On 20–21 February 2020, I attended a scientific advisory board with seven other dermatologists from six countries and six specialists from a pharmaceutical company at a hotel in central Munich, Germany. We were in a room measuring 70 m². At that time, none of the participants, including me, showed any signs of COVID-19. Returning home on the evening of 21 February 2020, I started to feel feverish and had a cough and coryza, later accompanied by hyposmia, hypogeusia and increasing weakness. This led to my hospitalisation for supportive care, following me testing positive for SARS-COV-2 (Severe Acute Respiratory Syndrome Coronavirus 2), the virus that causes COVID-19, via a nasopharyngeal swab on 23 February 2020. I can assume I became infected six days earlier during a visit to an urgent care dermatological ward, as part of my day shift – it offers free service and sees numerous patients, up to 50 outpatients daily.

I infected 11 of the 13 other participants at the advisory board in Germany, but neither I nor my colleagues suffered severe respiratory symptoms or other serious COVID-19-related complications. Once discharged from hospital on 9 March 2020, I stayed home in isolation for two weeks. After that, I was tested for COVID-19 via nasopharyngeal swabs, the result was negative.

During this period, I have featured in newspapers and on TV as Milan’s first “official” COVID-19 patient and first-line doctor. While reporting my experience, I described a varicella-like papulovesicular exanthem that had affected my trunk. The exanthem developed five days after disease onset and healed spontaneously within a week. My personal case was

### Table 1

<table>
<thead>
<tr>
<th>Inflammatory/Exanthematous setting</th>
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<tbody>
<tr>
<td>Urticarial rash</td>
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<tr>
<td>Confluent erythematous/maculo-papular/morbilliform rash</td>
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<tr>
<td>Papulovesicular exanthem</td>
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<tr>
<th>Vasculopathic/vasculitic setting</th>
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<tr>
<td>Chilblain-like acral pattern</td>
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<tr>
<td>Livedo reticularis/racemosa-like pattern</td>
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<tr>
<td>Purpuric “vasculitic” pattern</td>
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COVID-19-associated cutaneous manifestations subdivided into six clinical patterns. These six patterns have been merged into two main settings: the first one - inflammatory/exanthematous - including the first three groups and the second one - vasculopathic/vasculitic - including the last three groups.
later included in a multicentre case series of 22 patients and published in *J Am Acad Dermatol* (JAAD).

My exanthem was the first report of skin involvement in COVID-19 disease outside the scientific literature, and was featured in magazines and on TV shows.

Shortly after, a colleague described his experience with COVID-19-associated cutaneous manifestations, defining it as a first perspective. This was followed by a huge number of case reports and small case series from all over the world. To provide an overview of the COVID-19-associated cutaneous lesions, my co-workers and I later published a review article, subdividing them into six main clinical patterns (Table 1).

My story demonstrates the significant danger of infection for dermatologists, due to close contact to a great number of patients daily. The COVID-19 pandemic has highlighted the need to revise outpatient consultation priorities. Best practice would be to admit only urgent dermatological cases to the first-aid service, following strict triage and only after a first evaluation by general practitioners. This paves the way to complementarily kick-start the use of telemedicine: follow-up visits of already diagnosed patients could be the first step in the process. Congresses should also be momentarily replaced by webinars and online events, as EADV has done.

Finally, given the great interest in the dermatological community and scientific journals on skin manifestations in COVID-19 patients and the underlying pathomechanisms, I think we should design solid, well-designed studies on this topic, and avoid the rush to “easy publishing”.

**A. V. Marzano**

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2. Department of Pathophysiology and Transplantation, Università degli Studi di Milano, Milan, Italy

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Organ transplantation is one of the greatest achievements in medicine to date and has become a routine procedure offered to patients with end-stage organ failure. Long-term immunosuppressive therapy is required for the maintenance of a transplanted organ, inevitably resulting in significant inhibition of immune defenses. This in turn leads to frequent skin infections and malignancies, which represent a major cause of morbidity and mortality in affected patients.

The SCOPE network (Skin care in Organ Transplant Patients Europe) was founded more than 20 years ago in Berlin to meet the need for proper dermatological aftercare in a growing group of patients. Over the following years, SCOPE became a pan-European organisation with an interdisciplinary network of dermatologists, transplant physicians, patient support groups and basic researchers. SCOPE is the kind of network that leads to new discoveries and helps advance medicine. We collaborate closely with our sister organisation the North-American and Australian ITSCC (International Transplant Skin Cancer Collaborative) whose members regularly attend our meetings.

Compared to the general population, organ transplant patients (OTPs) have a significantly increased risk of various types of malignancies, as shown in incidence data and meta-analyses of population-based cohort studies. Although, the post-transplant cancer pattern differs across the world and the incidence of skin cancer varies across organ transplant types and depends on a range of risk cofactors. In populations of European descent, cutaneous squamous cell carcinomas are by far the most frequent, carrying 65–250 times the risk in OTPs compared to the general population.

Advanced squamous cell carcinoma or metastatic disease is a challenge for these patients. Although immune checkpoint inhibitors have been shown to improve the outcome with more than one cancer type, only limited data exist on safety and efficacy in post-transplant metastatic disease. Outside transplantation, increasing numbers of patients are also in long-term immunosuppressive therapy for other conditions or are immunosuppressed due to underlying conditions, such as chronic lymphocytic leukemia and rheumatic diseases. These patient groups are also of interest to SCOPE and within SCOPE’s area of interest.

Annual SCOPE meetings offer key moments for scientific exchange among clinicians and basic scientists working in these challenging fields. SCOPE conferences cover all aspects of skin problems in OTPs and explore new intervention processes and treatment.
Aftercare in OTPs focuses on diagnosis, treatment and prevention of infections and, most importantly, skin cancers. At SCOPE events, keynote lectures and abstracts discuss new developments. Our emphasis is on workshops to offer ample opportunity to discuss and network with other professionals – resulting in new ideas on how to best treat patients. Our fruitful cooperation has been reflected in several multicentre studies, groundbreaking publications and books.

The 19th Annual SCOPE meeting took place in Barcelona, Spain, from 26-29 September 2019 and proved extremely successful. SCOPE is organising a Satellite Symposium originally scheduled for 12 October 2020, during the upcoming 16th EADO Congress in Vilnius, Lithuania.

The 20th Annual SCOPE meeting, initially scheduled to be held in Bochum, Germany, from 12-14 November 2020, has been postponed by a year due to the COVID-19 pandemic and will now take place from 11-13 November 2021.

The SCOPE network is always on the look out for new members – dermatologists and scientists - from all over Europe working in the field of transplant dermatology to help strengthen the organisation by sharing their work and best practices. All new members are very welcome!

Part of our programme is to provide educational and awareness tools for patients. Leaflets on “Skin in Organ Transplant Recipients” by Prof. Deniz Seçkin, Başkent University, Ankara, Turkey, providing information on skin infections and skin cancers in these patients are available at www.eadv.org/patient-corner/leaflets. SCOPE Task Force members look forward to meeting you during an upcoming EADV event and remain at disposal should you wish to know more about our work.

Alexandra Geusau MD
Department of Dermatology, Medical University of Vienna, Austria,
President of SCOPE
From March 2020, European citizens were asked to stay home to prevent ongoing circulation of the COVID-19 virus. At the same time, healthcare infrastructures across the continent were strained to the brink of collapse under the enormous demand for intensive care unit (ICU) beds and the need to care for pneumonia patients. The burden was by no means spread evenly; in some cities, dermatologists worked side by side with ICU colleagues, carrying out long shifts, in others, colleagues performed patient care by phone or online from home.

Sexually transmitted infection (STI) care providers in Europe are united within the European branch of the International Union against STIs (IUSTI Europe) and represented via country representatives. I recently undertook a quick poll to find out how STI care was provided over the last few months. Although access to outpatient clinics was seriously affected by lockdown measures, for the most part, care for emergency cases continued. In my clinic, we restricted care to patients with discharge and genito-ulcerative complaints, STI-notified patients, sexual assault victims and those requesting pre- or post-exposure prophylaxis for HIV (PEP or PrEP). Whereas the number of consultations dropped to about 25% of the normal figure, the positivity rate for acute infections, like gonorrhoea and syphilis, doubled. Although these figures are biased by the lockdown measures imposed, they indicate that sexual contact continued despite social distancing measures.

In Romania, STI clinics remained open, but were visited less frequently (source: personal communication with Dr. Tiplica). Before the pandemic, online consultations were not possible due to legal and administrative obstacles. Local authorities responded by lowering these obstacles and allowing physical clinic attendance to be replaced by online consultations. The hope is that virtual patient communication will remain available in the future.

In the UK, home-based sample collection drastically increased (source: personal communication with Dr. Winter). The hope is that HIV transmission reduced as a result of social distancing measures. While pre-pandemic sexual activity will likely return, with extensive HIV testing transmission could be prevented through case finding and the immediate start of antiretroviral therapy. Successful viral suppression helps prevent HIV transmission. Creative actions such as online consultation, home-based sample collection and increased HIV testing can create a silver lining around the pandemic cloud, or in the words of Winston Churchill: “Never let a good crisis go to waste”.

Henry J.C. de Vries MD PhD
department of dermatology, Amsterdam University Medical Centres, and STI outpatient clinic, Public Health Service Amsterdam, The Netherlands

I would like to thank the following colleagues for their input in composing this report: Christa de Cuyper, Blankenberge, Belgium; Derek Freedman, Dublin, Ireland; Marco Cusini, Milan, Italy; George-Sorin Tiplica, Bucharest, Romania; and Andrew Winter, Glasgow, Scotland.
Join our EADV Community

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For further information and to apply, please visit www.eadv.org or contact membership@eadv.org
Since the beginning of this unprecedented health emergency, the JEADV has been actively reporting on the dermatology community’s response to the COVID-19 crisis. The international scientific response to the pandemic was quick, with reports flooding in from all parts of the world, already in early March.

Key Responses and Updates

JEADV COVID-19 Special Forum

Since then, the JEADV has been disseminating practical information on COVID-19 for healthcare providers and patients, putting special emphasis on implications for dermatology and venereology. To support this, we set up the JEADV COVID-19 Special Forum. All articles within the Forum are freely available and every issue of the JEADV from May on includes relevant editorials, commentaries, research articles and letters.

Support to authors and reviewers

We are extending increased support and flexibility to authors and reviewers facing unexpected challenges due to the COVID-19 crisis. Authors and reviewers who are struggling to meet deadlines for revising manuscripts or submitting review scores may ask the Editorial Office for deadline extensions.

Journal’s editorial and publishing processes and operations

While the Journal’s editorial and publishing functions continue to operate fully, some reviewers have experienced disruption due to COVID-19, meaning that the peer-review process has, in some cases, taken longer than usual. The Journal has also received more than double the usual number of manuscripts since March, causing some delay in the editorial process. Please be aware that the Editorial Office and our editors are doing their very best to minimise delays, and we are committed to maintaining the high quality of our service to authors, reviewers and readers.

Printing and distributions

The pandemic has impacted the printing and distribution of the Journal most, as this cannot be dealt with using a work-from-home approach. Due to the suspension of certain countries’ postal operations, we put the delivery of the April issue on hold, meaning that the April and May issues were dispatched together. Along with Wiley, we have been reviewing printing and dispatch options to allow us to best react to this very fast-changing situation.

Additional support and information relevant to the COVID-19 pandemic is available at the EADV’s COVID-19 corner. If you have any queries about the Journal, do not hesitate to contact the JEADV Editorial Office.

Contribution to WHO

Our publishing partner Wiley has signed up to the World Health Organization (WHO)’s and Wellcome Trust’s commitment to share research data and findings relevant to the novel coronavirus outbreak as rapidly and widely as possible. As a part of this commitment, we share all COVID-19-related research submitted to the Journal, with the author’s permission.
We need much more evidence to safely guide treatment decisions for people with chronic inflammatory dermatoses in the context of the COVID-19 pandemic. At least eight global registries have been set up to collect data on psoriasis, atopic dermatitis, hidradenitis suppurativa (HS) and other chronic skin diseases so that we can better inform patients.

The Global HS COVID-19 Registry is a collaborative project with integral patient representation that is collecting anonymous data regarding confirmed or suspected COVID-19 infection in adults and children with HS. Asymptomatic carriage of COVID-19 in people with HS detected by public health screening is also eligible for entry onto the registry.

The registry is hosted on a REDCap web-based platform. Cases can be entered by healthcare providers or by patients themselves. Project guidance is provided by a Steering Committee involving patients and clinicians from several countries. The registry is supported by the US, Canadian and Asia-Pacific HS Foundations, as well as HS patient advocacy groups, such as Hope for HS and HS Warriors. Cases of COVID-19 in people with HS from any location around the world are eligible (Figure 1) and translation of patient forms into several languages is planned.

Data collection is underway and the intention is to post updates regarding data on the registry website. Some of the questions posed are shared with other chronic inflammatory dermatoses, such as the effect of immunomodulators, including biologic therapies which may increase the risk of COVID-19 complications or conversely ameliorate a COVID-19 cytokine storm. The structure of the HS registry has been harmonised with other registries to allow pooling of data, where appropriate.

There are some specific concerns regarding HS patients and COVID-19. In particular, there are strong associations between HS and obesity and type 2 diabetes, which are risk factors for COVID-19 complications. Also, HS has a higher incidence in racial and ethnic minorities, who are also a high-risk group for severe COVID-19 disease. Information regarding any additional risks, or conversely protection, from immunomodulators in these HS patient groups will be particularly valuable, both for patients and their clinicians.

We encourage clinicians and patients to contribute to the registry to help increase our understanding of the effects of COVID-19 in people with HS.
to contribute to the registry to help increase our understanding of the effects of COVID-19 in people with HS. We are promoting the registry via social media and HS patient societies to help us also reach people with HS who are not under medical care. We'll publish data as soon as sufficient cases are registered to make sure the information reaches peer-reviewed literature.

John R Ingram¹, Sandra Guilbault², Haley Naik³

We would like to acknowledge Maia Paul, UCSF (affiliation 3) for her help in producing the below figure.

Figure 1: Heat map of current participation by healthcare providers in the COVID-19 registry for people with hidradenitis suppurativa
In 2009, the EADV Office Management Task Force began successfully organising visits to local dermatological private practices, alongside our annual EADV meetings and American Academy of Dermatology (AAD) meetings. It’s thanks to Rolf Ostendorf (Germany), Georges Reuter (France) and Monika Gniadecka (Denmark and last-mentioned as the chair of this Task Force) that we’re able to hold these events.

I’m a private dermatologist in Sweden and EADV’s visits have been a real highlight of EADV conferences through the years, as they make me feel more locally connected. They also offer me a personal local experience, which would be hard for me to come by in any other way. Seeing a fellow colleague in their natural environment provides a deeper understanding of working conditions in other countries. And discovering similarities to your own working situation is reassuring. It’s also inspiring to hear about possible solutions to the same problems you face.

EADV’s 2019 Congress in Madrid was exceptional, both due to the record number of participants and its very professional organisation, locally and by the Board. In total, 12,600 participants, including nurses, exhibitionists and beauticians, came together to exchange knowledge and trade with one another.

On 10 October 2019, ten of us visited a private dermatological practice in a fashionable district in the centre of Spain’s capital Madrid. Behind two heavy doors, in an old building, we found a contemporary dermatological office. We were greeted by the owner Dr José Estebanaz, who a couple of years earlier had been named one of Spain’s top 10 dermatologists. For over two decades, he has managed the practice with a couple of employees and half a dozen reputable colleagues. The practice features several examination rooms equipped with modern technologies, including photodynamic therapy (PDT), lasers, intense pulsed light (IPL), a radiofrequency machine, confocal microscopy and tools for skin surgery. Dr Estebanaz, who is also a professor in dermatology at the University of Madrid, is very interested in surgery and is himself a MOHS micrographic surgeon. His other field of expertise is lasers and he has, amongst others, a modern picolaser for tattoo removal. Patients who attend his clinic are mainly privately insured or able to pay privately for the consultation. Most come for common dermatological cases such as skin cancer, psoriasis, acne, eczema and so on. But there are also occasionally cases of rare dermatosis
More information about the programme will be available on the EADV website shortly.

Hélène Wolff MD PhD
Head and owner of the SKIN Hudkliniken
at Carlanderska Hospital
Göteborg, Sweden

and often patients seeking advice for aesthetic reasons, such as tattoo removal, scar revision, help with hyperhidrosis, vitiligo and skin rejuvenation.

Even though the practice’s setting is beautiful, Dr Estebaranaz said that he is planning to move his office to a more modern building.

Following a very interesting tour, we enjoyed a nice meal in a nearby restaurant in excellent company and with the chance to further exchange thoughts and professional experiences.

These “See my Practice” visits are truly unique learning opportunities and offer great memories. I hope they will be a recurrent feature for many EADV conferences to come.
We began hearing about the COVID-19 pandemic in mid-January 2020. Several cases had already appeared in China, but it was an infection that seemed very far away from Spain. At that time, Spanish authorities predicted that the infection would barely impact our nation. However, by February 2020, we had our first cases in Spain. The situation in nearby Italy was already becoming critical, with its healthcare system collapsing and an ongoing exponential increase in the number of infected patients and deaths due to COVID-19. In Spain, we were still naive to the idea of widespread infection in our country.

By the second week of March, things had picked up speed, especially in Madrid. The number of cases increased dramatically and in less than a week our hospitals were filled with patients with COVID-19. My hospital (Ramon y Cajal Hospital, one of the biggest tertiary hospitals in Madrid) usually caters for 900 beds. At the peak of the infection, we increased our capacity to 1,100 beds, of which 1,000 beds were filled by coronavirus patients. On 14 March 2020, a state of emergency was declared. The following day, I received an email that nobody could have predicted just two weeks earlier: every doctor - irrespective of their specialty - was called to the COVID-19 MacroUnit to help out.

On 16 March 2020, I turned up at the Internal Medicine Floor, as requested, with my old stethoscope around my neck. I registered for duty along with a group of other doctors, including rheumatologists, internists and family physicians. I had to totally change my way of thinking. Instead of reading articles about hair disorders and dermatology, I had to review protocols about managing COVID-19 patients. At first, it was very hard: the hospital totally collapsed; there were restrictions in place with regards to referring patients to the intensive care unit (ICU) and many deaths... One of the hardest times I faced was having to inform families of a patient’s death, without them having had the opportunity to say goodbye to their loved one due to strict isolation. On a positive note, I must emphasise the great camaraderie felt among all the healthcare professionals and colleagues in the unit. As dermatologists, we had to transform ourselves into general practitioners within just a few days. We only managed to achieve this feat thanks to the amazing support of our colleagues. Following the peak of the infection at the end of March, things started to improve. The number of patients attending the emergency department decreased substantially, as a result of lockdown measures put in place by the Spanish government two weeks earlier. By the end of April, I was able to return to the Dermatology Department and life began to return to how it was before. We were able to start taking small trips with the children, progressively do sports and now (June 2020) we are little-by-little resuming activities in hospitals and private clinics.

I would say that it has been, overall, a hard experience, but above all, a rewarding one as I’ve felt really useful to our society. Besides being dermatologists, we are doctors and we have had to prove that in a very short time. There is nothing like the human capacity to cope with change! ●

Sergio Vañó Galván MD PhD
Dermatologist, Head of Trichology Unit.
Clinical research coordinator. Ramon y Cajal Hospital, Madrid, Spain.
Director of Trichology and Hair Transplantation Unit of the Grupo Pedro Jaen Clinic, Madrid, Spain.
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We are adapting to this new world order and learning to live with the pandemic. This comes at the price of diminished physical face-to-face contact, while having to develop new ways of integrating dermatological services into the workflow.

While teledermatology has been around for decades, this tool is now taking centre stage. A number of ways of practising it are possible, including “real-time” and “store-and-forward”. The latter makes most sense for busy practices and is easier to integrate as it is not time sensitive.

**When should you use it?**

It is safest when there is already a trusted physician-to-patient relationship. Then, information for a new problem can be provided in advance in a secure way by filling in a questionnaire (including location and pictures), followed up with a video call. I recommend taking pictures with good lighting: from a distance and close up, directly over and at an angle.

As a triage tool: in my experience, problems of assessment and management can be resolved in this way. Cases requiring further attention will still end up at the office; such as those that don’t respond to treatment and those that require reassessment, e.g. biopsies.

Teledermatology also has its limitations. For example, it does not allow for thorough medical examination, which requires an ideal setting for professional dermatological assessment (good visual quality, palpation of lesions), taken for granted during a visit to the dermatologist.

**The future is now**

As an afficionado of digital technology, I inherently have a major conflict of interest. But I’d like to see us both get out of the woods and make the practice of dermatology stronger as a result. As a result of COVID-19, new digital tools will appear more quickly. As always, there will be a lot of emotion around them and debate on their development and use. We can expect both (minor, moderate, strong and key) support for and resistance to these tools. Pivotal points will arise when concrete hurdles are reached... but it’s clear where this trend is heading!

Christopher Hsu MD
New access
to an exclusive collection of medical books now available
to EADV members

Read the book of your choice at your convenience
As doctors, we have countless things to consider. Every day, we make life or death diagnoses, provide life-saving treatments, perform surgery, cooperate with colleagues and manage offices. Life is never dull. But how can we make sure we retain patients too? There are many things that keep patients coming back to the same practice, but it also doesn’t take much for them to find a different dermatologist. And we may never know why.

Before the widespread use of the internet and social media, patients relied on word of mouth, often via their personal physician, family, friends or other trusted sources. As the information age grew, word of mouth morphed into online reviews, often by anonymous sources. Shares of both positive and negative experiences at hotels, restaurants, shops, laundromats, amusement parks and yes, doctors, are now just one click away, at any time and from anywhere in the world. Go to Google Maps and type in the name of your practice. How many stars to do you have?

The psychology behind a patient’s motivation to publish either a good or bad review is remarkably complex. To try to begin to understand it, we need to look at the work of leaders in the fields of psychodermatology, social media and patient advocacy. What leads a patient to believe they’ve had a good or bad experience? There are many factors at play, besides your proficiency and professionalism.

EADV firmly emphasises emotional intelligence (EQ) in healthcare and promotes clinical leadership and personal development through training. EQ is the ability to recognise, understand, use and manage emotions, both your own and those of others. It promotes success in professional and personal relationships by increasing both self- and social awareness.

This topic will be the focus of a special session during the (now virtual) 29th EADV Congress later in the year. The EADV Patient Working Group (PWG) recognises the importance of the matter and is working with experts in numerous fields to present, discuss and lead panels on how to best leverage social media to connect with patients, the role of treatment adherence and lifestyle interventions in patient satisfaction and understanding what really matters to patients. EADV PWG works closely with GlobalSkin, the International Alliance of Dermatology Patient Organisations. GlobalSkin Board President and speaker Simmie Smith says, “working with our large network of patient organisations, we are keenly aware of what patients need and expect from their doctors so they can build a trusting relationship. It is essential that we share this information with doctors for their benefit and the benefit of their patients.”

No matter how large a practice you have, if you have neglected your digital reputation, you may be at a disadvantage without even knowing it. But there are resources available and EADV is here to help.

Catherine van Montfrans MD
Improving Your Patient Reviews Through Patient Satisfaction will take place on Friday, 30 October 2020 during the 29th EADV Congress.
In these uncommon times, we've experienced many things previously unthought of, like social distancing and lockdowns that forced us to stay home and cancel travel plans, all in the fight against an invisible enemy. On top of this, I personally had to also contend with a devastating earthquake in my hometown of Zagreb that caused substantial damage, although luckily limited loss of life.

To protect everyone's safety and wellbeing in times of COVID-19, EADV made the difficult decision to cancel our 2020 Spring Symposium in Porto and to organise a virtual Board meeting. These were both unprecedented situations. The cancelation of the Symposium was a sad, yet inevitable, decision. The option for a virtual Board Meeting was made by the Executive Committee.

Holding a virtual meeting of such an importance and with such a large group, even in a reduced format, was not only new for me, but also something that, to some extent, made me feel ill at ease. I was used to seeing colleagues physically face-to-face, the virtual format for a Board Meeting was unfamiliar to me. And I have to admit the idea of having more than 90 people - Board Members, Members of the Executive Committee, Committee Chairs, Editors, Task Force Facilitator and members of staff headed by our CEO – all on my laptop scared me somewhat. And having to support the President in managing the meeting, accommodating everyone presenting reports and updates, enabling participants to interact by posing questions via chat or contributing orally and sharing opinions and comments felt like a very challenging task. I was also concerned about time management... So many questions were swimming around in my head: Will I be able to find a polite way to “cut” colleagues should they go on too long? With no one physically present, I can’t see raised hands when someone wants to interject. How will I manage that professionally? Am I up to the task?

I'm delighted to report that our first virtual Board Meeting was a great success. I approached the videoconference nervously, but as it began and report after report was successfully presented, I felt in control, I could relax and feel more comfortable. Board Members and other participants started sending supporting and positive messages via chat, confirmation that everything was running smoothly.

The President, the Executive Committee and I had the required digital support...
Our first-ever virtual Board meeting was a proven success, thanks to our behind-the-scenes staff to make sure the entire event worked well. Questions and comments were filtered appropriately so that we could manage the videoconference efficiently, requests to speak were flagged so we could respond to them and most importantly, they made the videoconference possible in the first place. At the end, I felt relieved and satisfied, and think it was a very efficient and productive meeting.

However, I’d like to add, no matter how successful our virtual Board Meeting was, I’m still really looking forward to meeting you all again face-to-face.

Branka Marinović MD PhD
EADV Secretary General
Due to the COVID-19 pandemic, EADV has taken the difficult decision of cancelling all remaining courses in 2020.

We know how much our speakers and participants enjoy meeting each other by sharing their knowledge. Still, nothing is more important than your health and well-being.

We are committed to giving you the support and resources to navigate this challenging time.

Most of the cancelled courses will be either organised as online events through https://www.eadvelearning.org/ or postponed until 2021.

EADV e-learning courses & webinars

Online courses available:
- Nail Surgery
- Advanced STIs
- Pregnancy

Recorded webinars available:
- Histopathological diagnosis of epidermal carcinomas
- Botulinum toxin
- Classic Dermoscopy
- Dermoscopy of pink tumours
- Medical photography
- Hidradenitis Suppurativa
- Phlebology
- Itch
- Trichoscopy
- Tropical dermatology
- Psychodermatology
- Fillers

Contact: courses@eadv.org
elearning@eadv.org
COVID-19 has definitely had an immense impact on our Academy. As well as dealing with practical issues, resulting from cancelled events and venues, our biggest concern was to still be able to provide members with top-notch education opportunities in very difficult and evolving circumstances.

Over the past few weeks, many people have discovered that virtual events are no longer a “nice-to-have”, but a must-have. We are extremely proud that our association had already been working on making online events possible.

In 2018, the EADV began to record live courses from across Europe and started looking for suppliers to help create a specific platform dedicated to online courses. It was a somewhat challenging journey as it was a brand-new task for the Education Committee and EADV team, that were thankfully joined by experts in online education. Recently, we were able to add to webinars to our already broad offering of recorded courses. These webinars (open to EADV members and non-members) see experts share their knowledge in a live, online environment with other dermatologists, who can directly ask questions about the content. We are also working closely with the European Union of Medical Specialists (UEMS) to provide accreditation for most of our courses, meaning attendees will receive credits by following our distance-learning services.

If you've not done so yet, check out our education platform to find exclusive content from a wide range of dermatology experts: www.eadv.org/learning-centre

This is a time of unprecedented change and disruption. We will get through it together, and we are more convinced than ever of the importance of education in dermatology.
Calendar of Events

> 2020

5th Annual Symposium on Hidradenitis Suppurativa Advances (SHSA)
9–11 October 2020, virtual
Continue reading

39th EADV Virtual Congress
29–31 October 2020, virtual
Continue reading

17th Edition of Euroderm Excellence 2020
10–13 November 2020, Rome, Italy
Continue reading

12th EADV Dermatological Meeting in Ticino
19 November 2020, Ticino, Switzerland
Continue reading

4th Annual Emirates Dermatology Society Conference (EDSC2020)
19–21 November 2020, Dubai, United Arab Emirates
Continue reading

32nd Congress of the European Society of Pathology (ESP) and XXXIII International Congress of the International Academy of Pathology (IAP)
6–8 December 2020, virtual
(originally planned for 29 August–2 September 2020, Glasgow, UK)
Continue reading

> 2021

ADCARe Conference 2021
21–22 January 2021, Berlin, Germany
Continue reading

2nd Common Ground Meeting on Chronic Inflammation
28 January 2021, Lausanne, Switzerland
Continue reading

10th Scientific Conference of the European Hidradenitis Suppurativa Foundation (EHSF e.V.)
11–12 February 2021 (virtual)
Continue reading

51st Deutschen Dermatologischen Gesellschaft 2021
14–17 April 2021, Berlin, Germany
Continue reading

Sarajevo Dermatology Days – International Society of Dermatology (ISD) Regional Meeting
23–25 April 2021, Sarajevo, Bosnia and Herzegovina
(originally planned for 25–27 September 2020, Sarajevo, Bosnia & Herzegovina)
Continue reading

17th EADV Symposium
6–8 May 2021, Porto, Portugal
Continue reading

19th International Conference on Behçet’s Disease
8–10 July 2021, Athens, Greece
Continue reading

30th EADV Congress
29 September–3 October 2021, Vienna, Austria
Continue reading