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Benzene in cosmetics and anti-acne products

Currently, popular anti-acne products from several companies have been detected to contain benzene. Benzene was not intentionally added to these products. It appeared as a byproduct during production or degradation of benzoyl peroxide. Lawsuits are on their way in the US.

Extensive exposure

Certain benzoyl peroxide products might contain considerable levels of benzene such as 100 parts per million (ppm) after 10 days, 175 ppm after 14 days and 150 ppm after 18 days. Over 10 ppm of benzene were detected in 42 products, over 100 ppm in 17 products and over 1,500 ppm in two products. These levels were discovered after the products were incubated for 18 days at 50°C. The US Food and Drug Administration (FDA) recommends

that humans be exposed to no more than 2 ppm of benzene per day.

The level of absorption that topical benzene exposure can cause is still unknown. In the EU, US, Australia and China, regulatory agencies have defined concentration limits for benzene (residual solvent or impurity) in the final product or mixture.

What is benzene?

Benzene is a chemical that evaporates into the air very quickly. Its vapour is heavier than air and may sink into low-lying areas. Benzene dissolves only slightly and floats on top of water. It is formed from both natural processes and human activities. Natural sources of benzene include volcanoes and forest fires. Benzene is

also a natural part of crude oil, gasoline and cigarette smoke.

The International Agency for Research on Cancer (IARC) classifies benzene as a Group 1 carcinogen (carcinogenic to humans) (IARC 2004). EPA classified benzene in Category A (known human carcinogen) based on convincing evidence in humans supported by evidence from animal studies. IARC notes that benzene exposure has been linked with acute lymphocytic leukemia (ALL), chronic lymphocytic leukemia (CLL), multiple myeloma and non-Hodgkin lymphoma.

Extensive industrial use

Benzene is widely used in the US. It ranks in the top 20 chemicals for



production volume. Industries use benzene to make other chemicals that are used to make plastics, resins and nylon and synthetic fibres. Benzene is also used to make some types of lubricants, rubbers, dyes, detergents, drugs and pesticides.

Outdoor air contains low levels of benzene from tobacco smoke, gas stations, motor vehicle exhaust and industrial emissions. The benzene in indoor air comes from products that contain benzene such as glues, paints, furniture wax and detergents. Indoor air generally contains levels of benzene higher than those in outdoor air. A major source of benzene exposure is tobacco smoke. Smoking cigarettes with an average yield of 50 micron of benzene per cigarette has been compared with the occupational maximum exposure limit (16 mg m⁻³) concentration and with US studies on the home environment.

Inhalation and ingestion

Benzene is absorbed rapidly and extensively after inhalation and ingestion. Inhalation accounts for 95 to 99 percent of benzene exposure. It is absorbed less extensively through intact skin; however, percutaneous absorption may contribute to total body burden.

The seriousness of poisoning caused by benzene depends on the amount, route and length of time of exposure, as well as the age and preexisting medical condition of the exposed person. Brief exposure (5–10 minutes) to very high levels of benzene in air (10,000–20,000 ppm) can result in death. Lower levels (700–3,000 ppm) can cause drowsiness, dizziness, rapid heart rate, headaches, tremors, confusion and unconsciousness. Most of the metabolites of benzene leave the body in the urine within 48 hours after exposure. Some women who breathed high levels of benzene for many months had irregular menstrual periods and a

decrease in the size of their ovaries. It is not known whether benzene exposure affects the developing foetus in pregnant women or fertility in men.

Benzene in beauty products

In 2021, several types of cosmetic products (hand sanitizers, deodorants, antiperspirants, sunscreens, dry shampoos) in the US and Australia were tested and found to contain benzene. The products were voluntarily recalled from the market by the respective companies. Benzene was detected in body spray products up to the concentration of 17.7 ppm and in sunscreen products at concentrations up to 5.2 ppm and 2.4 ppm used by adults and children, respectively.

In an appraisal conducted for New Zealand, exposure to benzene while using deodorants/antiperspirants and sunscreen has been considered incidental. For both the product categories, inhalation and dermal routes were considered relevant for adults. Dermal exposure was also considered for children using sunscreen. In this assessment, both non-cancer and cancer human health risk of benzene in cosmetics (deodorants and sunscreen) through dermal and inhalation pathways were evaluated. Non-carcinogenic human health risk on exposure to benzene in the cosmetic products was evaluated by applying Margin of Safety (MoS) methodology. The MoS was greater than 100 for children and adults (aggregated risk), which indicates that benzene in deodorants (in adults) and sunscreen (in adults and children) is of low concern for public health. Lifetime cancer risk was estimated for adults (sunscreen and deodorant use) and children (sunscreen use only). Risks were estimated based on the dermal and inhalation pathways of exposure. The result indicates that lifetime exposure to benzene from cosmetic use will equate to an excess cancer risk of

<10⁻⁵, or 1 excess cancer in 100,000 individuals, which has been used in New Zealand for standard setting.

As a precaution, we encourage everyone to avoid exposing their creams to direct sunlight and high temperatures. Topical drugs should not sit in the car for long hours during the summertime.



**Prof Dr med Prof honoraire
Dr hc Christos C. Zouboulis**

Chair, EADV Task Force for Acne, Rosacea and Hidradenitis Suppurativa

Hidradenitis

With the 1st Hidradenitis suppurativa/acne inversa (HS/AI) conference 2006 in Dessau, Germany, and the following 12 annual thematic conferences, the dissemination of knowledge on this complex inflammatory skin disease has been markedly advanced. The European Hidradenitis Suppurativa Foundation (EHSF) was inaugurated in 2012 in Prague, Czechia, and is an affiliated society of the International League of Dermatological Societies (ILDS) and subspecialty society of EADV. With currently more than 350 members, it has provided milestones for dissemination of knowledge, resulting in products of international clinical cooperation, such as the consensus definition of the disease, the diagnostic criteria and the national and European guidelines for treatment, as well as the inclusion of HS/AI to the diseases, whose harmonisation

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Editorial

suppurativa/acne inversa week of awareness

of care is targeted by the European Reference Networks for Rare and Complex Skin Diseases (ERN Skin). In addition to the clinical progress, scientific interest in the disease has rapidly increased and the scientific work performed by clinicians and scientists has grown exponentially. Patients are organised in several self-aid groups.

These activities have almost completely overhauled the knowledge in the field of HS/AI. The estimated worldwide prevalence of HS/AI is 0.40%. Its most important pathogenetic factors are an abnormal differentiation of keratinocytes of the hair follicle-glandular apparatus and a massive accompanying inflammation. The diagnostic criteria establish the clinical diagnosis with an accuracy of 97%. Inflammatory nodules,

abscesses and tunnels are the primary lesions of the disease, which enable the calculation of the disease severity by validated classification tools, especially the International Hidradenitis Suppurativa Severity Scoring System (IHSS4). HS/AI is classified into two forms in relation to the degree of the always detectable inflammation: the inflammatory and the predominantly non-inflammatory form. The intensity of the inflammatory form can be subdivided by means of the IHSS4 classification in mild, moderate and severe HS/AI and is treated by medication accordingly. The decision on surgical treatment of the predominantly non-inflammatory form is based on the Hurley grade of the affected localisations. The new guidelines propose a network of effective medications. The combination of

a medicinal therapy to reduce inflammation with a surgical procedure to remove irreversible tissue damage is currently considered a holistic therapeutic approach in HS/AI.

Despite all this progress and the fact that *"HS/AI is the only chronic inflammatory skin disease that can be healed when treated adequately"*, the disease is still relatively unknown, as is evident from the delay in diagnosis of 7.3 years. The HS/AI awareness week, 2-8 June 2024, provided a targeted occasion to work towards a wider dissemination of the exponentially increasing knowledge on the disease and its quicker diagnosis.

**Prof Dr med Prof honoraire
Dr hc Christos C. Zouboulis**

Editor

The power of social media

Whilst I was about to finish my Doctor of Medicine (MD) in Dermatology in 2021, I began to contemplate my future prospects. Should I stay in my home country of Nepal or make an escapade to a foreign land of opportunities? I decided to stay. I was deeply rooted to the soil and my family, so I chose to stay and strive for a better self.

Fostering physician education and training

I am an early career dermatologist working in a government hospital that caters to around 200 dermatology patients every day, from which I developed a passion for rare skin diseases that were mostly undiagnosed and untreated in our resource-restrained busy outpatient department. Despite their seemingly apparent moribund complications, disability and public health concerns, oftentimes, they were missed and underwent multitude of insignificant treatments without diagnostic confirmation and/or treatment. As an aside, this led to the idea of foundation of Rare Skin Disease Nepal (RSDN) by Dr Niraj Parajuli for whom I had the opportunity of serving as a founding member for fostering physician education and training.

Looking for mentorship

Whilst I was exploring various possible options to support myself for personal and professional development, I began looking for opportunities for scholarships and grants via social media. It is not uncommon for someone like me from a low-income country to be intrigued by the idea of travel and the fascinating lifestyle of doctors abroad. I began searching for mentors who were global experts in

the field and willing to help with my career prospects. During the process, and whilst sending friend requests to many, I randomly sent one to Prof Julio Salas-Alanis from Mexico, an intriguing personality, filled with charm, grace and compassion for early career physicians. From the beginning, he encouraged me to keep striving hard and told me he envisioned me to be successful.

Driving forward

His compassion and commitment to care for people with rare diseases is well documented. He is the founder member of Dystrophic Epidermolysis Bullosa Research Association (DEBRA), an organisation established in Mexico in 1994 that is committed

to the holistic treatment of this rare and morbid blistering disease. He has much in common with Prof Dedee Murrell who has been focusing on compassionate care for those in need with her groundbreaking clinical trials to treat seemingly untreatable entities, who is also a guiding light and immense support for my academic enhancement.

A reflection of self

Whilst living his passion of travelling the world, Prof Salas-Alanis happened to come to Nepal at a time when Rare Disease Day was being celebrated and I had the chance to meet him. He shared his inspiration with us to strive toward success as he did decades back when he first started his career in Mexico. He had begun his dermatopathology training in Barcelona, Spain, and then trained on immunobullous and genetic diseases at St. John's Institute of Dermatology in London, UK, and had recently been a visiting medical physician at Yale University, US. We shared a sense of affection and brotherhood (Fig 1),



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differing only in socio-cultural aspects. Seemingly, I reminded Prof Salas-Alanis of his younger self when he was working hard in his early career days, starting a clinic in Mexico. Hearing of his days of struggle was inspiring and is reflected in his hardwired nature of being a hard worker for over three decades.

Learning from others

Unfortunately, for Rare Disease Day itself, Prof Salas-Alanis had to be in Bhutan, seeing and giving clinical consultation to monks in Katmandu, Nepal, and Bhutan (Fig 2). Nevertheless, he gracefully accepted our invitation for a virtual talk. His commitment to rare diseases was shown by his presence throughout the event and the valuable remarks that he made that focused on physician education of rare skin diseases. Prof Murell also contributed with her excellent lecture on management of epidermolysisbullosa (EB) in resource-poor settings which was insightful for those of us practicing in resource-strained settings with minimal diagnostic and therapeutic outreach.

Inspiring tomorrow's professionals

Prof Salas-Alanis' simplicity was reflected by his easy-going nature, how he carried himself through personal/professional turmoil, having had to flee from his own country due to threats of assault. An avid traveller, of more than 100 countries, we would



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have loved to hear from him more and share his life experiences and travel stories, which would inspire youths like us in dilemma with career prospects. At 61 years old, he was filled with energy and in good health, which we wish him forever. We hope he will come back to Nepal in the future.



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AAD Congress

patients and more, covering the latest advancements and breakthroughs in each speciality. From cutting-edge research to practical clinical insights, the sessions offered valuable learning opportunities for attendees at every stage of their careers.

Notable highlights

One of the key highlights was a keynote address from William Shatner, the 92-year-old actor who played Captain Kirk in the original "Star Trek" television series and subsequent movies. Shatner talked about his diagnosis with stage 4 melanoma, his surgical treatment and unspecified immunotherapy.

Other noteworthy presentations captured the audience's attention and

Uniting Excellence: Reflections on the AAD Congress in San Diego, US

The European Academy of Dermatology and Venerology (EADV) attended the prestigious American Academy of Dermatology (AAD) Congress in San Diego at the beginning of March 2023, where almost 20,000 dermatologists and researchers from around the globe gathered to exchange insights, present cutting-edge research and forge collaborations.

Covering key topics

The scientific programme featured 339 educational and other sessions covering various aspects of dermatology and venereology, including clinical updates, novel therapies and emerging trends. Renowned speakers, including AAD President Seemal Desai, delivered keynote addresses, presenting ground-breaking research and sharing insights on key topics, such as hidradenitis suppurativa, prurigo nodularis, keloids and atopic dermatitis, dermoscopy, dealing with difficult

The EADV leadership attended the CILAD reception which was promoting the next ILDS WCD to be held in Guadalajara, Mexico, 2027; L to R: Frederic Caux, France, EADV Communications Committee; Jorge Ocampo Candiani, Mexico, President of the WCD; Menno de Rie, NL, EADV Treasurer; Dedee Murrell, Australia, EADV Communications Chair; Branka Marinovic, Croatia; EADV President-Elect; Henry Lim, USA, President of ILDS; Carmen Salavastru, Romania, Secretary General, EADV.



sparked lively discussions with the audience. From elucidating the pathogenesis of skin disorders to exploring innovative treatment modalities, the research presented at the congress reflected the breadth and depth of contemporary dermatology. The studies presented showcased advancements in precision medicine, immunotherapy and molecular diagnostics, offering promising avenues for improving patient care and outcomes.

EADV visibility

Beyond the enriching scientific programme, the social events organised by EADV provided invaluable opportunities for networking and professional development. Attendees had the chance to connect with peers, exchange ideas and establish collaborations that transcend geographical boundaries. The lively welcome reception for international AAD members and the EADV receptions fostered meaningful connections and lasting friendships. All the EADV leadership team were present in an official capacity and most of the Communications Committee too.

Overall impressions

AAD San Diego was not only characterised by its scientific rigor, but also by the unforgettable experience, thanks to the outstanding scientific



Actor William Shatner, aka Captain James T Kirk of the Starship Enterprise, entertains the crowds at the AAD Plenary, interviewed about his melanoma by AAD President, Terry Cronin Jr

programme and interaction of participants. The vibrant atmosphere of San Diego made the congress a truly enriching and memorable experience for all involved.

Through its comprehensive programme, engaging presentations and vibrant networking opportunities, the congress served as a catalyst for advancing dermatological research and clinical practice. As attendees return to their respective institutions armed with new knowledge and insights, the legacy of the congress will continue to inspire innovation and excellence in dermatology worldwide.



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EADV reception at AAD: Michel Gilliet, Switzerland, Chair of EADV Scientific Committee, Dedee Murrell, Australia, EADV Communications Chair; Athena Daponte, resident from Thessaloniki, Katerina Patsatsi, Greece, EADV Statutes and Development Committee; Brunilda Bardhi, Albania, EADV Communications Committee.

EADV members join forces to present session on Blistering Diseases at AAD; Dedee Murrell, Australia; Frederic Caux, France; Katerina Patsatsi, Greece; Pascal Joly, France



Advancements and insights from the Task Force of Dermatology for Cancer

Cancer remains one of the leading causes of morbidity across Europe, and dermatologic adverse events (dAEs) stand out as one of the most frequent side effects, substantially impacting patients' quality of life. In response to the growing demand for comprehensive cancer supportive care, the presence of dermatologist specialists in supportive oncodermatology, a dermatology specialty focused on caring for cancer patients who experience dAEs, is increasingly recognised as indispensable in the multidisciplinary management of cancer patients. The EADV Task Force of Dermatology for Cancer Patients, comprising of over 100 members and having published more than 15 articles since 2021, promotes this essential multidisciplinary approach..

Identifying critical needs

In a recent article published in the *Journal of the European Academy of Dermatology and Venereology* (JEADV) entitled "Supportive oncodermatology practices in Europe and the USA", the task force conducted a survey-based study involving 296 dermatologists, including supportive

oncodermatology specialists, chiefs of service and postgraduate programme leaders. The study revealed significant insights, highlighting supportive oncodermatology specialists' dedication to promptly managing dAEs, which have proven beneficial for both outpatient and hospitalised cancer patients. However, discrepancies between

supportive oncodermatology specialists and oncologists regarding dAE management underscored the critical need for effective communication and integration of this dermatology specialty into cancer patient care ¹.

Disparities in resources

While overall responses from European and American participants showed similarities, regional differences in specialised training obstacles among European specialists emerged, suggesting disparities in educational resources. To address this challenge, we organised the first-ever residents and specialists training course in Pozzuoli, Italy, in May 2024. This course aimed to enhance participants' understanding and management of acute and chronic dAEs associated with cancer therapies. With the participation of renowned dermatologists as speakers, as well as a medical oncology specialist and a patient advocate, the programme provided essential knowledge and practical skills for the management of dAEs. The course attracted participants from 13 different European countries and overseas, including 20 dermatology residents and five dermatologists, with the goal of standardising supportive oncodermatology practices across regions.

"98% of residents recognise the importance of improving training in dAEs during residency"



EADV Patients

A continuing journey

As part of our ongoing efforts, we are conducting a RESCUE study, aimed at gathering comprehensive international data on dermatology residents' training in dAEs of cancer therapies. This study will provide valuable insights to enable us to identify areas requiring further training and implement targeted interventions to enhance resident education in this critical field. To date, 441 dermatology residents from 21 countries have completed the survey. Preliminary results indicate that residents receive limited training in supportive onc dermatology, with only 16% undergoing full training compared to other dermatologic subspecialties. Additionally, most lack theoretical and practical training in managing skin (45%), hair (71%), nail (64%) and oral (58%) toxicities. Only 15% feel comfortable handling dAEs, such as acneiform eruptions and toxic erythema. Nonetheless, 98% of residents recognise the importance of improving training in dAE during residency. Residency programmes, educational courses and specialised supportive onc dermatology clinics are considered the most suitable training formats.

Standardising practices

The efforts of our task force, highlighted in our recent studies and training initiatives, demonstrate a commitment to enhancing dAEs management and standardising practices across regions. Moving forward, continued collaboration and education efforts will be vital in optimising supportive onc dermatology practices in Europe and ultimately improving patient outcomes in oncology care.



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Climate change in Antarctica and in Antarctic research

Dermatology has played a significant role in Bulgarian Antarctic expeditions since 2012, initiated by Prof Nikolay Tsankov's pioneering studies on skin physiology^{1,2}. Over the past decade, I've been involved in two projects during Antarctic expeditions, in 2019 and 2022, witnessing remarkable transformations along the picturesque coast of Livingstone Island, where our base is situated.

A shift of focus

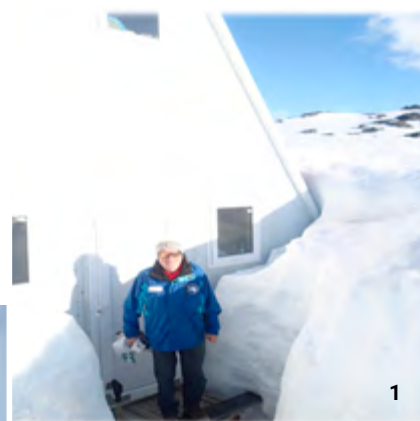
The typical question that arises when discussing Antarctic expeditions is *"What brings you there in such cold conditions?"* or *"Is it excessively cold?"* Interestingly, the projects I collaborated on with Prof Darlensky have shifted focus away from merely studying the effects of cold on Antarctic skin to the impact of the sun. Surprisingly, it can be somewhat warmer there than compared to Bulgaria. After all, when it is summer in Antarctica, it is winter in Bulgaria, meaning it could be -5°C at the base and -15°C in Sofia.

A changing landscape

Over the past 10 years, the landscape that welcomed the first Antarctic visitors has changed drastically. Prof Tsankov once recounted how the boat that brought them ashore was confronted by a thick wall of snow, at least two meters high. The first expedition group had to dig a tunnel through the snow to access the houses that people would live in. Buried under snowdrifts over two meters high, they would enter through a small window on the second floor.

Nowadays, the snowline starts at least 100 meters above the residential buildings of the base.

There is a specific route along the coast leading to the nearest glacier from the base, known as "Russian Roulette" due to its unpredictable nature. At first, the ice extended into the water and walking along the sometimes centimetre-thin stone beach that separated the glacier from the sea was possible one in every five times due to chunks of ice breaking off. Today, the glacier has receded so far inland that, during my second expedition, it became one of the most serene and secure spots, even suitable for meditation.



The dangers of the Antarctic sun

Returning to our studies, we have long shifted our focus away from frost-related research. Instead, it is now more important for us to understand the dangers posed by the Antarctic sun and the Ozone hole to those working outdoors, whereby, from the collected data, a maximum erythema dose in one day was reported for one member of the logistic group, reaching 67.9 standard erythema doses (SED), and the maximum cumulative dose detected in the same person during his whole 29-day stay on base was calculated to be 548.03 SED. This is more than two times higher than the average annual dose for outdoor workers in Europe, where values are 224 SED. The other interesting topic related to dermatological research in Antarctica is how pervasive moisture

can affect skin physiology and its microbiome^{3,4}. Adapting our scientific endeavours to the changing Antarctic environment is crucial for gaining further insights into ourselves and our ever-changing planet



Ivan Bogdanov, MD, PhD

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- 1 Prof Tsankov at the residential house narrow passage to the door, surrounded by snow in 2012.
- 2 The same house is seen from another angle 10 years later. The snow is far inland.
- 3 The first group of the 31 Bulgarian Antarctic Expedition.
- 4 Recruiting new EADV members.
- 5 Me – meditating on the spot of the former "Russian Roulette". A glacier that no longer reaches the sea.
- 6 Me on the rocky shore of Livingston Island once covered with ice. In the back, the Spanish Antarctic Base Juan Carlos I.



Abiding by strict regulations in the

Originating in Roman Law, the Latin term *nemo iudex in re sua*, “no one should be a judge in their own cause” represents one of the cardinal rules of justice, namely no one should act as a judge in a case in which they have a personal interest. This concept has been influential in legal systems around the world and it serves as the principle behind the term conflict of interest.

A matter of good governance

A conflict of interest can arise at all levels of governance, including in public, corporate and financial sectors, as well as in international associations like our Academy. Such conflict can influence decision making, leading to reputational risk, failure to act in the best interests of the Academy and poor governance.

International organisations have recognised that the establishment of guiding principles for the regulation of conflicts of interest is vital, not only for local or national governments or corporate sectors, but also for supranational, international and global governance, consequently introducing self-regulatory procedures.

With this in mind, the [conflict of interest disclosure form](#) (COIDF) was introduced within EADV in the early 2000s.

An essential tool

A conflict-of-interest disclosure form is an essential tool for any organisation (profit or non-profit) as it helps to ensure transparency between its members and accountability in its operations, as well to make sure that primary interests (the interests of the

organisation) are not unduly influenced by secondary interests (private interest of a member), which could be of financial or non-financial gain.

EADV members should avoid the public perception of a conflict between their personal, private interests and those of the Academy. Disclosure of a “potential” conflict of interest does not make it an actual conflict, but may help to eliminate the perception of one. Conversely, disclosure of an actual conflict of interest does not eliminate the conflict, but helps to ensure that it is properly managed. By disclosing potential conflicts of interest, the Academy can take appropriate steps to manage or mitigate them, thereby making sure that the actions of EADV are always in the best interests of the Academy’s objectives and vision.

Preventing undue influence or bias

The COIDF helps to prevent any undue influence or bias that could compromise the integrity of the Academy’s decision-making process and elections. Members of EADV have the duty to act in the best interests of the Academy and therefore a COIDF is required to preserve transparency and accountability.

Relating to EADV members

In times of globalisation, conflict of interest has become an underlying problem. In the case of EADV members, physicians may have relationships with manufacturers of commercial products and providers of commercial services related to healthcare or may work as governmental advisors or in scientific organisations.

Therefore, Academy members in leadership positions (Executive Committee members, members of the Board, members and chairpersons of committees, chairpersons of task forces, task force facilitator, members and chairpersons of working groups, editors of EADV publications (the *Journal of the European Academy of Dermatology and Venereology* (JEADV), the JEADV



interests of us all

Clinical Practice (JEACP) and the *EADV News*) are expected to proactively update and submit their COIDF every six months. Should any change to their conflict of interest status occur, it should be submitted even before the renewal deadline of six months.

Course chairs and lecturers (involved in both live and non-live EADV educational activities), webinars, congress and symposium chairs and speakers are also expected to submit the COIDF before their participation in the activities listed above.

Increasing transparency

It is essential to also recognise the value of the COIDF in terms of ethical importance and increased transparency. This has given rise to new forms of accountability, such as our Code of Conduct and Code of Behaviour. The current [Code of Behaviour](#) for candidates appeared for the first time in the 2012 EADV Board Manual. Given that over 10 years have passed since the introduction of the Code, a review of this document could be considered to adapt it to the current social media environment.

In 2013, EADV introduced the [Code of Conduct](#) which must be observed by EADV members at all times, and which emphasises that EADV members should not allow personal animosity to interfere with the collegiality or functioning of EADV.

In order to become a member of EADV, an "Agreement of Adherence to the EADV Statutes" must be signed, which means that all members agree to abide by the EADV [EADV Statutes](#), bylaws and governing rules.

Upcoming elections

During Calls for Nominations and Elections, nominees must agree to adhere to the Code of Conduct and the Code of Behaviour of the Academy and submit an updated COIDF, as provided for in the bylaws.

During the summer 2024 round of Calls for Nominations, many important leadership positions will be advertised, including vacancies for board members, president-elect, board representatives to the EC, committee chairs and committee members.

If you have ideas, energy and commitment, apply for an EADV elected position! EADV needs you!



Prof Carmen Salavastru

EADV Secretary General

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EADV Leadership

Executive Committee

RÖCKEN Martin (DE) President
MARINOVIC Branka (HR) President-Elect
STRATIGOS Alexander (GR) Immediate Past-President
SALAVASTRU Carmen (RO) Secretary General
DE RIE Menno (NL) Treasurer
GONÇALO Margarida (PT) Board Representative to the EC
TZELLOS Thrasyvoulos (NO) Board Representative to the EC

Board of the Representatives

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KATOULIS Alexander (GR)
KOBACHIDZE Joseph (GE)
LAZARIDOU Elizabeth (GR)
LESIAK Aleksandra (PL)
LEVENTER Mihaela (RO)
LITUS Aleksandr (UA)
MENDES BASTOS Pedro (PT)
MERCIECA Liam (MT)
MICALI Giuseppe (IT)
MOLLOY Kevin (IE)
OSMANCEVIC Amra (SE)
PASQUALI Paola (ES)
PRIGNANO Francesca (IT)
PROHIC Asja (BA)
RATZINGER Gudrun (AT)
RICHARD Marie-Aleth (FR)
RICHERT Bertrand (BE)
RUDNICKA Lidia (PL)
SAUNTE Ditte Marie (DK)
SIMON Jan-Christoph (DE)
SKERLEV Mihael (HR)
SKILJEVIC Dusan (RS)
STARINK Markus Vincent (NL)
STRÖMER Klaus (DE)
SVECOVA Danko (SK)
THIERS Bruce H. (INT)
THIO Hok Bing (NL)
THORLEIFSDOTTIR Ragna Hlin (IS)
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ZACHARIAE Claus (DK)
ZAK STANGELAND Katarina (NO)
ZASLAVSKY Denis (RU)

CEO

Kimberley Zimmermann

Advancing understanding of eczema and related conditions

The most recent initiatives and projects of the Contact Dermatitis Task Force were aimed at enhancing the understanding and management of contact dermatitis across Europe. Our primary endeavour is to conduct a comprehensive survey among EADV members to assess the status of contact dermatitis management in dermatology departments across different European countries. Our ambition is to identify the specialists involved, the availability of dedicated consultation for patch testing and adherence to established guidelines.

Upcoming learning opportunities

We are excited to announce an EADV School course on contact dermatitis that will be held 27-29 November 2024, in Coimbra, Portugal, hosted by Prof Margarida Goncalo.



You are also invited to read a paper entitled [*"Differential diagnosis of contact dermatitis: a practical-approach review by the EADV Task Force on Contact Dermatitis"*](#) published in the *Journal of the European Academy of Dermatology and Venereology*

(JEADV), a useful tool for all dermatologists. The secrets of skin diseases are always a challenge.

Chronic hand dermatitis

Our ongoing project on chronic hand dermatitis prevention and treatment involves developing a paper addressing key aspects such as definitions, diagnosis, classification, prevention and treatment. We are in the process of identifying crucial questions in collaboration with experts, which will be distributed among EADV members for input.

Hand eczema

In line with our commitment to advancing research in hand eczema, we are actively involved in the Hand Eczema Core Outcome Set (HECOS) initiative to develop a consented core outcome set for hand eczema trials. This involves reaching expert consensus on core outcome domains, which will serve as a basis for future therapeutic trials.



Photographs of contact dermatitis

Advocacy

Our advocacy efforts include drafting a call to action on chronic inflammatory skin diseases to be presented to EU decision makers, based on data from EADV's Burden of Skin Disease Survey.

We remain dedicated to providing informative content for dermatologists and venereologists through the EADV website, including the publication of Patient Information Leaflets and organising educational webcasts. In this way, we seek to advance the field of dermatology through research, education and advocacy.

Prof Dr Ana Maria Giménez-Arnau, MD, PhD

Dermatology Department, Hospital del Mar Research Institute. Universitat Pompeu, Fabra (UPF). Barcelona, Spain

Prof Suzana Ljubojević Hadžavdić, MD, PhD

University Hospital Center Zagreb, Department of Dermatology and Venereology, School of Medicine University of Zagreb, Croatia

Prof Anna Balato, MD, PhD

Dermatology Unit, University of Campania "Luigi Vanvitelli". Naples, Italy



INFECTIOUS DISEASES AND DIFFICULT WOUNDS FOR NURSES IN DERMATOLOGY

23
OCT
2024

24
OCT
2024

25
OCT
2024

Maison de la Dermatologie
(French Society of Dermatology)
Paris, France

COURSE FEE	200 EUR EADV members 600 EUR non-members
WE OFFER	Certificate of participation Course material Catering during the course Invitation for a networking event
REGISTRATION	First-come, first-served basis

Full programme and registration details
eadv.org/education/face-to-face

Learning objectives:

1. Refresh and update knowledge on cutaneous infections and STIs
2. Gain practical information on sampling and evaluation of test results
3. Learn about therapeutic patient education: tips and tricks to increase patient compliance and therapeutic outcome
4. Exchange of professional experiences through case studies presented by participants

The course programme provides a comprehensive knowledge update on cutaneous infectious and sexually transmitted diseases (STIs) that nurses will be able to incorporate into their practice.

A panel of experts will address the clinical spectrum of diseases caused by bacteria, viruses, parasites, fungi and yeasts and their treatment.

The course will give practical information regarding sampling methods and evaluation of test results. It will also include therapeutic patient education, with tips and tricks to increase patient compliance and therapeutic outcome in specific communities.

The training will also serve as an excellent platform to share knowledge and to exchange experiences from daily practice. Nurse participants are also invited to contribute actively and present their own case reports.

Meeting colleagues from all over Europe in an open atmosphere will offer a unique opportunity for networking and to become acquainted with the EADV nurse community.

Become an EADV member and benefit of reduced course fees eadv.org/membership



Reflecting on another

EADV's spring symposia hold a special place in the EADV calendar, emphasising our commitment to European inclusiveness while allowing for in-depth exploration of specific topics.

This year's much-anticipated and well-attended event took place from 16-18 May 2024 in Malta. As always, the programme offered a unique opportunity for specialists in our field to connect with colleagues from around the world and discover valuable insights and the latest updates in crucial areas such as acne management, pigmentary disorders, atopic dermatitis and paediatric dermatology.

**EADV
Spring Symposium 2024
in numbers**

1,770 delegates,
from **91** countries



28 sessions



108 speakers

938 accepted
abstracts



successful EADV event

Key takeaways

Exploring New Discoveries in Melanoma

- New imaging techniques are enhancing the accuracy of melanoma detection and monitoring.
- Novel and targeted treatments across different settings and melanoma stages are increasing survival rates.

Presenting the latest the evidence on the management of acne

- With an increased understanding of the pathogenesis of acne, new and improved treatments are in use and on the horizon.
- Given the many underlying age-related, genetic and dietary factors



that can contribute to acne, a personalised approach to diagnosis and treatment is critical.

Exploring recent advances in atopic dermatitis (AD)

- In the future, strategies may include barrier restoration for presymptomatic stages, with therapeutics to treat inflammatory cytokines in

active AD, alongside possible concomitant use of other therapies.

- The skin's immune system protective mechanisms are involved in AD pathogenesis, and that environmental triggers induce type 2 inflammatory responses in the skin and upper and lower airways causing AD.



"This Symposium is not only important for dermatologists, but also for our patients"

Prof Dr Martin Röcken, EADV President

Therapeutic patient education and novel treatments for atopic dermatitis

- Therapeutic education with a multi-disciplinary approach is key to improving patient involvement and adherence.
- Background therapies should be used concurrently with topical therapies, with the choice of specific therapeutic agent being used where it is most appropriate.

Cutting-edge updates on melanocytic lesions

- Melanoma comes in all shapes, sizes and clinical presentations, necessitating diagnostic vigilance.

- Dermatoscopic identification of melanoma is especially crucial for melanomas with atypical features or in atypical locations.

Hair disorders, alopecia, and the potential for artificial intelligence (AI)

- The introduction of JAK inhibitors for patients over 12 years with alopecia areata show promising efficacy and safety, marking a substantial improvement over traditional therapies.
- Despite AI advancements, AI should support, not replace, physicians in clinical practice.

Breaking news

- With a growing understanding of molecular pathways and somatic mutations, precision medicine is gaining momentum.
- AI is changing self-diagnosis and may be set to change clinical diagnosis, necessitating dermatologists to keep abreast of technological advancements.
- New melanoma treatments, including personalised and combination therapies, are improving survival rates and reducing side effects.

[➤ Read **MORE**](#)



Masterclass on Facial Dermatoses

18 May 2024, St. Julian's, Malta



Dr Sofia Tzoumpa, a fourth-year resident in dermatology and venereology at Avicenne University Hospital in France, attended EADV's Masterclass on Facial Dermatoses that took place during the EADV's Spring Symposium. Here, she tells of her experiences and why she'd recommend the experience to others.

"The course was chaired by Prof Marie-Aleth Richard and Dr Elena Rossi, both world specialists in the field of facial dermatoses. With European and international residents in attendance, the session provided the perfect environment for residents to learn and interact with each other and with faculty members. The participation of residents was facilitated by a generous scholarship from EADV.

About the course:

"Although chronic dermatoses of the face like acne, rosacea and seborrheic dermatitis are frequent, they are often a burden for patients and may have a detrimental impact on their quality of life. This full-day course provided residents with practical knowledge regarding facial

dermatoses. Topics included common inflammatory, pigmentary, infectious skin disorders of the face and cutaneous side-effects of aesthetic interventions of the facial area. There was also discussion around more complex and unusual cases. Every single topic was covered in detail and speakers shared up-to-date and practical information regarding the diagnosis and management of these conditions. Content was delivered through interactive presentations and case quizzes that led to further discussion and interaction between residents and faculty members.

Networking opportunity

"EADV is a vibrant community, connecting professionals from all over the world.

During this course, all faculty members and residents, as well as Marina Binarelli, our EADV education coordinator, were welcoming and created the perfect space to interact, make new friends and share ideas about future projects. I finished this course with enthusiasm and eagerness to improve, for myself and my patients, and plan on sharing the knowledge I gained with my colleagues in France.

"I highly recommend this course for residents of all levels of experience and look forward to the EADV Congress in Amsterdam!"



Dr Sofia Tzoumpa,

Fourth-year resident in Dermatology and Venereology Dermatology Department, Avicenne University Hospital, Greater Paris University Hospitals, France.

Johannes Jacobus Zoon



1902–1958

The
Netherlands

Johannes Jacobus Zoon was born in the Dutch province of North Brabant, in the small village of Wijk en Aalburg where his father was head teacher. He studied medicine at the University of Utrecht, the Netherlands, from 1920 to 1927. In 1928, he defended his PhD dissertation on gonorrhoea. Between 1927 and 1929, Zoon trained as a dermatologist at the dermatology department in Utrecht and was then appointed Chef de Clinique (in 1929) in the same department.

Sharing knowledge

In 1945, he succeeded his teacher Theodoor van Leeuwen as professor of Dermatology in Utrecht. On 16 April 1946, he delivered his inaugural address entitled '*Reflections on Syphilis*'. He was a man with didactic qualities, which he presumably got from his father. He did research in venereology, but his scientific work also focused on skin diseases.

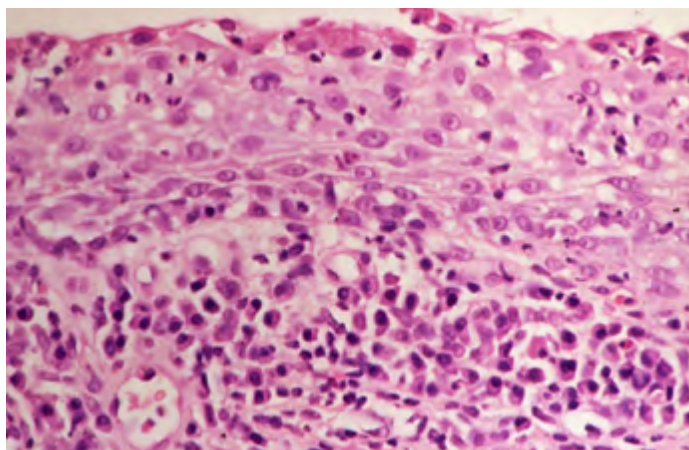
Internationally recognised

He published over 100 papers on a variety of subjects including x-ray therapy, skin temperature, allergies and venereology. He also supervised seven PhD dissertations and held important administrative positions. He was chairman of the Dutch Dermatology Society (NVDV) between 1946 and 1951 and was later appointed an honorary member

of this Society, as well as being a member of the board of directors of the Royal Dutch Society for Medicine (KNMG). His work was internationally recognised; he was an honorary member of dermatology societies in the UK, Finland and Australia. He travelled to the USA in 1947 and 1955, where he gave several lectures. In the second half of the 1950s, he suffered multiple cerebral infarctions and passed away on 28 January 1958 at the age of 55.

Figure 1

Clinical and histological pictures of balanitis plasmocellularis, as published by Zoon (1952)



Zoon's balanitis plasmocellularis

Zoon's most significant contribution to medicine is the condition known as 'Zoon's balanitis'. In 1949, he presented a series of three patients with chronic well-circumscribed balanitis to a Dutch Society of Dermatologists meeting. Three years later, in 1952, he published an article on a new entity he referred to as 'balanoposthitis chronica circumscripta benigna plasmocellularis' in the journal *Dermatologica* and in a Dutch journal ^(1, 2). The published series covered eight patients (ages ranging from 24 to 74 years) with clinical features suggestive of erythroplasia of Queyrat, but with an inflammatory infiltrate composed of plasma cells without any premalignant or malignant features on histology. He termed the condition 'balanitis chronic circumscripta benigna plasmacellularis'. Subsequent nomenclature has included 'Zoon's balanitis' or 'plasma cell balanitis'.

The condition is morphologically characterised by a localised erythematous plaque on the glans and/or preputium of the penis (figure 1). It is considered a separate entity and globally referred to as 'Morbus Zoon'. Unfortunately, to this day, the cause is still unknown. It is clinically similar to erythroplasia of Queyrat, however never evolves into

malignancy and shows on histopathological examination a chronic inflammatory infiltrate with many plasma cells in the dermis (figure 1). Zoon pointed out that the distinction between the disease he described and Queyrat's erythroplasia can only be made by performing histopathological examination.



Vigfús Sigurdsson,
History of Dermatology
Task Force



Maureen Jonker,
History of Dermatology
Task Force

References

1. Zoon JJ. Balanoposthite chronique circonscrite bénigne à plasmocytes (contra érythroplasie de Queyrat). *Dermatologica*. 1952;105(1):1-7.
2. Zoon JJ. Differential diagnosis between chronic circumscribed benign plasmacellular balanitis and Queyrat's erythroplasia. *Ned Tijdschr Geneeskd*. 1952;96(38):2349-53 (paper in Dutch).



Office Management Task Force

Celebrating International Exchange and Hospitality

Since its establishment in 2007, the Office Management Task Force has been organising office visits during EADV congresses and symposia in Berlin (Germany) Prague (Czechia), Copenhagen (Denmark), Vienna (Austria), Geneva (Switzerland), San Diego (US) and Madrid (Spain), amongst others.

Reinstituting the programme

Following a break due to the COVID-19 pandemic, the task force was thrilled to re-introduce the

scheme during last year's EADV Congress in Berlin, where over 80 guests from all over the world, as far as Egypt and India, participated in the exchange programme across

eight offices. Homemade cakes and enthusiastic office owners welcomed guests with warm hospitality, as well as providing interesting information about medical issues and the German healthcare system.

Participant feedback

Office visited:
Dr Raoul Hasert

"We exchanged opinions about the healthcare system from each other's countries and talked about different treatment approaches. It was a very pleasant experience and I recommend it."

Diana-Elena Stanciu

Office visited:
Dr Yves Zimmer

"The exchange of ideas provided valuable insights into the diverse practices and challenges faced in dermatology around the world. Discussions on private practice establishment in Germany highlighted differences from other countries, provoking dialogue and the sharing of experiences."

Athina Daponte

"This was a great opportunity to meet a member of the local dermatology faculty and other visiting dermatologists. It is always interesting to see what our colleagues are doing and how they structure their practice."

Jill Cargnello



Apply for Amsterdam!

Participate in this year's exchange programme during the upcoming EADV Congress in Amsterdam, 25–28 September 2024. Participants, selected on a first-come, first-served basis, will have the chance to visit practices across the city, specialising in phlebology, vascular surgery, plastic surgery, aesthetics and others. This scheme represents a wonderful opportunity to meet multi-disciplinary teams, foster collaboration across geographic boundaries and learn from one another. Check the eadv.org/congress website for more information and application deadlines.

Face-to-face activities

2024



JANUARY

Paediatric Dermatology

Ramon Grimalt

11–12 January 2024

Barcelona, Spain

Peelings from A to Z

Fotini Bageorgou

12–14 January 2024

Athens, Greece

MARCH

Injectables on Cadavers

Myrto Trakatelli

1–3 March 2024

Thessaloniki, Greece

APRIL

Laser & Light in Modern Dermatology

Leonardo Marini

10–12 April 2024

Trieste, Italy

Therapeutics in Hair Loss and Hair Transplant

Sergio Vañó-Galván, David Saceda

17–19 April 2024

Madrid, Spain

Confocal Microscopy in Clinical Practice

Salvador González

19–20 April 2024

Madrid, Spain

MAY

Supportive Oncodermatology

Azael Freitas-Martinez

9–11 May 2024

Pozzuoli, Naples, Italy

Masterclass: Facial Dermatoses

Marie-Aleth Richard, Elena Rossi

18 May 2024

St Julian's, Malta

JUNE

Mohs Micrographic Surgery

Mihaela Leventer

8–10 June 2024

Bucharest, Romania

Tropical Dermatology

Markus Starink, Colette van Hees

19–21 June 2024

Amsterdam, Netherlands

Intermediate Surgery

Myrto Trakatelli

27–29 June 2024

Thessaloniki, Greece

JULY

Summer Workshop: Dermoscopy

Aimilios Lallas

1–5 July 2024

Thessaloniki, Greece

EADV-ESDR Summer Research Workshop: Skin Regenerative Medicine

Fernando Larcher, Diego Velasco

1–5 July 2024

Madrid, Spain

AUGUST

Systemic Treatment in Dermatology

Carle Paul, Marie-Aleth Richard

28–31 August 2024

Toulouse, France

SEPTEMBER

Dermoscopy

Monika Arenbergerova

6–7 September 2024

Prague, Czechia

Intermediate Dermatopathology

Maite Fernández-Figueras

NEW DATES:

19–21 September 2024

Barcelona, Spain

OCTOBER

Genetics & Mosaicism

Neil Rajan

4–6 October 2024

Barcelona, Spain

Infectious Diseases and Difficult Wounds for Nurses

Christa De Cuyper

23–25 October 2024

Paris, France

NOVEMBER

Visual Literacy in Dermatology

Sarah Walsh, David de Berker, Christopher Griffiths

7–9 November 2024

London, UK

Advanced Surgery (Pigs)

Elena Rossi

14–16 November 2024

Rome, Italy

Genital Dermatology and Genital Infections

George Sorin Tiplica, Michael Waugh

13–14 November 2024

Bucharest, Romania

Contact Dermatitis

Margarida Goncalo

27–29 November 2024

Coimbra, Portugal

DECEMBER

Mycology

Ditte Marie Saunte

12–14 December 2024

Copenhagen, Denmark

Rare Skin Disorders

Christine Bodemer

19–21 December 2024

Paris, France

Full details on our [website](#)





EUROPEAN
ACADEMY OF
DERMATOLOGY &
VENEREOLOGY

Calendar of Events

2024

2nd World Congress on Rare Skin Diseases

27–29 June 2024, Stockholm, Sweden

[Continue reading >](#)

IFPA Conference 2024

12–13–14 June 2024 | Paris, France

[Continue reading >](#)

33rd EADV Congress

25–28 September 2024, Amsterdam, The Netherlands

[Continue reading >](#)

10th International Congress, Psoriasis: from Gene to Clinic

5–7 December 2024 | London, England

[Continue reading >](#)

UEMS European Board of Dermato-Venereology Diploma (EBDVD) Examination

4 October 2024 | Frankfurt, Germany and Remote online

[Continue reading >](#)

GUF 2024 GA²LEN Global Urticaria Forum

4–5 December 2024 | Berlin, Germany

[Continue reading >](#)

Urticaria 2024

6 December 2024 | Berlin, Germany

[Continue reading >](#)

2025

14th Conference of the European Hidradenitis Suppurativa

12–14 February 2025 Vilnius, Lithuania

34th EADV Congress

17–20 September 2025 | Paris, France

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