

Recognising excellence

Empowering the rising stars of dermatology

Page 6

The Global Dermato-Epidemiology Forum

Strengthening evidence for skin health worldwide

Page 12

Collaboration within EADV

A way forward in international academics and global health

Page 14

Talking Point

Who should lead skin cancer screening in Europe?

Page 16



Investing in the future of dermatology and venereology

One of the greatest responsibilities of any scientific society is to ensure not only excellence in the present, but also continuity and innovation for the future. For the European Academy of Dermatology and Venereology, this means actively investing in our young dermatologists and venereologists and supporting their professional development, listening to their perspectives and making sure that they are fully integrated into the life and governance of the Academy.

Young colleagues are not only the future of our specialty, they are already shaping its present. They bring fresh ideas, new ways of communicating, digital fluency, scientific ambition and a strong desire for collaboration across borders. It is therefore essential that EADV continues to evolve in a way that reflects their needs, expectations and aspirations.

I am particularly pleased that this important priority will be a central focus of the mandate of our

President-Elect, Marie-Aleth Richard, who has already begun laying the foundations for several initiatives ahead of the start of her presidency in October this year. This early commitment demonstrates the strategic importance that the Academy places on intergenerational collaboration and leadership renewal.

Listening to the next generation

Among the first actions already launched is a dedicated survey

Investing in the future of dermatology and venereology

addressed to our younger members. The objective is simple but essential: To listen. We want to better understand how young colleagues perceive the Academy, what they value most, where they see opportunities for improvement and how EADV can better support them throughout their professional journey.

Young Dermatologists Working Group

In parallel, we are proud to announce the establishment of the Young Dermatologists Working Group (YDWG), a new strategic advisory body composed of young EADV members under the age of 45. This working group will play a key role in helping the Academy refine and future-proof our engagement with younger members, while contributing to succession planning and leadership development within EADV.

The mission of the YDWG is ambitious and forward-looking. Its members will evaluate current activities and identify emerging

needs, while developing proposals to strengthen mentorship opportunities, career progression, digital engagement, visibility within Academy structures and inclusivity across Europe's diverse dermatology and venereology community. Importantly, the group will also provide recommendations on how to encourage greater participation of young colleagues in committees, task forces, educational activities, governance and scientific initiatives.

Developing future leaders

As President, I strongly support this initiative and firmly believe that giving younger generations a meaningful voice within the Academy is not only necessary, but essential for our continued relevance and success. We must create opportunities for talented young colleagues to contribute, grow and eventually become the future leaders of our profession and our Academy.

I would also like to warmly thank all those who expressed interest in

joining this initiative. The enthusiasm shown already confirms that there is a strong desire among younger members to engage actively with EADV and help shape our future.

An exciting new chapter for EADV

Together, we have the responsibility to build an Academy that remains dynamic, inclusive, innovative and representative of all generations. I am confident that these initiatives mark the beginning of an important and exciting new chapter for EADV.



Branka Marinović

EADV President
(2024–2026)

Members of the YDWG with EADV President Branka Marinović and President-Elect Marie-Aleth Richard at a meeting in Lugano.



In this issue

Investing in the future of dermatology and venereology	1
Shaping the future of dermatology and venereology in Vienna	5
Recognising excellence: Empowering the rising stars of dermatology	6
Arguments for a first unified European guideline for rosacea	10
Strengthening evidence for skin health worldwide	12
Collaboration within EADV: A way forward in international academics and global health	14
Talking Point – Who should lead skin cancer screening in Europe?	16
History of Dermatology: Alexander Breslow	18
Meet the Academy's Board Representatives	20
Face-to-Face activities	22
Calendar of Events	24

Editorial

Dermatology has become a modern medical specialty over the last 100 years

Dermatology has moved from a largely descriptive and limited specialty to a functional, highly advanced, technology-driven field. In the 1900s, dermatologists mostly relied on visual examination, basic clinical observation and a small number of treatments. Many skin conditions were poorly understood and diseases like psoriasis, eczema, leprosy, syphilis and skin cancer often had limited treatment options and worse outcomes than today.

Dermatology now combines clinical expertise with genetics, immunology, digital imaging and targeted therapies. Dermatologists can now diagnose many conditions more accurately and treatments have become far more precise. Biologic drugs can control severe psoriasis, atopic dermatitis and hidradenitis suppurativa, while modern antifungals, antivirals and immunotherapies

have improved care for infections and skin cancers. Cosmetic dermatology has also expanded significantly, with lasers, fillers, chemical peels and advanced scar treatments now widely available.

Another major difference is prevention and public awareness. In the 1900s, sun damage and skin cancer prevention were not widely understood nor emphasised. In the 2000s, public education about sunscreen, tanning risks and early detection of skin cancers became central to dermatologic care. Telemedicine has also transformed access, allowing patients to receive consultations remotely.

Some core aspects remain the same. Dermatology still depends heavily on careful observation of the skin, patient history and clinical judgment. The skin remains a visible indicator of

both local and systemic disease.

Overall, the field has shifted from limited, symptom-based care in the 1900s to personalised, evidence-based medicine in the 2000s. This transformation has improved diagnosis, expanded treatment choices and made dermatology more effective, preventive and patient-centred than ever before.



Prof Dr Christos C. Zouboulis

Editor

EA DV CONGRESS 2026



VIENNA
30 SEP-3 OCT

TOGETHER FOR BETTER



REGISTER NOW
eadv.org/congress

Shaping the future of dermatology and venereology in Vienna

The Congress will be fully live-streamed, making it accessible worldwide

The 35th EADV Congress takes place between 30 September 2026 and 3 October 2026 in Vienna, Austria. This year's event brings together science, clinical excellence and innovation to shape the future of dermatology and venereology.

About the event

The scientific programme features core tracks including Updates, Training and Education and Controversies, along with Focus on sessions dedicated to "JAK inhibitors" and "Practical diagnostic and therapeutic algorithms".

Highlights include the third edition of the EADV Games, dedicated abstract-based sessions to clinical cases, a wide selection of aesthetic dermatology sessions and the unmissable "Late breaking news" sessions,

featuring the best "late breaking abstracts". The plenary sessions will showcase advances in biomarkers, phototherapy, clinical photography, tumour microenvironment, algorithms, social media and fibromyalgia. We are honoured to have a keynote lecture by Professor Salim Abdool Karim, with his talk called "From COVID-19 to the Infodemic: Implications for the future".

Our selected subspecialty societies have developed an extensive programme, with each society focusing

on its dermatological topic and offering important insights into the latest developments in that field. The hands-on Workshops offer a more practice-based learning approach and are a great opportunity to immediately implement newly learned skills, to gain practical experience and quickly acquire knowledge on the subject.



Prof Lidia Rudnicka
SPC Chair

Programme highlights

→ Mohs surgery

30 September 2026 – 14:15–15:45 CEST

This session explores the evolution of Mohs micrographic surgery from its origins in the 1930s to its role today as the gold standard for treating high-risk skin cancers. The presentation traces the history of skin cancer treatment, highlights the pioneering work of Frederic E. Mohs and examines the growth of dedicated Mohs centres across Europe.

→ Dermatosurgery

1 October 2026 – 08:30–10:00 CEST

This session will present experience-based tips and tricks that may facilitate daily and routine skin operations in the dermatologist's practice, how to manage complications and treat scars and the future of melanoma surgery.

→ Hair disorders: Non-cicatricial alopecias

1 October 2026 – 08:30–10:00 CEST

This session provides an updated overview of the most common form of progressive hair loss affecting both men and women. The second part will focus on the most relevant clinical advances from the past year and their application in daily practice.

→ Hair disorders: Cicatricial alopecias

1 October 2026 – 10:45–11:45 CEST

This session reviews the latest advances in diagnosis, pathogenesis and treatment of folliculitis decalvans, including the emerging FD-lichen planopilaris spectrum. It also explores the clinical features, trichoscopic findings and management of both cicatricial and non-cicatricial psoriatic alopecia, providing practical guidance for improving patient outcomes.

Discover the **full programme** here

Recognising excellence:

Empowering the rising stars of dermatology

It feels like only yesterday that I was in Valencia in 2015, receiving my Michael Hornstein Memorial Scholarship (MHMS), my first EADV scholarship. Over a decade later, joining the EADV Honours and Awards Committee has felt like a natural fulfilment of that journey. I am convinced that the support I received early in my career should be passed on to the next generation. Promoting talented researchers is a meaningful privilege for our committee, a responsibility that extends far beyond formal duty. It constitutes a strategic investment by the Academy in 'rising stars' who are destined to become future teachers and opinion leaders.

The recent ceremony in Athens, Greece, was an exceptional celebration. Given the intensely competitive selection process, which highlights the most promising leaders in our field, being selected is a significant achievement. I extend my heartfelt congratulations to 16 Michael Hornstein, nine John Stratigos and 22 Imrich Sarkany memorial scholarship awardees. Your dedication and hard work have been recognised.

Applying for an EADV scholarship marks a milestone for any young dermatologist. It offers global perspective, a unique opportunity to foster relationships with like-minded colleagues and provides access to premier scientific events and digital resources. It is truly invaluable for broadening clinical scope, establishing new professional connections and fostering personal growth. I invite you to follow our path, actively engage within the EADV's various committees, task forces and other

activities and serve as ambassadors for our shared mission.



MD, PhD Paweł Pietkiewicz

Honours and Awards Committee
Member 2023–2027



■ Imrich Sarkany non-European Memorial Scholarship

"The most critical lesson I took away from the EADV Symposium is that the future of advanced dermatological care heavily relies on multidisciplinary collaboration, personalised medicine and data-driven real-world evidence (RWE). This invaluable experience has deeply shaped my career path moving forward: I will strive to become a well-rounded clinician-scientist, integrating advanced systemic therapies into daily practice while contributing real-world data from Vietnamese patients to the global

body of evidence. If I could encapsulate my advice into three pillars for other residents and young dermatologists, it would be: to start your research ideas from clinical questions with rigorous methodology; to find strong mentorship early on to navigate the academic landscape; and to overcome self-doubt to take action. Do not let imposter syndrome hold you back—take the leap and apply."

Dr Tran Thi Minh Thuy,
Vietnam

Dr Tran Thi Minh Thuy and her inspiring mentor, Dr Giang (a dermatologist from Mayo Clinic, USA)

■ Imrich Sarkany non-European Memorial Scholarship

"Receiving the Imrich Sarkany non-European Memorial Scholarship was both an honour and a unique opportunity for my professional development. As a dermatologist from Argentina, an emerging economy where the costs of international travel and scientific meetings can be challenging, this scholarship made it possible for me to attend the EADV Symposium. One of the most memorable aspects of the experience was meeting colleagues from different countries who share the same passion for advancing dermatological care. The symposium itself was highly enriching, particularly the opportunity to attend lectures by internationally recognised experts in dermoscopy and skin cancer. My advice to residents and young dermatologists is to actively seek opportunities, apply for scholarships and remain persistent. International experiences such as this not



only expand knowledge but also build professional connections, confidence and motivation to continue contributing to our field."

Dr Eliana Gisel Astronave, Argentina

■ John Stratigos Memorial Scholarship

"Receiving the John Stratigos Memorial Scholarship was a great honour and a deeply encouraging moment at this early stage of my career as a dermatologist. I applied because I wanted to learn from an international scientific environment, meet colleagues from different countries and bring new perspectives back to my clinical and academic work. Being selected made me feel grateful, motivated and more connected to the European dermatology community. It also strengthened my wish to remain actively involved in EADV educational, scientific and collaborative initiatives. The EADV Symposium in Athens, Greece, was both scientifically stimulating and personally inspiring. The academic programme reflected how dermatology is evolving through translational research, precision medicine, digital health and technology-driven patient care. As a young Spanish dermatologist, receiving this recognition in the presence of Prof Yolanda Gilaberte, President of the Spanish Academy of Dermatology and Venereology and a leading figure in European



dermatology, gave the moment a special meaning and reminded me of the value of building bridges between national and European dermatology. My advice to residents and young dermatologists would be to remain curious, consistent and open to mentorship. Seek opportunities, share your work and learn from both rejection and success."

Dr José María Camino-Salvador, Spain



"Receiving this scholarship has been both encouraging and motivating. It reinforced the importance of staying engaged with the broader dermatology community and keeping up with ongoing developments. Dermatology is a uniquely diverse specialty that

combines clinical reasoning, visual diagnosis and procedural skills. What motivates me most is the direct impact we can have on patients' quality of life, often through relatively targeted interventions. The constant evolution of the field, with new therapies and emerging knowledge, also makes it intellectually rewarding and encourages ongoing learning and involvement. Participating in the EADV Symposium provided a broader perspective on dermatology as a dynamic and rapidly evolving specialty. Having access to multiple parallel sessions across different subspecialties highlighted the diversity of the field and the pace at which new evidence is being generated. It reinforced the importance of continuous learning and staying connected to international developments, which will certainly influence my future clinical practice. One of the key takeaways was the opportunity to learn directly from experts across various fields, particularly regarding recent advances and evolving treatment strategies. Equally valuable was the interaction with colleagues from different countries, which provided insight into diverse clinical practices and healthcare realities."

Dr João Luís Antunes Fernandes, Portugal

■ Michael Hornstein Memorial Scholarship

"Attending the scholarship ceremony and the EADV Symposium in Athens this year was an inspiring experience. Beyond the scientific programme and exposure to the latest advances in dermatology, one of the most memorable aspects was meeting passionate dermatologists and residents from different countries who share the same enthusiasm for research and innovation. New friendships and potential future collaborations were built during this event, for which I am truly grateful. This experience highlighted the importance of collaboration, continuous learning and staying actively involved in the international dermatology community.

I am deeply grateful to Professor Katerina Damevska for her continuous mentorship, encouragement, and unwavering support throughout my dermatology training, which has been invaluable to my professional development.

My advice to young dermatologists and residents is to remain curious. Curiosity opens the door to understanding both medicine and the endless possibilities within it. Furthermore, work consistently and do not hesitate to pursue opportunities early in your career.



Passion, persistence and dedication to patients and science will always make a difference. *"Success is the sum of small efforts, repeated day in and day out."* — Robert Collier.

MD Kristina Risteska, North Macedonia

Arguments for a first unified European guideline for rosacea

Rosacea is a common, chronic inflammatory dermatosis that predominantly affects the central face. Clinically, it presents with persistent erythema, telangiectasia, inflammatory papules and pustules, and, in more advanced cases, phymatous changes such as rhinophyma. Ocular involvement is also frequently observed and may precede or accompany cutaneous signs, contributing to under-recognition of the disease. Although rosacea is not life-threatening, its visible nature often leads to significant psychosocial burden, including reduced quality of life, social withdrawal and emotional distress¹.

Ocular involvement is also frequently observed and may precede or accompany cutaneous signs, contributing to under-recognition of the disease. The pathophysiology of rosacea is complex and multifactorial, involving dysregulation of the innate immune system, neurovascular alterations

and environmental triggers such as ultraviolet radiation, temperature changes, alcohol consumption, stress and certain dietary factors like spicy food. The disease is particularly prevalent among fair-skinned populations, making it highly relevant across Europe, albeit under-recognised in

other skin types. Despite its frequency, rosacea remains underdiagnosed and frequently mismanaged, partly due to its heterogeneous clinical presentation and the absence, until recently, of harmonised treatment approaches².

A first European guideline for rosacea

In this context, the development and implementation of a first European guideline for rosacea are of critical importance. A unified, evidence-based S2k guideline provides clinicians with clear recommendations for diagnosis, classification and treatment, helping to standardise care across different healthcare systems. This is especially relevant given the wide variation in clinical practice and access to therapies among European countries.



Better targeting of specific features

Furthermore, a European guideline promotes a more pathophysiology, as well as phenotype-based approach to rosacea management, moving beyond traditional subtype classifications toward individualised treatment strategies. This allows for better targeting of specific features such as flushing, transient or persistent erythema, inflammatory lesions or phymatous changes, ultimately improving patient outcomes.

Interdisciplinary European collaboration

Interdisciplinary collaboration throughout Europe is another key aspect supported by such guidelines. Given the frequency of ocular involvement, close cooperation between dermatologists, laser experts and ophthalmologists is essential for comprehensive patient care. In addition, guidelines play an important role in patient education, emphasising trigger avoidance, skin-care and adherence to therapy, all of

which are crucial for long-term disease control and education of lay population.

Aligning research priorities

Finally, harmonised European recommendations contribute to aligning research priorities, facilitating clinical studies, learning about potential variation with respect to comorbidity differences and informing healthcare policy and reimbursement decisions. In doing so, they help to ensure equitable access to effective treatments and improve overall standards of care.

In conclusion

In conclusion, rosacea represents a significant, frequent dermatological condition with substantial individual and societal impact. The establishment of a first unified European guideline is a key step toward improving diagnosis, management and patient quality of life across Europe and beyond.



MD, PhD, DMSc Martin Steinhoff

Co-Chair of EADV Acne, Rosacea and Hidradenitis Suppurativa (ARHS) Task Force

Professor, Department of Dermatology and Venereology
University of Freiburg

References

1. Buddenkotte J, Steinhoff M. Recent advances in understanding and managing rosacea. *F1000Res*. 2018 Dec 3;7:F1000 doi: 10.12688/f1000research.16537.1. eCollection 2018.PMID: 30631431.
2. Gallo RL, Granstein RD, Kang S, Mannis M, Steinhoff M, Tan J, Thiboutot D. Rosacea comorbidities and future research: The 2017 update by the National Rosacea Society Expert Committee. *J Am Acad Dermatol*. 2018 Jan;78(1):167-170. doi: 10.1016/j.jaad.2017.06.150.PMID: 29102687.

The Global Dermato-Epidemiology Forum: Strengthening evidence for skin health worldwide

Skin diseases affect millions of people globally and represent a major, yet historically under-recognised, public health challenge. In 2025, this gap began to close with the adoption of the World Health Assembly (WHA) resolution recognising skin disease as a global public health priority. Translating this landmark policy into meaningful, equitable action, however, requires robust data, interdisciplinary collaboration and implementation-focused research.

In response to this need, the Global Dermato-Epidemiology Forum (GDEF) has been launched as part of the World Health Assembly Resolution Implementation Task Force, under the auspices of the International League of Dermatological Societies (ILDS). GDEF is a new international initiative designed to advance dermato epidemiology research and support coordinated global efforts to improve skin health worldwide.

A global platform for evidence and action

The Global Dermato-Epidemiology Forum aims to create a dedicated platform for sharing epidemiological data, strengthening research capacity and fostering dialogue between researchers, clinicians, public health professionals and policymakers. By bringing together expertise from different regions and disciplines, GDEF seeks to build a clearer picture of the global burden, distribution and determinants of skin disease and to ensure that evidence informs policy and practice.

Central to GDEF's mission is the recognition that high-quality epidemiologic data are essential for effective implementation. Many regions most affected by skin

disease continue to face gaps in surveillance, workforce capacity and research infrastructure. GDEF is committed to addressing these inequities by amplifying diverse perspectives, supporting early career researchers and promoting methodological innovation in dermato epidemiology.

Steering the scientific vision

Oversight of GDEF is provided by an international Steering Group comprising leaders in dermatology, epidemiology and global health. The



Steering Group guides the scientific direction of the Forum, oversees the call for talks and supports the development of a programme that reflects global priorities and emerging challenges in skin health.

The Steering Group includes members from the World Health Organization (WHO) and the ILDS, representatives from skin disease atlases, the European Dermatology Epidemiology Network (EDEN) and the American Dermatology Epidemiology Network (ADEN), as well as experts representing all geographic regions, including members of the EADV Epidemiology Task Force (Professor Marlies Wakkee, Dr Clio Dessinioti, and Dr Zenas Yiu).

An ongoing programme of engagement

GDEF will host bi-monthly webinars, with a full year's programme announced in advance. Sessions will showcase cutting-edge research, methodological approaches and practical examples of how epidemiological evidence can inform implementation and health policy. Themes will be aligned with the forthcoming WHO Global Action Plan on skin health and its implementation framework.

By providing a regular, accessible forum for knowledge exchange, GDEF

aims not only to disseminate evidence, but also to catalyse collaboration by connecting researchers working in different settings and supporting the translation of research findings into real world impact.

Looking ahead

As the global dermatology community works to implement the WHA resolution on skin diseases, initiatives such as GDEF will be essential as it offers a space to align science with policy, data with action and global priorities with local realities. Through sustained collaboration and shared learning, the Forum aspires to contribute meaningfully to improved skin health worldwide.

Previous GDEF seminars are available on the [ILDS YouTube channel](#)



Dr Suzanne Keddie

GDEF Coordinator, King's College London, UK



Prof Carsten Flohr

GDEF Chair, King's College London, UK
Epidemiology Task Force member

EADV Fellow member



Collaboration within EADV:

A way forward in international academics and global health

EADV has always been a true emblem of collaborative and communal activities, well suited to our name. Our mission and vision - to enhance academia in dermatology in Europe - has moved beyond the region to the rest of the world with a high percentage of international members and a broader aim of fostering education and training globally. This global outreach is further incentivised by the sheer number of activities and involvement of participants - physicians, scientists, nurses and patient support groups - from all around the world

EADV's educational activities, which include symposia, congresses, task forces, the leadership programme, research and clinical fellowships, two journals and fostering courses, scholarships and grants, now extend to international members, enabling them

to achieve significant milestones in improving skin health worldwide.

Improving skin health worldwide

An example of this global collaborative effort is echoed by global



representation and activities carried out by our EADV Communications Committee. The committee, led by global experts from Europe and previously beyond, is dedicated to the shared values of improving skin health worldwide via global collaborative projects. Our monthly virtual meetings with valuable insights help EADV foster education a simple yet enriching manner.

This is achieved through the preparation and dissemination of social media content on awareness days, preparation of congress/symposia communications materials and the selection of social media reporters. The communication media themes for upcoming symposia/congresses are well planned and their physical layouts are prepared and discussed ahead of time to get the best suited themes well adapted to the particular congress/symposium.

Bringing programmes to life

Our team members, experts in their respective fields, along with our administrative staff, provide significant input to bring these programmes

to life and subsequently disseminate content via our platforms for a wider audience.

In medicine and beyond, the significance of collaborative work and networking has been very well delineated. The social nature of humans is also well portrayed in our shared activities which help enhance our personal, social and communal growth. In particular, networking activities at congresses, symposia and meetings help enhance this communal human culture to 'belong', share and benefit individuals and society for a wider purpose. In academics, in dermatology and beyond, if we connect the dots retrospectively, we can see how networking and in-person relations guide our career paths with opportunities, mentorship, guidance and assistance, irrespective of geographical location, which is great, not only for recipients, but for our specialty as a whole. *'It happened because of my connections at EADV'.*

EADV #TogetherForBetter



Dr Prajwal Pudasaini

Specialist in Dermatology Civil Service Hospital, Government of Nepal, Nepal



Prof Dedee F. Murrell

Department of Dermatology, St George Hospital, Sydney, Australia. Faculty of Medicine, University of New South Wales, Sydney, Australia



1 Dr Andrey Mun (Uzbekistan) with Prof Antonio Torrello at Dr Mun's EADV fellowship programme in Paediatric Dermatology 2026

2 Prof Brunilda Bardhi (Albania) conducting an EADV training course in Cosmetic Dermatology in Albania

3 EADV Communications Committee in-person meeting, 2025 at EADV Headquarters, Lugano, Switzerland



Talking Point

Talking Points is an *EADV News* series that explores key dermatology and venereology issues across Europe. In each issue, we spotlight a country-specific topic, shaped by insights gathered through dialogue with national dermatology associations and experts engaged with regulatory and safety bodies. Offering concise yet meaningful perspectives, this series aims to connect the European dermatology community through the issues shaping practice today and invites discussion amongst dermatologists on key topics aiming to shape the future of dermatology as a collective.

In this edition, we focus on who should lead skin cancer screening in Europe.

Who should lead skin cancer screening in Europe?

Skin cancer is the most common cancer in Europe, and its incidence continues to rise. At the same time, many countries face a growing shortage of dermatologists, increasing waiting times and mounting pressure to improve access to early diagnosis. In response, new models of skin cancer screening are rapidly emerging. General practitioners (GPs), pharmacists, nurses, commercial telemedicine providers and other healthcare professionals are increasingly adopting dermoscopy, total-body imaging and artificial intelligence (AI)-assisted diagnostic tools.

The objective is clear: To detect more skin cancers, earlier. But this evolution raises an important question. Does access to new technology alone qualify someone to perform skin cancer screening?

GPs already play a pivotal role in skin cancer screening. They are often the first healthcare professionals to evaluate suspicious skin lesions and are essential for prevention, patient education and timely referral. Strengthening collaboration between primary care and dermatology should therefore be a priority across Europe. However, collaboration should not be confused with substitution. As AI and advanced imaging technologies become increasingly accessible, there is a risk that sophisticated devices may create a false sense of diagnostic confidence when used outside structured dermatology-led pathways.

AI undoubtedly has enormous potential to improve skin cancer care. Numerous studies have demonstrated impressive diagnostic performance under controlled conditions, and AI may help prioritise suspicious lesions, optimise referral pathways and improve efficiency. However, effective skin cancer screening extends far beyond identifying suspicious lesions. It requires recognising the full spectrum of benign and malignant skin tumours, integrating clinical history and individual risk factors, performing dermoscopic examination, deciding whether additional imaging or biopsy is required and ultimately managing the patient throughout diagnosis and treatment. In other words, skin cancer screening is not simply about finding lesions, it is about making accurate clinical decisions. AI does not replace clinical judgement, nor can it assume responsibility for

diagnosis, patient counselling or treatment decisions. Technology should extend dermatologists' reach, not replace their clinical expertise.

Across Europe, approaches are becoming increasingly heterogeneous. In some healthcare systems, AI and imaging technologies are integrated within dermatologist-led networks, where they complement specialist expertise and improve access to care. Elsewhere, similar technologies are beginning to be used independently by non-dermatologist healthcare professionals, sometimes with little or no dermatological supervision. While these initiatives are often driven by a genuine desire to address workforce shortages, they also raise important questions regarding diagnostic quality, governance, training and accountability.

Perhaps the discussion should not focus on who owns the technology, but rather on who holds the clinical responsibility. The goal is not to decide whether dermatologists or GPs should perform skin cancer screening. Instead, Europe should develop collaborative models of care in which every healthcare professional contributes according to their expertise, while dermatologists retain responsibility for diagnostic governance, quality assurance and complex clinical decision making.

Europe does not need to choose between access and expertise. With the right clinical pathways, we can achieve both. AI should democratise access to dermatological expertise, not democratise dermatological diagnosis. The future of skin cancer

screening lies not in replacing dermatologists, but in extending the reach of dermatologist-led care through collaboration, innovation and responsible use of technology.

Rather than who should perform skin cancer screening in Europe, perhaps the better question is:

Who should lead it?



Prof Mariano Suppa

Consultant Dermatologist and
Dermatologic Surgeon

Chair of the EADV Communications
Committee

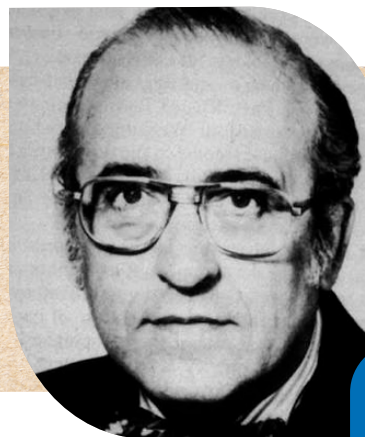


Prof Elisa Cinotti

Consultant Dermatologist and
Dermatologic Surgeon

Member of the EADV
Communications Committee

Alexander Breslow



1928–1980

1

Not unusually, when we say to a patient “*I am sorry, you have cancer*”, the initial response is often “*Can I beat it?*”. This is even more underscored by the famous figures who make public their cancer diagnosis. The prognosis is as important, if not more, than the diagnosis of malignancy itself. There is a difference between a basal cell carcinoma and a melanoma in terms of survivability, though both bear the feared stigma “cancer”.

The potential lethality of melanoma has made the struggle to predict the course of the disease very important. Various attempts had been made, most notably the depth of invasion initiated in 1969 by Wallace Henderson Clark (1924-1997)¹. This was soon superseded by the Breslow method.

Dr Alexander Breslow, after whom this eponymous method was named, was born on 23 March 1928 in New York City, US. He received his medical degree in 1953 from the University of Chicago^{2,3}. Dr Breslow carried out a public health internship at the National Institutes of Health in Baltimore. This was followed by a clinical associate appointment at the National Cancer

Institute at Bethesda^{2,3}. He underwent his residency training at the Massachusetts General Hospital². In 1959, he became an instructor at the pathology department of the University of Washington³, Seattle, and in 1961 joined the pathology department of the George Washington University School of Medicine², Washington DC, where he

Thickness, Cross-Sectional Areas and Depth of Invasion in the Prognosis of Cutaneous Melanoma

ALEXANDER BRESLOW,* M.D.

From The George Washington University School of Medicine, Washington, D. C.

CUTANEOUS melanoma is a most unpredictable lesion. The marked variation in prognosis is probably a function of many variables, one of which is the size of the tumor. Though there is a roughly inverse relationship between the diameter of the lesion and survival,⁵ very small lesions have recurred or metastasized. One possible reason for the lack of reliability of tumor size in estimating prognosis may be that studies to date have considered size in only two dimensions and have neglected tumor volume. Two melanomas can have the same diameter but differ greatly in thickness because of variation in either depth of invasion or degree of protrusion from the surface of the skin or both. A recent study² has shown that prognosis correlates well with staging of the depth of invasion, but there have been no studies relating survival to tumor volume.

To measure tumor volume it is necessary to know the surface area of the tumor, but in this retrospective study we only know the maximal diameters of the lesions. By measuring the maximal thickness of the lesions we can calculate the maximal cross-sectional area, which should be roughly proportional to the volume of the tumor. The depth of invasion was also studied using the criteria for staging of Clark *et al.*²

to see if maximal cross-sectional area, thickness, stage of invasion, or a combination of these can be of value in assessing the prognosis of cutaneous melanoma. A total of 98 lesions were so studied.

Materials and Methods

The 98 patients in this study were all free of recurrent or metastatic disease and none had satellite nodules when first seen at the George Washington University Hospital. None of the lesions were related to an antecedent lentigo malignum (melanotic freckle of Hutchinson). Their ages ranged from 18 to 80 (average 47). Forty-six were men and 52, women. Sixteen had lesions of the head or neck; 50, of an extremity; and 32, of the trunk.

Following operation 71 remained free of disease for 5 or more years, while 27 developed metastatic or recurrent disease. Patients who died of unknown causes, who died in less than 5 years without melanoma and those lost to follow-up were excluded. Follow-up was 92%.

The maximal diameters of the lesions were measured after fixation in Bouin's solution. Sections were taken through the center of the lesion, and slides prepared and stained with hematoxylin-eosin in the usual manner. One to five slides were prepared from each lesion (usually two).

By means of an ocular micrometer, the maximal thickness of the lesion was measured from the skin surface to the deepest

Figure 1:
Dr Alexander Breslow,
circa 1979

Figure 2:
First page of Dr Breslow's
seminal article

Submitted for publication December 19, 1969.
Reprint requests to: George Washington University Hospital, 901 23rd Street, N. W., Washington, D. C. 20037.

rose to become a full professor in 1974 and Director in 1979².

Dr Breslow was married to Ruth Weilestein Breslow. The couple had three daughters, Faith, Abbey and Rachel³. He was a member of the International Academy of Pathologists, the American Association of Pathologists, the American Society of Clinical Pathology and the College of American Pathologists. He served as President of the Washington Society of Pathologists and on the World Health Organization's melanoma group.

Prior to his seminal work, a number of others, notably Sophie Spitz (1910 – 1956), and Wallace Henderson Clark (1924-1997), known for Spitz lesions and Clark's Levels, respectively, had attempted to characterise and prognosticate the course of melanoma, bringing much needed advances to the field^{4,5}.

Breslow's genius lay in concluding that tumour depth and volume would be significant to determining prognosis. His 1970 paper, based on his observations of 98 cases, concluded

that tumours <0.76mm thickness, <5mm width or <6.01mm maximal cross-sectional area would show no metastases⁶. The maximal tumour thickness is the currently accepted prognostic standard for malignant melanoma, and we have Alex Breslow, as he was known to his friends and colleagues, to thank for this. He was considered a very personable physician, who was dedicated to the study of melanoma⁵.

He died on 20 July 1980, ironically of cancer (though not melanoma), in the city of his birth².

Lawrence Chukwudi Nwabudike
MBBS, MD, PhD, FRCP

Lawrence Charles Parish, MD, MD
(Hon), FRCP (Edin)

Leonard J. Hoenig, MD

“Breslow's genius lay in concluding that tumour depth and volume would be significant to determining prognosis”

References

1. Clark WH Jr, From L, Bernardino EA, Mihm MC. The histogenesis and biologic behavior of primary human malignant melanomas of the skin. *Cancer Res.* 1969;29(3):705-27.
2. van den Tweel, J.G. (2016). Breslow, Alexander (1928–1980). In: van Krieken, J. (eds) *Encyclopedia of Pathology*. Encyclopedia of Pathology. Springer, Cham. https://doi.org/10.1007/978-3-319-28845-1_4688-1
3. Dr Alexander Breslow, Pathology Chief at GWU <https://www.washingtonpost.com/archive/local/1980/07/23/dr-alexander-breslow-pathology-chief-at-gwu/e6310bd3-3912-4d62-a007-8db63efa8993/> (Accessed 30 June 2026)
4. Kamińska, P., Buszka, K., Nowicki, M., & Budna, J. The history of melanoma diagnostics. *Medical Journal of Cell Biology* 2021;9(3), 132–137. <https://doi.org/10.2478/acb-2021-0018>
5. Balch CM. Measuring melanomas—a tribute to Alexander Breslow. *J Am Acad Dermatol.* 1981;5(1):96-7. doi: 10.1016/s0190-9622(81)80093-x.
6. Breslow A. Thickness, Cross-Sectional Areas and Depth of Invasion in the Prognosis of Cutaneous Melanoma. *Ann of Surg* 1970;172(5):902-908.

Meet the Academy's Board Representatives to the Executive Committee 2024–2026



Prof Erkan Alpsoy, MD, Mphil
Board Representative to the EC

"I serve as the Head of the Dermatology Department and a Full Professor at Akdeniz University in Antalya, Türkiye. My research focuses on immunodermatology, with a particular emphasis on Behçet's disease, vasculitis, psoriasis, hidradenitis suppurativa and auto-inflammatory diseases.

"Since 1993, I have had the privilege of contributing to EADV congresses as a

delegate, speaker and session chair. My commitment to the Academy has grown through representing Türkiye as a Board Member for two terms (2018-2024) and through my current roles as Executive Committee Member, Co-Chair of the Vasculitis and Vasculopathy Task Force and member of the Psoriasis Task Force. Having also served on the local scientific committee for the 2013 Istanbul Congress and as a current member of the JEADV Editorial Board, I have witnessed firsthand the Academy's profound scientific impact. I particularly value EADV's outstanding support for the career development of young dermatologists and its crucial role in harmonising European dermatology to ensure the highest standards of education.

"I have also been actively involved with the Turkish Dermatology Proficiency

Board since its founding, serving on various commissions. From 2008 to 2012, I led the "Training Programmes Development Commission," where we initiated the "Dermatology Winter Schools," a groundbreaking endeavor for Turkish dermatology. I had the honour of coordinating the first four of these schools. Our commission also developed the "Dermatology Skill Guides" and the "Training Requirements for Dermatovenereology and Logbook." From 2015 to 2017, I served as the president of the Turkish Dermatology Proficiency Board.

"I view EADV as a critical platform for global collaboration and remain deeply committed to supporting our vision: Shaping the future of dermatology in Europe and beyond by uniting professionals, advancing education and research and improving the quality of patient care and skin health."



Prof, Dr Alexander Katoulis
Board Representative to the EC

"To be elected by the EADV Board of Representatives as one of the Board Representatives to the Executive Committee is a great honour and privilege and, at the same time, a demanding but fulfilling mission to serve the European dermatological

community, under the auspices of EADV.

"I am proud to have been an EADV Fellow member since 2001, having attended almost all EADV congresses and spring symposia, serving as an EADV committee member, as well as a Board Member representing Greece (2019-2025). I also had the extraordinary opportunity to attend the first Leadership Development Programme in (2019-2020). The session introduces future leading dermatologists to leadership guided by emotional intelligence and empathy.

"My «inside» experience as a member of the Executive Committee has given me the opportunity to meet the EADV team, become familiar with the EADV structure and to actively participate in

decision making and strategy planning within EADV. I feel confident that everyone involved in running EADV works effectively with a cooperative spirit, prudently managing the power the Academy has gained and contributing to the idea that Europe is one family, our family.

"Our Academy is a living and thriving organisation, based on principles and rules, as described in the [EADV Statutes](#). As envisioned by our founders and developed by their successors, EADV has emerged as a leading dermato-venereology society on a global scale. The European spirit lights the path of progress, cooperation and friendship, and I feel proud and honoured to be a part of it."

Introducing Dr Pavel Chernyshov, EADV Task Force Facilitator 2023–2027

EADV task forces are groups of specialists in different fields of dermatology and venereology that bring together a specific set of skills and expertise to enable EADV to influence and advance research and knowledge on subjects with scientific, clinical or educational relevance.



Dr Pavel Chernyshov

Task Force Facilitator 2023-2027

"My first acquaintance with EADV happened in 2002 when I visited the 11th Congress. Since then, I have participated in almost all EADV congresses and several other educational events. My involvement has helped me to increase my professional skills and get acquainted with many extraordinary colleagues from different countries. I still feel an admiration for EADV and remain eager to participate in initiatives and use all opportunities to contribute to the Academy.

Task force functions

"I am the current EADV Task Force Facilitator. Each EADV TF is concerned with a specific area of scientific, clinical or educational relevance. A TF can have the following functions: Contribute to the scientific programmes of the EADV, organise or support scientific sessions, develop educational materials, contribute to

reviewing and/or producing evidence-based guidelines, develop proposals or projects, complete online surveys endorsed by EADV, prepare position statements and/or provide expert opinion statements and support the PR activities by deploying the expertise of the TF members.

A first TF Highlights Session

"The first TF Highlights Session, held during the EADV Annual Congress in Paris, France, was organised by the mutual efforts of the Scientific Programming Committee and EADV team members. I hope that this initiative will become a regular event, involving different TFs each year. The [TF pages on the EADV website](#) should prove helpful for all EADV members to find information about the TFs focused on their special interests. Further activities with TF involvement are planned.

The best professional organisation for dermatologists

"I consider EADV the best professional organisation for dermatologists. EADV provides multiple opportunities for the professional development of members, including annual congresses, spring symposia, journals (JEADV and JEACP), educational courses, webinars, podcasts, grants and scholarships. There is a special focus on professional growth of junior members and the number of such initiatives is constantly growing."

EADV Leadership

Executive Committee

MARINOVIC Branka (HR)

President

RICHARD Marie-Aleth (FR)

President-Elect

RÖCKEN Martin (DE)

Immediate Past-President

GONÇALO Margarida (PT)

Secretary General

DE RIE Menno (NL)

Treasurer

LAMBERT Julien (BE)

Treasurer-Elect

ALPSOY Erkan (TR)

Board Representative to the EC

KATOULIS Alexander (GR)

Board Representative to the EC

Board of the Representatives

ANZENGRUBER Florian (CH)

ARENBERGEROVA Monika (CZ)

BAKIC Mirjana (ME)

BARTENJEV Igor (SI)

BEKKENK Marcel (NL)

BELIAUSKIENE Aiste (LT)

BEWLEY Anthony (GB)

BOGDANOV Ivan (BG)

BONDARE-ANSBERGA Vanda (LV)

BUKVIC MOKOS Zrinka (HR)

CLAESON Magdalena (SE)

DARLENSKI Razvigor (BG)

DE BERKER David (GB)

FIDA Monika (AL)

FORSEA Ana-Maria (RO)

GANCEVICIENE Ruta (LT)

GUTERMUTH Jan (BE)

GYULAI Rolland (HU)

HARTGILL Usha (NO)

HOETZENECKER Wolfram (AT)

HOLLO Peter (HU)

JOUAN Nicole (FR)

JOVOVIC SADI KOVIC Tamara (BA)

KÄHÄRI Veli-Matti (FI)

KARMISHOLT Katrine Elisabeth (DK)

LAMBERT Jo Lydie Wilfried (BE)

LÄUCHLI Severin (CH)

LVOV Andrei (RU)

MEKOKISHVILI Lally (GE)

MENDES BASTOS Pedro (PT)

MICALI Giuseppe (IT)

MICALLEF Daniel (MT)

MILINKOVIĆ SREČKOVIĆ Mirjana (RS)

MITROVA TELENIA Julija (MK)

MOLLOY Kevin (IE)

MURRELL Dédé (INT)

NARBUTT Joanna (PL)

NICOLAIDOU Electra (GR)

OCAMPO-CANDIANI Jorge (INT)

OSMANCEVIC Amra (SE)

PASQUALI Paola (ES)

PRIGNANO Francesca (IT)

REICH Adam (PL)

RUBINS Silvestrs (LV)

SAKKA Nikol (CY)

SAMIMI Mahtab (FR)

SECKIN Dilek (TR)

SIMON Jan-Christoph (DE)

SITUM Mirna (HR)

SKILJEVIC Dusan (RS)

STANGELAND Katarina Zak (NO)

STRÖMER Klaus (DE)

THIO Hok Bing (NL)

THORLEIFSDOTTIR Ragna (IS)

TOOMSON Tiina (EE)

TORRELO Antonio (ES)

TORRES Tiago (PT)

TRAKATELLI Myrto-Georgia (GR)

UNGUREANU Loredana (RO)

URBANCEK Slavomir (SK)

UZUN Soner (TR)

VESTERGAARD Christian (DK)

VOLOSHYNOVYCH Marian (UA)

WOLF Peter (AT)

CEO

ZIMMERMANN Kimberley

Face-to-face activities

2026

2027

2026

SEPTEMBER

Fillers and Botulinum - Advanced course

Christopher Rowland Payne

5–6 September
London, UK

Supportive Oncodermatology

Azael Freites-Martinez

10–12 September
Naples, Italy

OCTOBER

Updated approach to alopecia diagnosis

Alexander Katoulis

15–17 October
Athens, Greece

The Art of injectables

Brunilda Bardhi

16–18 October
Tirana, Albania

Social media crash course

Catherine van Montfrans

26–27 October
Rotterdam, The Netherlands

NOVEMBER

Intermediate - Advanced surgery on pigs

Elena Rossi

5–7 November
Rome, Italy

Genital Dermatology and Genital Infections

George-Sorin Tiplica

11–12 November
Bucharest, Romania

DECEMBER

Bacterial infections of the Skin

Olivier Chosidow

10–12 December
Paris, France

Rare Skin disorders in Pediatric Dermatology (Part II)

Christine Bodemer

10–11 December 2026
Paris, France

2027

JANUARY

Dermoscopy in Clinical Practice

Ahmed Sadek

Harald Kittler

14–15 January
Vienna, Austria

FEBRUARY

The Frail Face: Advanced Aesthetic Strategies & Safety Algorithms

Berna Solak

Ümit Türsen

4–5 February
Istanbul, Türkiye

Visual Literacy for Dermatologists

Sarah Walsh

14–27 February
London, UK

Cutaneous Lymphoma

Marie Beylot-Barry

8–10 February
Bordeaux, France

Dermatology Without Borders

Valeska Padovese

Cristina Galvan

15–17 February
Valletta, Malta

Treatment of Common Skin Diseases in Children

Carmen Maria Salavastru

17–19 February
Bucharest, Romania

MARCH

Non-Invasive Imaging in Dermatology

Mariano Suppa

Elisa Cinotti

8–10 March
Paris, France

CARD-EM: Drug Reactions for Residents

Saskia Oro

11–12 March
Paris, France

Confocal Microscopy: Integration in Clinical Practice

Salvador González Rodríguez

18–20 March
Madrid, Spain

Understanding and Treating Nail Disorders—

Bertrand Richert

1–3 April
Lisbon, Portugal

Check our [website](#) for information about courses





EADV EUROPEAN
ACADEMY OF
DERMATOLOGY &
VENEREOLOGY

Connect with
over 14,000
professionals
worldwide

EADV Membership is available to dermatologists, venereologists, and residents specialising in these fields. Nurses and students with an interest in dermatology and venereology are also warmly welcome

EXCLUSIVE BENEFITS AWAIT YOU

FUNDING

A range of **scholarships, grants, research funding and fellowships** in prestigious hospitals

GUIDELINES

Over **40 Task Forces** focused on prevention, diagnosis and treatment of skin and venereal diseases

LEARNING

continuous medical education offered through extensive **face-to-face and online courses**

VIRTUAL LIBRARY

Expand your knowledge with free access to **50+ medical books and journals**

EVENT FEES

Exclusive rates for the Academy's flagship events in Europe

JEADV

Leading international peer-reviewed **journal** with globally-recognised editorial board

JEADV^{CLINICAL PRACTICE}

Open access peer-reviewed **journal** with cutting-edge practical and hands-on-clinical content

Join the EADV Community today!

We look forward to having you onboard
eadv.org/membership

EADV CONGRESS
2026

SEE YOU IN **VIENNA**

30 SEPTEMBER - 3 OCTOBER



Registrations
are open

eadv.org/congress



EUROPEAN
ACADEMY OF
DERMATOLOGY &
VENEREOLOGY

Calendar of Events

2026

55th Annual ESDR Meeting

9–12 September 2026 | Heidelberg, Germany

[Continue reading >](#)

11st MEIDAM International Congress

24–26 September 2026 | Dubai, UAE

[Continue reading >](#)

International Society of Dermatopathology XLV Symposium

24–26 September 2026 | London, UK

[Continue reading >](#)

The UEMS European Board of Dermatovenereology Diploma (EBDVD) Examination

25 September 2026 | Frankfurt am Main, Germany and remote

[Continue reading >](#)

AI in Dermatology Summit 2026

29 September 2026 | Vienna, Austria

[Continue reading >](#)

EADV Congress 2026

30 September–3 October 2026 | Vienna, Austria

[Continue reading >](#)

27th IUSTI World Congress

14–17 October 2026 | Prague, Czech Republic

[Continue reading >](#)

34^e Congrès International de l'ADF

5–7 November 2026 | Beyrouth, Lebanon

(may be postponed to 22–24 April 2027 – see website)

[Continue reading >](#)

2027

7th World Congress of Dermoscopy 2027

12–15 May 2027 | Lyon, France

[Continue reading >](#)

EADV Symposium 2027

20–22 May 2027 | Dresden, Germany

WCD2027 – 26th World Congress of Dermatology

21–26 June 2027 | Guadalajara, Mexico

[Continue reading >](#)

EADV Congress 2027

22–25 September | Amsterdam, the Netherlands

EADV Headquarters

Via Balestra 22 B
CH- 6900 Lugano, Switzerland

[Contact us](#)



@eadv



YouTube



LinkedIn



Instagram

www.eadv.org