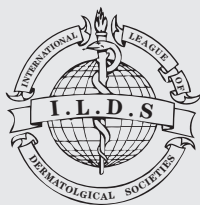


# Newsletter N° 19

July, 2011



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## Letter from the new President of the International League of Dermatological Societies, Wolfram Sterry

Dear Colleagues,

After having returned from an outstanding and stimulating world congress in Seoul, it is my pleasure to invite you to read the first ILDS newsletter edited by the newly elected Board. The ILDS Board and I as its President will do our best to stay in touch with you, and to jointly work on many important issues to be tackled and solved during the forthcoming four years. Please see a photo of the new Board as well as a list of all Board members as well as their email addresses below. Please contact me as your President directly, or contact the league through Regional Board members, or simply those who you know best. The new Board of the ILDS has started its work for the ongoing term, and we are aiming to identify the areas that deserve most of our attention. To prepare the ground, the Board will hold a full day strategy retreat in October 2011, prior to the EADV meeting in Lisbon. We will have several committees within the ILDS Board, and the chairpersons will report in one of the forthcoming newsletters on their work in detail. Thus, you can follow and comment our activities.

It is the predominant task of the ILDS to organize the World Congress of Dermatology every four years, and therefore the preparations for the next WCD have to be initiated right away. The Program Committee is already assigned and will, under the leadership of Prof Jean Bologna, work hard to ensure a successful program. However, some framework discussions need to take place at the retreat meeting before we can go ahead. Questions pertinent to the WCD include: what are the unique strengths of a WCD, how can we improve further its attractiveness, should other professions – i.e. dermatological nurses – be involved as well, how can we best balance between the different subspecialties of dermatology, and what is the ideal length of a WCD? Some of you have already come up with suggestions, and we ask you to contact us for criticisms or proposals.

As you may know, there many other issues in which the ILDS is involved. In fact, the ILDS enter-

tains strong philanthropic activities, such as the Regional Dermatology Training Center in Moshi, Tanzania. Here, in the Kilimanjaro region, many African dermatologists are trained, and we can be proud of our successful work, which – by the way – is supported by many of our member societies, either independently or via the International Foundation of Dermatology, a subcommittee of the ILDS.

As it is often the case, such successful activities are seen by others, who then are keen to support and to help further. In one of the forthcoming issues of the ILDS newsletter, we will report on a new project in the context of the Moshi training center, called *Hats on for Skin Health*. I am sure you will be surprised and pleased.

The ILDS is the league of dermatological societies around the globe, and we believe it is important that the leaders of these societies engage more frequently. Therefore, the ILDS will host receptions for the Presidents and selected officers of our member societies, in order to exchange thoughts, concerns and new concepts on a global scale. We will regularly hold such receptions at the annual meetings of AAD and EADV, with other possible locations. Next year, we will organize an ILDS Dermatology Summit, which will take place from June 4–5, in Berlin. Presidents and other representatives of all member societies are being invited to discuss opportunities and challenges in dermatology on a global scale. From these discussions, we hope to initiate programs and activities that will strengthen and further develop our discipline. At our retreat meeting in October this year, we will discuss a draft agenda which will be distributed to all member societies for further input.

The scope of dermatology differs geographically, and we need to find ways to strengthen areas of our discipline that are not represented globally, but which are of utmost importance where they belong to dermatology. Such fields include, among others, venereology (which belongs to dermatology in many parts of the world), allergy, dermatopathology, proctology, leprology, mycology, and even andrology. We will definitely involve you, and learn from you, on our way towards a successful future.

Personally, I strongly believe that the ILDS, the International League of Dermatological Societies, is the organization to identify and to tackle the problems we are facing in dermatology, and to develop strategies to identify and overcome them. Without any doubt, the ILDS represents an enormous source of knowledge and experience and, together, we will be strong enough to bring dermatology and its subspecialties into an excellent and rewarding position, thus maintaining and improving the care for our patients. Please help us, invest time and support our projects.

## ILDS Board as of 30th May, 2011



### From l to r

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- *Jerry Shapiro*; President  
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- *Harvey Lui*; International Director  
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- *Roderick J Hay*; Regional Director (Europe)  
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- *Christopher E.M. Griffiths*; International Director  
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- *Abdul-Ghani Kibbi*;  
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- *Xuejun Zhang*; Regional Director (Asia Pacific)  
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### Invited Faculty by Region

Northeast Asia	410
Mid/Western Europe	336
North America	257
South Asia and Oceania	120
Africa & Middle East	60
South & Central America	69
North/Eastern Europe	64
Southeast Asia	60
Africa & Middle East	41
Southern Europe	19
<b>Total Faculty</b>	<b>1,376</b>

### Exhibition & Sponsorship

The exhibition was likewise an outstanding success with 200 total exhibiting companies and organizations whose booths occupied 6,177 square meters of space. 3,309 exhibitors worked diligently over the course of the week to keep things running smoothly and ensure that participants were treated to a high-impact exhibition. The 22nd WCD was very fortunate to have the support of many of the dermatology industry's leading companies, without whom the ambitious Congress plans would not have been possible. Special thanks goe once again to the 13 major sponsors (Diamond: L'Oréal and Galderma; Platinum: Amore Pacific; Gold: Allergan, Stiefel; Silver: Pierre Fabre, P&G Beauty & Grooming; Bronze: NeoPharm, Astellas, Johnson&Johnson, LEO Pharma, INVIDA, Q-MED, MSD) who provided funding and support for numerous Congress features in addition to 41 outstanding industry symposia. Their involvement underscores the importance of the World Congress for the continued development of new pharmaceuticals, cosmetics and dermatology instruments.

### Social Program

The local organizers were keen to capitalize on the distinction of being able to host only the second World Congress of Dermatology ever held in Asia. This characteristic was especially prominent during the Congress Opening Ceremony and Gala Dinner, where participants were treated to a series of dazzling and uniquely Korean performances. The Opening Ceremony began with an *Arirang Party* featuring drums and traditional Korean classical dance juxtaposed with martial arts and *B-boy* breakdancing. After 20 minutes of dance and music, Jean-Hilaire Saurat, President of the ILDS, Hee Chul Eun, President of the 22nd WCD, Se-Hoon Oh, Mayor of Seoul and Jai IL Youn, President of the KDA took the stage to welcome participants and kick-off an unforgettable week of presentations and activities.

Before the last day of the Congress, participants had the opportunity to socialize in style at the Gala Dinner, which was held at Seoul Olympic Park. Thankfully, the weather was cooperative and the atmosphere, punctuated by the beautiful scenery and dancing water fountains in adjacent Mongchon Lake, made for a splendid evening of mingling, dining and entertainment. As the evening progressed, participants made their way to the waterside stage where T-ara, one of Korea's famous *K-pop* groups, began the entertainment part of the night by singing some of their signature hit songs. In contrast with T-ara's modern act, traditional Korean music group Dulsori followed with an energetic performance that left audience members thrilled and clapping excitedly. Fireworks signalled the end of the program and participants, many of whom scrambled to have their pictures taken with the performers, departed in visibly good spirits.

# 22nd World Congress of Dermatology

May 24–29, 2011 Seoul, Korea

## Letter from Seoul

Approximately 12,000 people from around the world gathered together in Seoul from May 24th to the 29th for this extraordinary event which many have dubbed the *Dermatology Olympics*. Held once every four years as the International League of Dermatological Societies' flagship meeting, the World Congress of Dermatology was truly a grand spectacle of everything that our diverse and rapidly evolving specialty has to offer.



The local organizers overcame many great challenges and obstacles to meet the exceedingly high expectations set by previous World Congresses and did so in remarkable fashion. Participants were able to share and receive invaluable information on the latest dermatological discoveries, developments and products, interact with colleagues from every corner of the globe and enjoy a wonderful Asian experience in historic Seoul, Korea.

### Registration

Nearly 8,000 fully registered delegates (mostly member and non-member dermatologists, residents, fellows and students) attended the 22nd WCD in Seoul. Of course, the majority of these came from nearby countries in Asia, followed by Europe and North America. Thanks go out once again to all participants, many of whom travelled very great distances to join us in Korea for this outstanding World Congress.

### Scientific Program

A total of 335 scientific sessions took place at the 22nd WCD, in addition to 2,870 e-Poster presentations, reflecting the constant growth and expanding diversity of modern dermatology. Sessions covered nearly every conceivable skin-related topic, from genome sequencing to cosmetic dermatosurgery.

### WCD2011 Scientific Sessions

Plenary Lectures	5
KDA Seminars	30
What's New	5
Meeting of Minds	11
Symposia	79
Workshops	82
Courses	21
Free Communications	41
Industry Symposia	43
Ancillary Meetings	18
<b>Total Sessions</b>	<b>335</b>
<b>e-Posters</b>	<b>2,870</b>

## New Features of the 22nd WCD

In order to enhance various aspects of the Congress experience for all participants, the following features were introduced in Seoul for the first time to the World Congress of Dermatology.

## KDA Seminars

These special seminars, organized by the host Korean Dermatological Association, were held each morning of the Congress (total of 30 KDA Seminars) from 7 to 8 a.m. Well known speakers were invited to share their knowledge with participants wanting to get an early start and those awake early in the morning due to extreme time zone differences. In addition to the outstanding instruction, attendees were treated to coffee and a light breakfast. Despite the early schedule, a surprising number of participants attended the seminars, greatly exceeding expectations.

## e-Poster System

The electronic *e-Poster* display system made its WCD debut in Seoul, marking a change from the traditional poster Board displays to a significantly more convenient and advanced computer display system. Participants were able to search through and view all 2,870 e-Posters at any of the 200 computer stations set up in the quiet and comfortable Poster Display Room.

## Korean Village

With support from the Korean Tourism Organization, a 1,000 square meter *Korean Village* booth was set up in the exhibition, providing a convenient means for participants to receive a taste of traditional Korean culture in the middle of the World Congress. Over the course of the exhibition, thousands of delegates took a break from visiting company booths to play traditional Korean games, try on Hanbok, make traditional masks, write in Korean calligraphic style, learn about Korea's history, and much more at the Korean village.

## OMR (Optical Mark Recognition) Evaluations

This new system of evaluation was used to evaluate all invited-speaker sessions and the Congress overall. Through the use of this system, evaluation results were able to be processed very quickly and published in the following day's Congress newspaper. Based on the evaluations results, the top 20 major sessions of the Congress are as follows:

Code	Session Title	Date
<b>Courses</b>		
CO15	Dermoscopy for the Experienced (half day)	28/05/2011
CO12	Systemic Medical Treatments (half day)	27/05/2011
<b>KDA Seminars</b>		
KS09	Latest Information on Acne and Acneiform Diseases CTCL Therapies: Navigating the Choices	27/05/2011
KS13	Inflammatory Nodules of the Leg Advances in the Management of Hair Loss Disorders	29/05/2011
<b>Workshops</b>		
WS55	Flaps, Grafts and Lipoinjection	28/05/2011
WS35	Melanocytic Nevi	27/05/2011
WS42	Dermatopathology II – Inflammatory Skin Diseases	27/05/2011
WS32	Botulinum Toxin	27/05/2011
WS64	Office Based Dermatotomy: Breadth and Depth	29/05/2011
WS49	Soft Tissue Augmentation	28/05/2011
WS37	The Value of Dermatoscopy: The Base of Evidence	27/05/2011
WS82	Liposuction and Fat Grafts	29/05/2011

Symposia		
SY54	Dermoscopy	28/05/2011
SY65	Diseases of the Genitalia	29/05/2011
SY36	Beware of Routine: Dermatomyces	27/05/2011
SY64	Problematic Skin Infections	29/05/2011
SY50	Nail Diseases	28/05/2011
SY76	Disorders of Pigmentation	29/05/2011
SY35	Atopic Dermatitis	27/05/2011
What's New		
WN04	Atopic Dermatitis in the Emerging Era of Personalized Medicine Psoriasis Acne New Immunological Tests for the Diagnosis of ACD Dermatopathology Epidermolysis Bullosa	28/05/2011
Meeting of Minds		
MM11	Chronic Urticaria	28/05/2011

\*Plenary lecture evaluation results are not included in these rankings.



## Onward to Vancouver for the 23rd World Congress of Dermatology in 2015!

### Letter from Vancouver

During the ILDS Assembly of Delegates meeting on May 26, 2011 in Seoul, Vancouver was selected as the host city for the 23rd World Congress of Dermatology in 2015. Canadian dermatologists are grateful to the ILDS for this vote of confidence, and we are already underway with detailed planning for this monumental event. We commend our colleagues from Bangalore, Rome, and Vienna for their excellent bid proposals; we know all too well how much energy and dedication went into the bidding process.

The 22nd World Congress of Dermatology in Seoul was truly outstanding and memorable. Professors Eun and Kim and the entire Korean Dermatological Association spared no effort in creating a superlative experience for all delegates. The Canadian Dermatology Association will dedicate itself to emulating the standard set by the Koreans and we thank them for their pledge of assistance and advice to our team.

In 2015, dermatologists from around the world will re-assemble in North America for *A Global Celebration of Dermatology*. There is so much of which we can be proud in our specialty and we plan to showcase all of the knowledge and advances that dermatologists can now bring to our patients. Our celebration will include a unique and exciting social program, state-of-the-art educational and communications technologies, and special pre- and post-Congress tours. Delegates can also expect to see that the scientific program will include representation from all ILDS member countries.

Our brand new convention center is waiting to host the thousands of dermatologists planning to at-

tend the World Congress of Dermatology in 2015. The Vancouver Convention Center is situated right on the waterfront with backdrops that include breathtaking vistas of the mountains and the sea.

Vancouver is safe and clean while still offering all the advantages of a cosmopolitan city. More than 45% of the population speaks a language other than English, and no matter where you live in the world, you will easily fit in with our local population. After you arrive you will easily understand why Vancouver has been ranked by the Economist magazine as the world's most livable city for five consecutive years.

We humbly ask for your support and advice over the next four years as we undertake to contribute the next chapter in the glorious history of the International League of Dermatological Societies. Please let us know what you want to see and experience in 2015 when you arrive in Vancouver!

23rd World Congress of Dermatology – Vancouver 2015

Jerry Shapiro, MD, President  
Harvey Lui, MD, Secretary-General

## The International League of Dermatological Societies AWARDS

### Young Dermatologist International Achievement Awards

These awards are designed to give recognition to young dermatologists who are trying to make a difference particularly for people with skin disease who are less privileged in this world. The recipients are selected based on the recommendations of the national and international societies that are member societies of the ILDS. The awardees for the term are:



**Asia Pacific Region:**  
Wen-Hung Chung



**USA and Canada Region:**  
Carrie L. Kovarik



**South East Asia, Middle East and Africa:**  
Dharmendra Kumar Karn



**Europe:**  
Krisztián Gáspár

### This award incorporates the following

- An International League of Dermatological Societies Certificate
- The sum of US\$2,500 towards travel and accommodation expenses to attend the next World Congress of Dermatology
- Free registration for the World Congress of Dermatology

Nominations Forms will be available at the start of 2014 for the next tranche of this Award.

## Members' Corner

### New Member Societies

We are delighted to welcome six new Societies to the League this year:

The Indian Society of Teledermatology; The Ecuadorian Association of Dermatology and Allied Sciences; The Italian Society of Aesthetic and Corrective Dermatology; The European Society of Photodermatology; The Nicaraguan Association of Dermatology and we will be asking all of these new Societies to introduce themselves to you in future editions of the Newsletter.

## Dermatology and the International Classification of Diseases

**ICD11 – Report from Co-Chair, Robert Chalmers**  
Report to ILDS Board by Robert Chalmers, Co-Chair and Managing Editor, Dermatology Topic Advisory Group, ICD Revision Project, prepared 19.05.11

### Current State of Icd Revision Project

Since my last report from 1st November 2010, work on the ICD Revision has continued apace but not quite to the timetable originally proposed by WHO. Some of the Topic Advisory Groups or TAGs (e.g. paediatrics, dental) were not formed until the second half of 2010 and a majority of the others are behind dermatology in submitting their proposals. As these not infrequently have an impact on skin disease, it has meant that a lot of my time and effort over the past couple of months has been spent in negotiating with the different TAGs over changes which have *interfered* with our proposals. The need for such negotiations had been envisaged by WHO from the outset and it is a pity, in retrospect, that the other TAGs were not ready to negotiate at the time I was based in Geneva.

More frustrating have been some ill thought-out initiatives by WHO to subject the ICD11 draft to a barrage of automatically generated pre-coordinated concepts from every conceivable combination allowed in ICD10 (where it is possible to qualify one concept by another using the so-called dagger and asterisk system or the addition of a qualifier for, for example, site). This has been done for fear of being accused of restricting rather than expanding what will be codable in ICD11 in comparison with the current situation with ICD10 and has gone against what the WHO Revision Steering Group has advocated. It has, however, produced some hilarious results such as *Rheumatoid lung disease of the ankle and foot* and *Lead-induced gout of the pelvic region and thigh*. An

example of more relevance to dermatology has been a whole range of systemic complications of cercarial dermatitis including *Oesophageal varices with bleeding in cercarial dermatitis* and *Cercarial dermatitis with pulmonary heart disease*. It has been necessary to keep a constant vigil for such inanities which then have to be removed when time could be better spent on the still enormous task in hand. Each TAG is having to go through these newly added concepts to determine which should remain in ICD11.

As a result of these difficulties, the period allowed for completion of the alpha draft has recently been extended for 12 months until the end of March 2012. It is still intended that ICD11 should be presented to the World Health Assembly in May 2014 and should be ready for implementation by 2015.

In the meantime a public view of the alpha draft has been made available from this week at <http://apps.who.int/classifications/icd11/browse/f/en>.

A further consequence of the difficulties was the cancelling of the proposed Revision Steering Group meeting in Geneva in April to prepare for the launch of the beta draft.

To be fair to WHO, I think it is clear that it underestimated the scale of its ambitious project and the eagerness for revolutionary change from a majority of TAGs. The final result will be dramatically more useful than the current ICD. Finally I think it is important to remember that the Dermatology TAG and ILDS negotiated with WHO to ensure that we retain intellectual copyright of the work which we contribute so that it should be possible to extract the Skin Diseases chapter as a standalone entity. A copy of the chapter as of 19th May 2011 accompanies this report for any member who may wish to inspect it.

### ICD10 2013 UPDATE

In early February I was invited by Robert Jakob from WHO to submit proposals for the 2013 update of ICD10. This should be published some six months before the mandatory switch from ICD9 to ICD10 in the U.S. The proposals had to be received by the end of March. I was able to alert the AAD to this short window of opportunity and I worked with members from the Task Forces mentioned earlier in my report to identify the most pressing needs as they saw them. Proposals for keratoacanthoma (KA) and for dysplastic naevus/atypical naevus figured highly. I thus spent a significant amount of time during March attending to some of the more glaring deficiencies of ICD-10.

### ICD11 Anatomy Chapter and Graphical Recording of Location

One of the other developments for which we have lobbied hard is for an anatomy/topography/site classification within ICD11. The current way in which site is recorded over the classification is very haphazard and the terms used for recording site for malignant neoplasms are different from those used for benign neoplasms and injuries. Location and distribution are particularly poorly handled in the current ICD. The principle has been accepted that a generic classification should be developed making use of the existing ICD-O (ICD Oncology) topography codes and supplementing them where necessary with SNOMED CT anatomy codes. This would then make it possible to differentiate between a melanoma of the nail unit of the thumb and a melanoma of the shoulder, for instance.

As a spin-off of the development of this classification, I am involved in preliminary proposals with the Department of Computer Science at Manchester

University and the Ohio State University Department of Dermatology to further develop a system for graphically pin-pointing skin surface lesions and allotting these a *grid reference* and a precise anatomical descriptor (e.g. left ala nasi) from the proposed ICD classification. This is currently at an early stage.

### Conclusions

Much remains to be done but much progress has already been made. My earlier contention that little assistance can be expected from outside the TAG until an initial proposal has been drawn up and presented to experts has proved to be correct. The Skin Disease components of the ICD11 draft do now have, I would judge, more areas which are virtually complete, at least from the structure and modelling point of view, than areas that still need major work. Nevertheless it does take time to draft new topic areas and get agreement on them. I remain honoured to have been selected to work on this task. I am grateful particularly to Jean-Hilaire Saurat for his enthusiastic support, to the ILDS for their financial contributions, to Michael Weichenthal for his enthusiastic assistance and to all TAG members and EWG colleagues who have put time and effort into this project.

### Robert Chalmers

19.05.11

ILDS Member Societies and their Contributions to ICD11. We are extremely grateful to our Member Societies for their help in this venture. Your continued generous contributions enable us to support this project which, when completed, will be of great significance to our Societies and to our discipline, dermatology, worldwide. We should point out that this project is being funded SOLELY by the International League of Dermatological Societies, not by any other organization, including WHO.

Thank you to the Presidents and the Boards of the following Societies:

- American Academy of Dermatology
- Austrian Society of Dermatology
- British Association of Dermatologists
- Canadian Dermatology Association
- European Academy of Dermatology & Venereology
- European Dermatology Forum
- Finnish Dermatological Society
- French Society of Dermatology
- German Dermatological Society
- Hellenic Society of Dermatology and Venereology
- Hungarian Dermatological Society
- Japanese Dermatological Association
- Korean Dermatological Association
- Mexican Academy of Dermatology
- Mexican Society of Dermatology
- Norwegian Society of Dermatology
- Palestinian Society of Dermatology and Venereology
- Philippine Academy of Clinical and Cosmetic Dermatology
- Philippine Dermatological Society
- Slovak Dermatovenereological Society
- Swiss Society of Dermatology & Venereology
- Women's Dermatologic Society