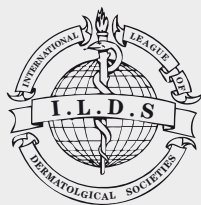


# Newsletter N° 14

August, 2010



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## 22nd World Congress of Dermatology

Seoul 2011

### Letter from Seoul

#### Third Announcement

The Local Organizing Committee is pleased to present the Third Announcement and Call for Abstracts for the 22nd WCD which will contain, in addition to information on submitting abstracts, a preliminary daily scientific program schedule (including confirmed invitees for each session), details on the Congress Tour Program, and general information about the Congress. The announcement will be heavily distributed from June, 2010. Societies who wish to forward the announcement to their members or colleagues are encouraged to contact the Congress Secretariat at [info@wcd2011.org](mailto:info@wcd2011.org). An online e-book version of the Third Announcement will also be posted on the congress website at [www.wcd2011.org](http://www.wcd2011.org) in June, 2010.

#### Call for Abstracts (Free Papers)

Authors are encouraged to be a part of the outstanding 22nd WCD scientific program by submitting their abstract for oral or poster presentation.

All abstracts must be submitted online through the Congress website where you may also find detailed submission instructions and guidelines. All abstracts will be carefully reviewed by the Scientific Committee and the results will be sent via e-mail notification by December 31, 2010. Authors of accepted abstracts must be registered for the Congress. **The abstract submission deadline is October 31, 2010.**

For more information about abstracts, please visit the Congress website at [www.wcd2011.org](http://www.wcd2011.org) or send an e-mail to [abstract@wcd2011.org](mailto:abstract@wcd2011.org) or [scientific@wcd2011.org](mailto:scientific@wcd2011.org).

#### Pre-Registration Available on WCD 2011 Website until August 31, 2010

Pre-registration is available on the WCD2011 website until Aug 31, 2010. The pre-registration fee for ILDS members is 480 USD. The fee for fellows, residents and nurses is 180 USD, 200 USD for accompanying persons and 120 USD for students. Please visit the WCD2011 official website, [www.wcd2011.org](http://www.wcd2011.org), for more detailed information about registration.



## 23rd World Congress of Dermatology

### Vancouver Bid

#### CDA World Congress of Dermatology Vancouver 2015 Bid

[www.derm2015.org](http://www.derm2015.org)

#### Summertime in Vancouver

Vancouver has an endless supply of things to see and do. It doesn't matter what time of day or what time of year— indoors or out, active or spectator. Adventure across the Capilano Suspension Bridge or enjoy panoramic Vancouver views from Grouse Mountain; enjoy theatre in the parks or one of the many beautiful gardens Vancouver has to offer.



Whilst in and around Vancouver, plan to enjoy a train ride to Whistler – co-host of the Vancouver 2010 Winter Olympics. The breathtaking scenery of this three hour train journey will lead you through scenic Howe Sound and the spectacular Cheakamus Canyon, across a trestle bridge, past the jagged snow-capped peaks of the Tantalus Mountains and by an old extinct volcano, before finally arriving in the mountain landscape of world-renowned Whistler Village. Whistler is perhaps best known for Whistler Blackcomb, one of North America's top-rated ski resorts with more than 200 marked trails and 33 lifts over 3,306 hectares (8,171 acres) of skiable terrain across the two mountains.



Given Vancouver's location, the city has always been the gateway to Alaska's spectacular scenery. Cruise ships to Alaska depart from downtown Vancouver on a daily basis from May to September. Each cruise line features different itineraries – but all are equally stunning. Depending on the cruise line, ports of call may include Kenai Peninsula, Anchorage, Yakutat Bay and Valdez. Helicopter tours, kayaking amongst glaciers, hiking and canoeing are tours offered at most ports of call.



We look forward to enjoying the sites and activities of Gothenburg in October. See you at the EADV in Sweden.

Warm regards,  
 Jerry Shapiro, President  
 Harvey Lui, Secretary-General  
 Larry Warshawski, Bid Director, CDA Liaison  
 World Congress of Dermatology Vancouver  
 2015 Bid Committee



## Vienna Bid

### Letter from Vienna

#### The Austrian Society of Dermatology and Venerology (ASDV / OEGDV) bidding for the 23rd World Congress of Dermatology in Vienna

From a proud past to a challenging future – come to Vienna and join the 23rd World Congress of Dermatology!

Hardly another European city would better hit the core of being a vibrant hotspot where strings of historic, cultural and scientific ground come together. Being among cities in Europe as London, Paris, Berlin, Prague and Budapest, and due to its fabulous location in the middle of Europe, Vienna allures scientists and tourists from any part of the world.

We look back on a very proud past, when Vienna became the contemporary witness and birthplace to a new independent medical doctrine – the dermatology, founded by Ferdinand von Hebra.



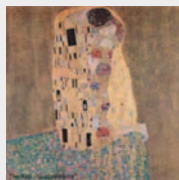
Moriz Kaposi, successor to Hebra, has been the Chair of the 2nd World Congress of Dermatology in 1892 in Vienna, which gave the kick-off

for a long tradition in medicine and particularly in dermatology. Winning the bid for Vienna in 2015 would thus close the historic circle, bring dermatology back to where it was born and reveal new paths for a challenging future in dermatology.

Its ranking as a cultural, artistic and scientific major power around 1900 has had a great impact even on today's Vienna. While Paris and London had been the leading centres of music tradition in the second half of the 18th century, Vienna obtained a dominant position within Europe most notably by the great works of Mozart, Beethoven and Haydn, world-famous representatives of the *Viennese Classicism* (1780–1827).



Schoenberg, an Austrian composer of Jewish origin, and Korngold, an Austrian-US American composer, on the other hand were outstanding personalities of the musical genre of the 20th century. The very contemporary style of music is still influenced by the Viennese Johann Hölzel, who was rather known as Falco in and far beyond Austria.



Austrian art has furthermore been shaped to large parts by painters like Klimt, Schiele and Kokoschka who have extensively contributed to Austria's wealth of masterpieces of Art Nouveau and Expressionism.

One of Vienna's most appreciated citizens of the 20th century and representative of the contemporary abstract art was Friedrich Stowasser, better known as Hundertwasser. His life's work is multi-faceted, ranges from literary works over paintings to architectural projects and is reflected in various modern architectural sights in his hometown Vienna.



Listen to the unique works of great musicians such as Mozart, Beethoven or Strauss while enjoying a good coffee and some delicious cake and pastries in one of Vienna's traditional coffee houses. Go and see a theatre play by one of the famous Viennese playwrights, explore the imperial heritage with the Palace Hofburg or the Castle Belvedere, dive into the charming downtown Vienna and rise high above the city on a ride on the well-known 'Riesenrad' at the Prater, and end an exciting day with Viennese cuisine and wine. You might even take a step out of Vienna on a short trip to neighbouring and other European countries.

As direct neighbours to Austria, the Czech Republic, Slovakia and Hungary are the perfect spots for short excursions – within easy reach and shining in historical and cultural splendour. Taste the Bohemian beer brewed in Plzeň, the Pilsener, while watching the sun go down from the impressive Prague Castle. Explore Slovakia's wide and natural landscapes with the Tatras, visit the medieval castles and towns, folk



architecture and spas. Or try the world famous Goulash in the land of thermal waters.

In Vienna historic fragments and old school meet modern scientific approaches and architectural challenges, reflected also by the well equipped Trade Fair Center which is only at a stone's throw from the ancient city centre. Become a part of history, become Vienna!

For more information or subscription to our newsletter, please email us: [BiddingCommittee@wcd2015.com](mailto:BiddingCommittee@wcd2015.com).

## ICD-11

### Co-Chair Report

#### Dermatology and the International Classification of Diseases

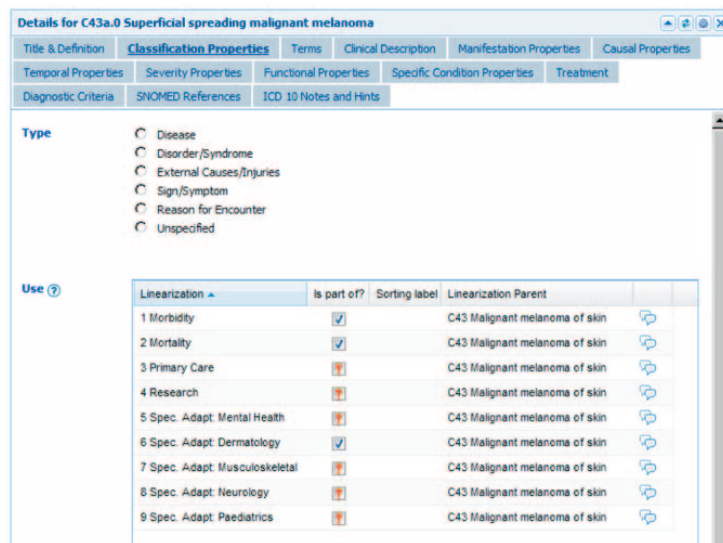
We reported in September 2009 that the ILDS under the presidency of Professor Jean-Hilaire Saurat had accepted the invitation by the World Health Organization to form a Dermatology Topic Advisory Group (TAG) to assist with the 11th Revision of the International Classification of Diseases (ICD-11).

Name	Affiliation	Country
Robert Chalmers**	University of Manchester	UK
Michael Weichenthal**	University of Kiel	Germany
Alanna Bree	Texas Children's Hospital, Houston TX	USA
Benjamín Hidalgo-Matlock	Centro Internacional de Medicina, San José	Costa Rica
Takeshi Kono	Nippon Medical School, Tokyo	Japan
Andrew McDonagh	University of Sheffield	UK
Mourad Mokni	University Hospital, Tunis	Tunisia
See Ket Ng	National Skin Centre	Singapore
Edith Nkechi Nnoruka	University of Nigeria	Nigeria
Pablo Fernández Peñas	University of Sydney	Australia
Mark Pittelkow	Mayo Clinic, Rochester MN	USA
Peter Soyer	University of Queensland	Australia
Jacek Szepietowski	University of Wrocław	Poland
**Co-chairs		

ICD-11 will be very different from its predecessors. It will be primarily electronic and, in place of consisting merely of a structured list of disease entities, it will include much more information about each disease concept including a textual definition and a comprehensive set of attributes (e.g. body system and site involved, aetiology, diagnostic criteria etc. as appropriate). It will also allow for comprehensive specialty subsets, including one for dermatology (see Fig. 1). These subsets will allow for more granular (detailed) diagnostic information to be captured (e.g. subtypes of basal cell carcinoma) for use by the relevant specialties. Another important feature is the ability for a single concept to be represented in more than one location (multiple hierarchical parents). Thus skin tumours will be visible both within the Neoplasms chapter and in the Skin Diseases chapter.

**Figure 1**

Extract from iCAT web-authoring tool to illustrate the attributes which can be attached to each diagnostic concept



In this case it has been considered that superficial spreading malignant melanoma should be available as a distinct diagnostic concept for morbidity and mortality statistics as well as for a dermatology-specific subset, but that it would not be required for a primary care subset, where malignant melanoma of skin would be sufficient.

It is underpinned by bespoke software which has been and continues to be developed at Stanford University, California. The ICD Collaborative Authoring Tool (iCAT) is a web-based application which uses Wiki-like programming tools\* (cf. Wikipedia®) to create an ontology, which is what the electronic version of ICD-11 will be\*\*.

\* Wiki comes from a Hawaiian word meaning 'fast' and is widely used for creating and editing web-based databases and ontologies.

\*\* A formal explicit specification of each of a set of concepts within a domain (e.g. human diseases) and the relationships between those concepts.

This ambitious project is not due for completion until May 2014. Preparations for ICD-11 have, however, been taking place since 2007. Dermatology was invited to participate in October 2008. At the end of September 2009 the Chairs and Managing Editors of the Topic Advisory Groups spent two weeks with the WHO team and international classification experts in Geneva learning about the revision process and testing the prototype authoring tool. This was a very valuable opportunity to get to know the many different people from all over the world involved in the project. Following the so-called iCAMP in Geneva the alpha-drafting process was commenced. This called for any major structural changes to the existing ICD hierarchy to be presented to WHO by February 2010 in time to present a provisional alpha draft to the World Health Assembly in May 2010. WHO has programmed a further 12 months to complete the alpha-drafting phase before the ICD-11 beta draft is released in May 2011 for public consultation and field testing.

The dermatology content of ICD has scarcely changed since 1948. Not surprisingly it is currently very incomplete and unsatisfactory. Perhaps the most glaring omission is basal cell carcinoma which cannot be recorded using ICD-10. Dermatology is, however, fortunate in having three existing modern disease classifications (one each from Germany, UK and USA) to inform the revision process.

In my role as Managing Editor for dermatology I was fortunate to be supported by ILDS to take up the invitation from WHO to work in Geneva for the initial alpha-drafting process. My first task was to make the three existing classifications readily available and searchable for everyone involved in the revision. This then helped to show how a new Skin Diseases Chapter might look in ICD-11. Through an iterative process with my Co-Chair, Michael Weichenthal, and the TAG membership a completely new draft structure was developed to replace the existing chapter.

It turned out that dermatology was ahead of other specialties in contributing to the initial alpha draft and so I have performed the additional role of test pilot of the iCAT web-authoring tool software, which was not really capable of being used until the end of January. I was able to transfer the newly drafted skin diseases chapter to iCAT by the early February deadline and WHO accepted the draft with minor amendments within a matter of days. The structure was further refined at a meeting of the TAG and other interested parties at the American Academy of Dermatology Annual Meeting in Miami in early March and then further work was undertaken to incorporate as much into the alpha draft as was feasible in

the time remaining before the shutters finally came down in late April.

The table demonstrates that dermatology has contributed far more to the alpha draft than any other topic area. I was able to take the opportunity to incorporate new draft structures within chapters other than Diseases of the Skin including a revision of skin tumours and lymphomas, revision of infectious and parasitic diseases of relevance to the skin and a proposed section on genital dermatoses.

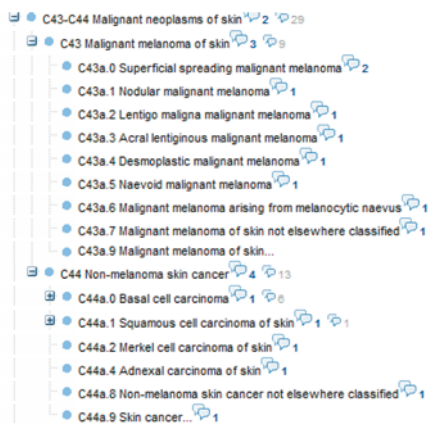
Stats as of July 13, 2010

Category	Changes	Notes	Descriptions
XII Diseases of the skin	6430	1608	234
I Certain infectious and parasitic diseases	2661	441	176
VII Diseases of the eye and adnexa	2007	406	6
VI Diseases of the nervous system	1357	484	5
II Neoplasms	1278	297	32
XI Diseases of the digestive system	983	331	2
III Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	912	252	85
XIV Diseases of the genitourinary system	419	160	17
XIII Diseases of the musculoskeletal system and connective tissue	221	128	1
XVIII Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	144	95	0

The Dermatology TAG members are delighted that WHO has accepted the need for the abandonment of the previous skin disease chapter and its replacement with a completely new draft. By being ahead of the field with the revision process I feel we have had some influence and leverage in terms of the revision project as a whole.

During my time in Geneva I have been able to interact with other topic Advisory Groups and this has been a valuable process in identifying problems and opportunities in the revision process. Major areas have been discussions on the creation of a multi-system disease chapter for conditions such as SLE and sarcoidosis, interaction with Orphanet and the Rare Diseases TAG, which has identified many diseases with a significant dermatological component, and proposals for a common method of indicating location, whether of tumours, injuries or, in the case of skin diseases, site-specific dermatoses.

**Figure 2**  
Draft structure for Malignant neoplasms of skin



Note: subcategories of BCC and SCC not displayed.

The task of the Dermatology TAG for the next ten months is to flesh out the content of the new Skin Diseases chapter and to fill in the details for each concept including definitions, synonyms etc. A wide-ranging group of dermatologists is now involved in or has promised to assist in the revision process. We shall be contacting those individuals with help with revision of specific topic areas including provision of definitions for each proposed concept. We shall now be very reliant on the wider dermatology community to assist in this very important process.

Robert Chalmers  
Co-Chair and Managing Editor  
Dermatology Topic Advisory Group  
ICD Revision Project

16th July 2010

## Members' Corner



### Danish Dermatological Society

The TITAN (Teledermatology in Transcontinental Academic Networking) project will be launched in August 2010. The main sponsor of the project is the EADV, with additional contributions from the International League of Dermatological Society (ILDS) via the International Foundation of Dermatology's Dermlink Award and the Danish Society of Dermatology. The aim of the project is to explore the use of telemedicine to promote development of clinical best practice in dermatology on a global scale, through the establishment of a framework enabling the twinning or establishment of 'sibling' departments; in effect creating international teams of dermatologists where a case-oriented discussion and exchange of knowledge between departments is facilitated for mutual education and benefit of individual patients.

The distribution of dermatological services on a global scale is highly uneven, with certain countries

having approximately 15–20000 inhabitants per dermatologist, and other countries having several million inhabitants per dermatologist. And yet, skin diseases are among the most common diseases and easily recognised by lay people. Hence skin diseases are public diseases in all societies, and the suffering of the patients is not limited to the symptoms caused by the disease, such as itching, oozing or pain; but in most societies skin diseases have significant psychosocial consequences and greatly affects the societal integration and quality of life of patients in a strongly negative manner.

The long-term goal of training a sufficient number of dermatologists cannot be expected to overcome these problems in the near future, and alternative efforts should therefore be made to educate and strengthen the existing dermatologists in order to cope better with the clinical problems, thereby not only increasing quality but also capacity.

Telemedicine utilizes the existing telecommunications for education and treatment. One method to overcome the unequal distribution of dermatologists is through the establishment of virtual cooperations where specialists from different countries are joined in teams, with the aim of exchanging information and promoting best clinical practice according to established guidelines.

The Department of Dermatology at Roskilde Hospital has extensive experience of teledermatology. It has routinely been providing full dermatological services for the entire Faroe Islands, based predominantly on store-and-forward teledermatology delivered through a nurse led clinic in Torshavn, the capital of the Faroe Islands, and collaborating General Practitioners. Based on the extensive experience of physician-physician collaboration built up over the years within this system, it suggested that it would also be suitable for other international collaboration on a higher level between dermatologists, with the aim of fostering academic networking.

The participants of the project are the National Dermatological Centre of Mongolia (Dr Tsogtsetseg Ayush) and the Departments of Dermatology at Bucharest in Romania (Dr George Tiplica) and Roskilde Hospital in Denmark (Dr Michael Heidenheim and Professor Gregor Jemec).

Professor Gregor Jemec, MD, DMSc  
Department of Dermatology, Roskilde Hospital  
Health Sciences Faculty, University of Copenhagen  
Denmark



### IADVL

#### Indian Association of Dermatologists, Venereologists and Leprologists Report (April–June, 2010)

Indian Association of Dermatologists, Venereologists and Leprologists observed **Vitiligo Day** all over India on May 19th, 2010. Vitiligo is a social disease in India and considered in many places as infectious and a form of leprosy. They are isolated from the society which in turn affects the psyche of the patient. IADVL started observing May 19th as the VITILIGO DAY since 2006 in memory of Dr AK Datta, who was a pioneer in the field of vitiligo in India.

The following programmes were observed

1. Free vitiligo camp was organised with facilities for phototherapy, vitiligo surgeries etc.
2. Information leaflets were prepared by IADVL which contained myths & facts about vitiligo. These leaflets were distributed to the patients and general public. The IADVL members displayed information about vitiligo in the Out Patient Departments and in the private clinics.
3. A documentary on vitiligo which was prepared by Bangalore Dermatology society, a unit of IADVL, was screened all over India in hospitals, Medical colleges and for general public. The documentary was also broadcasted in some of the TV channels.
4. News paper articles, Cycle rallies and public meetings were also arranged on this occasion.
5. Scientific meetings were arranged for practitioners and paramedical staff in various places.

Bangalore Dermatology Society organised a Cosmetology Conference (COSMECON-2010) in cruise (Singapore-Phuket-Lankawi-Singapore) from May 22–26 which was attended by around 150 delegates.

Kerala branch of IADVL observed its annual conference on 8th and 9th of May at Kannur, Kerala.

The ambitious project of our president, Dr HR Jerajani, IDOJ (Indian Online Journal of Dermatology) became functional on 1st July 2010. We encourage all of you to visit [www.idoj.in](http://www.idoj.in) and to also contribute articles.

**IADVL has decided to offer International Life Membership to Dermatologists of foreign countries for one time membership fees of 500\$. Those who are interested can mail to the Hon Gen Secretary of IADVL at [secretary@iadvl.org](mailto:secretary@iadvl.org) or [gsiadvl2010@gmail.com](mailto:gsiadvl2010@gmail.com).**

Compiled by  
Dr Ramesh Bhat M  
Hon Gen Secretary, IADVL(NATIONAL)  
Prof & HOD, Fr Muller Medical College  
Kankanady, Mangalore-575002, India



Vitiligo Day observation at Gauhati, Assam (Nort East states branch of IADVL)



Cycle rally photograph held at Pune (Maharashtra) on vitiligo day in a newspaper