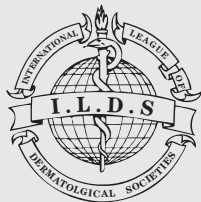


Newsletter N° 12/2010



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In Memoriam



Albert Montgomery Kligman, MD, PhD, Dr. hc mult.

On 17 March 2010, better known to the Irish as *St. Patrick's Day*, Albert M. Kligman would have celebrated his 94th birthday. Following a short illness he died, surrounded by his immediate family on 9 February 2010 in Philadelphia.

Albert, as I will address him from now on, was one of the pioneering giants of American dermatology of the 20th century. His name is a legend. The sad notice came like a shock to the international family of dermatologists, evoking sadness and tears.

Albert was one of our heroes and idols, a monarch of our beloved specialty, and a winning champion. Whenever and wherever he showed up, he was in the focus of attention. Announced as a speaker at conferences, the rooms or halls were packed. The audience looked up to him. Nobody else was embraced or hugged so often and with love than he.

Let us take a look at his background and early career. His parents were immigrants from Eastern Europe. Albert was born in Philadelphia; as a youth he realized that his family had not enough money to pay for his college education. Luckily he was supported by a rabbi, a story which he often mentioned with gratitude. Except for the time in college at Pennsylvania State University he never left Philadelphia, his beloved city. At Penn State, he earned a PhD in botany with emphasis on mycology, helping explain his tremendous love for nature and plants. Fortunately for us he decided to study medicine and graduated from the University of Philadelphia. Attracted by Professor Donald Pillsbury, then Chairman of the Department of Dermatology, he entered his program and never left the institution.

All his life he was a keen investigator, restless, daring, with a sharp and sometimes feared tongue, often taking unconventional roads. He never became Chairman at Penn, instead serving under four leaders: Donald Pillsbury, Walter B. Shelley, Gerald Lazarus, and John Stanley. Unburdened by administrative constraints, he could put all his energy into research,

teaching and breeding of new intellectuals. The license plate of his Mercedes reads: DR SKIN, applauded by many in the streets.

When the old and famous ivy-covered Duhring Laboratory brick building was still in existence, Albert occupied a tiny office, rolling about on a black worn-out swivel-chair. This was his empire, his cockpit. Here he produced and refined his ideas, advised numerous colleagues, including research fellows the world over, consulted with industry, and entertained anyone who wanted to be near the guru. Notable was the small plywood cabinet above his desk. The inner circle (including the night guards) new about the secret and helped to empty the spirits of the Jack Daniels *stored therein*.

Albert produced a legendary array of original papers, spanning the field of dermatology from acne, bacteriology, contact dermatitis, mycology and photobiology to retinoids, just to name but a few interests. He has written or co-authored wonderful books, carrying his fame into all continents. Above all he was a truly gifted writer, precise, memorable, witty and occasionally heavily pointed.

Such rich harvest was inevitable followed by many outstanding distinctions and honors. He was especially fond of his appointments in the Society for Investigative Dermatology, serving as Vice President and President, culminating in the award of the Stephen Rothman Award. Internationally he was honored by a Doctor honoris causa from the University of Utrecht, Netherlands, and the Heinrich-Heine-University, Düsseldorf, Germany. A Festschrift was issued in his honour (*Archives of Dermatological Research* 272, No. 3-4, 1982).

Albert spent his long, successful and enriched life in the triangle between the University of Pennsylvania and its research facilities; his home in a high-rise in central Philadelphia on Rittenhouse Square on the 33rd floor overlooking the city; and year-round on weekends in his beloved home at the New Jersey shore on Long Beach Island in the community of Loveladies. He called his retreat Walhalla, or Honey-moon Nest, beautifully furnished with works of art and outside surrounded with splendid flowers. Lori, his charming and beloved wife of 37 years, was a perfect match for the iridescent man, opening the house for many friends, a wonderful retreat for everybody. Up to the age of 90, Albert dove from the dock of his property into the lagoon waters of the Atlantic, exclaiming his joy with full energy.

Albert and Lori were always philanthropists in the broadest and best sense. They generously made major donations to educational programs of students and residents, research projects and museum collections.

Even at this sad time, all of us who knew Albert, should rejoice, be happy and proud to have known him, influenced by his genius and shaped by his vibrant personality. Let us come together sometimes in the future when we are called to Philadelphia to honour and keep alive the many facets of Albert, a real mensch who touched the hearts of many.

Gerd Plewig, Munich



VANCOUVER 2015
XXIII WORLD CONGRESS OF
DERMATOLOGY
www.derm2015.org

Whirlwind February in Canada!

Despite warmer than usual temperatures on the west coast of Canada, Vancouver and Whistler showcased the beauty and supernatural British Columbia during the 2010 Olympic Games. The energy in Canada has been amazing with thousands of international visitors and hundreds of cultures and languages blending in with smiling faces and open arms. Congratulations to all the athletes who competed!



The legacy and new venues and sporting facilities left behind the Olympics will benefit all groups visiting Vancouver in the future. The Olympic cauldron with a backdrop of Coal Harbour and the Majestic snow-capped mountains will stand as a permanent fixture, located beside the Vancouver Convention Centre – where Canada hopes to welcome and share this amazing energy with the World Congress of Dermatology delegates in 2015.

It's hard to believe that in only one year, we will be gathering with our friends and colleagues in Seoul, Korea at the 2011 World Congress of Dermatology. Good luck to the Korean organizing committee in this last year of planning the Congress.

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



International Foundation for Dermatology

www.ifd.org

IFD Update

The International Foundation for Dermatology (IFD) was established over 20 years ago by the International League of Dermatological Societies (ILDS), the organisation that provides a global forum for the world's dermatology societies by, for instance, organising the World Conferences of Dermatology or through its formal links with the World Health Organisation. It is now based in London in the offices of the League, where we have a part time administrator and volunteer staff. The IFD was developed in response to the recognition that, in many parts of the world, there was little care available for patients with skin problems, often because there were no, or too few, dermatologists or where the local health care depended on health care workers with little training in the management of skin disease. This unsatisfactory situation was compounded by the fact that, in these same areas, skin disease was often very common being among the top three most frequent reasons for an individual to seek medical help. So from its outset the Foundation was faced with a challenge to develop new approaches to reach the maximum number of patients utilising clinical or nursing help appropriate to the local conditions and health services.

The chief operating objective of the International Foundation for Dermatology is to improve dermatological care in underserved areas of the developing world, but this remit covers not only skin disease but also sexually transmitted diseases and leprosy. The concept of dermatological care is broad as, in addition to the management and control of common diseases, it also includes recognition of conditions that present with skin signs and symptoms including those with serious implications for health; so early recognition of disease states such as HIV or onchocerciasis through their skin presentations and knowledge of pathways for care that are followed in these diseases form part of the work of the IFD. The intention is to promote the provision of better services in areas where skin or sexually transmitted diseases are both common and poorly managed through lack of trained personnel or resources, frequently both. To place this work in perspective, all this is set against national backgrounds of health where the AIDS pandemic, a rising tide of chronic disease such as diabetes as well as poverty dominate all health care initiatives and also where endemic disease such as onchocerciasis or lymphatic filariasis is common and may present with signs and symptoms in the skin. Skin

disease often appears a small player in this big league of international health, yet because so little attention has been paid to the alleviation of this problem skin disease often dominates the pattern of illness at village or community level because it is so common. Poor treatment exacerbates the problem because it fails to alleviate the problem and has a wider impact on continuing ill health as well as affecting local microeconomics through erosion of household budgets.

In considering how best to accomplish these aims the Foundation has focused on two activities in particular, education and training and the assessment of dermatological need. The latter is important as it informs on the range of skin diseases that are common at community level, as well as their impact, and helps to identify possible routes of improvement. The first project of the IFD focused on the establishment of a training centre in Sub-Saharan Africa. The Regional Dermatology Training Centre or RDTC, in Moshi, Tanzania was created in partnership with the Tanzanian Ministry of Health and the Good Samaritan Foundation. The principle objective of the Centre is the care of skin disease seen in locality together with training leaders of health care at front line level, usually senior clinical officers or nurses, through a two year University based Diploma course; a second training scheme (MMed) provides for a four year specialist training in dermatovenereology for junior doctors which is now a training pathway recognised for specialist accreditation by several African countries. The Diploma course has trained over 197 senior clinical officers from over 12 different countries. The students have also performed health service research projects as part of their training and these provide a unique insight into prevalence, need and demand for health care at community level. With time other facilities such as a library, a pharmaceutical compounding unit, a student hostel, accommodation for visiting teaching faculty have been added. The first director of the Centre was Professor Henning Grossman and he was succeeded by the current director, Professor John Masenga. Together they have established a service and training programme covering all aspects of dermatovenereology, helped by visiting teaching faculty and a strong and expanding local team, which has allowed the development of specific initiatives such as a regional albino programme. The latest project is an inpatient ward, which will be linked to other facilities such as a plastic surgery and burns unit.

A different programme in Mali based on the support of French speaking doctors or nurses at primary care level has targeted training for primary health care schemes with the support of the national government and this initial phase of education covering training different regions of the country will be completed within the next two years. This work initiated by Dr Antoine Mahé and now continued under the guidance of Dr Ousmane Faye has strengthened the care of skin disease in the country and also provide valuable research into the methods of training used, based on an algorithmic approach to diagnosis and management. In Mexico under the guidance of Dr Roberto Estrada and colleagues a similar approach has been developed for the education of primary care teams which is run throughout the state of Guerrero in Southern Mexico with the support of the regional health department. Again research carried out by this group has provided a unique insight into the risk and prevalence of skin diseases in poorer countries. No model works in every environment and so these local groups have tried to adapt initia-

tives to the most practical and effective in each environment. Both the latter programmes are based on short periods of training of one or two days. There are other differences. For instance in Mexico rural health care is often delivered by newly qualified doctors, pasantes, and these become the focus for training. We are currently investigating the possibility of helping another programme in Cambodia together with a German dermatologist, Christoph Bendick, who has spent the past 20 years in the country and who has developed a diploma course in dermatology for local general medical officers; Christoph is currently in the process of developing a new training scheme for specialists together with the national university in Phnom Penh. The IFD's work includes support of other initiatives such as training in community dermatology (Patagonia) and needs assessment for skin care (North India). None of these schemes would have been possible without the work and dedication of a large number of individuals, who often work voluntarily; the Foundation's role has been to initiate, where appropriate, support, advice and help in ways that suit each programme.

While these training initiatives have provided a bedrock for the work of the IFD, with time other lines have been developed to strengthen the overall goal to improve the care of patients with skin disease, including advocacy and needs assessment and links with other organisations with interest in health work in poor regions. One such project is a link with Médicins sans Frontières where volunteers in remote areas can seek advice and support for the care of patients with skin problems using a system established through the University of Zurich. Likewise, in partnership with the American Academy of Dermatology, we are addressing the needs of simple education by provision of treatment and diagnostic guides for the commonest of conditions which can be used by front line health workers. The challenge has been to provide simple teaching aids that can be adapted to different regions and languages. A further programme is a new collaboration with WHO and Merck to investigate the potential for control of scabies in areas where it is endemic and very common. Scabies in such areas is associated with severe complications, due to secondary bacterial infection, including nephritis and rheumatic fever as well as infant septicaemia. At present the partnership is investigating the potential for effective interventions.

There is a great deal to do and therefore raising the funds has become a major focus of work. Most of our current funding comes from dermatology societies together with invaluable contributions from industry and individual donors. The IFD has designed and printed its own fund raising materials which are being used to generate the support for the work described here and to widen the programmes. However we are delighted that the work of the Foundation was recognised recently as the IFD was awarded the Astellas Changing Tomorrow Award for 2009. This has enabled us to take on other programmes of work.

In furtherance of this work combining forces with the Community Dermatology Journal, initiated this year, provides a key step in helping to promote continuous education for all involved in the care of patients with skin problems and as a forum for discussion of dermatological issues relevant to the care of patients in low income countries. We are delighted that the first issue, as a joint venture, was published in 2009 and we are anticipating expanding the circulation of the Journal, as well as recruiting more au-

thors for future issues. In promoting this work we recognise that health care workers from different backgrounds including dermatology, leprosy, nursing, primary care, public health, occupational therapy, to list but a few, all make contributions that are immensely valuable. In turn we hope that the Journal will be useful to all these groups as a forum for debate, education and for the advancement of the field.



Professors Grossmann and Masenga at the RDTC Board Meeting, January 2010



Community Dermatology Pharmacy, Mexico

R.J. Hay Chairman of the International Foundation for Dermatology

Dermlink 2009 Report

A new rural health programme for skin disease in Patagonia

Following receipt of a Dermlink programme award in 2009 for training and preliminary work in dermatology needs assessment in collaboration with Dr Roberto Estrada in Mexico, Dr Isabel María del Pilar Casas, a young dermatologist from Junin de los Andes, Neuquén Province, southwest of Argentina, has developed an innovative training programme for improving the management of patients in this remote area of rural communities. Her programme, which is supported by the Argentinian Society of Dermatology and local health authorities follows a similar model to that devised by Dr Estrada. However it has been carefully modified by Dr Casas to focus on the predominant local diseases and conditions. She is organizing two training sessions (jornadas) in 2010 in different parts of the province. These will consist of

a day of interactive teaching with local front line health workers (agentes sanitarios, nurses and medical officers); in addition some primary school teachers will attend. The second day will consist of clinical training where dermatological needs of the area will be assessed, patients treated and hands-on training will be provided to attendees. Dermatologists from other areas in Argentina and elsewhere in Latin America have agreed to participate. Discussions at the end of these sessions will be used to help the organizers to modify and strengthen what promises to be an effective way of improving dermatological care in a region where geography and isolation make attendance at specialist centres impractical.



Isabel Casas – patient consultation



A rural health worker carrying out a child health clinic in Patagonia

ICD11

Dermatology and the International Classification of Diseases

We are, indeed, grateful to the members of the League for their generous contributions towards this exciting project. You will have read Dr. Robert Chalmers' report in the last issue of the ILDS Newsletter and will have seen that there is still a long way to go. Your financial support is vital in ensuring its completion and would ask, if at all possible, that your Society considers making a donation.

ICD11 Donations to ILDS (2009)

European Dermatology Forum	Euros	15,000
European Academy of Dermatology and Venereology	Euros	20,000
Philippine Academy of Clinical and Cosmetic Dermatology	US\$	2,000
Hellenic Society of Dermatology and Venereology	Euros	10,000
Slovak Dermatovenereological Society	US\$	2,000
Canadian Dermatology Association	US\$	4,500
Japanese Dermatological Association:	US\$	20,000
Women's Dermatologic Society	US\$	500
British Association of Dermatologists	£	5,000
Finnish Dermatological Society	US\$	1,000
Mexican Society of Dermatology	US\$	2,000
Swiss Society of Dermatology and Venereology	US\$	2,500
Korean Dermatological Association	US\$	5,000
American Academy of Dermatology	US\$	2,000

(2010)

Austrian Society of Dermatology	US\$	6,885
Hungarian Dermatological Society	US\$	2,000

this through a number of initiatives which include production of pan-European guidelines setting standards of care and representing the needs of dermatological patients to healthcare providers. A further key initiative is the publication of a White Book delineating the critical issues facing patients with skin diseases in Europe.

Building upon the success of the past two editions, the EDF has published an expanded and definitive text on dermatological issues and solutions that will aid in development and implementation of dermatology care programs across Europe. This book describes the burden of skin and sexually transmitted diseases to Europe and shows how service provision varies across the continent. It outlines the high impact diseases and their management and provides up-to-date information on key areas of clinical and scientific advance. A directory of national dermatological associations, European dermatology societies and patient organisations complete a valuable resource that will inform all those involved in delivery of healthcare to patients. These extend from dermatologists, to healthcare providers to the pharmaceutical industry and to politicians.

The White Book is titled: **The Challenge of Skin Diseases in Europe**. It was launched at the EDF annual scientific meeting in Luzern, Switzerland on Saturday, January 23rd 2010.

Professor Chris Griffiths, Chair of Dermatology at University of Manchester and President of EDF states: *'In an era of ageing skin and an ever increasing incidence of skin cancer, the EDF provides leadership to highlight the critical issues in providing cost-effective care for patients with devastating skin diseases. This is encapsulated in the EDF White Book which will provide a key point of reference for all health care decision makers.'*

For further information please contact:

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Members' Corner



**European
Dermatology
Forum
(EDF)**

PRESS RELEASE

Skin and sexually transmitted diseases pose a huge health problem to Europe. These include cancers, infectious diseases and inflammatory processes. Many skin diseases are very common, can be quite severe, and are often chronic, thus placing a burden on health care budgets. Early diagnosis and expert management can lower these costs, reduce morbidity and greatly improve the quality of life for patients. It is the responsibility of dermatologists to provide leadership in the management, prevention, teaching and research of skin diseases and their treatment.

The European Dermatology Forum (EDF) is a pan-European society of heads of academic departments and key opinion leaders in dermatology. It is dedicated to promoting the highest possible standards in the prevention, diagnosis and treatment of skin diseases and thereby improve and extend the lives of patients in Europe with significant skin and sexually transmitted diseases. The EDF aims to achieve



From the Administrative Office

ILDS 2010 Certificate of Appreciation

The closing date for nominations for the 2010 Certificate of Appreciation award is 30th April, 2010. You may download a copy of this form from our website (www.ilds.org) or, if you prefer, please request a form from the Administrative Office. All Societies have been sent details of this Award.

Election of New Board Members

Over the next few months your Society will be receiving information regarding the Election of Board Members to the ILDS Board 2011–2015. Below is a chart showing relevant dates. We will be writing to you to advise which vacancies will exist in the Board for that term.

Election Process for Directors

Regional Director

Time Line

ILDS Administrative Office mails out nomination forms to National Societies for two nominations for each Regional Director vacancy.

3 months (6 months before Assembly of Delegates Meeting)	Nominations returned, collated and sent back to the National Societies with voting slips.
3 months	Votes returned, collated and three candidates with the highest votes for each Regional vacancy selected for final voting list.
3 months	Nominations returned, collated and sent back to the National Societies with voting slips.
1st Assembly of Delegates meeting at the WCD	All Delegates vote and the candidates with the highest vote selected.

International Director

Time Line

ILDS Administrative Office mails out nomination forms to both National and International Societies seeking two persons for each International Director vacancy.

3 months (6 months before Assembly of Delegates Meeting)	Nominations returned, collated and presented to ILDS Board of Directors.
Meeting of the ILDS Board between 1st and 2nd Assembly of Delegates meetings	ILDS Directors select three candidates for each International Director vacancy.
2nd Assembly of Delegates meeting	All Delegates vote and candidates with the highest number of votes is elected.

Assembly of Delegates Meetings at the 22nd World Congress of Dermatology

For further information on nominations for delegates to attend the Assembly of Delegates Meetings at the 22nd World Congress of Dermatology, please refer to the Articles of Association published on the home page of our website (www.ilds.org), Clause 11 (1), (2) and (3).

Eve Arnold, London