

CORE METRICS

1600 +
ATTENDEES541
ABSTRACTS131
LECTURES126
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SCIENTIFIC SESSIONS24
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ONLINE PRESENCE

WEBSITE

Sessions: 8,634
Pageviews: 105,088

SOCIAL MEDIA

Impressions: 71,189
Likes and Reactions: 863
Engagement: 1,028

Top 5 countries:

1. Greece
2. Romania
3. Portugal
4. Germany
5. UK

Top 5 sessions:

1. Plenary Lectures
2. Rosacea
3. Atopic Dermatitis
4. Acne
5. Blistering Diseases

MEDIA HIGHLIGHTS

176 pieces of coverage:

India: 39 | UK: 17 | USA: 17 | Spain: 9

Androgenetic alopecia: 85

Hand dermatitis: 46

Intermittent fasting and psoriasis: 32

Gut Microbiome: 12

coverage following the Roundtable Policy Discussion

22 Journalists covering from 15 countries:

Argentina, Austria, Belgium, Chile, Croatia, Denmark, France, Germany, Russia, Singapore, Slovenia, Spain, Switzerland, UK & USA

HIGHLIGHTS FROM OUR ROVING REPORTERS **Asli Bilgic, Ivan Bogdanov, Paola Pasquali, Marie-Aleth Richard, Stella Siskou, Mariano Suppa**

Roving Reporter - Asli Bilgic

Aesthetic Dermatology

Prof. Leonardo Marini, Italy

In the field of Aesthetic dermatology, which is drawing increased attention due to higher expectations from both women and men, important topics were discussed regarding the differences in the perception of beauty between genders. Respect for the differences regarding female and male attractiveness should always be in mind before any procedure. Furthermore, static and dynamic evaluations of the patient are essential to achieve better results.

The Future of Dermatology

Prof. Carle Paul, France

'Dermatology attracts the brightest and most hardworking young colleagues all over the world,' said Prof. Carle Paul. We need to embrace all subspecialties in the dermatovenereology field. Moreover, AI - if integrated correctly - could be a great help for us to provide more time for complex diagnostic, patient management and treatment procedures.

Hair and COVID-19: What we need to know

Prof. Dr. Lidia Rudnicka, Poland

Prof. Lidia Rudnicka reviewed current literature on COVID-19 and hair diseases in her informative lecture. She discussed that AGA may predispose men to more severe COVID-19 disease, however, there is no association between female androgenetic alopecia and COVID-19. This association created the question 'can anti-androgenic

therapy help in COVID-19? She presented a study from Flavio A. Cadeiani et al. where patients with positive PCR SARS-CoV used either dutasterid 0.5 mg or placebo. Researchers determined that those in the dutasterid group had less fatigue and anosmia, shorter disease duration and lower serum levels of CRP, as well as better oxygen saturation levels and clinical recovery.

Prof. Rudnicka also explained that telogen effluvium with COVID-19 was seen in 24% of patients, developing 58 days after COVID symptoms, and hair loss continued for 76 days after COVID symptoms.

Controversies on sunscreens

Prof. Henry W. Lim, United States

Excellent lecture from Prof. Henry W Lim regarding an important topic for the current public and environmental health agenda; controversies around sunscreens and absorption of UV filters. Systemic absorption of sunscreen ingredients has been reported, however, there is a need for further studies to determine the clinical significance. Suggestion: individuals should not refrain from the use of sunscreens.

Environmental effects: further studies with high quality monitoring and toxicity data are needed to address this issue. Suggestion: individuals should use mineral (inorganic) sunscreens.

Human health: current evidence does not support a causal relationship between the elevated systemic level of oxybenzone or octinoxate and adverse health outcomes. Visible light: has biologic effects when exposed to UVA1. Titanium and zinc oxide are not sufficient, however, iron oxide containing formulations protects from visible light. Suggestion: tinted sunscreens.

Overview on cutaneous manifestations of SARS-CoV-2 infection in children

Dr. Antonio Torrelo, Spain

COVID-toes are now well known, but there are other manifestations; erythema multiforme, mucocutaneous eruption similar to Kawasaki disease (without cardiac involvement), acral peeling, pityriasis lichenoides-like exanthem, purpura, retiform purpura of newborns, palmoplantar erythrodysesthesia and multi systemic inflammatory syndrome in children.

Roving Reporter – Ivan Bogdanov

Cryosurgery for keratinocytes cancers

Dr. Oscar Zaar, Sweden

Excellent treatment for the eyelids - less than 1% cryosurgery recurrence in this area. No complications such as ectropion. Cheap, fast and safe. Similar cure rates to MOHS surgery.

When to discuss Mohs surgery with your patient

Dr. Marcus Muche, Netherlands

All guidelines suggest MOHS surgery (MMS) for highly aggressive BCC and SCC. It is regarded as the best option in high-risk BCC or recurrent BCC. Size, localisation, clinical definition, histological subtype, pre-treatment, and immunosuppression should be taken into account when discussing the use of MMS. MMS prevents incomplete excisions in >10% of cases and leads to smaller defects. This has led to a 3-fold increase in MOHS surgery in the Netherlands over the past 7 years.

SYMPOSIUM DEBRIEF

CONTINUED

Peri-operative management of a patient

Prof. Roland Kaufmann, Germany

Key points:

- Before the start of the operation consider risk factors - never use adrenaline in patients with Parkinson's disease.
- Do not interrupt warfarin and clopidogrel treatment before surgery
- Antibiotic prophylaxis should only be used on previously infected skin
- Nerve blocks should be considered where possible
- The role of surgical masks and sterile gloves is debatable
- Avoid the avoidable - control bleeding, protect eyes, KISS
- keep it safe and simple, avoid long-lasting healing

Practical tips to improve surgical outcomes

Prof. John Paoli, Sweden

East-west flap is an excellent technique for nose defect reconstructions.

Roving Reporter – Paola Pasquali

Plenary Lecture Intro

Chair Brigitte Dréno, France

The future of dermatology

Miguel Guimarães, Portugal

Today's plenary session was chaired by Dr. Brigitte Dréno. Her session had magnificent speakers, one of them being Dr. Miguel Guimarães (Lisboa, Portugal) who spoke of "the Future of Dermatology". He highlighted the impact of the COVID-19 pandemic on the way we practice and think about medicine, and the relevance of strong communication and connection between health institutions and governments. He reminded us not to forget non-COVID patients as they have had reduced access to health services during this period.

The future of dermatology will include more imaging techniques. We therefore need to partner with computer scientists and mathematicians to develop 3D printers, nanoparticles, algorithms for AI and better tele dermatology systems. In parallel to these developments, safety systems are required to protect patients' data.

Update on on-label and off-label use of JAK inhibitors

Julien Seneschal, France

Professor Seneschal presented an update on on-label and off-label use of JAK inhibitors. The JAK/STAT is a chain of interactions between proteins in a cell involved in processes related to inflammation. JAK inhibitors are

mainly used in psoriasis, atopic dermatitis, vitiligo and alopecia areata. In psoriasis, the target is TYK2 and a PASI score of 90 is reached for 51.7% at week 12. In atopic dermatitis, oral baricitinib, abrocitinib and upadacitinib have been studied for long-term extension and combined with topical corticosteroids with an EASI score of 75 for upadacitinib at 80% (week 16).

The advantages of JAK inhibitors include no skin atrophy, although acne reaction can be seen. Future uses include chronic hand eczema, sarcoidosis and granulomatous disease, cutaneous lupus, dermatomyositis, GvH disease, hidradenitis suppurativa and systemic sclerosis and morphea.

Management of SCC from in situ to metastatic

Chrysalynne Schmults, United States

During the Plenary session, Dr. Schmults presented an update on the management of squamous cell carcinoma (SCC), with special emphasis on high-risk tumours. Of these, 1-4% can metastasise and approximately 2% of those patients will die from the disease. This represents more death than from melanoma. Guidelines need to be revised and it is important to realise that T2 and T3 tumours have the same risks. Mohs has the highest cure rate for T2b cSCC and the Mohs/Tubingen complete margin assessment is the recommended exam followed by local and nodal exams every 3-4 months, serial CT ultrasound MRI in major nerve invasion. Adjuvant radiation has not been shown to improve outcomes in SCC. For those with cSCC not amenable to surgery or radiation anti PD-1 therapy is recommended (cemiplimab/pembrolizumab).

New insights from research

Prof. Dr. Martin Röcken, Germany

Dr Martin Röcken presented a paper by Knipper (2015) on scleroderma which showed a link between type 2 immunity and initiation of pro-fibrotic pathways. Interleukin-4 receptor alpha (IL-4R alpha)-dependent macrophage activation-controlled collagen fibril assembly and its dysregulation could be a possible cause of scleroderma. Interestingly, a 24-week anti IL-4/anti 13 mAB treatment regimen showed improvement in lung diffusion of CO2. In regards to pemphigus vulgaris, a paper by Holstein (2020) showed that TFH17 cells are critically involved in the pathogenesis of pemphigus and anti-IL-17 therapy could be a novel target therapeutic intervention. Moving on to melanoma, research by Brenner (2020) and Wieder (2016) has shown that the immune checkpoint blockade (ICB)-based or natural cancer immune responses largely eliminate tumours but

additional mechanisms are required to arrest cancer cells (cytokine-induced senescence).

Interventional dermatology

Prof. Dr. Ricardo Vieira, Portugal

Dr Viera presented some interesting publications on interventional dermatology.

He spoke on:

- Intralesional cryosurgery for keloids and how it can achieve up to 50% volume reduction
- Ultrasound (US) guided intralesional treatment using corticosteroids and lincomycin for hidradenitis suppurativa
- US guided hyaluronidase injections for filler combinations or for assessment and monitoring leishmaniasis intralesional injections with glutantime
- The use of reflectance confocal microscopy to guide minimally invasive treatments for low-risk BCCs and the use of an adapted dermatoscope to guide ablative treatments
- Plasma induced blepharoplasty for patients that do not want invasive surgical treatments

Nail disorders

Prof. Bertrand Richert, Belgium

Dr Richert gave an overview of the most common inflammatory nail and tumoral conditions. For nail liquen planus, treatment needs to be aggressive using systemic IM corticosteroids once a month (triamcinolone acetone, 0.5-1 mgr/kg).

For non-responders, alitretinoin, acitretin, azathioprine, cyclosporine or mycophenolate mofetil are some of the options. For nail psoriasis, intralesional methotrexate has shown promising results while apremilast and tofacitinib require more research into their use in these conditions. As far as periungueal verruca (infection), intralesional or micro needling-assisted topical bleomycin is safe and has a high success rate; intralesional antigens like candida can give excellent results too. Finally, for nail melanoma the surgical approach does not affect its prognosis: the first prospective study of non-amputative digit preservation surgery is being carried out in Japan and will be published in 2029.

Diagnostic tools

MD Francesca Farnetani, Italy

In her presentation, Dr Farnetani spoke about the indications for the most common in vivo imaging techniques: in vivo confocal microscopy (RCM), multiphoton microscopy, optical coherence tomography

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SYMPOSIUM DEBRIEF

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and high frequency ultrasound. The latter penetrates more, gives information on volume and shape as well as length and width. It does not have a cellular resolution. On the other end of the spectrum, in vivo confocal microscopy gives cellular level detail but only 200 microns of penetration. For melanoma, the requirement is high magnification, shallow depth and large field of view. Therefore, the ideal imaging technique is RCM. For BCCs and actinic keratosis, OCT is the indicated equipment.

Dermoscopy of pigmented nail disease

Dr. Andre Lencastre, Portugal

Dr Lencastre presented a great overview on the management of pigmented nail disease using dermoscopy. For melanocytic activation, the main diagnosis is trauma-induced, periungual tumour-induced and nail apparatus lentigo. Instead, melanocytic proliferation can be due to a nail matrix nevus or an ungual melanoma. The tumour induced diagnoses are mostly benign lesions but can also be caused by squamous cell carcinoma. There is an ABCDEF mnemonic: Adults, Breadth (over 60% nail plate), Colour (grey/black), Dots (granular pigmentation), Eponychium, Follow-up for change. Intraoperative dermoscopy helps in determining the nature of melanonychia but requires experience.

Differential diagnosis of pigmented facial lesions

Assoc. Prof. Zoe Apalla, Greece

Facial lesions are difficult to diagnose. Dr Apalla gave important tips for recognising malignant facial lesions. One of them was using non-polariser to examine seborrheic keratosis to highlight milia-like cysts and comedo-like openings. For nodular melanoma, apply the blue-black rule, try to remove thick scales if present and immediately excise a nodular lesion with no definite benign diagnosis.

There are six benign features: scales, white follicles or rosettes, erythema or reticular vessels (PAK) and reticular lines or fingerprints, sharp demarcation and classic SK criteria (SK/SL). Dr Apalla recommended using the inverse approach; whenever there is a prevalent benign pattern, the lesion is benign; if such pattern is not prevalent, then the lesion is suspicious. The "benign" criterion has to be prevalent in more than 50 % of the lesion.

Roving Reporter – Marie-Aleth Richard

Artificial intelligence

According to *Jacques Bio*, Artificial Intelligence (AI) consists of a set of methods based on mathematics and computer science, which allow the attachment of a function to the outcome of a set of data collected from real life. AI fosters precision medicine and provides ways to optimise resource utilisation. *Maria Vasconcelos* explains how AI could increase the quality of acquired images and preliminary frames in order to improve teledermatological referral with mobile applications. *Linda Tognetti* explained the concept of deep learning network processes as an application for early melanoma recognition. With AI, physicians would have more time to devote to better care for patients, which no machine can do, as well as for medical education - as advocated by *Josep Malveyh*. While a number of challenges still exist in terms of methodology, AI will benefit both physician and patient relationships as well as original schemes of HC provision in developing countries.

Plenary lectures

Miguel Guimarães (Portugal) addresses the vision and strategy for the future in the field of dermatology, with algorithms and big data changing the way we manage information. *Chrysalynne Schmults* (United States) shows how Mohs/Tubingen surgery reduces recurrence rates for squamous cell carcinomas with high-risk of recurrence versus standard excision, as they allow for complete margin assessment. *Julien Seneschal* (France) focuses on the development of several JAK inhibitors in dermatology, with ongoing trials in psoriasis, atopic dermatitis, vitiligo and alopecia areata. The drugs are characterised by a rapid efficacy but remain suspensive, suggesting the need for maintenance treatment, especially for topical formulations. Development is ongoing in other chronic skin diseases. The safety profile of oral drugs needs to be confirmed.

Roving Reporter – Stella Siskou

Tumors in Pediatric Dermatology

In the session, *Prof. Pierre Wolkenstein* thoroughly presented the most common types of Neurofibromatosis, from diagnosis to management, and explored the link between types of Neurofibromatosis and nevus anemicus or juvenile xanthogranulomas.

Dr Lukas Kofler demonstrated his experience in handling congenital nevi, which can be summarized into 2 approaches: the watch and wait approach and the single

or multistage surgical approach, either under local or general anesthesia. "Tumescent local anesthesia can be easily done in young babies of 3-6 months and is very surprising how well the babies tolerate the procedure within this age window.", Dr. Kofler noted.

Dr. Ben Esdaile shed light into the diagnostic and management pathways of Spitz nevi. "When managing Spitz nevi we need to weigh the unnecessary excision risk versus the missed melanoma risk", Dr. Esdaile noted, additionally pinpointing the age of 12 years as the cutoff age that a Spitz nevus should trigger alarm. Last but not least, Dr. Marlies De Graaf beautifully presented the criteria to help us recognize Infantile Hemangiomas, which are common skin tumors within the pediatric population.

Roving Reporter – Mariano Suppa

Non-melanoma skin cancer

Great session on skin cancer with *Professors Amaya Viros* (Great Britain), *Raimonds Karls* (Latvia), *Brigitte Dréno* (France), and *Rick Waalboer-Spuij* (The Netherlands) at EADV Spring Symposium.

Collagen degradation leads to better outcomes in melanoma, unless the tumour is able to produce new collagen, which favours melanoma invasion. Difficult-to-treat basal cell carcinoma should be managed by a multidisciplinary tumour board when possible. The role of immunotherapy is now established in the field of advanced/metastatic cutaneous squamous cell carcinoma and merkel cell carcinoma. Management of skin cancer in frail patients should always take into account quality of life, risk of death and impact of treatment.

Melanoma

Great session on melanoma with *Professors Monika Arenbergerova* (Czech Republic), *Eduardo Nagore* (Spain), *Lukas Flatz* (Germany), and *Ketty Peris* (Italy) at EADV Spring Symposium.

Sentinel node biopsy should always be considered when the probability of its positivity is greater than 5%. Surgery remains the first-choice treatment for most cases of lentigo maligna. Adjuvant therapy should be offered to patients with resected stage III and IV melanoma with high risk of recurrence and death. Neoadjuvant therapy looks promising for melanoma; research is ongoing.