ToxiTEN activities

Pr Assoc Saskia Oro, chair of the group
Henri Mondor Hospital, Créteil, France

ERN-skin Board meeting 12 december 2025

Composition of the group

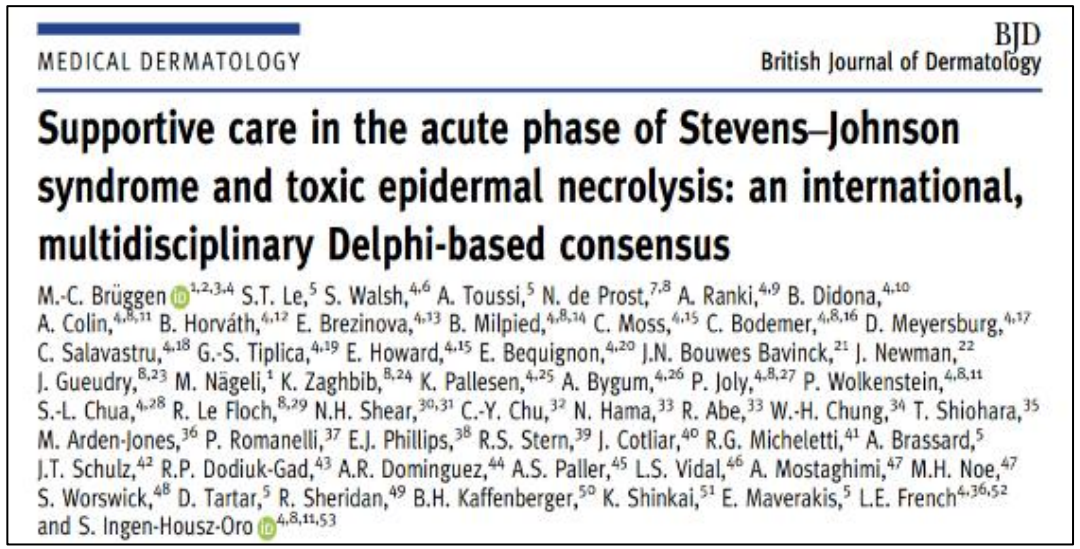
- Created in 2018
- **38 members**: 24 HCP members (2023 relabeling) + 14 advisory board members (non-HCP members: non-UE or not relabeled in 2023)
- Diseases: severe drug reactions and erythema multiforme major
- Registry: IRTEN (epidermal necrolysis), to be linked to ERRAS; ongoing: IRDRESS
- Collaborations:
  - EADV Task Force Dermatology for cancer patients (V. Sibaud)
  - Basic research (L. French, E. Contassot, T. Nordmann, MC. Brüggen, A. Vorobyev, S. Hüe)
  - French networks for drug reactions: reference center TOXIBUL and FISARD
  - International consortium: collaboration with Japan, Taïwan, Singapore, South Africa
  - **CARD-EM EADV Task force created in 2025**

Achievements

11 studies published from 2021 to 2025:

- Retrospective study epidermal necrolysis (212 patients) *JAMA Dermatol*
- Retrospective study DRESS (141 patients) *JEADV*
- DELPHI supportive care acute phase epidermal necrolysis *BJD*
- DELPHI sequelae and chronic phase epidermal necrolysis *Orphanet J Rare Dis*
- DELPHI severity criteria and management of DRESS *JAMA Dermatol*
- Severe bullous dermatoses induced by ICI *Melanoma Res*
- DRESS induced by ICI (13 cases) *Melanoma Res*
- Guidelines AGEP *JEADV*
- Medical algorith DRESS *Allergy*
- Algorithm for management of skin toxicity to enfortumab vedotin *JEADV*
- In review JEADV: **Oral care Delphi consensus – common with AIBD group (J. Setterfield, S. Oro, S. Walsh)**

ToxiTEN collaborative studies



MEDICAL DERMATOLOGY

BJD
British Journal of Dermatology

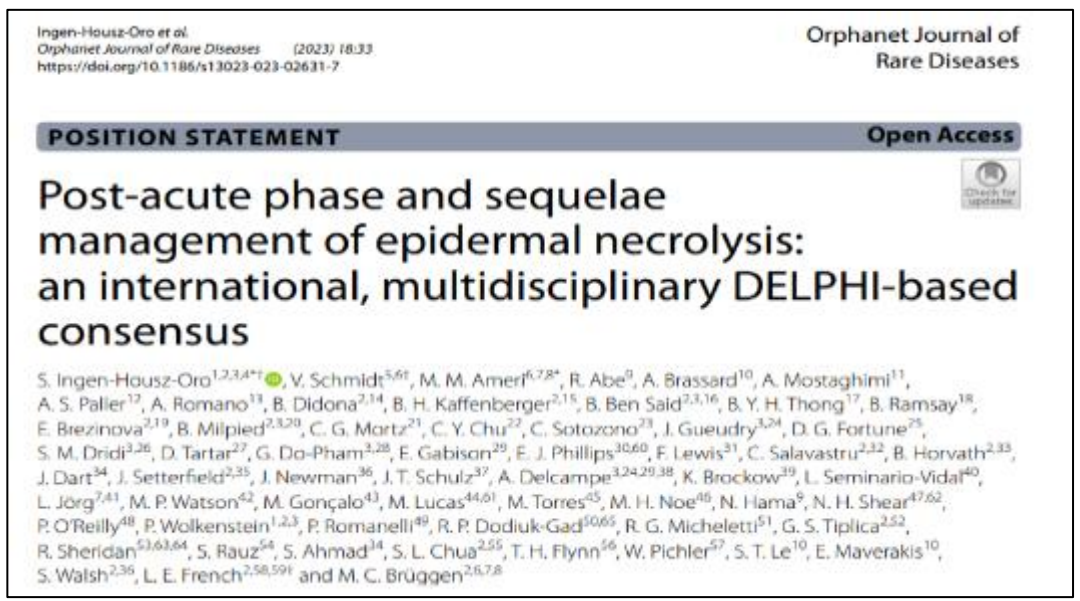
Supportive care in the acute phase of Stevens–Johnson syndrome and toxic epidermal necrolysis: an international, multidisciplinary Delphi-based consensus

M.-C. Brüggen[1,2,3,4] S.T. Le,[5] S. Walsh,[4,6] A. Toussi,[5] N. de Prost,[7,8] A. Ranki,[4,9] B. Didona,[4,10] A. Colin,[4,8,11] B. Horváth,[4,12] E. Brezinova,[4,13] B. Milpied,[4,8,14] C. Moss,[4,15] C. Bodemer,[4,8,16] D. Meyersburg,[4,17] C. Salavastru,[4,18] G.-S. Tiplica,[4,19] E. Howard,[4,15] E. Bequignon,[4,20] J.N. Bouwes Bavinck,[21] J. Newman,[22] J. Gueudry,[8,23] M. Nägeli,[1] K. Zaghbib,[8,24] K. Pallesen,[4,25] A. Bygum,[4,26] P. Joly,[4,8,27] P. Wolkenstein,[4,8,11] S.-L. Chua,[4,28] R. Le Floch,[8,29] N.H. Shear,[30,31] C.-Y. Chu,[32] N. Hama,[33] R. Abe,[33] W.-H. Chung,[34] T. Shiohara,[35] M. Arden-Jones,[36] P. Romanelli,[37] E.J. Phillips,[38] R.S. Stern,[39] J. Cotliar,[40] R.G. Micheletti,[41] A. Brassard,[5] J.T. Schulz,[42] R.P. Dodiuk-Gad,[43] A.R. Dominguez,[44] A.S. Paller,[45] L.S. Vidal,[46] A. Mostaghimi,[47] M.H. Noe,[47] S. Worswick,[48] D. Tartar,[5] R. Sheridan,[49] B.H. Kaffenberger,[50] K. Shinkai,[51] E. Maverakis,[5] L.E. French[4,36,52] and S. Ingen-Housz-Oro[4,8,11,53]

JAMA Dermatology | Original Investigation

Assessment of Treatment Approaches and Outcomes in Stevens-Johnson Syndrome and Toxic Epidermal Necrolysis
Insights From a Pan-European Multicenter Study

Khalaf Kridin, MD, PhD; Marie-Charlotte Brüggen, MD, PhD; Ser-Ling Chua, PhD; Anette Bygum, DMSci; Sarah Walsh, MB, BCh; Mirjam C. Nägeli, MD; Vesta Kucinskiene, MD, PhD; Lars French, MD, PhD; Florence Tétart, MD; Biagio Didona, MD; Brigitte Milpied, MD; Annamari Ranki, MD, PhD; Carmen Salavastru, MD, PhD; Eva Březinová, MD, PhD; Sapna Divani-Patel, MBBS, BSc; Tine Lorentzen, MD; Julie Loft Nagel, MD; Skaidra Valiukeviciene, MD; Viktorija Karpavičiūtė, MD, PhD; George-Sorin Tiplica, MD; Eva Oppel, MD; Anna Oschmann, MD; Nicolas de Prost, MD, PhD; Artem Vorobyev, MD; Saskia Ingen-Housz-Oro, MD



Ingen-Housz-Oro et al.
Orphanet Journal of Rare Diseases (2023) 18:33
https://doi.org/10.1186/s13023-023-02631-7

Orphanet Journal of Rare Diseases

POSITION STATEMENT Open Access

Post-acute phase and sequelae management of epidermal necrolysis: an international, multidisciplinary DELPHI-based consensus

S. Ingen-Housz-Oro[1,2,3,4*†], V. Schmidt[5,6†], M. M. Ameri[6,7,8*], R. Abe[9], A. Brassard[10], A. Mostaghimi[11], A. S. Paller[12], A. Romano[13], B. Didona[2,14], B. H. Kaffenberger[2,15], B. Ben Said[2,3,16], B. Y. H. Thong[17], B. Ramsay[18], E. Brezinova[2,19], B. Milpied[2,3,20], C. G. Mortz[21], C. Y. Chu[22], C. Sotozono[23], J. Gueudry[3,24], D. G. Fortune[25], S. M. Dridi[3,26], D. Tartar[27], G. Do-Pham[3,28], F. Gabison[29], E. J. Phillips[30,60], F. Lewis[31], C. Salavastru[2,32], B. Horvath[2,33], J. Dart[34], J. Setterfield[2,35], J. Newman[36], J. T. Schulz[37], A. Delcampe[3,24,29,38], K. Brockow[39], L. Seminario-Vidal[40], L. Jörg[7,41], M. P. Watson[42], M. Gonçalo[43], M. Lucas[44,61], M. Torres[45], M. H. Noe[46], N. Hama[9], N. H. Shear[47,62], P. O'Reilly[48], P. Wolkenstein[1,2,3], P. Romanelli[49], R. P. Dodiuk-Gad[50,65], R. G. Micheletti[51], G. S. Tiplica[2,52], R. Sheridan[53,63,64], S. Rauz[54], S. Ahmad[14], S. L. Chua[2,55], T. H. Flynn[56], W. Pichler[57], S. T. Le[10], E. Maverakis[10], S. Walsh[2,36], L. E. French[2,58,59†] and M. C. Brüggen[2,6,7,8]

DOI: 10.1111/jdv.18808

ORIGINAL ARTICLE

JEADV

Management and treatment outcome of DRESS patients in Europe: An international multicentre retrospective study of 141 cases

Khalaf Kridin[1,2] | Marie-Charlotte Brüggen[3,4,5,6] | Sarah Walsh[6,7] | Benoit Bensaid[6,8,9] | Annamari Ranki[6,10] | Eva Oppel[6,11] | Damian Meyersburg[6,12] | Ser-Ling Chua[6,13] | Corsin Seeli[3] | Heidi Sandberg[10] | Lars E. French[6,11,14] | Artem Vorobyev[1,6,15] | Saskia Ingen-Housz-Oro[6,8,16,17]

Research

JAMA Dermatology | Original Investigation

Management of Adult Patients With Drug Reaction With Eosinophilia and Systemic Symptoms

A Delphi-Based International Consensus

Marie-Charlotte Brüggen, MD, PhD; Sarah Walsh, MB, BCh, BMedSci; M. Milad Ameri, MS; Natalie Anasiewicz, MD; Emanual Maverakis, MD; Lars E. French, MD, PhD; Saskia Ingen-Housz-Oro, MD; and the DRESS Delphi consensus group

Severe blistering eruptions induced by immune checkpoint inhibitors: a multicentre international study of 32 cases

Saskia Ingen-Housz-Oro[a,b,c,d,e,f], Brigitte Milpied[b,c,e,f,g], Marine Badrignans[h,i], Cristina Carrera[e,j,k,l], Yannick S. Elshot[e,m,n], Benoit Bensaid[b,c,o], Sonia Segura[e,p], Zoé Apalla[e,q], Alina Markova[e,r,s], Delphine Staumont-Sallé[c,t], Ignasi Marti-Marti[e,j], Priscila Giavedoni[e,j], Ser-Ling Chua[f,u], Anne-Sophie Darrigade[b,c,g], Frédéric Dezoteux[c,t], Michela Starace[e,v], Ana Clara Torre[e,w], Julia Riganti[e,w], Nicolas de Prost[b,x], Bénédicte Lebrun-Vignes[b,c,f,y], Olivia Bauvin[c,z], Sarah Walsh[f,aa], Nicolas Ortonne[b,h,i], Lars E. French[f,bb,cc,*] and Vincent Sibaud[e,dd,*]

Melanoma Res

Drug reactions with eosinophilia and systemic symptoms induced by immune checkpoint inhibitors: an international cohort of 13 cases

Saskia Ingen-Housz-Oro[a,b,c,d,e,f], Brigitte Milpied[b,c,e,f,g,*], Benoit Bensaid[b,c,f,h,*], Yannick Elshot[e,i,j], Marie Charlotte Brüggen[f,k,l,m], Michela Starace[e,n], Benjamin H. Kaffenberger[e,o], Cristina Carrera[e,p,q,r], Anne Pham-Ledard[g], Azael Freites-Martinez[e,s], Paola Sanchez-Pena[b,c,t], Bénédicte Lebrun-Vignes[b,c,u], Lars E. French[f,v,w] and Vincent Sibaud[e,x]

Melanoma Res

Acute generalized exanthematous pustulosis: European expert consensus for diagnosis and management

F. Tetart[1,2,3] | S. Walsh[2,4] | B. Milpied[2,3,5] | K. Gaspar[2,6] | A. Vorobyev[2,7,8] | G. S. Tiplica[2,9] | B. Didona[2,10] | A. Welfringer-Morin[2,11] | V. Kucinskiene[2,12] | B. Bensaid[2,3,13] | E. Marvanova[14] | C. Salavastru[2,15] | E. Brezinova[2,14] | S. L. Chua[2,16] | M. L. Lovgren[2,17] | C. M. Hammers[2,18] | A. Barbaud[2,3,19] | C. G. Mortz[2,20] | B. Horvath[2,21] | D. Meyersburg[2,22] | B. Lebrun-Vignes[2,3,23] | C. Bodemer[2,3,11] | M. C. Brüggen[2,24,25,26] | L. E. French[2,27,28] | S. Ingen-Housz-Oro[2,3,29,30]

Received: 18 July 2022 | Revised: 15 March 2024 | Accepted: 31 March 2024

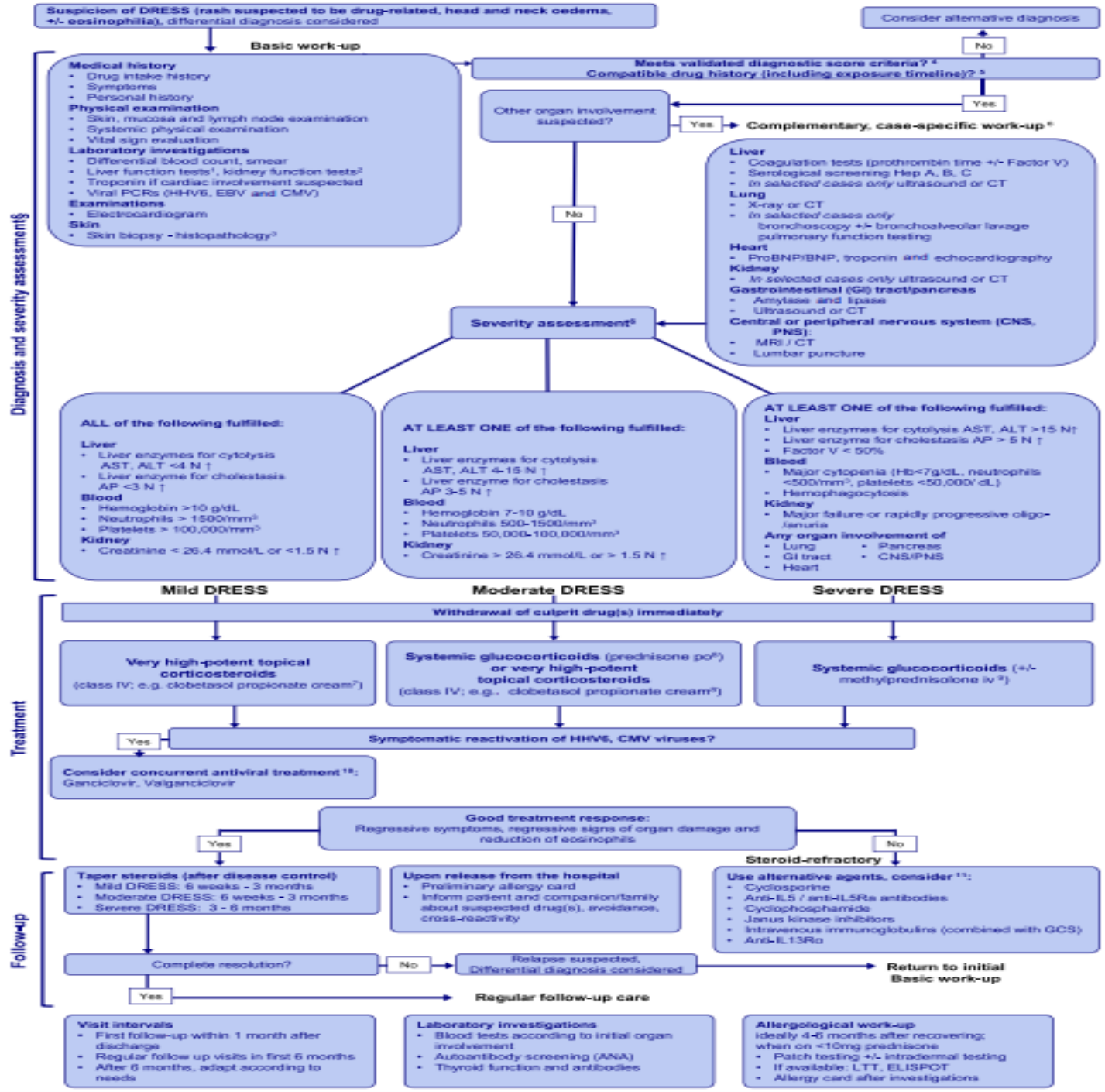
DOI: 10.1111/all.16122

Allergy WILEY

NEWS AND VIEWS

Medical algorithm: Diagnosis and treatment of drug reaction with eosinophilia and systemic symptoms in adult patients

Medical algorithm: Diagnosis and treatment of DRESS



Received: 19 June 2023 | Accepted: 18 August 2023

DOI: 10.1111/jdv.19454

JEADV

LETTER TO THE EDITOR

Skin toxicity of enfortumab vedotin: Proposal of a specific management algorithm

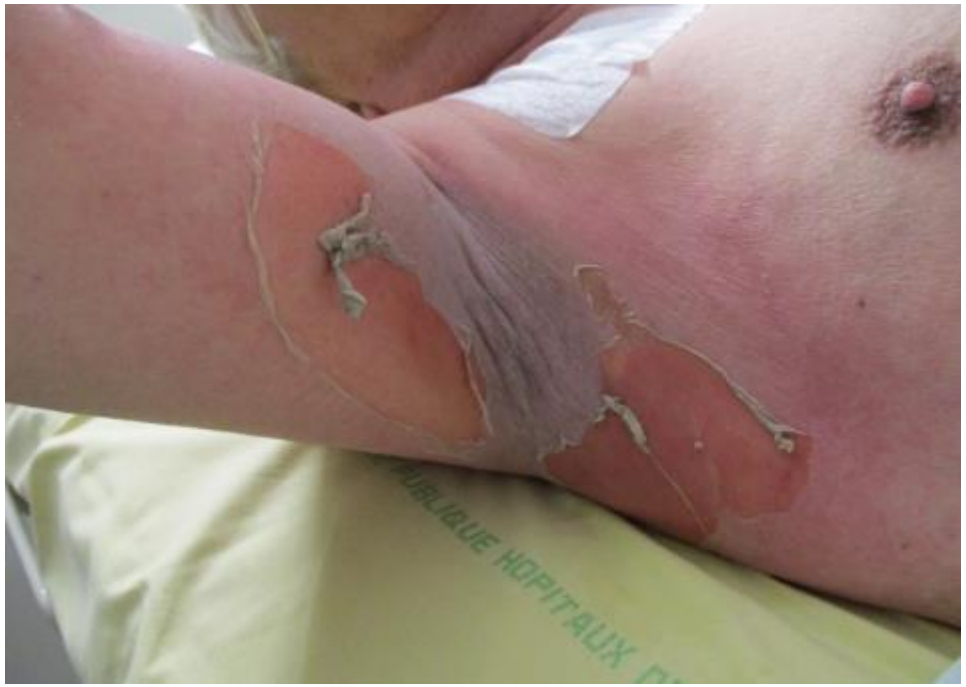


TABLE 1 Grades of severity and management of skin adverse effects to enfortumab vedotin.

Grade	Definition	Need for dermatological advice and skin biopsy	Treatment	Management of enfortumab vedotin
1	Maculopapular rash ≤10% BSA **AND no** marked large skinfold involvement (groin, axillae or bend of the elbow with bilateral distribution), that is no marked or painful erythema, no blisters/detachment **AND no** severe pruritus, burning sensation or skin pain **AND no** blisters or skin erosions, no mucosal involvement **AND no** fever (<38°C), no worsening of the general condition **AND no** unexplained significant biological changes (blood cell count, liver, kidney, CRP; of at least one CTCAE grade increase)	No	High-potency (betamethasone) or very high-potency (clobetasol) topical steroids Emollients +/− antihistamines **AND** reassess the patient before the next infusion	Continue enfortumab vedotin without dose reduction[a] If worsening before next infusion: consider as Grade 2 or Grade 3
2	No diagnostic criteria for Grade 1 or Grade 3 For example, Isolated maculopapular rash ≥10% BSA **without** extension >90%, blisters/skin erosions, mucosal involvement, fever, worsening of general conditions, burning sensation, skin pain, severe pruritus or unexplained biological changes (see Grade 3 definition) **AND without** marked and rapidly evolving large skinfold involvement (see Grade 3 definition)	Yes	High-potency (betamethasone) or very high-potency (clobetasol) topical steroids, and/or systemic corticosteroids (0.5 mg/kg/d) Emollients +/− Antihistamines	Interrupt enfortumab vedotin until the condition reverts to Grade 0/1 Resumption of enfortumab vedotin should be discussed with the dermatologist and the oncologist[b] with dose reduction ≥20% If relapse with Grade 3 skin toxicity, permanent discontinuation of enfortumab vedotin
3	Maculopapular rash with >10% BSA **AND ONE OR MORE** of the following criteria: • Blisters or skin erosions • Mucosal involvement • Severe pruritus,[c] burning sensation or skin pain • Fever (≥38°C, without other causes), worsening of the general condition • Unexplained significant biological changes (blood cell count, liver, kidney, CRP; of at least one CTCAE grade increase) **OR** Erythroderma (>90% BSA) **OR** Marked and rapidly evolving large skinfold involvement (groin, axillae or bend of the elbow with bilateral distribution), that is marked or painful erythema +/− blisters/detachment	Yes (including skin biopsy for direct immunofluorescence if blisters/detachment)	Consider hospitalization Systemic corticosteroids (0.5–1 mg/kg/d) +/− high-potency (betamethasone) or very high-potency (clobetasol) topical steroids Emollients +/− Antihistamines	Permanent discontinuation of enfortumab vedotin

Abbreviations: BSA, body surface area; CRP, C-reactive protein.

[a]In case of mild or self-limited large skinfold involvement, continue enfortumab vedotin with or without dose reduction according to case-to-case discussion.

[b]Case-to-case decision according to the extension/aspect of the eruption and the histopathological findings (e.g. focal or diffuse keratinocyte necrosis).

[c]Pruritus of grade 3.

Projects ToxiTEN group
AIBD-ToxiTEN road map 2025-2027

Registry:

1/ Enlarge IRTEN participating centers – ICU form +++

2/ Open IRTEN to DRESS (ongoing)

3/ Link IRTEN-ERRAS

Enlarge collaborations for drug reactions:

CARD-EM EADV TF (55 members)

International network with Japan, Taïwan, Singapore, South Africa

E-learning for residents:

2 times a year

6 clinical cases: 3 AIBD and 3 ToxiTEN cases (Marie Tauber, Saskia Oro)

Project for resident meeting in 2026-2027?

Annual scientific webinars:

Session December 2025

Pr Roni Dodiuk-Gad (quality of life in severe drug reactions)

CPMS:

One session in 2025

Guidelines:

Guidelines FDE

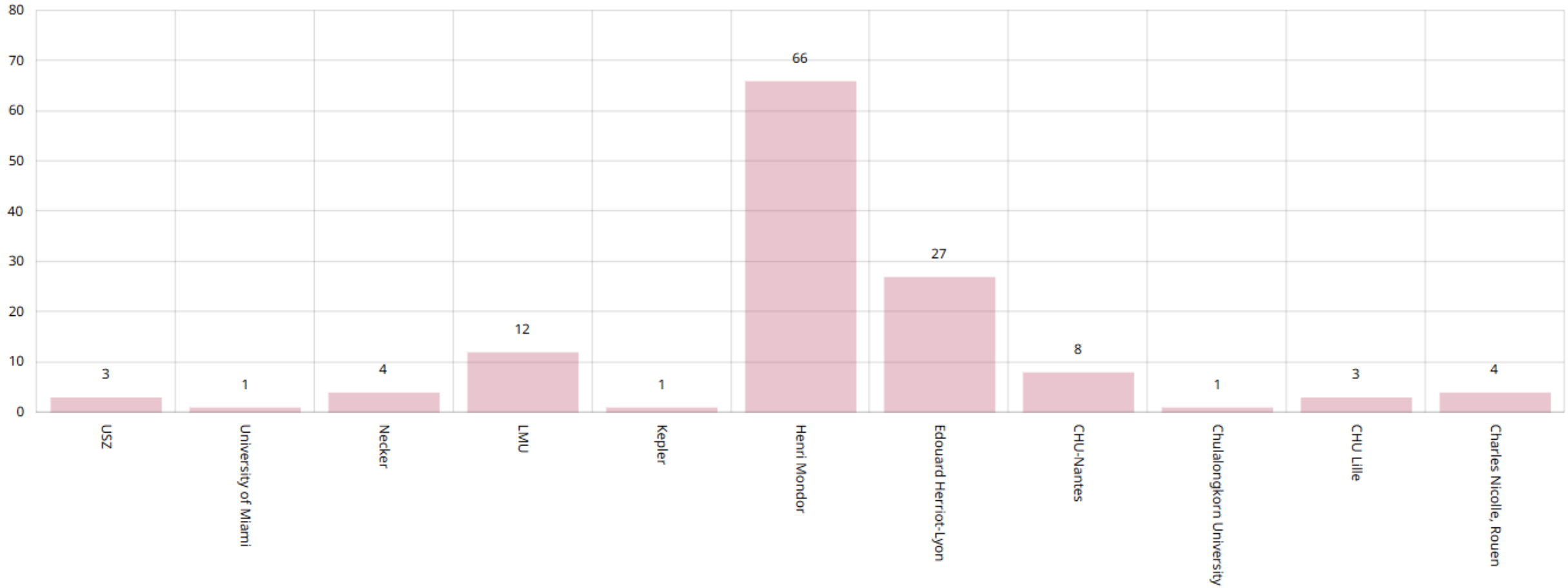
Lead; K. Gaspar, F. Dezoteux

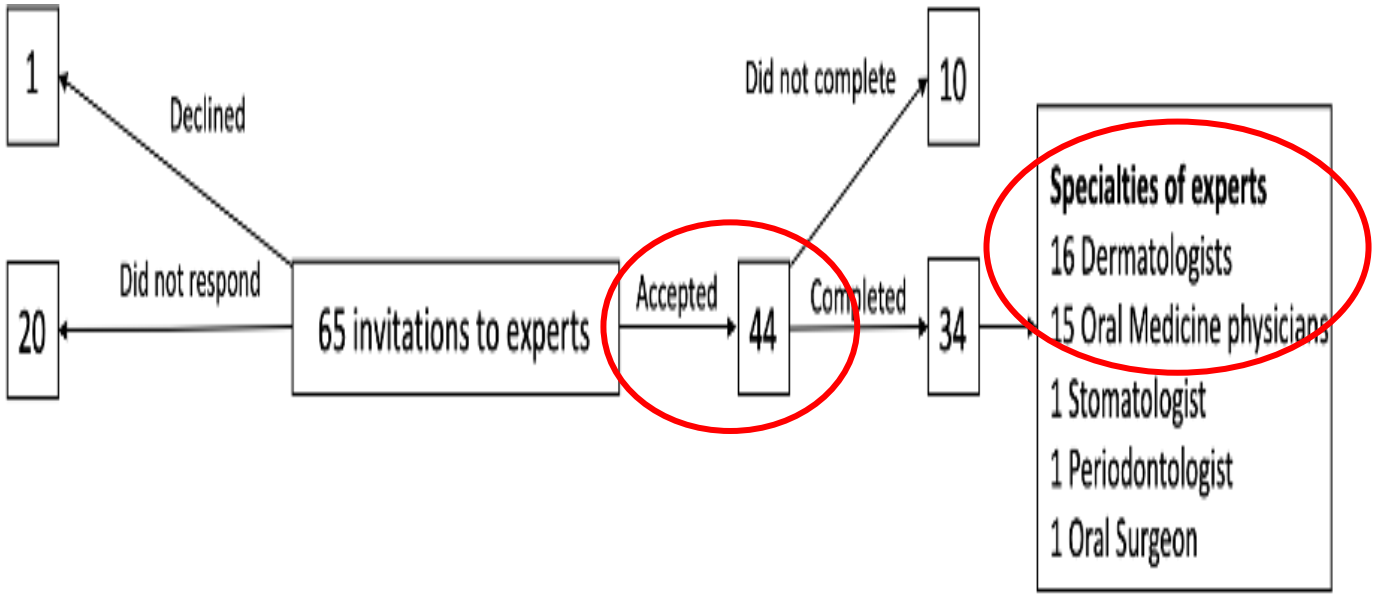
Delphi consensus for ocular care of AIBD and SJS-TEN-EMM

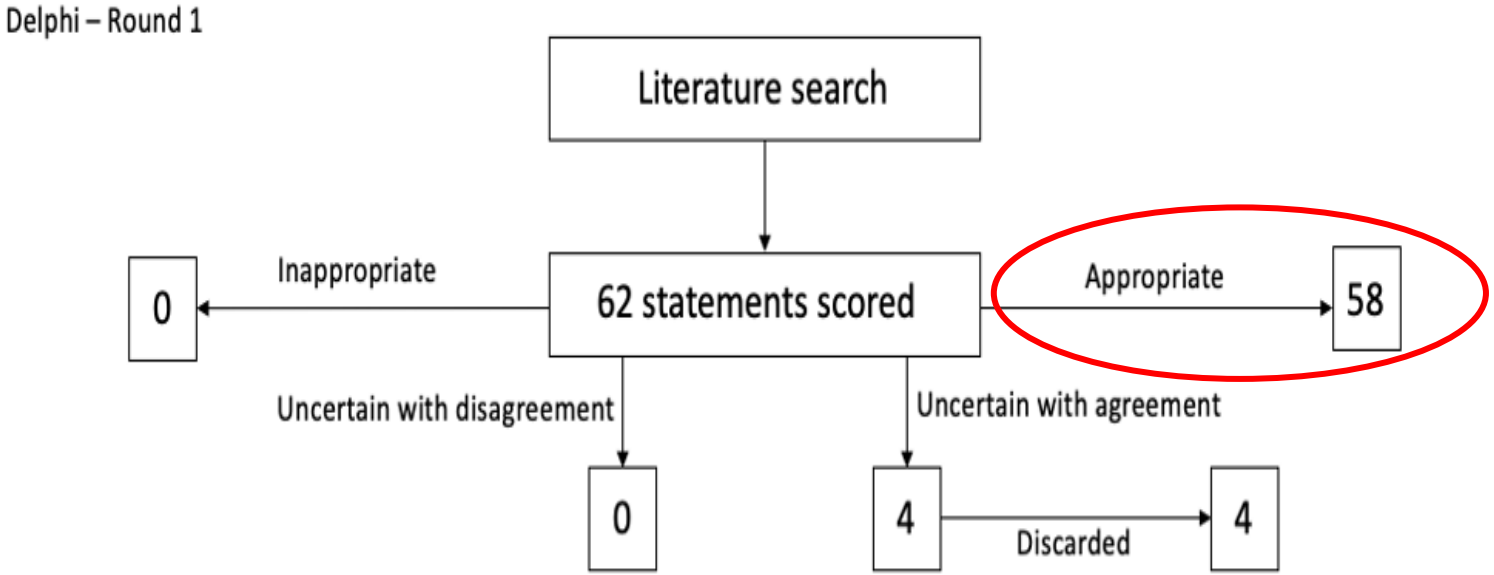
Lead: Julie Gueudry (Rouen)

irten

Number of inclusions per center







Management of oral involvement in autoimmune bullous diseases, epidermal necrolysis, and erythema multiforme: international consensus using the DELPHI method

Shalini Nayee[*1], Molly Harte[*1], Saskia Ingen-Housz-Oro[2,3], Milad Ameri[4], Pascal Joly[2,5], Sarah Walsh[2,6], Jane Setterfield[1,7,8], and the AIBD-ToxiTEN group of ERN-skin[2]

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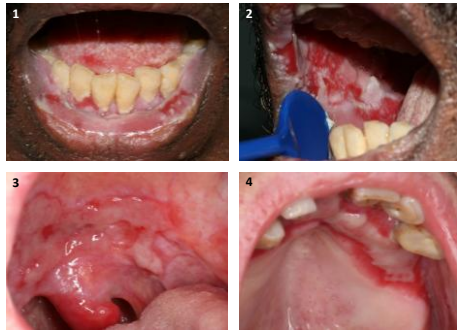
2. ToxiTEN group, European Reference Network for Rare Skin Diseases (ERN-Skin), Paris, France
3. Department of Dermatology, AP-HP, Henri Mondor Hospital, Univ Paris Est Créteil EpiDermE, Créteil, France
4. Department of Dermatology, University Hospital of Zurich, Zurich, Switzerland
5. Department of Dermatology, Rouen University Hospital, INSERM U1234, Normandie University, Rouen, France
6. Department of Dermatology, King's College Hospital, London, UK
7. St John's Institute of Dermatology, Guy's Hospital, London, UK
8. Centre for Host Microbiome Interactions (CHMI), Faculty of Dentistry, Oral & Craniofacial Sciences, King's College London, London, UK

Introduction

Oral involvement in autoimmune bullous diseases (AIBD), Stevens-Johnson syndrome and toxic epidermal necrolysis (SJS-TEN), and erythema multiforme (EM) is common (Figures 1+2). The oral manifestations of these conditions are often slow to respond to treatment and may require a tailored management approach, distinct from the cutaneous management strategy.[1,2] There are currently no formalised guidelines for the management of oral manifestations of these conditions.

We sought to establish an international, expert consensus on management of oral manifestations of AIBD, EN and EM using the DELPHI method.



Figures 1+2: Extensive oral erosions in a patient with pemphigus vulgaris
Figures 3+4: Oral ulceration and desquamative gingivitis in a patient with mucous membrane pemphigoid

Methods

Following literature review, the steering committee agreed 62 statements which were submitted to the online "Survey Monkey" tool.

An international panel of 65 experts (primarily dermatologists and oral medicine specialists) was invited to participate. Participants were asked to score their level of agreement with each statement using a scale from 1 (strongly disagree) to 9 (strongly agree). Participants had the opportunity to submit comments along with their evaluation for all statements.

The results were analysed using the RAND/UCLA method.

Results

44/65 (67.7%) experts approached agreed to participate and 34/65 (52%) completed the survey. Of those who completed the survey, there were 16 were dermatologists, 16 Oral Medicine specialists, 1 periodontist and 1 oral surgeon. The experts were from 13 countries. Consensus was reached for 58/62 statements (93.5%) in the first round. 4 statements were classed as uncertain and were discarded. It was not necessary to organise a second round of voting (Figure 5).

Figure 5: Delphi round 1 statement scoring. Consensus was met for 58/62 statements with no second round required

Discussion

Consensus was gained regarding general principles of oral hygiene; smoking cessation, antisepsis, brushing, dental and periodontal monitoring, dental treatment during the active phase. The use of a validated severity scoring system was agreed upon. Agreement was met regarding the use and potencies of topical corticosteroid preparations, both in the acute and maintenance phases of treatment. Key recommendations from the Delphi exercise are summarised in Table 1.

Key recommendations
○ Optimise oral hygiene, encourage regular dental and periodontal care
○ Defer complex dental treatment until oral disease is stable
○ Use a validated scoring system to assess oral disease and guide treatment
Specific recommendations for AIBD
○ Use a moderate potency corticosteroid mouthwash, and consider addition of corticosteroid ointments for more severe disease
○ Use super-potent corticosteroid ointments for gingival predominant disease
○ Consider moderate potency topical corticosteroid or topical tacrolimus ointments for external lip involvement
○ Consider topical tacrolimus or intralesional corticosteroids for recalcitrant lesions
○ Consider escalation to systemic therapy for moderate to severe oral lesions of any AIBD, guided by relevant expert group guidelines
○ Continue topical therapies alongside systemic therapy
Specific recommendations for inpatient care of AIBD, EM, SJS-TEN
○ Prioritise oral hygiene, support twice daily use of antiseptic mouthwashes
○ Prescribe regular topical analgesia
○ Prioritise lip care; application of yellow soft paraffin and gentle debridement
Specific recommendations EM and SJS-TEN
○ Consider hospital admission for severe oral involvement of EM
○ Initiate enteral feeding for extensive oral involvement in EM / SJS-TEN
○ Sweep the oral mucosa to reduce formation of oral mucosal adhesions
○ Consider topical corticosteroids for lip and oral involvement
○ Consider tranexamic acid-soaked gauze for bleeding from the lips
○ Consider a short course of systemic corticosteroids for acute EM
○ Consider *Herpes Simplex Virus* (HSV) as a potential trigger for recurrent EM, and prescribe 6-12 months of anti-viral prophylaxis if there are more than 2 episodes of HSV-related EM in 12 months
○ Consider *Mycoplasma pneumoniae* as a trigger for a first presentation of EM with pulmonary symptoms, arrange nasopharyngeal PCR and serology and prescribe antimicrobial treatment
○ Assess for healing of the oral mucosa after the acute phase of EM / SJS-TEN

Table 1: Key recommendations from the Delphi exercise

Conclusion

This Delphi sets out a broad framework for the management of oral involvement in AIBD, SJS-TEN and EM, to be adapted on a case-by-case basis by a multidisciplinary team, for both acute and long-term management of these conditions. It may help to standardise the management of oral manifestations of these conditions in future multicentre studies.

References

1. Rashid H, Lamberts A, Diercks GFH, Pas HH, Meijer JM, Bolling MC, et al. Oral lesions in autoimmune bullous diseases: An overview of clinical characteristics and diagnostic algorithm. Am J Clin Dermatol. 2019 Dec;20(6):847–61.
2. Carey B, Setterfield J. Mucous membrane pemphigoid and oral blistering diseases. Clin Exp Dermatol. 2019 Oct;44(7):732–9.

Summary of Delphi recommendations

General recommendations

- Recognise that oral mucosal lesions may respond more slowly than cutaneous lesions
- Optimise oral hygiene (including daily antiseptic mouthwash use, and consider use of SLS free toothpaste and soft toothbrush)
- Encourage regular dental and periodontal care
- Defer complex dental treatment (e.g. dental implants) until oral disease is stable

Disease severity scoring

- Use a validated scoring system to assess oral mucosal disease, guide treatment decisions and assess treatment response

Topical therapies for active oral involvement in AIBD

- Use a moderate potency corticosteroid mouthwash, and consider addition of corticosteroid ointments for more severe disease
- Use super-potent corticosteroid ointments for gingival predominant disease
- Consider moderate potency topical corticosteroids or topical tacrolimus for external lip involvement
- Consider topical tacrolimus or intralesional corticosteroids for recalcitrant lesions

This consensus is a help for standardisation of oral care in future studies.
In routine practice, needs to be adapted in a case-to-case basis to each patient.

Systemic therapies for active oral involvement in AIBD

- Consider escalation to systemic therapy for moderate to severe oral lesions of any AIBD, with choice of systemic therapy guided by AIBD diagnosis, sites of disease involvement and relevant expert group guidelines
- Continue topical therapies and oral hygiene recommendations alongside systemic therapy

Additional considerations for inpatient care of AIBD, EM, SJS-TEN

- Prioritise oral hygiene: assistance with oral hygiene, twice daily use of antiseptic mouthwashes
- Prescribe regular topical analgesia
- Prioritise lip care, with application of yellow soft paraffin and soaking and debriding lips with damp gauze

Specific considerations for EM, SJS-TEN

- Consider hospital admission for severe oral involvement of EM
- Initiate enteral feeding for extensive oral involvement in EM/SJS-TEN (except where there is proven oesophageal involvement)
- Sweep the oral mucosa several times daily to reduce formation of oral mucosal adhesions
- Consider topical corticosteroids for lip and oral involvement (e.g. high potency topical corticosteroid mouthwash for oral involvement and super-potent corticosteroid ointments for both external lip and oral involvement)
- Consider tranexamic acid-soaked gauze for management of bleeding from the lips
- Consider prescription of a short course of systemic corticosteroids for acute EM
- Consider HSV as a potential trigger for recurrent EM, and prescribe 6-12 months of anti-viral prophylaxis if there are more than 2 episodes of HSV-related EM in 12 months
- Consider Mycoplasma pneumoniae as a trigger for a first presentation of EM with pulmonary symptoms, arrange nasopharyngeal PCR and serology and prescribe antimicrobial treatment
- Assess for healing of the oral mucosa after the acute phase of EM / SJS-TEN

EUROPEAN ACADEMY OF DERMATOLOGY & VENEREOLOGY

- Speakers for EADV
- Educational tools
- Patients information
- Recommendations, guidelines, position papers
- Basic research
- Epidemiological studies

Lugano, July 24, 2025

Ref.: Task Force approval

Dear Prof. Oro,

Dear Prof. Walsh,

Dear Prof. Brüggen,

Congratulations!

I am pleased to inform you that, as a result of the recent 67th Board Meeting held in Prague, the Task Force on **Cutaneous adverse reactions to drugs and erythema multiforme (CARD-EM)** has been officially approved by the Board Members.

Task Forces play an important role in the life of the EADV and I hope that you will enjo the collaboration with your fellow Task Force members.

Please find below the composition of your Task Force leadership:

TASK FORCE	CARD-EM
Chair	Saskia Oro
Co- Chair	Sarah Walsh
Co- Chair	Marie-Charlotte Brüggen

Chairs and co-Chairs will serve an initial term of office of four years.

First podcast recorded in Nov 2025 (5-6 articles)
Sarah Walsh (questions)
Emmanuel Contassot, Saskia Oro (answers)

EUROPEAN ACADEMY OF DERMATOLOGY & VENEREOLOGY

Mission of Task Force:

- Mission statements

The EADV CARD-EM Task Force will exist to provide a forum for clinician members of the EADV with a clinical interest or expertise in the management of delayed CARD, in adults and children, especially SCARs, and EM (usually triggered by infections, but sometimes by drugs and clinically close to Stevens-Johnson syndrome).
The main goals will be:

- to formulate and conduct multicentric scientific research in this area
- to provide consensus guidance and recommendations on the management of patients with CARD and EM
- to provide educational opportunities on CARD and EM

- Structured description of Task Force, particularly addressing the goals and aims this Task Force wants to achieve

We aim to:

- Form a group of experts on CARD and EM representing dermatology and allergology
- Lead coordinated scientific and clinical research in this area, in collaboration with other expert groups or task forces all over the world
- Conduct research programs based on registries already supported and funded by the EDV (IRTEN, IRDRESS)
- Formulate consensus guidelines and recommendations for the management of these conditions
- Promote education and training in the area of CARD and EM for residents, allied health professionals and specialists

Current projects of ToxiTEN-CARD-EM

https://www.c3outcomes.org/costen

- **Consensus for SJS-TEN outcomes – COSTEN group (C3 collaboration)**
  - C3 method
  - Scoping review submitted
  - Consensus obtained by the steering committee
    - Chairs of the group: Saskia Oro, Roni Dodiuk-Gad;
    - Other members: Marie-Charlotte Brüggen, Sarah Walsh, Lars French, Elizabeth Phillips, Haur-Yueh Lee, Peng Zhang
  - Delphi process is ongoing
  - Funding Welphi method by ERN-skin → will begin soon.

→ DELPHI
→ Outcomes for consensus definition and measure tools:
- Time to onset
- Index date
- Time to disease arrest
- Progression of the detachment
- Time to healing
- Sequelae

- **Guidelines**: FDE

Lead: F. Dezoteux; K. Gaspar

Final step

- **ChildTEN study (n=51) – article ongoing**
- **Ocular care (with AIBD group)**
- **Educational program for residents** 2027

Minutes – Main decisions

- Discuss with Veronique Del Marmol and Lars French to publish the registries (IRTEN – IRDRESS)
- Update IRTEN leader team contacts and funding (S. Oro will have a meeting with Eva Oppel, Christiane Pfeiffer, Pia Stadler, veronique Del Marmol and Lars French)
- Finish and publish FDE guidelines < summer 2026 (K. Gaspar, F. Dezoteux)
- Finish and publish ChildTEN study
- International course for residents in Zagreb (common with AIBD) 2nd semester 2026
- CPMS (common with AIBD):
  - 26/02/2026 5,00 – 7,00 pm
  - 18/06/2026 5,00 – 7,00 pm
  - 17/09/2026 5,00 – 7,00 pm