



EASL

EUROPEAN
ASSOCIATION
FOR THE STUDY
OF THE LIVER

PAST AND PRESENT

ROGER WILLIAMS

with the assistance of Jacqui Sisto,
Heiner Wedemeyer and the family of contributors



An Inspired Concept

— Roger Williams
*“Liver, brain and heart, these sovereign thrones”
Shakespeare, Twelfth Night, Act 1 Scene 1*

This book is about the birth of EASL and how, in the 44 years since its inception, it has become an influential and major international organisation within Europe and, indeed, worldwide. The incentive to compile this account, further illustrated with material taken from the archives, came from the considerable interest generated by the brief flash-backs that I gave of EASL's history in a Presidential address at the Milan meeting in 2008. Jean-Michel Pawlotsky's term of office as Secretary General was just coming to an end, and it was his encouragement along with that of the Governing Board that enabled me to carry it forward. Further encouragement came from those to whom I wrote for contributions and who responded with enthusiasm and alacrity. I am also indebted to many others in the Association who pledged their support, including the present Secretary General, Heiner Wedemeyer. I would like to extend my very special thanks to Jacqui Sisto of EASL's central office in Geneva, who has worked tirelessly in producing this volume. I know there are many others who could have contributed but, in view of space constraints, I wanted to give fair coverage to individual countries and areas of interest. I hope that the marvellous time-line – entirely Jacqui Sisto's creation – goes some way to acknowledge all those who have served the Association with unstinting dedication over the years.

It was indeed an inspired concept that led to the founding of EASL, in 1966, as an Association dedicated to the pursuit of excellence in liver research and in the clinical practice of liver disorders. It was to be run by those actively involved in the discipline and the furore around the age limit set for the Scientific Committee is amusingly referred to by a number of those writing about EASL's history. EASL was to be open to participation from other specialist areas and for many years there was no formal membership. How well these objectives were met by the success of the annual meeting, which went from strength to strength, and by the ever-expanding range of activities that have developed as

a result. Sadly, some of the founder members who would have spoken even more passionately of their hopes and aspirations for EASL, namely, Adolf Martini, and other leading figures in the Hepatology world during the 70's and 80's, including Jean-Pierre Benhamou and Niels Tygstrup, are no longer with us. But there are enough of us left to tell of those early, heady days and of the rich history of Hepatology as it has unfolded over this generation.

My aim for this volume, as well as providing a record of the Association's inception and early history, is to give an up-to-date account of its present work and programmes. Thus there are chapters on the Journal of Hepatology – now world class with an ever increasing impact factor. Another chapter describes the wide-ranging educational activities, special meetings and schools that we now run. There is also an account of new efforts by EASL to influence public health policy within the European Union. An organisational structure and regulations are in place which can not only support all of these activities effectively, but also promote the continued growth of EASL's work both in Europe and worldwide. In my opinion, the Association is now on a par with AASLD, despite the 20 years' head-start of the American Association. Nevertheless, we must not rest on our laurels; in fact, the major associations representing our specialist area are going to have to join forces in tackling the global effects of obesity and alcohol excess as well as the many ongoing issues related to the worldwide prevalence of hepatitis B and C viral infections.

It has been a great pleasure, and indeed an honour, for me to have had the opportunity to compile this volume. I sincerely hope that it will bring enjoyment to those already within the Association and inspire others to join in the exciting opportunities that lie ahead within Hepatology - most definitely no longer a Cinderella specialty / no longer the poor relation!





From Small Beginnings



Roger Williams, CBE

01

Tall oaks from little acorns grow – and how appropriate this quotation is to the history of EASL. The beginnings in 1966 were certainly small but the concept was an inspired one and the quite radical and farseeing principles laid down in its founding constitution have served the society well. Now some 44 years on, the Association's position is that of a major European body of education and research with an increasing influence in the specialty of Hepatology worldwide. It is one too that shows no sign of ageing with new ideas and initiatives abounding. As to the beginnings, I can remember my excitement in receiving the letter in the spring of 1996 from Professor Adolf Martini of the University of Marburg inviting me to join an exploratory meeting to discuss how best to bring together the centres in Europe with an interest in liver disease. I was then working in Southampton as a Consultant Physician having left Professor Sheila Sherlock's unit at The Royal Free Hospital some nine months earlier. King's was yet to beckon with a return to London later in the year.

In 1966, Hepatology was without doubt the Cinderella of medical specialities and how different our clinical practice was then as compared to now. Antiviral therapy was light years away, Hepatitis B having been identified by Blumberg only the year before – a serendipitous discovery if ever there was. He had found an antibody in two multiply transfused haemophilia patients which reacted with a single serum sample that came from an Australian Aborigine.

A non-A, non-B hepatitis viral infection came to be recognised clinically but it was another 20 years before the discovery in 1989 of hepatitis C by investigators at Chiron Laboratories Inc. Fatty liver disease we did see but mainly in the hepatic steatosis of alcohol and nowhere near its present epidemic form. Disorders such as autoimmune hepatitis or active chronic hepatitis as it was known in the early days and primary biliary cirrhosis were diagnosed at the stage of liver decompensation with jaundice and ascites, and the early changes were poorly defined. 1966 had, however, seen the discovery by Deborah Doniach and Ivan Roitt's group at the Middlesex Hospital in London of mitochondrial antibody in serum which has since become a valuable test in the diagnosis of PBC, and in Germany, Meyer Zum Büschenfelde's pioneering studies on autoimmunity in liver disease were providing new insights into the cellular mechanisms involved. Most of the clinical and research activity in the late 1960's though, centred on the haemodynamics of portal hypertension and its relationship to ascites and encephalopathy. Shunt procedures were much loved by the surgeons and the use of oesophageal balloon tamponade when oesophageal varices bled, was as awful for the patient as in the results it gave. On the laboratory side, tests of liver function and mechanisms of deranged liver metabolism attracted most attention.

Of major importance in the history of the speciality was the increasing use of liver biopsy in gaining better knowledge of

the histopathological processes underlying liver disorders. Hans Popper by then at the Mount Sinai Hospital, New York, was the inspiration. The first meeting of that distinguished group of hepatological histo-pathologists which he brought together and who became known as the GNOMES of Zurich, was held in 1967. Valeer Desmet, one of the founder members, later in this volume writes poignantly of their meetings and achievements. To digress, it was also Hans Popper who, through his friendship with Herbert Falk, was the guiding genius behind the Falk Liver meetings. The bi-annual invitation of international contributors helped greatly in raising the standards of Hepatology in Europe. Herbert – with his pharmaceutical company in Freiberg – over the years became a great supporter of EASL's activities and a great friend to many of us working in the specialty. But to return to that initial gathering in Marburg in 1966 – I was the only Brit present! Professor Sheila Sherlock had been unable to go and in fact was not greatly supportive initially of the formation of a European Society feeling it would conflict with the International Association of the Study of the Liver, set up in 1958 and in which she continued to be much involved. To give some time perspective to the start of EASL, the American Association for the Study of Liver Diseases (AASLD) had by then been in place for nearly 20 years and had evolved through its annual meetings into the most influential and leading conference on liver disease worldwide.

Of the small band of some 70 persons gathered in Marburg, most were from Germany, with the French and Italian contingents not far behind. The key inspired decisions taken during the two days of the meeting on which the fledgling EASL was to be based were as follows:-

1. The selection of papers for the scientific programme was to be placed in the hands of a Scientific Committee. This was to have four members, each serving three years, one of whom would be elected by them as Honorary Secretary for a two-year period. The members of the Scientific Committee had to be younger than 40 years old. What passions were raised by that decision! The aim was to encourage the involvement of younger persons in the Association and also to curtail the powerful influence of the traditional senior medical hierarchy which at that time dominated National Societies in Gastroenterology and Liver Disease within Europe.
2. Papers at the annual meeting could be presented in any European language although the abstract had to be in English. This decision was taken after what seemed like hours of argument. I shall never forget the passion of the French in putting forward the case for their beautiful language and the powerful nationalism of the German contingent for their's. With the range of languages represented by the European countries, facility for communication between individual participants was all important. In fact, after only a few meetings, English came to be used almost all of the time, as referred to in a number of the personal reminiscences of the early meetings in the following chapters.
3. There was to be no formal membership of the Society and no membership fee. Basic scientists and young academics were not to be barred from attending the meetings by financial constraints and the costs of the meetings were to be kept down by the use of university hall accommodation wherever possible. This was yet another part of the society's emphasis on encouraging new entrants into the field of Hepatology including those from other scientific disciplines who might want to come to a particular meeting but not necessarily on a regular basis.
4. The venue for the local annual meeting was to rotate around countries in Europe to emphasis the pan-European nature of the Association. The involvement

of a senior Hepatologist in the chosen venue would be secured by his or her election as President of the meeting. All arrangements for the meeting including social activities and the major task of fundraising would be the responsibility of that person to organise through a local committee. The President of the meeting was not to be involved in the selection of the main scientific programme although the local organisers were later allowed to have a pre-meeting on subjects of particular interest to that centre.

This was the structure under which the annual meetings of EASL got underway with the overriding objective of building a society dedicated to the pursuance of research in Hepatology. It was a structure which in due course as Hepatology expanded could be developed further whilst retaining the guiding principles with its emphasis on promotion of scientific excellence in research and in the attainment of high standards in clinical practice.

By the end of the Marburg meeting, I had been elected to the Scientific Committee along with Adolf Martini (Germany) and Vojtech Hoenig (Czechoslovakia), with Jan De Groot as Scientific Secretary. This was the team that went forward and selected the scientific programme for the next annual meeting of EASL in Gothenburg the following year. Professor Stig Bengmark did an excellent job in organising the venue there. I remember even to this day the marvelously friendly evening we had at his lovely house in the city. Most generously, he accorded to Dame Sheila Sherlock the Presidency of the meeting, thereby, bringing her firmly into the fold. The following year we went to Modena and the one after to Vienna when two key new members joined the committee – George Strohmeyer and Jean-Pierre Benhamou – both leading lights in the European liver world. Jean-Pierre Benhamou became Scientific Secretary and what an inspiration he was to all of us. In fact, it was a visit to his unit in Paris which inspired me to model the Liver Unit at King's on the one Jean-Pierre had built at the Hôpital Beaujon with laboratories, facilities for haemodynamic studies, treatment areas all adjacent to the clinical wards and outpatients. His keen intellect, charm of manner and powerful frame set the seal on the success of the fledging society as it was then. How very sad it was for his friends to see him laid low by illness during those last years of his life.

For some reason I remained on the committee for 5 years; perhaps it was because they still needed an interpreter from time to time! Increasingly I realised just how important those early decisions had been on the setting up of EASL – with the emphasis on attracting the widest participation and with a young and vibrant Scientific Committee delivering the content of the annual meeting. The enthusiastic contributions of the local hepatological community added to the value of the annual meetings and the move to a different venue each year was greatly enhanced by the rich culture and heritage of the European cities. Jean-Pierre Benhamou was replaced in time as Scientific Secretary by another leading light in European Hepatology – Gustav Paumgartner, a great lover all his life of bile salts and cholestasis!

The UK had its first meeting in 1971 with Dr. Barbara Billing as President and in the chair of the local committee. Being Secretary of the UK's Liver Club at that time, I was once again actively involved through EASL in organising the pre-meeting symposium on "Comparative Aspects of Liver Physiology and Function in the Vertebrate." The Liver Club, – which later in 1982 changed its name to the British Association for the Study of the Liver - had nowhere near such a carefully worked-over founding as did EASL. Apparently, Professor Horner ("Digger") Andrews – a Physiologist at St. Mary's Hospital London, conceived the original idea in 1961 in a friend's Jaguar motor car outside the Physiology Department in Cambridge – proving as viable as many other conceptions in similar situations! Albert Neuberger, Professor of Chemical Pathology at St. Mary's Hospital and the father of James, was another key member in its founding. The Liver Club had as one of its prime aims the furtherance of Hepatology as a distinct specialty from Gastroenterology – a struggle by the way which continues to the present day! By the time of the London meeting, Hepatology was already expanding its horizons with the remarkable developments in liver surgery pioneered by Professor Henry Bismuth in Paris based on the liver's unique lobar and segmental make-up. Liver transplantation was becoming more than a dream for the few of us who believed so passionately in its potential with the first patient transplanted at King's in the combined Cambridge/King's Joint Programme in September 1968. The rare syndrome of fulminant hepatic failure (FHF) first described by Trey and

Davidson from Boston USA, in a surveillance study of jaundice and encephalopathy following halothane anaesthesia, was also attracting great interest. What a battle we had in convincing the Anaesthetists that this was a preventable entity. How exciting, too, was our first use of extracorporeal liver support devices based on charcoal haemoperfusion, in patients with FHF.

But it is the next meeting in the UK which I most remember. It was in September 1983. I had felt greatly honored by being elected President of the meeting. For a number of reasons I decided this should be held in Southampton. These included the presence there of Ralph Wright as President of Medicine in the Medical School. Ralph had established a Liver Unit there around his early work in autoimmune hepatitis and his untimely death in August 1990 robbed UK Hepatology of a very popular member of the international Hepatology community. His unit's work fortunately was carried on most successfully with a series of ground-breaking studies on liver fibrosis under the direction of Mick Arthur and John Iredale. But to return to the EASL meeting, as well as having Ralph as Local Secretary, cheap accommodation was available in the Halls of Residence and how complaining of the somewhat Spartan facilities were some of the participants! In the welcoming address I spoke of new and improved treatment for liver patients including endoscopic sclerotherapy for oesophageal varices and referred to the

important Consensus Development Conference held in the NIH, Washington, USA a few months earlier when it was decided that liver transplantation was no longer an experimental procedure but one that deserved wider application. I also commented on whether, as an Association, we were doing enough to educate the public about the dangers of alcoholic liver disease, never thinking that it would reach the levels it now has in the UK.

Another reason why I wanted to have the meeting in Southampton was to be able to host the annual banquet at my summer house "Eaglehurst" on the banks of the Solent.

Appropriately for the occasion, it had already earned a place in scientific history for Marconi had carried out his experiments on wireless telegraphy in the top room of the 100 foot high Folly built in 1720. It was from the Folly, too, that Marconi and his family watched the Titanic slip past on April 10th 1912 at the start of its fateful voyage. He had a passage booked but cancelled at the last moment because his experiments were not quite finished. What a magical evening we had – some 400 sat down for dinner in the marquee on the lawn. People still come up to me at EASL meetings reminding me of the occasion. For me it was even more memorable as Stephanie, my wife, was overdue with Octavia at that time but managed to 'hang on' until late on Saturday by which time the participants were dispersing and we had to drive at break-neck speed to the maternity



hospital in Southampton!

At the dinner I presented Dame Sheila Sherlock as she had by then become and who the following week was having a retirement celebration at The Royal Free, with a rather lovely scarf. Rudi Presig also spoke.

He was my mentor for the year I spent as a Rockefeller Travelling Fellow at Columbia in New York with Professor Stan Bradley of liver blood flow fame. Rudi subsequently returned to Berne and set up an outstanding unit in clinical pharmacology which Jurg Reichen was later to inherit. Also, included in my collection of photographs from that evening is one of Dick Smallwood from Australia – a great anglophile, who spoke amusingly on “As Others See Us”. Way ahead of our time, we also had appropriate patient representation with Dick Cristin - OL118 in the Cambridge King’s transplant series. Dick had become a close personal friend over the years after his liver graft. His view of what it was like to have a young liver again – “From a Patient’s Eye”, was enlivened even more by his most whimsically ironic turn of phrase.

Gatherings at the annual meeting, such as we had that evening, became more and more difficult as the numbers of attendees increased. The rate of increase was fairly steady during the 1980’s and the basic structure of the meetings continued through to the early 1990’s.

During the late 80’s the Scientific Committee had J. Bosch, V. Arroyo, C. Trépo, K. Höckerstedt, C. Tiribelli and M. Rizetto amongst its members and another heavy weight in terms of scientific achievement – Didier Lebrec. An additional person had been recruited on to the Scientific Committee in 1987, and somewhat sadly I felt, formal membership with an annual subscription fee was later introduced. The Scientific Committee had decided that a certain regular income was necessary for the proper planning and carrying through of desired developments for EASL. Attendance figures at the annual meetings continued to be considerably in excess of the number of paid-up members and the original objective of the Society in ensuring that its meetings were open to all those either in the short or longer term interested in the science and clinical practice of Hepatology was not greatly affected.

The biggest change in the society’s activities for me was seen in the 1991 meeting at Palma de Mallorca when

the number of attendees was considerably greater than the year before at the Budapest meeting. Sponsorship of pharmaceutical companies had increased as a result of growing interest in the Hepatology arena with the release of interferon onto the market. By this time, screening for HCV was beginning to get underway although few realised just how prevalent this hepatitis viral infection would prove to be – currently estimated at around 3% of the population worldwide - and how dominant it would become in the field of Hepatological research and clinical practice. Many of the delegates in Palma had been flown in and accommodated at the expense of the pharmaceutical companies. I remember so well the mass of delegates milling around in the centre of Palma and the crowded meeting sessions. Those who had been attending EASL from the beginning had some difficulty in accepting the changes, feeling that much of the overriding influence of scientific research on the annual meetings might be lost. Also the great camaraderie that had been a hallmark of the Hepatology community would be swamped by the greater number of attendees. Nevertheless, it had to be right that the wider range of clinicians likely to become involved in the treatment of viral hepatitis patients should not be denied such an opportunity for learning.

The greater number of abstracts submitted to the annual meeting as a result of the escalating expansion of knowledge, particularly in viral hepatitis, made the work of the Scientific Committee even harder in selecting a balanced programme. Parallel sessions and more poster presentations had to be introduced. But there was no going back. The Palma meeting also made it clear that EASL had to take on a more active educational programme. A post-graduate day was instituted to precede the main meeting and proved highly successful with the majority of those attending staying on for the full meeting, thereby gaining additional knowledge of scientific advances in the specialty. The founding aims of the society, however, were not forgotten. Travel bursaries were introduced to encourage young doctors and scientists to attend the meeting. The payments covered the costs of accommodation and the registration fee as well as travel. By the time of the third meeting in the UK, namely, in London in April 1997 when Professor Howard Thomas was President of the meeting, which was held at Imperial College, they had been increased to 120.



25 exciting EASL meetings organised by 25 outstanding Presidents in 25 enchanting cities.
Journal of Hepatology reprint 1991 provided by Prof Bode.

The meeting was held in the spring which, for the historical record, marked a return to the time of the original meeting in Marburg, the move from September having been decided at the AGM in 1994. This was to allow a clear separation in time from the annual meeting of the AASLD with consequently less competition for abstracts and similarly less conflict with the meetings of various national societies in Gastroenterology which tended to be organised in the fall. What Howard Thomas does not refer to in his own account of the meeting is its financial success with £150,000 (50% of the profit made) going to EASL. The greater funds available to EASL made it possible to establish Research Fellowships to allow younger researchers to work for 1 – 2 years in other liver centres within Europe. Educational Counsellors were appointed and 2003 saw the introduction of the first

EASL School of Hepatology with enrolment limited to 50 persons. Monothematic conferences focusing on particular topics had hundreds of delegates allowing these events to be held more widely around Europe without the necessity for large conference centres, thus restoring some of the ambience of EASL's early annual meetings. In very recent times we have seen the introduction of the web casting of lectures and symposia, pod-casting and e-learning. But all this and much more are covered by Peter L.M. Jansen and Geoffrey Dusheiko in their chapter in this volume. Through the 1990's and into the 2000's, the EASL meeting began to attract participants from much further afield including the Middle and Far East, Africa as well as an increasing number from the Americas. It also became apparent that EASL needed to include the Eastern European

countries much more in its activities and 2001 saw the annual meeting held in Prague. These years also saw the flowering of the society's journal. First established in 1983, it soon became a vital means of communication of scientific work in Hepatology throughout Europe. Its success is perhaps not that surprising considering that it has had as Editor and Chief such powerful figures in the Hepatology world as Jean-Pierre Benhamou, Gustav Paumgartner, Juan Rodés and, most recently, Massimo Colombo. Each left a strong personal imprint on the journal. There can be no doubt that it is now running a very close second to AASLD's Hepatology. The Journal needs to remain an integral part of the Association's overall activities within its new aspirations and initiatives. The success of the journal is also of fundamental importance in maintaining EASL's financial stability since a substantial contribution to the Association's revenue comes from the journal.

Also of considerable importance to the Association's finances is the support it receives from the pharmaceutical industry. From the outset, EASL was always able to attract some sponsorship for its meetings but only with the introduction of antiviral therapy and the afore-mentioned associated diagnostic testing did we see Big Pharma adopting a vital role. Some of the earlier sponsorship arrangements for the annual meeting were not well thought-out and the relationship become somewhat stormy, as recorded by Mario Mondelli in his chapter in this volume on "Synergies with Big Pharma". The clear guidelines he was finally able to agree with them have proved in practice to be workable and productive for both sides. But all this may have to change with the increasing restrictions being placed by governments on the financial sponsorship of meetings, as touched on by a number of those writing in the later chapters of this volume; reawakening worries over EASL's future financial stability.

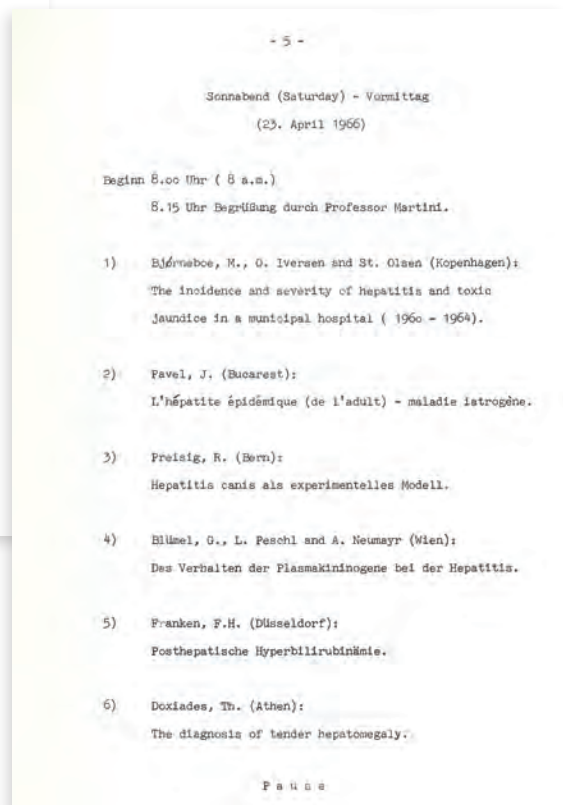
Various changes in the administrative structure during the late 1990's and early 2000's were essential because of the increase in the numbers attending the annual meeting and the widening scope of the Association's activities during the year. The creation of the position of Administrative Secretary in 1996, inspired by Christian Bréchet who was then Scientific Secretary, was aimed at ensuring continuity in developing political and administrative arrangements at the highest level of the Association complimenting the

work of the Scientific Secretary whose term of office had been extended from two to four years in 1995. Another major decision was taken in 2000 to pass the organisation of the annual meeting to the company Kenes International Limited, as Professional Congress Organizers. In 2006, the age limit for Scientific Committee members was further increased to 48 "to help with the selection of the most appropriate candidates". This was part of a new constitution for EASL passed at the Business Meeting in April 2006. Interestingly, not all members were in agreement feeling that EASL should remain, as originally founded, namely an organisation run by young or younger people!

But the biggest changes came with the appointment of Jean-Michel Pawlotsky as Scientific Secretary in April 2005. He saw the need for radical changes to the administrative structures if EASL's agenda was to be taken forward. Switching the scientific leadership of EASL from the long established Scientific Committee to the clear political leadership of a reinforced more experienced "Governing Body" was the first step. How this evolved and the many other changes initiated can be best appreciated in Jean-Michel's own account in Chapter 9. Personally I like having a Governing Board with a Secretary General in charge – though not in uniform! The terms seem to give just the right emphasis on control as well as efficiency. Making an already successful annual meeting even more appealing was another challenge that Jean-Michel undertook successfully, so much so that attendance jumped to nearly 7,500 participants at the Milan meeting in 2008. I had felt particularly honoured when asked to accept the new position of Honorary President of the Society for that year and was even prouder after experiencing and participating in all that went on at the meeting in Milan. Meeting rooms were permeated by a buzz and excitement without any of the staleness and old hat approach of long-established scientific events. Jean-Michel also saw the importance of involving the society in health care policies within the European Union and in forging links with other international societies, most importantly AASLD but also the Asian Pacific and Latin-American Associations, thus tackling the wider global issues of Hepatology. The contributions of Jean-Michel have been tremendous. His term of office also saw the setting up of EASL's own office in Geneva alongside the administrative offices of the Journal which will enhance collaboration in their many joint

activities. Just how all this is working will be described by Professor Heiner Wedemeyer in the last chapter of the volume. By way of bringing this account of EASL's history up-to-date, I have finally to refer to the adoption in Copenhagen last year of the new name for the annual meeting, namely "The International Liver Congress". Who can deny that the advance of EASL merits this as well as the new logo for the society phased in during 2009 which, in Jean-Michel

Pawlotsky's own words, marks "the last important symbolic change on a long list". The aim and hopes of those like me who were involved in the early beginnings of EASL have been most wonderfully fulfilled and the reminiscing of those writing in subsequent chapters will add further substance to what I have written. The tall oak may not yet be fully grown but of the strength of its roots and branches there can be no doubt.



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39	Dal Palu C, Donaggio G, Dal Zotto I. (Padova, Italy). Arterio-venous shunts in cirrhotic patients studied with MAA-131 J.	54	Tytgat G, De Groote J, Vandenbroucke J. (Leuven, Belgium). Experience with blood exchange transfusions in the treatment of hepatic coma.
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Recollections of Early Pioneers



Adolf Martini and the foundation of EASL

— Georg Strohmeyer

When EASL was founded on April 23 and 24, 1966 in Marburg/Lahn (Germany), I was a young medical assistant to Professor A. Martini at the University Hospital in Marburg and as such became the Secretary of this first meeting of EASL.

Adolf's main aim in founding EASL was to strengthen international knowledge and co-operation – specifically within the field of hepatological research. In Germany, after 1945, scientific and personal contact between European medical research centres was still very limited. This situation was especially disadvantageous for young doctors and medical

students, who did not have access to new research findings in Hepatology. In the preceding years, Martini, however, had already established close contacts, particularly with European scientific centres and associations in England, France, Italy, Holland and the Scandinavian countries. These relationships were reinforced during the course of his research residency in London with Professor Sheila Sherlock in 1954/55. On leaving London, he went first to the medical clinic of the University of Hamburg, Eppendorf, and in 1972 to the University of Marburg, where he was appointed Director of the University Hospital. From the be-

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First meeting in Marburg, Germany 1966

ginning he attracted a large group of young doctors whose introduction to international liver research he inspired by his own example, and whose further research activities he facilitated through the DFG (German Research Foundation) – sponsoring research residencies in Germany or abroad.

In perceiving the need for periodic, pan-European liver symposia, he succeeded, along with scientific colleagues, in inviting between 70 and 80 European Hepatologists to Marburg for a two-day symposium on Hepatology (see picture before). The foundation of EASL at this event was, to some extent, inspired by the existence and success of the AASLD (American Association for the Study of the Liver) and the IASL (International Association for the Study of the Liver) started in 1949 and 1958, respectively. The underlying mission for EASL was, in Martini's own words, «to attract mainly young and active investigators to exchange current views and results, and have enough time for real discussions» (Martini, 1991).

The first of its problems arose at its very inception, over the language issue. In order to circumvent personal and national sensitivities, we had suggested that the abstracts and posters might be composed and presented in the respective native language. That, of course, proved to be not particularly conducive to broadening comprehension within the auditorium, and in following conferences English was finally decided upon as the official language. This led, on one occasion, to a funny dispute amongst the French delegation, as two young French Hepatologists led their discussion in English at a time when General de Gaulle had challenged his countrymen to strengthen the French language internationally. Upon the objection of an elderly French professor, one of the two young Hepatologists replied, "*Oui, mon general!*" and both then resumed their discussion in English. Under the influence of the English, Dutch and Scandinavian 'young Turks', a rigid, formal European style of discourse was overcome. A small earthquake followed; I, in the heyday of my thirties, made the suggestion that all presentations be confined to participants of the ages of 35 to 40 years and to a maximum of 8-10 minutes plus 7 minutes for discussion. Now that the author is over 80 years old, he's not so happy to follow this suggestion! Moreover, participating researchers were urged to present their own results rather than have their findings presented by their respective professors. That was viewed by some

Hepatologists as an affront against the academic establishment and nearly brought this author's academic career to a premature end before it had even begun! But as the young society flourished lasting friendships were formed, as well as personal and scientific contacts.

In contrast to larger international congresses, it was decided that financial relationships with the pharmaceutical industry were to be strictly limited in order to avoid dependency. The one exception to this rule was that of Dr. Herbert Falk in Freiburg whose generosity and friendship contributed greatly to EASL's development but who never attempted to exercise any influence over the program or its other activities.

In the years following its establishment, each president of the EASL annual meeting made every effort to accommodate delegates in inexpensive hotels, and give a good impression of the local cuisine and culture – an objective which nearly always succeeded. Excursions into regions surrounding the conference site were often organised so that each participant could formulate an impression of the local region, be it the Acropolis, Versailles, Windsor Castle, the Brandenburg Gate or the 'beautiful blue Danube' in Vienna and Budapest. Particularly intense were insights into the countries' various wine-producing regions, and the ensuing liveliness at many of the 'social events' which often unveiled the previously unknown musical and vocal talents of the participants!

Professor Martini took part in nearly all of the EASL meetings until almost 10-15 years ago. He took great pleasure and satisfaction from attending events, and displayed a keen interest. It was only due to age-related illness that his participation began to decline in the later years of his life. However, his interest in the development of "his" Liver Association continued unreservedly.

Professor Martini died on December 27, 2007, at 91 years of age.

Post-scriptum

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Important meeting at Gothenburg

Stig Bengmark

The second meeting of EASL in 1967 had been arranged to take place in Gothenburg, Sweden. Many of the leading Hepatologists, who had not participated in the Marburg meeting, remained sceptical to the idea of a special European society for Hepatologists. There were several reasons for this. Some expressed the opinion that Hepatology needed no special organisation and should remain a part of Gastroenterology and Gastroenterology meetings. Others were negative only for the reason that the initiative was not their's. However, several senior Hepatologists embraced the idea with great enthusiasm. Among these were JP Benhamou France, J Caroli France, M Coppo Italy, W Creutzfeldt Germany, N Dioguardi Italy, V Hoenig Czechoslovakia, H Sarles France, L Schalm Holland and M and P Schmid, Switzerland, who all participated in the Gothenburg meeting. These included many of the leading Hepatologists of the next generation, as can be seen from the list of presentations before.

Among those who were lukewarm to the idea of a European Association for Hepatologists was Professor Sheila Sherlock at the Royal Free Hospital in London, an acknowledged opinion leader in the field at that time. It was regarded as especially important to get her onboard. Amongst other things, the strategy involved inviting her to be president of the second meeting despite the fact that she was not a member of the newly founded organisation. However, the catch was not easy; a series of measures had to be taken before the mission was accomplished. This included changing the date of the meeting. After finally accepting, Professor Sherlock brought an impressive team of young investigators with her, all of whom participated with great enthusiasm.

Gothenburg is the second largest city in Sweden, located on the West coast, and easily accessible from all parts of Europe. The meeting was organised by Dr Tore Scherstén, who went on to become one of the pioneers of liver transplantation in Europe, and myself. The main auditorium of the newly built University Hospital of Göteborg, Sahlgrenska Hospital, was used as the congress facility. Almost one hundred people participated. Thirteen European countries con-

tributed with a total of 56 oral presentations: Germany 10, United Kingdom 8, Denmark 7, France 7, Italy 6, Belgium 4, Norway, Switzerland and Sweden each gave 3, Czechoslovakia (Prague) 2 and Austria, Holland and Hungary each made 1 presentation. We were still at the time when no consensus had been reached about a general congress language. Presentations were consequently given in French and German as well as in English. No simultaneous interpreting or any other form of translation was provided.

The size of the abstracts varied from seven lines to two pages and all those submitted were chosen for oral presentation. A large proportion of the presentations had no original data and only a handful of presentations are worth recalling. Thieden et al. from Copenhagen reported on studies conducted in both rats and man on the influence of ethanol upon galactose metabolism. Rat liver slices were found to metabolise 2.6 $\mu\text{mol/hr}$ of galactose per gram net weight. Following the addition of 20mM pyruvate to the medium, this increased to about 4.0 $\mu\text{mol/g/hour}$, subsequently falling to 2.0 $\mu\text{mol/g/hour}$ on addition of ethanol. Similar studies on liver tissue obtained from surgical biopsies demonstrated a reduction in galactose oxidation from a normal value of 10 $\mu\text{mol/g/hour}$ to as low as 3.3 $\mu\text{mol/g/hour}$. Barbara Billing from London had studied 42 patients with idiopathic unconjugated hyperbilirubinaemia (Gilbert's syndrome). She observed similar bilirubin levels in 10/62 (16.1 %) of otherwise healthy parents and in 14/51 (27.5 %) of healthy siblings. The distribution of serum bilirubin concentrations in the relatives fell into two groups, one closely approximating the normal range, and the other similar to that of the patients. She concluded that Gilbert's syndrome is probably inherited as an autosomal dominant and that the patients are heterozygous for a single mutant gene. Strohmeyer and Kuni from Marburg/Lahn reported a study in twenty cirrhotic patients whose haematological and erythrokinetic data correlated with liver function based on the clearances of BSP, 51Cr labelled erythrocytes and 59Fe. The authors concluded that a close relationship exists between liver function and blood volume, erythrocyte volume, erythrocyte iron turnover and mean corpuscular

haemoglobin (MCH). Haemmerli et al. from Zurich reported an impressive series of 471 consecutive admissions of patients with infectious hepatitis to the two public hospitals in the town. Interestingly, 126 patients at the City Hospital were treated with steroids compared to none of the 345 patients at the University Hospital. Steroid treatment appeared to lower serum bilirubin levels and, to a lesser extent, also serum transaminase and serum alkaline phosphatase levels, but did not shorten the hospital stay or the duration of sick-leave. The mortality rate in the steroid-treated group was 2.4 % (deaths from steroid ulcer complications) compared to 0.7 % in the non-steroid-treated group (death in hepatic coma). Relapse occurred within the first 6 months in 10 % of the steroid-treated patients but this phenomenon was not observed in any of the non-steroid-treated subjects. Mütting et al. from Homburg/Saar reported a highly interesting study in 27 patients with chronic liver disease. They

compared the effects of lactulose with a probiotic combination of *Bacterium bifidum* and *Lactobacillus acidophilus*, and reported superior results with probiotic treatment compared to lactulose. The observations included normalisation of elevated blood ammonia, free amino acids and free serum phenols. This was one of, if not the first ever attempt to treat chronic liver disease with probiotics and several decades were to pass before it was tried and reported again.

Post-scriptum

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Stig Bengmark welcomes the delegates on behalf of the organisers Study of the Liver, Marburg, Lahn 1966



Sheila Sherlock flanked by Georg Strohmeyer (left) and the Dean of the Medical Faculty of Göteborg University, Bo E Ingelmark



Gathering in the home of one the hosts, Stig Bengmark



Group of young Hepatologists, from left to right Stig Bengmark, Jan de Groot, Urs Haemmerli, Roger Williams and Niels Tygstrup



Rolf Olsson, later the first Professor of Hepatology in the Nordic countries, participated in the meeting



Recollections of the Netherlands

Chris H. Gips

My connection with EASL started in 1967 when attending the second meeting in Gothenburg organised by Stig Bengmark. Since then, I have been at nearly all the meetings and also had the pleasure of serving EASL as meeting president at Groningen in 1986 and as a member of the Steering Committee of the Journal of Hepatology in its early days.

At the Gothenburg meeting, the proposed structure of the association continued to be the main topic of discussion in the Business Meeting, focusing on two aspects in particular: age and language. Many seniors opposed the proposal that members of the Scientific Committee had to be less than 45 years old at election. This was a revolutionary idea, certainly in the sixties. The language issue was resolved by Jan de Groote who, as a Belgian, was very aware of the importance of language for individual nations, large and small. Abstracts were to be in English and the speaker could choose between his or her own language and English. This ended with nearly everyone presenting in English, with the exception of most of the French, who, it was said, could only obtain travel and congress imbursement when presenting in their own language. Serge Erlinger from Paris was very helpful at that time in translating questions and answers.

EASL has been of paramount importance for the organisational development of Hepatology in the Netherlands. Leendert Schalm (Solko's father) had invited EASL to Arnhem for the 1972 meeting and by gathering local organising committee members from all over our country, he took the first step towards identifying centres with an interest in Hepatology. The EASL preliminary session also became the first meeting of the Netherlands Liver Club and the proceedings were published as an extra volume of the Netherlands Journal of Medicine. From that moment onwards, all internists in the country (because Hepatology was then a branch of Internal Medicine) were aware of the existence of organised clinical and scientific Hepatology in Europe. The young investigators at that time included Solko Schalm (EASL meeting President, Rotterdam 2000) and Peter Jansen (later EASL Scientific Committee Secretary) working on liver preservation without perfusion and on mono- and diglucuronidation of bilirubin, respectively.

The next step was initiated by a request from EASL through Niels Tygstrup for new members of the International Association for the Study of the Liver (IASL). Nominations had to be by the national constituencies. As we had no formal constituency, I asked what we had to do. Niels' answer was simple and the Netherlands Association for the Study of the Liver was founded with strong backing from gastroenterologist Karl Brandt and myself in 1977 shortly after announcing it at the EASL Athens meeting. It was an immediate success. Like EASL, NASL also attracts non-medical scientists. NASL was, and still is a very active society.

The early history of the Journal of Hepatology, eventually founded in 1985, is not widely known. In the early eighties, Elsevier's Excerpta Medica Division told me that they received more than 6000 liver-related articles each year and that the time was ripe to start a liver journal, the first of its kind. Roger Williams, Niels Tygstrup and I went along with this plan. The proposed name for the Journal was "Liver" or "Hepatology". We asked the then Secretary of EASL about potential interest – none was expressed. We posed the same question to Harold Conn of the AASLD. Elsevier then backed down because they had won a contract with Gastroenterology, formerly published by Wilkins and Wilkins, on the condition that Elsevier would not start the planned liver journal. Following this, Liver went to Munksgaard as publisher with Hemming Poulsen and Per Christoffersen as editors and Hepatology ended up with the AASLD, and with Wilkins and Wilkins as the publisher. EASL was last on the list and had Munksgaard as publisher for some time before changing to Elsevier, where the ball had first started rolling. EASL has been (and still is) a source of many international agreements focusing on clinical research and organisational aspects. These contracts have had a considerable impact on the educational and basic scientific development of Hepatology. For my part, two people, amongst others, who I met about forty years ago at EASL meetings, stand out from the crowd. They have been extremely important at local level and have become life-long friends. We are indebted to them, namely Roger Williams and Karl-Hermann Meyer zum Büschenfelde.



The Gnomes – born of EASL

Valeer J. Desmet

In 1967, accompanied by fellow Hepatologist Jan De Groote, I attended the second meeting of EASL in Gothenburg (Sweden), hosted by Stig Bengmark at Sahlgrenska University Hospital. The year before, Jan had been appointed Secretary of this new association.

One of the items on the agenda was a slide seminar given by Peter Gedigk and Gerhard Korb, pathologists from Marburg, Lahn. The presentation of cases of so-called “chronic hepatitis” raised a babble of chaotic debates, not surprisingly so, since at that time chronic hepatitis was an emerging entity reported in the literature under a confusing 47 different terms. Jan De Groote finally suggested that a few participants should sit and discuss how to agree on this hottest of topics. A handful of colleagues agreed, met for dinner the same evening, and finally decided to skip the rest of the EASL meeting and to ask Stig Bengmark for a small, separate meeting room to start discussions the following morning.

We debated for two days and provisionally accepted the classification proposed in the “Habilitationsschrift” of Martin Schmid from Zurich. We planned to test this proposal by circulating slides of selected liver biopsies for diagnosis according to terms approved in advance. The conclusions would be sent to M Schmid, who would host a group meeting the following year in Zurich and where we would be presented with the clinical data. In 1968, we spent two fruitful days in the microscopy room of the Zurich Pathology Institute, terminating our discussions with a manuscript proposing the definition and classification of chronic hepatitis, as published in the *Lancet* in 1968. From Zurich we went on to present this classification at the World Congress of Gastroenterology in Prague and subsequently at the International Association for the Study of the Liver (IASL) in Karlovy Vary. This was the place where Sheila Sherlock, then IASL president, baptised our group “the Gnomes of Zurich”, claiming that we were as influential in Hepatological semantics as the real Gnomes of Zurich are in the world’s financial affairs.

The fair and open discussions held in Gothenburg and Zurich prompted a desire to continue studying additional top-

ics in diagnostic liver pathology each year. We were faced with the dilemma of deciding whether to become an official EASL committee or an independent study group. There were pros and cons to both. Possibly influenced by the prevailing atmosphere in Europe during the late 1960’s, we opted for independence, deciding to remain a small group of friends (12-15 people), without a president, secretary or written bylaws, meeting each year on rotation in the city/country of a member who would be both host and organiser of the meeting. The recipe has already worked well for more than 40 years. Over time, the conditions became less spartan with meetings being held in more hospitable environments, with partners in attendance.

Acknowledging the initiative of European colleagues during that early EASL meeting, we called ourselves the “European Liver Pathology Group”. We wanted Hans Popper as a member right from the outset. He was the foremost influential liver pathologist worldwide, and, after all, a European. Invited after our Zurich meeting, Hans Popper sent his representative to Leuven in 1969, but when it dawned on him that this was not what was expected from a “Gnome”, he decided to attend the next event in person and never missed a single meeting after that.

We later widened our horizons, science being international, by inviting Kamal Ishak (Washington) in 1979. From then on, the name was “International Liver Pathology Group”, which was gradually replaced by the sympathetic nickname of “Gnomes”. Topics of current interest were chosen and often, when a theme matured, a manuscript was prepared which we hoped would be useful for pathologists at large. This type of paper described acute and chronic hepatitis, drug-induced, granulomatous, alcoholic and interface hepatitis, intrahepatic bile duct disease, portal hypertension as well as the scoring of chronic hepatitis, etc. In this way, our team, created at the birth of EASL, has been instrumental in fostering diagnostic Hepatopathology worldwide, and in providing substantial contributions to the development of Hepatology, especially in Europe. The fact that the Gnomes did not publish fairy tales but provided useful diagnostic information is still recognised in recent



Sheila Sherlock and Hans Popper

times. Papers are, of course, important, but the major benefit to us was the greater insight we gained and our mutually encouraged quest for excellence. The successful example of the Gnomes inspired another group, which, stimulated by PJ Scheuer, continues to follow a somewhat similar path, and is most appropriately known as "The Elves". At present, most of the founder members of the Gnomes are no longer involved in the association either due to retirement, or, regretfully, because they are no longer with

us. Three have passed away, namely Hans Popper, Kamal Ishak and Peter Scheuer. I am, in fact, the last of the founder members.

Although predicting the future can be hazardous, it is reassuring to know that the motivation and spirit of the younger generation basically remain the same as in years gone by. The meetings still take place every year, along the same traditional lines. Topics evolve, and although modern Histopathology is inevitably broadened by advances in molecular biology, the Gnomes enthusiastically remain a group for whom scientific interest, diagnostic expertise, collegiality and friendship are considered equal values.

Post-scriptum

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J.P. Benhamou and the French contribution

Serge Erlinger

Whilst I was in New York working in Dr. Bradley's laboratory close to Rudi Preisig (one of the founder members), he asked me whom he could put forward as the French member of the Scientific Committee. I immediately suggested Jean-Pierre Benhamou who was elected a year later. Jean-Pierre Benhamou was an enthusiastic teacher and had developed, along with Professor Fauvert, a school of Hepatology, the aim of which was to cover all aspects of the young discipline. He was personally interested in hepatic blood flow and portal hypertension. Using hepatic vein catheterization, he defined the main types of blocks, i.e. presinusoidal, sinusoidal and post sinusoidal. He engaged several fellows in this area and this led a few years later to the introduction by Didier Lebrec and himself of beta-blocking agents in the prevention of gastrointestinal bleeding due to portal hypertension.

He encouraged me to study the mechanisms of bile secretion and my group, with Micheline Dumont and others, contributed to the identification and characterisation of bile salt- independent bile flow, and to the mechanisms of bile acid transport by the liver. In other studies, we discovered the remarkable hypercholeretic properties of ursodeoxycholic acid which stimulated Professor Raoul Poupon (who worked in my group for a while) to subsequently introduce ursodeoxycholic acid into the treatment of cholestatic diseases.

A third research group formed under Jean-Pierre Benhamou's leadership was engaged in the clinical and experimental study of acute liver failure. With Professor Bernard Rueff and Doctor Jacques Bernuau, a novel definition of fulminant and subfulminant liver failure was proposed, which is still useful in the evaluation of patients for emer-

gency hepatic transplantation. A stimulating and fruitful scientific debate ran for several years with Roger Williams and the King's College Hospital group, also actively engaged in this area.

A fourth group with Doctor Dominique Pessayre and Professor Dominique Larrey specialised in drug metabolism and the mechanisms of drug hepatotoxicity whilst a fifth group under Professor Gérard Feldmann focused on hepatic ultrastructure using immunohistochemical and cytochemical techniques to define the sites of protein synthesis in hepatocytes and the pathways of protein secretion into plasma. More recently at Beaujon, Professor Dominique Valla and his co-workers have made remarkable contributions to the pathogenesis of portal vein and hepatic vein thrombosis, underlining the role of latent myeloproliferative disorders in the aetiology of these conditions. The contributions of Professor Patrick Marcellin's group, who have carried out several international landmark studies on the treatment of chronic viral hepatitis, B and C, are also wor-

thy of special note.

Results and findings were often presented for the first time at EASL meetings. Professor Benhamou used to supervise the form of these presentations himself, so that a paper from the "Clichy Group" (or the "Beaujon Group") was easily recognized. Thanks to him and to EASL, Clichy became, and remains one of the leading liver centres in Europe and, indeed, in the world.



The EASL State-of-the Art Clinical lectures have since been named after the late Jean-Pierre Benhamou 1927-2008



Memories of EASL's beginnings and other meetings

Johan Fevery

During meetings of the existing "Organisation Mondiale de Gastro-enterologie" (World Organisation of Gastroenterology) in Perugia and Rome, several members outlined the need for more studies on the liver and liver diseases. Among them were French Hepatologists, headed by Professor Jacques Caroli from Hôpital St Antoine, Paris, and Professor Fauvert from Clichy, the Italians with Professor Mario Coppo from Modena, and two of Dr Sheila Sherlock's former colleagues who worked with her at Hammersmith Hospital, London: Dr Hans Adolf Martini from Germany (London 1956-1958) and Jan De Groote from Leuven, Belgium (London 1958-1959). This ultimately led to the idea of organising a European group interested in the liver and the foundation of EASL at Marburg 1966. Jan De Groote was chosen as the Secretary because apart from speaking Dutch, he was also fluent in French, English and German,

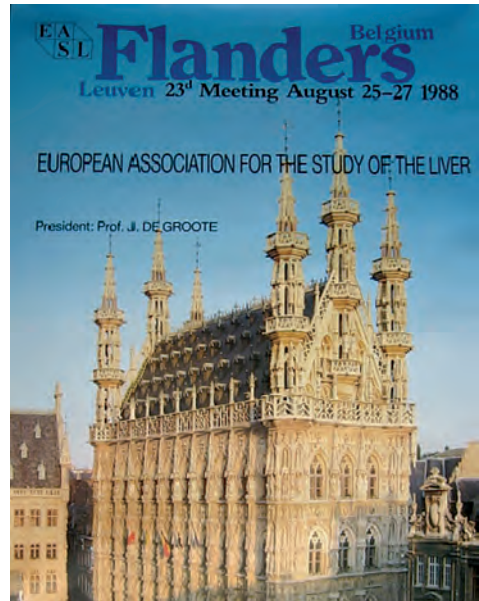
and was able to communicate with the various active European groups. The second meeting held in Gotenburg, Sweden and hosted by Stig Bengmark with Töre Schersten as local secretary was a reflection, at that time, of the number of Scandinavian surgeons involved in liver research.

I shall always remember the third meeting held in sunny Modena in Northern Italy and the grandiose scene with the late Jean-Pierre Benhamou, who was going to present research work that he had performed with Professor Fauvert using isotopes for liver metabolism. He began with "*Mr President, ladies and gentlemen...*" and up jumped the small but very energetic Caroli, shouting "*mais Monsieur Benhamou, il faut parler le français*" (you must speak French) and the very tall and powerfully built Jean-Pierre threw his arms up in the air rendering him some 2.40 m high and, shouted "*Vive le Général*" (referring to Général

De Gaulle, and continued... in English. Personally, I was forced several times by Dr Charbonnier from Paris, who did not understand a word of English, to translate what the speaker said. This made it very difficult for me to follow the talks at the same time.

The fourth meeting in Vienna was memorable from another perspective. The official dinner was held in a castle surrounded by water, but with no wall or fence. I still wonder to this day how no-one fell into the water since the Austrian wine was exceptional! I also recall how Hans Popper and Dame Sheila each on the arm of and supported by a more sober "cavalier" had to cross the small castle bridge to safely reach Terra firma (firm ground). As a true Hepatologist, "you have to experience what alcohol can do".

I also have many memories of the 23rd meeting in 1988, which I organised with Jan De Groote in Leuven, Belgium. We had a one-day pre-meeting with split sessions for liver pathologists, pharmacologists and virologists, hoping that they would also stay for the general meeting. To attract younger fellows we arranged accommodation in the university colleges at greatly reduced prices. My wife (a teacher) and our oldest daughter (17 years old at that time) and her school friends organised the social activities (visits to Bruges and Antwerp, etc.) whereas my oldest son (16 years old) arranged taxis and managed other travelling



issues with the help of his friends. It was a family business and a great experience, which we remember to this day. For the first time, doctors from Eastern Europe were also attending. This caused specific problems, such as with the Albanians for example, who only had a visa to stay for 3 days and nearly landed up in jail for staying too long.



Reminiscences & View Points



Memorable venues, scientific milestones and leaders

— Christian Trépo

When I think of EASL before its ever-growing audience and evolving organisation, the highlights that “flash” into my mind are:

MEMORABLE VENUES

At the first meeting I attended in London in 1971 organised by Roger Williams, I shall never forget the aristocratic flavour of the banquet dinner with the major domo loudly calling the guests' names and the bevy of waiters bringing dishes in perfect royal tradition. In total contrast to this was my second most memorable venue, namely the Mediterranean Club in Vittel and the annual meeting organised there by Jean-Pierre Benhamou in 1973. This gave me the strange feeling of still being on vacation since it was in early autumn but the setting was most convenient and the atmosphere propitious to unconventional thinking and convivial sharing of experiences. Also memorable and different was the seaside meeting in Spain arranged by Juan Rodés again with a perfect blend of intellectual stimulation and relaxation. Then there was the unforgettable splendor and magic of the Aegean Sea at the outstanding venue of the Greek meeting held in Kavouri, not far from Athens' airport, in the direction of Cape Sounion. We all came away with souvenirs of the unique atmospheres of the meetings in Torino, Copenhagen, Paris, Barcelona, Geneva and Vienna, and will look forward to further visits to other great cities. For logistic reasons only bigger venues will be able to ac-

commodate EASL in the future.

Paris in 1993 is associated with more personal memories. This was still a medium-sized meeting with “homemade management”, by Jean-Pierre Benhamou assisted by Françoise Degos, Didier Lebrec and Serge Erlinger. They made certain to provide a special “Paris touch” by enrolling the daughters of the Paris team leaders as staff, who were dressed in “Agnès B” outfits to welcome the participants. This family note topped by the enthusiasm of Daniel Dhumeau's daughter who dared to go against her father's wishes and sang on the “bateau mouche” party on the River Seine. In traditional French style, Jean- Pierre Benhamou had a ‘souvenir’ for the wives of the speakers and chairpersons in the form of genuine silk Dior scarves.

SCIENTIFIC MILESTONES

EASL has always been synonymous with a multidisciplinary, multicultural approach - a true melting pot of all aspects of liver diseases from basic aspects to clinical applications. Initially major trends in the sixties focusing on biliary physiology and portal hypertension were followed by the explosion of the hepatitis virus discoveries in the seventies and eighties: HBV, HAV, HDV, the HBe antigen/antibody saga, the pre-core mutants' breakthrough and ultimately the hepatitis C tsunami. The originally purely descriptive aspects were followed by a therapeutic revolution from Ursodeoxycholic acid for cholestatic diseases

to vaccine and antiviral agents in preventing and fighting hepatitis viruses.

For me as for many others, EASL was the birth place of several major European projects. It was during EASL meetings that we gathered together with Howard Thomas, Stefano Hadzyannis, Michael Manns, Alfredo Alberti, Mario Rizzetto and others to launch ambitious, fruitful, multicentre collaborations, in particular the HENCORE (HEpatitis C Network for Co-Operative Research) program, and more recently, the Virgil network for antiviral resistance, which is still ongoing.

LEADERS IN THE EUROPEAN LIVER FAMILY

Sheila, Roger, Gustave, Jean-Pierre, Juan, Mario, MZB. These names have a familiar ring for all of us as those of great leaders and tireless investigators who were forever paving the way, asking the right questions, challenging the

ideas put forward, promoting innovation and improving medical care. They constitute the hall of fame of Hepatology. They taught us all and were indeed the pillars of EASL. They generated the spirit of the organisation in the concept of collaborative work, healthy competition and independence from governments, bureaucracies, and agencies, as well as from the industry. They were strong supporters too, before it came of age, of the political union, which emerged between North and South, Western and Eastern European countries, which progressively increased from 5 to 12 and then to 27 EU Member States. They have been the mentors of the new generation of leaders, which have remained true to their beliefs through the committees and many other scientific activities of EASL, producing committed editors, "entrepreneurial" secretaries, and a range of dedicated society officers.



The Translational Generation

Massimo Pinzani

Since its birth in the 1950's, Hepatology has been characterized by a multidisciplinary approach. At that time, as well as in the following decade, those desiring to practice clinically in this field of Medicine were somehow forced to integrate notions of Physiology, Biochemistry, Pathology and Pharmacology in their training as well as in their everyday work. This was most likely due to the significant discrepancy between the already sound knowledge of the functions of the liver as a complex metabolic organ and the huge lack of information, particularly in identified etiological agents and pathophysiology required to characterize clinical entities. The 'liver' label for a patient was very often restricted to end stage disease with overt complications of cirrhosis and/or liver failure.

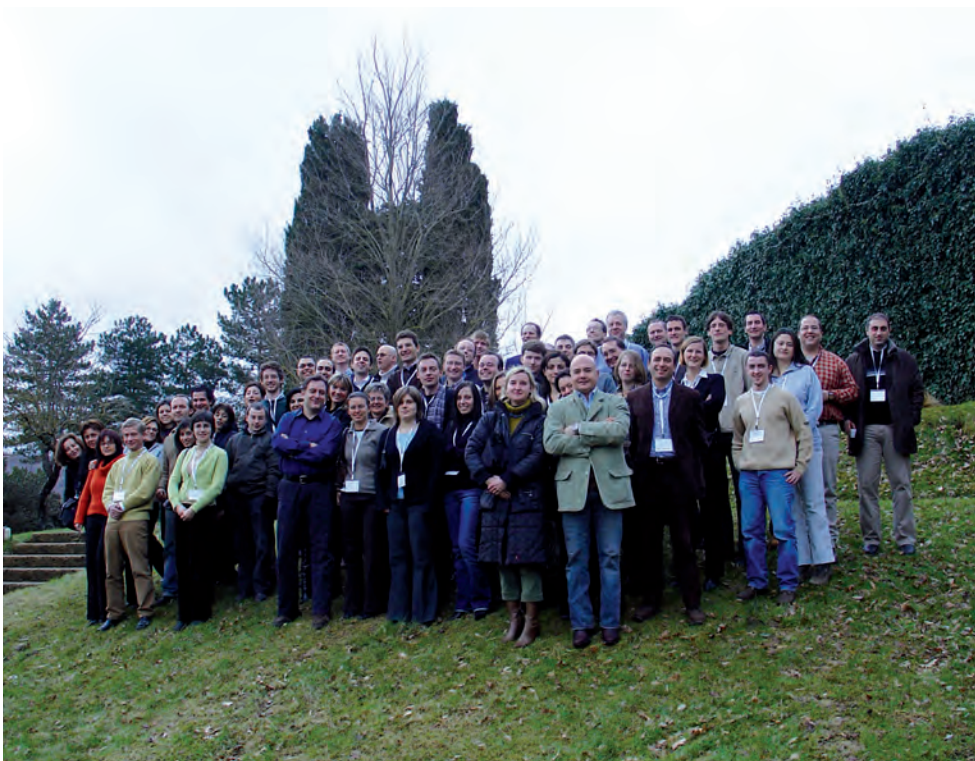
It is not surprising therefore that EASL, an organization founded and promoted by clinicians, was defined at its first meeting in April 1966 as "a loose association of physicians and scientists with an interest in liver research". I have no idea why the term "loose" was introduced in this sentence, but perhaps it is there to emphasize the conjunction "and".

In other words, it is possible that the presence of non-clinician scientists was considered indispensable for any sensible discussion on the liver, although there was no real commitment for their found inclusion within the specialty. The 1970's brought significant new areas of interest for Hepatology with an increasing need to complement and extend these advances along with the discovery of HBV, for example, with information on the molecular and cellular mechanisms of disease. This led many of those who had already decided to pursue as a career to advise their young fellows to pursue training in basic science in parallel with their clinical education.

As a consequence, the 1980's saw many young European hepatologists spending years in basic science laboratories around the world and mostly in the U.S.A. Fortunately, I was one of those. It is curious that my first perception of being European and not just Italian is associated with those unforgettable discussions, smiles and a sense of brotherhood between us, the young European "foreign legion", at the poster sessions of the AASLD meetings in Chicago. Most

of these young men and women came back to Europe and received great support from their mentors in establishing their own laboratories. In addition, by attracting co-workers they continuously extended collaboration networks. From a historical point of view, we can define this group of European hepatologists as the “translational” generation. Unfortunately, the word “translational” is frequently abused in Medicine. It is often used by clinicians wanting to show a “modern” cultural upbringing and by basic scientists seeking for funding in clinical areas, but very seldom is translation able to overcome the underlying compartmentalization. Fortunately, this was not the case for Hepatology and for EASL in particular. At the end of the 1980’s, more than twenty years after its foundation, Clinicians, Scientists and these hybrid physician/scientists having an M.D., Ph.D were attending the EASL annual meeting. Instead of making EASL less homogeneous, the translational generation

helped to break down barriers and created a real merging ground between Science and clinical Hepatology. There is no doubt that the EASL leadership throughout has understood the inner wealth and potential of this phenomenon, and, accordingly, EASL has built its present as well as past strengths on the translation from basic to clinic and vice-versa probably more than any other medical association in the area of Gastroenterology and Hepatology. In addition, when looking at the current EASL initiatives including the fellowship programs, the program of the annual meeting and those of the monothematic and special conferences, etc., it is clear that this type of vocation ‘à l’ethos’ is the true backbone of our Association. It is now important to fully appreciate how the past has contributed to the present success of EASL and the further promotion of this unique ‘translational’ quality of EASL is now expanding towards new horizons and facing new challenges.



*The first EASL school of Basic Hepatology held in Spineto (Siena, Italy) January 2006.
An example of at least two generations of translational hepatologists acting as teachers and pupils during this meeting.*



Searching for a Secretary

Jürgen Schölmerich

I believe it was in 1987. The EASL Committee was meeting in Torino with Mario Rizzetto as the General Secretary. Discussion arose about whom we should propose for election onto the committee. A person was needed who would be able take up the office of General Secretary after serving one year on the committee. We came up with the name of Juerg Reichen, a Swiss pharmacologist heavily involved in hepatic transport, which was a major topic at that time. We decided to call him to ask if he would be interested in this position. I was chosen to make the call because I spoke German. When I reached Juerg

Reichen's secretary, she told me that he was doing four weeks of military service which was mandatory for Swiss male citizens. We tried to figure out how to reach him during his military service as he was supposedly in a tent in the mountains, experiencing military life in the great outdoors. After making contact with quite a few soldiers and officers we finally got Juerg on the phone and he willingly agreed to be proposed as a member of the EASL Scientific Committee. This was probably the organisation's most unusual recruitment drive and search for a Secretary.



A female view

Maggie Bassendine

Membership of EASL has enriched my life for more than three decades covering a period of great change both scientifically and politically. My first meetings were Dusseldorf (XIV meeting, 1979) and Belgrade (XV meeting, 1980). At the time I was doing research with Howard Thomas in Sheila Sherlock's department at the Royal Free Hospital in London. I presented data on a liver cancer xenograft model and on the first nucleoside analogue, adenine arabinoside, with activity against hepatitis B virus (HBV). 1979/80 was also the time of the Cold War. Yugoslavia, although communist, was non-aligned and had a liberal travel policy so EASL members could easily attend the meeting in Belgrade, held under the patronage of the "Federal Executive Council of Yugoslavia". President Tito had died in early 1980 and it was another decade before the disintegration of Yugoslavia. Hepatitis delta had by then already been described by Mario Rizzetto who presented a paper in Belgrade on its transmission to chimpanzees.

Despite the fact that Sheila Sherlock was president of the Gothenburg meeting in 1967, women have been strikingly under-represented in EASL. Twenty seven years after EASL was founded, I became the first female member of the

Scientific Committee, nominated by the British Association for the Study of the Liver and elected in 1993 when I was 45 years old. Fortunately for me, British men proved to be more gallant than Frenchmen who, I subsequently learnt, had challenged the election of a French female Hepatologist the year before, as she would not be under 45 years old when due to start her 3 year term. It may well be that the rule to restrict the organising committee to "young blood" has been detrimental to women who may not be able to progress as competitively as men during their 30's. I had the good luck to be "visible" at the critical moment. My research in primary biliary cirrhosis was very productive in the early 1990's. I have often wondered whether I should have used my time on the committee to initiate more overt "networking" among women in EASL, similar to that in AASLD. The fact that EASL has elected only 3 women onto the Scientific Committee in 44 years is not a record that the organisation can be proud of!

When I joined the Scientific Committee, Christian Bréchet was the energetic Secretary and the six-"man" committee steered EASL through some choppy waters towards the organisation that we recognise today. The first storm was

encountered at the 29th EASL meeting in Athens (1994). Everything looked set for a wonderful meeting in Vouliagmeni. I had booked a cheap overnight flight and arrived at the hotel/congress venue around 6 am, only to discover that the hotel had no record of my booking or indeed of any of the other EASL members. It transpired that the appointed congress organisers/travel agency had gone bankrupt and our deposit money had gone into a black hole. The second storm hit in 1996 when the 31st EASL meeting was due to be held in Jerusalem, with Daniel Shouval as president. Terrorist attacks in the spring of that year raised significant concerns regarding safety and hence attendance by both members and sponsors. Escalation of the political situation meant that the meeting had finally to relocate to Geneva as graphically described by Daniel Shouval in his contribution to this volume.

Meanwhile the committee continued to move forward on a number of fronts. For the 30th EASL meeting in Copenhagen (1995) we sought the assistance, for the first time, of independent expert reviewers for each abstract category. In addition to this, abstracts were reviewed by all six members of the EASL Scientific Committee [the old way]. An analysis of these peer review strategies was submitted to the

Journal of Hepatology by Hendrick Vilstrup, but rejected! This small piece of EASL history ultimately found a home in the Danish Medical Bulletin. 1995 also saw the creation of a seven-member committee, with the new position of administrative secretary. Christian Bréchet moved into this role when Mario Mondelli took over as Secretary. This helped to ensure the necessary continuity in relationships that we were developing, notably with the European Union and Biomedical Industries. Finally, after a lot of work from the then treasurer, Wolfgang Arnold, EASL was granted charity status in 1995.

Membership of EASL for me has led not only to enduring friendships, but also to a fascinating liver-orientated journey through three decades of amazing advances in the biological sciences. I never imagined in those pre-PCR days that I would see the completion of the human genome project or that I would participate in an Australian-European collaborative genome study on why some patients with chronic HCV fail to respond to treatment. As I move towards retirement, I hope to be able to watch from the side-lines. Perhaps EASL is now mature enough to embrace a retired/senior members' section for old friends and liver researchers to keep in touch!



A personal walk down memory lane

Juan Rodés

Guten Morgen! Buenos dias, Bonjour, Good morning, Buon Giorno! Back in the early days, being a successful or 'aspiring to be successful' Hepatologist was not the only prerequisite for attending an EASL meeting; knowledge of several foreign languages was a definite advantage! Today this would be inconceivable. How could an international meeting actually work if there were no common language or simultaneous translation? The first EASL meetings were not just a hotbed of science but also had the added advantage for us that as young doctors and scientists we were able to have free language lessons thrown in at the same time. One would have thought that a vote would have been needed in order for English to become the accepted lan-

guage for EASL meetings. But this was not the case! The change came about in a subliminal way with Jean-Pierre Benhamou taking the lead by turning up at the annual meeting in 1970 and presenting his centre's papers in English - a scene wonderfully described by Johan Fevery earlier in this volume.

My memory takes me back to these early meetings when we were a humble body, small in number, but not in spirit!, of Europeans meeting together in a single hall. This meant that all the delegates had to listen to all the abstracts presented whether clinical or basic research papers -laying down the foundation stones for the translational research of today. These meetings were science for science sake - nothing

more, nothing less; Science – ni plus, ni moins; Ciencia – ni mas, ni menos; Scienza - né pi, ne meno; Wissenschaft nicht mehr nicht weniger! We were not in the business of building relationships with industry as the latter was not yet involved, or on the verge of becoming involved. Although saying this, I cannot fail to mention one very important figure at our meetings who became so involved and supportive of the developing educational activities of EASL, namely Herbert Falk of FALK Pharma and the FALK Foundation.

If my memory serves me correctly, the first time a meeting was held outside a major city was the one at Castelldefells, Barcelona in 1975. At the dinner, which was the one social event of the meeting, we had a conjurer to entertain us, who neatly managed to secrete away Hans Popper's glasses without him noticing!

These were then returned to the rightful owner at the end of the show, much to the amusement of everyone there, including Hans himself. Another particularly memorable meeting for me took place in a picturesque Norwegian town in the Alps about 200 km from Oslo, called Hemsedal. The meeting venue was a gymnasium or basketball hall with the lines of the courts marked out. We sat on fold-up chairs looking at a screen, trying not to think of the outside temperature and the ever-pervading smell of fish! Although we were not in same league as the heart or lung investigators in terms of size, our meetings were a hive of innovation, activity and action. Limiting the maximum number of abstracts presented to 36 meant hard work for the Selection Committee but ensured that only the best finally made it to the program (about 15 -20% of all submitted). As referred to by others in their accounts of the early days, the stipulation that no-one on the committee was older than 45 meant that young blood and new ideas kept coming up through the ranks.

In my view, a great leap forward came with the introduction of the Postgraduate course, which took place at the next Spanish held meeting in Palma de Mallorca in 1991. This coincided with the release of Interferon onto the market and paved the way for pharmaceutical company support for the meetings. Another major factor, which contributed

to the success of the EASL meetings, was the agreement that non-European countries, mainly the US, could present their research papers for selection. My memory fails me as to the exact year in which this happened, but this was of tremendous importance to us as European scientists for

it meant that those from the other side of the water were hearing our science. From that day on, our society had worldwide recognition. One result of the forging of contacts and friendships during EASL meetings is represented by the three editions to date of the encyclopedic tome 'The Textbook of Hepatology'. It was back in 1989, at the EASL meeting in Munich, that Neil McIntyre, Jean-Pierre Benhamou, Mario Rizzetto, Hans Bircher and myself got together and decided the time was right to publish a book which would encompass both basic and clinical Hepatology. The meet-

ing to compile the second edition took place at my country house in a tiny village 100 km south of Barcelona.

For me personally, one of the most important changes in the society over the years followed on from the view of Adrian Eddleston, when he was EASL Secretary in 1983, and the committee decided that the society needed its own publication platform. Thus the Journal of Hepatology was born. Sheila Sherlock was nominated to be the first Editor-in-Chief and she in turn selected Rudi Preisig and me to be her Associate Editors. Rather appropriately, we set out the contents of the first issues during the AASLD meeting in Chicago! This move did not go unnoticed by our American colleagues at Hepatology but we were convinced that we were now able to compete with them. Looking back, I sometimes wonder how we actually compiled the issues considering the technology available to us at the time (no fax machines, no computers, no internet and no email)! We firmly believed that the success of the society and the journal were inextricably linked.

EASL has always fostered a real community feeling, which still exists to this day even though that community has widened to encompass members worldwide. As young scientists, the society not only gave us the platform we needed to get our research heard, but helped us to develop our ideas,



Herbert Falk, 1920-2008

which we could take back and develop in our institutions. Hepatology as a specialty did not officially exist and there were no real 'centres' or institutions of Hepatology the way there are today. Their formation and that of EASL happened because of a group of very dynamic and charismatic people from various European countries working in the field at that time, notably Shelia Sherlock from the Royal Free in London, Roger Williams based at Kings College in London, Jean-Pierre Benhamou from Clichy, Paris, Karl H Meyer zum Büchensfelde in Berlin, Gustav Paumgartner in Munich, Niels Tygstrup from Copenhagen, Rudi Preisig from Berne, Paolo Gentilini from Firenze, Remo Naccarato, Padua and

Stephanos Hadziyannis from Athens, Valeer Desmet and Jan De Groote from Leuven, not forgetting, of course, Dr Adolf Martini from Marburg in Germany, the founding President of EASL. For us here in Spain, the influence of these people and of EASL was enormous. At that time, Spain was coming out of a dictatorship and medical science and research was practically nil. We were helped in structuring what were the current liver units in southern Europe. The same could be said for many other countries. Accustomed as we now are to our National Societies, these did not exist before, and the basis for their creation came from our experience through EASL's activities. THANK YOU EASL!



Formidable stimulus to Clinical Hepatology and Research

Vicente Arroyo

The clinical and research activities of most European Hepatologists in the 1970's-1980's were highly influenced by the annual meetings of EASL. At that time there were no pharmaceutical companies producing specific drugs for liver patients and very few or no grants from public research agencies were available. Most people attending EASL meetings had to pay their own travel expenses, hotel accommodation and registration. Considering how low hospital salaries were in most European countries, for a long time the EASL meeting represented their only window to modern Clinical Hepatology and research.

The first meeting I attended was in London in 1971. By then the presentations were entirely in English. Jean-Pierre Benhamou's group was undoubtedly the star of that 1971 meeting. Of the 34 papers in the general session, 7 were from their Unit, and the quality of the studies was excellent. The paper I was most impressed with was an experimental study in which they produced acute liver failure in rats with and without a bowel resection, and demonstrated identical neurological manifestations showing that hepatic coma was unrelated to intestinal ammonia production. Roger Williams was at that time chief of liver work at King's and subsequently went to Paris to learn more about the liver service and research Unit at Hôpital Beaujon. Roger told

me on several occasions that he was so impressed by the fact that the Unit had pathology, haemodynamic investigations and research laboratories alongside a liver ward and intensive care unit that he decided to organize the Liver Unit at King's along similar lines. I was research fellow at King's between 1972 and 1974, and at Barcelona, we went on to copy King's organization. Having three of the largest European Liver Units based on a similar structure and philosophy has been important for the development of Clinical Hepatology within Europe.

Of many personal anecdotes concerning EASL meetings, perhaps the most notable for me was in 1989, when I presented the first randomised controlled trial demonstrating that repeated large volume paracentesis accompanied by i.v. albumin infusion was a rapid, effective and safe therapy for ascites in cirrhosis with lesser complications than diuretic therapy. Therapeutic paracentesis had been abandoned in the early 1950's, concomitantly with the introduction of frusemide and spironolactone, mainly due to a seminal article by Hecker and Sherlock published in The Lancet showing that most instances of the hepatorenal syndromes and circulatory dysfunction were closely related in time to a paracentesis. Dame Sherlock asked, in her usual combative manner, if I would sleep peacefully follow-

ing my presentation. In fact, I slept very happily!

The first EASL meeting in Spain was held in 1975 in a small village near Barcelona (Castelldefels). The second in 1991 was in Palma de Mallorca in a beautiful venue on the seafont. At that time the number of attendees at the annual meeting was usually around 500 but we estimated to have 700-800 due to the popularity of Mallorca. Forty percent of the cost was covered by the registration fees and the rest by the sponsorship mainly from Schering-Plough and Wellcome who had released Interferons on to the market some 6 months earlier. By the end of August, the number of registrations had risen to 1,400 with 1,800 actually attending the meeting. For every attendee over 800 EASL would have actually lost money. Fortunately, after stringent negotiations, the pharmaceutical companies agreed to increase their sponsorship so that the meeting would generate some profit for EASL. This example illustrates EASL's hand-to-mouth existence until quite recently. The work done by Andy Burroughs and Jordi Bruix at the beginning of the year 2000 in setting up a permanent office with a professional company to organise the meetings has been essential in the society's development in recent years.

Now, EASL can face-up to new and important challenges in a rapid expansion phase. The Journal of Hepatology, the official organ of the association, has to level with or, even better, and go beyond Hepatology in terms of impact factor. Hard work is required in order for Hepatology to be officially recognised as a specialty by the European nations. The relationship between EASL and the various national associations for Hepatology and Gastroenterology in Europe, and the number of subscribing members of EASL need to be increased. The consensus elaboration of diagnostic and therapeutic guidelines is an important activity for EASL, which also needs to stimulate research by promoting or endorsing multicentre groups to investigate important areas of Clinical Hepatology. The recent creation of the EASL-Chronic Liver Failure Consortium is a clear example of this policy. Better incorporation of sister associations into the work of EASL (European Liver and Intestine Transplant Association, International Liver Cancer Association, European Society for Biomedical Research on Alcoholism, International Society for Hepatic Encephalopathy and Nitrogen Metabolism and Liver Intensive Care Group of Europe) poses yet another significant challenge.



A personal tribute

Michael Manns

Since 1978, I have been a regular attendee of the annual meetings of EASL, long before official membership was established. My first meeting was the one in Padua, Italy, held in September 1978. I was very proud to give one of the 18 presentations for the general session selected out of 300 abstracts submitted. The President of the session was Adrian Eddleston, London. During my 32-year relationship with EASL, I have only missed three of the annual meetings. EASL events that I particularly remember include my first meeting in Padua attended by approximately 300 delegates and held in university lecture halls, the 1983 meeting in Southampton with a spectacular dinner at Eaglehurst, Roger William's Summer House, and the 1991 meeting in Palma de Mallorca under the presidency

of Juan Rodés, which shifted EASL to another level with more than 1000 delegates. I have seen EASL grow from a small scientific community to a major international liver meeting with satellite symposia, industrial sponsorships and travel bursaries. It is now attracting the first presentations of major phase I – III drug development clinical trials and reaching heights of scientific excellence and structured capability on a par with the annual meeting of the American Association for the Studies of the Liver (AASLD). From 1992 to 1994 I had the privilege to serve as member of the EASL Scientific Committee, first with Peter Jansen from Amsterdam as Secretary followed by Christian Bréchet. Pere Gines, Spain, Niels Vilstrup, Denmark, Maggie Bassendine, UK, Jesus Prieto, Spain and Nikolai Naumov,

Bulgaria, were all committee members at that time and this list is by no means complete. As a member of the Scientific Committee from 1992 to 1994, I also remember the intense discussions that took place over moving the annual meeting from the autumn to the spring in order to escape the influence of AASLD's annual meeting and that of the United European Gastroenterology Week (UEGW).

I have also lived through years of tremendous academic European leadership in Hepatology with personalities like Sheila Sherlock, Jean-Pierre Benhamou, Roger Williams, Karl-Hermann Meyer zum Büschenfelde, Gustav Paumgartner, Niels Tygstrup, Valeer Desmet – to name but a few. The challenge for the future, and this has been a major topic of discussion for the past 10 to 15 years, is to ensure that EASL is not just a major viral hepatitis meeting but the leading society for basic and clinical research in the pathophysiology of the liver and its diseases, covering all disciplines and facets of Hepatology.

Over the past 32 years, I have also had the privilege and pleasure to see liver transplantation become a strong therapeutic arm of Hepatology with European surgical pioneers like Roy Calne, Henry Bismuth and Rudolf Pichlmayer - to name but a few. Although liver transplant surgeons in Europe now have their own society – ESOT - with annual meetings sometimes clashing with EASL, in recent years we have seen liver transplantation gaining in impact and coverage within EASL and its annual meeting. The lifting of the iron curtain was another important milestone for EASL. The time I served on the Scientific Committee, saw Eastern European countries joining EASL although the first annual meeting of EASL held in Eastern Europe in fact took place as early as 1980 in Belgrade, Yugoslavia. Ten years were to elapse before the second annual meeting in Eastern Europe was held in Budapest 1990 under the presidency of Professor Feher. In recent years I have seen EASL becom-

ing more and more attractive to delegates from all over the globe, e.g. North America, Latin America and Asia. In my opinion, the newly established organisational structure of EASL was essential although at times it seems too professional for me personally. The next steps include a greater focus on facilitating collaborative research within Europe by helping members of EASL to successfully apply for European grants and in playing a major role in phase I, II or III clinical drug development. Even more important is the help that EASL can give to centres throughout Europe in applying new technologies to the treatment of liver diseases, such as gene and cell therapy. Hepatology should be second only to innovative Haematology in the development and application of new technologies. It is also important for EASL and its members to support efforts to put Hepatology in pole position within the universities. The current, very heterogeneous organisational structure of the specialty within Europe is undoubtedly a handicap. In some countries, Hepatology is a separate discipline with its own department while in others it is part of Gastroenterology or Internal Medicine. Hepatologists may be responsible for outpatient liver clinics in some institutions without any responsibility for procedures such as endoscopy, liver biopsy or ultrasound. The management of hepatocellular carcinoma may fall on Hepatologists in some places but not in others. Today, more so than ever before, EASL needs to facilitate the exchange and education of young scientists and to light their intellectual fire. Only if we attract the best of the younger generation and if Hepatologists, whatever their special interests, become academic leaders in their respective universities will Hepatology grow and strengthen its position in the longer term.

Last but not least, I was a proud recipient of the EASL recognition award in 2007.



From Jerusalem to Geneva: the untold story

Daniel Shouval

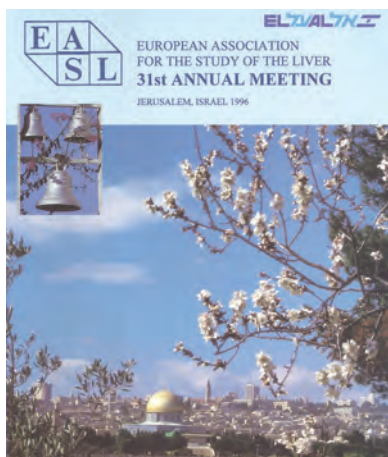
My first encounter with EASL was in 1983 following my return from a post doctoral fellowship in the USA. I attended the annual EASL meeting in Southampton in the UK. This was an unforgettable scientific and social experience with the meeting's dinner event being held in a huge tent erected on the lawn of Roger William's estate near the sea. Impressed by the meeting format and the quality of the scientific discussions, I reached the decision to strengthen my interaction with European investigators - a decision supported by Sheila Sherlock and Hans Popper who, during a lunch gathering at the 1984 EASL meeting in Bern, encouraged me to apply for corresponding EASL membership despite the fact that, geographically, Israel is not located on the European continent. In the years to follow, my colleagues at the Israel Association for the Study of the Liver (IASLD) and myself steadily increased our involvement in the EASL annual meetings, presenting our data in plenary sessions, symposia and posters. As a result, the IASLD decided to apply to the Scientific Committee to choose Jerusalem as a venue for one of EASL's annual meetings. After much deliberation and an inspection visit by the EASL Secretary to Jerusalem, the Scientific Committee with the encouragement of Peter Jansen, Christian Bréchet and Mario Mondelli, accepted our proposal which was confirmed at the annual Business Meeting in Paris in 1993. Excited by the approval of our bid, we returned home and initiated the challenging task to organise an EASL congress. At that time, EASL did not have a professional company to organise its meetings and with annual meetings taking place in different countries each year, the local organising committees had to reinvent the wheel (plans and preparations) each year. The first two years of preparations for the 1996 meeting in Jerusalem were encouraging. We received approval

from the EASL Secretary to hire a professional congress organiser and Kenes was finally selected after interviewing a number of applicants. Fundraising from the pharmaceutical industry and the organising of satellite symposia went well and by January 1996 all preparations were proceeding according to schedule. Deposits were made for hiring the congress centre chosen for the venue, hotel rooms were booked for delegates and contracts were signed with artists selected to perform at the various social events. The number of registrations increased steadily following the release of the meeting's second announcement. All seemed

in place until the day a bomb exploded in a bus in the city of Jerusalem killing innocent civilians. Between January and April, three more such attacks occurred in Israel. Needless to say that after each incident, members of the EASL Scientific Committee as well as the local organising committee in Israel had many sleepless nights asking ourselves if we should still continue with our original plans or try and move the meeting elsewhere.

To make things harder, we received a number of calls from pharmaceutical companies,

mainly from the US, who informed us that they were discussing withdrawal of their support if the meeting was not moved elsewhere. We contacted Kenes asking them to search for a back-up venue in Europe but this turned out to be an almost impossible task since most potential venues and hotel rooms in Sweden, Austria, Denmark, Germany and France were already booked for the designated date of our meeting. Fortunately, Kenes was finally able to secure a venue at Expo in Geneva and the next phase of that logistic nightmare was to find over 1000 hotel rooms in the city at very short notice. We also had no idea if those colleagues who were registered for the Jerusalem meeting would agree to travel to Geneva. Nevertheless, the switch from



Jerusalem to Geneva went very smoothly except for one episode. About two weeks before the meeting I received a phone call from the director of the Intercontinental Hotel in Geneva. This hotel was chosen as the EASL headquarters and rooms were reserved there for all invited speakers and faculty. The Hotel Director started the conversation with an apology to the effect that he was very sorry to contact me at this late stage but he had to cancel our room reservations for the meeting. One of the hotel's most important clients, a wealthy Sheikh from one of the Emirates who was having a wedding party for his daughter, had insisted on reserving another 80 rooms for his guests on exactly the same dates as the EASL meeting. My reaction was one of total silence. The Hotel Director continued by saying that the Sheikh had made an offer that EASL could not refuse, namely that he was ready to cover the booking of all EASL's guests in another hotel in Geneva. To cut a long and stressful story short, we decided to reject this generous offer and advised the Sheikh to accommodate his guests at another hotel and

so it was. Incidentally, the wedding party took place at the Intercontinental Hotel on the same evening as our Gala dinner - a happy ending to the story.

Thanks to the hospitality of our Swiss colleagues and the hard work of the organisers, EASL's 31st annual meeting turned out to be a great success with over 1200 regular participants and several hundred others coming from 48 countries worldwide. The experience gained convinced EASL to have a professional congress organiser for all future meetings - a decision that paid off when in 2003, EASL had to repeat the earlier ordeal and move its meeting from Istanbul to Geneva during the Gulf War. Needless to say, the turn of events in 1996 brought great disappointment to the members of the Israeli Association for the Study of the Liver and the organising committee. Yet, we all took great pride in the fact that, in the end, the meeting in Geneva was a great success and we remain hopeful that one day, political situation permitting, we will be able to host an EASL meeting in Israel.





New directions for EASL



An Imperial meeting in April 1997

Howard Thomas

I was very pleased at the invitation to be meeting President in 1997 and to organise the 32nd EASL meeting at Imperial College, London. It marked EASL's move back to spring-time meetings so as to avoid unnecessary competition with AASLD. By holding these two major meetings six months apart, it was believed that more data would be available for each meeting. The new timing also gave Hepatologists the choice of attending EASL's specialist Hepatology meeting or the American DDW in the spring and either the AASLD meeting or the European Digestive Diseases Week in the autumn.

The London meeting opened on Wednesday with the President's Pre-meeting on 'Immunology for the Hepatologist' at the Westminster Methodist Central Hall. This was followed by a concert in Westminster Abbey at which Martin Neary, the Abbey Choir Master, conducted choristers and soloists with the English Chamber Orchestra. The program included Zadok The Priest, the Coronation Anthem: the King Shall Rejoice and the Coronation Mass, all selected to take advantage of the historical setting of the Abbey where British Monarchs are crowned. This was followed by a reception at Westminster School. On Thursday, the meeting proper was opened by the Principal

of Imperial College, Professor Christopher Edwards in Imperial's Great Hall and ran through to the Saturday evening. EASL had always endeavoured to hold a well-balanced meeting, ensuring that viral hepatitis was not given preferential treatment and that other clinical areas and research fields received due attention. In 1997, the evaluation of lamivudine, the first anti-viral, active substance against chronic hepatitis B, was nearing completion in phase 3 studies. The manufacturer, GlaxoSmithKline, was anxious

to present new data to the Hepatology world as were the two interferon-producing companies, Roche and Schering Plough. This gave EASL an excellent level of sponsorship. In order not to disrupt other elements of the meeting, delicate negotiations led to the drafting of a plan that allowed the sponsoring companies to arrange evening symposia in line with the official meeting agenda.

One benefit of the sponsorship was the spectacular EASL dinner held in

the Hall of the Dinosaurs in the British Museum. Here society members rubbed shoulders or rather metatarsals with the appropriately illuminated gigantic dinosaur skeletons and enjoyed the 'Imperial' music provided by the Band of the Household Cavalry.



04



Preparing for the Future [1998-1999]

Andy Burroughs

I was honoured when asked to become a Scientific Committee member in 1996. My chief then was Professor Neil McIntyre who, like Professor Dame Sheila Sherlock, also greatly encouraged my involvement with EASL. After this, I was nominated to the post of Secretary for 1998/1999 and then Administrative Secretary for 2000/2001 when Professor Dettel Schuppan was Secretary, followed by Professor Jordi Bruix. All the time I was Secretary our vision for EASL was for growth and scientific improvement to match AASLD. How were we going to do it? We had less than 100,000\$ in the EASL account, roughly the amount of profit acquired each year from the EASL annual meeting after “splitting” profits with the local national society that organised the meetings. In my term, these were in Lisbon 1998 (Secretary Professor Carneiro De Moura) and Naples 1999 (Professor Antonio Ascione).

We held committee meetings at the Necker Hospital in Paris, courtesy of Professor Christian Bréchet, whose academic affairs secretary, Isabelle Porteret, was also the part-time EASL Secretary. She was brilliant, holding all the records and essentially running the EASL Liaison Office single-handed. The Committee members stayed in a small hotel opposite, spartan, functional and within walking distance of the room in Professor Bréchet’s department which he put at our disposal for the weekend meetings.

In 1999, the EASL Scientific Committee interviewed 3 companies to act as a Professional Congress Organiser [PCO]. We appointed Kenes, at no cost [we did not have the money!] for a specific period under contract, to run the EASL meetings with effect from the Berlin meeting when previous contracts expired. Our choice was vindicated many times over. Mrs Nora Slutzky was the Kenes liaison person whom I know took a shine to EASL and injected great verve, dedication and professionalism. The jump in quality in terms of the organisational aspects of the annual meeting was tremendous and abstract submission and handling was no longer a nightmare - remember the trouble of trying to get the abstract into the box on the paper form?

The preparation for changing from a locally organised meeting, with scientific content planned by the EASL Scientific Committee and with a different venue each year to

centralised planning and executive functions from the EASL Scientific Committee and PCO, with a selective rotation of venues was laid down in 1998-9. The EASL bylaws were changed – this was a necessary bureaucratic procedure as the agreement of the membership could only be sought [and voted on] at the Annual General Meeting. This was achieved with some careful politics including for the first time, the possibility to vote by post, which was not in the bylaws until that time. We had to ensure that all monies came to EASL and the work of Professor Helmer Ring-Larsen as Treasurer was crucial in this change. What is my fondest memory of working for EASL? It was meeting up with my fellow committee members and Treasurer, selecting abstracts and planning the meetings, with lots of laughs, jokes, coffee and then a brilliant meal in the local restaurant. The overriding feeling was of a very close, collaborative group with the interests of EASL firmly at heart. No stipend just our time, collective skills and intelligence and a vision that the talents of Hepatologists within EASL needed to be brought forward for Europe and not just shown at AASLD.

The job of Secretary as I saw it was to be a facilitator for what the members corporately wanted to do. We needed money to build the Society. We were fortunate to be able to continue the work Professor Mario Mondelli had started, namely biomedical industry and financial sponsorship for EASL coupled with the appointment of Kenes, to provide a solid organisational and financial platform on which EASL could grow. Lastly, I returned to the EASL Committee, by then the EASL Governing Board, when it met in Paris in 2007 wearing my “transplant hat” as an ELITA Council Member. I suggested to Jean-Michel Pawlotsky and to Board Members that EASL must reflect its increasing international outlook by trade marking itself as “The International Liver Meeting” to better define its nature and to rival AASLD. I am glad the suggestion was taken up albeit with a change of meetings to Conference. In fact, EASL now complements AASLD and this is reflected by many more attendees from the US. The vision of the 1998-1999 Committee building on the dedication of its predecessors along with the hard work of its successors has allowed EASL to make remarkable progress within a decade.



Thrills, Challenges and Achievements

Jordi Bruix

My experience as EASL member, and for some time, as EASL Secretary is one of the highlights of my career. The 1st EASL meeting I attended was in Southampton in 1983 and as a young fellow I was struck by the friendly, but competitive atmosphere. We were housed in the student dorms which allowed us to share space with highly respected professors and see their human side. I gave my first talk there in English: a 3-minute poster presentation. I certainly learned not to faint while on stage despite the stress: the only two questions I received came from Sheila Sherlock and Roger Williams! I do not remember if I answered, but when relaxing later, I had a remarkable learning experience: Adrian L. Eddlestone, EASL Secretary, and my mentor, Jaime Bosch, led me into a late night conversation about research and professional expectations. I was amazed by their open approach and by their capacity to stay awake after several drinks! I never expected to become EASL Secretary, but when this happened, I had already learned that most productive engagements and projects are the result of "afterhours" activity, especially at EASL meetings.

Through the years, I also learned that the key to EASL's success was its defining position as an association of individuals with a major commitment to the involvement of younger persons. An essential element too is a leadership that is relentlessly interested in paving the way for further development, rather than in the celebration of past success and honours. The age limitation for committee members guaranteed that this would be the case, but this philosophy was challenged when EASL grew significantly in annual meeting attendances, and budget operations... Senior members were not sure if such "big business" could be properly managed by "youngsters", a concern influenced by the fact that the definition of youth or seniority changes as one grows older. These concerns were raised at a time when EASL was in transition from an era when annual meetings were organised and managed financially by a local committee to 2003 when these became the responsibility of a central EASL office in partnership with a professional management company. This move was crucial in making EASL a powerful scientific entity with control of its own fi-

nances and, more importantly, an entity that could define strategic developments. At the same time, it was important for EASL to restate its definition as an association of individuals as opposed to a federation of affiliated entities in different countries. This would have transferred the driving forces of EASL in research and individual achievement, into a political and administrative consortium with little flexibility and ability to foster progress.

My immediate predecessors, Andy Burroughs and Detlef Schuppan, together with their committee members had designed and carried through major administrative changes. Thus, at the time of my nomination, the responsibility and tasks of the EASL Secretary were subject to major scrutiny. I was fortunate to have the full support of the committee members in establishing new directions, and the valuable help of Nora Slutzky as Association Manager who, as a result of the contract with Kenes took over the central office (until then run by Isabelle Porteret as the EASL Liaison Bureau). Right from the start, it was clear that EASL's finances would not grow sufficiently until new additional money could be brought in to strengthen the central organisation. After struggling with budgetary issues (in my first year as Secretary we could not renew the EASL fellowship for a second year because of lack of funds), we began planning possible directions for EASL by which the finances could be secured.

It was quickly recognised that the partnership with the Biomedical Industry needed to be improved so that EASL could benefit from major unrestricted educational grants. We successfully obtained such support, and EASL immediately grew beyond its annual meeting through educational activities outside the annual event. This, in turn, meant that the work of the Educational Committee had to be brought in line with the general direction of the organisation. After a short transition period, the first two Education Councillors (Oliver James and Jurg Reichen) became totally involved in the activities of the governing EASL Scientific Committee. This move provided the impetus for a change in the planning of the Postgraduate Course and was the seed in developing proposals including Consensus or Monothe-

matic Conferences, workshops under EASL's responsibility or sponsorship/endorsements. More importantly, it primed the creation of the EASL School of Hepatology, first held at the University Hospital of Geneva in 2003. The school serves to promote knowledge in both clinical and scientific aspects of Hepatology and attracts a wide range of doctors and scientists interested in liver disorders. Even more importantly, it serves to incorporate "youngsters" with ambition into our Association. At the same time, new definitions and categories were created for both short- and long-term EASL fellowships, aiming to stimulate the mobility of fellows around Europe as well as ensuring research and training objectives.

All these endeavours for moving ahead had to wait for formal ratification at the 2003 annual meeting. This was to take place in Istanbul and was the last meeting to have a local organising committee (directed by Nurdan Tözün). The selection of Istanbul as host city was an acknowledgement of the efforts of EASL members working in Turkey, and a demonstration that the Association was not limiting itself in its involvement of allied countries. Attendance from Eastern Europe, the Middle East, Asia and America had grown significantly. But, unforeseen happenings are never easy to predict. Stability in the Middle East was being increasingly threatened and the Bush administration was moving with all the pace of modern day life to take action against Iraq. The anxiety continued for months and my professional interest was divided between the latest findings on liver cancer, and international politics. Committee members were almost unanimously convinced that the invasion of Iraq would happen and I cannot recall just how many phone conversations and meetings we had to decide if the meeting could take place as scheduled or if it should be moved elsewhere. Some EASL members were of the opinion that the war would last for just one week and would be over by the time of the meeting which shows that personal opinions do not have scientific strength! Others stated that EASL should never have agreed to go to Istanbul in the first place, which shows that heavily opinionated members do not always attend the Business Meetings where such matters are fully debated and all options voted on. Finally, some of the expected speakers began to cancel, which shows that, despite a major commitment towards EASL, they nevertheless took the same stance as the rest of the popula-

tion who considered Istanbul to be less than safe at the time. Surprisingly, these discussions neglected the financial implications of cancelling the meeting if war did not break out. Thus, to minimise potential damage, and after agreements with the biomedical industry and the local organising committee, the meeting was moved to Geneva and held in early July. Despite the difficulties, the meeting was unanimously described as being highly successful because of its scientific content and impressive attendance. Moreover, the final revenue accrued exceeded that of the meeting held a year before in Madrid.



After this excitement, no further major unexpected events occurred and EASL continued to grow steadily in terms of scientific strength and financial prospects. The latter eased the burden on Helmer Ring-Larsen, long-time EASL Treasurer, and allowed EASL to offer free places for its members at the Paris meeting in 2005. There, I happily ended my term of office and handed the reins over to Massimo Levvero. EASL had become better structured and more effective in just a few years. Finally, the contract with Kenes was revised to allow the central office to be fully under EASL's control. The willingness of the committee to implement healthy competition is best exemplified by the process initiated for the selection of the Editor of the Journal of Hepatology. Instead of EASL asking a relevant member to become Editor, the position was open to applications from any team with imaginative and well thought-out proposals. This resulted in the election of Massimo Colombo together with Mario Mondelli and Roberto di Franchis as Co-Editors,

and set the stage for the equally competitive recent appointment that selected Didier Samuel, Chris Day and Peter Galle to take over in 2010. As I said at the beginning, I was honoured to serve as Secretary, and the memories and friends gained during those years will last. Teaming up with colleagues is a highly rewarding responsibility. The key to

success has always been helping and promoting EASL and its members in their professional endeavours without functioning like the CEO of a business corporation. Financial assurance is naturally important, but priority must always be given to maintaining the original scientific, competitive and youthful EASL spirit.



EASL Governing Board, 2004



Ten years as Treasurer of EASL in changing times

Helmer Ring-Larsen

Initially the financial transactions of EASL were handled by the Secretary of the Society. However, as the Society grew with more money coming in and going out, the need for a Treasurer became obvious. This was instituted in 1989, the first Treasurer being Professor Wolfgang Arnold from Bremen, Germany, who served for two terms. At the time, it was also decided to reimburse younger participants at the annual meeting, and in those early days the Treasurer to-

gether with his wife, Sylveli, travelled to the annual meeting with a small bag full of cash, which was then generously distributed to the participants entitled to travel reimbursements, etc.

The Treasurer is elected at the Business Meeting. He/she serves for five years and may be re-elected once. There is no age limit. The Treasurer is a member of the Governing Board, but has no vote. The term of five or perhaps ten

years ensures continuity in the handling of the finances. Being "one of the old guys" of the society he/she can also recall EASL history and assist in general policy direction issues.

I have always been very interested in EASL and have served on the Scientific Committee, as Secretary and later as Educational Counsellor, but it had never crossed my mind that I would one day take on the job as Treasurer. Good friends within the society coaxed me into that! I started as the Treasurer after the annual meeting in Lisbon 1998. For the next two years at the Napoli (1999) and Rotterdam (2000) meetings, EASL still had to share the income from the meeting fifty-fifty with the local organising committee, which was not always so easy to agree upon. The appointment of Kenes as International Professional Congress Organiser in 2001 marked a change for the better in financial terms as the firm was very professional in getting sponsorship for the annual meeting, selling exhibition space and so on. At the same time the Scientific Committee successfully embarked on getting better sponsorship agreements for the Society from the pharmaceutical industry. The offer of Kenes International to run a central office in Geneva was a great help in getting the Society better organized as well as making financial matters easier to handle for the Treasurer.

The growth of EASL is plain to see from the tables showing the 1999 and 2008 accounts, with total assets increasing from €243.907 to €10.361.786. The figures show that EASL's income has increased over the years, and that expenses have not risen at the same rate. Despite the increasing number of activities, the Society was steadily able to build up funds, especially during the last six years of my office. The strategy of the Scientific Committee and later the Governing Board has always been to increase scientific and educational activities, but at the same time consolidate the Society's financial position – good times do not last forever. A longer term objective of the Governing Board was to take over the EASL central office in order to split congress organisation and EASL administration and, at the same time, to reduce fees payable to Kenes International. We believed that this could become a reality when our capital reserve including equities was around 10-12 million Euros. This goal was achieved in 2008 and by January 2009, the new independent EASL office was started on a

solid financial foundation.

In 2004, the Scientific Committee decided to make the Association's money 'work' and to securely invest the revenue of the annual meeting each year in order to ensure that EASL had sufficient funding to be able to continue its activities if other sources of income were to diminish. This called for a great deal of preparation. EASL's capital in reality belongs to the members; how much risk could you allow the Society to take and what were the restrictions on investing for a non-profit-making organisation registered in Switzerland? These problems were thoroughly investigated and discussed with our solicitors in Zurich as well as with external Swiss financial advisors. In 2005 an investment plan was finally ready and the plan was approved at the EASL Business Meeting during the 2006 annual meeting in Vienna. After the Governing Board had met with several investment companies, the advice of two independent financial advisors was taken on board, namely to invest through the different firms, Credit Suisse in Switzerland and Phoenix Trust in Germany in order to compare performance over forthcoming years. It was decided to invest in very low risk shares, essentially bonds and only 10-15 % in "safe" stocks. After a few years it became quite evident that Credit Suisse was performing more efficiently and more safely.

The tables also show the source of EASL's income and its expenses. The accounts of the publishing company, Elsevier, have been a nightmare for the Treasurer. The first set of yearly accounts produced by them was rarely correct and always difficult to interpret. The profit share was dubious and the money was never transferred on time according to the contract. We therefore appointed a firm of publishing consultants to help draw up the new contract with Elsevier in an attempt to improve accounting transparency. This has already proved to be a wise investment. One of the tasks of the Treasurer is also to approve expenses and ensure that they are not getting out of hand. This is not always easy and one example is the cost of press activities and public relations in 2008, which exceeded our wildest estimate.

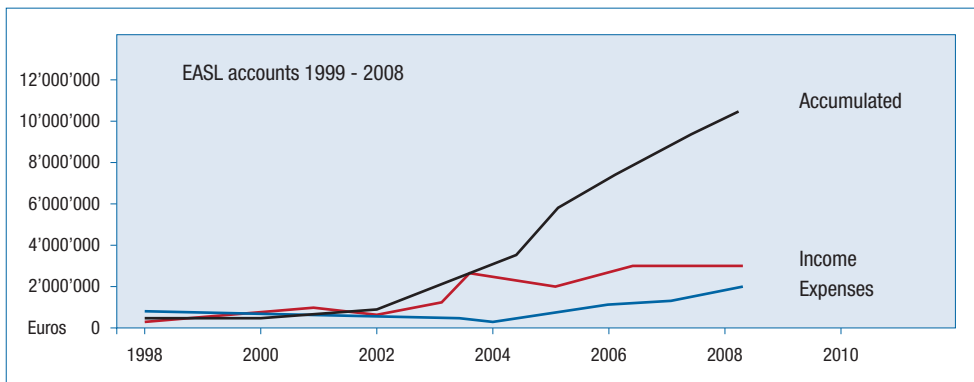
Over the years, EASL has banked with Credit Suisse located in Geneva. Many meetings with them have been necessary to ensure acceptable interest rates and limited fees. Dealing with bankers is an eternal struggle. The Treasurer has

had great support from Laetitia Bru in the office and two financial advisors, Martin Wiedmann and Alexandre Kahla. Credit Suisse is a very conservative bank. The Treasurer has had to sharpen up his knowledge of French since all bank statements are generated in this language despite repeated promises to switch to English. Another of the Treasurer's tasks has been to secure appropriate auditing of the accounts. This was beset with problems since EASL appointed the firm that audited for Kenes International, with limited insight into non-profit-making organisations. A change was necessary and I'm pleased to write successful. The long-term aim of the Governing Board during my term of office has been to have an investment fund of around 10 million € and its own premises to accommodate our central office. It was estimated that a 10 million € investment would give EASL a yearly revenue of about 400.000 €. This would allow EASL to establish its own office, which, in turn, could take over the management of all of EASL's daily busi-

ness operations including the Journal of Hepatology. If the revenues of EASL remained stable, it was estimated that the goal could be achieved by 2012. However, the global financial situation has not remained stable. We do not own our own office yet and are still renting. There are two more years to go but the goal is still within reach.

Although the global financial crisis did hit EASL during the last years of my office, the loss of income during 2008, as shown in the table, was mainly due to a lower investment return amounting to one million €. Hopefully there will be some recovery as the recession lifts but, with all the volatility of the financial markets, you can never be sure. Moreover, the support from the pharmaceutical industry may not be so easily accessible in the future due to government regulations. The job of Treasurer at EASL may not be a bed of roses in the years to come!

As I look back, the ten years that I had the privilege to serve as Treasurer can only be described as challenging.



EASL Accounts 1999

EASL ACCOUNTS 1999	CREDIT EUR	DEBIT EUR
Balance 1998	689.269.–	
EASL membership fee '99	27.829.–	
Return Pavia office	280.–	
Profit share WCG - Vienna '98	11.188.–	
Abstract money	15.634.–	
Interests - bank	487.–	
	55.418.–	
Scientific Committee		12.026.–
Pavia - office		3.171.–
London - office		20.476.–
Erlangen - office		16.124.–
Paris - office		27.061.–
Bremen/Copenhagen - office		7.757.–
Solicitors - Zürich		1.811.–
EASL - fellowships		98.782.–
Young investigators / East Europeans speakers / chairmen - EASL '99		65.600.–
Awards Napoli '99		5.900.–
Loan - EASL 2000 - Rotterdam		50.000.–
J. Hepatology/Barcelona - office		33.500.–
Consensus meeting - HCV - Paris '99		69.762.–
Baveno III - 2000		12.000.–
Conference - hemochromatosis - Italy '99		15.534.–
6 th Eur. meeting on hepatocarcinogenesis - Austria '99		9.450.–
Intern. pathology group - Gnomes		12.000.–
EC - PGC - Chile '99		17.777.–
EC - PGC - Romania '99		4.364.–
EUMS - meeting - Finland '99		1.495.–
UEGW - Rome '99		1.346.–
Bankings costs		5.762.–
Miscellaneous:		
Check 78613 (Bremen)		933.–
78615 —		242.–
78616 —		7.907.–
Balance - 1999	744.687.–	500.780.–
		243.907.–
	744.687.–	744.687.–
Bank - Copenhagen	229.350.–	
Bank - Napoli	14.557.–	
	243.907.–	



EASL & Liver Transplantation

Krister Höckerstedt

Liver transplantation (LT) though the ultimate treatment of end-stage liver diseases, entered the programs of the EASL meetings very slowly. Apparently, the first workshop on LT was organised in 1983 by Roger Williams, as a President's pre-meeting of the EASL meeting in Southampton, England. The title was "Liver transplantation in Europe", although reports outside England came only from Groningen and Hannover.

Dr Mikko Salaspuro as President and I were the local organisers of the EASL meeting in Helsinki in 1985, some 3 years after I started a liver transplantation program there, the first in the Nordic countries. Sheila Sherlock chaired a symposium on advanced liver disease in which David van Thiel (Pittsburgh) spoke on selection for hepatic transplantation. One evening we organised a sauna party where the senior participants were sitting by the swimming pool outside the sauna, and the junior members took a swim. Sheila looked very pleased and gave a short comment: "A lot of young men here – I like it".

In 1987 at the EASL Torino meeting, I organised probably the first Working Party on liver transplantation in EASL with contributions from leading European countries by E. Elias, (Birmingham), D Galmarini, (Milan), D Baumgartner (Rotterdam), D Samuel, (Paris), H Müller, (Hannover) and J-B Otte, (Brussels). After this meeting, liver transplantation was permanently on the agenda of every EASL meeting right up to the present day, either in the form of oral presentations at a Symposium or Working Party – changed to Parallel Session from 2002 onwards – or in a State of the Art Lecture or in the Postgraduate course. At the 1990 EASL meeting, the "Surgery and Transplantation" category was the seventh largest topic with 31 abstracts submitted, reaching fourth place in 1991 with 55 abstracts received.

More recently, regular joint meetings have been held with the European Liver Transplantation Association (ELTA). The first was at the Copenhagen EASL meeting in 1995. Quite novel issues were presented: LT in hepatopulmonary syndrome by D Houssin, (Paris), Living related LT in acute liver failure by C Broelsch, (Hamburg), LT in HCV by C Feray, (Paris) and G Alexander, (Cambridge). All three topics were subject to controversy at that time and became accepted

only later. Joint meetings were also organised with United European Gastroenterology Week (UEGW). The first of these was appropriately organised at the 6th UEGW meeting in Birmingham in 1997. The one-day workshop arranged by Dr. Elwyn Elias (Birmingham) was on selection, splitting the liver, immunosuppression, post transplant viral infection and biliary problems, xenotransplantation, withdrawal of immunosuppression and artificial liver. Xenotransplantation was then a hot topic, but after a few years, medical and ethical problems came to the fore and it never reached clinical application. Bioartificial liver has yet to prove its usefulness, as has the total withdrawal of immunosuppression. The same year at the EASL meeting in London, Roger Williams and J-B Otte (ELTA) chaired a Working Party on Liver Transplantation with eight presentations on various experimental and clinical issues. Dr. Otte introduced the surgical challenge of "Split liver transplantation" to EASL members.

When I was Chairman of the European Liver Transplant Association (ELTA) we had a one-day joint meeting with EASL at the 2000 meeting in Rotterdam, Solko Schalm was President. A full day for liver transplantation within the post-graduate course was a new element on the EASL agenda. Fifteen European experts produced excellent reviews and Pro and Con discussions were held on four different topics: acute liver failure, the Budd-Chiari syndrome, HCV infection and adjuvant therapy for Hepatocellular Carcinoma.

The year before, I had taken the initiative to organise the first European guideline meeting on "Liver transplantation in alcohol liver disease (ALD)". ALD had become the number one indication for LT in Europe as it was in the USA. The meeting took place in 2001 at the EASL Congress in Prague as a second joint meeting with ELTA, James Neuberger represented EASL. It was the first multinational meeting on LT in alcoholic liver disease with the aim of producing some common practices in this controversial subject in Europe. Although there were many opinions on the indications for transplantation taking account of different life styles and alcohol consumption throughout Europe, we were eventually able to agree on many open questions. In fact the guidelines produced at the meeting became valid

in many European countries and still are valid to this day. Properly selected chronic ALD represents a good indication for LT. Abstinence is a prerequisite to obtain a place on the waiting list, but a fixed time period is not needed. Treatment of alcoholism is important both before and after the transplantation and the general public needed to be educated about the benefits of LT. The meeting resulted in a publication in the *Journal of Hepatology* 2002;36:130-7. It should be mentioned that, in connection with the planning of these two meetings, I was invited by the Scientific Secretary, Detlef Schuppan, and the Administrative Secretary, Andy Burroughs, to attend the meeting of the Scientific Committee that year in Erlangen. Their written suggestion to me was that "ELTA could join forces with EASL which would give European Hepatology a tremendous positive impact and would lead to cross fertilisation". I took this important suggestion to the ELTA Council and General Assembly. Their decision however was that ELTA should continue as a section of the European Society for Organ Transplantation (ESOT), but there was clearly a great interest in continuing with joint meetings. Since 2003, a joint meeting on liver transplantation has been held with ELTA at almost every EASL meeting.

The first EASL Postgraduate course on Liver Transplantation – State of the Art and Novel Developments were organised and chaired by A Gerbes (Munich), O James (Newcastle) and M Pinzani (Florence) at the UEGW meeting in Prague, 2004. This one-day course included 10 presen-

tations for gastroenterologists on the best time for listing of patients with different diseases, the results of liver transplantation and ethical issues.

Notably, recent joint meetings and reflections have highlighted EASL's concerns to enhance good clinical practice through the preparation of guidelines, as illustrated in the Barcelona 2007 meeting on "The multiple facets of liver transplantation for alcoholic liver disease", chaired by K Höckerstedt and S Norris. This was the first time Alcoholic Hepatitis was discussed in depth as an indication for liver transplantation (Pro: A Burroughs and Con: M Olausson). The conclusion reached was that it was not acceptable as an indication at present. At the EASL meeting in Milan 2008 another important area considered in depth was high-risk donors and recipients, chaired by R Porte, Groningen, and X Forns, Barcelona. Six presentations on the boundaries of expanded donor criteria and of patients too sick for transplantation were discussed.

In organising programmes on liver transplantation with EASL meetings and in joint meetings with other societies, the chairmen of ELTA (known as ELITA since 2005, when intestinal transplantation was included) have been most active – in particular Jean-Bernard Otte, Brussels, Krister Höckerstedt, Helsinki, and Patricia Burra, Padua. It is as important for EASL as it was for AASLD that the major and very key area of liver transplantation for all those working in liver disease is permanently included in the EASL agenda, both at the annual meetings and in its wider range of educational activities.



The Journal



Reminiscences of the third Editor

—Gustav Paumgartner

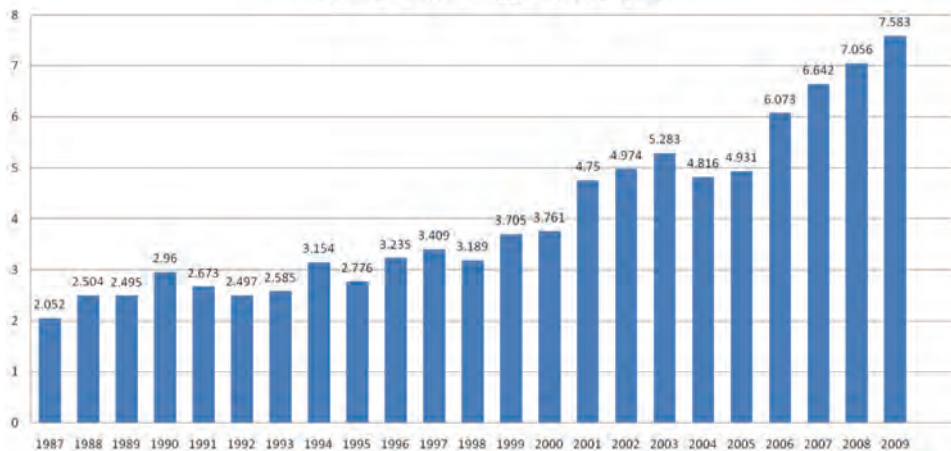
I consider my time as Editor-in-Chief of the Journal of Hepatology as a stimulating and gratifying experience in my academic life. It gave me the chance to witness advances in Hepatology, to sense the direction in which our discipline was moving and to allow the Journal to reflect developments.

When I took over the editorship from Jean-Pierre Benhamou in 1995, he explained his editorial policies and

practices to me and gave me wise advice. I was committed to continuing the successful work of my predecessors and to value the tradition established by them. This also meant in the words of Dame Sheila Sherlock, the Founding Editor, that the papers should be “of interest to all hepatologists from the molecular biologist deep in DNA, to the clinician plying his endoscope”*. I was convinced, too, that the Journal had to achieve global circulation if it wanted

05

Journal of Hepatology Impact Factor



A record of the impact factor since 1987

to rank amongst the top scientific journals in the field of Hepatology. To reach this goal, the major change I implemented as Editor was to choose Associate Editors, not only from Europe, but also from the United States, Australia and Japan to encourage a truly global input and readership for the Journal.

The Editorial board was restructured and enlarged according to the same principles. The Associate Editors were chosen for both their expertise and international reputation. James Boyer, June Halliday and Masao Omata came in to represent North America, Australia and Japan, respectively. The international success of the Journal reflected in the increasing number of papers submitted from all over the world and the steady increase in impact factor proved that this was the right strategy.

For the Editorial team, reviewing, editing and publishing papers were pleasurable experiences and hard work rolled into one. The selection of the Editorial board and the resulting friendships were special privileges enjoyed by the Editor.

* Reference: Sherlock S. Editorial. J Hepatol 1984; 1:1.

First row from the left: Juan Rodés (incoming Editor-in-Chief), June Halliday, James Boyer. Second row from the left: Judith Bernstein, James Neuberger, Bernard Portman, Peter Jansen, Massimo Pinzani, Didier Lebrec, Gustav Paumgartner, Alison Dalfovo, Vicente Arroyo, Curt Einarsson, Ulrich Beuers, Pere Gines (incoming Assistant Editor), Wolfgang Caselmann.



Farewell party of the editorial team in Munich on September 17th, 1999



A record of its work and success

Massimo Colombo

The first issue of the Journal of Hepatology appeared in January 1985 one year after the introduction of a Journal membership and subscription to EASL. Today, many feel that the growth of European Hepatology has indeed been reflected in the Journal of Hepatology, which has gained popularity in both hemispheres and now ranks firmly amongst the top four Gastroenterology journals worldwide.

CONCEPTION AND START-UP

The mission of the Journal, as conceived in 1984 by Dame Sheila Sherlock with Elsevier as Publisher, was to publish original papers and reviews concerning clinical practice as well as basic research including experimental studies in the field of Hepatology. The aim of the founder in ensuring high scientific content and avoidance of anecdotal reports is clearly reflected in the detailed description she gave of the required format for case reports. These could be accepted for publication only if original enough to provide material for further research. The chosen Editorial team was similarly inspired and strong in purpose with 3 Associate Editors (J. Fevery, R. Preisig and J. Rodés) who were later joined by J.P. Benhamou and G. Paumgartner, two pillars of Hepatology in Europe. The latter soon built up the DNA of the Journal as they were, in sequence, Journal Editors between 1990 and 2004. The Assistant Editor, Professor John Summerfield recalls: "You must remember that, in those days, when the Journal was starting up, it was a small affair. Sheila had just retired and the Journal office was a windowless room in Professor Ken Hobbs' surgical department. There was Sheila, me and our excellent Editorial Assistant Blue Tahourdin. This was the pre-computer era and everything was run by paper and post. When papers were submitted we would meet, look at the paper and think of reviewers. As ever, some reviewers were good, some bad, some quick and some tardy (unless it was their paper!) - we soon learned who these were. The English of some submissions in those days left much to be desired but Sheila felt that was always remediable. The acceptance rate was about 40%. Most of the papers were submitted from Europe in the order, as I remember it,

of UK, Italy, Germany and France. The US was the greatest non-European source.

With the help of 38 distinguished Hepatologists on the Editorial Board from all over the world, the Journal started out on its course, appearing bi-monthly with a yellow cover. Rapidly gaining popularity among Hepatologists, it was soon to require expansion of its printed space.

CONSOLIDATION AND EXPANSION

In 1990 under Professor Benhamou's Editorship, the Journal increased the number of pages by approximately 20%, while the team of Associate Editors was also expanded to include an additional nine opinion leaders, all based in Europe. The structure of the Journal was modified to host a section of Rapid Publications to overcome as far as possible the lengthy process of publication for original articles, and a correspondence section to publish short letters whether or not related to a paper published in the Journal. During Prof. Benhamou's tenure, the Journal went from 6 issues per year to 12, increasing the yearly number of published pages from 800 to 2000 and of regular manuscripts from 305 to 460. This allowed the Journal to publish the maximum number of high-quality papers without accumulating a backlog of manuscripts, and increasing the time-lag between acceptance and publication. During their Editorship, Professor Benhamou and Associates were able to attract a total of 1410 subscriptions, with an extraordinary 60% increase in individual memberships, whereas the rates of subscriptions from institutions remained virtually unchanged, below 600. Over this period, the Journal's impact factor exceeded 3 for the first time to rank fourth in the field of gastroenterological journals. Italy, UK, France, Germany and Spain remained the top countries in Europe submitting to the Journal, each of these countries contributing a comparable number of publications to Asia's input, and more than that of the USA.

THE THIRD QUINQUENNium

To build on the international success of the Journal, the third Editor, Professor G. Paumgartner, restructured the

team of Associate Editors, adding opinion leaders from Australia, Japan and the USA to the group of European Editors and, as part of the new Editor's vision, chose Munksgaard in Denmark as the new Publisher. As a result of a concerted effort by the Editorial team in Munich and reviewers worldwide - who were given 3 weeks to review submissions, the mean time from manuscript submission to the initial decision fell to 36 days whilst the mean length of time from acceptance to publication was shortened from 9 to only 4.4 months. Reflecting the appreciation of a shorter manuscript turnaround time and the decrease in the Publisher's production time, the number of original manuscripts submitted increased by nearly two-thirds and the number of subscriptions by 12%. France, Germany, Italy, UK and Spain continued to lead the group of top submitters in Europe with the USA and Japan contributing 9% and 10%, respectively.

As a member of the board of Associate Editors in the new editorial team based in Munich starting in 1995, I witnessed the efforts and crucial role played by Gustav Paumgartner in making the Journal a leading international forum in Hepatology, ready to receive the research products of "post-genomic medicine". As a result of the editorial strategy based on peer-review and full endorsement of the Associate Editors' decisions by the Editor, the acceptance rate fell from 62% to 53% and the number of pages had to be further increased in order to publish the high-quality articles being submitted. As a service to the authors and readers, a home web page was established. This seemed to be very well accepted and was frequently visited. As the term of the editorial team in Munich drew to a close, the Journal reached an impact factor of 3.705 ranking fourth only to Gastroenterology, Hepatology and Gut.

THE JOURNAL IN THE NEW MILLENIUM

In 1999, Professor Juan Rodés, Chief of the world-renowned Liver Unit in Barcelona, was appointed to succeed Professor Paumgartner as the new Editor. To reflect the new biotechnology and ever-expanding applications of modern-day research, the best scientists and clinicians involved in Hepatology from Europe, United States, Canada and Japan were recruited as Associate Editors whilst 100 international experts from 20 countries were selected as members of the Editorial Board. The new editorial team

maintained the same editorial policy as that of the previous editor, whose transparency and effectiveness in the peer-review system was acknowledged by many. Apart from a change in colour from yellow to blue, the Journal had a new cover with a coloured illustration selected from one of the articles included in the issue and three or four headlines relating to some of the articles.

Following a decision taken by EASL's Scientific Committee, Elsevier returned to the role of Publisher and in 2003 implemented the electronic submission procedure which, as expected, turned out to be a real breakthrough for the Journal. By increasing the accuracy of the manuscript selection procedure, the acceptance rate fell to 20%. Handling the 5500 papers received in the 5-year tenure created a considerable workload. More than 1000 original articles, 60 review articles and 120 editorials were published along with a number of case reports and letters. Due to the strict paper selection process, the impact factor of the Journal climbed to an excellent 5.283. Importantly, as proudly recalled by Professor Rodés in his "Walk down memory lane", the Journal was recognised, and was, in fact, entirely independent of the Pharmaceutical industry, a very fortunate state of affairs due not only to the high ethical standards adopted by the editors but also to the financial autonomy of the Journal.

THE LAST QUINQUENNium

In 2005, the Editorial Office of the Journal was established in Milan and the team of editors, comprising myself along with Co-Editors Professor Roberto de Franchis and Professor Mario Mondelli, came into being. To meet competition with the USA and to further optimise the performance of the Journal, the peer-review manuscript turnaround time was shortened to 14 days from the previous 21 days, and for the sake of transparency, the Associate Editors' names for the first time were noted on the articles. As anticipated in our inaugural editorial address back in 2005, one of our main objectives was to increase the visibility of the Journal of Hepatology in the USA and Asia in order to capture the attention of the many Hepatologists who live and practise there, and provide them with a valid editorial forum for their research. The rationale behind this was obvious - these countries lead the way in many fields of Hepatology and are deeply involved in cutting-edge research programmes

in Medicine in competition with Europe. Another strategy, namely to involve as many opinion leaders as possible from those parts of the world to write editorials and review papers, was rewarded by a growth in the number of original manuscripts submitted from the USA and Asia. In fact, the number of submissions from the USA rose from 106 in 2005 to 233 in 2008, which is an increment of 120%. Submissions from Japan and China increased from 261 in 2005 to 546 in 2008, an increment of 109%. In Europe, the increment registered over this period was 29%, with Italy, Spain, Germany, France and the UK being the leading contributor countries. The commitment to maintaining a balance between both clinical and basic research was respected and we are proud to record that basic papers have contributed to the current robust impact factor as much as clinically oriented papers have. The third goal of our editorial team, namely to increase the appeal of the Journal to colleagues involved in liver transplantation, was achieved through the excellent work of an extremely dedicated Associate Editor, R.A. Clavien, who created a platform for the Editors to further expand on this editorial objective. According to our analysis, the Forum on Liver Transplantation has significantly contributed along with viral hepatitis, liver cancer and genetic and metabolic liver disease to the growth in impact factor reached by the Journal during our tenure. We particularly welcomed the launch of EASL Clinical Practice Guidelines and their publication, which we feel will have mutual benefits for the Journal and the Association quite apart from Hepatological practice in general.

During the hand-over period to Professor Didier Samuel's editorial team, a permanent editorial office was established in Geneva by Grégoire Pavillon, EASL Executive Director, which, in the view of many, represented a further step in strengthening the direction of the Journal. During our tenure, the impact factor rose from 5.3 to 7.1, hot on the heels of its competitor, Hepatology. Running the Journal with over half of our work involving contact with top class Hepatologists worldwide was a real challenge, and it was always reassuring to know that we had a strong and committed EASL Governing Board on hand should the need arise. Furthermore, the growth of EASL as a scientific association has also had positive effects for the Journal by increasing the number of young scientists and clinicians available for the demanding tasks of reviewing submissions. To

acknowledge the merits of these valuable co-workers, the Board was reshuffled every year with the enrolment of the ten best performing reviewers selected by our Associate Editors. The inclusion of young scientists in the peer-review process created some dilemma on the Editorial Board.

THE FUTURE

During the Business Meeting of the 2009 EASL Conference in Copenhagen, Professor Didier Samuel was appointed Editor-in-Chief with Professors Peter Galle and Christopher Day acting as Co-Editors for the years 2010-2015. The Journal's return to Paris has a certain element of continuity for Professor Jean-Pierre Benhamou, the former Editor, who established the legendary Beaujon Centre for Hepatology was the mentor and teacher of the incoming Editor-in-Chief.

The strategy inaugurated in Milan to appoint an editorial team to run the Journal, was further expanded in line with the international vision for the Journal, with two Co-Editors from UK and Germany to assist the French Editor-in-Chief. The second significant change was that, with effect from 2010, the Journal's Editor-in-Chief will receive an honorarium, breaking with the 25-year tradition of the Journal - and a reflection of the considerable time commitment involved in running a Journal with around 1,750 submissions per year. There will also be a change in the submission site with Elsevier providing a new system called the Elsevier Editorial System to manage all manuscript submissions and their peer-review.

The Journal is ready and well placed to spread the voice of Hepatologists facing new, challenges at the interface between basic science and clinical medicine that increasingly drive the specialty of Hepatology worldwide.

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Figures for the Journal of Hepatology for the year 2008

Submissions	Total No. of manuscripts: 1726	Original manuscripts: 1400
Clinical vs. basic manuscripts	Clinical 49%	Basic 51%
Acceptance rates	19.6%	13.7%
Time to first decision	22 days	25 days
Time to acceptance	70 days	89 days
From submission to publication	232 days	

Impact factor result for 2008 released in 2009

7.056

Top submitters in 2008 – original articles

China: 279, Japan: 180, USA: 164, Italy: 114, France: 92, Germany: 83, Spain: 77, U.K.: 52

Acceptance of original articles 2008

USA: 26.5%, Japan: 18.0%, France: 9.6%, U.K.: 9.6%, Germany: 8.4%, Italy: 8.4%, Spain 7.2%

The Six Editorial teams from 1985-2010

1985-1989	1990-1995	1995-2000	2001-2005	2005-2009	2010
<p>Editor-in-Chief Dame Sheila Sherlock (London, U.K.)</p> <p>Associate Editors J. Fevery (Belgium) R. Preisig (Switzerland) J. Rodés (Spain) J.-P. Benhamou (France) G. Paumgartner (Germany)</p> <p>Assistant Editor(s) J.A. Summerfield (U.K.)</p> <p>Managing Editor Blue Tahourdin</p>	<p>Editor-in-Chief Jean-Pierre Ben- hamou (Clichy, France) A. Alberti (Italy)</p> <p>Associate Editors J. Bircher (Germany) M. Bruguera (Spain) V. Desmet (Belgium) S. Keiding (Denmark) N. McIntyre (U.K.) J. Reichen (Switzerland) S. Shalm (The Netherlands) J.A. Summerfield (U.K.) V. Desmet (Belgium)</p> <p>Assistant Editor(s) D. Lebrech (France)</p> <p>Managing Editor Dale Roche</p>	<p>Editor-in-Chief Gustav Paumgartner (Munich, Germany) V. Arroyo (Spain)</p> <p>Associate Editors J.L. Boyer (USA) C. Bréchet (France) W.H. Caselmann (Germany) M. Colombo (Italy) C. Einarsson (Sweden) J. Halliday (Australia) P.L.M. Jansen (The Netherlands) D. Lebrech (France) M.P. Manns (Germany) J. Neuberger (U.K.) M. Omata (Japan) M. Pinzani (Italy) B. Portmann (U.K.)</p> <p>Assistant Editor(s) U. Beuers (Germany) W.H. Caselmann (Germany)</p> <p>Managing Editor J. Bernstein A. Dalfavo</p>	<p>Editor-in-Chief Juan Rodés (Barcelona, Spain) P. Ginès (Spain) U. Beuers (Germany)</p> <p>Associate Editors H.E. Blum (Germany) J. Bruix (Spain) G. Garcia-Tsao (USA) J. Heathcote (Canada) M. Kojiro (Japan) M.U. Mondelli (Italy) R. Oude Elferink (The Netherlands) M. Pinzani (Italy) J. Reichen (Switzerland) D. Samuel (France) D. Schuppan (Germany) D. Valla (France) D. Vergani (U.K.)</p> <p>Assistant Editor(s) Xavier Forns (Spain)</p> <p>Managing Editor N. van Berckel</p>	<p>Editor-in-Chief Massimo Colombo (Milan, Italy)</p> <p>Co-Editors R. de Franchis M.U. Mondelli (Italy) V. Barnaba (Italy)</p> <p>Associate Editors J. Bosch (Spain) P.-A. Clavien (Switzerland) C.P. Day (U.K.) Y.M. Deugnier (France) M. Kojiro (Japan) K. Koike (Japan) A. Geerts (Belgium) G. K.K. Lau (China) F. Lammert (Germany) J.M. Llovet (Spain) M.P. Manns (Germany) J.G. McHutchison (USA) C. Merkel (Italy) R. Perrillo (USA) M. Rizzetto (Italy) C. Trautwein (Germany) M. Trauner (Austria)</p> <p>Assistant Editor(s) S. Fargion G. Missale E. Silini (Italy)</p> <p>Managing Editor Ann Fox</p>	<p>Editor-in-Chief Didier Samuel (France)</p> <p>Co-Editors C.P. Day (U.K.) P. Galle (Germany)</p> <p>Associate Editors R. Moreau (France) P. Angeli (Italy) M. Berenguer (Spain) T. Baumert (France) J.-F. Dufour (Switzerland) I. Jacobson (USA) R. Jalan (UK) Y.-F. Liaw (Taiwan) A. Lohse (Germany) D. A. Mann (UK) P. Mathurin (France) V. Mazzaferro (Italy) J. Petersen (Germany) R. S. Schwabe (USA) S. Zeuzem (Germany) J. Zucman-Rossi (France)</p> <p>Special Section Editors D. Shouval (Israel) M. Levrero (Italy) G. Alexander (UK) M. Berenguer (Spain) P. Marcellin (France) J. Llovet (USA) D. Schuppan (USA) D. Adams (UK)</p> <p>Editorial Office S. Guimil A. Swetloff</p>



Post-graduate Teaching and Learning



Educational Council and Programme

Peter L.M. Jansen and Geoff Dusheiko

EASL is not only a scientific organisation but also boasts an ambitious post-graduate teaching programme. How did this come about? The Scientific Committee as originally constituted was frequently over-committed and it was soon realised that a sub-committee was needed, preferably of more senior Hepatologists, who could invest time in developing a fledgling post-graduate programme. The initial idea was to organise programmes primarily for Eastern European countries which, at the end of Soviet period, had limited access to the Western practice of Hepatology and where the Hepatologists did not have the means to attend the EASL annual meetings.

Jean-Pierre Benhamou was the first chairman of the Educational Council established in 1993 with Karl-Hermann Meyer zum Büschenfelde, Juan Rodés and Howard Thomas as members, and Claudio Tiribelli as Secretary. It was agreed early on that, rather than bringing people to the EASL meeting, it would be much more attractive, practical and cost-effective to send EASL faculty members to local regions. This was the start of the EASL educational programme. Successful post-graduate courses were organised in Romania (1999), Vienna (1999), Russia (2000), Scotland (2000), Barcelona (2000) and Slovenia (2000). Post-graduate courses outside Europe were organised in Chile (1999) and India (2001). The meeting in Chile attracted 400 participants and that of India 500 attendees. At the beginning, the terms of membership for the Edu-

cational Council were not well defined. Only later did the 4-year term become firmly established and, over the years, many eminent Hepatologists came to serve terms of office on the Educational Council. Fortunately, sooner than EASL had anticipated, colleagues from Eastern Europe were able to attend the annual meetings. Moreover, the meetings were increasingly sited in major eastern European cities including Prague, Budapest and Istanbul.

At that stage, the initial goals of the Educational Council had to be revised and in 2000, Peter Ferenci launched the idea of organising Schools of Hepatology for young clinicians and investigators. The aim was to provide an opportunity for scholarly Hepatology training to young physicians and physician-scientists in several of the renowned European Hepatology Centres. EASL would pay for the travel and accommodation expenses of the participants. The first of the clinical schools took place in 2003 in Geneva. Increasingly successful with many more applications than spaces, schools were subsequently organised in Barcelona, Paris, Dublin, Hannover, Leuven, Torino and London. Presently two clinical and one basic school of Hepatology are organised each year. Groups of 30 young fellows assemble in an academic centre for an intense programme of interactive, and sometimes hands-on, training in Hepatology. For every school, the two Educational Councillors have the difficult task of selecting approximately 30 participants from around 100-180 applicants. The schools have proven

to be among the most successful enterprises of EASL, as they encourage enthusiastic young colleagues to the science and clinical discipline of Hepatology, and give them exposure to more senior colleagues in a collegiate but friendly and interactive environment. The schools serve as models of high-quality education and training establishments that can be used within and outside Europe, and are an important crucible for the future development of clinical and basic Hepatology. An annual basic school for PhD students or clinical scientists with an interest in basic research was proposed by Christian Trautwein, Jean-Francois Dufour and David Adams. The first one was held in Siena, in the Abazia di Spineto, a highly spiritual environment followed by meetings in the more secular Lisbon in 2007, 2008 and 2009. From 2010 onwards, basic schools will be organised in cities other than Lisbon, starting with Lausanne. The Educational Councillors, together with the EASL Governing Board, are responsible for the selection of chairman and organisers of the clinical and basic schools, and closely scrutinise the proposed content, but rely on the goodwill and time of EASL members to staff the schools. The organisation of the annual post-graduate courses that form an integral part of the annual meetings is another responsibility of the Educational Councillors. Currently the courses have around 3000 attendees and, in general, are judged by the participants to be of a high or very high standard. The chairman for the annual course is selected by the Educational Councillors and Governing Board to scrutinise and advise on content. Although from 1999/2000, EASL had organised successful post-graduate

courses outside Europe (Chile and India) and contributed speakers and ideas to Liver meetings all over the world, a more systematic non-European programme was launched in a tour to China in 2008. Highlights of our annual meeting were presented in several cities in China with on-site simultaneous translations by Chinese colleagues. Currently we are organizing a China “tour” every year with three EASL speakers presenting the highlights of EASL’s annual meeting in three Chinese cities. In the future, these meetings will be broadcast by video conferencing to other Chinese centres. These meetings are met with enthusiasm and, for EASL, the programme is important as we hope to build a bridge to the ever-expanding Chinese world of Hepatology. We hope to create a platform on which we can build collaboration in education and common scientific programmes. This programme may also serve as an example for programmes on other continents.

A fundamental change in the status of the Educational Councillors was requested by Jean-Michel Pawlotsky at the beginning of his term of office as Secretary General of EASL giving them recognition and integrating them as full members of the Governing Board with voting rights. Their opinion could then be sought on for other day-to-day issues involved in the running of EASL with many different duties extending their role and commitment. Future plans of the Educational Council include the consolidation and streamlining of the Schools of Hepatology, the organisation of a school in Beijing and greater involvement in educational activities on the part of the United European Gastroenterology Federation.

EASL Educational Councillors

1993-1995	Jean-Pierre Benhamou, Karl-Hermann Meyer zum Büschenfelde, Howard Thomas, Juan Rodés, Claudio Tiribelli
1996	Mario Rizzetto, Helmer Ring-Larsen, Juan Rodés
1998-2000	Miguel Carneiro de Moura, Peter Ferenci, Erik Schrupf, Dany Shouval
2004	Oliver James, Peter Ferenci
2005-2007	Geoff Dusheiko, Jürg Reichen
2007-2009	Geoff Dusheiko, Peter Jansen
2009-2011	Peter Jansen, Fabien Zoulim



EASL EUROPEAN ASSOCIATION FOR THE STUDY OF THE LIVER
EASL CLINICAL SCHOOL OF HEPATOLOGY

PARIS, FRANCE
JUNE 2008
Course II
VIRAL HEPATITIS

HANNOVER, GERMANY
DECEMBER 2008
Course II
AUTOIMMUNE HEPATITIS, PBC AND PSC

For program and registration go to: www.easl.ch/education.asp

EASL EUROPEAN ASSOCIATION FOR THE STUDY OF THE LIVER
EASL CLINICAL SCHOOL OF HEPATOLOGY

LONDON, UK
JUNE 20-22, 2008
Course III
LIVER TRANSPLANT AND ACUTE LIVER FAILURE

LEUVEN, BELGIUM
DECEMBER 2-9, 2008
Course II
GENERAL HEPATOLOGY

For program and registration go to: www.easl.ch/education.asp

EASL in China





Learning together in EASL

Didier Lebrech

The EASL meetings have been one of my best sources of information in research and clinical Hepatology. Jean-Pierre Benhamou, my mentor and one of the pioneers of European Hepatology, always insisted that we submit abstracts and participate in these meetings. I'll never forget the first EASL meeting I attended in 1975 in Castelldefels, a resort near Barcelona. It was held on the beach in a large tent and as always the scientific program was excellent for young investigators. After that, I attended all of the EASL meetings from 1980 to 2009 except for London in 1997. It was in 1980, in Belgrade, that I presented my first paper on the hemodynamic effects of beta-blockers on portal hypertension in patients with cirrhosis with Juan Rodés in the chair. Over the next 29 meetings, I presented 132 papers with my colleagues.

I was honored to be a member of the Scientific Committee from 1988 to 1990 with Mario Rizzetto and Juerg Reichen as Secretary before the rules for committee members changed allowing candidates to be over the age of 40 at the beginning of their term of office, thereafter extending to 48 as is now the case! In my opinion, the earlier structure

was better for EASL as it enabled younger members to play an active role in the association and generated new scientific ideas. In 1988, it was difficult to select the abstracts. Committee members had to score all abstracts and the final decision was made in a full committee meeting, which was a great opportunity to learn about the latest studies in Hepatology. I also learnt about the organisation of a scientific meeting when I worked with Jean-Pierre Benhamou as President in 1993. I was the local secretary of the first EASL meeting in Paris.

EASL meetings were and continue to be an opportunity to meet colleagues, both new and old, from many different countries across the globe and to keep in touch with emerging information on Hepatology. Unfortunately, the gala dinner is no longer a feature of today's meetings. It was also a great opportunity to have friendly discussions with colleagues. The two joint meetings with the International Association for Study of the Liver (IASL) in Bern in 1984 and more recently in Madrid in 2002 were also an innovative opportunity to meet with many more Hepatologists from around the world.



Wider influences



EASL and European Government

— Mark Thursz

When EASL was founded, the association's activities were appropriately focused on research and the clinical management of patients with liver diseases. These activities remain at the centre of our work but in the last few years it has become increasingly clear that the needs of the research community, the needs of clinicians and, most importantly, the needs of patients cannot be served effectively without an investment of time and money in political lobbying and public relations. National and European budgets for research and healthcare are finite and it could be argued that the liver community has not had a fair slice of the cake compared to our colleagues working in the fields of cancer, cardiology, diabetes and infectious diseases. The EASL Governing Board recognised the disparity in research funding compared to the importance of liver disease in terms of morbidity and mortality, and in 2005 decided to invest time and money in the EU and public affairs generally.

Professor Dominique Valla was appointed as its first EU Councillor in 2007 and EASL employed an agency in Brussels to support its activities. Burson Marsteller advise on policy, liaise with the European Commission and with MEPs and survey the activities of the Commission, Parliament and Council for issues that may be important to the interests of EASL. In terms of European affairs, the last two years have been a steep learning curve for EASL. We were perhaps a little slow to recognise the level of activity required for effective lobbying and unlike many of the professional as-

sociations or patient groups, we do not have full-time employees stationed in Brussels. In 2009, the EASL Governing Board decided that I should have a major involvement in the EU lobbying activity and also that Professor Valla should be invited to attend the Governing Board meetings where EU affairs became a regular agenda item. In addition, the Governing Board recognised the need to spread the workload of EU lobbying and agreed to appoint EASL members who were not Governing Board members to represent the organisation in specific areas. EASL is grateful for the efforts of Jean-François Dufour and Philippe Mathurin who represent the association on liver cancer and alcoholic liver disease, respectively.

Naturally, as we are an academically led organisation, top of the list of priorities for EASL members is research funding. EASL have lobbied DG Research in the European Commission to promote topics of relevance to our community in the European Union Framework Programme 7 research themes. In 2004, the EASL community secured €9 million funding through EU FP6 for the Vigilance against viral resistance (VIRGIL) network led by Professor Fabien Zoulim. The success of this programme has facilitated our efforts in Brussels in advocating other topics for study. In 2009/10 another EASL consortium led by Prof Vlad Ratziu, which secured funding through EU FP7, will be launched to study non-alcoholic fatty liver disease. Early in 2010, EASL lobbyists will be back in Brussels campaigning for more

liver-related themes to appear in future FP7 and FP8 calls for research.

EASL's lobbying strategies are also focused on the need to address certain key life-style determinants of liver disease, namely alcohol and obesity. As a result of EASL's efforts, we are now recognised by DG Sanco as the main professional association in the field of liver disease. The invitation to join the European Alcohol Forum will enable us to campaign for restraint on alcohol sales and consumption. However, representatives of the alcohol industry including members of the Alcohol Forum amongst others, are making it difficult to generate effective policies. As a member of Chronic Diseases Alliance, a consortium of patient and professional organisations, EASL will be invited to formulate policy recommendations for the European Commission and Council. The formation of a strong working relationship with the European Liver Patients' Association has been very valuable in maximising the impact of our lobbying activities. ELPA have been extremely effective in lobbying for clinical serv-

es and screening activity in viral hepatitis. In 2010 together with ELPA, we shall join members of the European Partnership on Action against Cancer where we aim to raise the profile of liver cancer in order to promote best practice in screening and treating this disorder.

EU lobbying is still a novel activity for EASL and, as scientists and clinicians, it is frustrating to observe how slowly our efforts are rewarded. At this stage, the Governing Board is confident that EASL should maintain the investment of time and money or risk losing research funding and clinical prioritisation to other specialities.

Finally, EASL is also active in cooperating with other European Medical associations. There is a clear need to co-ordinate activities of Medical Associations in Brussels and to lobby together for research funding. A legal entity for a Federation of European Medical Associations is currently being established. This work is still in an early phase, but we are all very enthusiastic about this development and are proud that EASL is one of the driving forces in this activity.



As the professional organisation of liver specialists in Europe, EASL has played a vital part in the progress made in liver research over the past 43 years. Today, we are far better informed about the effects that the liver has on other parts of the body, and many more indicators are available which can identify at an early stage whether the liver and/or the surrounding organs are diseased. In addition, better drug treatment has been developed. In all this, the meetings of EASL have been crucial in shedding light on the significant progress that has been achieved in recent decades in particular. The cruel nature of liver diseases is that they often progress perniciously and insidiously. The result is that, in many instances, the diagnosis of viral hepatitis is made too late. Estimates suggest that up to 90% of sufferers from viral hepatitis are unaware of their infection. It is obvious that, without diagnosis, there is no chance of treatment and without treatment, there is little control or

cure. Promoting the identification of carriers of hepatitis B and C continues to be a major challenge. This is why it is so important to raise awareness amongst policymakers, healthcare professionals and the public at large.

The European Liver Patients' Association (ELPA) was founded 5 years ago with liver patients encountering difficulties from lack of awareness of liver disorders or in their personal care, at individual or national level, who rightly thought that forming a European umbrella organisation would add weight to their plea. Today ELPA has 21 members in 17 countries. These cover all corners of Europe: Portugal and Spain in the West, the UK and Sweden in the North, France, Germany and Poland in the centre, Italy in the South, and Croatia, Bulgaria and Romania in the East. It even includes societies and organisations in the wider Mediterranean neighbourhood such as Egypt and an associate member in Turkey. This impressive number of member societies can-

not, however, hide the fact that, compared to other organ specialties, ELPA is still a small organisation. The support of medical specialists in the field has been of vital importance to its development and this is why we are very grateful for the support that EASL has given to ELPA's policy activities' meeting with the EU over the past two years. Although the EU has little direct competence in public health, it can drive change in the areas of disease prevention, cross-border health and the promotion of best practice through the promotion of guidelines and recommendations which can eventually be implemented at national level.

The last few years have seen practical instances of EASL's support to ELPA in its ambitious activities to convince EU policymakers of the need to promote early diagnosis. Apart from organising several highly successful events in the European Parliament to raise awareness of viral hepatitis, for instance on the occasion of the World Hepatitis Day 2008, ELPA and EASL have also gathered together renowned healthcare experts in national disease prevention and health promotion. Jointly, we have issued firmly couched recommendations for the enhanced detection of hepatitis B and C. The aim throughout has been to provide the EU with a rationale for the promotion of screening in Member States. Some EU regions and countries are tackling this challenge better than others. Scotland and Member States such as France have already made considerable headway in the identification of hepatitis patients. They have demonstrated real political will in tackling this growing public health problem. As with all communicable diseases, viral hepatitis does not know any borders and efforts in one European country can be undermined by less consistent efforts in a neighboring state. The present inequitable approach has to be communicated at high levels of EU administration so as to trigger an EU-wide approach. At a time when the EU is becoming more and more borderless, there is a clear need for greater cross-border co-ordination.

The ideal tool to promote best practice guidance is a so-called Council Recommendation. Although not legally binding, a Council Recommendation carries considerable weight as it is signed by all the 27 EU Health Ministers. This would provide Member States with concrete guidance on how to further the identification of undiagnosed hepatitis patients. Interested stakeholders at national level, patient groups as well as medical specialists, could all use this Council Rec-

ommendation to call on their national policymakers to fulfill their obligations.

Cancer is another area of EU public health which requires the attention of all those concerned in fighting liver disorders. The European Commission brought together a European Partnership on Action against Cancer in September 2009, which will contribute to an EU-wide cancer strategy with particular focus on prevention. As far as specific tumour-sites are concerned, EU efforts so far have focused on colorectal, breast and cervical cancer. Liver cancer, as the third most common cause of cancer deaths worldwide and one of the few cancer-types with a rising incidence, has to be included. This is why the joint efforts of EASL and ELPA are so crucial. Particularly in the light of limited treatment options for advanced cases of liver cancer, strategies for its prevention and that of diseases which can lead to it are vitally important.

So far we have done well, the European Commission has been impressed by EASL's and ELPA's close collaboration and invited us to a preparatory workshop for a partnership against liver cancer in spring 2009. We are hoping to be part of the partnership's working groups on prevention/screening and exchange of best practice which will kick off in early 2010. In this context we have to generate good data highlighting value in outcome terms of prevention strategies against liver cancer, through the early diagnosis and treatment of predisposing liver damage primarily due to viral hepatitis and alcohol. This will only be feasible with the input of EASL's members.

Whilst our joint EU policy efforts are key we must not forget that political measures are mainly implemented at national, regional and sometimes local level. Hence, it would be desirable for EASL and its members to give active support to national patient groups in their efforts to disseminate the wealth of knowledge that has been accumulated over the past few years on liver disease and through them to regional and local decision-makers to provide further information on the benefits to public health. Decision-makers in Bavaria, for example, have to know that Scotland is best-practice in terms of hepatitis C and countries such as Bulgaria have much to learn from the experience France has gained in these areas over the last ten years. Everyone must help to facilitate these efforts and bring the term "best-practice" to life.

The coming years will be crucial if we want to curb the mortality peak anticipated for hepatitis C infections for 2020. By the time EASL celebrates its 50th birthday in 2016, when ELPA will be just 12 years old, I hope that we will have defused that “viral time bomb”, having put measures in place

which facilitate the identification of those at risk and needing treatment as well as having increased awareness of cancer and liver diseases generally amongst policymakers, healthcare professionals and the public at large. We look forward to working with EASL on all of these issues.



Synergies with Big Pharma

Mario U. Mondelli

Once upon a time there was a small group of enthusiastic European physicians and scientists with a strong interest in liver biology, pathobiology and clinical disease. They proudly considered themselves to be independent from Gastroenterology as Hepatology was indeed about to come of age and stand alone as a separate discipline. Unfortunately, this wish has still not come true in most countries. The group thought that they should have an annual meeting to present and discuss the latest data from their laboratories or clinical studies. This brief collection of memories on the structures of old vs. new meetings of EASL and particularly the relationships with Big Pharma as they have changed over the years does not include the story of its foundation which is covered so well in Roger Williams' first chapter. The first EASL meeting I attended was in Padua in 1978 as a newly graduated MD having already developed a strong interest in the liver. The atmosphere was goliardic and friendly but at the same time highly competitive. Discussions after presentations were always outspoken and occasionally harsh. Attendance was between 100 and 200, and the social programmes were a real feast for everybody allowing attendees to get the flavour of the host country as well as an opportunity to informally discuss their own research. At the time of my appointment as Scientific Secretary to the Scientific Committee in 1996, local organisers had to work very hard every year to gather the money needed to run the meetings. Although pharmaceutical companies and other Bio-Medical Industries (BMI) were already funding meetings at a limited level, this had to be negotiated every year by the local President of the meeting. In return for providing funding for the meetings, industry organised satellite sym-

posia with a clear commercial connotation, usually held in adjacent hotels, effectively drawing delegates from the core meeting. This reached an intolerable level in 1994 when a satellite symposium was organised in the middle of a plenary session of the main meeting without prior approval of the Scientific Committee, raising major concerns as to the advisability of such involvement and casting doubts even on the future independence of the association itself.

This led to a backward move at this point, aimed at heavily limiting the influence of the industry at the annual meeting. EASL declined any responsibility for the content of satellite symposia and early announcements and flyers were drafted in such a way as to haughtily emphasise that EASL and the industry should not intermingle. The heading normally stated: “Satellite Symposium held in conjunction with the EASL Annual Meeting” and no permission was granted to use the EASL logo. Satellite symposia were advertised anonymously in the programme as “Extra meeting activities”. Labels with names of EASL members were initially released at a cost and then not at all. I remember a telephone discussion of over half-an-hour's duration with a well-known company in the US, desperately resisting pressures to release the EASL logo to be put on a satellite flyer and to reject the wording “sponsored by EASL and . . .”. We also insisted that satellites could not be organised within the core programme but only at the end of the day, which helped to preserve the integrity of the association. The broad principles of these early rules, have, I am pleased to write, been maintained by the association until today.

A definite turning point in EASL was reached in the mid-nineties when it became clear that the association would

not grow without substantial financial assets. A more elaborate and unambiguous relationship with the pharmaceutical and Bio-Medical Industry had to be worked out in order to preserve independence for the association and to satisfy the legitimate expectations of the increasingly active companies in the area of antiviral drug development and also new treatment modalities. This need emerged overbearingly during my mandate as Scientific Secretary and subsequently as Administrative Secretary, a position created by my predecessor Christian Bréchet to ensure continuity in the committee.

Among the several commitments of the Administrative Secretary was attendance at meetings of the Council of the United European Gastroenterology Federation (UEGF). This body was composed of the so-called constituent societies (nicknamed the "seven sisters") among which EASL was one of the most prominent and the only society which proudly refused to merge with the seven sisters in the UEGW annual meeting. As a UEGF Councillor I was surprised to note that the federation was far more advanced than EASL on regulating UEGF/industry relationships. A specific session of the UEGF council meeting was dedicated to discussions with industry representatives where space, positions and satellite symposia slots were 'sold' at a price that was previously agreed upon. The document reporting the 'price list' as well as the rules regulating Federation/industry interactions was named "The Code of Practice" and was subject to periodic revision. However, the rather prescriptive nature of a Code of Practice appeared unsuitable for the then much smaller EASL meeting. Moreover, big pharma and industry as a whole were at that time reluctant to commit themselves to a long-term agreement with EASL.

The very first meeting between EASL and industry representatives was convened in August 1996 in Geneva, after the annual meeting initially planned to be held in Jerusalem was relocated there. Christian Bréchet and I were representing EASL. Several major principles were established during that meeting, which recognised the mutual benefits of long-term collaboration. General principles were established such as avoiding overlap in time and content of the satellite symposia with the core scientific programme, the need for stable long-lasting support, the distinction between 'major' and 'minor' sponsors and their specific rights and duties. Both parties committed to meet regularly twice

a year from then onwards, although this was not always honored. During the next EASL meeting in London in 1997, members at the Business Meeting were informed that following productive talks, the industry and the committee had started working on a draft document. A subsequent meeting was set-up in London in October of that year to which most of the companies supporting EASL meetings participated. A rather thin Code of Practice - more general guidelines than specific rules - was submitted to the companies together with a standard meeting format which would regulate the slots allowed for satellite symposia. This 'primitive' Code of Practice which is reported in this chapter for the historical record, defined procedures for allowing the use of the name and logo for company-sponsored events that had hitherto never been approved. Whilst EASL was willing, at least in part, to open its doors to the industry, it is clear that every effort was made to preserve the association's independence and freedom. The Scientific Committee unanimously decided against having satellite symposia within the core programme, even though there was support for granting slots before and after the day's sessions. Thus, there we have it! We had made the first step towards securing medium-term financial support for EASL meetings and its activities which we tried to increase as much as the assets at that time would permit. EASL research fellowships were already launched and required continuous support, as well as other initiatives such as travel bursaries and registration waivers for young investigators presenting a paper to the meeting.

After the initial bipartisan enthusiastic reactions, negotiations stagnated again for some time until 1999 and the EASL meeting held in Naples. There, at the EASL headquarters located in the beautiful Hotel Vesuvio, a new meeting with industry representatives was convened on the roof terrace of the hotel. The chemistry was perfect: a beautiful Neapolitan spring evening favoured negotiations and finally a revamped document was prepared that was approved in principle by both parties. The Code of Practice with the Bio-Medical Industry was signed and ratified at subsequent meetings in Rotterdam 2000 and Prague 2001. There were 4 major sponsors and one slot was available for a potential 5th sponsor. This was my last task as Administrative Secretary. Further action by my successors led to the subsequent version of the Code of Practice that was released in 2001 at

the annual meeting in Prague. This was the document that enabled EASL to finally establish itself as a financially viable charity with the capacity for expansion needed to meet

the expectations of the membership of a scientifically solid 'International Liver Congress' as well as supporting many other activities connected with the Association.

Draft document presented to the Industry by EASL on 23rd October 1997

CODE OF PRACTICE

For the present time, it is the responsibility of the Local Organising Committee to negotiate with biomedical industries. However, it is important that negotiations specific for a given meeting comply with the general guidelines applying to EASL in general and to the organisation of an EASL meeting in particular. Therefore the aim of this essential code of practice is to regulate the relationship between EASL and biomedical companies.

The EASL meeting consists of the EASL post-graduate course, the President's meeting and the actual EASL meeting.

Major sponsor, priority access to:

booth location and size

satellite symposium at the conference centre

advertisement in the 1st and 2nd announcements and in the final programme.

Satellite symposia and company-sponsored activities

Dedicated time frames are allocated to satellite symposia (see attached standard programme) and are indicated as "Extra-meeting activities" in the programme. No satellite symposium shall be organised outside these time frames, in particular no activity related to the organisation of such symposium (previewing of slides, press conferences, receptions) should take place during any EASL-organised activity, including poster sessions and social events.

Satellite symposia may be organised the day before and the day after the meeting. They may also be organised before or after the day's sessions of the core EASL meeting (breakfast or early evening sessions) as long as they do not overlap with the scientific or social sessions organised by EASL.

Under no circumstances shall a satellite symposium be advertised as part of the core EASL meeting.

The use of EASL's name and logo is strictly reserved to approval by the Scientific Committee of EASL. Therefore satellite symposia should be announced under the sole name and responsibility of the organising company unless otherwise decided by the EASL Scientific Committee.

Any material distributed at company-sponsored activities shall be previously approved by the EASL Secretary or an EASL official thereof.

Having established a perfect mode of collaboration for the medical Industry to support the EASL annual congress, the need for EASL project sponsorship was addressed in the early 2000's in order to generate collaborative and financial support besides the annual meeting. EASL Premium Sponsors status was created in 2002 enabling pharmaceutical industries to support other important EASL projects and a wide range of educational activities throughout the year with an unrestricted educational grant of 250,000€. With this money EASL is able to finance exciting programs such as Schools of Hepatology, Fellowships, Young Investiga-

tor Bursaries, EASL newsletter, webcasting and e-series programmes. Of note, without the support of our Premium Sponsors EASL would not have been able to organize the stimulating series of clinical and basic Monothematic Conferences in recent years – without any doubt an extremely successful and very important component of our educational activities.

We wish to take this opportunity to acknowledge and thank the four Premium Sponsors who generously support our 2010 activities and programmes: **BMS, Gilead, MSD, Roche**.



EASL as seen by AASLD



AMERICAN ASSOCIATION FOR
THE STUDY OF LIVER DISEASES



*John M. Vierling
American Association for the Study of Liver Diseases
Baylor College of Medicine, Houston, Texas*

It is an honour to have been asked by Roger Williams and EASL Secretary-General Heiner Wedemeyer to provide a commentary on EASL from the perspective of the outside world, especially that of the American Association for the Study of Liver Diseases (AASLD). It is only fair to acknowledge that my personal perspective is far from impartial, since I have been both a member and supporter of EASL for 25 years. The evolution of EASL as a pre-eminent association with an international constituency has been intertwined with the growth and development of the AASLD and the International Association for the Study of the Liver (IASL) from the very beginning. Having achieved its present stature as one of the two principal continental liver associations, it is only fitting that EASL has joined AASLD and IASL in providing support and encouragement for the development of other regional and continental associations, including the Asian Pacific Association for the Study of the Liver (APASL), the African Association for the Study of Liver Diseases (AfricanASLD) and the Latin-American Association for the Study of the Liver (Asociación Latinoamericana para el Estudio del Hígado, ALEH). While the ultimate maturation of multiple associations dedicated to advancing the science and practice of Hepatology throughout the world, is a worthy goal in its own right, it is increasingly clear that to have the essential national and international impact on research, medical and surgical practice and public policy requires co-operative efforts

because of the relatively small size of our individual associations.

IN THE BEGINNING, ONE SPAWNS MANY...

While our expanded knowledge of the contributions of the physicians and surgeons in Europe, China, India, Africa and the Middle East has shown us that the seeds of modern Hepatology germinated throughout the world, the critical mass of knowledge required to warrant specialisation in the liver was first reached among American and European physicians, surgeons and pathologists in the middle of the 20th century. As the finishing school of American physician specialists prior to World War II, European medical centres greatly influenced the knowledge of and approach to understanding pathophysiology of the liver and other vital organs. Immigration from Europe prompted by the rise of fascism and accelerated after World War II, resulted in the major contribution of Europeans to American academic medicine. Most notably, amongst them was Hans Popper who formed the Association for the Study of Liver Diseases (ASLD) in Chicago, Illinois, USA in 1950. The adjective "American", referring to North America (Canada, the U.S. and Mexico), was added in 1953, creating the AASLD. While this was long before the rubric of mission statements and strategic goals, the early founder members sought to establish an academic society inclusive of everyone involved in scholarly studies

of the liver and its diseases. At the root was unanimous recognition that a greater understanding of hepatic physiology, pathology, pathophysiology, and pathogenesis of disease was the essential prerequisite for future advances in therapeutics, and that the generation of new knowledge was the collective responsibility of basic science and clinical investigators.

GROWTH AND COOPERATIVE PROLIFERATION

The evolution of Hepatology as a discipline was a much slower process requiring the creation of an appropriate mass of basic science information, clinicopathological categorisation, refinement of serum biochemical and serological tests, generation of testable hypotheses for the pathogenesis of primary diseases and their complications, and successive discoveries of genetic, metabolic and viral causes of liver disease. As progress accelerated, Popper, Sherlock and Martini acted on their belief that Hepatology should be more aggressively encouraged internationally, not just in North America and Europe. This led to their establishment of IASL in 1958 with the late Dame Sheila Sherlock as the first president. The subsequent founding of EASL in Marburg in 1966 was a natural consequence of the continued emergence of Hepatology as an investigative and clinical discipline within many European countries. By eschewing dogmatism, hierarchical organisation, nationalism and parochialism in favour of scientific and clinical achievements and by institutionalising a youthful leadership, EASL stimulated the creativity, flexibility and ecumenical nature of scientific discovery.

The sequential proliferation of professional organisations within a specific field is often spawned by dissatisfaction with existing organizations and the belief that a competing organisation will be more effective in achieving the mission. Thankfully, this has never been the case with respect to associations dedicated to the liver and the creation of new associations has been induced instead by enthusiasm for new opportunities to enhance communication and cooperation within different geographical regions of the world. As a result, hepatologists worldwide are often members of 2-3 liver associations and enthusiastically give their time, talent and money for the continued success of each. The extraordinary efforts and encouragements of the leaders and members of AASLD, IASL and EASL have

contributed to the growth of the Hepatology community with formation of the Latin-American Association for the Study of the Liver (ALEH) in 1968, the Asian Pacific Association for the Study of the Liver (APASL) in 1978 and the African (ASLD), also in 1978. In 1986, Mexico - originally incorporated geographically into AASLD - affiliated with ALEH and in 1989, ALEH became a federation of the national liver associations in Mexico, Central and South America. By holding the biennial meetings of IASL with one of the continental associations for the study of the liver on a rotating basis, the propagation of the discipline was further fostered throughout the world.

MATURATION AND EXPANSION OF MISSIONS

The subsequent growth of all liver associations has been impressive but the pace of development has varied among them. To support the AASLD's educational mission for clinicians and investigators, an annual Postgraduate Course was begun and with the inexorable expansion of scientific progress came the publication of the first speciality journal, Hepatology. The increasing impact of orthotopic liver transplantation as a life-saving therapy ultimately led to the initiation of Liver Transplantation as an official journal of the AASLD and ILTS. As EASL grew, it also added a robust and popular Post-graduate Course to its annual meeting and inaugurated its official publication, the Journal of Hepatology, in 1984 with Dame Sheila Sherlock as Founding Editor. Both AASLD and EASL also devoted funds to support scientific symposia, called Single Topic Conferences by AASLD and Monothematic Conferences by EASL, to characterise the state-of-the-art of specific fields of interest and generate ideas and collaborations for novel research. With progress in both basic science and clinical research came an increasing need to define best clinical practices and advocate for their use in clinical care. Thus, the AASLD, and later EASL, formalised the process of developing evidence-based Clinical Practice Guidelines to achieve these goals. The rigour of the process used to develop guidelines and the quality of the final recommendations have resulted in their wide acceptance and praise. Effective advocacy for research funding and access to and delivery of clinical care by specialists in liver disease, liver transplantation and hepatobiliary surgery required new initiatives. The potential to serve the needs of patients

afflicted with liver diseases and their immediate families and to raise money needed for research, led the AASLD to create the American Liver Foundation (ALF) as an independent, non-profit-making foundation in 1976. EASL recently assumed the role of scientific interlocutor in alliances with European patient associations, including the European Liver Patient Association and the World Hepatitis Alliance. Such efforts should only enhance the impact of EASL in articulating the magnitude of the prevalence, morbidity and mortality of liver diseases in European countries and in advocating for higher levels of research funding and better measures for the prevention and treatment of liver diseases.

Both the AASLD and EASL have established ambitious Public Policy initiatives aimed at achieving appropriate recognition of liver diseases as a major cause of morbidity and mortality. In the U.S., the AASLD Public Policy Committee has effectively lobbied Congress on these issues and strongly supported the legislation that resulted in the doubling of the budget of the National Institutes of Health. AASLD leaders and members have played important roles in defining priorities for liver disease research by the National Commission on Digestive Diseases and in providing Congress with a five-year NIH Action Plan for Liver Disease Research. The stature and credibility of EASL and the impeccable credentials of its leaders and members in the European academic medical community indicate a strong probability of success, and it is notable that EASL has already played an important role in enhancing the stature of liver disease research in the Commission's 7th Framework Programme.

As the complexity of programs required to achieve the strategic goals of both the AASLD and EASL expanded, the need for centralised, professional offices became increasingly urgent. As a result, AASLD established an official office in 1994 and in 2009 EASL opened its official office in Geneva, Switzerland both staffed by a team of professionals and led by an Executive Director.

While growth in members interested in basic science research has continued to grow, the proportion of new members involved in clinical research and the translation of research into clinical care of patients with acute and chronic liver diseases has increased even more dramatically. This has led to the rapid expansion of programs devoted to

clinical and translational research and education of the practitioners in our field. Because of the important role of nurse practitioners and physician assistants in the delivery of healthcare in the U.S., the AASLD added an Associate Members category and EASL is similarly developing an active forum for specialist nurse practitioners in Hepatology.

EMERGENCE OF INTERNATIONAL ALLIANCES

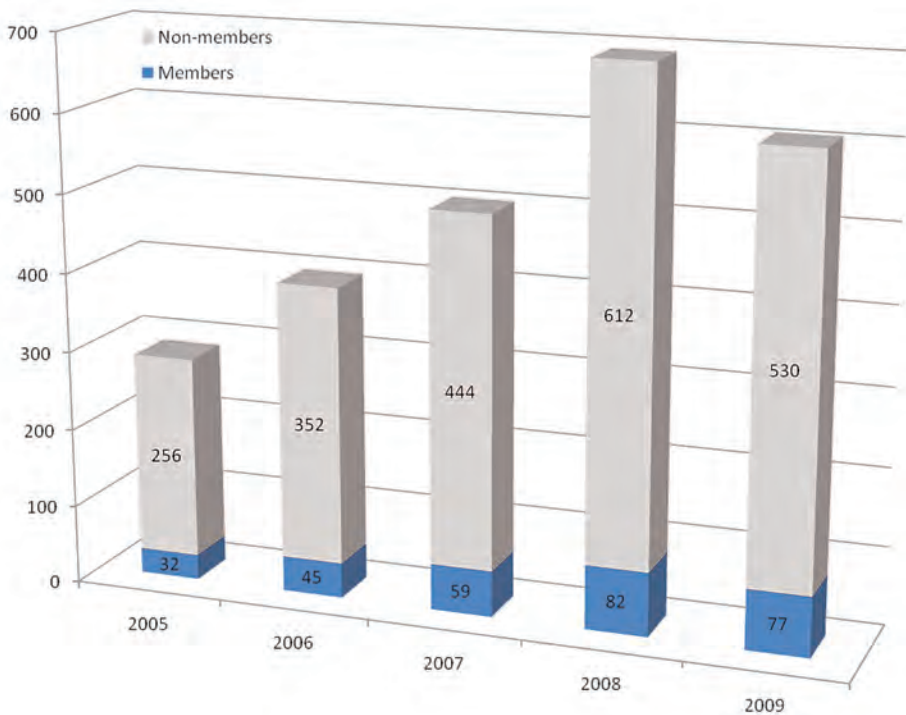
A meeting of leaders from AASLD and EASL during the annual meeting of the AASLD in 2004 identified areas of mutual interest and plans for parallel expansion that offered opportunities for future synergies between the two associations. Intense discussions led to the signing of a Memorandum of Understanding between AASLD and EASL in 2005 that formalised a privileged relationship. In anticipation of future opportunities for similar relationships with APASL and other associations, criteria for such privileged relationships were established in 2006 that included audited evidence of fiscal fitness, an appropriate membership base, a well-attended annual meeting and publication of an official journal recognised by Index Medicus. In the interim, APASL has fulfilled these criteria and both AASLD and EASL are exploring cooperative agreements with that association. To foster international cooperation among all associations, the AASLD established in 2006 an International Relations Committee composed of the leaders of AASLD, the African Association, ALEH, APASL, the Canadian Association for the Study of the Liver and IASL, chaired by John Vierling. After only 3 years of annual meetings, the Committee has identified concrete ways for furthering the vision of a proactive, international effort to promote liver health through partnerships with WHO regional and national healthcare systems.

The cooperation between AASLD and EASL has been characterised by frequent, constructive, collegial communication between the physician leaders and the professional staff of both associations. Duplication of educational efforts has been minimised, facilitated pathways for dual membership in AASLD and EASL have been developed and highly successful, jointly sponsored Single Topic/Monothematic Conferences have been held. EASL's initiative to create Special Conferences to cover broader topics than those suitable for a Single Topic/Monothematic format was enthusiastically endorsed by the AASLD and other as-

sociations. As a result, the first such EASL conference on Hepatitis B and Hepatitis C Resistance jointly organised and sponsored by AASLD, APASL, ALEH and IASL attracted over 800 participants in February 2008. The increasing sophistication of the websites of AASLD and EASL offer novel ways to enhance communication and international education through webcasts of lectures from annual meetings, Single Topic/Monothematic and Special Conferences. Both AASLD and EASL have launched web-based projects to provide webcasts of Single Topic/Monothematic Conferences, the Post-graduate Courses and State-of-the-Art lectures of their annual meetings. EASL also provides the online opportunity to create a personalised slide library from its website and to view presentations by experts in the E-series learning program.

FUNDING FOR THE MISSION

As the missions and goals of international associations have become more complex, ambitious and expensive, governing boards of each association have realised that their vital responsibility is achieving stability of funding for their proper execution. While educational programs and sponsorship for fellowship training were once readily funded by grants from the pharmaceutical industry, recent changes in the rules of the U.S. Food and Drug Administration (FDA) and the Pharmaceuticals Research and Manufacturers' Association (PhARMA) have dramatically curtailed such funding in the U.S. and in response to negative perceptions of industry funding, several major professional societies have eliminated pharmaceutical industry funding for their annual meetings. As a result



The number of USA participants at EASL meetings 2005-2009

of these changes in the U.S., the AASLD had to develop new models for the funding of its programs and initiated a major fundraising campaign “New Challenges—New Solutions” in 2008 to raise at least 5 million USD. Currently, pharmaceutical funding for liver associations outside the U.S. remains available, but is shrinking in amount and is increasingly more restricted. The extended period of recession, the reduction in the number of pharmaceutical companies due to mergers and the probability that European regulatory agencies will follow the lead of the FDA indicate that EASL will also need a robust, effective fundraising initiative in the near future.

Ensuring fiscal fitness in times of economic uncertainty and inaccessibility of traditional sources of revenue represents a preeminent challenge but also affords an opportunity to scrutinize priorities and expenditures and to measure the value the association is providing for its members. Such scrutiny by AASLD led to the introduction of a modest registration fee for members to attend the annual meeting in 2009, and it is likely that similar fees will also be charged by EASL and other liver associations in the future. It is also likely that EASL, like AASLD and others, may increase their annual dues to more accurately reflect the cost of the benefits provided to members.

CHALLENGES AND OPPORTUNITIES

Multiple challenges beyond those of fiscal security exist for the individual liver associations and the global alliance. Among the most important challenges is the need to attract and retain new members from the ranks of pediatricians, gastroenterologists, surgeons, pathologists, oncologists and radiologists who are interested in the science and practice of Hepatology, liver transplantation and hepatobiliary surgery. A corollary of this challenge is to proactively adapt programmes, meetings and publica-

tions to meet the needs and preferences of 21st century generations. Success in these endeavours will require that new members have ample opportunities to participate in the affairs of the associations, be groomed for leadership roles and derive tangible benefits from membership that enhance their career development. Another critical challenge will be maintenance of cohesion within each association and among all associations so that national and international policy makers respect the credibility of pronouncements and recommendations made by the associations regarding research funding and clinical priorities. To maintain cohesion within individual associations, a forum for expression of the focused interests of small groups should be a priority to prevent fragmentation into splinter groups.

The current and future potential for internet-based communications and databases can rapidly make international networks and consortia for basic science and clinical research a reality. Thus, it is possible to envision unprecedented projects in global epidemiology conducted with WHO to define the burden of liver diseases on every continent, the collection and analysis of samples for use in genome-wide association studies and studies of the proteasome, metabolome and microbiome in well-defined patient populations, design and execution of clinical trials of disease prevention and therapy on a global scale. In addition to the generation of new knowledge, an equally important opportunity is the dissemination of existing knowledge to professionals in the developing countries. Liver associations have now reached the critical mass and maturity required to embrace both the challenges and opportunities of the 21st century. The maturation of AASLD, EASL, IASL and APASL will probably be followed by rapid development of the AfricanASLD and ALEH. The prospect for realising the dreams of our founders have never been brighter.



Major changes to governance



A personal perspective

David Adams

My start as a member of the Scientific Committee was highly inauspicious as I missed the Business Meeting when I was due to be approved after a senior EASL member told me, incorrectly as it turned out, that the time had been changed. Thankfully I was approved in my absence and joined the committee at the same time as Jean-Michel Pawlotsky who subsequently became Secretary and then our first Secretary General. Given Jean-Michel's French and Russian ancestry I should have realised we were in for a revolution! It was a very exciting and eventful time. Thanks to the efforts of previous committees, EASL found itself modestly well off and in a position to really challenge AASLD to become the premier liver meeting. Jean-Michel took that challenge on in his typically dynamic, forthright, style. He was fortunate to have great colleagues on the Scientific Committee who helped him drive his vision through despite initial reservations from some EASL members and I believe everyone now agrees that EASL is stronger for the reorganisation. There were gastronomic consequences of the new leadership as well. Previously the Scientific Committee meetings were held in Geneva. Kenes, who then ran EASL, would arrange for an evening meal in a pleasant

restaurant specialising in traditional Swiss raclette and fondue. When Jean-Michel took over, the meetings were moved to Paris and we ended up experiencing Michelin-starred restaurants in the Bois de Boulogne, "c'est la vie"! My own contributions were much more modest and ran to the occasional application of British diplomacy at stressful times, to making sure there was always an immunology session at the annual meeting and being in Jean-Michel's words "the keeper of the Kingdom" - delegated to make sure that the English language did not get too mangled in EASL communiqués. Being a member of the Scientific Committee was an honour and privilege. It was hard work but very rewarding. Best of all the chance to work with and get to know some great colleagues from all over Europe made me appreciate even more, how powerful Europe can be when we all work together for shared goals. I would like to mention one other person who started at the same time as I joined the committee and that is Laetitia Bru. She came on board as a junior member of the Kenes team but has gone on to become a key figure behind the scenes making sure that EASL runs smoothly and efficiently. Without her all would have been chaos!



Expanding Horizons

Jean-Michel Pawlotsky

EASL's metamorphosis started in the mid-1990s, thanks to the vision of Christian Bréchet, then EASL Scientific Secretary. The creation of the position of Administrative Secretary, aimed at ensuring political and administrative continuity at the top of the Association, and the establishment of an embryo centralized office (in fact Isabelle Porteret, Christian's hospital secretary, in the room beside his office) were the first steps towards a professional organisation. His successors (Mario Mondelli, Andrew Burroughs, Detlef Schuppan, Jordi Bruix and Massimo Levrero) and their Scientific Committees continued to build on these foundations. The day of my election as EASL Scientific Secretary, during the annual meeting in Paris in April 2005, revealed a relatively wealthy association efficiently running its scientific and educational activities and its successful annual meeting. EASL was ready to face the challenges of a modern scientific association in the changing environment of the early 21st century.

EXPANDING HORIZONS, 2005-2009

Reinforcement of the political and administrative structure of EASL was a top priority for me, right from the outset. Switching the scientific leadership of the old EASL "Scientific Committee" into the clear political leadership of a reinforced, more experienced "Governing Board" was the first step, which was achieved in April 2006 through the approval of a new constitution passed during the EASL Business Meeting. Extending the age of incoming Scientific Committee members to 48 and increasing the total number of Governing Board members to 10, all of different nationalities, including the two Educational Councillors and the Treasurer who have no age limit, brought invaluable experience, political skills and perspective into the EASL Governing Board. The creation of the position of Vice-Secretary, a number two for the Association and future Secretary General, provided the opportunity for an efficient executive pair at the top of the association, while ensuring sufficient training for the incoming Secretary General. With a better governing structure, EASL was ready for further changes. Making an already successful and attractive annual meet-

ing even more appealing was a challenge. The growing interest of the pharmaceutical industry in liver diseases, especially viral hepatitis, was felt to be an opportunity to grow, but also a threat to the integrity and diversity of our programmes. How could we surf on the wave without being swept away? The first decision was to create a Late-Breaker session. Since then, these sessions have attracted cutting-edge science, a very large audience, and exceptional media coverage, making them one of the highlights of the EASL annual meeting. The decision was also made to substantially increase educational offerings during the annual meeting sessions. The number of Early Morning Workshops was progressively increased to 24 (12 per day) and the number of thematic EASL Symposia to 12, while a number of educational pre-meetings, organised jointly with various sister organisations, were run in the morning preceding the start of the EASL Post-Graduate course. In parallel, the daily schedule of the annual meeting sessions was fixed and the readability of the scientific programme was improved. In order to ensure that the majority of our attendees could find something interesting in the meeting at any time, the sessions were organised to follow four parallel sessions, running from early morning to the end of each day: Viral Hepatitis, Basic Science, General Hepatology, and Liver Transplantation/Hepatocellular Carcinoma. Room was given to the patients' representatives who are invited to speak at the Opening General Session and organise a workshop during the annual meeting. Through the creation of the Annual EASL Recognition Awards, which are presented during the second General Session of the meeting, EASL has been proud to honour the men and women who have written the history of European and international Hepatology. These ceremonies have been deeply moving. Overall, these changes have met with success since attendance at our meetings has risen from approximately 4500 to nearly 7500 participants, making the EASL annual meeting comparable in size to that of the American Association for the Study of Liver Diseases (AASLD) and generating a very high level of satisfaction. In 2009, the EASL annual meeting became 'The International Liver Con-

gress™. This is a protected trademarked denomination, which offers a number of opportunities for future educational and scientific, as well as fundraising, developments. As mentioned in numerous sections of this volume, in addition to its annual meeting, EASL offers an ambitious programme of scientific and educational activities throughout the year. EASL now undertakes the full funding and central organisation of the EASL Monothematic Conferences, allowing their scientific organisers to concentrate solely on the scientific programme. The success of the clinical, but also of the basic EASL Monothematic Conferences is amazing. It clearly shows the need, besides the annual meeting, for smaller thematic scientific conferences that revive the spirit of the Association as it flourished during its early years. EASL Special Conferences were created with the intent to cover broader topics and attract a larger number of attendees than Monothematic Conferences. The first EASL Special Conference on "Hepatitis B and C Viruses Resistance" attracted over 800 participants in Paris, France, in February 2008. It was jointly organised with the American Association for the Study of Liver Diseases (AASLD), the Asian-Pacific Association for the Study of the Liver (APASL), the Latin-American Association for the Study of the Liver (ALEH) and the International Association for the Study of the Liver (IASL). The second EASL Special Conference was held in Bologna, Italy, in September 2009 on the topic of non-alcoholic fatty liver disease (NAFLD) and non-alcoholic steatohepatitis (NASH). It will be followed by an EASL Special Conference on hepatocellular carcinoma in June 2010 in Dubrovnik, Croatia, with others planned for the future. The beginning of the 21st century has seen the emergence of new modes of communication and teaching. EASL decided to webcast several of its educational events, including the annual meeting Post-Graduate Course and EASL Monothematic Conferences, which are also considered to be of broad scientific interest. The lectures can be watched on the web or podcasted for subsequent viewing. EASL webcasts also offer the unique possibility of recreating a slide library from the full collection of slides with a few keywords and a simple click. The EASL e-series has also been launched as a new learning experience. The e-series comprises state-of-the-art presentations by world-renowned experts providing in-depth coverage of a single topic for on-line viewing, download or podcast. The success of

EASL's e-learning programmes was immediate and access to EASL webcasts and e-series is now one of the main reasons for new EASL members to apply.

The challenge of establishing a strong relationship with other continental liver societies and building a more global alliance has been taken very seriously. In November 2005, a Memorandum of Understanding was signed between EASL and AASLD, referred to by John Vierling in his contribution, which established a privileged relationship between the two societies. Since then, a number of events have been co-organised, co-funded or endorsed by the two societies on both sides of the Atlantic. Dialogue and cooperation between EASL and AASLD is on-going, friendly, and constructive. Solid links have also been forged with ALEH, resulting in the organisation of an ALEH-EASL-AASLD Post-Graduate Course during the last ALEH Bi-Annual Meeting in Venezuela in September 2008. Latin-American fellows were also selected by ALEH to attend an EASL School of Hepatology. EASL's Chinese presence is expanding with meetings organised in conjunction with the Chinese Society for Liver Diseases and a signed Memorandum of Understanding with APASL. International collaborations have been further expanded by the launch, on EASL's initiative, of an Annual Global Liver Summit for the top executives of continental liver societies. Better harmonisation of the societies' policies and common initiatives are expected.

As one of the two principal continental liver societies, EASL has the crucial mission of influencing the strategic policy for liver disease as well as reimbursement and management issues in Europe and abroad. The decision to launch a programme of Clinical Practice Guidelines was a major step forward for the Association. The ability of the European Liver Society to guide the diagnosis and management of liver diseases on an exclusively science-driven basis is of the utmost importance in a medical world all too often led by the pharmaceutical industry and the regulatory agencies, with little intellectual input from the academic world. Thanks to the involvement of the panellists for the Clinical Practice Guidelines and external reviewers coupled with the efforts of the EASL Governing Board, success has been immediate. The outstanding impact of the first EASL Clinical Practice Guidelines on the Management of Chronic Hepatitis B, in Europe and far beyond, has reinforced EASL's determination to pursue this effort and cover a large

number of clinical and therapeutic areas.

As a leading scientific association, EASL's responsibility is also to seek policy recognition for the varied focus of its activities, so as to shape an environment conducive to research and health initiatives on liver diseases. This is why we decided to launch an ambitious Public Policy initiative in order to address the situation that, despite their high prevalence, morbidity and mortality rates, liver diseases are all too often neglected by both national and European Union (EU) policy-makers. The objectives of EASL's European advocacy and communications strategy are to make liver diseases a priority both in the EU public health agenda and research policy; to raise EASL's profile as an association and to establish its members as points of reference and key advisors to European policy makers, and to boost awareness amongst citizens about the causes of liver diseases along with their prevention and screening. All this will require major long-lasting efforts, the results of which will not be known for years to come. However, tangible results can already be acknowledged: EASL is now recognized as the scientific interlocutor by all major European stakeholders; the collaboration with the patients' associations (the European Liver Patient Association, ELPA, and the World Hepatitis Alliance) has been fruitful and several important decisions have been made through the combined influence of EASL and patients' groups at the European level. Last, but not least, liver diseases now carry more weight in the research funding calls of the Commission's 7th Framework Programme. The effort must now be sustained and extended.

The extension and growing complexity of EASL activities made the professionalisation of EASL's administration and the routine handling of its affairs an urgent requirement. In this respect, the opening, in January 2009, of the EASL Office in Geneva, was a critical step forward. The EASL Office now provides the Association with the operational capacity to function with dedicated, faithful, independent personnel. The administrative, financial, political and operational tasks of EASL are handled by full-time professionals, while additional EASL officers run the central office of the Journal of Hepatology. This new structure has profoundly transformed the management of the Association, which is now on a par with the most successful international scientific societies in terms of level of organisation.

Taking into account the growth of EASL and its extended missions, the Governing Board has been working, with staff and outside professionals, to give EASL a new unified brand identity. The starting point for this branding process has been the creation and design of a new EASL logo, which was launched in 2009 and progressively phased in through our different publications, meetings, website and other communication tools. This was the last on a long list of important symbolic changes.

EASL'S CHALLENGES, 2009 AND BEYOND

Despite being an association of individuals, EASL will have to face crucial challenges at national and international level. Internally, the influence, representation, and participation of EASL members from the smaller Western European nations and, most importantly, from Eastern European countries will have to substantially increase. A better gender balance is also needed. Externally, reinforcement of the links with AASLD is an absolute priority. Continent-wide scientific societies represent the only credible academic counter-power against government and private sector interests. The goal of having Clinical Practice Guidelines jointly written by both Associations is achievable. Speaking with one voice to international stakeholders and policy makers, controlling the flow of scientific information and being able to generate independent international clinical trials are all vital tasks. In this respect, the creation of Clinical Research Networks or Consortia and the establishment of strong transatlantic relationships is a credible and useful approach. The recent creation of an EASL-Chronic Liver Failure (EASL-CLIF) Consortium, closely connected to a similar network in North America, is the first step in the right direction. Reinforcement of EASL links with other continental societies, such as APASL and ALEH, either bilaterally or within the Global Alliance, is also an important challenge considering that the vast majority of liver patients live in these areas, where Clinical Hepatology expertise is increasing and bench research is booming along with the growth of 'tiger economies'.

The relationship between Hepatology and Gastroenterology has always been complex and emotive. The question of making Hepatology an independent "specialty" in Europe has been raised on a number of occasions. EASL's position is that this issue can only be addressed at national

level, if so desired. This is also relevant for EASL's continued membership in the United European Gastroenterology Federation (UEGF). Its role has been to organise the liver programme once a year during the United European Gastroenterology Week (UEGW). Recent reorganisations and initiatives indicate that UEGF may evolve to become the European Gastroenterology Society. This is excellent news as this type of society is needed. Nevertheless, the move

implies that EASL will have to leave this organisation and establish a new, constructive relationship with it. There is room in Europe for two independent scientific societies that do not overlap in terms of their objectives but which join forces to organise events where each society is responsible for its own programme. Our American colleagues have shown us that this is possible. EASL is ready for these changes.



Challenges for a new decade

Heiner Wedemeyer

As EASL enters the new decade, our society is stepping up its professionalism on all levels. A major milestone was the creation of the EASL Office established in 2009 in Geneva, Switzerland. Our office now has full management of the annual meeting and of the many educational programmes and other activities, and is undoubtedly the most important and most successful initiative undertaken by the previous Governing Board chaired by Jean-Michel Pawlotsky. As one of the world's leading associations in the field of liver disease, this new organisational arrangement will notably benefit EASL members and will also be of value to hepatologists throughout the world. The new EASL Office is headed by Executive Director Grégoire Pavillon, who has successfully built a dynamic team covering all of EASL's administrative areas and providing essential support for the Governing Board. EASL has also had the good fortune to inherit the expertise of Laetitia Bru, who formerly worked for Kenes, the Professional Congress Organizer in charge of our affairs, and who has now become EASL's Deputy Executive Director. Laetitia has been involved with EASL for many years and her experience and extensive knowledge will be of immense value to our Association's working. Emilie Keller, Chief Operations Officer greets visitors and callers to the EASL Office. Emilie joined Grégoire and Laetitia in January 2009 and aside from various logistical responsibilities, she has now taken charge of all EASL membership issues. Emilie's organizational skills will undoubtedly help with the smooth running of EASL. Finally,

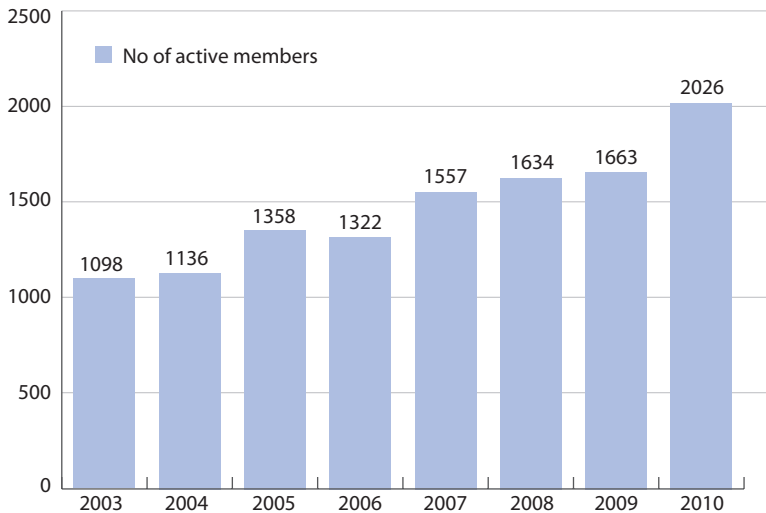
the team was completed in May with the hiring of Jacqui Sisto, Communications Project Manager. Jacqui has done an excellent job in the first few months since her appointment and has successfully established and revamped the EASL website - I encourage you to visit the new and improved features on www.easl.eu.

Furthermore, the Journal's Editorial Office is now co-located with the EASL Office in Geneva. Sonia Guimil, PhD, has been appointed Editorial Manager and receives support from Adam Swetloff, PhD, Editorial Assistant. The centralization of both offices in one location will greatly help in maintaining a high level of performance and professionalism in all matters relating to Hepatology over the next decade. Sonia and Adam are also very committed to EASL; they are full of ideas and have worked hard to successfully implement Professor Didier Samuel's vision for the Journal!

We must now face the internal and external challenges that almost certainly lie ahead for EASL. The Association has substantial reserves of funding due to the growing interest of the pharmaceutical industry in viral and tumour-related liver disease. We are still able to fund our outstanding educational activities such as the EASL Schools of Hepatology, Monothematic Conferences, Webcasting and the E-Series and EASL grants more than 300 travel bursaries each year to young fellows in order to help them attend EASL activities. This must be continued. In addition, and quite unique for a continental scientific association, EASL is spending

almost half a million Euros per year on the Sheila Sherlock Fellowship programme, thus directly supporting research projects and the exchange of fellows between different European research groups. The fellowship programme is an unparalleled success story and we are proud that several research programmes have been boosted by our support. Although in Europe we still live in a relatively liberal regulatory environment allowing us to forge close links with our premium sponsors it is very likely that regulations will become tighter in the years to come as is already the case in North America. It will become increasingly difficult to finance the afore-mentioned activities. We must, therefore, seek alternative funding opportunities outside direct sponsorship by the pharmaceutical industry, as referred to by Helmer Ring-Larsen in his contribution earlier in this volume. The new professional fundraising policy being developed will be essential for the future of our Association. Various interesting ideas currently being explored include the establishment of a European Liver Foundation, to be presented to our members over the coming year. We are in the process too of further developing the struc-

ture of our association. We have already created the important position of an EU Policy Councillor. Being present and visible in Brussels is crucial for all of us if we are to succeed given the competition between the different medical domains. In addition, EASL also needs to appoint a Public Information Councillor to further expand our web-awareness and improve interaction with patient advocacy groups. Overall, the workload for the Governing Board has increased enormously alongside EASL's tremendous growth and to help with this we have started to define responsibilities amongst its Governing Board members. Finally, we can not overlook the challenges for the Secretaries who have to devote up to 50% of their time to EASL activities, sometimes more. This has a significant impact upon their other duties and respective institutions. Further adaptation of our Governance structure will most certainly be needed if we are to recruit the best people from within EASL for these and other important official positions. Guidelines for the establishment of EASL-endorsed and –supported research consortia were implemented by the previous Governing Board and the first of these on Chronic



EASL Membership, Years 2003 – 2010

Liver Failure (EASL-CLIF) was started in 2009. It should be noted that this consortium is closely linked to a similar network in North America supported by the AASLD. The Governing Board aims to launch more consortia over the next few years. These will hopefully become strong structures within our society, setting a state-of-the-art approach for European research in the respective fields.

I am convinced that no 'virtual platform' will ever substitute the need for face-to-face discussions on the latest scientific findings. Thus, our annual meeting The International Liver Congress™ and Special Conferences will remain key events in the yearly calendar. However, we have to move forward and to have a stronger presence in the new web-2.0 world. A variety of questions are already being asked, for instance, do we need to establish an EASL forum within facebook, should we further expand our already highly successful webcast programme and do we need to show our congress presentations on Youtube?. We cannot, in any way, ignore these tools if we want to attract students and young scientists to our field. In 2009, only 4 of EASL's members were under 30 years of age. The new Governing Board has therefore decided that all recipients of young investigator bursaries will receive one year's free membership and to motivate our research and clinical fellows to become EASL members and attend meetings a special EASL forum for young hepatologists will be launched during 2010.

The role of Western European countries within EASL has been very strong throughout the association's history. Secretaries have come from France, Italy, Spain, the United Kingdom and Germany. While smaller countries such as Switzerland, Austria and the Benelux or Scandinavian countries have also been very active, we have to question whether the role of Eastern European countries is adequately reflected during our meetings and on our

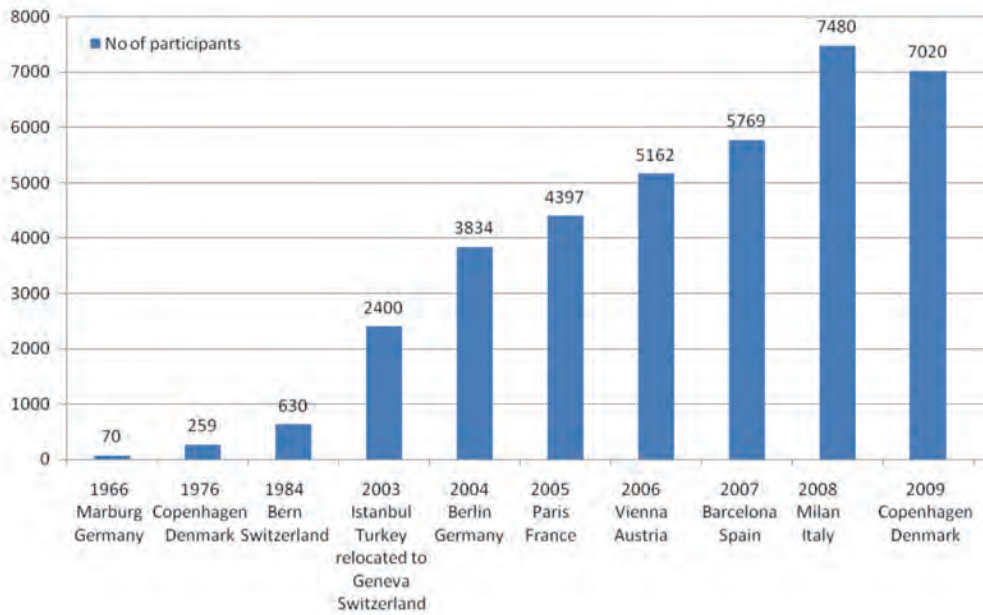
boards. Both the number of abstract submissions from Eastern Europe to the annual meeting and the quality of abstracts from these countries have significantly increased in recent years. Nevertheless, 20 years after the political system changed in Europe, we still have not had a Governing Board member from countries such as Russia, Poland, the Czech Republic or Hungary and how best to promote young researchers from these countries in particular is another serious concern for the Board.

The EASL Clinical Practice Guidelines were started in 2009 (Management of Hepatitis B virus infection and Cholestatic liver disease) to be continued in 2010-2011 with guidelines on Hepatitis C, Ascites, Hemochromatosis, Hepatocellular Carcinoma and Alcoholic liver disease.

The guidelines are published without mentioning the authors in the title but recognising them on the very first page of the paper. This policy, although subject to controversial discussion, has proved to be successful and very well received by colleagues in Europe and world-wide. It is important to note as referred to by J.Vierling in his contribution that our educational councillors are currently working together with the AASLD Clinical Practice Committee to establish common EASL-AASLD guidelines, which will be another step forward in raising standards of clinical practice throughout the world.

As our discipline moves rapidly forward the need for a strong European Liver Association is greater than ever before. We will need to define the role of EASL vs. other independent societies in our field and how EASL can or should fulfil the needs and requirements of all sub-specialties. The EASL Governing Board is strongly committed in addressing the new challenges step-by-step and greatly welcomes the support and advice from its members and the many well wishers of EASL so as to be able to speak with one voice to all national and international stake holders!

N° of participants at EASL annual meetings



In 2008 the percentage break down of participants by world regions was as follows:

- Western Europe 59%
- Eastern Europe 11%,
- East Asia & Pacific 10%
- Middle East 8%
- Central & South America 6%
- Africa & Atlantic 3%
- North America 2%
- Central Asia 1%



June 2009, EASL Governing Board with the new Geneva-based EASL Office and Editorial Team.

Left to right (top row):

Sonia Guimil, Journal of Hepatology - Editorial Manager
Ramon Bataller- Scientific Committee Member
Fabio Marra- Scientific Committee Member
Peter L.M. Jansen- Educational Councillor
Gregoire Pavillon - Executive Director

Left to right (bottom row):

Mauro Bernardi- Treasurer
Heiner Wedemeyer - Secretary General
Tania Roskams- Scientific Committee Member
Mark Thursz- Vice-Secretary
Rifaat Safadi- Scientific Committee Member
Emilie Keller, Chief Operations Officer
Dominique Valla, EU Policy Councillor
Fabien Zoulim-Educational Councillor
Jacqui Sisto - Communication Project Manager

Not pictured:

Darius Moradpour- Scientific Committee Member
Laetitia Bru - Deputy Executive Director



EASL Schools of Hepatology, 2003 - 2010

CLINICAL SCHOOLS	YEAR	BASIC SCHOOLS
December 5-7, 2003 Geneva, Switzerland Course 1: Chronic Liver Diseases	2003	
June 11-12, 2004 Barcelona, Spain Course 2: Complications of cirrhosis and liver cancer	2004	
December 3-4, 2004 Birmingham, UK Course 3: 1. Liver transplantation 2. The liver, immunity, and autoimmune diseases	2004	
June 17-18, 2005 Copenhagen, Denmark Course 4: Acute Hepatic Injury: Aetiology, Pathophysiology, Complications and Current Management	2005	
December 9-10, 2005 Milan, Italy Course 5: Hepatitis C & B	2005	
June 23-24, 2006 Dublin, Ireland Course 6: Clinical Hepatology	2006	January 27-29, 2006 Siena, Tuscany Course 1.
December 7-8, 2006 Hannover, Germany Course 7: Autoimmune Liver Diseases	2006	
June 8-9, 2007 Barcelona, Spain Course 8: Complications of Liver Cirrhosis and Hepatocellular Carcinoma	2007	February 2-4, 2007 Lisbon, Portugal Course 2: Cell Signaling in the Liver
December 14-16, 2007 Turin, Italy Course 9: Metabolic liver diseases	2007	
June 20-22, 2008 London, UK Course 10: Liver Transplant and Acute Liver Failure	2008	February 1-3, 2008 Lisbon, Portugal Course 3: Vascular Biology of the Liver in Health and Disease
December 12-13, 2008 Leuven, Belgium Course 11: Clinicopathological Confrontation in Hepatology	2008	
June 12-14, 2009 Paris, France Course 12: Viral Hepatitis	2009	January 22-24, 2009 Lisbon, Portugal Course 4: Liver Immunology
December 3-5, 2009 Hannover, Germany Course 13: Autoimmune Hepatitis, PBC and PSC	2009	
May 28-30, 2010 Torino, Italy Course 14: Metabolic Liver Diseases	2010	February 25-27, 2010, Lausanne, Switzerland Basic course 5: Hepatitis B and C: Molecular Virology and Antiviral Targets
December 10-11 2010, Barcelona, Spain Course 15: Endoscopy and Liver Diseases	2010	

EASL Monothematic Conferences & Special Conferences, 1999 - 2010

EASL MONOTHEMATIC CONFERENCES	YEAR	EASL SPECIAL CONFERENCES
1999, Sept 23-25 Vienna, Austria Hepatocarcinogenesis (co-sponsor)	1999	
2000, Sept 15-17 Barcelona, Spain Hepatocellular Carcinoma	2000	
2001, Florence, Italy Hepatic Stellate Cells	2001	
June 30-July 2, 2002 London, UK Vascular Function in Liver Disease	2002	September 13-15, 2002 Geneva, Switzerland EASL Consensus Conference on Hepatitis B virus
September 25-26, 2003 Venice, Italy Artificial Liver Support	2003	
June 14-15, 2004 Turin, Italy The Role of Liver Biopsy in the Diagnosis and Management of Chronic Liver Disease	2004	March 18-20, 2004 - Salvador, Brazil EASL - ALEH Symposium From Viral Hepatitis to Liver Cancer
September 17-18, 2004 Lisbon, Portugal Nonalcoholic Steatohepatitis: from Cell Biology to Clinical Practice	2004	
October 1-2, 2004 Trieste, Italy Trieste International Bilirubin Workshop 2004: The Molecular Basis of Bilirubin Neurotoxicity and Encephalopathy	2004	
June 10-12, 2005 Barcelona, Spain EASL- AASLD- JSH Monothematic Hepatocellular Carcinoma - Towards Molecular Profiling of Clinical Management	2005	
October 6-8, 2005 Istanbul, Turkey From Viral Pathobiology to the Treatment of Hepatitis B Virus Infection	2005	
January 12-14, 2006 Paris, France Liver Transplantation in Viral Hepatitis	2006	
June 23-24, 2006 Modena, Italy EASL- AASLD Monothematic Genetics in Liver Diseases	2006	
October 7-8, 2006 London, UK Clinical Immunology	2006	
September 5-7, 2007 Copenhagen, Denmark Acute Liver Failure	2007	June 4 - 6, 2007 Atlanta, Georgia, USA EASL-AASLD Endpoints Single Topic Conference (STC): Portal Hypertension and Variceal Bleeding: Unresolved Issues
December 2-4, 2007 Newcastle, UK Primary Biliary Cirrhosis	2007	
June 12-14, 2008 Prague, Czech Republic Liver cancer: from Molecular Pathogenesis to New Therapies Webcasted conference	2008	EASL –AASLD – APASL– ALEH – IASL Conference February 14-16, 2008 Paris, France Hepatitis B and C Virus, Resistance to Antiviral, Therapies Webcasted conference

EASL MONOTHEMATIC CONFERENCES	YEAR	EASL SPECIAL CONFERENCES
December 4-6, 2008 Hamburg, Germany Immune Mediated Liver Injury	2008	
January 22-24, 2009 Budapest, Hungary Portal Hypertension: Advances in Knowledge, Evaluation and Management Webcasted conference	2009	September 24-26, 2009 Bologna, Italy NAFLD-NASH and Related Metabolic Disease Webcasted conference Endorsed by: AASLD - American Association for the Study of Liver Diseases EASD - The European Association for the Study of Diabetes EASO - The European Association for the Study of Obesity
February 27 – March 1, 2009 Vienna, Austria EASL-AASLD Monothematic Nuclear Receptors and Liver Disease	2009	
June 21-23, 2009 Oslo, Norway Primary Sclerosing Cholangitis	2009	
February 18-19 2010 Amsterdam, the Netherlands Signaling in the Liver	2010	June 24-26, 2010, Dubrovnik, Croatia EASL-AASLD-APASL-ALEH Hepatocellular Carcinoma from Genomics to Treatment
September 24-26 2010, Istanbul, Turkey Delta Hepatitis	2010	
December 3-5 2010, Athens, Greece Alcoholic Liver Disease	2010	

Sheila Sherlock fellowship programs

The Research Fellowship Program was launched 1997. Two fellowships were announced in the 1st year.

Note: In 1997 and 1998, projects had no official titles. The titles listed are the summaries as they appeared in the EASL newsletter. We apologize if the following records are incomplete. The Fellowships will be updated on www.easl.eu and we encourage you to contact us if you were awarded an EASL Fellowship in the past but do not figure on this list.

FELLOWSHIP	NAME	YEAR	PROJECT TITLE	HOSTING INSTITUTION
SHORT-TERM	Siarhei Kirko	2009	Derivatives of ursodeoxycholic acid in the therapy of liver fibrosis: study on rat thioacetamide-induced fibrosis reversal	School of Medicine, Graz University Austria
	Eleonora Boncompagni	2009	Evaluation of trimetazidine and melatonin in IGL-1 solution to preserve steatotic liver for transplantation	Instituto de Investigaciones Biomedicas de Barcelona (IIBB), Spain
	Andrew Fowell		Do antigen specific responses to hepatitis C virus promote hepatic stellate cell activity and influence fibrosis progression in chronic hepatitis C infection?	California Pacific Medical Center. San Francisco, USA
ENTRY LEVEL	Norberto Chavez-Tapia	2009	New metabolomic biomarkers for fatty liver in a novel in- vitro model for NAFLD and NASH	Trieste, Italy
	Lorenzo Micco	2009	Innate immune modulation by IFN- α therapy in chronic HBV infection	UCL London, UK

FELLOWSHIP	NAME	YEAR	PROJECT TITLE	HOSTING INSTITUTION
ENTRY LEVEL	Vanessa Banz	2009	The molecular basis of Th17 CD4 T cell recruitment to the liver	The Medical School University of Birmingham, UK
POST-DOC	José Guadalupe Macías Barragan	2009	Effect of pirferidone and thiol containing antioxidants in Nrf2-related pathway and expression of inflammatory and fibrogenic mediators in human hepatic stellate cells	University of Florence, Italy
	Julie Lucifora	2009	Innate response to hepatitis B infection: how the virus could activate and overcome it.	Technical University of Munich, Trogerstras. Munich, Germany
	Pietro di Fazio	2009	Panobinostat, a novel pan-DAC inhibitor, induces autophagic cell death in hepatocellular carcinoma	University Hospital Erlangen, Germany
SHORT-TERM	Anne-Christine Piguet	2008	Study of fat, glucose and insulin metabolism in hepatocyte-specific PTEN, mTOR and both deficient mice	University of Cincinnati, USA
	Rui Castro	2008	Modulation of liver regeneration by bile acids: role of miRNAs	University of Minnesota Medical School, USA
	Pietro Di Fazio	2008	Role of miRNAs in HDAC-inhibitor mediated apoptosis of hepatocellular carcinoma	University Hospital Erlangen, Germany
	David Semela	2008	Notch Signaling in Hepatic Microcirculation and Chronic Liver Disease" for one month grant	University of Tromso, Norway
	Mehlika Toy	2008	A comprehensive modelling study for the evaluation of therapeutic interventions and the natural history of Chronic Hepatitis B in Turkey	Ankara University, Turkey
POST-DOC	Augusto Villanueva	2008	Integrative analysis of rictor as a potential new oncogene in hepatocellular carcinoma.	IDIBAPS, Barcelona, Spain
	Somnath Pai	2008	Autoreactive antibodies in patients chronically infected with Hepatitis C virus.	Fondazione IRCCS Policlinico San Matteo and University of Pavia, Italy
	Athanasios Mavropoulos	2008	The role of p38 mitogen-activated protein kinase (MAPK) signalling pathway in the pathogenesis of autoimmune hepatitis.	King's College Hospital, London, UK
SHORT-TERM	Carlo Saitta	2007	The role of MDR3 deficiency in cholangiopathies	King's College London School of Medicine at King's College Hospital, London, UK
	V. Di Maso	2007	Techniques for analysis of mitochondrial localized proteins: a tool to investigate APE1/Ref-1 mitochondrial localization in Human Hepatocellular Carcinoma progression	
	Gautam Mehta	2007	Hemodynamic Evaluation of Portal Hypertensive Patients and Establishment of Laboratory Models of Portal Hypertension	Hospital Clinic, University of Barcelona, Spain

FELLOWSHIP	NAME	YEAR	PROJECT TITLE	HOSTING INSTITUTION
ENTRY LEVEL	Yann Malato	2007	Analysis of the differential role of IKK β /IKK2 and IKK γ /NEMO during liver regeneration	Medizinische Klinik III, Germany
	Linck Machado Guimarães	2007	Binding of advanced glycation end products on sinusoidal liver cells exacerbates development of NAFLD	Vrije Universiteit Brussel, Belgium
	Silke Eisele	2007	Intermediate-conductance Ca-activated potassium channels in activated hepatic stellate cells as a new target for antifibrotic treatment	University of Berne, Switzerland
POST-DOC	Juliette Martin	2007	Hepatic Pathophysiology of Hint 2, a Mitochondrial Tumour Suppressor	University of Berne, Switzerland
	Cécile Guichard	2007	Identification of MicroRNAs Targeting the In-Vivo Unfolded Protein Response in the Liver of Patients with Chronic Hepatitis C	INSERM Unit 773, Laboratory for the Study of Complications of Cirrhosis, France
	Andréa De Gottardi	2007	Bone morphogenetic proteins in the regulation of portal hypertension: role of noggin, vascular NADPH-oxidases and angiogenesis	University Hospital Clinic, Barcelona, Spain
SHORT-TERM	Christian Frenzel	2006	Antigen presenting function and T lymphocyte stimulating capacity of human liver sinusoidal endothelial cells	University of Birmingham, UK
	Elena Grandini	2006	Side population (SP) stem cells: the cancer stem cells in hepatocellular cancer and cholangiocarcinoma?	The Queen's Medical Research Institute, University of Edinburgh, UK
	Helen Matthews	2006	Developing the Mouse Strains IGT/6 and 129SvEv as New Models of Non-Alcoholic Steatohepatitis and Fibrosis	Imperial College London, UK
ENTRY LEVEL	Gavin Wright	2006	L-Ornithine-Phenylacetate, a Novel Treatment for Hepatic Encephalopathy: Inter-organ Metabolic Study in a Paracetamol-induced Mouse Model of Liver Failure	University of Maastricht, The Netherlands
	Alessandro Principe	2006	Role of apelin in the pathogenesis of renal dysfunction and oedema formation in advanced liver cirrhosis	Hospital Clinic, Barcelona, Spain
POST-DOC	Monika Schmid	2006	Molecular Characterisation of the HCV-E2/CD81 Interaction in Human HSC -Relevance to the Fibrogenic Evolution of HCV-Related Chronic Liver Disease	Università degli Studi di Firenze, Italy
	Christopher Rose	2006	Investigating the pathophysiology in alterations of the cortico-spinal tract in experimental hepatic encephalopathy	Hospital Universitari Vall d'Hebron, Barcelona, Spain
	Stefania Lorenzini	2006	The bone marrow-derived hepatic myofibroblasts in the resolution of fibrosis	The University of Edinburgh, UK

FELLOWSHIP	NAME	YEAR	PROJECT TITLE	HOSTING INSTITUTION
SHORT-TERM	Eline Vanheule	2005	In vivo study of the liver microcirculation in an experimental mouse model of cirrhosis	Universitätsklinikum des Saarlandes, Germany
	Giammarco Fava	2005	Progesterone Regulation of Cholangiocyte Growth	University of Roma, Tor Vergata, Italy
	Sonia Tugues	2005	Pathophysiological role of VEGF family in cirrhosis	VIB Vesalius Research Center, K.U.Leuven, Belgium
ENTRY LEVEL	Luca Miele	2005	Genetic factors determining individual susceptibility to advanced non-alcoholic fatty liver disease (NAFLD)	School of Clinical Medical Sciences, Newcastle, UK
	Francesca Meda	2005	B and T cell epitope mapping of the nuclear pore P62-Specific responses in patients with primary biliary cirrhosis	King's College Hospital, London, UK
POST-DOC	Anna Maria Tommasi	2005	Impact of interferon alpha and IL-10 on dendritic cell function in HBV infection	Imperial College School of Medicine St. Mary's Hospital, London, UK
	Mohammed Reza Ebrahimkhani	2005	Opioid-dependent regulation of hepatic fibrosis in liver disease	Royal Free and University College Campus, London, UK
	Dita Cebecauerova	2005	Characterisation of the non-coding region of the ATP8B1 gene	King's College Hospital, London, UK

FELLOWSHIP	YEAR	PROJECT TITLE	HOSTING INSTITUTION
Sara Montagnese	2004	Sleep-wake abnormalities in patients with cirrhosis and hepatic encephalopathy: the brain, the eye and the genes	Royal Free and University College Campus, London, UK
Naoki Uyama	2004	The role of dystrophin-associated protein (DAPC) complex in the activation of hepatic stellate cells and liver fibrosis	Free University of Brussels, Belgium
Chundamanni Eapen	2004	Do IgA anticardiolipin antibodies contribute to obliterative vascular disorders of liver?	Queen Elizabeth Hospital, Birmingham, UK
Ausra Goubuzaitė	2004	Immunological determinants of hepatitis C virus clearance or persistence in patients with acute Hepatitis C	University College, London, UK
Carolina Armengol	2004	Activation of Wnt/B-catenin signalling in liver cancer: influence of viral aetiology and studies of downstream target genes	Institut Pasteur, Paris, France
Khalid Tazi Ahnini	2003	Study of the molecular mechanisms implied in nitric oxide overproduction in chronic liver diseases	Hôpital Beaujon, Paris, France
Francesco Paolo Russo	2003	Bone marrow stem cells as vectors for carrying anti-viral cytokine genes for the treatment of chronic inflammatory liver disease	Imperial College, London, UK
Evgueni Minine	2003	Temporospatial expression of gene clusters in rat liver repair and fibrosis - a functional genomics approach comprising morphologic and extractive high throughput technologies	Gerhard-Domagk Inst. of Pathology, Münster, Germany

FELLOWSHIP	YEAR	PROJECT TITLE	HOSTING INSTITUTION
Bernhard Angermayr	2003	Involvement of angiogenesis on the development of splanchnic vasodilatation and the formation of collateral blood vessels in mice with portal hypertension	Hospital Clinic i Provincial, Barcelona, Spain
Krista Rombouts	2002	Interactions between different signalling pathways originating from Cytokine Receptors and Cytoskeletal Rearrangements in Human and Rat Hepatic Stellate Cells	Florence University, Florence, Italy
Nuray Aslan	2002	Characterization and Function of Hepatitis Delta Virus-specific Cellular Immune Responses	Hannover Medical School, Germany
Yuri Popov	2001	Combination therapies of liver fibrosis: studies with hepatic stellate cells and in rat models of liver fibrosis	University of Erlangen- Nuremberg, Germany
Daniel Forton	2001	Identification of brain specific hepatitis c (HCV) quasi-species and comparative analysis of translation efficiencies of HCV 5' untranslated regions (5' utr) in microglia, hepatocytes and monocytes3	Imperial College School of Medicine, London, UK

FELLOWSHIP	YEAR	PROJECT TITLE	HOSTING INSTITUTION
Cecilia Pereira Rodrigues	2000	Role of mitochondria in bile acid-, bilirubin- and amyloid B-peptide-induced apoptosis and protective effect of ursodeoxycholic acid and its conjugates	
Carlo Giannini	2000	Effects of HCV core protein expression on cell proliferation and apoptosis in a primary hepatocyte model	
Antal Csepregi	1999	Microchimerism in primary biliary cirrhosis (PBC): is PBC a part of chronic graft-versus-host disease induced by "non-host" cells persisting in the "body of the host"?	
Milan Jirza	1999	Role of biliary glycoprotein in cholesterol crystallisation and gallstone growth	
Ivana Mullerova	1999	Analysis of interferon- γ induced, non cytolytic inactivation of hepatitis B virus replication in human hepatocytes	
Khalid Tazi Ahnin	1999	Protein kinase C isoform expression and activity in aortic smooth muscle cells from cirrhotic rats and their potential role in vasodilatation and vascular hyporeactivity	
Shen Kai	1998	Influence of Omega-3 fatty acids on the interaction between liver regeneration and rejection after partial transplantation in a rat model	
Akos Zsembery	1998	C1 and HCO3 transport in cholangiocytes	
Piotr Milkiewicz	1997	The use of lysyl-conjugated fluorescent bile acids in experimental and clinical hepatology	
Huseyin Sirma	1997	Characterisation of molecular mechanism(s) of hepatitis B virus X-protein induced apoptosis and activation of the NF- κ B, dependent transcription	

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SPECIAL THANKS by the EASL Governing Board

The EASL Governing Board wishes to express special thanks to Professor Roger Williams. More than a year ago, Roger Williams approached the Governing Board with the idea of an EASL history book. We were really excited about this initiative and there was no discussion that the book project should be supported. During the annual meeting 2009 in Copenhagen, Roger Williams met with Jean-Michel Pawlotsky and Heiner Wedemeyer to discuss the concept and the structure of the book. It was agreed that the book should be launched during the International Liver Congress™ 2010 in Vienna. This was a very ambitious goal as there was no guarantee that all information would be available and if we would find EASL members willing to contribute to this project. However, we were overwhelmed by the feedback and are very happy that this exciting book has become reality within such a short time. We are proud that the history of our association is now available to every member and that pleasant and important memories are not lost. Thank you Prof. Williams for the initiative, your excitement and the enormous amount of time you have invested into this project!

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In alphabetical order:

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