EASD

EUROPEAN ASSOCIATION FOR THE STUDY OF DIABETES

ASSOCIATION EUROPEENE POUR L'ETUDE DU DIABETE · EUROPÄISCHE GESELLSCHAFT FÜR DIABETOLOGIE
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EASD

News Section
1/2004

OFFICIAL ANNOUNCEMENT

40th Annual Meeting of the European Association for the Study of Diabetes

Munich, Germany

5–9 September 2004

1. INTRODUCTION AND GENERAL INFORMATION

On behalf of the Organising Committee, it is a pleasure to invite you to attend and participate in the 40th EASD Meeting in 2004 Annual in Munich. Located in Central Europe, at the crossroads from North to South and East to West, furnished with two universities and a wide spectrum of other research facilities, including the Munich Diabetes Research Institute, Munich looks forward to hosting the EASD Annual Meeting. The recently opened International Congress Centre and the adjacent buildings of the New Munich Trade Fair Center offer outstanding facilities to accommodate the ever increasing number of participants attending the Annual Meeting of EASD, to organise scientific sessions and symposia and to put a large industrial exhibition on display.

The venue site of EASD 2004 can be easily reached by public transportation (underground line no. 2). Station "Messestadt West" is located directly in front of the Convention Center. The Meeting will start with the Opening Ceremony and Party in the Convention Center at 19:00 hrs on Sunday, 5 September 2004, and will end at 14:30 hrs on Thursday, 9 September 2004 with the Closing Ceremony followed by the Farewell Reception at which typical Bavarian snacks can be tasted. All registered participants and accompanying persons are invited to these two Ceremonies and Receptions.

We are sure that the outstanding scientific programme together with the typical Bavarian "Gemütlichkeit" will make this 40th Annual Meeting an unforgettable experience for all participants. We look forward to welcoming you to Munich in September 2004.

Prof. Eberhard Standl
Chairman, Local Organising Committee
Forschergruppe Diabetes, 3. Med. Abteilung
Krankenhaus München-Schwabing
Kölner Platz 1, D-80804 München, Germany

Members of the Local Organising Committee
Prof. Markolf Hanefeld
Prof. Rudolf Mies
PD Oliver Schnell
Victoria Mildner
Prof. Diethelm Tschöpe
Prof. Annette Ziegler

2. PROGRAMME

ORIGINAL COMMUNICATIONS are invited on any subject relevant to the understanding of diabetes mellitus. Brief instructions are given in PARAGRAPH 4; for detailed instructions please refer to www.easd.org.

THE CLOSING DATE FOR ABSTRACTS IS 1 APRIL 2004. Communications must be delivered in English. There is no simultaneous translation. The Provisional Programme will be sent to all paid-up members of EASD in June 2004.

The programme will include the 36th Claude Bernard Lecture to be delivered by Prof. C. Ronald Kahn, the 39th Minkowski Lecture, the 19th Camillo Golgi Lecture, the Hellmut Mehnert Lecture, State of the Art Lectures and Symposia and Oral and Poster Presentations.

It is not permitted to take photographs and/or film during any of the sessions.

3. RECEIPT OF ABSTRACTS

Abstracts can only be submitted online (www.easd.org) and cannot be submitted LATER THAN 1 APRIL 2004. THE DEADLINE WILL BE STRICTLY ENFORCED, as will the regulations given in paragraph 4. Acknowledgement of receipt will be sent via e-mail to the presenting (=first-named) author. Please contact the EASD Secretariat if no receipt acknowledgement is received.

4. SUBMISSION OF ABSTRACTS

Authors are not permitted to submit work which they know is likely to be published before the EASD Annual Meeting. The Programme Committee has the right to withdraw from the programme an abstract which contains material which has already been published. EASD will consider abstracts which, in recent months, have been presented at local or national diabetes meetings. An author submitting or presenting published work will be banned from presenting data at the EASD Meetings for three years.

Abstracts submitted on Human Studies:
The box must be marked stating that the study has been reviewed by the local ethics committee and that it has therefore been performed in accordance with the ethical standards laid down in the Helsinki Declaration (see World Medical Association: www.wma.net).

Abstracts submitted on Animal Studies:
The box must be marked stating that the study has been carried out along the "Principles of laboratory animal care" (NIH Publication no. 85–23, revised 1985) and according to the national law, if applicable.

Selection of abstracts for the Scientific Programme is made anonymously. THE ABSTRACT MUST BE SUBMITTED as follows:

EACH PRESENTING AUTHOR (=first-named author on the abstract) CAN SUBMIT ONLY ONE ABSTRACT. (Presenting authors may be co-authors of other abstracts). It is MANDATORY that the first-named, presenting author of any abstract accepted for presentation, be present to deliver his/her paper. Failure to do so, without prior or adequate explanation, may result in the author being banned from presentation of future abstracts for a period of three years.

Abstracts are welcome from non-members of EASD, but attention is drawn to paragraph 16 of this Official Announcement, regarding the date by which authors must become members of EASD, in order to qualify for preferential registration fees. These regulations will be strictly enforced.

Online Membership Application is possible by internet (www.easd.org), but forms can also be downloaded or can be requested from the EASD Secretariat in Düsseldorf (membership@easd.org).

The abstract must be submitted in English. The author has to create an account using a login name and a password, and with this information can revise the submission as required, make changes, additions, amendments, change / add / delete authors, copy special characters easily into the text, re-write the abstract, download the text from a file or copy it into the submission box. All this is possible until the **Abstract Submission Deadline: 1 April 2004**. After this date the account will be closed and it will only be possible to review the abstract. CHANGES IN THE CONTENT OF THE SUBMITTED ABSTRACT WILL NOT BE ACCEPTED after the submission deadline.

Detailed abstract submission instructions can be found under www.easd.org**.** These instructions for the submission of abstracts must be strictly followed. If an abstract is unsuitable for reproduction, it will be disqualified. The abstract should be submitted in the following way:

1) The **title** should be short (maximum 300 characters).
2) Please enter **your name** and the **names of co-authors** as given in the following example:
   First name: Eberhard
   Initial: X
   Surname: Standl
   It is **important to start each name with a capital letter and continue in lower case (Abcdefg).**
3) The abstract must be structured. Begin each section with the words **Background and aims:, Materials and methods:, Results:** and **Conclusions:** in **bold** characters. One or two sentences should describe the **methods**, and any aspects of methodology (e.g. use of control groups, randomisation, patient selection, assay variation). The sentences stating the **results** must include hard data, including statistical analysis.
4) References may **not** be included.
5) Abbreviations may not be used in the title. A list of approved abbreviations and units of expression for use without definition appears in DIABETOLOGIA, Vol. 47, 1, 2004.
6) Grant / Support information should be entered into the special field.
7) It is only possible to select one keyword.
8) Abstracts **CANNOT** be submitted as an **e-mail attachment.**
9) A **signed copy** of the abstract **must** be faxed to the Secretariat **by 2 April 2004**:
   Fax: +49-211-758 469 25 or 29
   In case of questions, please call:
   +49-211-758 469 20 or +49-211-758 469 0.

5. KEYWORDS

One keyword from the list below should be selected for the submission:

Genetics / Epidemiology
01 Epidemiology
02 Genetics of Type 1 diabetes
03 Prediction and prevention of Type 1 diabetes
04 Genetics of Type 2 diabetes
05 Prediction and prevention of Type 2 diabetes and other forms of diabetes
06 Other

Islets
07 Islets
08 Insulin synthesis
09 Insulin secretion
10 B-cell signal transduction
11 Islet degeneration and damage
12 Experimental immunology
13 Clinical immunology
14 IAPP / Amylin
15 Islet Transplantation

Pathophysiology/Metabolism
16 Insulin action
17 Insulin sensitivity and resistance
18 Hormone receptors
19 Gastro-entero pancreatic factors
20 Other hormones, action
21 Glucose transport
22 Carbohydrate metabolism
23 Protein metabolism
24 Lipid metabolism
25 Weight regulation and obesity
26 Other

Clinical Science and Care
27 Clinical diabetes
28 Nutrition and diet
29 Insulin therapy
30 Oral pharmacological agents
31 Hypoglycaemia
32 Devices
33 Pancreas transplantation
34 Exercise
35 Diabetes in childhood
36 Pregnancy
37 Health care delivery
38 Education
39 Psychological aspects
40 Socioeconomic aspects
41 Information Technology
42 Other

Complications
43 Neuropathy-somatic
44 Neuropathy-autonomic, incl. erectile dysfunction
45 Diabetic foot
46 Retinopathy
47 Nephropathy
48 Hypertension
49 Lipids, lipoproteins
50 Cardiac complications (see Point 6)
51 Macrovascular disease
52 Microvascular disease
53 Glycation, AGE
54 Endothelium
55 Pathogenic mechanisms
56 Other

6. EASD-ESC SCHOLARSHIPS FOR ABSTRACTS SUBMITTED WITH THE KEYWORD 50 CARDIAC COMPLICATIONS

In 2004 EASD and the European Society of Cardiology (ESC) will have their annual meetings back-to-back in Munich.

ESC Congress: 28 August – 1 September 2004
EASD Meeting: 5 – 9 September 2004

Due to the cooperations between EASD and the European Society of Cardiology (ESC) it was decided to include an Oral Session of 6 presentations into the scientific programmes of both organisations in 2004. 3 abstracts will be selected from submissions to the EASD Meeting while another 3 abstracts will be chosen from submissions to the ESC Congress. All authors will be asked to present their work at both events. The awards include:

– travel to and from Munich
– hotel accommodation
– registration to both meetings

The best 3 abstracts submitted by authors below the age of 35 years on 1 October 2004 with the keyword 50 Cardiac complications will be chosen. The decision will be based on the anonymous review of the abstracts by the Programme Committee Members during their meeting in May 2004. The recipients will be informed about the Committee's decision in June 2004.

7. PROGRAMME COMMITTEE

The Programme Committee Members will meet in May 2004 and have the absolute right to accept or reject abstracts. Their decision is final. Only accepted abstracts will be printed. Presenting authors will be advised of the Programme Committee's decision by e-mail in the second week of June 2004.

8. POSTER PRESENTATIONS

Poster presentations rank equally with oral presentations at EASD Meetings. Posters are displayed throughout the Meeting, and should be mounted on the morning of the first day and removed after the end of the EASD Meeting. The Posters represent an excellent opportunity for direct scientific exchange, and are accessible for study at any time during the Meeting hours.

Furthermore, all posters are presented at a special Poster Presentation during the lunch breaks when no other scientific session will take place. During the other Poster Presentation Sessions it is recommended that the

authors are present or make arrangements that somebody with knowledge of the displayed work is present at their posters. Detailed instructions will be sent to the presenting author on notification of acceptance.

9. PROJECTION FACILITIES

PowerPoint presentation via beamer will be available. Instructions on presentation will be sent to the presenting authors on notification of acceptance. Only single projection is provided.

10. VOLUME OF ABSTRACTS

Abstracts accepted for presentation will be published in DIABETOLOGIA. The Volume of Abstracts will be sent to members together with the August issue of Diabetologia and will also be available on the Association's web site www.easd.org and upon registration at the Meeting.

11. MEETINGS ON THE OCCASION OF THE ANNUAL MEETING

Other meetings held on the occasion of the 40th Annual Meeting of EASD will be announced by means of an ad-hoc specific programme produced and distributed by the Local Organising Committee. Symposia held on the occasion of the Annual Meeting are not endorsed by EASD. For further information on symposia held prior to or after the official programme, please contact:

Mrs. Daniela Eichleitner
INTERPLAN
Congress, Meeting and Event Management AG
Albert-Rosshaupter-Str. 65
D–81369 Munich
Germany
Tel: +49-89-5482 3413
Fax: +49-89-5482 3444
E-mail: d.eichleitner@i-plan.de

12. CREDIT POINTS

Certificates of Continuing Medical Education Credit Points will be provided by the EASD Secretariat upon request at the EASD Annual Meeting.

13. TRAVEL GRANTS / STAYMENT GRANTS

Only EASD Members can apply for either a Travel or a Stayment grant.

Travel Grants – Deadline 1 April 2004
A limited number of travel grants will be available to PAID-UP MEMBERS OF EASD UNDER THE AGE OF 35 ON 1 SEPTEMBER 2004, who are presenting authors of accepted abstracts.

Stayment Grants – Deadline 1 April 2004
A limited number of stayment grants will be available to PAID-UP MEMBERS OF EASD, who are presenting authors of accepted abstracts and who are living in countries facing financial problems.

Application for Travel or Stayment Grants:
Application can be made only for one grant. The application for a travel or a stayment grant should consist of a SINGLE TYPE-WRITTEN PAGE giving the following information:

a) Full name, date of birth and place of work of the applicant.
b) EASD Membership number of the applicant.
c) Date and nature of appointment to current position.
d) Copy of submitted abstract.
e) The cost of economy return fare between place of work and Munich (in Euro).
f) Brief recommendation by the Head of Department.

The application should be accompanied by a copy of the submitted abstract. Applications for these grants should be addressed to the Honorary Secretary of the Association and sent to EASD to ARRIVE NOT LATER THAN 1 APRIL 2004. Applications received after this date cannot be considered!

EASD Secretariat
Attn: Prof. A.J.M. Boulton
Rheindorfer Weg 3
D-40591 Düsseldorf
GERMANY

All applicants will be informed of the result of their application in June 2004.

14. PASSPORTS AND VISAS

Generally, a valid passport is required for entry into Germany. Citizens of Schengen countries can cross the internal borders of EU member states without passport checks. There are some countries whose citizens require visas to enter Germany. For further information please visit the web site of the German Ministry of Foreign Affairs:

http://www.auswaertiges-amt.de/www/en/willkommen/index_html.

15. OFFICIAL INVITATIONS

Official letters of invitation to the 40th Annual Meeting of EASD will be sent by the Organising Committee on request. Please note this procedure aims to assist delegates who need to obtain a visa or permission to attend the Meeting and is not an official invitation covering fees and other expenses. It does not imply any financial support from the Meeting. Requests should be addressed to:

INTERPLAN
Congress, Meeting and Event Management AG
Mrs. Daniela Eichleitner
Albert-Rosshaupter-Str. 65
D–81369 Munich
Germany
Tel: +49-89-5482 340
Fax: +49-89-5482 3444
E-mail: easd@i-plan.de

16. REGISTRATION

All registrations are requested to be made by means of the secured online registration programme. However, forms to print out are also available on the Internet: www.easd.org. Paper registration forms should be sent to:

EASD Secretariat
– Registrations –
Rheindorfer Weg 3
D-40591 Düsseldorf, Germany
Tel: +49-211-758 469 20 or +49-211-758 469 0
Fax: +49-211-758 469 25
E-mail: registrations@easd.org

Group-Registration
For Group-Registration (10 or more delegates) please contact:

Regina Sautter
EASD – Registrations –
Tel: +49-211-758 469 20 or +49-211-758 469 0
Fax: +49-211-758 469 25
E-mail: registrations@easd.org

Press-Registration
Journalists are kindly requested to contact:

EASD – Registrations –
Tel: +49-211-758 469 20 or +49-211-758 469 0
Fax: +49-211-758 469 25
E-mail: registrations@easd.org

Early registration closes on **30 June 2004**, and any registration received after that date will be charged at the higher rate. Participants will receive confirmation of registration and payment. On arrival, the confirmation must be shown at the Registration Desk. Participants will receive their documentation and name badge, which **MUST BE WORN** due to safety regulations throughout the Meeting.

REGISTRATION DESK – OPENING HOURS:

Saturday, 4 September	12:00 – 20:00
Sunday, 5 September	08:00 – 20:00
Monday, 6 September	08:00 – 20:00
Tuesday, 7 September	08:00 – 18:00
Wednesday, 8 September	08:00 – 18:00
Thursday, 9 September	08:00 – 13:00

The registration area will be located in the Main Entrance Hall of the New Munich Trade Fair Centre (Entrance West).

Participant's registration fees include:
– Admission to the Scientific Programme
– Admission to the Industry Exhibition
– Programme and Abstract Book
– Free access to Munich Public Transportation System
– Coffee Breaks
– Lunches on Monday, Tuesday and Wednesday
– Welcome Ceremony and Party on Sunday, 5 September 2004
– Night of the Museums on Monday, 6 September 2004
– Closing Ceremony and Farewell Reception on Thursday, 9 September 2004
– Congress bag

Accompanying person's fees include:
– Free access to Munich Public Transportation System
– Access to the accompanying persons' lounge at the congress centre
– Welcome Ceremony and Party on Sunday, 5 September 2004
– Munich City Tour on Monday, 6 September 2004
– Night of the Museums on Monday, 6 September 2004
– Closing Ceremony and Farewell Reception on Thursday, 9 September 2004
– Congress bag

17. REGISTRATION FEES (in EURO)

	Until 30 June 2004	**1 July – 25 August 2004 and on-site**
Paid-up member under 35 years of age on 1.1.2004	Euro 50.00	Euro 160.00
Paid-up member between 35–45 years of age on 1.1.2004	Euro 160.00	Euro 320.00
Paid-up member over 45 years of age on 1.1.2004	Euro 200.00	Euro 400.00
Non-member of EASD	Euro 550.00	Euro 700.00
Accompanying person	Euro 150.00	Euro 150.00

All rates are indicated in Euro. The term "Paid-up member" refers to persons who are recorded at the EASD Secretariat in Düsseldorf as paid-up members at the time of the EASD Meeting. Annual membership payments received after **1 August 2004 from NEW MEMBERS** will **not** entitle them to registration fees for members. Please bring your membership card to the EASD Meeting.

Registration will be closed on 26 August 2004 due to data transfer to Munich. For registrations after this date, please contact the On-site Registration counter.

18. PAYMENT OF REGISTRATION FEES

Please register online at www.easd.org (secured site) and mark the method of payment.

a) Credit Card (only VISA, EuroCard / MasterCard; all other cards will not be accepted)
Card number with expiry date, billing address and cardholder's name are needed.

b) Bank Transfers regarding registration have to be made to:

Account Holder:	**EASD – Registrations –**
Account Number:	**8 126 468 05**
Bank Code (BLZ):	**300 700 24**
Bank:	**Deutsche Bank** Ritastr. 2 D-40589 Düsseldorf, Germany
IBAN (for Europe):	DE94 3007 0024 0812 6468 05
BIC / SWIFT (for Overseas):	DEUTDEDBDUE

c) Cheques in **Euro**, **drawn on a German Bank,** payable to **EASD -Registrations-** and sent together with (a copy of) the registration form to:

EASD Secretariat
– Registrations –
Rheindorfer Weg 3
D-40591 Düsseldorf, Germany

Please indicate "EASD Registrations 2004" and the name of the participant(s) on the cheque.

Other forms of payment different to those listed above will not be accepted.

All charges due to bank transfers have to be paid by the sender. The name and address of the sender have to be marked clearly on every remittance!!

Upon receipt of the appropriate fees, delegates will receive confirmation, which should be presented at the registration desks in Munich. If you do not use the Online Registration System, please submit your Registration Form and payment by regular mail or fax. In order to avoid double charges, only send the registration form ONCE. If confirmation has not been received after 4 weeks, please do not hesitate to contact the

EASD Registrations:
Tel: +49-211-758 469 20 or +49-211-758 469 0
Fax: +49-211-758 469 25
E-mail: registrations@easd.org

19. HOTEL ACCOMMODATION

The Conference Organisers have reserved accommodation in a large number of hotels of different categories. The majority of hotels are located in the city centre, connected by public transportation (metro) to the congress venue (approx. 30 min). Due to the fact that the attendance of the Annual Meeting has increased steadily in recent years and more than 11,500 delegates are expected, we strongly advise all participants to reserve their room at their earliest convenience.

How to book
In order to benefit from the special rates, kindly

* **book online on www.easd2004.i-plan.de** or
* send the "Hotel & Optional Programmes & Tours Booking Form" (to be downloaded from above-mentioned web site), together with your credit card details to:

INTERPLAN
Congress, Meeting and Event Management AG
Mrs. Daniela Eichleitner
Albert-Rosshaupter-Str. 65
D–81369 Munich, Germany
Tel: +49-89-5482 340
Fax: +49-89-5482 3444
E-mail: easd@i-plan.de

Please note: hotel bookings can be processed only if a credit card number is given for guarantee. In this case no deposit will be charged; the participant has to agree that the credit card details will be forwarded to the hotel directly to guarantee the booking.

Accommodation (rates per room, per night and incl. breakfast and all taxes)

	Euro
Category A	≥ 300
Category B	200 – 300
Category C	150 – 200
Category D	110 – 150
Category E	80 – 110

The exact rates relating to the hotel which has been booked for you will be confirmed to you. INTER-

PLAN AG will endeavour to meet all accommodation requests. However, should your preferred hotel category be fully booked, INTERPLAN AG reserves the right to change your booking to the nearest available alternative.

If you are interested in private accommodation or in Guest Houses offering cheaper rates, please contact the

Munich Tourist Office
Tel: +49-89-233 0300
Fax: +49-89-233 30233 or
E-mail: tourismus@muenchen.btl.de

or one of the following Guest Houses / Youth Hostels:

CVJM (YMCA): Tel: +49-89-552 1410
DJH (German Youth Hostel): Tel: +49-89-723 6560
House International: Tel: +49-89-120 060

20. SOCIAL EVENTS

(included in the Registration Fees of participants and accompanying persons)

To be booked **online** or with the "Hotel & Optional Programmes & Tours Booking Form" (see Point 30).

Welcome Reception on 5 September 2004, 20:00 hrs
Following the Opening Ceremony all participants are invited to join the Welcome Reception which will take place in the foyers of the International Congress Centre Munich (ICM). Typical German dishes, drinks and entertainment will be provided.

Museums Night on 6 September 2004,
19:00 – 23:00 hrs
Exclusively for EASD delegates the famous three Pinakothek museums (all within 3 minutes walking distance –www.pinakothek.de–) will be opened during the evening. One of the world's largest museums for visual art of the 19th and 20th century in Munich is the Pinakothek of Modern Art, which opened in autumn 2002. Together with the adjacent Old and New Pinakothek collections, it forms quite a unique museum complex covering art from late medieval times through to the present day. (Please bring your name badge for entry.)

Farewell Reception on 9 September 2004, 14:00 hrs
After the Closing Ceremony a Farewell Reception will be arranged at the ICM. The Organisers would like to conclude the EASD Annual Meeting in Munich with a "beer tasting" party. The traditional Bavarian "Weisswurst" as well as other typical snacks will be offered to participants in order to say good-bye in the Munich way.

21. OPTIONAL SOCIAL EVENTS

To be booked **online** or with the "Hotel & Optional Programmes & Tours Booking Form" (see Point 30).

EASD Concert at the Gasteig Culture Centre
on 7 September 2004, 20:00 – 21:00 hrs
Euro 15.00

A classical concert of the Munich Symphonic Orchestra with the well-known **cellist Mischa Maisky**, born in Riga, will be offered to EASD participants. The surplus of this event will be donated to the non-profit charity project "insulin for life".

Bavarian Evening on 8 September 2004,
20:00 – 24:00 hrs
Euro 45.00

A typical Bavarian evening will take place at one of Munich's famous beer halls. Participants will enjoy self-brewed beer and local specialities together with Bavarian entertainment in an informal party atmosphere which will give you a feeling of the original "Oktoberfest". It will be great fun to watch Bavarian folk dancers and listen to the famous "Goaßlschnalzer".

22. INDUSTRY EXHIBITION

An industrial exhibition will be held at the International Congress Centre Munich (ICM) concurrently with the Meeting. Industry interested in taking part please contact:

Mr. Thomas Hohenester
INTERPLAN
Congress, Meeting and Event Management AG
Albert-Rosshaupter-Str. 65
D–81369 Munich
Germany
Tel: +49-89-5482 340
Fax: +49-89-5482 3445
E-mail: t.hohenester@i-plan.de

23. ITALIAN DELEGATES

Please note that Italian organisations that wish to sponsor the participation of Italian doctors should present their applications through our official agency, which will forward them to the Italian Health Ministry. Our agent's details are as follows:

FINADDA S.r.l.
Alberto Ferrini
Via Fara, 13
I-20124 Milan
Italy
Tel: +39-02-6693007
Fax: +39-02-6694167
E-mail: finadda@pandaniviaggi.it

24. GROUP HOTEL RESERVATIONS

Special reservation procedures apply to group hotel bookings. For bookings of more than 10 rooms please contact:

Mrs. Daniela Eichleitner / Ms. Elke Jaskiola
INTERPLAN
Congress, Meeting and Event Management AG
Albert-Rosshaupter-Str. 65
D–81369 Munich
Germany
Tel: +49-89-5482 340
Fax: +49-89-5482 3444
E-mail: easd@i-plan.de

25. CANCELLATION POLICY

1. Cancellation of Registration
Refund of registration fees will be as follows:

- received before 28 June 2004: 100% refund (minus Euro 50 handling fee)
- received between 28 June 2004 and 31 July 2004: 50% refund (minus Euro 50 handling fee)
- no refund on cancellations received after 31 July 2004

2. Cancellation of Hotel Accommodation
- received before 21 June 2004: no cancellation fees apply
- received on or later than 21 June 2004: cancellation fees (up to 80% per room/night) might be charged either by the hotel directly or by INTERPLAN AG if the room cannot be resold

3. Cancellation of Optional Social Programmes and Tours
Refund of tour fees will be as follows:

- received before 28 June 2004: 100% refund (minus Euro 25 handling fee)
- received between 28 June and 31 July 2004: 50% refund (minus Euro 25 handling fee)
- no refund on cancellations received later than 31 July 2004.

Tickets can be exchanged for other programmes upon availability.

All refunds will be processed after the Annual Meeting.

26. TRAVEL TO MUNICH AND TO THE INTERNATIONAL CONGRESS CENTRE

Munich, being situated in the heart of Europe, is an ideal place to bring together people from all different parts of Europe. Its geographical location makes the Bavarian capital one of the world's most popular venues for congresses.

- Over ninety airlines fly into Munich airport from destinations throughout the world directly or via Frankfurt (45 minutes flight time Frankfurt – Munich). Lufthansa – the national airline of Germany – offers a comprehensive route network linking Munich with almost any major city around the world for reduced rates (**code: GGAIRLHCONGRESS**). Please refer to www.easd2004.i-plan.de for further information.
- You can travel to the city centre, where most of the hotels are located, either **by bus** ("Airport shuttle" to the main station, approx. Euro 9,– per ride, approx. 45 minutes), **by taxi** (approx. Euro 50,–, approx. 45 minutes) or **by city train** ("S-Bahn", approx. Euro 9,–, approx. 40 minutes).
- The Congress Centre (ICM) can easily be reached by **underground** (red line "U2"), station "Messe West". It will take about 25 minutes from the city centre.
- The ICM can also be easily reached by car via **motorway** (Autobahn) A94 exit "München-Riem, Messe". There will be enough parking space available at the ICM.
- The ride per taxi from the airport directly to the Congress Centre and vice-versa will take about 20 minutes (approx. Euro 30.00).

27. LOCAL TRANSPORTATION

The name badge, which registered participants and accompanying persons will receive on-site, functions also as a pass for the public transportation system. Delegates wearing the name badge are allowed to use the public transportation system for free. This includes S-Bahn (fast city train), U-Bahn (Metro), Tram and Bus throughout the city of Munich (blue area), but not to the airport. For further information please refer to www.easd2004.i-plan.de.

28. INSURANCE

The registration fees do not include provision for the insurance of participants against personal accidents, sickness, cancellation, theft, property loss or damage. Participants are advised to take out adequate personal travel insurance.

29. DISCLAIMER

All best endeavours will be made to present the programme as printed. However, EASD 2004 and its agents reserve the right to alter or cancel, without pri-

or notice, any of the arrangements, timetables, plans or other items relating directly or indirectly to the Meeting, for any case beyond its reasonable control. EASD 2004 and the Local Conference Organisers are not liable for any other loss or inconvenience caused as a result of such a cancellation. Delegates are therefore advised to take out their own travel insurance and extend their policy to cover personal possessions as the Meeting does not cover individuals against cancellation of bookings, theft of, loss of or damage to personal belongings.

30. TOURS

A wide range of tours for accompanying persons is offered by INTERPLAN, which include amongst others diverse Munich City Tours, Museums, Munich's Residence as well as tours outside of Munich to e.g. Berchtesgaden, Salzburg, Zugspitze. A guided visit to the memorial site in Dachau can also be booked. The complete list including dates and prices can be found on the following web site: www.easd2004.i-plan.de.

All tours offered can be booked online or by completing the "Hotel & Social Events & Tours Booking Form" which can be downloaded from the above-referenced site. The tours will start at ICM and end in the city centre. If the minimum number of participants per tour is not achieved, the tour will unfortunatly have to be cancelled. Participants may change their booking or will be refunded for the amount already paid for this tour. If you are interested in pre- or post-convention tours please contact INTERPLAN for information. All rates include transportation, entrance fees, cost for guide and catering if mentioned.

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Report of the 22nd Workshop of the AIDPIT (Artificial Insulin Delivery Systems, Pancreas and Islet Transplantation) Study Group of the European Association for the Study of Diabetes (EASD)

The 22nd Workshop of the Artificial Insulin Delivery Systems, Pancreas and Islet Transplantation (AIDPIT) Study Group of EASD, held at the Kongresshaus, Igls, Austria from 26 to 28 January 2003, was attended by 181 participants from 21 countries. The abstracts of the meeting were published in Acta Diabetologica 40: 37–64.

After the traditional welcome by the President, J. Ludvigsson (Sweden) opened the meeting reporting a true decrease in the incidence of retinopathy and nephropathy in Type 1 diabetes. Retinopathy remains more common than nephropathy, 50% of patients with an HbA_{1c} between 7.2% and 8.4% developing retinopathy, but very few developing nephropathy. He set out a philosophy for achieving these targets, stressing the importance of honesty about the impact of diabetes on everyday life, avoidance of conflicting messages from different members of the multidisciplinary team and short term, realistic goals. He emphasized the value of personalised regimens, using different insulins, with protocols, which might vary from day to day. A. Tibell (Sweden) reviewed progress with prevention of each of the potential insults to islet xenotransplants. Human decay accelerating factor (hDAF)/galactose transferase double knockout grafts are much less susceptible to hyperacute xenorejection and the instant blood mediated inflammatory reaction (IBMIR), which causes acute insulin dumping following transplantation, may be prevented by soluble complement receptor 1 (sCR1). Acute cellular rejection of xenoislets may be mediated by both direct and indirect recognition of xenoantigens, with a significant role for delayed type hypersensitivity. Extensive studies have demonstrated efficacy for ciclosporin A (CsA), mycophenolate mofetil (MMF), leflunomide, FTY720, deoxyspergualin (DSG), sCR1 and everolimus in various models. Patients have received porcine islets in Sweden, New Zealand, Mexico (together with Sertoli cells), Russia and China. None have achieved long-term function although information from these latter four series is scanty. Importantly, in more than 300 patients exposed to porcine tissue there has been no evidence of transmission of porcine endogenous retrovirus (PERV).

The Ernst-Pfeiffer Memorial Lecture was given by C. Saudek (USA): “Implantable insulin pumps: Wisely and slow”. His main thesis was that the first pumps were significantly ahead of their time as, in 1974, HbA_{1c} and self monitoring were not used, stable insulins had not been developed and catheter development was in its infancy. In 2003, with recognition of the benefits of tight glycaemic control, with confirmation (largely by the work of EVADIAC) of the safety of pump insulin and with multiple trials demonstrating less variability, less hypoglycaemia and less weight gain with implantable pump therapy, pump therapy is finally an established treatment option.

Symposium: alternative routes for insulin delivery

Monday started with a symposium on alternative routes for insulin therapy chaired by Drs Owens and Selam. T. Heise (Germany) presented data from a phase I open randomised cross over study (Alkermes Lilly Project) comparing the efficacy of inhaled insulin with either Lispro or the patient’s regular insulin. Inhaled insulin was found to have a dose dependent effect with similar kinetics and 15–20% potency as compared to Lispro and regular insulin. There was significant inter subject variability with all insulins.

No pulmonary problems were seen, the powder was stable at room temperature and a simple administration device was developed. Accordingly a phase 2 study was initiated. T. Pieber (Austria) presented the AERx iDMS data. Open randomised crossover clamp studies have demonstrated an earlier peak and no difference in inter subject variability for inhaled insulin compared to regular insulin. Smoking significantly increases inhaled insulin absorption, whereas upper respiratory tract infection has no effect on either pharmacodynamics or pharmacokinetics. Lung function was not compromised in either normal subjects or patients with asthma, although absorption was slightly reduced in asthmatic subjects. Rodent and primate studies have shown no pulmonary pathology following administration up to 9 months. He concluded by presenting results of a 12 week randomised open trial of pre-meal inhaled versus regular soluble insulin in patients with Type 2 diabetes. All patients received nocte NPH insulin. HbA_{1c} in the two groups was equivalent at 12 weeks with no complications reported. W. Landschulz (USA) then reported on the Exubera project, highlighting the practicalities of inhaled insulin as the main challenge. The pharmacokinetics and pharmacodynamics of this preparation are again similar to regular soluble insulins. In a 6 month phase 3 study, in patients with Type 1 DM, inhaled insulin was found to be as effective as the patients' regular sc insulin. 25% of the inhaled group and 5% of the sc group developed anti-insulin antibodies. 25% of the inhaled group developed a cough versus 7% of the sc group. The total number of hypoglycaemic episodes was small but significantly less with inhaled insulin. However, severe hypoglycaemic episodes were more common with inhaled insulin. Patients much preferred inhaled to sc insulin. A second trial in Type 2 diabetes demonstrated improvements in HbA_{1c} to be greatest with the combination of inhaled insulin and an oral hypoglycaemic agent, less with inhaled insulin alone and least with oral agents alone. A very low rate of hypoglycaemia was seen with a slight excess in the inhaled insulin groups. Overall patient satisfaction was good, but inhaled insulin was perceived as worse by patients, possibly due to the increase in hypoglycaemia. Patients were offered ongoing treatment as part of a phase 2 extension, with improvements in HbA_{1c} being maintained. Finally, P. Modi (Canada) presented data with a further inhaled insulin, which uses a modified "asthma" inhaler (Oralin project). Animal studies have demonstrated radiolabelled drug to be mainly swallowed, with no delivery to the lungs. The pharmacokinetics and pharmacodynamics of this preparation are again similar to regular soluble insulins. In short term studies efficacy equivalent to CSII and humalogue has been demonstrated. In a phase 2 study of 45 patients with Type 2 diabetes, pioglitazone plus Oralin achieved significantly better control than pioglitazone plus placebo. Finally, in patients failing on metformin and a sulphonylurea, substitution of inhaled insulin for the sulphonylurea resulted in a marked improvement in HbA_{1c}. Thus, considering all of these preparations, efficacy of inhaled insulin has been proven. However, benefits as compared to sc insulin are less clear. In discussion the remarkable similarity between the different products was noted. Cautious scepticism was apparent given the small numbers studied and the (inevitable) industry driven nature of the studies.

Whole pancreas transplantation

F. Mosca (Pisa) opened the Monday afternoon session with an invited lecture entitled "Portal versus systemic drainage in pancreas transplantation: Theoretical and practical considerations". Between January 1996 and December 2002, 41 pancreas transplants were performed in Pisa with systemic drainage (39 simultaneous pancreas kidney [SPK], 1 pancreas transplant alone [PTA], 1 pancreas after kidney [PAK]). More recently 62 transplants have been performed with portal drainage (35 SPK, 14 PTA, 22PAK). Better 2 year patient and pancreas survival was seen with portal drainage and a markedly lower total rejection rate was seen in combined pancreas and kidney transplant recipients who received portal as opposed to systemic drainage. U. Boggi reported on the simultaneous pancreas live kidney (SPLK) transplant programme at the same centre. Recognising that SPK transplantation is limited by kidney availability, 65 patients waiting for SPK transplants were informed of the possibility of SPLK. 24 offers of kidney donation were received of which 19 were suitable and 14 have been transplanted. These 14 SPLK transplants were compared with 26 SPK transplants. No differences were seen in early kidney or pancreas function. Re-operation was necessary in 7–8% in both groups and rejection rates for SPLK and SPK were 7.1% versus 15.1% with recipient survival of 100% versus 96% and insulin independence of 92% versus 96% respectively. Importantly, the waiting time for SPK overall has halved since the start of the SPLK transplant programme with the waiting time for patients without a living donor also being reduced, due to reduction in the number of patients waiting. Concomitant with this, the chance of SPK transplant as opposed to kidney alone has increased. Finally, A. Coppelli reported that PTA was as beneficial to cardiovascular risk profile and cardiac function as SPK. W. Steurer (Innsbruck) presented data on 4 SPK and 13 PAK re-transplants receiving ATG, tacrolimus, MMF and corticosteroid, primary immunosuppression. Three also received anti-IL2receptor antibody. 1 kidney and 5 pancreases were lost: 2 due to acute rejection, 1 due to thrombosis, 1 due to haemorrhage and 1 due to death with a functioning graft. Overall 1 year survival was approximately 65% with no differ-

ence between SPK and PAK. Dr Steurer also presented data on pancreas transplantation in Type 2 diabetes. In Innsbruck 11/160 pancreas transplant recipients had Type 2 diabetes. In this group 1 yr pancreas survival was 64 % as compared with 87% in the programme overall. 1 year kidney survival was 87%. Eleven significant complications were seen, the major cause of graft loss being comorbidity with intra-abdominal infections in particular being more difficult to treat. W. O. Bechstein (Bochum) reported on behalf of the EUROSPK study group. Between May 1998 and September 2000, 205 transplants were performed in patients with Type 1 diabetes in 10 centres in Europe and 1 in Israel. Again, peritonitis conferred by far the greatest relative risk (18.5) for graft loss with drain contamination conferring a relative risk of 7.43 and graft perfusion with HTK versus UW solution a risk of approximately 3. Other factors associated with a worse outcome were use of CsA (as opposed to tacrolimus), renal transplant acute tubular necrosis, dialysis pre-transplant, rejection, graft extension and >4 antigen HLA mismatch. The major risk factors for peritonitis were a donor BMI > 25, peritoneal dialysis (as opposed to haemodialysis) or early re-intervention. Patient survival was significantly reduced if the pancreas was lost. D. Kuypers closed the session by reporting on CMV infection following pancreas transplantation, also on behalf of EUROSPK. Overall 68 out of 196 patients developed CMV infection at a mean of 51 days after transplantation. There was a non-significant reduction in infection in patients receiving either aciclovir or ganciclovir. Rejection was more common in the no prophylaxis or aciclovir groups and aciclovir did not protect patients with acute rejection, whereas ganciclovir did.

Artificial insulin delivery systems and glucose sensors

L. Heinemann (Germany) gave an invited lecture outlining progress with microdialysis techniques for continuous glucose monitoring (CGM), focusing on the GlucoDay and Accu-Chek systems, which are close to clinical application. Both are well tolerated by patients and give good tracking of blood glucose. The technology is reliable with continuous monitoring over a few days being possible. However, catheter insertion is not straightforward and the lag time, local catheter effects, cost and size of these monitors limits their use in daily life. E. Renard (Montpelier) reported on the safety and accuracy of oxygen-based enzymatic sensors implanted in the superior vena cava. A cumulative patient experience of 11.2 years in 10 patients demonstrated no clinically significant complications and excellent agreement with finger-stick glucose measurements. Fully automated closed loop operation was assessed for 48h in a single patient using an algorithm derived from canine studies that included trend analysis. The time spent <70mg/dl and > 240mg/dl was reduced from 18h to 6h and 17h to 2h respectively. Addition of a manual pre-meal bolus brought all values to within the target range suggesting the delivery control algorithm to be the significant limiting factor. Picking up on this theme, M. Orsini Federici (Perugia) described the Model of Predictive Control (MPC), which is a complex algorithm that uses a three compartment model and can be personalised for individual patients. In six patients receiving CSII its use reduced mean blood glucose and variability. A further study of seven patients demonstrated that feedback control using the MPC gave better post-prandial glycaemic control than a pre-prandial bolus. J. Broz (Prague) assessed the use of the Medtronic Minimed CGMS in 19 study patients and 17 control patients with Type 1 diabetes, treated by CSII. Most improvement was seen in "explainable" hypoglycaemic events suggesting that the main benefit was in facilitating patient education. A. Caduff (Zurich) described development of a hypoglycaemia alarm model. Alarms must be triggered early enough to allow time to react; thus the current glucose level cannot be used. The simplest model detects a falling blood glucose concentration and defines the maximal rate of change of glucose. However, if a 20 minute warning is needed, the alarm would need to trigger at 80mg/dl above hypoglycaemic values, resulting in the system alarming continuously. A more sophisticated approach uses a 2nd order differential model, which can be implemented with 5 minute sampling. This model performed well in 5 patients, all 13 hypoglycaemic events being detected.

The last session on the first day of the meeting focused on insulin pump therapy, opening with three presentations on behalf of the EVADIAC group. C. Fermon (Lille) described outcomes with 40 model 2001 Minimed implantable insulin pumps (IIP) in patients with Type 1 diabetes. During a cumulative experience of 106 patient years 3 pumps were explanted prematurely, 13 maintaining near normal insulin delivery until expected battery depletion. 40 underdelivery events (UE) occurred in the remaining 24 patients with HbA_{1c} over pump lifetime of 7.2±0.2% in patients with no UE and 7.7±0.5% in the rest. P. Schaepelynck-Belicar (Marseille) described a retrospective analysis of predictive factors for discontinuation of therapy in 49 patients with IIP. Comparing active implanted patients, patients in whom therapy had been discontinued on medical advice and patients who abandoned treatment without clear medical indication, predictive factors were not apparent with equivalent glycaemic control for the three groups and no difference in complication rates. L. Dufaitre-Patouraux (Marseille) reported on the incidence of clinical autoimmune disease and auto-antibody formation in patients with Type 1 diabetes receiving either continuous subcutaneous insulin infusion or continuous intraperi-

toneal (ip) insulin infusion. No difference was seen between the groups quelling fears of an increased incidence of autoimmune disease with continuous ip insulin infusion. C. Girardot (Lille) presented a case of severe subcutaneous insulin resistance in a 35 year old female with a 32 year history of Type 1 diabetes. Despite 480 U/day of sc insulin her HbA_{1c} was 12–16%. Subcutaneous insulin infusion did not improve this. Continuous central venous insulin infusion of only 40U/day improved her HbA_{1c} to 8.5% but was complicated by venous thrombosis. Intraperitoneal insulin infusion via an external pump improved her HbA_{1c} to 8% but was associated with catheter infection and encapsulation leading to surgical implantation of a pump delivering ip insulin which is functioning well with good glycaemic control. Peritoneal infusion devices have been successful in 7/8 previously published cases, suggesting this to be the treatment of choice. M. Orsini Federici (Perugia) described optimisation of continuous subcutaneous insulin therapy using the Decision Support System. In 8 patients HbA_{1c}, frequency of hypoglycaemia and frequency of hyperglycaemia improved. Finally, M. Aragona (Pisa) described significant improvements in metabolic control and retinopathy over 24 months of continuous subcutaneous insulin infusion in 20 patients with Type 1 diabetes.

Islet transplantation: clinical

Tuesday began with M. Brendel reporting on clinical trials in islet transplantation. The Giessen Registry data shows an explosion in islet transplants performed and appearance of anti-IL2receptor antibody use. Most patients transplanted in Edmonton continued to require two grafts to achieve insulin independence with three year graft survival of 88%, an average HbA_{1c} of 6% and excellent basal and stimulated C-peptide levels in most patients. Islet transplantation did impact on the liver, with increases in portal pressure limiting the number of transplants that could be performed. Furthermore, in the first 23 patients transplanted two hepatic bleeds and one portal venous thrombosis were seen. Overall the programme has been a great success and islet transplantation has been accepted as a clinical standard of care in Alberta with full reimbursement.

In the ITN trial 36 patients have received first islet grafts, with a mean islet mass of 377993 IE for those transplanted. 68% of patients remain insulin free, 13.9% with islets from a single donor and 94.4% of patients have persistent c-peptide production. 10 serious complications have been reported including two patients who developed neutropenic sepsis and one patient who developed deranged liver function tests. Outside Edmonton 324 procedures have now been performed in 208 patients in13 centres in the US and13 further centres worldwide. The essence of these successes is careful recipient selection, transplantation of sufficient high quality islets and use of the correct immunosuppression, avoiding beta cell toxicity. High c-peptide levels at 1 month predict long term survival. A number of novel anti-inflammatory/immunosuppressive regimens have been tested including anti-TNF antibody, the cytotoxic anti-lymphocyte antibody CAMPATH-1H and humanised OKT3. All 8 patients receiving ATG, anti-IL2 receptor antibody, rapamycin, tacrolimus and MMF have achieved insulin independence. The main obstacle to the widespread application of islet transplantation remains the logistics of islet isolation.

R. Lehman (Zurich) then reported the results of islet transplantation in 8 kidney transplant recipients with diabetic nephropathy, 6 of whom had also recurrent severe hypoglycaemia. The Edmonton protocol was used except that the COBE 2991 was not cooled and a higher rapamycin dose was given (0.2mg/kg). All patients received pump insulin for 1–2 months after transplantation. After follow up of a mean of 1.3 years, 5/6 patients receiving ≥2 transplants were insulin independent. The mean insulin free survival was 333 days with improvement in mean HbA_{1c} from 8.6 to 5.7%, excellent kidney function and no serious complications. T. Lundgren (Huddinge) reported on the experience of the Nordic network with islet after kidney transplantation. The network consists of seven centres in four countries with a single islet isolation laboratory in Upsalla. 10 kidney transplant recipients were converted to either tacrolimus and sirolimus or tacrolimus and prednisolone with no significant effect on kidney function. 7 of these patients subsequently received between 1 and 4 islet transplants. 2 achieved insulin independence, 2 were still on “protective” insulin, 2 had a reduced insulin requirement and 1 remained on insulin at the same dose despite having detectable c-peptide. M. Eckard (Giessen) reported that in 47 islet transplant recipients (32 SIK, 14 IAK and 1 IAL) transplanted using the standard pre-Edmonton Giessen protocol HLA match had no effect on either graft outcome or recurrence of autoimmune disease. P. Fiorina (Milan) compared kidney transplant outcome in patients also receiving either: i) an islet transplant which achieved insulin independence, ii) an islet transplant which did not achieve insulin independence, iii) a pancreas transplant or iv) no islet or pancreas transplant. Kidney survival and creatinine were equal in the kidney pancreas and kidney islet groups, both being better than kidney alone. HbA_{1c} was better with kidney pancreas transplantation than any of the other three groups, kidney islet recipients having equivalent HbA_{1c} to kidney alone. This suggests the benefits of islet transplantation, in terms of kidney function, to be independent of glycaemic control, possibly due to improved cardiovascular function. D. Brandhorst (Giessen) presented data demonstrating variation in activity between different lots of Liberase

for both human and pig isolations. Comparing Liberase HI and a mixture of recombinant collagenase1, collagenase 2 and neutral protease, little difference was seen in islet yield and quality as assessed both in vitro and by transplantation into diabetic nude mice. The main difference was the lack of variability between different lots of recombinant enzyme. R. Perfetti (Los Angeles) reported that GLP-1 had multiple effects on islets including increased GLUT 2, glucokinase and BCL-2 with reduced caspase 3.

Islet Transplantation: experimental

R. Calafiore (Perugia) opened the experimental islet transplantation session with an invited lecture in which he described progress with encapsulation of islets. Many possible techniques are available including macro-encapsulation versus micro-encapsulation, vascular versus extra-vascular localization and a number of different capsule materials. He described production of micro-encapsulated islets produced by the drop method using a low viscosity alginate capsule, which he believed to be the preferred technique. The optimal site for encapsulated islets was not clear, as intravascular sites were associated with clotting, whereas fibrotic reactions might be seen in the peritoneal cavity. He argued that neonatal porcine islets were the future for islet transplantation, suggesting that composite capsules also containing components such as Sertoli cells and vitamin D3 would be necessary. R. James (Leicester) reported that low gravity culture maintains the differentiated phenotype of beta cell lines isolated from patients with perinatal hyperinsulinaemic hypoglycaemia of infancy. S. Sigrist (Strasbourg) reported that in vivo administration of adenovirus expressing VEGF doubled VEGF expression compared to in vitro transduction. U. Zimmerman (Wuerzburg) described the benefits of careful selection of algae for production of ultra high viscosity alginate for islet encapsulation. G. Basta (Perugia) described the formation of dithizone staining cystic structures following culture of dispersed human pancreas. However, even if insulin positive, these cellular aggregates were not glucose responsive due to lack of GLUT 2 expression. O. Drognitz (Freiburg) reported that ischaemic pre-conditioning of pancreas grafts had no effect on capillary density or leucocyte adhesion following transplantation but did increase apoptosis as assessed by TUNEL.

J. Hughes (Edinburgh) gave an invited presentation first defining apoptosis and describing techniques for its study. He reviewed anti-apoptotic (VEGF, Bcl 2, substrate adhesion, oxygen, shear stress) and pro-apoptotic stimuli (Fas/FasL interactions, TNF-α, NO, ROS, DNA damage, Bax, Bcl-Xs) identifying macrophages, cytotoxic T lymphocytes and neighbouring parenchymal cells as the commonest sources of these signals. He described an experimental system for co-culture of target cells with bone marrow derived macrophages demonstrating that, in addition to cytokine mediated apoptosis, in this system macrophages also damaged target cells indirectly by reducing VEGF expression. Transfection of target cells with cellular FLICE/caspase-8 inhibitory protein (cFLIP) protectd from apoptosis. Importantly, if excessive cell death was seen apoptotic cells became pro-inflammatory driving neutrophil infiltration.

R. Lupi (Pisa) reported on the function of islets isolated from patients with Type 1 diabetes. Islets from three diabetic pancreases were compared with islets from 4 normal pancreases. Freshly isolated islets from patients with Type 1 diabetes showed impaired insulin release in response to glucose, glibenclamide and arginine, impaired glucose oxidation, reduced expression of glucokinase and increased PDX-1 expression. These all returned to normal following culture. However, reduced expression of pyruvate kinase in Type 1 islets did not normalise with culture. Following isolation there was variable upregulation of a wide range of apoptosis related molecules, which might contribute significantly to graft failure. D. Brandhorst (Giessen) presented data demonstrating that treatment of human and porcine islets with a caspase 3 inhibitor (DEUD) before transplantation into diabetic mice increased insulin recovery significantly. However, control islets survived for 8 days, whereas DEUD treated islets survived for only 3 days. Finally, M. Figliuzzi (Bergamo) demonstrated that culture of pancreatic exocrine tissue in defined conditions for 3–4 weeks resulted in the formation of islet-like structures, loss of amylase staining and acquisition of insulin staining suggesting that pancreatic exocrine tissue might be a source of beta cell precursors.

Professor J. Gerich (Rochester, NY) concluded the meeting by giving a superb presidential lecture on hypoglycaemia. Among other issues, he highlighted the role of the kidney as a gluconeogenic organ, providing convincing evidence that, during recovery from hypoglycaemia, the kidney accounted for half of the glucose production. This may have important implications for the treatment of diabetic patients with renal failure.

The next meeting of the study group will again take place in Igls from 25–27 January 2004.

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A week in the city of Hannover: A report on the 2003 EASD Scientists Training Course

Hannover, the EXPO city, was this year's destination for participants of the EASD Scientists Training Course. This lively and modern German city possesses a feeling of slick efficiency and comfortable living. This impression of an organised and cosmopolitan city was immediately evident upon arrival at Hannover airport and became further obvious on the train and tram journeys to the Institute of Clinical Biochemistry. Luckily we were blessed with a week of fresh and sunny weather.

Our hotel was perfectly located, being next to the tram station and only a 5 minute walk from the institute. Each day started with breakfast at the hotel and continued in the labs at the Institute from 8:00 am to around 5:00 or 6:00 pm. This time was fully packed with scientific techniques. Short lectures in the morning and after lunch introduced us to the various methods and provided us with lots of useful background information. On Monday evening a welcome dinner was held at the institute where the participants got to know each other better in a relaxed atmosphere.

Following our introductions on Monday morning, we were quickly divided into groups of four and given our timetables for the week. These smaller sized groups allowed the participants to have a one-to-one interaction with each of the tutors. Myself, Jorgen, Iona and Reziwanggu formed group 3, and our first session was islet-isolation with Sigurd Lenzen. We learned the fine art of isolating mouse islets and the details of insulin perifusion. In the afternoon Anne Jörns introduced us to islet morphology. This involved the preparation, fixation and immunohistochemical staining of pancreatic tissue. On Tuesday we were shown the intricacies of viral transfections and cell viability assays by Stephan Lortz and Matthias Elsner. The most interesting things we learned on this day were how to produce adeno- and lentiviruses in 293 cells and how to purify these recombinant viruses by CsCl centrifugation. On Wednesday we extracted RNA and performed real-time PCR with the help of Markus Tiedge and Ortwin Naujok. To me real-time PCR was a completely new technique and it left my head filled with potential project ideas. Recombinant protein expression and protein interactions were finely covered on Thursday by Simone Baltrusch. The images generated by fluorescence microscopy will leave a long-lasting impression. As the week gradually unfolded, we became more and more aware of how much organisation had been involved in this course. More than eight broad-ranging techniques were described, demonstrated and practically carried out by each group in four short days. Our hosts were never hurried, always had time for our questions and gave us clear and detailed notes.

Most evenings we enjoyed Hannover and made use of the opportunity to discuss our individual backgrounds and areas of diabetes research. On Thursday, our last evening, a farewell dinner was held at a beautiful restaurant next to Hannover Zoo. Before dinner there was time for photo opportunities with several jokes being made about the animals. In an after dinner speech Professor Lenzen thanked us for our participation, the staff for their hard work and EASD for the funding.

On Friday morning all of the participants were given the opportunity to see further demonstrations, to

ask questions and to get more information about techniques of special interest. I took the opportunity to refresh my knowledge on islet-isolation with Sigurd Lenzen and to ask Markus Tiedge several questions about Real Time PCR. We gradually went our separate ways according to our travel arrangements and left the Institute with grateful admiration for our hosts.

We, the participants of the 2003 EASD Scientists Training Course, would like to thank all of the members of the Institute of Clinical Biochemistry, Hannover for their hard work and their great patience and teaching. We thank all technicians, students and other members of the institute, who were involved in preparing and conducting the EASD Scientists Training Course 2003. In particular, we would like to thank Professor Sigurd Lenzen and Dr. Markus Tiedge for organising this course and EASD for the generous funding.

Dr Brian Green
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On the behalf of all the attendees of the 2003 EASD Scientists Training Course:

Abudula Reziwanggu, Aarhus University Hospital, Denmark.
Hendrik Bergert, Universitätsklinikum Carl Gustav Carus TU Dresden, Germany.
Ioana Simona Chisalita, Linköping Universitet, Sweden.
Ru Gao, University of Helsinki, Finland.
Carol Huang, Hospital for Sick Children, Toronto, Canada.
Jorgen Erik Jensen, University of Southern Denmark, Denmark.
Katerina Kankova, Masaryk University Brno, Czech Republic.
Klaus-Peter Knoch, Universitätsklinikum Carl Gustav Carus TU Dresden, Germany.
Babak Movahedi, Brussels Free University, Belgium.
Nicole Neubauer, University of Copenhagen, Denmark.
Stig Rolfsen, Aarhus University Hospital, Denmark.
Barbara Szepietowska, Medical University of Bialystok, Poland.
Nikolaus Wick, AKH Vienna & University of Vienna Medical School, Austria.

EASD Scientists Training Course 2004

– Supported by Eli Lilly –

EASD will hold its **Eleventh Scientists Training Course in Vienna, Austria 8–12 November 2004** in co-operation with the Juvenile Diabetes Research Foundation International (JDRF). By organising the Scientists Training Course, EASD hopes to attract new talent to diabetic research, in addition to fostering diabetes research in new centres throughout the world. In reaching their decision, the members of the Committee will be looking for candidates with some experience in research and who work in an academic environment. A letter of support from the head of the academic department will be considered an essential part of the application.

The EASD Sub-committee responsible for the EASD Scientists Training Course is chaired by Drs. Geremia B.Bolli (Chair) and Claes Hellerström (Co-chair). The Course will be held in English. It is understood that all applicants are able to communicate in this language. All participants will be required to attend the entire Course.

Venue
The eleventh Course will be hosted by the Division of Endocrinology & Metabolism (Head: Professor Werner Waldhäusl), Department of Internal Medicine 3, Medical University, Vienna, Austria.

Organisers
The Course is organised by Associate Professor Michael Roden and colleagues.

Format
A hands-on practical course will be provided for a maximum of 16 participants, who will rotate in groups through the laboratories. Each day will begin with an overview of the day's schedule followed by thematic blocks, which will consist of brief introductory lectures and practical training sessions. A discussion on the day's topics will conclude each day.

Focus
This course is designed to give an update on modern techniques and methods currently applied in clinical diabetes and metabolic research. The modular concept of sessions will provide for intensive interaction with trainers and trainees. Overall the principal goal of this course is to provide detailed knowledge and skills in various methods, so that the participants should be able to set up those techniques at their home institutions.

Techniques
- Performance and analysis of oGTT, fsivGTT and euglycemic hyperinsulinemic clamps
- Isotopic glucose tracer dilution and GC-MS analysis
- Deuterated water method and metabolic flux analysis
- In vivo NMR spectroscopy (non-invasive measurement of triglycerides and glycogen in skeletal muscle and liver as well as of glucose-6-phosphate in skeletal muscle)
- Biopsies of skeletal muscle
- Isolated skeletal muscle incubation
- Microdialysis and microperfusion
- Methods for measuring regional tissue perfusion and intima-media thickness
- Principles of human endothelial cell culture

Criteria and eligibility for acceptance to the Course
The Course is open to all members of EASD. It will provide both an introduction to this field of research and an update for younger researchers in this area or for experienced investigators from other fields.

Cost of the Course
Participants will be asked to pay Euro 240.00 registration fee, as well as their transportation to and from Vienna, Austria. All other expenses, including board and lodging, will be covered by EASD funds, supported by Eli Lilly. Each applicant will be evaluated for eligibility and following individual requests, the registration fee may be waived. In exceptional circumstances and following a formal application, EASD may, if necessary, also provide a travel grant.

Application procedures
Interested candidates should submit four copies of their application to the

EASD Secretariat
Rheindorfer Weg 3
D-40591 Düsseldorf
Germany

The application must include the following:

I. A curriculum vitae giving age, place of birth, current professional address (with fax number and email address) and full details of education and academic and/or clinical career to date. There should be a complete list of publications and mention of any meetings or workshops attended.
II. A one-page letter of support from the Head of the applicant's current Department. Aside from attesting to the qualities of the candidate, this letter should clearly state how the department proposes to provide the necessary facilities and support to allow the candidate to continue in diabetes research.
III. A one-page description of the applicant's current research interests, including a brief explanation of how the applicant feels the Course will help in a future career in diabetes research.

Applications not including these pages will not be viewed favourably.

Applications must be received at the EASD Secretariat in Düsseldorf before 1 May 2004 (regardless of postmark).

EASD Robert Turner Clinical Research Course

Oxford, UK, 13–17 April 2004

Supported by an educational grant from Johnson & Johnson Pharmaceutical Research and Development LLC.

Aims of the Course
The European Association for the Study of Diabetes is pleased to announce the first Robert Turner Course on clinical research in diabetes for young physicians. The Course is intended to allow participants to become familiar with major theoretical and practical aspects of clinical research and will consist of lectures as well as interactive sessions. By organising this course, EASD hopes to attract young clinicians to clinical diabetes research, in addition to fostering diabetes research in new centres.

Venue
The 1st EASD Robert Turner Course will be hosted by the Oxford Centre for Diabetes, Endocrinology and Metabolism.

Organiser
The Course is organised by Prof. David R. Matthews.

Format
The Course will be provided for a maximum of 20 participants. There will be an international faculty and the Course will cover many aspects of clinical research, including:

- Design of experiments
- Ethical review
- Grant applications
- Physiological studies
- Trials and trial theory
- Statistics and statistical review
- Good Clinical Practice
- Handling samples
- Handling data
- Science writing methodology
- Publication
- Pitfalls of research.

The Course will be held in English. It is understood that all applicants must be able to communicate in this language. All participants will be required to attend the entire Course. There will be no exception to this rule.

Criteria and eligibility for acceptance to the Course
The Course is open to all medical doctors who are EASD members under the age of 40 years. It is designed as an introduction to enter clinical diabetes research or for more experienced researchers from other fields who wish to obtain some basic training in this area.

Cost of the Course
Participants will be asked to pay Euro 240.00 registration fee as well as their transportation to and from Oxford. All other expenses including board and lodging will be covered by EASD funds, supported by Johnson & Johnson. It is not intended that the registration fee prevent any individual from attending and those with limited funds at their disposal may request EASD to waive this fee on the understanding that this will be accorded only to those considered truly in need and without financial support from their home institution. In exceptional circumstances and following a formal application, EASD may, if necessary, also provide a travel grant.

Application procedures
Interested candidates should submit **five (5) copies** of their application to the

EASD Secretariat
Rheindorfer Weg 3
D-40591 Düsseldorf
Germany

The application must include the following:

I. A curriculum vitae giving age, place of birth, current professional address (with fax number and e-mail address) and full details of education and academic and/or clinical career to date. There should be a complete list of publications and mention of any meetings or workshops attended.
II. A **one-page** letter of support from the Head of the applicant's current Department attesting to the qualities of the candidate. This letter should also describe the department's activities in clinical research.
III. A **one-page** description of the applicant's current research interests, including a brief explanation of how the applicant feels the Course will help in a future career in diabetes research.

Applications not including these pages will not be viewed favourably.

Applications must be received at the EASD Secretariat in Düsseldorf before 15 February 2004 (regardless of postmark).

EASD has nominated a sub-committee to review applications for the EASD Robert Turner Course. When selecting participants, the members of the Robert Turner Course Sub-committee will be looking for candidates with some experience in clinical research and who work in an academic environment favourable to clinical diabetes research. A letter of support from the head of the academic department will be considered as an essential part of the application.

European Society of Cardiology
First Announcement for the ESC Congress 2004

Munich, Germany, 28 August – 1 September 2004

It is our distinct pleasure to announce that the ESC Congress 2004 will be held in Munich from Saturday 28 August to Wednesday 1 September 2004. The main theme of the ESC Congress 2004 will be "The Heart and Diabetes". Further information can be found on our web site: **www.escardio.org/congress/Munich04**.

Jean-Pierre Bassand President,
European Society of Cardiology 2002–2004
William Wijns Chairperson,
Congress Programme Committee 2002–2004

Abstracts
The online abstract submission will be available on the ESC web site from December 2003. The deadline for abstract submission is **14 February 2004** and the e-mail address is **abstracts@escardio.org**.

Registration
The deadline for early registration at a reduced fee is **31 May 2004** and the e-mail address is **registration@escardio.org**.

Hotels
All requests for hotel rooms should be directed to ESC and can be sent via the ESC online services from December 2003. The e-mail address is **hotels@escardio.org**.

CME Credits
The ESC Congress 2004 will be reviewed for accreditation by the European Board for Accreditation in Cardiology (EBAC). The number of hours of External CME Credits will be announced in the Preliminary Programme in December 2003. Attendance Certificates for participants will be provided on-site upon request.

Venue
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Organiser
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Web site: www.escardio.org

EASD-ESC scholarships for abstracts submitted with the keyword Cardiac complications

In 2004 the European Association for the Study of Diabetes (EASD) and the European Society of Cardiology (ESC) will have their annual meetings back-to-back in Munich.

ESC Congress: 28 August – 1 September 2004
EASD Annual Meeting: 5 – 9 September 2004

Due to the cooperation between EASD and ESC it was decided to include an Oral Session of 6 presentations into the scientific programmes of both organisations in 2004. Three abstracts will be selected from submissions to the EASD Meeting while another three abstracts will be chosen from submissions to the ESC Congress. All authors will be asked to **present their work at both events**. The awards include:

– travel to and from Munich
– hotel accommodation
– registration to both meetings

The best three abstracts submitted **by authors below the age of 35 years on 1 October 2004** with the keyword **50 Cardiac complications** will be chosen. The decision will be based on the anonymous review of the abstracts by the Programme Committee Members during their meeting in May 2004. The recipients will be informed about the Committee's decision in June 2004.

Announcements

First Announcement EASD Postgraduate Course on: Embedding Education in Diabetes Practice

Turin, Italy, 5–6 March 2004

Over the past few years, the results of many randomised, controlled clinical trials have shown that patient education is able to improve clinical outcomes along with cognitive and psycho-social aspects in the life of people with diabetes. However, the challenge remains how to build effective education programmes into overburdened, time-stretched diabetes clinics. This course will provide comparative assessment of available evidence on successful implementation of education programmes in everyday diabetes care and provide useful hints on how to transfer such practices into other clinics.

Topics will include:

Educating adults

Keynote Lecture	Educational Darwinism (From Classroom to life)
Group Work	The educators' frustrations

Educating adults with Type 2 diabetes

Seminar	Methodology of educational approach to Type 2 diabetes The burden of educating Type 2
Group Work	Methodology

Embedding Education in clinical practice

Lecture	The impact of education on quality of care. Population-based data
Lecture	Integration of D.E. in daily practice
Report	Group teaching or individual teaching? The Steno Experience
Report	Structured teaching and treatment programs for diabetes and hypertension in Germany
Report	The Turin Experience
Report	ROMEO: Preliminary Results
Report	The Minneapolis Experience
Lecture	The role of DESG
Final Remarks	The struggle for life. Diabetes education in the European Union

Organisers: Valerio Miselli, Massimo Porta
Scientific Secretariat: Paola Accorsi, Marina Trento

Organising Secretariat:
Planning Congressi SrL
via Santo Stefano 97
I-40125 Bologna
Tel:+39 051 300100
Fax:+39 051 309477
E-mail: i.bortolotti@planning.it
Web site: www.planning.it/congressi/easd/home

Official Language: English. Simultaneous translation from English to Italian will be provided.

CME credit: The meeting will have CME accreditation from the Italian Ministry of Health.

G.B. Morgagni Prizes 2004

The "G.B. Morgagni Prizes" are awarded under the auspices of the Faculty of Medicine of the University of Padua and supported by an unrestricted educational grant from SERVIER.

The prizes, consisting of one Morgagni Medal (gold medal and US$ 20,000) and two Young Investigator Awards (silver medal and US$ 8,000), are conferred every two years for outstanding achievements in the field of metabolism.

Nominations are now open for the Morgagni Medal, which will be awarded to a distinguished European scientist, who is actively involved in research into Type 2 diabetes, its complications, and other related metabolic disorders.
Each candidate for the Gold Medal should be nominated by at least two individuals who should provide the nominee's curriculum vitae and supporting statements of not more than 500 words.

Applications are also invited from young European scientists (not yet 40 on 1 January 2004) who should forward a brief letter of application, curriculum vitae, list of publications and reprints of their five most important works.
The recipient of the Morgagni Medal will present a lecture during the Awards Ceremony which will be held in Padua (Italy) on 9 October 2004.

Nominations for the G.B. Morgagni Medal and applications for the Young Investigator Awards must reach our offices by **27 February 2004**. Documents may be forwarded by surface mail to the address below or by e-mail (saved in RTF). Reprints should be sent only by post.

Prof. Gaetano Crepaldi
The G.B. Morgagni Prizes Committee
Centro Studio per l'Invecchiamento
Via Giustiniani 2
I-35128 Padova
Italy
E-mail: crepaldi.metabolism@unipd.it

39th Annual Meeting of the European Diabetes Epidemiology Group (EDEG)

Vietri sul Mare, Italy, 24–27 April 2004

The main topics of this meeting include:

- The widening spectrum of diabetes diagnosis in youth
- Definition and etiology of the metabolic syndrome
- Prevention of complications of diabetes
- Predicition and prevention of Type 2 diabetes

The deadline for abstract submission is **15 January 2004.**

For further information please contact:

Dr Olga Vaccaro
Tel: + 39 081 7462034
E-mail: nmcd@unina.it

Screening for the Metabolic Syndrome and "pre-Diabetes" Third advanced diabetes epidemiology course

University Medical Centre, Utrecht, The Netherlands, 20–24 March 2004

The European Diabetes Epidemiology Group is again organising a short course for those who are currently involved in clinical or epidemiological research on diabetes mellitus. Apart from overviews on screening and definition of the metabolic syndrome and pre-diabetes, the focus of this course includes design of screening studies, statistical analyses of screening results, ethical issues and cost-effectiveness.

More information and application forms are available at:
www.juliuscenter.nl/advdiab

Signal transduction pathways as therapeutic targets
European Conference Centre, Luxembourg, 25–28 January 2004

Online Registration is possible at:
www.transduction-meeting.lu

Chromatin structure and gene expression mechanisms as therapeutic targets
European Conference Centre, Luxembourg, 28–31 January 2004

Online Registration is possible at:
www.transduction-meeting.lu

EUROPEAN ASSOCIATION FOR THE STUDY OF DIABETES

ASSOCIATION EUROPEENNE POUR L'ETUDE DU DIABETE

EUROPÄISCHE GESELLSCHAFT FÜR DIABETOLOGIE

ORGANISATION SECTION

FUTURE MEETINGS

5–9 September 2004: Munich
10–15 September 2005: Athens
2006: Copenhagen/Malmö
2007: Amsterdam
2008: Turin
2009: Vienna