EASD
EUROPEAN ASSOCIATION FOR THE STUDY OF DIABETES
ASSOCIATION EUROPEENE POUR L'ETUDE DU DIABETE · EUROPÄISCHE GESELLSCHAFT FÜR DIABETOLOGIE
Rheindorfer Weg 3 · D-40591 Düsseldorf · Germany · Tel: +49-211-7 58 46 90 · Fax: +49-211-75 84 69 29
E-mail: secretariat@easd.org · Homepage: http://www.easd.org

EASD

News Section
12/2004

14th Scientific Meeting of the Eye Complications Study Group of the European Association for the Study of Diabetes (EASDec)

The 14th Scientific Meeting of the Eye Complications Study Group of the European Association for the Study of Diabetes (EASDec) took place in Munich, from May 21 to 23, 2004. It was hosted by Professor Anselm Kampik. About 150 delegates attended from 14 European countries.

The first session on Saturday morning focused on the screening and epidemiology of diabetic retinopathy (DR) and imaging techniques. The first experiment in telemedicine to screen for DR in a primary care setting was presented (Erginay;France) as well as the use of automatic image analysis for detecting DR (Erginay,France; Bech Hansen, Denmark). A significant decrease in visual impairment and blindness over the years 1989–2003, thanks to improved diabetic and ophthalmologic care combined with an early laser therapy program was reported in the Varmia and Mazury regions of Poland (Bandurska-Stanchiewicz, Poland). Dr van Hecke, for the Hoorn Study from the Netherlands, presented the results of a study of a subsample of 625 individuals. She showed that inflammatory activity was associated with retinopathy in subjects with and without diabetes, but that vascular endothelial dysfunction was only associated with retinopathy in diabetic subjects, suggesting that these two factors may be involved in the pathogenesis of retinopathy.

Professor Massimo Porta (Turin, Italy) then delivered a Keynote lecture in which he gave the results of a thirteen-year screening with the London Protocol in Turin. A protocol to screen for Sight-Threatening Diabetic Retinopathy (STDR) was developed by a consensus conference held in 1989 at the Hammersmith Hospital in London, to provide a tool for the next implementation of the Saint Vincent Declaration target, i.e. to reduce blindness by one-third or more in the next five years. Massimo Porta presented the outcomes of screening for STDR between January 1991 and December 2003. During this time, 6857 patients were seen at least once in Turin. Of these, 57.4% had no retinopathy, and about 20% had severe retinopathy requiring referral to an ophthalmologist. Patients with nonproliferative DR at baseline were at high risk of developing maculopathy in the 5 following years. Visual acuity was preserved in almost all the patients, suggesting the effectiveness of the London Protocol for the prevention of visual loss due to DR.

The second session during the same morning was devoted to medical studies on DR. Dr A Girach from Eli Lilly presented the initial results of the Protein Kinase C ß inhibitor Diabetic Retinopathy Study (PKC-DRS) and of the PKCß inhibitor Macular Edema Study (PKC-DMES). The PKC-DRS was a multicenter, randomized trial, designed to evaluate the effect of three doses of ruboxistaurin (RBX, LY33531) and placebo on the progression of moderately to severe nonproliferative DR. The trial concerned 252 patients and there was no effect of RBX on the progression of DR. Eli Lilly will anyway investigate a potentially beneficial effect of this drug in reducing moderate visual loss. The PKC-DMES evaluated the effect of RBX on the progression of diabetic macular oedema that was not imminently sight-threatening and 686 patients were included in this evaluation. Once again, no effect of RBX on the progression of macular oedema could be demonstrated. A subgroup analysis, from which patients with very poor glycaemic control at baseline were excluded, suggested that RBX is associated with a 31% reduction of the risk of diabetic macular oedema progression. Further phase 3 trials of RBX are in progress. Finally, Dr Sander (Denmark) evaluated the effect of RBX on the blood-retina barrier, using fluorophotometry, and showed that the level of baseline permeability was a significant factor for the effect of RBX, and that patients with high blood-retina barrier permeability at baseline were more likely to exhibit stabilized or reduced leakage.

The second Keynote lecture was given by Prof Peter Gaede from Denmark on the results of the Steno 2 Study. This study aimed at comparing the effect of an intensified, multifactorial intervention with that of conventional treatment on modifiable risk factors for cardiovascular diseases (hyperglycaemia, hypertension, dyslipidemia, microalbuminuria and aspirin) in

patients with Type 2 diabetes. The primary endpoint was a composite of cardiovascular events. This intensified intervention reduced the risk of cardiovascular events by 50%, and also reduced the risk of retinopathy by about 50% after an 8-year follow-up period.

After lunch, the afternoon session focused on macular oedema, which remains a major cause of visual impairment in diabetic patients. New methods of assessing it were presented: both Optical Coherence Tomography and the Retinal Thickness Analyser can reliably measure foveal thickening, and their results correlate with those of fluorescein angiography (Neubauer, Germany). Dr Frederiksen (Denmark) reported very interesting results obtained with a new device, the Retinal Vessel Analyser (RVA), designed to assess retinal autoregulation in vivo, in diabetic patients. The diameter of retinal arterioles was continuously measured using the RVA, before, during and after a rise in blood pressure induced by isometric exercise. Retinal autoregulation exhibited a significant decrease, as the severity of diabetic maculopathy increased. Dr Chryssafis (Germany) studied the effect of macular thickening on central visual fields in diabetic retinopathy: she found a good correlation between visual loss and macular thickness, and showed that a thickened retina corresponded topographically to scotoma in the visual fields. Surprisingly, laser treatment did not seem to cause significant field defects. Dr Massin (France) presented the results, at one year, regarding the effect of repeated intravitreal injections of 4 mg triamcinolone for the treatment of diabetic macular oedema. The beneficial effect of these injections on diabetic macular oedema refractory to laser photocoagulation was demonstrated; but, the oedema recurred 3 to 6 months after the first injection. The effect of a second injection was similar to that of the first, and reinjection of triamcinolone maintained the improvement for one year. The possible role of the vitreous in the pathogenesis of macula oedema was then discussed (Dr Tadayoni, France). Dr Gandorfer (Germany) investigated the ultrastructure of the vitreomacular interface in patients with diffuse macular oedema who underwent vitrectomy: he showed that it is characterized by a layer of native vitreous collagen and a varying cellular component; and that the resolution of macular oedema does not depend on the presence of contractile membranes.

Lastly, Prof A Kampik gave a lecture on surgical options in diabetic retinopathy. He especially focused on the results of vitrectomy for macular oedema. The best results are obtained when macular oedema was combined with vitreomacular traction. However, satisfying results were obtained after vitrectomy combined with the peeling of the internal limiting membrane.

In a second session devoted to studies on diabetic retinopathy, Prof Cunha Vaz (Portugal) proposed different phenotypes of diabetic retinopathy in Type 2 diabetes: three major evolutive patterns of retinopathy progression were identified in a two year follow-up study, by combining different imaging techniques (fluorescein angiography, fundus photography, vitreous fluorophotometry, retinal thickness analyser and retinal leakage analyser).

The afternoon concluded with a case presentation session, in which 4 members discussed a clinical case of macular oedema presented by Dr P Massin (France). This led to an animated discussion between the panel and the audience.

On Sunday, the morning session was devoted to the pathophysiology of diabetic retinopathy. Dr Mustapha (UK) studied the effect of exposing cultures of bovine retinal capillary pericytes to normal and high glucose, and showed that activation of NADPH oxidase and intracellular protein oxidation in response to hyperglycaemia constitutes a possible mechanism that might explain the early loss of retinal pericytes in diabetic retinopathy. Dr Chibber (UK) showed that TNF-α in diabetic plasma increases the activity of core 2GLCNAC-T and the adherence of human leukocytes to cultured retinal endothelial cells, and underlined the significance of this enzyme for the pathogenesis of capillary occlusion. Dr Hessellund (Denmark) studied the effect of acidosis on porcine retinal arterioles and suggested that this disorder might be involved in the disturbances in the regulation of retinal blood flow observed in diabetic retinopathy. Dr Lecleire-Collet (France) studied the effect of AGEs on retinal explants and showed that they induced neuronal degeneration in the ganglion cell layer, as previously observed on animal models. These results suggest that retinal explants may be a good model for the study of diabetic retinopathy pathogenesis. Lastly, Dr Berrone (Italy) reported that thiamine and benfotiamine correct the polyol pathway activation induced by high glucose in vascular cells, possibly by activating transketolase .

To end this session, Prof HP Hammes (Germany) gave a Keynote lecture on animal models of diabetic retinopathy. He described his investigations of the pathogenesis of diabetic retinopathy and the mechanisms leading to pericyte loss. He presented the unifying concept of microvascular complications developed by Michael Brownlee and co-workers: the link between chronic hyperglycaemia and vascular damage has been established by four independent biochemical abnormalities: increased polyol pathway flux, increased formation of AGEs, activation of PKC, and increased hexosamine pathway flux. These unrelated pathways have an underlying common denominator: the overproduction of superoxide by the mitochondrial electron transport chain. This hypothesis has been verified on animal models, and Dr Brownlee and colleagues studied new therapies on the basis of these findings. Prof Hammes showed, on experimental models of diabetic retinopathy, that thiamine, which activates the enzyme transketolase, can prevent retinal

damage. Prof Hammes also studied the mechanisms leading to pericyte loss in diabetic retinopathy. Pericyte recruitment and endothelial cell survival are, at least in part, controlled by the angiopoietin/Tie2 ligand/receptor system. And the upregulation of angiopoietin-2 seems to play a critical role in the loss of pericytes in the diabetic retina.

In the final session, Prof E Agardh (Sweden) presented a clinical case which was discussed by a panel of experts together with the audience, and the General Assembly ended this 14th meeting of the EASDec Study Group.

Further information can be obtained from the EASDec website (www.easec.org) where all the abstracts of the papers and posters presented at this meeting are displayed

REPORT OF THE 17TH AGM OF THE DIABETIC NEPHROPATHY STUDY GROUP OF EASD

The Nephropathy Study Group met from 7 to 8 May 2004 in the wonderful setting of Villa Camozzi, Bergamo, Italy. The local organiser, Dr Roberto Trevisan organised a splendid venue which was complemented by an outstanding scientific programme.

The meeting witnessed the delivery of the 2nd Ruth Osterby Lecture by Giancarlo Viberti entitled 'We come from afar, where are we going' in which Professor Viberti described how the individual susceptibility to diabetic nephropathy has been identified and how future molecular biology techniques might better describe the cellular abnormalities of individuals susceptible to renal damage. This eventually would lead to therapeutic strategies that can be individually targeted to prevent the development of renal disease in diabetic patients.

Following this interesting opening there was a lively session on clinical observations on the natural history of diabetic nephropathy. The Danish group from Steno showed the importance of several potential modifiable risk factors (such as mean arterial pressure, baseline albuminuria, glycated haemoglobin) both for prediction of the development of persistent microalbuminuria in newly diagnosed Type 1 diabetic patients and for the progression of nephropathy in Type 2 diabetic patients. There was a worrying presentation on the increasing incidence of proteinuria in Pima Indians with Type 2 diabetes, despite an increase use of ACE inhibitors. Finally data were presented by a German group showing that a tubular impairment may precede albuminuria and that discriminating SDS-PAGE may better detect early renal damage in patients with diabetes.

The second session looked at experimental physiology covering areas as diverse as the possible inflammatory role of the MCP-1/CCR2 system in the mesangial cells and the modulation of integrins on glomerular epithelial cell. There were presentations on various cellular messengers on the development of experimental nephropathy concluding with a description of how bone-marrow derived stem cells may repopulate damaged kidney.

The third session looked at insulin resistance and oxidative stress. It was shown that insulin resistance is an independent concomitant of nephropathy in Type 2 diabetic patients and not just secondary to the degree of albuminuria. A presentation suggested that insulin resistance may also act as a progression promoter in Type 1 diabetic patients. The session concluded by presentations on the effect of rosiglitazone and alfa-lipoic acid on experimental diabetic nephropathy in animal models. These molecules may offer new therapeutic approaches to the treatment of diabetic nephropathy.

After three presentations on different aspects of podocytes abnormalities in diabetes, the day was concluded by a keynote lecture from Dr Sally Marshall exploring the emerging role of the podocyte in the pathogenesis of diabetic nephropathy. Evidence was given that podocyte dysfunction in diabetes may lead to increasing proteinuria that, in turn, determines podocyte loss, a process involved in the progression to end stage renal failure in diabetes.

The following day there were two sessions on clinical observations. There was an interesting report from the RENAAL study on the impact of left ventricular hypertrophy on the prognosis of patients with Type 2 diabetes and overt nephropathy. Two communications showed that cardiac autonomic neuropathy, as well as plasma brain natriuretic peptide, predicts overall mortality in diabetic patients with nephropathy. In addition, it was shown that a slight elevation of albuminuria is a significant determinant of intima-media thickness and pulse wave velocity in Type 2 diabetes, suggesting the presence of a sub clinical atherosclerosis in these patients. This was confirmed by another report showing the presence of an impaired vasodilatation and vasomotion in microalbuminuric patients. After a communication on the best way to estimate glomerular filtration rate in diabetes with simple clini-

cal measures and another on the possible role of aldosterone escape during long-term renin-angiotensin system blockade in the progression of diabetic nephropathy, the final report from the University of Alberta (Canada) described the renal outcomes after four year follow-up of patients with islet allostransplantation.

In the following section relating to genetics and structure, a communication from Spain reported a possible association between some gene polymorphisms of RAGE and diabetic nephropathy. A preliminary report from EURAGENIC (European Consortium for the Genetics of Diabetic Nephropathy) stressed the importance of large multi-centre studies in order to get enough power to detect the precise role of genetics in the susceptibility for diabetic nephropathy. Two studies reported, in different animal models, that a resistance to oxidative stress is associated with some degree of protection from the development of diabetic glomerular disease and that glomerular cell number may influence the rate of progression of nephropathy. An interesting communication from Minneapolis showed albumin excretion rate patterns over five years in normoalbuminuric Type 1 diabetics and related them to glomerular morphology.

The final set of observations, given by the FinnDiane Group from Helsinki, described an association between increased level of mannan-binding lectin and diabetic nephropathy, a steeper increase in pulse pressure at a younger age in Type 1 diabetic patients, clustering of risk factors in families of Type 1 diabetic patients with nephropathy and the possible role of a low birth weight in the development of diabetic complications.

These sessions were followed by a lecture from Dr Giuseppe Remuzzi, who described how and when it is possible to get the remission of diabetic nephropathy. Although it is clear that diabetic nephropathy is no longer an irreversible disease and that a multifactorial therapy may delay and even regress the development of overt nephropathy, the key message was that preventing nephropathy is more important than retarding progression.

The current membership of the study group is 162 with 19 new members this year. Membership is open to anybody who is a member of the EASD and who has an abstract accepted for one of our meetings. Researchers in the field of diabetic nephropathy are invited to submit abstracts by 7 January 2005 to the secretary. If you would like to be on our mailing list please contact Dr Roberto Trevisan (email: roby.trevisan@tin.it or rtrevisan@ospedaliriuniti.bergamo.it, address: U.O. Diabetologia, Ospedali Riuniti di Bergamo, Largo Barozzi 1, 24128 BERGAMO, Italy) to receive notification of the next meeting. The meeting was, as always, thought-provoking, controversial and stimulating.

We look forward to seeing old and new friends in Arnhem, The Netherlands on 13 and 14 May 2005 for the 18th meeting of the study group.

Minkowski Prize 2005

Members of the EASD are invited to submit nominations for the 2005 Minkowski Prize, which since 1966 has been generously sponsored by Aventis Inc. The prize consists of a Certificate and € 20,000 (Euro twenty thousand) plus travel expenses. The candidate must be less than 40 years of age on 1 January 2005.

The prize will be given in relation to research, which has been carried out by a person normally resident in Europe. It is awarded for distinction manifested by publications, which contribute to the advancement of knowledge concerning diabetes mellitus.

Nominations or re-nominations should be in the form of **six copies** of the candidate's curriculum vitae, including a complete bibliography, **six copies** each of the most relevant publications (not more than ten), and **six copies** of a statement in English by the proposer(s) explaining the manner in which the candidate's published contributions have aided knowledge concerning diabetes mellitus. Such a statement should not exceed 1,000 words. Additional letters of support will be disregarded.

Nominations or re-nominations should be sent to the
EASD Secretariat
Rheindorfer Weg 3
D-40591 Düsseldorf
Germany

to arrive **not later than 15 February 2005**.

The recipient of the Prize is expected to give the 40th Minkowski Lecture describing his/her most important scientific achievements during the EASD Annual Meeting, which will be held in Athens, Greece, 10–15 September 2005, and is expected to write a respective review article for publication in Diabetologia.

Claude Bernard Lecturer 2006

Members of the EASD are invited to submit nominations for the 2006 Claude Bernard Lecturer. The EASD is very grateful to Sanofi-Aventis (France) for their continuous support of this award. The Lecture will be delivered during the 42nd EASD Annual Meeting to be held in Copenhagen/Malmö, Denmark, Sweden, 14–17 September 2006.

There are no restrictions regarding the age of the candidate who may come from any part of the world. The aim of the Lectureship is to recognise an individual's innovative leadership and outstanding contributions to the advancement of knowledge in the field of diabetes mellitus and related metabolic diseases.

Nominations or re-nominations should be in the form of a letter of recommendation of not more than 1000 words and should include the curriculum vitae of the nominee and a list of not more than ten relevant publications.

Six copies of each should be sent to the
EASD Secretariat
Rheindorfer Weg 3
D-40591 Düsseldorf
Germany

to arrive **not later than 15 April 2005.**

In addition, one copy of a full bibliography of the candidate should be provided.

Castelli Pedroli Prize 2005

Members of the EASD are invited to submit nominations for the 2005 Castelli Pedroli Prize. The prize consists of an award of € 8,000 (Euro eight thousand), presented by the family of the late Maria Carla Castelli Pedroli.

The prize is awarded for outstanding contributions in the field of the histopathology, pathogenesis, prevention and treatment of the complications of diabetes mellitus, which have been carried out in Europe by a member of the EASD normally resident in Europe. The recipient should have a distinguished track record of research in the field. Publications in internationally recognised scientific journals over the last 5 years should demonstrate continuing activity, originality and excellence in the field.

Nominations or re-nominations may be submitted by any member of the EASD, and should comprise of **six copies** of each of the following:

a) Curriculum vitae of the candidate
b) Letter of recommendation
c) Re-prints of the eight most important publications emphasising recent contributions.

Nominations or re-nominations should be sent to the
EASD Secretariat
Rheindorfer Weg 3
D-40591 Düsseldorf
Germany

to arrive **not later than 15 February 2005.**

The recipient of the prize will be required to deliver a lecture named in honour of Camillo Golgi during the 41st Annual Meeting of EASD, to be held in Athens, Greece, 10–15 September 2005.

The EASD / Amylin – Paul Langerhans Research Fellowship for Research on the Physiology and Pathophysiology of the Beta-Cell

The objective of the EASD/Amylin – Paul Langerhans Research Fellowship is to encourage research in the field of physiology and pathophysiology of the beta-cell. The award honours the memory of Paul Langerhans, who discovered the islet cells of the pancreas.

Applicants should have demonstrated their ability in the field of diabetes research.

One fellowship will be awarded annually in the sum of US $40,000 (forty thousand US dollars); the money awarded will be paid into the account of the host institution.

The following regulations shall apply: Application may be made by any paid-up member of the EASD under the age of 40 years on 1 January in the year of the award. The application shall consist of:

a) Full name, address, date of birth and brief curriculum vitae of the applicant.
b) Proof of current EASD Membership.
c) List of publications by applicant as first or co-author.
d) Date and nature of appointment held by applicant, with brief résumé of work on which currently employed.
e) A report (not more than 2-3 pages) providing full details of the project for which the fellowship is required. This should cover the aims, background, methodology and hoped-for results of the project.
f) Letter of commitment from the host institution.

Applications can be sent for only one fellowship/award. For the EASD/Amylin – Paul Langerhans Research Fellowship, **five copies** of the application should be sent to the

EASD Secretariat
Rheindorfer Weg 3
D-40591 Düsseldorf
Germany

to arrive **not later than 15 February 2005.**

EASD – ADA Transatlantic Fellowships

The European Association for the Study of Diabetes and the American Diabetes Association are pleased to announce the availability of research fellowships designed to bring European and American scientists into closer collaboration, fostering a synergy of efforts to improve the lives of people with diabetes around the world.

These fellowships, which are supported by the **EFSD – Lilly Research Fund**, are designed to encourage research into basic or clinical questions related to diabetes or its complications. Applications will be judged on the strength of the applicant's previous and current work, the feasibility and importance of the research plan, and the research environment in which the applicant will work. All fellows will be encouraged to present their work at the appropriate EASD or ADA Annual Meeting.

Two fellowships are available each year: one to support an investigator from Europe to study in the US, and one for a US fellow to study in Europe. An award of US $50,000 will be made to the host institution. The award amount should cover one year's salary of the awardee, and the remaining amount may be used for travel costs and for laboratory equipment or supplies. It is expected that eligible fellows will have completed their advanced degree (MD, PhD, or equivalent) within the previous 7 years. Complete application forms can be found on the Associations' web sites: **www.easd.org** and **www.diabetes.org.**

Purpose:

EASD-ADA Fellowships are designed to encourage research into basic or clinical questions related to diabetes or its complications and to foster closer links between the research communities in Europe and the United States.

Support:

The award will be made for the stipend support of a postdoctoral fellow in a given year, as well as laboratory supplies and travel costs. Two fellowships are available each year: one for a fellow from Europe studying in the US, and one for a US fellow studying in Europe. Awards of US $50,000 will be made to the host institution. Of the award amount, US $35,000 can be allotted for the salary support of the fellow, US $5,000 for travel costs, and US $10,000 for laboratory equipment or supplies.

Eligibility Requirements:
It is expected that eligible fellows will have completed their advanced degree (MD, PhD, or equivalent) within the previous 7 years. The fellow cannot be serving an internship or residency during the fellowship period. The fellow must devote at least 80% of time and effort to diabetes research during the fellowship. Applications will be judged on the strength of the applicant's previous work, the feasibility and importance of the research plan, and a demonstrated commitment to the field of diabetes research. At the conclusion of the fellowship, fellows will be encouraged to present their work at the EASD or ADA Annual Meetings.

An eligible candidate from Europe must be an EASD member and a citizen or permanent resident of a European country. An eligible candidate from the United States must be an ADA member and a US citizen or permanent resident. Eligible institutions in Europe or the United States must be recognised non-profit research institutions. Fellows will be offered complimentary membership in their host Association (EASD or ADA) during the period of their fellowship.

Terms:
An award year commences on 1 July and ends on 30 June. Funds will be paid to the institution in US dollars in quarterly payments beginning 1 July. A progress report is required by 30 March following the award period.

Acknowledgement of support from the EASD and the ADA must be made when findings resulting from the fellowship are published or presented. The fellow must agree to inform the ADA and the EASD of his or her professional status, research support, and all publications for a period of five years following completion of the fellowship.

Review Criteria:
Particular attention will be given to:

- The quality and activity of the applicant's current research.
- The novelty, feasibility, and importance of the applicant's research plan.
- The research environment in which the applicant will work.

Submission:
Application must be made on the forms provided. Two copies of the application form plus the original must be submitted. Applications should be sent to the EASD or ADA office in the applicant's home region on or before 1 February. Successful applicants will be notified of the award by 11 April. The applicant may send an email to the appropriate office requesting a confirmation of the receipt of the application.

Applications from EASD members should be sent to:

EASD Secretariat
Rheindorfer Weg 3
D-40591 Düsseldorf
Germany
Tel: +49-211-7584690
Fax: +49-211-75846929
secretariat@easd.org
www.easd.org

Applications from ADA members should be sent to:

American Diabetes Association
1701 North Beauregard Street
Alexandria, Virgina 22311
USA
Tel +1-703-5491500
Fax +1-703-5491715
research@diabetes.org
www.diabetes.org/research

Deadline for applications is 1 February 2005.
Successful applicants will be notified of the award by 1 April. Funding begins on 1 July 2005 and ends on 30 June 2006.

European Foundation for the Study of Diabetes

The Research Foundation of the European Association for the Study of Diabetes

Albert Renold Fellowships for Young Scientists

The Albert Renold Fellowships for Young Scientists will enable young scientists to travel and stay at other laboratories in order to learn different scientific techniques. The Fellowships are named after Albert Renold, the founding father of EASD. The duration of the stay should not exceed 3 months. A maximum of twelve Fellowships can be awarded every year. Each award will be for up to € 6,000 (Euro six thousand).

The following regulations will apply:

Applications may be made by any paid-up member of EASD under the age of 35 years (PhD) or 40 years (MD/PhD with clinical training) on 1 January in the year of the award. The application should include:

a. Full name, address, date of birth and brief curriculum vitae of the applicant
b. Proof of current EASD Membership
c. Statement of how the visit will benefit the applicant and his/her department (1 side A4 maximum)
d. Date and nature of present appointment held by applicant
e. Letter of recommendation by the Head of the Department
f. Letter from the host institution describing the objectives of the stay
g. Budget details

Three copies of the application should be sent to:

European Foundation for the Study of Diabetes
Rheindorfer Weg 3
D-40591 Duesseldorf
Germany

These Fellowships are available throughout the whole year. There is no deadline for submission.

EFSD/Eli Lilly Research Fellowship in Diabetes and Metabolism

The objective of the EFSD/Eli Lilly Research Fellowship is to encourage research in the field of diabetes and metabolism and to promote excellence in medical education. Applicants should have demonstrated their ability in the field of diabetes research.

One fellowship will be awarded annually in the sum of € 50,000 (fifty thousand Euro); the money awarded will be paid into the account of the host institution.

The following regulation shall apply:

Application may be made by any paid-up member of EASD under the age of 40 years on 1 January in the year of the award. The application shall consist of:

a. Full name, address, date of birth and brief curriculum vitae of the applicant.
b. Proof of current EASD Membership.
c. List of publications by applicant as first or co-author
d. Date and nature of appointment held by applicant, with brief résumé of work on which currently employed
e. A report (not more than 2–3 pages) providing full details of the project for which the fellowship is required. This should cover the aims, background, methodology and hoped-for results of the project.
f. Letter of commitment from the host institution.

For the EFSD/Eli Lilly Research Fellowship in Diabetes and Metabolism, **six copies** of the application should be sent to:

European Foundation for the Study of Diabetes
Rheindorfer Weg 3
D-40591 Düsseldorf
Germany

to arrive **not later than 15 February 2005.**

The EFSD/Eli Lilly Fellowship will be announced annually by the President of EASD during the General Assembly of the Association. Upon completion of the fellowship, the recipient will be invited to present his/her research results at a scientific meeting held at Eli Lilly and Company.

EFSD/Eli Lilly Research Fellowship in Diabetes Microvascular Complications

The objective of the EFSD/Eli Lilly Research Fellowship is to encourage research in the field of diabetes microvascular complications with particular emphasis on diabetic retinal disease and to promote excellence in medical education. Applicants should have demonstrated their ability in the field of diabetes research.

One fellowship will be awarded annually in the sum of € 50,000 (fifty thousand Euro); the money awarded will be paid into the account of the host institution.

The following regulations shall apply:

Application may be made by any paid-up member of EASD under the age of 40 years on 1 January in the year of the award, who has a PhD, MD or equivalent degree. The application shall consist of:

a. Full name, address, date of birth and brief curriculum vitae of the applicant
b. Proof of current EASD Membership
c. List of publications by applicant as first or co-author
d. Date and nature of appointment held by applicant, with brief résumé of work on which currently employed
e. An application (not more than 3 pages) providing full details of the project for which the fellowship is required. This should cover the aims, background, methodology and potential benefit to patients with diabetes
f. Letter of commitment from the host institution

For the EFSD/Eli Lilly Fellowship in Diabetes Microvascular Complications, **five copies** of the application should be sent to:

European Foundation for the Study of Diabetes
Rheindorfer Weg 3
D-40591 Düsseldorf
Germany

to arrive **not later than 15 February 2005.**

The EFSD/Eli Lilly Fellowship will be announced annually by the President of the EASD during the General Assembly of the Association. Upon completion of the fellowship, the recipient will be invited to present his/her research results at a scientific meeting held at Eli Lilly and Company.

Council Membership Nominations 2006 – 2009

Dear Member,

The EASD invites nominations for council membership for the period September 2006 – September 2009. The nominations will be considered by the members of the Executive Committee and Council of the EASD.

The nominee should be a paid-up member of the Association. Nominations must include a letter of recommendation, signed by three EASD members and should be sent to the

EASD Secretariat
Rheindorfer Weg 3
D-40591 Düsseldorf
Germany

to arrive not later than **1 March 2005.**

Announcements

10th Scientific Meeting of the EASD Hypertension in Diabetes (HID) Study Group (HID 2005)

Istanbul, Turkey, 31 March – 2 April 2005

Local organiser: Dr Pinar Topsever
Abstract submission deadline: **15 February 2005**
Abstracts should be sent, preferably
by e-mail, to:

Dr. Rita Rahmani,
Secretary EASD-HID Study Group
Department of Medicine D
Meir Hospital, Sackler Faculty of Medicine
Tel Aviv University, Israel
Email: ritam@clalit.org.il or rahmani@post.tau.ac.il.

EASD News Section 12/2004
DOI 10.1007/s00125-004-1592-3

EUROPEAN ASSOCIATION FOR THE STUDY OF DIABETES

ASSOCIATION EUROPEENNE POUR L'ETUDE DU DIABETE

EUROPÄISCHE GESELLSCHAFT FÜR DIABETOLOGIE

ORGANISATION SECTION

FUTURE MEETINGS

10–15 September 2005: Athens
14–17 September 2006: Copenhagen/Malmoe
18–21 September 2007: Amsterdam
2008: Turin
2009: Vienna
2010: Geneva
2011: Lisbon