

## ESCI: TOWARDS THE YEAR 2000

*by Antonio E Pontiroli, President of ESCI*

Dear Members of ESCI,

We are approaching the year 2000, that will coincide with the 34th year of life of ESCI. How are we preparing ourselves to the third millenium? Great changes are required to stay alive in this globalised society, and I would like to tell you the changes that have occurred and the changes we are facing during the next year.

The European Journal of Clinical Investigation (EJCI) is growing very well in its reputation, and we have even greater expectations for the next future. Needless to say, EJCI has been growing so well because of the constant attention of the Editorial Board, and of Jo Marx in particular, who took up the office of Editor-in-Chief in 1996.

I would like to thank the members of the ESCI Council for their enthusiasm and for the time they subtracted to their families and to their labs to devote to the many issues that have to be solved to make a society like ESCI healthy and productive. I would like to name all of them, in alphabetical order: Lina Badimon, Edouard Battegay, Tjerk de Bruin, Patrick Evrard, Albert Gjedde, Michael Roden, Jérôme Rossert, Heinrich Schulte, Krzysztof Sladek and Gareth Williams. A word of thanks and of appreciation goes to Janine du Mosch-Poot, the Secretary of ESCI, without her help ESCI would not be as effective and healthy as it is.

As part of the natural turn-over, Tjerk de Bruin and Krzysztof Sladek will leave the Council this year. New members are going to be elected during the next Annual Business Meeting to replace them, and the curricula vitae of these candidates is presented in this issue of the Newsletter.

My sincere thanks go to the members of ESCI, who continuously support the Society not only with their presence, but also with ideas, suggestions, criticisms, and proposals. To make ESCI more healthy and more scientifically viable, I invite all ESCI members to keep in touch with the Central Office, with the members of the Council, with the President, and also to contact people who might be interested in becoming themselves members of ESCI. Junior scientists are the natural backbone of ESCI, but I would invite everybody to consider the middle-aged scientists who can bring in wisdom and experience.

The last Annual Scientific Meeting in Kiel was scientifically outstanding. The pity was the rather low attendance, most likely due to the early period of the year. I think that we all are indebted to Ulrich Fölsch and Christian Löser and to their collaborators for their efforts in organising this meeting.

The 1998 Annual Scientific Meeting will be held in Cracow. The local organisers with the help of the Council, and in particular of Heinrich Schulte and of Krzysztof Sladek, have been enthusiastically active in setting up excellent facilities. The scientific programme is very attractive (as you can see from the programme summary in this newsletter), the workshops reflect the interdisciplinary attitudes of ESCI, the invited speakers are outstanding. The ESCI Award for Excellence in Clinical Science 1998 goes to a strong scientist, Professor Anthony Schapira from London, UK.

ESCI is healthy, scientifically and financially, and we all want to make ESCI more and more important. To do so, we have tried to address the weak points. Problems, probably misunderstandings, with the phagocyte group, are going to be solved: they will be back with ESCI in 1999, and Angelo Messina has already joined the ESCI Council as the ex-officio member for the phagocyte group. As I said several times, my deep feeling is that the future of science is in large groups of people working together to reach important goals. During the last years, membership has not been increasing as ESCI would deserve, and we realised that this lack of growth is due to a high turnover; many members join ESCI only for a limited period of time. We probably need to innovate or to improve the format of the ASM. To do so, the ESCI Council has started a policy of contacts with other scientific societies of undoubtable reputation, to promote exchanges of ideas. The Council encourages contacts with national societies. Without losing its identity, ESCI might start joint-meetings with these societies, and this would mean mutual support in a period of globalisation.

I hope I gave you a good view of the important changes ESCI is going to make now and in the near future to improve its strength and its impact in the scientific community.

I look forward to meeting you all at the next Annual Scientific Meeting in Cracow.

## ESCI AWARD FOR EXCELLENCE IN CLINICAL SCIENCE 1998

by *Jerôme Rossert, councillor of ESCI*

Since 1976, the ESCI Award for Excellence in Clinical Science (formerly called the Mack-Forster Award) is awarded annually to a European scientist under the age of 45, in recognition of a significant and original work within the area of clinical science, as well as in recognition of scientific leadership. This year, the recipient of the ESCI Award for Excellence in Clinical Science is Anthony H V Schapira, Professor of Clinical Neurosciences, Head of the Department of Clinical Neurosciences, Chairman of the Division of Clinical Sciences at the Royal Free Hospital School of Medicine in London, and Professor of Clinical Neurology at the University Department of Clinical Neurology at Queen Square.

Dr Schapira is a graduate of London University and the Westminster Medical School. He received his neurology training at the University of London Hospitals and at the National Hospital at Queen Square. Since the end of his medical training, Dr Schapira has been interested in the role of mitochondrial dysfunction in human diseases. His early work focused on defining the molecular and biochemical defects in mitochondrial disorders responsible for myopathies, and his first major paper on



mitochondrial myopathies was published in the *Lancet* in 1988, the year he became an MD. Two years later, in a paper published in the *New England Journal of Medicine*, Dr Schapira showed that mitochondrial myopathies can be caused by a defect of mitochondrial protein transport, and this was the first description of a human disorder caused by such a defect. Subsequently, Dr Schapira focused on the mitochondrial DNA depletion syndrome. Using genomic complementation techniques, he was able to show that the genetic defect which is responsible for this disease resides not in the mitochondria but in the nucleus, and that it leads to abnormal mitochondrial DNA replication. This finding demonstrates that an interaction between nuclear and mitochondrial DNA is necessary for normal development of mitochondrial respiratory chain complexes.

The most important work of Dr Schapira is probably the one that demonstrated the involvement of mitochondrial dysfunction in the pathogenesis of neurodegenerative disorders. Dr Schapira was the very first one to show that patients with Parkinson's disease have a specific complex I deficiency, and that this deficiency is selective for the

substantia nigra within the central nervous system. Thereafter, he obtained evidence suggesting that, in some patients, this defect could be due to a primary mitochondrial DNA defect. This mitochondrial defect might represent a fundamental defect in Parkinson's disease, and its importance is illustrated by the fact that mitochondrial inhibitors can induce apoptosis or necrosis in dopaminergic cells, in a concentration-dependent manner. Dr Schapira has also studied another neurodegenerative disorder, Huntington's disease. He has identified a severe mitochondrial defect in the caudate nucleus, and he has obtained evidence suggesting that this defect could be part of a common biochemical pathway initiated by the genomic mutation (an expanded triplet repeat in the huntingtin gene), and in which excitotoxicity may participate. The clinical relevance of this seminal work on Parkinson's disease and Huntington's disease is illustrated by the fact that it led to the initiation of international clinical trials, which are now in progress.

Dr Schapira's work has already been recognised by numerous investigation awards, by many invitations to speak throughout the world, and by the fact that he is co-editor of two standard textbooks on mitochondrial diseases.

It is therefore with great pleasure that the Council of the European Society for Clinical Investigation announces that Dr Schapira is the winner of the ESCI Award for Excellence in Clinical Science 1998, and we are definitely looking forward to his lecture during the Annual Scientific Meeting in Cracow on 19th April 1998.

## WHERE TO PUBLISH EUROPEAN MEDICAL SCIENCE?

by *Jo J M Marx, Editor-in-Chief of the European Journal of Clinical Investigation*

When the European Society for Clinical Investigation was cloned from its American ancestor, it was intended to be the home for young and ambitious European scientists. It took a few years before also the *Journal of Clinical Investigation* was cloned. The *European Journal of Clinical Investigation* is now in its 28th year, an attractive medium for publishing original work and reviews on mechanisms of human disease, and probably the best non-specialised European journal in this field. The founding fathers of the Society, and the first editors of our Journal, may have expected that both institutions would reach, in adult life, the same prestige and influence as their American examples. Unfortunately these expectations were not yet fulfilled. Despite the fact that the European scientific reservoir at least equals its transatlantic counterpart, both in pro-

ductivity and in quality, it is true that probably the best publications are floating across the ocean, seeking US journals with higher impact factors. The European contribution to American scientific journals is enormous.

What can be the driving force that makes Europeans to allow American journals to publish such a significant part of their scientific achievements? One important factor may be the exodus of so many outstanding European scientists who found a new home in the United States, escaping the horrors of fascism and antisemitism. At the same time English became the only acceptable language for scientific communication, whereas before the second world war many Nobel Prize winning work was published in German and French. And English journals were published in the United States and in Great Britain. Meanwhile also on the European mainland many journal switched to English and an abundant number of new journals emerged. But the strongest positions in scientific publishing were already held, and were maintained by the American journals. Another reason for the persisting superiority of American journals of medical science can be sought in the education and training pattern of our investigators. Most European academic seniors have spent one or more productive years in the United States, and learned to publish their best work in US based journals. Is it for this reason that they stimulate their best students to follow that example?

Since the European Journal of Clinical Investigation was born, European science became just as competitive as in the United States. Non-productive investigators lose their jobs, and scientific life without obtaining grants is impossible. Today academic survival depends on external evaluation and on committees monitoring all research groups for quantity and quality of scientific production. Most committees are using the impact factor as an instrument for evaluation of research groups. The impact factor is defined as the mean number of citations a paper in a specific journal obtains during the year of publication and the year thereafter. It is generally recognized that this is a poor instrument, but it is one of the best available. The in general higher impact factor is the major driving force in seeking an American scientific journal for publication of the most promising work.

What about our Journal? The impact factor of the EJCI is slightly over two. This figure indicates that the European Journal of Clinical Investigation is already a leading journal in molecular and clinical pathophysiology. But we need to achieve more. To multiply our impact factor requires to change the habit of European scientists to send their best work across the ocean. To stimulate this we try to make our Journal physically more attractive, maintaining a still digestible size, and we actively pursue an improvement of the quality and originality of scientific contributions. In the last year the service to our main customers, the authors, also improved. Time between receipt and acceptance of

papers decreased with the crucial and highly esteemed assistance of our skilled scientific editors and more than 300 anonymous referees. Unfortunately the improvement of quality in a limited space implied that we had to reject an increasing number of papers, at present more than 60 % of all regular and "rapid" submissions. Although it is always a hard decision to refuse a paper, the increase of the rejection rate did already result in more original contributions of a higher scientific standard. It surely will be followed by a higher impact factor in the future. It is hoped that this will stimulate scientists from all over the world to submit their best work. It is definitely what they deserve, a top journal, the European Journal of Clinical Investigation.

## 33<sup>RD</sup> ANNUAL SCIENTIFIC MEETING IN MILAN, ITALY

*by Antonio E Pontiroli, Local Organiser*

The next Annual Scientific Meeting of the European Society for Clinical Investigation will be held in Milano, Italy, from 7th to 10th April 1999.

I am proud to have been able to convince the ESCI Council to come back to Milano, Italy, to appreciate how science has grown up fast in this country of Southern Europe.

Milano is a very ancient town, probably as ancient as Rome, and has been and continues to be a cornerstone of the cultural, scientific, and economical development of Italy. Milano is a big city, with some 3 millions inhabitants during the day, and with only 1.5 millions during the night, but during the night, nobody would say that Milano is an empty city. With its historical buildings and churches, with entire quarters built during the medieval and renaissance periods and perfectly preserved, with its theatres, its cinemas, its plenty of museums and of gallery arts, its famous football stadium, its restaurants, its night-life, Milano is a very attractive city.

Its life is not at all relaxed, competition is extreme in all fields, and science is not an exception to this rule, as one would expect from a city which has been heavily involved in industry and now in the post-industry economy. Yet, if you walk away from the busy streets and you step into some courts and cloisters, you will enjoy together art and silence. You can understand from this presentation, how Milano is loved by its inhabitants, and I can tell you, by all those who had a chance to visit. For the lovers of landscapes, Milano is also very close to the famous lakes, and to nice and small cities that have been so important in the history of this part of Europe during the last ten centuries.

The scientific program is going to be finalised during the next few months, and I am convinced that the myself

and the ESCI Council will do our best to assure a remarkable meeting. The Annual Scientific Meeting will take place in the DIBIT, the Department of Basic Sciences of Istituto San Raffaele, with excellent facilities and plenty of auditoria of different sizes to accommodate the plenary lectures, workshops and poster exhibitions.

I am confident that you will not miss this opportunity to spend some unforgettable days in Milano enjoying the best of science in a unique atmosphere of culture and friendship.

I look forward to welcoming you all in Milano in 1999!

## PROPOSAL OF THE ESCI COUNCIL FOR CHANGE OF THE STATUTES WITH REGARD TO ESCI MEMBERSHIP

*by Edouard Battégay and Lina Badimon for the ESCI Council*

The Council of ESCI proposes to revise the current Statutes of the Society concerning membership. The main aim of the proposal is to streamline procedures of enrollment of members into the Society. Currently, candidates apply for membership to ESCI via the Council and are then granted membership after a ballot at the Annual Business Meeting of the subsequent year. This usually delays entry into the Society by one year. The Council therefore proposes to replace the ballot of the Annual Business Meeting by a decision of the Council of ESCI which would allow to grant membership quickly, for example at conferences. This raises the question of allowing the membership assembly, the Annual Business Meeting, a say. Therefore, consistent with the democratic tradition of the society, any decision of the Council concerning membership can be appealed to the Annual Business Meeting.

Two new membership categories are proposed to be specified in the Statutes. The first one is to officialise 'junior membership' which has already existed in the Society for quite some time. The second one is to create a category called 'corporate membership'. The latter membership category would allow ESCI to more actively raise sorely needed funds and to interest prospective corporate members in ESCI. In order to avert changes that would alter the character of the Society some necessary safeguards have been placed in the Statutes.

The Council of the ESCI has decided to propose the following revision of § III concerning membership of the Statutes of the Society to be approved by the Annual Business Meeting of ESCI 1998:

**Proposal for revised § III of the ESCI Statutes (changes in italics)**

**III.1 Categories:** The membership shall consist of *three* categories: active, honorary, and *corporate*

**III.2 Active membership:** *Any person who has been actively involved in medical research in Europe, for example by involvement in original investigations in clinical or allied sciences of medicine, may be approved for membership by decision of the Council.*

**III.3 Junior membership:** *Any young scientist may be approved for junior membership by decision of the Council. Junior membership is for a maximum of up to three years. Junior members enjoy the same benefits as active members and can apply for full membership at any time, but are not allowed to vote during the Annual Business Meeting and are not eligible for any office. Junior membership is terminated after three years if requirements for full membership are not fulfilled at this time.*

**III.4 Honorary membership:** In exceptional circumstances, honorary members may be proposed by the Council and approved by a simple majority vote of the General Assembly.

**III.5 Corporate Membership:** *Any company, corporation, organisation, or trust can apply for corporate membership in the Society. Applications shall be approved by the Council.*

**III.6 Election of members:** Applications for membership shall be made to the Council. *The Council shall evaluate the applications. Council decisions to grant membership shall be reviewed in order to expand the footing of the society and to safeguard the character and the objectives of the society. In exceptional cases the Council retains the right to decline or withdraw membership. Decisions of the Council concerning membership can be appealed to the annual business meeting and rescinded by simple majority vote.*

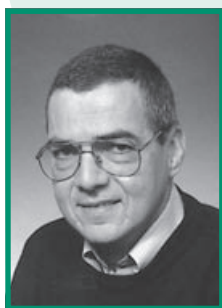
**III.7 Subscriptions:** *Active, junior, and corporate members shall pay annual subscriptions in the amounts and within the periods set by the Council.*

**III.8 Rights and privileges:** Active members may participate in the business and scientific sessions of the Society, may vote at general meetings and shall be eligible for election to office in the Society. Corporate members are not eligible to the Council, in order to preserve the independence and academic freedom of the European Society of Clinical Investigation. *Corporate members are mentioned as such in informations distributed to the membership. By decision of the Council corporate members can be granted the right to sponsor Satellite Symposia to the Annual Scientific Meeting and to sponsor and diffuse information via the Society.*

## NEW COUNCILLORS 1998

The Council would like to propose Lina Badimon and Patrick Evrard for Vice-Presidency.

Hereunder you will find the summarised curricula vitae of the candidates nominated for councillorship. The councillors that will resign in 1998 are Tjerk de Bruin and Krzysztof Sladek. As usual you can choose between the two candidates per country on the enclosed ballot paper. The ballot paper should be returned immediately to the Central Office of ESCI. You will find the exact instructions on the ballot paper. A simple majority vote is decisive in each case.

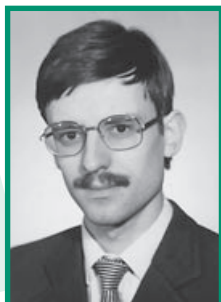


**Robin P F Dullaart** is 41 years old and graduated in 1981 in medicine at the University of Utrecht, The Netherlands. After his residency in internal medicine he became Assistant Professor of endocrinology at the University of Groningen, The Netherlands. In 1990 he completed his PhD thesis (lipid metabolism) at the University of Utrecht on cholesterylester transfer protein. In 1996 he became head of the Department of Endocrinology at the University of Groningen and was appointed Associate Professor of Endocrinology. His main research activities are focused on secondary forms of hyperlipidaemia, lipid transfer proteins and treatment of diabetic nephropathy. He is (co-)author of about 60 papers and a similar number of abstracts.



**Bram Kroon** is 38 years old and graduated as a general internist in 1990 at the University Hospital in Nijmegen, The Netherlands. In 1996 he completed his PhD thesis at this university on the regression of atherosclerotic coronary and peripheral vascular disease in relation to aggressive cholesterol lowering with LDL-apheresis. In 1995 he joined the Department of Internal Medicine of the University Hospital of Maastricht, The Netherlands, and became Assistant Professor in the field of vascular medicine. Currently, he is employed as consultant for general internal and acute medicine and is involved in hypertension research. His research activities now focus on the relation between (renal) haemodynamics and genpolymorphisms of the renine-angiotensin system, and the relation between ambulatory blood pressure measurements and target organ damage.

**Jacek Jawien** is 32 years old and graduated with honours in 1990 in medicine at the Jagiellonian University of Cracow. From 1990 to 1996 he worked in Cracow in the team of Prof Andrew Szczeklik at the Department of Allergy and Clinical Immunology. In 1994 he completed with honours his medical thesis on the role of human immunoglobulin E in response to tissue injury. In 1996 he got his



certification in internal medicine. He is presently working at the Department of Pharmacology at the Jagiellonian University of Cracow, with special interest in the model of isolated perfused rat lung. He has focused his research on the role of eosinophils in aspirin-induced asthma. He was awarded the Prize of the Polish Foundation of Sciences (1995) and a Research Award of the Prime Minister of Poland (1995).



**Jacek Musial** is 49 years old and graduated in 1972 in medicine at the University School of Medicine in Cracow, completed his doctor thesis in medicine in 1979 and obtained his PhD at the same university in 1987 on the mechanism of platelet function impairment in extracorporeal circulation. He was assistant at the Department of Allergy and Clinical Immunology, School of Medicine, Cracow, from 1973 to 1978 and from 1980 to 1982. In 1979 and from 1982-1983 he spent almost two years as a Post-doctoral Fellow at Temple University and University of Pennsylvania in Philadelphia, USA. He specialised in internal medicine in 1981. From 1983 to 1988 he was appointed Assistant Professor and from 1989 to 1996 Associate Professor of Medicine at the Department of Allergy and Clinical Immunology, School of Medicine, Cracow. In 1996 he was appointed Professor of Medicine at the Jagiellonian University of Medicine in Cracow. His research interest focus on basic and clinical aspects of thrombosis related to atherosclerotic vascular complications, and inherited and acquired thrombophilia. He published over 80 articles in scientific journals and books.

## **FUTURE ANNUAL SCIENTIFIC MEETINGS**

### **1998, 16th - 19th April**

Cracow, Poland  
local organiser: R J Gryglewski

### **1999, 7th - 10th April**

Milan, Italy  
local organiser: A E Pontiroli  
(nb. see announcement in this newsletter)

### **2000, 17th - 20th May**

Aarhus, Denmark  
local organiser: S Keiding

### **2001, dates to be announced**

Barcelona, Spain  
local organiser: L Badimon

# (PRELIMINARY) SUMMARY SCIENTIFIC PROGRAMME 32<sup>ND</sup> ANNUAL SCIENTIFIC MEETING

Cracow, Poland, 16th - 19th April 1998

## ■ THURSDAY 16<sup>TH</sup> APRIL 1998

15.00 - 19.00 registration (Slowacki Theatre)

20.00 - 21.30 welcome reception (Slowacki Theatre)

## ■ FRIDAY 17<sup>TH</sup> APRIL 1998

08.30 - 08.45 opening ceremony

08.45 - 09.30 **Bristol-Myers Squibb Update Lecture**

'A new class of molecular probes to regulate adhesion and nuclear signalling of blood cells and vascular endothelium'. **J Hawiger** (Nashville TN, USA)

09.45 - 12.30 **workshops** (11.00 - 11.30 coffee break)

- 2 Recent advances on n-3 fatty acids: mechanisms and effects in vascular disease
- 3 The endothelium in diabetes mellitus
- 6 Obesity: from pathophysiology to new drugs
- 7 Molecular and cellular basis of angiogenesis: the role of growth factors
- 9 Eicosanoids, aspirin and asthma

12.30 - 14.00 lunch and poster viewing

14.00 - 14.45 **Renold Memorial Update Lecture**

'NMR studies on the mechanism of insulin resistance in man'. **G I Shulman** (New Haven CT, USA)

15.00 - 17.00 **workshops** (15.45 - 16.15 coffee break)

- 2 Recent advances on n-3 fatty acids: mechanisms and effects in vascular disease
- 3 The endothelium in diabetes mellitus
- 6 Obesity: from pathophysiology to new drugs
- 7 Molecular and cellular basis of angiogenesis: the role of growth factors
- 9 Eicosanoids, aspirin and asthma

## ■ SATURDAY 18<sup>TH</sup> APRIL 1998

08.30 - 09.15 **Merck, Sharp & Dohme Update Lecture**

'New concepts in immunopathogenesis of HIV infection'. **G Pantaleo** (Lausanne, Switzerland)

09.30 - 12.30 **workshops** (10.45 - 11.15 coffee break)

- 3 The endothelium in diabetes mellitus
- 4 Endothelial function of coronary bypass grafts: in vitro and in vivo assessment
- 6 Obesity: from pathophysiology to new drugs
- 7 Molecular and cellular basis of angiogenesis: the role of growth factors
- 8 Crossroads of L-arginine/arachidonic metabolism

12.30 - 14.00 lunch/poster viewing

12.30 - 13.00 Annual Business Meeting ESCI

14.00 - 14.45 **ESCI Council Update Lecture**

'Potential role of ATP, diadenosine polyphosphates and adenosine receptors in renal function. Pathobiochemical implications'. **S Angielski** (Gdansk, Poland)

15.00 - 17.00 **poster session subspecialty sessions**

15.00 - 16.00 **chaired poster discussion at poster site**

Cardiovascular  
Diabetes/Metabolism/Lipids

Endocrinology  
Gastroenterology/Liver  
Haematology/Oncology/Rheumatology/Immunology  
Nephrology Hypertension  
Respiratory Medicine

16.00 - 17.00 **general oral session of selected posters and poster awards 1998**

evening Polish Theatre evening

## ■ SUNDAY 19<sup>TH</sup> APRIL 1998

08.30 - 09.15 **ESCI Award for Excellence in Clinical Science Lecture 1998**

'Inborn and induced defects of mitochondria'.

**A H V Schapira** (London, UK)

09.30 - 12.30 **workshops** (10.45 - 11.15 coffee break)

- 1 Alzheimers's disease
- 3 The endothelium in diabetes mellitus
- 5 Insulin resistance
- 7 Molecular and cellular basis of angiogenesis: the role of growth factors
- 8 Crossroads of L-arginine/arachidonic metabolism
- 10 Restenosis after coronary interventions

12.30 - 14.00 lunch/poster viewing

14.00 - 17.00 **workshops** (15.15 - 15.45 coffee break)

- 1 Alzheimers's disease
- 5 Insulin resistance
- 7 Molecular and cellular basis of angiogenesis: the role of growth factors
- 8 Crossroads of L-arginine/arachidonic metabolism
- 10 Restenosis after coronary interventions
- 11 Body composition: from bench to bedside
- 12 Monocytes and macrophages in infection, inflammation and atherosclerosis

## ■ IMPORTANT ADDRESSES

Congress Venue

Slowacki Theatre and Jagiellonian University (Sunday only),  
Cracow, Poland

Local organiser

R J Gryglewski

Dept of Pharmacology

Jagiellonian University Medical College

Grzegórzecka 16

PL-31-531 Cracow, Poland

phone +48 12 421 1168

fax +48 12 421 7217

e-mail mfgrygle@kinga.cyf-kr.edu.pl

Congress Office

CPO Hanser Service

Hamburg Office

P O Box 1221

D-22882 Hamburg-Barsbüttel, Germany

phone +49 40 670 8820

fax +49 40 670 3283

e-mail hamburg@cpo-hanser.de