

The European Association for the Study of Diabetes – Bringing Research, Education and Funding Together

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In 1965 the first General Assembly of the European Association for the Study of Diabetes (EASD) was held with Dr AE Renold and 220 participants in Montecatini, Italy. The decision to form the EASD was taken in the preceding year at the International Diabetes Federation (IDF) Congress in Toronto. Dr Renold presented the Statutes, which have been left virtually unchanged to today, and they were unanimously adopted. The establishment of *Diabetologia* was announced, with Dr K Oberdisse as the first Editor-in-Chief. Five honorary members were also elected: Prof CH Best, Sir H Dale, Dr RD Lawrence, Prof BA Houssay and Dr HC Hagedorn. Dr Renold also announced the creation of the Minkowski Lectureship, which is today one of the most prestigious prizes in the diabetes field. Dr F Hoet was elected President and the newly elected Council included Drs Renold, JG Alivisatos, R Luft, K Lundbaek, EF Pfeiffer and FG Young – a prestigious list to say the least.

The first annual meeting took place at the same time, with papers in French, German and English being presented – it was not until 1970–1971 that English was adopted as the single language of the EASD. The list of authors of these first presentations makes interesting reading. They include EF Pfeiffer, WJH Butterfield, JP Felber, W Malaisse, LG Heding, R Korec, PH Sönksen, ER Froesch, J Pirart, W Creutzfeldt, A Czyzyk, Z Skrabalo, R Oesterby and H Keen. Back then there were only 48 submissions, a far cry from the 2,300+ abstracts now received each year.

Today, the EASD has moved into an era of technology and mass internet communication. The development of the EASD Virtual Meeting gives all interested parties the opportunity to view world-class presentations on the newest advances in diabetes research and treatments. They can be viewed for free on the internet and through SmartPhone Apps. The mission of the EASD is to promote excellence in diabetes care through research and education – a mission we strive to achieve with our free access to information and postgraduate courses worldwide. Our annual meeting now brings together over 18,000 delegates from all over the world each year to learn, communicate, interact and build new, or solidify, long-standing friendships and collaborations, which are evident with the official Study Groups of the EASD. These are groups of researchers working, meeting, sharing ideas and striving for answers together. The current Study Groups are:

- Artificial Insulin Delivery System (AIDPIT);
- Diabetes Education Study Group (DESG);

- Diabetic Pregnancy Study Group (DPSG);
- Diabetes Neuropathy Study Group (NEURODIAB);
- EASD Eye Complication Study Group (EASDEC);
- European Diabetic Nephropathy Study Group (EDNSG);
- EASD Islet Study Group;
- European Diabetes Epidemiology Group (EDEG);
- Diabetes and Nutrition Study Group (DNSG);
- Psychosocial Aspects of Diabetes (PSAD);
- Diabetic Foot Study Group (DFSG);
- EASD Study Group on Primary Care Research in Diabetology (PCD);
- Diabetes Economic and Care Delivery (DECADE);
- Genetics of Diabetes Study Group (SGGD); and
- Diabetes and Cardiovascular Disease Study Group (D&CVD).

Postgraduate education is a major focus of the EASD and, to date, EASD has organised courses in Africa, Asia, South America, Europe and the Middle East. Bringing experts to developing areas of the globe to share information, techniques and to answer questions has proven to be an extremely popular and highly rewarding experience for all involved.

EASD is proud to be playing a major role in the development and advancement of diabetes management and treatments in areas where there is not only a need for such information, but also an enthusiastic audience, eager to learn and gain knowledge.

But there was also a need to support and encourage research and, in 1999, the EASD increased its commitment to stimulate diabetes research in Europe by creating the European Foundation for the Study of Diabetes (EFSD). The Foundation is closely related to the EASD; it is governed exclusively by the Executive Committee of the EASD, which itself is under the close supervision of the EASD Council and the General Assembly of the EASD. The EFSD and EASD operate on a strictly non-profit basis under the control of the relevant authorities for charity and taxation in order to support diabetes research.

In order to advance diabetes research at the highest level in Europe, EFSD has entered into innovative partnerships with other foundations and with industry. To date, it has committed more than €88,000,000¹ to diabetes research in Europe by various funding means. EFSD runs numerous basic and clinical research programmes focusing on topics ranging from the role of the kidney in diabetes to patient education.

Applications are welcome from Europe or any associated country, and there also specific programmes aimed at building a bridge between European and non-European countries in the context of collaborative research programmes, for example, the EFSD/Japanese Diabetes Society Reciprocal Travel Fellowships and the EFSD/Chinese Diabetes Society/Lilly Research Fellowships.

Despite this impressive amount of funding, which has passed through bodies such as the EFSD, figures have shown that the investment in research in Europe is woefully low in comparison with that of the US. In the case of diabetes, in 2008 US\$1,080 million (€811 million) was spent in the US² compared with just €323 million (US\$430 million) in Europe.³

However, steps are being taken to improve the current imbalance. In recent years, the European biomedical community has come together through an initiative called the Alliance for Biomedical Research in Europe. The Alliance, which represents approximately 250,000 scientists from numerous research institutes, associations and organisations, is calling on national and European Union (EU) level policy-makers to take action in order to benefit all citizens of Europe. The overall aim of the alliance is the realisation of long-term strategic research programmes capable of triggering multidisciplinary partnerships and addressing the full innovation cycle.

But have Europe's lethargic efforts in comparison to other parts of the globe, left it playing 'catch-up'? Not necessarily: major boosts to European research have been implemented thanks to Horizon 2020. With an €80 billion budget, it is the EU's main project aimed at funding research during the period 2014–2020. This, however, covers all areas of research, not just medical. The European Research Council has injected steadily more and more funds into research and its commitment has seen a rise from €300 million in 2007 to an estimated €1.7 billion in

2013. In fact, by the end of 2013, the European Research Council will have awarded, since 2007, approximately 5,000 grants, supported more than 10,000 doctoral students and more than 5,000 postdocs. It can also add five Nobel Prizes and three Fields Medallists to its accolades.⁴

However, Europe also faces unique problems – the main one being the lack of research co-ordination at EU, national and regional levels. The research community is dispersed among numerous nations. Therefore, it faces not only geographical challenges but also communication difficulties. One of the major goals of the Biomedical Alliance is to encourage collaborative, multidisciplinary partnerships across borders in order to accelerate translation of discoveries into applications that impact healthcare delivery, particularly in times of economic austerity. It is only by addressing these concerns that high-quality research outcomes can reach European citizens as quickly as possible. Failure to achieve this would lead to Europe falling even further behind its global competitors.

The costs may seem astronomical, but it is worth noting that, with an estimated 371 million diabetes patients worldwide, US\$470 billion was spent on diabetes care. However, the number which is of most relevance, and truly shocking is that, in 2012, 4.8 million lives were lost to this disease.⁵

Great strides are being made thanks to bodies such as the EFSD, which, thanks in part to third-party support, subsidises researchers and helps the wider medical community achieve new levels of knowledge and strive for excellence in healthcare and disease management. Over the course of its history, the EASD and the EFSD grants and fellowships have had a major impact on the quality of medical care for diabetes patients. In our area of interest, each new study and each new clinical trial takes us one step closer to the ultimate goal of finding a cure for diabetes. For further information on EASD or EFSD, please visit www.easd.org. ■

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