THE HISTORY OF THE EUROPEAN FEDERATION OF NEUROLOGICAL SOCIETIES

by Professor Richard Hughes, President of the EFNS

The birth of the EFNS

This will be the fifteenth EFNS Congress and marks 20 years since the foundation of the EFNS, a good time to take stock of our history and look forward to the future. The first glimmerings of the EFNS appeared in 1986 at the Danube-Neurology Congress where Professor Mieczyslaw Wender, Poland, proposed a unified European neurological society. In 1989 Professor Daniel Bartko, President of the Czechoslovakian Neurological Society, picked up the idea and organized a pan European congress for neurology attended by 1500 participants.

In 1991 a second pan European congress for neurology was held in Vienna under the Presidency of Professor Franz Gerstenbrand. At that congress with the encouragement of Professor John, now Lord, Walton, the Federation of European Neurological Societies was founded with Professor Gerstenbrand as its first President and a Council of Delegates consisting of representatives from each founding national European society. Dr. Friederike Tschabitscher was appointed as executive director and ran the secretariat from the first EFNS office in Rosenhügel, Vienna.

Founding National Societies

Austria
Belgium
Bulgaria
Czechoslovakia (now: Czech Republic and Slovakia)
Denmark
Estonia
Finland
France
Germany
Greece
Hungary
Iceland
Ireland
Italy
Norway
Poland
Portugal
Romania
USSR (now: Russia)
Yugoslavia (now: Bosnia & Herzegovina, Croatia, FYRO Macedonia, Montenegro, Slovenia, Serbia)
Spain
Sweden
The Netherlands
United Kingdom
There were further meetings in 1993 in Berlin organised by Professor Karl Einhäupl and in 1994 in Poznan, Poland organised by Professor Wender but the first formal EFNS Congress was organised by Georges Serratrice in Marseilles, France in 1995. Since 1998 there have been annual Congresses except in 2001 when the EFNS collaborated with the Association of British Neurologists to host the World Congress of Neurology in London.

**Growth of the EFNS**

The Federation has grown steadily since 1991 with the addition of individual members almost every year so that we now include almost all countries within deliberately generously drawn geographical and political boundaries of “Europe”.

As a consequence the EFNS now has 44 national societies as members representing altogether more than 19000 individual neurologists. To these must be added associate member societies from surrounding countries Algeria, Egypt, Jordan, Lebanon, Libya, Morocco, Tunisia and Syria whose delegates are also welcome at EFNS Congresses.

The expansion of the Federation in size and scope demanded more facilities and better offices. In 2002 the Head Office moved to the Wiener Medizinische Akademie, Vienna and in 2005 to its own premises in Breite Gasse in the vicinity of the Museum Quarter of Vienna. Branch offices were opened in Florence in 1998 and Prague in 1999.

**Scientist Panels and Guidelines**

One of the tremendous advantages of a European Federation is the ability to bring together sub- (or super- according to your viewpoint) specialists together in sufficient numbers to reach critical mass, an ability not shared for all EFNS Congresses.

<table>
<thead>
<tr>
<th>EFNS Congresses</th>
<th>Year</th>
<th>City, Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st EFNS Congress</td>
<td>1995</td>
<td>Marseilles, France</td>
</tr>
<tr>
<td>2nd EFNS Congress</td>
<td>1996</td>
<td>Rome, Italy</td>
</tr>
<tr>
<td>3rd EFNS Congress</td>
<td>1997</td>
<td>Prague, Czech Republic</td>
</tr>
<tr>
<td>4th EFNS Congress</td>
<td>1998</td>
<td>Seville, Spain</td>
</tr>
<tr>
<td>5th EFNS Congress</td>
<td>1999</td>
<td>Lisbon, Portugal</td>
</tr>
<tr>
<td>6th EFNS Congress</td>
<td>2000</td>
<td>Copenhagen, Denmark</td>
</tr>
<tr>
<td>WCN</td>
<td>2001</td>
<td>London, UK</td>
</tr>
<tr>
<td>7th EFNS Congress</td>
<td>2002</td>
<td>Vienna, Austria</td>
</tr>
<tr>
<td>8th EFNS Congress</td>
<td>2003</td>
<td>Helsinki, Finland</td>
</tr>
<tr>
<td>9th EFNS Congress</td>
<td>2004</td>
<td>Paris, France</td>
</tr>
<tr>
<td>10th EFNS Congress</td>
<td>2005</td>
<td>Athens, Greece</td>
</tr>
<tr>
<td>11th EFNS Congress</td>
<td>2006</td>
<td>Glasgow, UK</td>
</tr>
<tr>
<td>12th EFNS Congress</td>
<td>2007</td>
<td>Brussels, Belgium</td>
</tr>
<tr>
<td>13th EFNS Congress</td>
<td>2008</td>
<td>Madrid, Spain</td>
</tr>
<tr>
<td>14th EFNS Congress</td>
<td>2009</td>
<td>Florence, Italy</td>
</tr>
<tr>
<td>15th EFNS Congress</td>
<td>2010</td>
<td>Geneva, Switzerland</td>
</tr>
<tr>
<td>16th EFNS Congress</td>
<td>2011</td>
<td>Budapest, Hungary</td>
</tr>
</tbody>
</table>

National societies which have joined the EFNS since its Foundation

- 1992: Albania, Croatia, Moldova, Slovenia
- 1994: Ukraine
- 1995: Belarus, Georgia, Israel, Latvia, Luxembourg, Switzerland, Turkey
- 1999: Cyprus,
- 2003: Armenia, Lithuania
- 2004: Uzbekistan
- 2007: Bosnia and Herzegovina
- 2008: FYRO Macedonia
- 2009: Montenegro

**DATES**

15th International Headache Congress
June 23–26, 2011
Berlin, Germany
ihc2011@kenes.com
www.ihc-2011.org

11th European School of Neuroimmunology (ESNI)
Co-sponsored by EFNS
July 4–7, 2011
Glasgow, Scotland, UK
esni@esni.org
http://www.esni.org/course.php?course=11

8th World IBRO Congress on Neuroscience
July 14–18, 2011
Florence, Italy
domenico.pellegrini@unifi.it
www.ibro2011.org
topics by national societies. From the foundation of the federation, Scientist Panels have existed to foster research, practice and training in their own specialist fields. The most obvious output from these panels has been the European guidelines which aim to provide unbiased evidence based guidelines on important, and often controversial, neurological management problems. These are regularly updated and freely available on the EFNS website. The first 40 guidelines were collected into a popular European Handbook of Neurological Management in 2006 which was republished as Volume 1 of a revised second edition in 2010. Volume 2 will be issued shortly.

Continuing Education

One of the major functions of the EFNS is education, most obviously delivered in the teaching courses but also in the scientific sessions at the Congresses. The EFNS awards 200 bursaries to enable young European neurologists to attend each congress. However the Federation supports many other educational activities apart from the Congress. Three regional teaching courses are held in Eastern European countries every year to which local neurological trainees are invited. For the past three years the EFNS has also run an African regional teaching course in partnership with the Pan African Neurological Society. Since 2000 the EFNS has run a summer school or Academy for about 120 young neurologists at Staré Splavy in the Czech Republic. Since 2001 short interdepartmental visits for trainees to visit centres in other European countries are enabled by popular competitive grants. Since 2004 there have been opportunities for interdepartmental training and research fellowships lasting three to twelve months.

European Journal of Neurology

The EFNS founded its own journal in 1995 which contributes to its educational activities and disseminates European and international research. EFNS guidelines are published first in the European Journal of Neurology. Under the editorship of Professor François Boller and now Professors Matti Hillbom and Anthony Schapira its impact factor rose steadily to 2.5 and is set to rise further.

Staff

Professor Jes Olesen, Denmark, succeeded Professor Gerstenbrand as President and served for a unique six years until 2001. He was in turn succeeded by Professor Wolf-Dieter Heiss, Germany, Jacques De Reuck, Belgium in 2005 and myself in 2009. The achievements of the EFNS would not have been possible without excellent staff. The founding Executive Director, Dr Friederike Tschabitscher, sadly died in 2003 and was succeeded by Lisa Müller who continues to oversee all our activities now. She is assisted in the Vienna office by Anja Sander, Julia Mayer and Julia Scheidl, in the Prague office by Magda Dohnalova and in the Florence office by Eveline Sipido. We are fortunate to have such devoted staff and owe them our thanks.

The future

No institution can afford to stand still and there are exciting developments in prospect. This year in collaboration with the British National Health service, University College London and the European Neurological Society we will be launching e-Brain an online neurological education programme with several hundred sessions.

Planning for future Congresses is well advanced. The 16th EFNS Congress will be held in Stockholm, Sweden from 8-11 September 2012. The World Congress of Neurology will be held in Vienna, Austria, from 22-27 September 2013 as guests of the Austrian Neurological Society. Since the EFNS traditionally does not hold a Congress in the year in which the World Congress is in Europe, the Austrians have kindly invited them in hosting this meeting. The 17th EFNS Congress will be held in Istanbul, Turkey in 2014.

During the last 20 years, our sister institution the European Neurological Society has been developing in parallel and offering a series of equally exciting and educational annual congresses; negotiations between the two organisations are under way with the intention of organising a giant joint Congress in Germany in 2015 and further closer collaboration thereafter. This collaboration should help make European neurological congresses and European neurology the best in the world.
The call for abstracts to be submitted for presentation at the 15th EFNS Congress in Budapest, Hungary, September 10-13, 2011, was answered with a strong response of more than 1800 contributions. This number again demonstrates the high scientific quality of the topics dealt with at the EFNS congresses.

Don’t miss the...

**EFNS Lecture on Clinical Neurology**
Angela Vincent
“The widening spectrum of antibody-mediated neurological diseases: from neuromuscular junction to brain”
**Tuesday, September 13, 2011, 12.00 – 13.00**

**Uschi Tschabitscher Prize – Tournament for Young Neurologists**
The 2011 participants and winners of a travel grant to Budapest and a free congress registration are:
- Tournament 1 – Clinical neurology
  - Sunday, 11 September 2011, 11:00–12:30h
  - Jan Laczó, Prague, Czech Republic
  - Milija Mijajlovic, Belgrade, Serbia
  - Anna Gamaleya, Moscow, Russia
  - Sarosh Irani, Oxford, UK
  - Marco Spinazzi, Padova, Italy
  - Nushan Gunawardana, London, UK
- Tournament 2 – Basic neurology
  - Monday, 12 September 2011, 11:00–12:30h
  - Dacia Dalla Libera, Milano, Italy
  - Giuseppe Cosentino, Palermo, Italy
  - Benedik Winsvold, Oslo, Norway
  - Angela Puma, Palermo, Italy
  - Federico Ranieri, Rome, Italy
  - Tatiana Milovidova, Moscow, Russia

**POSTER SESSIONS**
Poster sessions will take place on Sunday and Monday in the afternoon.

**NEW:** e-posters
A selected number of posters will be presented not only in the “normal” paper poster session, but also as e-posters. E-posters will be available on the congress website for registered participants.

**NEW** More than 60% of the posters have been chosen for discussion with a chairperson. Altogether 50 senior chairpersons will be present during the poster sessions. Additionally, for each poster session a “chair on call” has been appointed. These young members of EAYNT will be present in the poster area during the morning break as well as during the poster session. In order to make the poster session a success, we ask all poster presenters to be present and to mount their posters.

**Congress Quiz**

Answer all questions correctly, and you will perhaps win a free registration to the congress.

Please register NOW for the teaching courses at €15 per course. Only a limited number of tickets is available! [www.efns.org/efns2011](http://www.efns.org/efns2011)

**BEST PRESENTATION AT THE EFNS CONGRESS**

In 2011, the Norwegian Neurological Society as well as the Israeli Neurological Association will award a prize for the best national presentation at the EFNS Congress in Budapest.

**Norwegian Neuroscience Prize 2010**
The Pfizer Neuroscience Prize winner in 2010 was Marte-Helene Bjørk. She was awarded the prize for the abstract “Photic EEG-driving responses (SSVEPs) are depressed in migraine without aura within a true interictal interval”, by Bjørk M, Hagen K, Stovner LJ, Sand T. She participated in the Tournament for Young Neurologists at the EFNS.
Multiple sclerosis (MS) is a chronic, primarily inflammatory demyelinating disease of the central nervous system (Compston and Coles, 2008). Pathogenesis is triggered by environmental factors in combination with genetic susceptibility. Typically migration of autoreactive lymphocytes across the blood-brain barrier initiates the activation of a complex autoimmune cascade, where monocytes and microglial cells then step in and further augment tissue damage by oxidative mechanisms. The histological hallmark of the disease is a perivenous sclerotic plaque, characterised by inflammation, oligodendrocyte depletion, astrocytosis, de- and remyelination as well as subsequent axonal degeneration (Lucchinetti et al., 2000).

This perivenous formation of the plaque has set the stage to introduce the hypothesis that a venous blockade may stand at the beginning of the chronic autoimmune process and may thus represent the true pathogenetic cause of the disease. A putative venous congestion has been discussed as a contributing factor to the pathogenesis of MS already 30 years before (Allen, 1981).

This discussion was resurrected in the year 2006 by Paolo Zamboni from Ferrara, Italy, who proposed parallels between an iron-dependent inflammation in chronic venous insufficiency (CVI) of the lower limbs and the perivenously located white-matter lesion in MS. He stated that his considerations may represent “The big idea” (Zamboni, 2006). Three years later, Zamboni et al. reported an impressive coincidence of MS and venous stenoses demonstrated with ultrasound investigations in various locations of deep cervical veins (Zamboni et al., 2009). This concept was then named “chronic cerebrospinal venous insufficiency (CCSVI)”. In this concept it is hypothesized that a blockage of venous flow leads to an increased venous blood pressure in the central nervous system, which in turn causes congenital bleeding with perivenous iron accumulation and subsequent inflammatory reactions (Zamboni 2009a).

In considering CCSVI as a highly specific finding in MS, it should be remembered that cerebral venous insufficiencies were already discussed as a causal factor in other neurological diseases such as transient global amnesia or idiopathic intracranial hypertension (Schreiber et al., 2005; Nedelmann et al., 2009). Furthermore, other conditions such as neck-dissection surgery result in changed venous outflow (Gius and Grier, 1950). There is no scientifically proven evidence for a higher incidence of MS in such patients with confirmed venous obstruction, so that serious doubts are raised about the conceptual plausibility of CCSVI as a significant factor. In addition, the spectacular findings of Zamboni et al., reporting not only a high specificity but also a high sensitivity of venous pathology in MS, could not be reproduced by other groups.

In a small cohort of unselected MS-patients and matched controls in Bochum, Germany, only two fulfilled the required neurological features of CCSVI (Krogias et al., 2010). The group of Doepp et al. (Berlin, Germany), having a large experience of venous neurosonography, performed an extended study protocol in 56 MS-patients. None fulfilled the criteria for CCSVI (Doepp et al. 2010). At the 2010 annual meeting of the AAN, Zivadinov et al. (Buffalo, USA) reported the presence of venous construction in more than 50% of MS patients, whilst CCSVI was also detected in about 30% of the healthy controls (Zivadinov et al., 2010).
An Italian group from Padua (Baracchini et al., 2011) recently performed a very interesting study investigating 50 patients with a clinically isolated syndrome (CIS) and with additional evidence of dissemination in space of the inflammatory lesions (possible MS). In only eight (16%) of them were the CCSVI criteria fulfilled. In seven, additional selective phlebography was performed, revealing hypoplasia of internal jugular vein in one case as the only venous abnormality within the whole series. If CCSVI causes MS, one would expect the presence of CCSVI already at the onset of the disease. The findings of this Italian study do not support a causal relationship between CCSVI and MS.

These results are of special interest since Prof. Zamboni promotes endovascular intervention as a groundbreaking treatment of MS. An open-label trial was published by Zamboni et al. in the “Journal of Vascular Surgery” in 2009. In 65 patients with MS percutaneous transluminal angioplasty (PTA) was performed (Zamboni et al., 2009b). Most of the patients were on disease-modifying therapies. There was a lack of a control group. The authors claimed that this procedure has led to an improvement of the clinical outcome in relapsing-remitting MS (RRMS) patients. Being aware about the high variability of MS disease course, the improvement described may reflect the natural outcome, as clinical relapses mostly show remission. The effect on the annual relapse rate was not different from that reported from placebo treatment in placebo-controlled clinical trials. In patients with progressive forms of the disease no improvement was observed after PTA. Zamboni self-proclaimed this intervention as “liberation procedure”. Unfortunately, such a name raises inappropriate expectations among MS patients.

Recently, a third German group (Frankfurt/Giessen) performed a sonographic study investigating 20 MS patients and 20 controls (Mayer et al., 2011). The only subject fulfilling the CCSVI-criteria was a subject from unselected cohort of MS patients. Zamboni claimed that this procedure has led to an improvement of the clinical outcome in MS patients. All societies are in full accord with the Multiple Sclerosis International Federation statement on CCSVI (http://www.msif.org/en/research/msif_on_ccsvi.html).

**Conclusions and recommendations**

Based on these extensive, scientifically solid data obtained from investigators outside of Ferrara, we see no rationale to support CCSVI as a key pathogenetic factor in MS. Furthermore an ongoing large multi-center Italian epidemiological study recruiting more than 1000 MS patients and about 1000 healthy controls and patients with other neurodegenerative diseases, promoted by the Italian Foundation of Multiple Sclerosis and endorsed by the Italian Society of Neurology will greatly augment our scientific knowledge about the relationship between CCSVI and MS.

There is the theoretical possibility that the venous drainage of autoimmune lymphocytes from the brain may cause some endothelial changes during the longstanding disease course of MS, maybe in combination with immunosuppressive therapies. Yet even if this were the case, this is insufficient to justify invasive, costly and potentially dangerous manipulations of the deep cervical venous system in MS patients.

Therefore, both the EFNS and the ENS Multiple Sclerosis Scientist Panel and ECTRIMS Executive Committee emphasize the high risk and absence of a scientific basis for ‘liberation procedures’ in MS patients. All societies are in full accord with the Multiple Sclerosis International Federation statement on CCSVI (http://www.msif.org/en/research/msif_on_ccsvi.html).

**LITERATURE:**


Zamboni P (2006): The big idea: iron-depending inflammation in venous disease and pro...
The EFNS Congress in Geneva was an ideal opportunity for meeting with WHO officials and colleagues involved in working with WHO (World Health Organisation).

Out of these over-coffee-conversations, it became very clear that the potentialities offered by WHO have great importance and it was decided to formulate a basic interview including a few key-questions to be posed to a group of WHO experts and officials.

The questions are obviously neurology-biased, as it quickly became very clear that a major knowledge gap among neurologists needs to be filled in particular with regard to the WHO –WFN (World Federation of Neurology) – EFNS interactions and potentialities in countries worldwide.

1. How did you become involved with the WHO?

When I was working in India in a University hospital working mainly as a clinician, I was always fascinated by the work of WHO in the area of public health. I found the role of WHO as the leading public health agency very important. When my husband moved to Geneva, I got the opportunity to work with WHO’s Department of Mental Health and Substance Abuse for the development of Atlas on resources for neurological disorders. I found the work very interesting. It emphasised the large treatment gap and scarce resources for neurological disorders, and the need for dedicated and global effort to address this challenge.

2. Which part of your job at WHO do you find the most interesting and challenging?

What I find motivating is the focus of WHO’s work and agenda on disadvantaged and vulnerable groups and their unmet health needs. In addressing the needs of these populations, WHO works together with governments and a host of agencies, foundations, non-governmental organizations, and representatives of the private sector and civil society. This defines the leading role of WHO on global health matters. Recently I have been involved in developing the mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings. This guide provides clinical protocols as flow charts for primary health care providers. The project was interesting and challenging at the same time.

3. What are the points of contact between EFNS and WHO - neurology and public health and how you would describe this relationship?

WHO is the directing and coordinating authority for health within the United Nations system. EFNS is an organization bringing together neurologists from all over the Europe. EFNS and WHO collaborate in the area of raising awareness of the increasing burden of neurological disorders and the need to prioritise improvement in care and services for these disorders.

4. Which are the best modalities for a collaboration between the two entities?

In my opinion no one organization can succeed in meeting the public health challenges of neurological disorders; effective action requires productive partnerships and collaboration between the stakeholders and that includes NGOs working in the area of neurological disorders.

5. How can WHO - neurology and public health, contribute to Neurology's growth and public perception in Europe?

The WHO programme on neurology and public health aims to decrease the public health impact of neurological disorders by ensuring
that an appropriate range of care is made available to all people with neurological disorders in every country of the world. To achieve this, the programme emphasizes that neurological services should be provided at all levels of health care systems and especially in primary care settings where most patients with neurological disorders receive their treatment and care.

In order to decrease the burden of neurological disorders, it is important that old partnerships are energized, new partnerships are established, advocacy and awareness efforts are reinforced and investments increased to improve care and services for neurological disorders. WHO and other stakeholders need to work together and synergistically to improve health and social outcomes for people with neurological disorders.

Dr Tarun Dua, MD, MPH
Medical Officer
Programme for Neurological Diseases and Neuroscience
Evidence, Research and Action on Mental and Brain Disorders (MER)
Department of Mental Health and Substance Abuse
WORLD HEALTH ORGANIZATION
E-mail: duat@who.int
Phone: 41 22 7913059

AUTONOMIC TRAINING – THE EFAS SCHOOL

by Walter Struhal, Austria

Autonomic nervous system (ANS) disorders are common and more and more recognized as important subspecialty of neurology. Detailed knowledge on this important field is rather sparse among junior neurologists. Until recently there was no structured education for ANS disorders in Europe. To provide a structured curriculum, the European Federation of Autonomic Societies (EFAS) initiated the EFAS School. This extended weekend education is both theoretical as well as “hands-on” training. International leading experts teach and discuss clinical autonomic function disorders on a problem-orientated basis. Discussions are motivated during the course to stimulate interactivity among the audience and experts.

The school is organized by EFAS through its education committee and the first edition was held last year in Lisbon on July 13th to 17th. Many leading experts of the field participated. 28 junior neurologists came from 9 countries and a very valuable scientific programme as well as active and good discussions made the school a big success.

This year the school will be held from June 16th to June 19th, 2011 in Lisbon. The school covers lectures, clinical case presentations, comment-on sessions with discussion panels as well as hands-on sessions.

Main topics include:

Scientific basis and laboratory evaluation:
C.J. Mathias, H. Lahrmann, I. Rocha and S. Laranjo will give an overview on pathophysiology and important issues in testing autonomic function.

Neurocardiovascular syndromes:
W. Wieling, J.G. van Dijk, R. Thijs, H. Lahrmann, M. Oliveira, M. Hilz will provide insight in the autonomic control of the cardiovascular system and its implication in syncope, sudden death, intensive care patients and stroke. D. Goldstein will point out the importance of imaging studies in ANS disorders.

ANS and movement disorders:
G. Wenning and A. Pavy Le Traon will outline ANS dysfunctions in movement disorders.

In addition, D. Goldstein will introduce catecholamines and their diagnostic relevance in classifying autonomic diseases.

Skin and peripheral autonomic disorders:
R. Freeman will provide a close-up on peripheral autonomic neuropathies. D. Vodušek will cover the important subject of autonomic urinary bladder and sexual dysfunction and treatment strategies.

F. Samapio will close the lectures with autonomic dysfunction of spinal cord diseases.

A special PhD session will give junior neurologists the great chance to present their scientific work to both the audience and the faculty.

Several autonomic societies provide grants for young neurologists to support their stay at the school. For details and application please visit: www.efasweb.com
Some of the faculty and junior neurologists at the first EFAS School 2010

EFNS FELLOWSHIP WINNERS 2011

It is a great pleasure to introduce the recipients of the EFNS Fellowship 2011 (in alphabetical order):

Scientific Fellowship:

Daniele Belvisi from Italy was selected for his project: Primary motor cortex plasticity in patients with Gilles de la Tourette Syndrome (GTS) and Obsessive Compulsive Disorder (OCD) which he will carry out at the UCL, Institute of Neurology, Queen Square, London, UK chaired by Prof. John Rothwell

Matthijs Brouwer from The Netherlands was selected for his project: The plasminogen system in bacterial meningitis which he will carry out at the Klinikum Grosshadern, Munich, Germany chaired by Prof. Hans-Walter Pfister

Diana Buniatyan from Armenia was selected for her project: Investigations of the changed endogenous pain inhibition at the patients with complex regional pain syndrome. Is it a predispositional factor or a result? which she will carry out at the Johannes Gutenberg University, Department of Neurology, Mainz, Germany chaired by Prof. Frank Birklein

Anett Csati from Hungary was selected for her project: The effect of kynurenines on the trigeminovascular system (pathomechanism of migraine) which she will carry out at the University of Lund, Department of Clinical Sciences, Lund, Sweden chaired by Prof. Lars Edvinsson

Lorenzo de Santi from Italy was selected for his project: Targeting calcium homeostasis for neuroprotection in the CNS which he will carry out at the Universitätsklinikum Düsseldorf, Department of Neurology, Düsseldorf, Germany chaired by Prof. Hans-Peter Hartung
**Edoardo Malfatti** from Italy was selected for his project: *Natural history of SEPN1 related myopathy and first clinical trial with N-acetylcysteine* which he will carry out at the Hôpital Raymond Poincaré, Department of Paediatric Neurology, Garches, France chaired by Prof. Brigitte Estournet

**Vera Nezgovorova** from Russia was selected for her project: *Clinical and immunological features of late-onset myasthenia (LOMG) in comparison to early-onset myasthenia (EOMG)* which she will carry out at the Neuromuscular Unit, Department of Neurology, Pitié Salpêtrière Hospital, Paris, France chaired by Prof. Bruno Eymard

**Costanza Rossi** from Italy was selected for her project: *Late seizures in a cohort of spontaneous intracerebral haemorrhages: incidence, predictive factors and influence on long-term outcome* which she will carry out at the Hospital Roger Salengro, Department of Neurology, CHRU Lille, France chaired by Prof. Didier Leys

**Gaia Sirimarco** from Italy was selected for her project: *Evaluating carotid plaque instability using multimodal imaging* which she will carry out at the Diderot University, Department of Neurology and stroke Center, Paris, France chaired by Prof. Pierre Amarenco

**Radu Tanasescu** from Romania was selected for his project: *Phenotypic characteristics, immune interactions and ultra-high field imaging of autologous mesenchymal stem cells from multiple sclerosis (MS) patients* which he will carry out at the Division of Clinical Neurology, University Hospital, Queen’s Medical Centre, London, UK chaired by Prof. Cris Constantinescu

**Educational Fellowship:**

**Edita Kanyte-Veniene** from Lithuania was selected for her project: *Age-related morphometry of skin nerves fibres in Charcot-Marie-Tooth disease type 1A (CMT1A)* which she will carry out at the National Neurological Institute Carlo Besta, Neuromuscular and Neuroimmunology Department, Milan, Italy chaired by Prof. Renato Montegazza

**Can Ebru Kurt** from Turkey was selected for her project: *Activation of RAGE and NF-kB in skin biopsy of patients with vasculitic and diabetic neuropathy* which she will carry out at the University of Würzburg, Department of Neurology, Würzburg, Germany chaired by Prof. Jens Volkmann

**Miguel Milheiro** from Portugal was selected for his project: *Educational project on rare neurological diseases* which he will carry out at the John Radcliffe Hospital, Department of Clinical Neurology, Oxford, UK chaired by Prof. David Hilton-Jones
Yana Motuzova from Belarus was selected for her project: *Prognostic value of CSF, MRI and clinical data in clinically isolated syndromes for subsequent progression to multiple sclerosis and its course* which she will carry out at the Hospital San Luigi, Department of Neurology 2, CRESM, Orbassano, Italy chaired by Dr. Antonio Bertolotto

Elena Oana Terecoasa from Romania was selected for her project: *Stroke outcome after intravenous thrombolysis in patients with atrial fibrillation* which she will carry out at the University Hospital Ramon y Cajal, Department of Neurology, Madrid, Spain chaired by Dr. Fernandez Ruiz

**TWO ARTICLES JUNIOR NEUROLOGISTS SHOULD KEEP IN MIND**

by Edina T. Varga, Dianalund, Denmark and Johann Sellner, Salzburg, Austria

The European Association of Young Neurologists and Trainees (EAYNT) is an independent non-profit organization representing European junior neurologists. The major aim is to advocate the interests of young colleagues in major European bodies and establish a platform for networking and life-long friendship (1). In addition, we promote European training exchange, endeavor to improve European national core curricula by studying the differences in medical specialization, the disparities of working condition, and the level of neurological education throughout Europe.

The organization would like to raise awareness for two recent articles published in the European Journal of Neurology. Both articles can be downloaded from the homepages of the journal and the European Federation of Neurological Societies (EFNS).

   
   This article provides a compilation of EAYNT activities in 2011. The EAYNT believes that is of key importance not only to provide opportunities to get to know each other but also get familiar with the peculiarities of international, particularly European Neurology. Hence, this year’s events range from workshops at various European and international conferences to hospital visits and even parties during major congresses. Importantly, deadlines for travel grants for conference and summer school attendance are listed and should not be missed. In addition, the EAYNT provides 14 travel grants for junior colleagues in 2011, further details can be found on the EAYNT homepage (www.eaynt.org).


Promotion of scientific excellence and takeover of responsibility is amongst the major aims of the EAYNT. This article provides a comprehensive overview on scientific opportunities for junior colleagues. Recent highlights include the nomination of EAYNT delegates to the EFNS scientific panels, the involvement in abstract reviewing and the “poster chair on call” initiative. The latter will be launched for the first time at the EFNS conference in Budapest with the purpose to enhance scientific discussion and acknowledge the work behind a presentation.

**Reference:**

CONTINUING MEDICAL EDUCATION ONLINE

All e-learning activities are free-of-charge for EFNS members, who are registered to www.efns.org!

Answer all questions correctly and you will receive one hour of CME.

Every month one article from the *European Journal of Neurology* is chosen for online learning.

The following articles are available free of charge on

https://www.efns.org/EFNS-Continuing-Medical-Education-online.301.0.html


**February 2011**: Clinically suspected fibrocartilaginous embolism: clinical characteristics, treatments, and outcomes. Mateen F.J. et al.


**April 2011**: The diagnostic spectrum in patients with suspected chronic Lyme neuroborreliosis. Schmidt H. et al.

**May 2011**: Tick-borne encephalitis in Poland in years 1993-2008 – epidemiology and clinical presentation. A retrospective study of 687 patients


Among all persons, who will correctly answer the questions related to the June 2011 article, 3 handbooks will be allotted.

We congratulate the winners of the last competition:

Giorgio Govetto, Italy
Odysseas Kargiotis, Greece
Elita Krike, Latvia