Editorial

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The dawn of a new EASL – A new chapter in the history of the European Association for the Study of the liver

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In our 2018 editorial we outlined the major new challenges facing hepatology and the European Association for the Study of the Liver (EASL).[1] Reference was made to the rapidly changing landscape of liver research, following the successful journey towards cure of hepatitis C virus (HCV), the rise of non-alcoholic fatty liver disease (NAFLD) and liver cancer and increasing attention to hepatitis B virus (HBV) infection ("HBV cure") and treatment of rare autoimmune and genetic liver diseases. It has also become clearer that society and governments play a critical role in the development of life-style related conditions such as alcohol-related liver disease and NAFLD, reinforcing the need for EASL to influence policy. Amidst these developments, non-governmental organisations such as EASL and the pharmaceutical industry are facing increased regulations. To adapt to this situation, the EASL Governing Board has proposed changes to its governance and strategic priorities, which this editorial will summarise.

The strategic orientation of EASL as stipulated by its constitution (Box 1) is reflected in "EASL's mission to be the Home of Hepatology so that all who are involved with treating liver disease can realise their full potential to cure and prevent it." The three pillars of EASL objectives include the fostering of liver research, the provision of education to all layers of the health care system and the general public and assisting health authorities in relevant policy areas. The strong emphasis on supporting young investigators is a notable feature underpinning much of what EASL does, as is the philosophy that the leadership of EASL should comprise active researchers. This has historically been the reason for setting an upper age limit of 48 for entry to the scientific committee from which the Vice-Secretary and Secretary General have been selected.

Whilst the mission statement and strategic orientation remain, EASL is refreshing its office structures to ensure we more efficiently deliver on the three strategic pillars of science, education and public health. Similarly, to ensure a continued focus and innovation for the expanding educational and policy initiatives two new committees have been formed: an education committee chaired by the EASL Educational Councillor and a policy and public health committee chaired by the EASL EU and Policy Councillor. To align the governance with these new committees the scientific committee will also have a designated chair which is elected by the Governing Board among its members on an annual basis and who reports to the Governing Board and coordinates the activities. An executive committee, comprising the Secretary General and Vice-Secretary, together with the treasurer and the chairs of the three committees will oversee the workings of EASL.

Whilst the age limit for scientific committee members will remain unchanged (upper limit of 48 years), there will be no such limit for members of the educational and policy and public health committee, the exception being that there is at least one young investigator (less than 40 years) on the education committee. Recognising the increasing challenges that EASL faces, it is important that it can select its leadership from a broad community of experienced individuals. Future candidates for the Vice-Secretary position will therefore be allowed to apply up to the age of 56 and do not need to have served on the scientific committee, although clear involvement with EASL, leadership experience and a strong scientific standing will be a prerequisite.

The current governance structure of EASL is summarised in Fig. 1, and the terms of reference for the scientific, education, policy and public health and the executive committees indicated in Boxes 2–5. To provide transparency in EASL elections, we are also developing a process of advertising all vacant positions on the committees on the EASL website from 2020 onwards. To continue to be successful EASL needs its members to find time in their careers to contribute to the organisation, and these changes are intended to reduce the workload on such individuals making it a more attractive option. Furthermore, EASL will continue to have an emphasis on gender balance in all areas of the organisation in the coming years. That accounts for speakers and chairs in scientific programs, for committee members and for the top leadership positions. For members of the scientific committee, the European Research Council rules have been implemented to adjust the age limit for maternity leave, *i.e.* in case of maternity leave for female nominees, the eligibility age is extended by 18 months per child.

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Statutory purposes of EASL:

a) Promote research concerning the liver.

b) Promote education of physicians, scientists and public awareness of liver diseases and their management.

c) Act as an advisor to European and national health authorities concerning liver diseases, provision of clinical services and the need for research funding.

d) Foster European multicentre controlled trials.

e) Facilitate scientific exchange.

f) Facilitate participation of young investigators at its meetings.

Box 1. The statutory purposes of the European Association for the Study of the Liver (EASL). For the full EASL constitution, see www.easl.eu.

Terms of reference for Scientific Committee:

a) Coordinate the development of the program of the International Liver Congress™, including the composition of the scientific sessions from submitted abstracts. The only exception is the post-graduate course (developed by the education committee).

b) Coordinate development of EASL events with a scientific orientation, such as monothematic conferences, summits and joint conferences (*e.g.* end-points consensus conferences).

c) Review and select proposals for EASL fellowships, EASL awards and EASL endorsements.

d) Coordinate development and the review of scientific documents developed by the association, including clinical practice guidelines and position statements.

e) As part of the Governing Board, make principle decisions and provide resolutions on strategic and governance matters of the association (including, but not restricted to, nomination of new board and committee members and proposed changes to the articles of the association).

Box 2. Key duties of the EASL scientific committee. Full list of responsibilities and composition is given by the EASL constitution and the terms of reference document for the committee (see www.easl.eu for details).

The International Liver Congress (ILC) is the annual flagship undertaking of EASL and in many ways represents a prototype aggregate of the bigger EASL ecosystem. More than a single meeting, the congress has grown to become multiple meetings occurring in parallel, almost like a virtual scientific village. The scientific abstract submissions still represent the core of the event, and the 2,500–3,000 scientific projects that are brought to the meeting are presented in a variety of ways, from classical oral and poster sessions, to interactive discussions around poster tours, e-posters and various summaries. At the 2019 ILC, the biggest scientific developments were presented in NAFLD, rare liver diseases and public health, reflecting current trends in liver research.[1] The educational program of the ILC has been revamped over the last 2–3 years, with an increased emphasis on smaller sessions with face-to-face interaction opportunities. Comprehensive programming ("tracks") throughout the entire congress is sought for key topics like viral hepatitis, NAFLD, end-stage liver disease, alcohol-related liver disease, liver cancer, rare and autoimmune liver diseases and public health. Furthermore, there is now also comprehensive programming for hands-on skills (*e.g.* ultrasound) and surgery (including transplant surgery), as well as increasing programming delivered by EASL partners. This latter contribution from

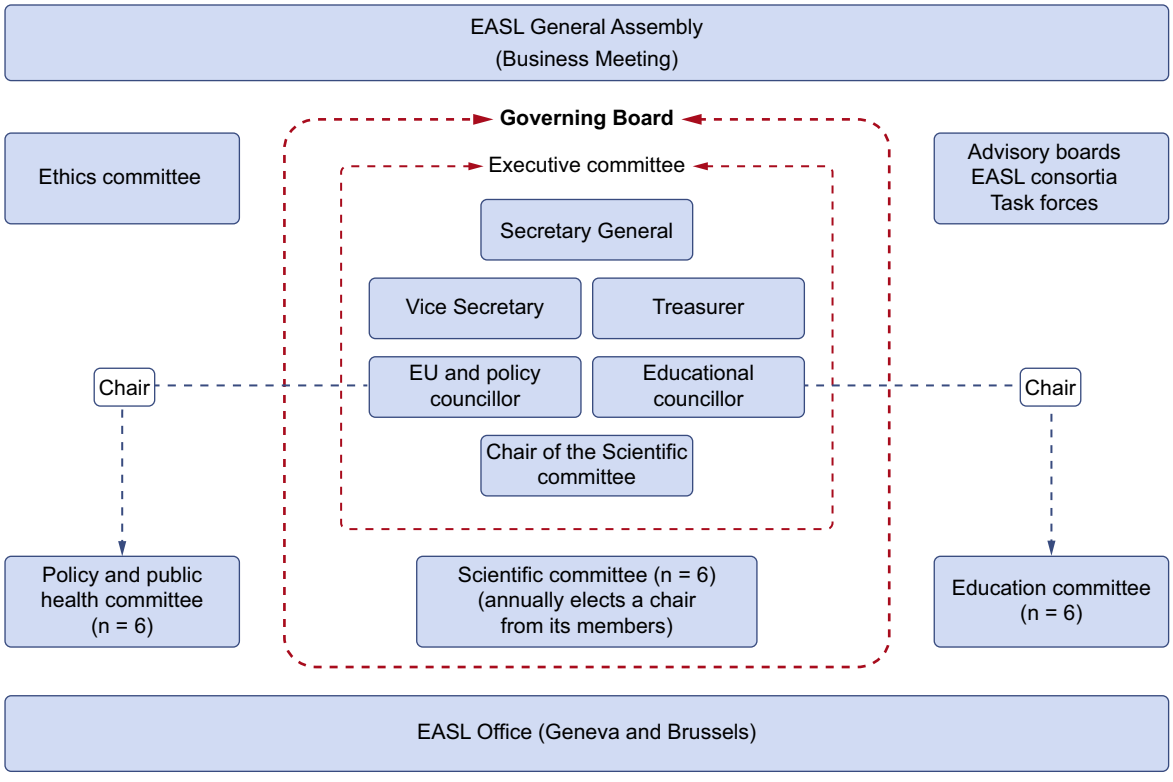

Fig. 1. The current EASL governance organigram. The EASL Governing Board comprises an executive committee and the scientific committee, and its members are elected by the general assembly. The policy and public health committee and the education committee members are also voted by the general assembly, but only the chairs of these committees serve on the EASL Governing Board. The Scientific Committee selects among its members on an annual basis their internal chair who is elected by the Governing Board and coordinates and reports on the committee activities. For further details, see www.easl.eu.

Terms of reference for the Educational Committee:

a) Advise the EASL Governing Board on EASL's educational strategy, including strategic directions to promote education in all areas of liver disease, including the identification of issues likely to enhance the capacity of EASL to deliver educational programs.

b) Coordinate the development of the EASL educational offerings, including direct responsibility for the EASL mentorship programme, dissemination of the EASL Clinical Practice Guidelines and programming of the EASL Schools and the post-graduate course hosted during the International Liver Congress™.

c) Coordinate collaboration with other societies in delivering liver-related education, including conference packages ("Best of EASL") and the development of multidisciplinary educational materials targeting other speciality groups (multidisciplinary hepatology).

d) Coordinate the development of EASL online learning platforms, including filming offers, E-learning and Apps.

Box 3. Key duties of the EASL education committee. Full list of responsibilities and composition is given by the EASL constitution and the terms of reference document for the committee (see www.easl.eu for details).

Terms of reference for Policy and Public Health Committee:

a) Advise the EASL Governing Board on developments of relevance to EASL policy and public health activities, and act as an advisor to European and national health authorities concerning liver diseases, provision of clinical services and the need for research funding.

b) Coordinate the development of EASL policy and public health strategies, policy statements, advocacy campaigns and relevant work plans.

c) Coordinate EASL strategic partnerships related to policy and public health, including, but not limited to UEG, Biomed Alliance, WHO, CDC, ECDC and relevant patient societies.

d) Serve as an interface between the Brussels and Geneva offices and the work of the EASL-Lancet Commission on Liver Disease.

e) Nominate EASL members to sit on EU and other institutional advisory boards and to act as liaison points between those institutions, bodies and EASL where necessary.

Box 4. Key duties of the EASL policy and public health committee. Full list of responsibilities and composition is given by the EASL constitution and the terms of reference document for the committee (see www.easl.eu for details).

Terms of reference for Executive Committee:

a) As part of the EASL Governing Board, to take the appropriate measures to achieve the purposes of the association and carry out resolutions taken by the general assembly, by setting up appropriate strategies and provide resolutions for operationalization by the EASL office and other executive partners (corporate executive partners included).

b) As part of the EASL Governing Board, to nominate new members of the EASL Governing Board, the EASL Committees, the Chief Editors of the EASL journals, and to approve new ordinary and corresponding EASL members.

c) Oversee the finances of the association, and provide strategic priorities to the EASL office to administer the assets of the association in line with the interest of the EASL members.

d) Oversee the activities of the Scientific, Education and Policy and Public Health Committees.

e) Oversee the activities of the EASL office and instruct the EASL office managing director.

f) To propose relevant amendments to rules, policies, procedures and articles of the association.

Box 5. Key duties of the EASL executive committee. Together with the scientific committee, the executive committee forms the EASL Governing Board. Full list of responsibilities of the Governing Board is given by the EASL constitution (see www.easl.eu for details).

pharmaceutical and non-pharmaceutical sectors is in line with the "Home of Hepatology" position that EASL wishes to have.

Throughout the year, many more events are organised, some are specialised, high-end scientific platforms for active researchers (the EASL Monothematic Conferences), others are predominantly educational events for young investigators (the EASL Schools), whilst others are standalone conferences with both science and education (the EASL Summits – currently run annually for NAFLD and liver cancer). As with the ILC, there is an increasing emphasis on interactive sessions, with hands-on training, case-discussions and an overall "learner-centric" pedagogy which includes pre-readings and online modules. There are also the collaborative platforms run with other societies and stakeholders (like the endpoints and clinical trial design workshop series run together with the American Association for the Study of the Liver – AASLD). The endpoints and clinical trial design consensus workshops have become reference points in rapidly developing fields like NAFLD, viral hepatitis B, liver cancer and autoimmune liver diseases, involving not only driving forces within academia and corporate R&D, but also regulatory agencies represented by the European Medicines Agency (EMA) on the side of EASL and the US Food and Drug Administration (FDA) on the side of AASLD. Importantly, from the consensus workshops, a published report in the EASL and AASLD journals (*Journal of Hepatology* and *Hepatology*, respectively), serves to disseminate the standards reached.

Furthermore, to support the research community we have simplified the rules of the EASL consortia, allowing several new members to join, and also engage in EASL programming by providing space for research "think tanks" during the ILC and proposing topics for monothematic conferences. We have opted for this "bottom-up" system rather than the "top-down" of EASL setting up of topic committees within EASL to build on the motivation and momentum already present within existing sub-structures of our community. Five consortia have been granted the status of an EASL consortium so far, CLIF (Chronic Liver Failure), Baveno, VALDIG (Vascular Liver Disease Group), Study of Alcohol-related Liver Disease in Europe (SALVE), and ENSCCA (European Network for the Study of Cholangiocarcinoma). Other community groups are encouraged to apply.

The digital presence of EASL has so far been a reflection of physical events (the filming archive of The Liver Tree®) and the EASL Clinical Practice Guidelines (topic recommendations in the iLiver® App), with access to this digital space restricted to EASL members. EASL will be making this content freely available to all those interested in liver disease in line with the Home of Hepatology vision. This approach will allow for greater access to quality-checked, EASL-branded digital content for specialty groups not normally attending the EASL physical events (*e.g.* general practitioners). EASL is currently developing storyboards for the various target groups covering relevant areas of liver disease. A shift is being made from comprehensive online courses and long lectures,[2] to "microtopics" for "microlearninig", with an emphasis on mobile devices ("multidevice"), to reach the new generation of learners. The role of industry partners for EASL in this new educational landscape will be developed in concert with innovative digital areas within a broader "EASL Campus" (*e.g.* "e-booths", to make a physical analogy).

The flagship journal of EASL, *Journal of Hepatology*, is doing well under the leadership of the Editorial Board of Rajiv Jalan and Joël Walicki's team in the EASL office publishing department, with the transition to the next Editorial Board with

Paolo Angeli as Editor-in-Chief ongoing. The impact factor is now above 15 reflecting the culmination of past efforts of editors and reviewers for almost 35 years. Consequently, it has become challenging to find space for all the good articles which are submitted from our community. To better serve the demands of our members, EASL has therefore launched a full open access journal (*JHEP Reports*) under the editorial leadership of Jessica Zucman-Rossi. The new journal covers similar topics as *Journal of Hepatology*, and as a reflection of the EASL Clinical Practice Guidelines (CPGs) in *Journal of Hepatology*, will publish patient versions of these recommendations. This will be an important supplement to the enhanced features of the EASL CPGs themselves (as reviewed elsewhere[3]). Importantly, the open access format of *JHEP Reports*, will allow EASL to evaluate future business models for our journals in the light of proposed developments driven by cOAlition S (Plan S). The biggest uncertainties of Plan S impact on hybrid journals (mixed subscription/open access) like the *Journal of Hepatology*, and the strict business models imposed by Plan S are likely to harm society journals representing communities such as ours the most.[4] The EASL Governing Board and the editorial teams of our journals are responding to this situation through the newly established EASL publishing task force.

EASL wants to be in a leading position in the landscape of liver-related public health. We have systematically developed the ILC to become the main international platform for public health in liver disease, with a rapidly increasing numbers of academic submissions adding to a comprehensive public health track throughout the meeting, created in collaboration with relevant stakeholders and partners, including governmental institutions like the European Centre for Disease Prevention and Control (ECDC), Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO). Alongside the interest in HCV-related public health aspects (*e.g.* testing and linkage to care), there is increasing academic interest in public health aspects related to alcohol and obesity. The liver should hold a center stage of the expanding arena of policy work related to life-style related diseases, and EASL is currently taking a strong stance through the development of a series of policy statements. Accompanying these strategic developments, the EASL office priorities are also shifting, having to attend not only to matters related to EU research funding, but to a broad range of national and global activities. A key partner for EASL in this work is the EASL International Liver Foundation, chaired by Massimo Colombo, which is able to take on broader societal responsibilities than a medical association.[5] Another key partner has been the editorial office of the Lancet, which has allowed for its commission format to be utilized for an EASL-driven initiative towards a position statement on how to overcome unmet needs, stigma and inequities for patients with liver diseases in Europe,[6] chaired by Michael Manns and Patrizia Burra.

The final consideration we would like to make is related to the broader landscape of EASL partners. Over the last two years we have strengthened the relationship between EASL and our international sister societies (memorandums of understanding with AASLD, APASL [Asian Pacific Association for the Study of the Liver] and ALEH [Latin American Association for the Study of the Liver]), between EASL and the European national societies (the annual National Societies Forum during the ILC), between EASL and large national societies elsewhere (*e.g.* the Japanese Society for the Study of the Liver and the Chinese Society for the Study of the Liver), between EASL and patient societies (*e.g.* patient memberships, patient versions of CPGs, patient programming during the – ILC including from 2019 an annual Patient Forum analogous to the National Societies Forum), and finally between EASL and a range of other specialist associations covering liver-related medical professions (*e.g.* diabetes through collaboration with EASD [European Association for the Study of Diabetes], oncology through collaboration with ESMO [European Society for Medical Oncology] and ILCA [International Liver Cancer Association], substance abusers through the collaborations with INHSU [International Network on Hepatitis in substance users] *etc.*). Within this broader landscape, EASL will continue serving its statutory roles, serving as a coordinator and facilitator within the broader home of hepatology. As stated by one of our partners during a "Best of EASL" event: "if you want to go fast, go alone, if you want to go far, go together". We believe this is the way the liver community should work, coming together to jointly overcome the many unmet needs and great opportunities of our multi-disciplinary medical domain making up what we call hepatology.

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