

Historical Note

The history of the ERA/EDTA. Memories of a former president

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The author

Vittorio E. Andreucci trained in Parma with Luigi Migone, one of the founders of the Italian Society of Nephrology, and then in the USA with Donald W. Seldin where he mastered renal micropuncture. Upon returning from the USA, he launched micropuncture in his own laboratory in Parma and then in Naples and helped promote micropuncture in other Italian research centres. In the early 1970s, he moved from Parma to Naples University to become full Professor of Nephrology. Many outstanding Italian nephrologists come from this school. Andreucci has been an innovator and a great manager as President of the European Renal Association–European Dialysis and Transplantation Association (ERA–EDTA) and of the Italian Society of Nephrology.

During his presidency, Andreucci introduced nephrology as one of the missions of the EDTA (Figure 1). Under his leadership, the EDTA became the ERA–EDTA. Initially, this change in name encountered resistance from some members who considered the emphasis on renal diseases as competing with the main goals of the association, i.e. dialysis techniques, clinical dialysis and renal transplantation. Andreucci devoted his finest diplomacy to defending the new name, and time proved that his determination to extend the scope of the ‘EDTA’ to nephrology was a worthy endeavour.

These ‘Memories of a Former President’ are instructive. They show that ‘One need not hope in order to undertake nor succeed in order to persevere’.

Carmine Zoccali; Alain Meyrier

Introduction

Some facts pertaining to the history of this great society deserve to be shared with the society members, as they give important insight into the origin of the association. This is the reason why, after so many years, I decided to describe the first important steps that were responsible for transforming a small association, EDTA, into one of the greatest societies of nephrology in the world: the ERA–EDTA.

The birth of the EDTA

A brief history of the EDTA was published years ago in *Nephrology, Dialysis, Transplantation* [1]. The EDTA was conceived on 2 September 1963 in London in the wake of the ‘Symposium on Acute Renal Failure’ held at the lecture theatre of the Royal Free Hospital. After the symposium, a

dinner was held in the venerable hall of the Society of Apothecaries. During that dinner Sheila Sherlock, who had chaired the symposium, prompted a meeting with William Drukker (Figure 2), Stanley Shaldon (Figure 3) and David N.S. Kerr (Figure 4). It was at this meeting that the ‘Gang of Three’, as David Kerr named it, planned the creation of the European Dialysis Association [1, 2].

On Thursday 24 September 1964, the Gang of Three and ~30 invited delegates from different countries convened at a founding meeting held at the Queen Wilhelmina Hospital of the University of Amsterdam. An association was created, called the ‘West European Dialysis Association (WEDA)’.

Gabriel Richet suggested that the new association be extended to all European countries and all nations bordering the Mediterranean. ‘WEDA’ became ‘EDTA’. The logo featured the letters ‘E’ ‘D’ ‘T’ ‘A’ and the antique cryptographic symbols of water (☉), salt (☉), acid (☉) and alkali (☉) with a kidney in the centre (Figure 5) [The first Ordinary Members of the Council (1964) were B. Forminje (the first President), W. Drukker (first Secretary–Treasurer), J.H. Thaysen, S. Giovanetti, J.L. Funck-Brentano, S. Shaldon and N. Alwall.].

On the following day, the first congress took place in the lecture theatre of the Department of Medicine at the Queen Wilhelmina Hospital of Amsterdam, with ~200 participants and 34 presentations. Willem Johan ‘Pim’ Kolff (1911–2009) lectured on ‘Life Without Heart and Kidneys’ and Sergio Giovannetti (1924–2000) reported his studies on the treatment of uraemia with a low-protein diet. Transplantation was not ready in time for this first meeting.

The first constitution of the EDTA disposed that ‘Full membership of the association will be open to medically and non-medically qualified scientific workers in the field of interest of the association working in Europe and adjacent countries ... Associate membership will be open to interested workers in the field of interest of the association who are not eligible for full membership’ [3].

The President of the annual congress was also the President of EDTA up to 1972, when Arthur C. Kennedy was elected first President of the association with a 3-year term in office. This decision was taken to allow the continuing of tasks for the presidency which up to 1972 consisted only of being the Secretary–Treasurer.

The EDTA Registry

At the first congress in Amsterdam, an important decision was taken: the creation of a registry of all European patients



Fig. 1. The President V.E.A. with the medallion (1983). The metal bars of the chain report the names of all past Presidents of the Association.



Fig. 2. William Drukker, one of the founders and the first Secretary-Treasurer of EDTA and the first Chairman of the Registration Committee.

on replacement therapy for renal failure. The EDTA Registry became a unique example of international cooperation. In 1965, the first Registry Report was presented at the second EDTA Congress in Newcastle, data was presented on 271 maintenance dialysis patients from 41 European centres [4] and 258 kidney transplant procedures performed in Eu-



Fig. 3. Stanley Shaldon, one of the founders of EDTA and EDTNA.

rope as well as details on 187 transplanted patients [5]. W. Drukker was the first Chairman of the Registration Committee. The EDTA Registry soon became world famous, offering the scientific community unique epidemiological data on dialysis and transplantation. The information provided by the EDTA Registry was the result of a friendly collaboration among all European dialysis and transplantation centres. Relman and Rennie, in a 1980 issue of the *New England Journal of Medicine* stated that 'good data can be obtained by physicians and from physicians, regularly, cheaply and fast, when the physicians who fill out the forms can look forward to a thoughtful, rapid and clinically useful collation and analysis of the data' [6]. The registry provided the most comprehensive statistical record on the care of terminal renal failure by the complementary methods of dialysis and transplantation.

The proceedings and the journal of the EDTA

The abstracts submitted to the annual congress were assessed and scored by Council Members and selected by the Selection Committee (comprising some of the Council Members). They came out as oral communications or as posters (initially called 'scientific demonstrations').

The papers presented at the annual congress were then published in the EDTA Proceedings. David N.S. Kerr was their first Editor (1964). The proceedings of the first congress did not comprise papers on transplantation. They were first



Fig. 4. David N.S. Kerr, one of the founders and the first Editor of the Proceedings of EDTA.



Fig. 5. On the left: the first logo of EDTA with the figure of the kidney in the centre. On the right: the new logo of EDTA modified by substituting the kidney in the centre with the acronym ERA.

published following the second congress held in Newcastle in 1965. Then, the proceedings grew in parallel with the participation to the EDTA Congresses, including papers, presented both as oral communications and as posters, and the discussion after each oral communication.

No mention of the official language of the association was included in the first constitution. Papers were initially presented at congresses and published in the proceedings in English or French. However, papers in French were a minority and their number was dwindling year after year. At the 1973 congress, only 1 of the 63 papers was in French. It was decided that from then on English would remain the only language for the congress and proceedings.

The Proceedings were made freely available to all members of the association but could also be purchased. Sales grew every year and, including copies to members, soon exceeded 2500 issues. However, with passing time, the volume had soared to a huge size, despite omitting posters and limiting the length of papers. For this reason, they were replaced by a new peer-review journal, *Nephrology,*

Dialysis, Transplantation [2]. In 1985, the Proceedings were published for the last time with the XXII congress, as mentioned by S. Cameron in his Foreword: '... this will be the last number of the Proceedings in its present form ... The last Annual General Meeting approved the unanimous suggestion of Council that we continue in 1986 with a Journal, initially in six bi-monthly issues. We know that not everyone is happy with this course, but Council hopes that the advantages to the Association—both financial and scientific will convince all members in the long run'. [7]. S. Cameron, who had been Editor of the Proceedings (1970–73), was also the President who decided their suppression. Many years later, *Nephrology, Dialysis, Transplantation* has gained worldwide recognition.

In 2004, the council decided to save all the 'Proceedings' of EDTA Congresses (from 1964 until 1985) in its website. S. Shaldon provided all the volumes. Unfortunately, only the first 16 volumes (1964–79) are actually on the ERA-EDTA website and we must be grateful to Fresenius Medical Care for having edited all the Proceedings in two DVDs.

The society and the dialysis industry

The invention of dialysis created the dialysis industry. The logarithmic rise in the number of dialysed patients led to a rapid expansion in industrial investment. Governments in Europe provided funding for dialysis and enabled the dialysis industry to grow. As stated by Stanley Shaldon, the relationship of the society and the dialysis industry in a concept of synergistic symbiosis has been one of the achievements of the EDTA [8]. The industrial exhibit at the EDTA Congresses provided useful support to the association, meanwhile allowing nephrologists to become acquainted with new material. The industry also supported delegates who could not otherwise attend the EDTA Congresses.

The birth of the EDTNA

The conception of the EDTNA at a bar of the Drake Hotel in Chicago dates back to 1971, during the meeting of the American Society for Artificial Internal Organs (ASAIO). Stanley Shaldon, impressed by the contribution of the American Nephrology Nurses Association representatives, discussed with some colleagues the possibility of a similar association in Europe [9]. At that time, S. Shaldon was a member of the EDTA Council and brought this idea to the council discussing the matter at the meetings in Munich (30 October 1971) and in Parma (25 March 1972). 'It was at the Autumn Meeting that the council agreed in principle to the formation of the European Dialysis and Transplant Nurses Association (EDTNA) and further to cooperate with them in the fullest possible manner. In practice, this will mean that the members of the EDTNA will hold their Annual Meetings in conjunction with the Annual EDTA Congresses and they will be free to attend the scientific sessions and social functions of EDTA. This arrangement, we hope, will not involve our association in any financial commitment' [10].

In 1972, the IX Congress of EDTA was held in Florence under the presidency of Luigi Migone. I was the Congress Secretary. On that occasion, the 'daughter' Society, EDTNA, was finally created. Here is how the Congress Programme made the announcement.

The IX Congress of the EDTA is giving hospitality to an inaugural meeting to constitute a new Association designed to gather specialized nurses in Dialysis and Transplantation care, under the name of European Dialysis and Transplant Nurses Association (EDTNA). Representatives of the nursing staff of all Dialysis and Transplant Units have been invited. The aforesaid personnel who cooperate with medical and surgical teams in the nephrological field are gathering under the auspices of the EDTA and will be given the opportunity of participating in all the manifestations of the Congress. Coordinator of the inaugural meeting of EDTNA is Miss Deirdre Oag, London (Head Nurse at the National Kidney Centre; she became Secretary/Treasurer of EDTNA), who has dedicated herself to the organization of this new Association. This meeting will be held on the morning of Thursday, 8th of June, in the 'Green Hall' on the third floor of the Palazzo dei Congressi, commencing at 9.30 a.m.

The combined EDTA-EDTNA congress was a great success, providing a unique opportunity for friendly discussions among nurses, technicians and physicians (the latter being associate members of EDTNA), and was welcomed

by exhibitors at the trade congress. It added to the social life and offered the nurses a more didactic programme for the delegates to EDTAs. The combined attendance at Florence in 1972 was 1200.

In 1976, EDTNA borrowed the logo of EDTA, adding the N (Figure 6) [9].

When both societies returned to Florence in 1984, the attendance reached 3000, greater than for some 'International Society of Nephrology' Congresses. In 1985, at the Brussels Conference, the EDTNA Constitution was changed to include technicians, dieticians and social workers as full members under the name EDTNA/ERCA (European Renal Care Association) and their logo changed into a form of a square enclosing a kidney and having the initials EDTNA and ERCA on the two sides (Figure 6) [9].

The combined societies had grown to an extent that required a separation. In 1988, EDTNA-ERCA held its own meeting at Brighton [2].

The economy of EDTA

The EDTA was born with no funding. As reported by W. Drukker, following the first congress in Amsterdam, delegates and their accompanying persons were invited to a dinner at the aristocratic Groote Club in Dam Square, Amsterdam. The evening was sponsored by the Dutch Ministry of Education and Science. The inexperienced organizers had failed to limit expenses. Several years later, the auditors of the ministry checked the accounts of the young society and noticed that the cost of the dinner had considerably exceeded the budget. Thus, a few years after the first congress, the EDTA had to reimburse the excess charge. This nearly caused a premature bankruptcy of the financially still vulnerable association [1].

The main source of income over the first years was the membership fee. Costs of publishing the proceedings were covered by the sales of the volumes to non-members and by the advertising pages. The industrial exhibition at each congress covered most of the expenses. The balance was even until the IXth Congress held in Florence in 1972. Substantial profit was allotted to the society by the 1972 congress organizers. Was this the reason for my election as Secretary-Treasurer decided by council?

Almost all following congresses were profitable, save the XVIIth held in Paris combined with the Congress of International Society of Artificial Organs (ISAO).

The benefits grew to such an extent that EDTA decided to take over the congress organization. A function entitled 'Chairperson of Administrative Offices' was created to ensure the planning and the organisation of the annual congresses (as established by the new constitution in 2008).

The ERA-EDTA is now a wealthy society, able to cover all of its expenses and to sponsor grants (travel grants, a congress grant for each European National Society of Nephrology for the best presentation by a young nephrologist and congress grants to the presenting authors of the best abstracts). A fellowship programme supports basic and clinical research in the field of nephrology in Europe which fosters a growing number of young investigators.

The fight not to remove transplantation and nephrology from EDTA

The birth of EDTA as a Society of Dialysis and Transplantation created the opposition of transplant physicians. Thus, in the



Fig. 6. On the left: the first logo of EDTNA borrowed from the logo of EDTA, with the addition of the N. On the right: the new logo of EDTNA in form of a square enclosing a kidney and having the initials EDTNA and ERCA on the two sides.

EDTA Council Meeting held in the Latin-American Club in Paris in 1965, the transplant surgeon Jean Hamburger (1909–92) asked that the T be removed from the name in order to exclude renal transplantation from the field of interest of the society. Council refused both to change the name and to avoid presenting renal transplantation papers at the EDTA Congresses. Some 20 years later, another attempt was made to hamper the inclusion of nephrology in the society by creating another European Society of Nephrology [8]. This attempt failed as well.

EDTA becomes the European Society of Nephrology

When Arthur Kennedy became the first 3-year-term President of EDTA, he announced his intention of adding nephrology to the EDTA congresses. The following year (1973), there was a nephrology section in the congress for the first time. At the 1974 Congress in Tel Aviv, there were more papers on nephrology and in order to favour the involvement of experimental nephrology, I wrote for the Proceedings an editorial on glomerular haemodynamics studied by micropuncture [11, 12]. However, only a few papers were submitted in the following years and in 1977, it was necessary to boost the nephrological content of the congress by accepting papers with a lower score than in the other sections [2].

On the other hand, in 1978, the President of EDTA spoke out against the transformation of EDTA in to a European Society of General Nephrology. In his foreword of the Proceedings he stated: 'The EDTA considers emphasis on the problems of replacement of renal function as its main and unique activity, and does not cherish the opinion that it is, or should become, a new society of General Nephrology' [13]. This statement was associated with the removal of the title 'Dialysis, Transplantation, Nephrology' which had been used as the title of the Proceedings for a few years.

However, during the following years, some European nephrologists, particularly from France and Germany, started to think about creating a new European Society of Nephrology. The need was felt to officially open EDTA to nephrology, involving well-known clinical nephrologists and nephrologists devoted to basic research.

Thus, during my presidency (1981–84), I involved myself in changing EDTA from a Society of Dialysis and Transplant into a 'European Society of Nephrology'. Many European nephrologists were against such a transformation, as their

concept was to create another de novo European Society of Nephrology, in addition to EDTA. Should this have occurred, the EDTA would have disappeared (as ASAIO did).

My first action was to change the constitution. The foreword I wrote for the Proceedings reads: 'The EDTA General Assembly in Madrid has approved the change in the EDTA Constitution which formally increases the proportion of nephrology in our Congresses; the name of the Association will remain "European Dialysis and Transplant Association" with the addition of the subtitle "European Renal Association"'. The Assembly has also ratified Council decision to increase the duration of the scientific sessions of EDTA Congresses from 3 to 4 days, effective from 1985, in order to have more time devoted to *Clinical Nephrology*. Undoubtedly, dialysis and renal transplantation represent excellent therapeutic procedures for uraemia, but *Clinical Nephrology* is the basis for the prevention of the uraemic condition' [14]. Meanwhile, already for the 1982 Congress in Madrid, nephrologists who were not members of the association were invited as referees and marked the Abstracts of Nephrology submitted to the congress.

Then, I decided to invite to the Council Meeting of EDTA, held in Milan on 28 October 1983, the 19 presidents of the National Societies of Nephrology in Europe [A. Astrug (Bulgarian Soc. Nephrol.), A. Valek (Czechoslovakian Soc. Nephrol.), S. Olsen (Danish Soc. Nephrol.), L. Van Es (Dutch Soc. Nephrol.), E. Happanen (Finnish Soc. Nephrol.), J. Crosnier (French Soc. Nephrol.), K. Precht (GDR Soc. Nephrol.), W. Thoenes (German Soc. Nephrol.), T. Mountoulakis (Hellenic Soc. Nephrol.), I. Taraba (Hungarian Soc. Nephrol.), J. Donohoe (Irish Soc. Nephrol.), C. Giordano (Italian Soc. Nephrol.), J. Anderton (Scottish Renal Association), E. Rotellar (Spanish Soc. Nephrol.), U. Bengtsson (Swedish Soc. Nephrol.), J. Diezl (Swiss Soc. Nephrol.), K. Onen (Turkish Soc. Nephrol.), M.G. McGeown (UK Renal Association), S. Luzar (Yugoslavia Soc. Nephrol.) [15].] (Figure 7).

At this historical meeting, to which Gabriel Richet was invited, I informed the 19 presidents that it was the intention of the council to include nephrology as a field of interest of the society and to devote a great part of its Annual Congress to *Clinical and Experimental Nephrology*. To realize such a programme, the EDTA Council had decided to invite all European presidents of National Societies of Nephrology every year to join and prepare the programme of the annual congress and to ensure that nephrology was adequately represented.

European presidents would be requested to give suggestions on lectures, workshops, speakers and chairmen of the scientific sessions. An 'Advisory Council of the Presidents of



Fig. 7. The Presidents of the National Societies of Nephrology in Europe in the Council Meeting of EDTA in Milan on 28 October 1983 to create the ERA.

the National Societies of Nephrology' would be created to nominate referees for the abstracts selection; the president of the hosting country of the annual congress would be invited to all Council Meetings in the year preceding the congress; finally, 'EDTA' had already changed its name into 'EDTA-ERA' [11].

A full agreement was obtained. I succeeded in preserving EDTA in the name of the new society, but adding to it 'ERA'. The logo was modified by substituting the kidney in the centre with the acronym ERA (Figure 5). The old logo is still present in the medallion of the chain worn by the president during the congress (Figure 1).

As a result, the number of abstracts on *Clinical Nephrology* submitted to the London congress in 1983 (300 versus 89 in Paris) was greater than that of abstracts on dialysis. In the foreword of the Proceedings I stated: 'For this success EDTA-ERA is grateful to the Presidents of National Societies of Nephrology for their important cooperation in suggesting topics of nephrology, referees, lectures and lecturers' [16].

In order to evolve successfully into a European Society of Nephrology, it was necessary that my successor be a clinical nephrologist. I suggested as candidate J. Stewart Cameron. In a Nephrology meeting held in Milan, G. D'Amico and myself convinced Stewart Cameron to accept the Presidency of ERA/EDTA if elected. He was.

In the foreword of the Proceedings of the 1985 Congress, this new president admitted: 'It is now over 20 years since the foundation of the EDTA ... This time has seen many changes, none greater than in the past 3 years ... The moves towards a true European Society of Nephrology begun 12 years ago in Tel-Aviv and almost complete after we became the EDTA-ERA in Madrid in 1982' [7].

In the Proceedings of 1984 and in those of 1985, the list of Presidents of the National Societies of Nephrology in Europe was published with the statement: 'The Council of the European Dialysis and Transplant Association—European Renal Association is grateful to the Advisory Council of the Presidents of the National Societies for their help in formulating the programme of this Congress' followed by the list of the suggested referees [7, 11].

This part of the history of ERA/EDTA was never reported [2]. My mentor, L. Migone, in the interview released to V. Cambi for the 'Giornale Italiano di Nefrologia' said: 'With the Presidency of Vittorio Andreucci, in 1982, the project of a European Society of Nephrology was incorporated into the EDTA with the addition of the term ERA' [17].

Conflict of interest statement. None declared.

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Received for publication: 3.12.11; Accepted in revised form: 3.1.12