European Hematology Association

ANNUAL REPORT 2013

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1. INTRODUCTION

This annual report summarizes the activities the European Hematology Association (EHA) has undertaken in 2013. EHA’s strategic plan as well as its yearly work plan forms the basis of this report. These plans are composed by the EHA Board in close collaboration with its committees.

Chapter 2 contains a description of the association and its functioning. In chapter 3 the mission of EHA and its focus points for 2013 are explained, while chapter 4, 5, 6 and 7 provide a detailed overview of the 2013 activities. Finally, chapter 8 contains an overview of the financial position of the association as well as its remuneration policy.

2. ABOUT EHA

EHA promotes excellence in patient care, research and education in hematology. By organizing an annual congress, providing an education program based on the European hematology curriculum, publishing a journal, lobbying for hematology and promoting research the association supports hematologists in- and outside Europe to further improve hematology patient care. With over 4.000 members and more than 10.000 hematologists attending its annual congress, EHA is the largest organization representing hematology in Europe.

The EHA Board is in charge of the association. Through a nomination and ballot procedure, members elect the EHA Board. The EHA Board appoints from its members the Executive Board, existing of a Chairman, with the title of “president”, a president elect, a secretary and a treasurer.

- The president chairs the Business meeting (General Assembly)
- The secretary is responsible for the secretariat and the membership records of the Association. He ensures that minutes are taken of all meetings of the EHA Board and that all persons concerned are invited.
- The treasurer is responsible for the accounts and all financial matters of the Association. The Association is audited externally every year.

Composition of the Executive Board
President: Christine Chomienne
Past President: Ulrich Jäger
President Elect: Jorge Sierra
Secretary: Tony Green
Treasurer: Pieter Sonneveld

The association is supported by an Executive Office with 21 staff members and is located in The Hague, The Netherlands.
3. MISSION & FOCUS POINTS 2013

The European Hematology Association (EHA) promotes excellence in patient care, research and education in European Hematology

In order to fulfill its mission EHA will:

- Develop and promote standards of education in hematology.
- Stimulate the exchange of scientific knowledge in hematology
- Facilitate research in hematology in all its aspects.
- Encourage and support collaboration with international, regional and national societies and bodies representing hematology.

Focus points 2013

In 2013 the EHA Board defined the following priorities as the central points of the association’s activities.

- Lifelong learning in hematology is crucial in order to further optimize patient care. EHA plays a key role in this by:
  - Facilitating the harmonization of education and training
  - Identifying needs in education and training
  - Offering peer reviewed and high quality educational tools and programs in a structured way
  - Promoting CME accreditation of educational programs offered in the field of hematology

- Research (basic, translational and clinical) forms the basis of further development of hematology as medical specialty and consequently improve patient care. It is the responsibility of EHA to facilitate, support and encourage this by:
  - Stimulating research collaboration
  - Providing resources for research projects and training
  - Offering a platform for sharing research outcomes

- Securing the position of hematology (research and clinical practice) as a medical specialty in the domain of health care is fundamental for the future of patient care. It is the task of EHA to:
  - Represent hematology at the European level in discussions about research funding, clinical trial regulation, the harmonization of education and training, access to medicine and personalized medicine.
  - Manage the relationships with the pharmaceutical industry in a coherent, constructive and transparent way while being compliant to the various codes applicable to this relationship and its independent position.

- Members are the core of the association. Therefore EHA has the responsibility to:
  - Optimize services for members
  - Inform and involve members in its activities
4. LIFELONG LEARNING IN HEMATOLOGY

The educational sessions in EHA’s annual congress are a valued part of the association’s congress program. At the annual congress in Stockholm, Sweden, which was attended by over 8,600 participants, a substantial part of the congress program was dedicated to education in hematology.

Over the past years EHA’s education program outside the annual congress program expanded and it was felt important to further improve its structure and organization and to reconsider the open access policy for certain education tools in relation to membership. As a result of that the EHA Board decided in 2013 to start working on integrating all its medical education tools into one web-based educational portal; the “EHA Learning Center”.

This Center consists of hematology podcasts, webcasts, clinical cases, CME self-test cases, learning quizzes, slide presentations and a document library. The launch of the first version of this portal took place in November 2013. The content of this EHA Learning Center will become a tangible benefit for EHA members: they received free access to all content. Further development and implementation of this portal is a key point for 2014 and the years after.

Another part that makes up for EHA’s Medical Education Program is blended learning. The EHA Master Class was developed for young hematologists nearing the end of their training and was first developed as part of the EU funded H-Net project (2008-2011). The Classic Master Class runs for a six-to-seven-month period, with only short breaks between study periods. Six cases are studied in five study blocks. The cases, based on real patients, are deliberately complex and challenging and include topics such as clinical hematology, diagnostics, hemostasis & thrombosis and transfusion medicine. Typically, a case lasts four weeks, with new material posted each week following the progress of the patient, results of tests and the development and outcome of management strategies. Every week, the study material ends with a set of questions to help focus the group’s discussion. Every fortnight, each group prepares a report on their deliberations. After the study period, an online feedback session is timetabled, where the case author goes through the case, commenting on the group’s reports and responding to any questions raised by the trainees.
For the 2013 Master Class 30 mentees enlisted. Their term started in September 2013 and will end in November 2014.
In 2014 a bite-size version of the Master Class will be developed and launched. The Bite-Size Master Class builds on the experience and strengths of the full-length Master Class, but introduces a level of flexibility and the opportunity to specifically target educational gaps by offering a modular (1 month - 1 topic) program.

EHA’s Outreach program was introduced in 2010 to deliver education in hematology to the areas with limited access to up-to-date developments. The Outreach Program is aimed at doctors who wish to upgrade their knowledge in the field of hematology, but who do not have the possibility or opportunity to attend educational events in Europe. To meet their needs, the association is exporting its educational activities and tools to countries outside Europe. The support of the Wallace Coulter Foundation is essential for the setup and maintenance of the program. An continuous collaboration with the returning to repeat educational different formats offered within This allows the country in which the organized to select a format that In addition, as mentioned, the activity is tailored to the educational involved. Hematology Tutorials form Outreach program. In 2013 EHA model of education to export knowledge in laboratory and diagnostic hematology to doctors outside Europe. The faculty consists of local and European speakers. The program includes teaching materials (clinical cases and interactive self-evaluation quizzes), which were previously developed for and presented at hematology tutorials in Europe. During 2013 in total four hematology tutorials were organized in Oman, Turkey, South Africa and Russia. The Best of EHA/Joint Symposia: is a half-day symposium integrated in the Annual Meeting of a National Society in a specific outreach country. The selection of topics is based on EHA’s Annual Congress Program and is organized by the National Society of the specific country, in collaboration with EHA. EHA and ‘local speakers’ present a topic, followed by a discussion during which the differences in diagnosis and treatment in the context of limited resources are explained. A round-table session is included in the program, during which the impact of socio-economic differences between Western Europe and the outreach country on diagnosis and treatment are discussed. Joint Symposia were organized in Russia, Argentina, Korea, India and Vietnam in 2013.

Hematologists spend several years of intensive training. For the rest of their careers they rely on accredited continuing medical education as one of the support systems that helps them continuously improve their practice and their care of patients. Participation in accredited CME helps physicians meet requirements for maintenance of licensure, maintenance of specialty board certification, credentialing, membership in professional societies, and other professional privileges.

EHA-CME is an independent accreditation body, made up of medical specialists, who review the proposals for CME activities using agreed criteria. Once the application adheres to the CME criteria, the activity will be granted CME points. The process of applying for an EHA-CME accredited event has improved with the implementation of the new online system. A continued pro-active approach and promotion towards meeting organizers should increase the number of accredited meetings.
Also promotion of the need for claiming CME credit points for hematologists is an ongoing focus. In 2013 several meetings were attended by EHA staff to explain and assist account holders and health professionals with an interest in hematology in using the new CME system.

5. RESEARCH IN HEMATOLOGY

In times of economic crises the funding for research is becoming more difficult. Therefore EHA introduced in 2013 extra fellowship awards which allowed young and senior researchers to benefit from an extended Research Fellowships Program. This program offers scientists grant funds to conduct research for a three year period. Eligible are research proposals in the fields of malignant and non-malignant hematological diseases. The Fellowships and Grants Committee reviewed and selected projects from the applications which resulted in 7 extra awards on top of the already existing 5 awards.

Also in 2013 the Translational Research Training in Hematology (TRTH) was organized in collaboration with the American Society of Hematology. In total 20 trainees were selected to participate in a yearlong training program. The purpose of this year-long program is to provide junior researchers with a unique, training and mentoring experience, and to focus on helping early-career scientists build successful careers in hematologic translational research, including pathogenesis, diagnostics and experimental treatment of hematological disorders. The TRTH faculty is made up of international leaders in hematology who cover biostatistics and biomarkers, genetics and molecular biology, ethics and phase I clinical study design skills. The TRTH Program is composed of an intensive week-long course and two follow-up meetings throughout the year, which help young hematologists develop careers in translational research and facilitates networking among colleague trainees and faculty members. The TRTH program is geared toward medical and pharmaceutical doctorate trainees who are within 8–12 years of their graduation.

The 2013 TRTH Spring Course took place in March 2013 in Milan, Italy. An intimate faculty to trainee ratio of 20 trainees to 16 faculty members (15 core, including a former TRTH Trainee, and 1 non-core,) offered intensive and highly individualized training with didactic and interactive work sessions.

The first and second follow-up meetings of the year-long TRTH program took place in conjunction with the annual EHA and ASH meetings, offering TRTH trainees professional and educational activities that are presented at each of these events. The first follow-up meeting took place in June 2013 in Stockholm, Sweden in conjunction with EHA’s Annual Congress. The second follow-up meeting took place in December 2013 in New Orleans, USA in conjunction with ASH’s Annual Meeting.
Traditionally EHA’s annual congress is also dedicated to sharing results of research in hematology. This was again repeated at the 2013 congress in Stockholm, Sweden. New in the congress program was the partial integration of the Scientific Working Groups EHA collaborates with. This integration will be expanded in 2014.

6. REPRESENTING HEMATOLOGY

In 2010 EHA took its first steps into the lobbying arena. With the increase of European rules and regulations and research funding becoming more cumbersome, it was felt that lobbying for hematology should be an essential part of EHA's activities in order to secure the position of this medical specialty in the future. In 2013 it was decided to focus on specific topics in the lobbying activities of the association. Therefore positions were defined on clinical trials, the harmonization of education and training, access to medicine and personalized medicine because they relate to the experiences hematologists and patients face in their day-to-day practice and life as well as activities and projects the association is working on. In addition it was decided to start an awareness campaign on hematology as well as defining a research roadmap for it.

Representing hematology in managing the relationship with the pharmaceutical industry also was, and still is, an important point on the agenda of EHA in 2013. Especially with the introduction of the transparency code by the European Federation of Pharmaceutical Industry and Associations (EFPIA), the need for transparency on the one hand and underlining the importance of the beneficial relationship between this pharmaceutical industry and organizations such as EHA on the other hand, became more prominent. In 2013 it was decided to, in collaboration with other medical specialty societies, introduce a code of ethics including a communication plan.

7. MEMBERS

Members are the core of EHA.
To better suit their needs some revisions in the Membership program were introduced in 2013. In order to allow young hematologist to benefit from the membership facilities a junior membership fee of € 20 was introduced. In addition, closer collaboration with hematology related health-care professionals was encouraged by introducing a special membership category for this group. With the launch of the EHA Learning Center a new membership benefit was created by providing members with free access to this on line learning platform. Also in 2014 EHA will continue to work on improving its services to its members.
8. FINANCES

The Board and Committee members are not paid for their Association’s work. They do receive a reimbursement of expenses. The EHA executive office does not have a CAO (collectieve arbeidsovereenkomst) but it has its own employment arrangements. The employees in the Executive Office function according to various job profiles, which are linked to the remuneration policy (fixed pay scales). The management team, consisting of the Managing Director, Executive Manager and Controller received a total reward of € 245.700. The individual wages do not exceed the VPI (Balkenende) norm. Every year a financial audit is executed by an independent registered accountant which resulted for 2013 in a positive declaration. A summary of EHA’s financial position is mentioned below.

Balance as per december 31, 2013

<table>
<thead>
<tr>
<th>Assets</th>
<th>€</th>
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<tbody>
<tr>
<td>Fixed assets</td>
<td>298,421</td>
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<tr>
<td>Current Assets</td>
<td>10,603,675</td>
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<tr>
<td>Total assets</td>
<td>10,902,096</td>
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</table>

<table>
<thead>
<tr>
<th>Liabilities</th>
<th>€</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital</td>
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<tr>
<td>Provisions</td>
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<tr>
<td>Current liabilities</td>
<td>4,641,28</td>
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<tr>
<td>Total liabilities</td>
<td>10,902,096</td>
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</table>

State of income and expenses for the year 2013

<table>
<thead>
<tr>
<th>Income</th>
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<tbody>
<tr>
<td></td>
<td>7,842,392</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th>€</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual conference</td>
<td>3,719,968</td>
</tr>
<tr>
<td>Fellowships and grants</td>
<td>2,650,500</td>
</tr>
<tr>
<td>Other and general expenses ***</td>
<td>2,387,202</td>
</tr>
<tr>
<td>Office expenses</td>
<td>741,272</td>
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<tr>
<td>Housing and depreciation</td>
<td>159,301</td>
</tr>
<tr>
<td>Total expenses</td>
<td>9,658,243</td>
</tr>
</tbody>
</table>

Operating result -€ 1,815,851
Interest and taxes -€ 797,335
Result -€ 1,018,516

*** Including staff costs directly calculable to EHA activities