

Bridging Worlds—The European Congress of Epidemiology

This supplement publishes the abstracts accepted by the Scientific Committee of the *European Congress of Epidemiology*, which will be presented in Porto, Portugal, 8–11 September 2004.

Publishing these abstracts in an international journal of large circulation represents a commitment of the organisers of the European congress towards all colleagues that decided to present their original work at our meeting. It aims at promoting our discipline and to further stimulate the quality of the scientific work of European epidemiologists.

There is a growing recognition that public health and epidemiologic research, along with other social and population based approaches to health research, are not valued and funded as they deserve. As Rodolfo Saracci recently emphasised with respect to the European Union Sixth Framework Program and the Public Health Programme (placed under the Health and Consumer Protection Directorate of the European Commission), the situation is far from reassuring and “represents a net regression in respect to the preceding five framework programmes, each of which provided specific room for research in epidemiology and public health”.¹ Epidemiology has come of age and has proven its importance in understanding health and disease related events or its contribution to improve human health. A meeting of European epidemiologists can be a major opportunity to affirm the societal and scientific contributions of the discipline, to confront ideas and local ways of approaching the problems, or to look for opportunities for cooperative work. The congress is also a new opportunity to bridge “worlds” and “levels” of knowledge in the often fragmented world of science—as epidemiology can complement and help to integrate so many disciplines related to human health.² We hope the meeting will also be a fruitful and pleasant occasion for Europeans from different nationalities to get closer among ourselves, and with colleagues from other areas of the world.

Traditionally, regional European meetings sponsored by the International

Epidemiological Association (IEA) were organised jointly with national societies and together with their local epidemiology congresses. The Board of the IEA European Epidemiology Federation (IEA-EEF) thought that this option, which resulted in so many fruitful reunions, could be improved and, in a step forward, we aimed to contribute to build a true European Congress of Epidemiology, adapting the model of other scientific societies. It would be wonderful if this Porto meeting could be the first of a new series of regular European congresses of epidemiology that would complement in an international perspective the activity of national societies, as expressed in their usual local gatherings.

The call for papers to be presented at the European Congress of Epidemiology, this year that International Epidemiological Association celebrates its 50th anniversary, resulted in the submission of 608 abstracts. All submissions were considered and first scored by a panel of international, volunteer reviewers. After the initial evaluation, the Scientific Committee of the congress accepted 492 (80.9%) abstracts for oral or poster presentation. We next report on the evaluation process, to inform of the way we shaped the scientific programme, and to propose an idea for a European gathering of epidemiologists interested in discussing scientific and professional issues, viewed as a regular activity of the IEA-EEF.

PRESENTATION OF THE CONGRESS AND SUBMISSION OF ABSTRACTS

The meeting was publicised through national societies, taking advantage of their newsletters and of the IEA-EEF Newsletter. It was also announced by direct mail to epidemiologists working in the field and to health or education institutions with public health and epidemiology departments. The main effort in dissemination of the information was based on the internet route,

avoiding the costs and disadvantages of the traditional journal advertisements and leaflets, even at the cost of preparing mailing lists and bothering people with repetitive information.

As done for the previous meeting in Toledo,³ we ran the whole system of abstract submission, referee proposals, and abstract evaluation exclusively online, posting presentation rules and evaluation criteria on an ad hoc website, <http://www.euroepi2004.org>. A large amount of tasks were facilitated by the excellent work of our colleagues from the Spanish Society of Epidemiology (SEE) during the preparation of the Toledo meeting. In particular, the electronic procedures followed this year were just borrowed from them under the auspices of the Secretariat of the IEA-EEF; such technologies may be considered a fundamental basis for preparing future meetings. The Secretariat of the IEA-EEF in Barcelona can provide further details to interested epidemiologists.⁴

With the abstract submission forms the authors were asked to propose one to three keywords allowing the identification of major thematic areas, and additional information was also obtained regarding preferred mode of presentation, affiliation, and other demographic features.

REVIEWERS AND ABSTRACT EVALUATION

Following the guidelines approved by the Board of the IEA-EEF, on our website there was a call for external reviewers. As in the previous year, the proposal was received with enthusiasm and a large number of epidemiologists from 18 countries (12 in Europe) volunteered to evaluate abstracts in their areas of self reported expertise. In table 1 we present the country distribution of the 70 external evaluators.

Each abstract was assigned to two evaluators, and an effort was made to send each paper to reviewers from different countries and, whenever possible, even to someone working in a country different from the one where the paper came from. Also, each paper was preferentially sent to what we classified as a senior and a junior evaluator according to the age, institutional position, and Medline record of publications of the reviewer.

Each reviewer received the assigned abstracts blind to the authors names and affiliations, and was asked to score the abstract according to six criteria (abstract structure and quality of writing; clarity of the specification of the objectives; adequacy of design and methods to the objectives and quality of its description; presentation of

Table 1 Distribution of external reviewers by country

Country	n
Australia	1
Brazil	8
Denmark	1
Finland	1
France	1
Germany	5
Italy	3
Jordan	1
Mexico	1
The Netherlands	3
Nicaragua	1
Poland	4
Portugal	16
Romania	1
Serbia and Montenegro	1
Spain	18
UK	3
USA	1
Total	70

results; importance of the topic; and originality); the final evaluation could range from 0–10, in a manner similar to that implemented in the 2003 meeting in Toledo.³

We had previously defined that the final score for each paper would be the mean value of two evaluations, unless a discrepancy was present. A discrepancy in the evaluation of an abstract was considered when the difference between the two reviewers' scores was greater than 3 points. In that case the abstract would be sent to a third evaluator and the median classification taken as the final score. A total of 63 discrepancies were observed, a few ($n = 6$) extreme, corresponding to a difference higher than 7 points.

The Scientific Committee met on 30 April and 1 May. In that meeting a final decision was reached regarding abstract acceptance and the clustering of papers according to themes was organised. Also, five papers were selected to be presented and discussed in-depth at the plenary opening session of the congress.

The 608 submitted abstracts had an average score of 6.3 and the average difference between reviewers was 1.7. A minimum score of 4.5 was established for acceptance. We rejected 116 abstracts, with a score ranging 0.5–4.4, the average score being 3.5. Rejections were based on the quantitative evaluation of the proposed abstracts; a qualitative assessment of the papers rated less favourably showed that the major limitations were lack of originality, confuse designs, insufficient information to allow a reasonable idea of what the scientific purpose was, and an approach clearly non-epidemiological. The Scientific Committee also favoured papers featuring original epidemiological approaches to population health

instead of studies dealing with other public health scientific disciplines.

The 283 papers accepted for poster presentation had an average score of 6.2, between 4.5 and 10. Although highly rated, some papers will be presented as posters to respect the preferences of the authors. The average score of the 209 posters assigned to an oral presentation was 7.9, ranging 6.8–10.

In table 2 we present the distribution of the accepted papers according to country of origin. Most accepted papers came from Europe (312) but there were 5 papers from Oceania (Australia), 14 from Asia, 1 from Africa, and 160 from America, mostly from Brazil (152), the country with the larger number of submissions and of accepted abstracts.

In table 3, accepted abstracts are distributed according to the main research topic, as classified by the authors using the long list of proposed areas in the submission form. Some 33 originally proposed areas could not fit into the time and space available for the scientific programme, and the corresponding papers were assembled

Table 2 Accepted abstracts by country

Country	n
Albania	2
Armenia	2
Australia	5
Austria	1
Belgium	3
Brazil	152
Bulgaria	2
Canada	4
Chile	1
Cuba	1
Czech Republic	3
Denmark	7
Finland	9
France	20
Germany	44
Greece	1
Iran	5
Ireland	6
Israel	5
Italy	29
Japan	1
Jordan	2
Kosovo	1
Lebanon	1
Lithuania	6
Macedonia	7
Mozambique	1
Netherlands	9
Poland	29
Portugal	54
Romania	5
Russia	2
Serbia and Montenegro	2
Spain	49
Sweden	3
Switzerland	1
UK	15
USA	2
Total	492

Table 3 Accepted abstracts by research area

Research area	n
Cancer	41
Cardiovascular diseases	33
Child health	50
Chronic diseases (other)	9
Clinical epidemiology	14
Communicable diseases	22
Environmental epidemiology	28
Gender and health	8
Geographical analysis	10
Health education	4
Health services	18
Health surveys	14
HIV/AIDS	26
Injuries	5
International health	3
Life styles	9
Mental health	12
Methods	16
Molecular and genetic epidemiology	4
Mortality	12
Nutrition	20
Occupational health	14
Older age, disability	7
Outbreaks and alerts	5
Pharmacoepidemiology	11
Quality of life	6
Reproductive health	21
Social inequalities, vulnerable groups	26
Surveillance	16
Tuberculosis	5
Vaccines	4
Violence	13
Total	492

according to somewhat different category designations, in order to offer coherent groups of presentations able to stimulate a more advantageous discussion.

THEMATIC SESSIONS AND SPECIAL INTEREST GROUPS

When planning scientific meetings there is a need to be aware of expectations and interests felt by the community of potential participants, and the common format is to mix original presentations with some form of up-dating or digest learning as part of continuing education. However, workshops, lectures, or seminars sometimes tend to fit better with the interest, curiosity, or leadership role of organisers than the actual needs, curiosity, or commitment of the people in the field. That was why we and the Board of the IEA-EEF encouraged epidemiologists to build thematic sessions, submit a coherent core of ideas for discussion, and provide the (uncomfortable) effort of funding the obvious costs of such a task. The rewarding aspect is the possibility of influencing the agenda, sharing concerns, and discussing hot issues.

Six thematic sessions were proposed, considering such different topics as the heat wave in Europe, scores in

cardiovascular evaluation, food safety and infections, the problems of health transition in European Union new member countries, and the epidemiologic challenges of rare diseases.

Also, we favoured the European Congress of Epidemiology as a privileged forum for discussion and reunion of European epidemiologists with special areas of interest, be it research, teaching or professional organisation. Thus, the European Perinatal Epidemiology Network (an informal group of researchers and clinicians interested in the evaluation of the outcome of perinatal care and research about social and clinical factors associated with health in pregnancy and its outcome) will hold two themed sessions: "Outcome of and care for multiple pregnancy in Europe" and "Perinatal health and care of migrant women".

FINAL COMMENTS

Keynote speakers will cover four major topics: a historical perspective, a methodological visit to data handling, a comprehension of the links between policies, politics, and epidemiologic changes, and finally a look at AIDS—the major health threat of the past

decades and the present times. There will also be space to present books, to discuss the organisation of epidemiology in Europe, to share teaching experiences, and hopefully to launch new projects.

The large amount of good quality abstracts—the backbone of the congress—the diversity of themes and the variety of countries presented in Porto make us believe that this European Congress of Epidemiology will be an important and beneficial journey. We feel that there obviously is space for a regular meeting of European epidemiologists, able to attract an increasing amount of researchers communicating in a common language.

The organisation of such a meeting needs time, negotiation skills, fund raising, a special attention to less favoured groups unable to cover the expenses of travelling and registration, and mainly talent to propose different and stimulating approaches. Thus, congress location, dates, and organisers should be known in sufficient advance to meet every expectation. So let us prepare for The Netherlands in 2006 and choose soon our venue for 2007.

The organising and the scientific meeting of this European Congress of

Epidemiology look forward to greet you, and hope that the scientific and the social atmosphere of Porto will help us accomplish our motto, *bridging worlds*, in science and affection.

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Authors

Henrique Barros, Miquel Porta

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Joint Scientific Meeting of the International Epidemiological Association European Epidemiology Federation (IEA EEF)

Board of the Scientific Committee
Gerhard Zielhuis
Hans-Werner Hense
Henrique Barros
Magdalena Bielska-Lasota
Marina Pollán

Board of the IEA-EEF Representatives of the National Societies

Annette Leclerc, Association of French-Speaking Epidemiologists)
Katarzyna Szamotulska, Polish Epidemiological Society
Jens Peter Bonde, Danish Epidemiological Society
Jaume Marrugat, Spanish Society of Epidemiology
Gerhard A Zielhuis, Netherlands Epidemiological Society
Finn Rasmussen, Swedish Epidemiological Association
Christoph Junker, Swiss Society of Public Health)
Jukka Salonen, Finnish Epidemiological Society
Robert West, UK Society of Social Medicine
Hans Werner Hense, German Association of Epidemiology
Zoran Radovanovic, Yugoslavian Epidemiological Society
Nereo Segnan, Italian Association of Epidemiology
Henrique Barros, Portuguese Epidemiological Association
Liljana Lazarevska, Macedonian Epidemiological Association

IEA Executive Council Members

Jørn Olsen
Charles du V. Florey
Rodolfo Saracci

External Reviewers

The Scientific Committee wishes to thank the following external reviewers for their contribution and assistance in the evaluation process of the 632 abstracts submitted to this meeting.

Hans-Werner Hense, Institute of Epidemiology and Social Medicine, University Muenster, Germany
Miquel Porta, Grup d'Epidemiologia Clínica i Molecular del Càncer. IMIM & UAB, Barcelona, Spain
Martin Bobak, Department of Epidemiology and Public Health, University College London, London, UK
Kreesten Meldgaard Madsen, Epidemiology and Social Medicine, University of Aarhus, Aarhus, Denmark
Alberto Ruano-Ravina, Preventive Medicine and Public Health, University of Santiago de Compostela, Santiago de Compostela, Spain
Montse Garcia, Cancer Prevention and Control Unit, Catalan Institute of Oncology, Spain
Geert van der Heijden, Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, Utrecht, The Netherlands
José María Valderas Martínez, Health Services Research Unit, Institut Municipal d'Investigació Mèdica, Barcelona, Spain

Miguel Angel Martinez-Gonzalez, Epidemiology and Public Health, University of Navarra, Pamplona, Spain
Alvaro Alonso, Epidemiology and Public Health, University of Navarra, Pamplona, Spain
Rosario Alfonso Gil, Oficina Plan de Salud, Conselleria de Sanitat, Generalitat Valenciana, València, Spain
Rosa Maria Ortiz Espinosa, Subdirección de Investigación, Secretaría de Salud, Pachuca, México
Elizabeth Torres, Department of Nutrition, University of São Paulo School of Public Health, São Paulo, Brazil
Randa Youssef, Community Medicine Department, Faculty of Medicine, Mu'tah University, Al – Karak, Jordan
Karoline Fernández de la Hoz, Dirección General de Farmacia y Productos Sanitarios, Consejería de Sanidad, Comunidad de Madrid, Madrid, Spain.
Indiana Mercedes Lopez Bonilla, Medicina Preventiva y Salud Publica, Universidad Nacional Autonoma de Nicaragua, Leon, Nicaragua
Marly Augusto Cardoso, Nutrition. School of Public Health, University Of Sao Paulo, São Paulo, Brazil
Ramona Mateos-Campos, Medicina Preventiva Y Salud Pública, Facultad De Farmacia, Universidad De Salamanca, Salamanca, Spain
Jose Leopoldo Antunes, School of Dentistry, University of Sao Paulo, São Paulo, Brazil
Mika Gissler, Information, STAKES, Helsinki, Finland
Jolanta Lissowska, Cancer Epidemiology and Prevention, Cancer Center & M. Sklodowska-Curie, Institute of Oncology, Warsaw, Poland
Henry Völzke, Institute of Epidemiology and Social Medicine, Ernst Moritz Arndt University, Greifswald, Germany
Jutta Lindert, Department Epidemiology, Mainz University, Mainz, Germany
Andrew Roddam, Cancer Research UK, Epidemiology, Unit University of Oxford, Oxford, UK
Basile Chaix, Research Team on the Social Determinants of Healthcare, National Institute of Health & Medical Research – INSERM U444, Paris, France
Jürgen Wahrendorf, Environmental Epidemiology, German Cancer Research Center, Heidelberg, Germany
Eliseu Alves Waldman, Department of Epidemiology of Public Health School, University of São Paulo, São Paulo, Brazil
Susana Sans, CRONICAT. Institute of Health Studies, Barcelona, Spain
Maria Latorre, Department of Epidemiology, School of Public Health, University of São Paulo, São Paulo, Brazil
Elisa V. Bandera, Cancer Prevention and Control Program, The Cancer Institute of New Jersey, New Brunswick, New Jersey, USA.
Luisa Guimarães, Departamento de Ciências Sociais, Escola Nacional de Saúde Pública – Fiocruz. Brasília, Brazil
Tatjana Pekmezovic, Institute of Epidemiology, School of Medicine, Belgrade, Serbia and Montenegro
Paulo Pinheiro, South Portugal Cancer Registry. Instituto Português de Oncologia, Lisbon, Portugal
Irene Kreis, Graduate School of Public Health, University of Wollongong, Wollongong, Australia
Francisco Guillen Grima, Department of Health Sciences, Universidad Publica de Navarra, Pamplona, Spain
Bernhard Th. Baune, Mental Health Epidemiology, Department of Psychiatry, University of Muenster, Muenster, Germany
Susanna Conti, Unit of Statistics, National Centre of Epidemiology, Italian National Institute of Health. Rome, Italy

Hynek Pikhart, Department of Epidemiology and Public Health, University College London, London, UK
Francisco Caamaño, Public Health. University of Santiago de Compostela, Santiago Compostela, Spain
Carla Ancona, Department of Epidemiology, Local Health Authority RME, Rome, Italy
Maria M. del Mar Morales-Suarez-Varela, University of Valencia Dep Medicine Preventive and Public Health, Spain
Maria Zaluska, Institute of Psychiatry and Neurology IV, Department of Psychiatry, Poland
Sorin Ursoniu, University of Medicine and Pharmacy, Department of Public Health, Romania
Jaume Marrugat, Institut Municipal d'Investigació Mèdica, Spain
Mario F G Monteiro, Universidade do Estado do Rio de Janeiro, Instituto de Medicina Social, Brazil
Daniel Virella, Hospital Garcia de Orta, Unidade de Cuidados Intensivos Pediátricos e Neonatais, Portugal
Fabrizio Bianchi, National Research Council, Institute of Unit of Epidemiology Clinical Physiology, Italy
Katarzyna Szamotulska, National Research Institute of Mother and Child, Department of Epidemiology, Poland
Pawel Skubiszewski, Medical University of Lublin, Department of Epidemiology, Poland
Ligia Kerr Ponte, Federal University Of Ceara, Department of Community Health, Brazil
Ana Azevedo, University of Porto Medical School, Hygiene and Epidemiology Portugal
Diane Gal, University of Porto Medical School Hygiene and Epidemiology, Portugal
Ana Martins, Associação Nacional das Farmácias Center for Pharmacoepidemiologic Research Portugal
Ana-Cristina Santos, University of Porto Medical School Hygiene and Epidemiology, Portugal
Carla Lopes, University of Porto Medical School Hygiene and Epidemiology, Portugal
Esteve Fernández Muñoz, Servicio de Prevención y Control del Cáncer, Institut Català d' Oncologia, Spain
Nuno Lunet, University of Porto Medical School Hygiene and Epidemiology, Portugal
Teresa Rodrigues, University of Porto Medical School Hygiene and Epidemiology, Portugal
Jesus Vioque, Universidad Miguel Hernández de Elche, Departamento de Salud Pública, Spain
Gerhard Zielhuis, Dept Epidemiology & Biostatistics, University Medical Center Nijmegen, The Netherlands
Gestal Otero, Department of Preventive Medicine and Public Health, University of Santiago de Compostela, Spain
Ildefonso Hernández Aguado, Medicina Preventiva y Salud Pública, Universidad Miguel Hernández de Elche, Spain
Jose Aleixo Dias, Laboratórios Pfizer, Lda, Porta Salvo, Portugal
Alison Macfarlane, City University, London, UK
Lucas Wiessing, European Monitoring Centre for Drugs and Drug Addiction Epidemiology, Lisbon, Portugal.
Lurdes Santos, University of Porto Medical School, Microbiology, Porto, Portugal
Margarida Tavares, University of Porto Medical School Hygiene and Epidemiology, Portugal
Fátima Pina, IBMC, Porto, Portugal
Francisco Botelho, University of Porto Medical School Hygiene and Epidemiology, Portugal
Isabel Marantes, University of Porto Medical School Hygiene and Epidemiology, Portugal