

# e-WGN

## WORLD GASTROENTEROLOGY NEWS

Official e-newsletter of the World Gastroenterology Organisation

[www.worldgastroenterology.org](http://www.worldgastroenterology.org)



VOL. 20, ISSUE 4

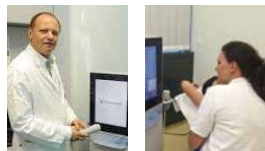
JANUARY 2016

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## A Celebration of Gastro 2015: AGW-WGO International Congress!



**Don Cameron, MBBS, FRACP**

GESA Past President



**James Touli, MD, MBBS, PhD, FRACS**

WGO Past President



**Finlay Macrae, MBBS, MD, FRACP, FRCP (London), MWGO**

Member, GESA Council



**Geoffrey Metz, AM, MBBS, FRACP, MD, FRCP (London)**

Chair, WGO Scientific Programs Committee

(On behalf of the Gastro 2015 Steering Committee)

The World Gastroenterology Organisation (WGO) along with the Gastroenterological Society of Australia (GESA) were honored to have been part of this outstanding Congress which marked the beginning of the new paradigm for WGO, i.e. two-yearly World Congresses, to be held in conjunction with WGO Member Societies as co-hosts! We also

wish to thank the other related organizations in the field who participated in this meeting, including: the Australasian Society of Parenteral and Enteral Nutrition (AuSPEN), Australian Pancreatic Club (APC), Society of International Gastroenterological Nurses and Endoscopy Associates (SIGNEA), and Gastroenterological Nurses College of Australia (GENCA). For those of you who attended, we hope that you found Gastro

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**Editors:** J. Enrique Domínguez-Muñoz, Spain, and Christina Surawicz, USA

**Managing editors:** Marissa Lopez and Elisabeth Vink

**Art Production:** Jennifer Gubbin

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## World Digestive Health Day 2016

### WGO ANNOUNCES WDHD 2016 TO FOCUS ON "DIET AND THE GUT"!

Led by Co-Chairmen, Professors Govind Makharia (India) and David Sanders (UK), the WDHD theme for 2016 is "Diet and the Gut." This year's campaign seeks to raise awareness on ways to promote gut health. Diet and the Gut will include celiac disease, food allergies, the role of diet in gut diseases, and food intolerance, among other timely and important issues.

While the official date of WDHD is May 29th, many events take place throughout the year. Past events include public campaigns, courses and lectures on treatments of the current theme, marathons, walkathons, national meetings, press conferences, television and radio interviews, creating a country's own WDHD Day, publications, and much more. For questions regarding WDHD, please email [info@worldgastroenterology.org](mailto:info@worldgastroenterology.org).

Stay tuned as additional information and materials are made available via the WGO and WGO Foundation website shortly!



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2015 to be a positive and educational experience and one that continues to benefit your work and research in the fields of gastroenterology, hepatology, endoscopy, and the related disciplines in which we are engaged.

With an impressive attendance of over 2,300 delegates from 60 countries around the globe, we were privileged to have provided all who attended with the most up-to-date information, as well as practical and technological advances delivered by the most esteemed faculty members and sponsors. It is our commitment to providing a quality program to all delegates at an outstanding venue that continues to fuel our goal that all physicians in every country should benefit from the knowledge shared during our two-yearly congresses.

On Monday, 28 September, two very exciting and important educational activities took place: the Post-graduate Course and the Lifelong Learning course which was presented by AuSPEN and the European Society for Clinical Nutrition and Metabolism (ESPEN). The Post-graduate Course offered participants a full one-day course on key topics; from liver to endoscopy to inflammatory bowel disease to neurogastroenterology and updates from WGO. These well attended sessions got the Congress off to an exceptional start!

The WGO Stream on Monday offered postgraduates a full day of information about the World Gastroenterology Organisation. The morning began with WGO Guidelines and Cascades, which consisted of an overview of the Guidelines and the guidelines creation process by Committee Chair, Professor Greger Lindberg (Sweden); then updates on some of the hot topics currently being addressed in the WGO Guidelines, including: Gastroesophageal Reflux Disease presented by Professor

Richard Hunt (United Kingdom); Endoscope Disinfection, delivered by Professors David Bjorkman (USA), Tony Speer (Australia), and Michelle Alfa (Canada); and Esophageal Varices, by Professor Aamir Ghafoor Khan (Pakistan). The afternoon included a session on WGO Training Centers, with an overview by Committee Chair Professor Desmond Leddin (Canada) and talks by a number of Training Center directors from around the globe. The Stream concluded with a session on the WGO Train the Trainers (TTT) program, with talks by: then WGO President, Professor James Toouli (Australia); TTT Committee Chair, Professor Damon Bizos (South Africa); and Scientific Programs Committee Chair, Professor Geoffrey Metz (Australia).

The Core Program began on Tuesday, 29 September with a plenary session hosted by then WGO President James Toouli and GESA President Don Cameron. It was during this session that the highly prestigious lectureships of the organizing partners took place. First was the GESA Bushell Lecture, during which Professor Guadalupe Garcia-Tsao (USA) presented her talk on "Cirrhosis: Towards Pathophysiological Staging." Then WGO was honored to have its Distinguished Lectureship given by Australia's own gastroenterology Nobel laureate, Professor Barry Marshall who presented this lecture, with his talk "Serendipity to discovery" discussing his breakthrough on *Helicobacter pylori* that earned him the Nobel Prize for Medicine or Physiology in 2005. These were followed by talks by the recipients of the GESA Distinguished Research Prize and Outstanding Clinician Award, Peter Angus and Paul Desmond respectively.

The Presidents' Plenary continued on Tuesday morning with "Presidents'



Professors James Toouli and Aamir Ghafoor Khan, two of the presenters in the WGO Guidelines session, take a break in the Exhibition Hall.

Picks" - cutting edge talks paired with the highest ranked submitted abstracts chosen by the Scientific Program Committee. Topics covered a broad range of interests, including:

- "Pancreatic diseases: Role of endoscopic diagnosis and therapy" by Andrew Metz (UK)
- "3D-printed Bio-elastic Wet Organ Replication for Liver and Pancreatic Surgery" by Maki Sugimoto (Japan)
- "The Future of Education in Gastroenterology; is the Answer in the Palm of Your Hand?" by Kelly Burak (Canada)
- "Bariatric Surgery and the Gastroenterologist" by Michael Talbot (Australia)
- "The Second Wave" by Winita Hardikar (Australia)
- "Hepatitis B Virus has an Enterohepatic Circulation" by Purnima Bhat (Australia)
- "Neurogastroenterology & motility – the movers and shakers" by Ian Cook (Australia)



GESA Past President Don Cameron with Bushell Lecturer Professor Guadalupe Garcia-Tsao.

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- “Impact of gastric emptying and small intestine transit on blood glucose, intestinal hormones, glucose absorption in the morbidly obese” by Nam Nguyen (Australia)

On Tuesday evening, postgraduates and delegates alike were invited to the Opening Ceremony, which featured an introduction of the partner organization leadership and Congress Steering Committee. The leadership each gave a brief speech welcoming all attendees to the Congress. Professor Garcia-Tsao also presented a brief address. Also recognized during the Opening Ceremony were the finalists and winning Posters of Merit. WGO was honored to present the *Nature Reviews Gastroenterology & Hepatology* poster awards to: Wei-Lun Chang (Taiwan), Alex Huelsen (New Zealand), and Mayur Garg (Australia).

Staff from both the WGO and GESA booths greeted attendees as they entered the Exhibition Hall where the Opening Ceremony took place. The area offered delegates a showcase of products, services, and expertise from sponsors and exhibitors from around the world. In addition, many abstracts were submitted and well over 175 posters were accepted for display in the Exhibition Hall during Gastro 2015. To view and download the abstracts presented at the Congress, which have been printed in the *Journal of Gastroen-*



Professor Kelly Burak presents his lecture during the Presidents' Picks session.

*terology and Hepatology*, visit <http://onlinelibrary.wiley.com/doi/10.1111/jgh.2015.30.issue-s3/issuetoc>.

Throughout the Core Program oral presentations, chosen as the highest scoring abstracts, were presented at Free Paper Sessions.

During the remaining three days of the Core Program, participants were presented with the latest scientific and clinical developments by renowned experts from around the globe. The faculty was pleased to present a program that met the diverse educational needs of the attendees. Interspersed throughout the Core Program were WGO sessions, including: the WGO Special Regional Expert Series, three sessions discussing GI issues of importance around the globe on Wednesday, and WGO sessions – Nutrition and Malnutrition and Endoscopy in resource challenged countries.

Several lunch and evening satellite symposia were held throughout the Congress, organized by the biomedical industry and open to all Congress participants.

The Congress was supported by numerous sponsors who assisted in making Gastro 2015 the success that it was. From sponsoring sessions, to registration, to various Congress materials, the Congress partners are extremely appreciative of the generous contributions of our Platinum, Gold, and Silver Sponsors, and all

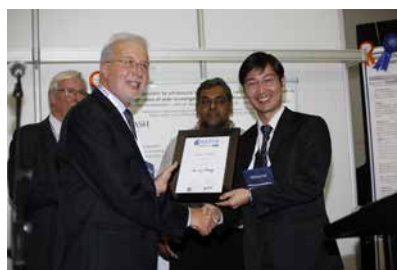
those who exhibited during Gastro 2015!

WGO also conducted various exciting activities: firstly, an exhibit booth featuring the many programs and activities of WGO. Additionally, various WGO related meetings also took place, including many committee meetings and the General Assembly to which all WGO Member Societies were invited. Many important actions took place during the General Assembly, including the handover of the WGO Presidency from Professor James Toouli to Professor David Bjorkman, the ratification of the WGO Statutes & By-laws, the presentation of the 2015-2017 Nominations for WGO Committees and Interest Groups, the announcement of the 2015 Masters of the WGO (MWGO) award recipients, and the location for the 2019 World Congress, which will take place in collaboration with the Turkish Society of Gastroenterology (TSG) in Istanbul, Turkey. Additionally the various WGO programs were discussed and their successes celebrated.

We very much enjoyed celebrating the exciting happenings in our field and continue to receive positive feedback from many of you regarding the presentations and lectures and how they will benefit you in your future treatment of patients. We hope that you enjoyed your stay in Brisbane and were also able to enjoy some



WGO Past President James Toouli presents Professor Barry Marshall with a certificate recognizing him as the WGO Distinguished Lecturer.



WGO Past President James Toouli presents Wei-Lun Chang with the *Nature Reviews Gastroenterology & Hepatology* International Poster Award.



WGO Secretary General Naima Amrani and WGO President David Bjorkman pose with attendees in between sessions at Gastro 2015.



WGO President-Elect and WGO Foundation Chair Cihan Yurdaydin giving a presentation.



Professor James Toouli hands the Presidency over to Professor David Bjorkman at the WGO General Assembly.

of the local culture that made it a unique destination for Gastro 2015.

Be sure to keep reading *e-WGN* and monitor the [WGO website](#) for information on upcoming meetings! We look forward to seeing each one of you at upcoming WGO joint meetings, which include Gastro 2016, in collaboration with the Emirates Gastroenterology & Hepatology Society, to be held in Abu Dhabi from 17-19 November 2016, and the next World Congress of Gastroenterology, Gastro 2017, which will take place 13-18 October 2017 in partnership with the American College of Gastroenterology (ACG) in Orlando, Florida, USA!



Professors Peter Gibson, Michael Grimm, Jack Di Palma (Treasurer of the WGO Foundation), and Geoffrey Metz (Chair, WGO Scientific Programs Committee) participate in a panel debate on whether or not hydrogen breath testing is clinically useful.

## Gut Microbiota, Diet, and Antibiotics in IBD Pathogenesis; from a Developing Country Perspective



### Tarkan Karakan, MD

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There is a close relationship between the human host and the intestinal microbiota, which is an assortment of microorganisms protecting the intestine against colonization by exogenous pathogens. Recent advances in culture-independent techniques, including next generation sequencing and metagenomics, have improved our overall understanding of the gut microbiota as well as the importance of its interaction with the mucosal immune system in the pathogenesis of inflammatory bowel disease (IBD)<sup>1</sup>. Antibiotics are able to change the microbiota composition in the gut by decreasing microbiome diversity as well as negatively affecting the overall metabolic status of the gut microbiome<sup>2</sup>. This change is thought to have long-lasting impact on immune tolerance and sensitivity to pathogens, thus favoring the onset of IBD. Recent literature revealed an increased risk of IBD in adults related to childhood exposure to antibiotics in a dose-dependent manner. The exposure to any kind of antibiotics increased the risk of developing Crohn's disease (CD) (OR 1.7, 95% CI 1.4–2.2), but not ulcerative colitis (UC)<sup>3–5</sup>.

IBD patients have lower microbial diversity and *Firmicutes* and *Bacteroidetes* phyla<sup>6</sup>. Studies profiling the gut microbiota in patients with IBD compared with controls have consistently shown changes in microbiota

composition as well as reduction in overall biodiversity<sup>7</sup>. Disease state is associated with a drop in abundance of several taxa. *Faecalibacterium prausnitzii* is decreased in ileal CD and it is increased during recovery phase of UC<sup>8</sup>. Other studies showed decreased numbers of adherent-invasive *E. coli*, *Enterobacteria*, *Fusobacteria*, *Mycobacterium avium paratuberculosis*, and *Clostridium difficile*. Moreover, *Bacteroides*, *Clostridia*, *Bifidobacteria*, and *Ruminococcaceae* are increased in IBD patients. Metagenomic studies revealed more stability of functionality than microbiota at phylogenetic level<sup>9</sup>. One study identified only nine bacterial classes associated with UC patients compared with controls, but 21 differences in functional and metabolic pathways, with similar findings for CD patients<sup>10</sup>. Gut microbiota in IBD is also shows spatial variations from proximal to distal parts. By systematically sampling both mucosa and lumen associated microbiota, Lavella et al found significant differences in both UC and control patients.

Few studies investigated the role of fungal signatures in IBD patients. Two decades ago, *S. cerevisia* mannan (ASCA) was found in the sera of CD patients. Fungi and *C. albicans* are particularly profound in CD patients, as in first-degree healthy relatives of them. Pediatric IBD is associated with reduced diversity in both fungal and

bacterial gut microbiota. Specific *Candida* taxa were found to be increased in abundance in the IBD samples<sup>11</sup>.

Microbiota also has a predictive value for disease recurrence in IBD. Presence of *R. gnavus*, *B. vulgatus*, and *C. perfringens* and absence of *Blautia* and *Roseburia* in fecal samples of patients with UC before surgery is associated with a higher risk of pouchitis<sup>12</sup>. Early endoscopic Crohn's recurrence was associated with high counts of *E. coli*, *Bacteroides*, and *Fusobacteria*. A lower proportion of *F. prausnitzii* on resected ileal Crohn's mucosa was associated with endoscopic recurrence at six months (P = 0.03), suggesting that there may be a microbial signature, detectable at the time of resection, that can inform disease behavior, and the risk of recurrence postoperatively.

The role of diet in shaping the gut microbiota is widely recognized, and several recent reviews provide a comprehensive treatment of the subject. Microbiota is modulated through diet and nutritional habits even if, as the composition of gut microbiota seems to be rather stable over long periods of adulthood, its richness may be individually different. Reduced richness of gut microbiota has been found in patients with IBD. However, until recently, not many studies have broadly and systematically considered the association between habitual diet and gut microbiota. Some populations eat differently because they have different access to foods, and this can determine significant differences in the taxonomic composition of their gut microbiota, distinguishing agrarian and Western diets. Specific compositional patterns of the gut microbiota have also been associated with habitual diet, clearly linking dif-

ferent compositions of the microbiota with animal fat and protein-based diets versus vegetable-based diets. A recent study investigated the role of the Mediterranean Diet on gut microbiota. In this study, 153 individuals habitually following omnivore, vegetarian, or vegan diets were included. They detected significant associations between consumption of vegetable-based diets and increased levels of fecal short-chain fatty acids, *Prevotella*, and some fiber-degrading *Firmicutes*, whose role in human gut warrants further research. Conversely, they detected higher urinary trimethylamine oxide levels in individuals with lower adherence to the Mediterranean Diet.

Diet influences microbiota, but gut microbiota richness also changes the response to diet. Studies investigating the gut microbiota (gene) richness showed differential response to calorie-restricted diets between these two populations (high-gene versus low-gene content). In particular, the two groups differed in terms of short-chain fatty acid (SCFA) production and mucus degradation potential, hydrogen/methane/hydrogen sulphide production potential, oxidative stress management potential, and *Campylobacter/Shigella* abundance, suggesting that low gene content individuals harbor inflammation-associated microbiota. In another study, the impact of an energy-restricted high-protein diet on the gut microbiome was investigated. After consuming an energy-restricted diet, gene richness significantly increased in the low gene content group, while in the high gene content group no significant change in gene richness or diversity was found over the course of the study. Increases in gene richness were significantly associated with decreases in total fat mass, hip circumference, total cholesterol, and LDL cholesterol, supporting the hypothesis that correcting microbial richness may result in improvements in metabolic derangements<sup>13</sup>.

There are specific diets which are popular in weight reduction and irritable bowel syndrome (IBS). However, there are limited data on diets for IBD for reducing inflammation in the gut<sup>14</sup>. Low fiber diet is thought to reduce inflammation via reduction of passage of stool antigens to inflamed bowel as well as reduce the bulk and frequency of stools. Patients have traditionally been instructed to reduce fiber while in an active flare or with intestinal strictures. Limited studies do not clarify current practice of fiber restriction during active flares or in the presence of CD stenosis. There is also no data in UC. As for high-fiber diets, the inclusion of high-fiber foods in the diet would promote production of short-chain fatty acids to modulate intestinal inflammation. The studies failed to demonstrate a benefit in clinical outcomes in active CD. To our knowledge, there are no studies of the use of the diet in quiescent CD. Although the studies showed more promising results in UC than with CD, the overall evidence is weak. Vegetarian diet is another popular diet. One study found possible efficacy as maintenance therapy, but the study was limited by its small sample size and lack of endoscopic or histologic endpoints. There are very few studies at this time to support its use. Lactose-free diet is frequently advised by physicians for IBD patients, especially in the active phase. However, in lactose malabsorption, there is no need to completely restrict lactose; instead, reduce lactose intake as tolerated. IBD patients may report lactose intolerance, but this may not necessarily be due to lactose malabsorption. There are so far no studies that have evaluated the effect of lactose on IBD activity. Specific carbohydrate diet (SCD) is novel diet mainly in studies in patients with IBS. The logic behind eliminating poorly digested carbohydrates is that

bacterial fermentation might result in gut inflammation. Few small uncontrolled studies in CD showed some improvement in symptoms but with inconsistent changes in inflammatory markers. There is no study in UC. Low-FODMAP diet is also studied in IBS. A reduced intake of fermentable carbohydrates (excess fructose, lactose, fructans, galactans, and polyols) in the diet would help reduce symptoms, similar to its effects on IBS. There is evidence to suggest that the diet may help reduce functional symptoms in CD. Studies are needed to assess its effect on intestinal inflammation. There is no study in UC. Paleolithic diet was practiced by hunter-gatherer societies of the Paleolithic era and may reduce the risk of chronic diseases that were uncommon in primitive societies. There are websites and blogs now promoting the diet for the treatment of IBD. However, there are no studies in CD or UC. Gluten-free diet is the elimination of all gluten containing foods. It is suggested that it would help to reduce intestinal inflammation and symptoms in non-celiac IBD, as seen in celiac disease. There currently limited data in CD and UC patients and it is premature to advice in clinical practice<sup>14</sup>.

In conclusion, gut microbiota is the next frontier in the diagnosis, prophylaxis, and treatment of IBD. Diet and antibiotic exposure are the main elements of Western life style. Developing countries might keep some of their beneficial cultural life-style components (diet, environmental factors, etc.) during “Westernization” to keep their healthy microbiome and minimize the risk of IBD-related disorders.

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## Nonalcoholic Fatty Liver Disease – A Growing Public Health Problem



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Rijeka, Croatia

Twenty five years ago, researchers were skeptical of whether nonalcoholic fatty liver disease (NAFLD) was actually a clinical condition. Along with tremendous progress in antiviral agents and treatment strategies, a vigorous national vaccination program for hepatitis B has resulted in a gradually decreasing prevalence of end-stage liver disease caused by chronic viral hepatitis. Despite this, with the increasing prevalence of obesity, type II diabetes mellitus (T2DM), insulin resistance and hypertension, NAFLD has become the most common cause of chronic liver disease (CLD) and increasing socioeconomic cost for managing CLD in many developed countries worldwide. NAFLD also has reached epidemic proportions among populations typically considered at low risk, with a prevalence of 15% in China and 14% in Japan. NAFLD is strongly associated with all components of metabolic syndrome (MS) and has been considered as the liver manifestation of the MS. This entity encompasses simple liver steatosis,

necroinflammation with varying stages of fibrosis known as nonalcoholic steatohepatitis (NASH), and cirrhosis. Compared with the general population NAFLD increases the risk of endstage liver disease, hepatocellular carcinoma (HCC), as well as liver-related and all-cause mortality.<sup>1-8</sup> A subset of patients with NAFLD have the progressive form of liver disease i.e. NASH which can lead to the development of cirrhosis and its complications, including HCC, especially if metabolic risk factors deteriorate.<sup>5, 6, 9, 10</sup> According to the recent review published in JAMA, 66% of patients older than 50 years with T2DM or obesity are thought to have NASH with advanced fibrosis.<sup>2</sup> The incidence of NAFLD-related HCC is increasing and up to 50% of cases may occur in the absence of cirrhosis.<sup>2, 3</sup>

Moreover, recent findings imply that, contrary to current dogma, simple steatosis can progress to NASH and clinically significant fibrosis therefore the majority of NAFLD patients are at risk of progressive liver disease

in the longer term.<sup>11</sup>

Based on data from the USA adult liver transplantation (LTs) databases, since 2004 the number of adults with NASH awaiting LTs has almost tripled and today NASH is the second leading etiology of CLD among adults awaiting LTs in the USA.<sup>7</sup> Because of the epidemic of NAFLD, NASH related cirrhosis is anticipated to become the leading indication for LTs within the next one or two decades.<sup>8</sup>

During the last decade, it has been shown that the global health burden of NAFLD is confined not only to potentially progressive liver disease, but there is now growing evidence that NAFLD is a multisystem disease, affecting several extra-hepatic organs. For example, NAFLD increases risk of T2DM, cardiovascular and cardiac diseases, and chronic kidney disease. NAFLD is associated with an increased risk of developing ischemic heart disease, abnormalities of myocardial function and structure, and cardiac arrhythmias (e.g., atrial fibrillation). Also, there is emerging evidence that NAFLD is linked to other chronic diseases, such as sleep apnea, adenomatous polyps of the colon and colorectal cancer, osteoporosis, polycystic ovary syndrome, psoriasis, and various endocrinopathies. Thus, NAFLD has become a growing public health problem.<sup>3, 9</sup>

Regarding the fact that most of MS components may be either preventable or improved through lifestyle changes or drug treatments, a question arises: “can NAFLD, and consequently NAFLD-related complications be prevented in some way?”<sup>3, 6, 9</sup> Nowadays there is no effective therapy for all NAFLD patients in general population. Most of the studies are

directed towards finding the optimal therapy for NAFLD and NASH, but still there is no universal protocol to treat this growing problem. Cardiovascular risk factors are highly prevalent among NASH patients and general lifestyle interventions including dietary changes and increased physical activity remain the backbone of treatment regimens for the NASH patients.<sup>10</sup> In the absence of approved treatment modalities for NAFLD/NASH, care should be taken on the detection of advanced fibrosis. NASH is the major predictor of advanced fibrosis. Liver biopsy is still considered the gold standard to distinguish NASH from simple steatosis. However, because of its invasive nature, non-invasive diagnostic modalities are rapidly evolving for identifying high-risk patients who should undergo liver biopsy. Another complicating factor is that liver enzyme levels (mainly serum alanine aminotransferase and  $\gamma$ -glutamyltransferase) are within normal limits in more than half of patients with NAFLD.<sup>6, 11</sup> Gastroenterologists and hepatologists are thus left with more questions than answers when it comes to deciding which patients with NAFLD need a liver biopsy.<sup>6</sup> Accordingly to the current guidelines from the American Association for the Study of Liver Diseases, liver biopsy should be considered in all patients with NAFLD, who are at an increased risk of NASH and advanced fibrosis.<sup>12</sup> Patients with NAFLD who have coexisting MS or T2DM are at higher risk of developing NASH and advanced fibrosis as well as at an increased risk of liver-related morbidity and mortality.<sup>6, 12</sup> Therefore, development of some non-invasive method that will help us to identify high-risk NAFLD patients that have a truly need for liver biopsy is of great importance. Recently, a novel physical parameter based on the properties of ultrasonic signals acquired by the transient elastography (TE;

FibroScan<sup>®</sup>) has been developed. This novel parameter, named Controlled Attenuation Parameter (CAP), can be used for steatosis detection and quantification. Also, CAP can be performed simultaneously with liver stiffness measurement (LSM) on the same measured liver volume, making possible for the simultaneous evaluation of both fibrosis and steatosis, consequently enhancing the spectrum of non-invasive methods for the detection and follow-up of patients with NAFLD. With the development of the new XL probe the obese patients can now be assessed accurately for liver steatosis and fibrosis using the FibroScan<sup>®</sup>.<sup>13,</sup>

<sup>14</sup> In our Center we have started to use CAP and LSM in patients with suspected NAFLD three years ago. TE with CAP is non-invasive, accurate, reproducible, convenient, and useful for serial measurement in patients with various CLD. Despite the increasing popularity and reliability of LSM and CAP measurements using TE to assess the degree of liver fibrosis and steatosis in subjects with various CLD, there are still little data regarding the association of CAP and LSM measurements in population of Western patients with one or more components of the MS.

However, according to recent investigations and to our unpublished data, CAP is closely related to MS components and has a good correlation with liver biopsy findings.<sup>14, 15</sup> In the study performed by Kwok *et al*<sup>15</sup> in which diabetic patients were screened for NAFLD using TE-CAP the prevalence of increased CAP and LSM were 72.8% and 17.7%, respectively. Ninety-four of their patients (80% had increased LSM) underwent liver biopsy: 56% had steatohepatitis and 50% had fibrosis grade 3-4 disease.

Regarding the preliminary observations that CAP and LSM have a good correlation with MS components and liver biopsy findings, the presence of

MS with high CAP values, and especially with elevated LSM may be used for identifying patients who are at risk for developing NASH and advanced fibrosis and consequently that have a need for a liver biopsy.

Because CAP and LSM are quantitative methods, it can be hypothesized that we will be able to follow patients with NAFLD. TE with CAP could be a reasonable initial assessment for patients with suspected NAFLD, especially in those with one or more components of MS. Further studies for this implications are urgently needed.

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## Abu Dhabi to Host Arab World's Largest International Gastroenterology Meeting! Gastro 2016: EGHS-WGO International Congress

In addition to the World Congress of Gastroenterology held every two years, the World Gastroenterology Organisation (WGO) is collaborating with its member societies and regional associations to host joint meetings in-between World Congresses.

The first of these International Conferences, **Gastro 2016: EGHS-WGO International Congress**, will take place 17-19 November 2016 in Abu Dhabi, United Arab Emirates. This meeting is jointly organized with the Emirates Gastroenterology & Hepatology Society (EGHS).

This is the first time in the history of WGO that it joins forces with an Arab based organization to jointly hold a co-organized meeting, which only emphasizes the growing scope and demand for expertise in the UAE and the region.

The meeting, which promises to be the largest ever Gastroenterology & Hepatology gathering in the Middle East & Africa region, will be jointly held with the Emirates Gastroenterology & Hepatology Annual Meeting – EGHC - in the same year; and is expected to attract close to 2,500 health care professionals, medical specialists, policy makers at national, regional, and international levels as well as academics and researchers.

The international Scientific Program Committee, with representatives from both organizations, is developing a rich educational program over three days of scientific and networking events, symposia, forums, debate, including the live broadcasting of a series of live endoscopy cases directly

from one of the UAE's leading hospitals.

In addition to the Keynote speeches, video presentations as well as oral and poster presentations and panel discussions, Gastro 2016 will also include the highly in demand onsite "Hands-on Training" sessions.

"This development comes as a new landmark to confirm the commitment of the UAE as a supporter of scientific innovation and the improvement of health care systems and aspires to actively contribute in the advancement of scientific and medical practices locally, regionally and internationally," said Dr. Maryam Al Khatri – President of EGHS & Steering Committee Co-Chair of Gastro 2016.

"EGHC has been consistently growing in terms of quality of its educational content and in terms of participation. Delegates representing over 30 different countries regularly attend EGHC, which indicates that the conference now appeals to an even broader international audience. Winning the bid to jointly organize Gastro 2016 with the WGO is a vote of confidence in the quality of educational content provided at EGHC and its growing regional prominence," Dr. Maryam said.

"We look forward to an exciting meeting that promises great scientific debate and enjoyable social interaction and to welcoming all distinguished guests and colleagues from around the world in Abu Dhabi at Gastro 2016. The meeting is also an excellent opportunity to gain first insight into the current and future

developments in the United Arab Emirates as well as for members and their families to experience the warm hospitality of Abu Dhabi," she added.

Prof. James Toouli, WGO Steering Committee Co-Chair of Gastro 2016 said: "We are delighted to work with the EGHS leadership team on holding this important international meeting in the beautiful city of Abu Dhabi and we hope that this excellent development will set the scene for further collaboration between WGO and EGHS members."

Prof. Toouli also added that, "We wish to foster and support joint activities with our member societies and as such holding this international meeting in Abu Dhabi, is especially important as we envisage it will be the highlight and potentially the largest meeting for WGO members in 2016."

The meeting has the support of Abu Dhabi Convention Bureau – a one-stop resource of Abu Dhabi Tourism & Culture Authority (TCA Abu Dhabi), which is assisting the emirate to increasingly advance its reputation in the medical meetings sector.

"We will get fully behind this initiative to ensure the destination lives up to the organizers' expectations and that their speakers, delegates and exhibitors have a positive and memorable experience in a destination which is steadily building its credentials as an international meetings venue," said His Excellency Jasem Al Darmaki, Deputy Director General, TCA Abu Dhabi.

Abu Dhabi, the capital of the United Arab Emirates, is one of the world's

most prosperous and rapidly developing cities. In little over half a century it has seen a dramatic transformation from a small Bedouin settlement to a thriving business and tourism center of global stature. The island city of Abu Dhabi is a lush, modern metropolis, complete with tree-lined streets, futuristic skyscrapers, huge shopping malls and international luxury hotels. The city is surrounded by the sparkling waters of the Arabian Gulf, which offer a striking contrast to the large parks, and green boulevards spread across the island.

Abu Dhabi has entered a new era of dramatic development that will, over the next ten years, lead the Emirate to become one of the world's major centers of excellence in tourism, culture, infrastructure development, business, and social activity. The physical transformation will be truly spectacular. A series of massive investment projects promise to establish Abu Dhabi as one of the architectural wonders of the world. The hallmarks of these developments will be innovation, harmony, quality and style. Most of these developments

will exist outside the city center, thus ensuring that construction for the future does not spoil enjoyment of the present.

In partnership with the EGHS, and also a first in the UAE, WGO will be holding a WGO Train the Trainers Workshop (TTT) in Ras al-Khaimah from 21-24 November. An announcement to apply for TTT will go out to all WGO Member Societies shortly.

For more information please visit [www.gastro2016.com](http://www.gastro2016.com)



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## World Digestive Health Day 2015 Heartburn: A Global Perspective



WDHD 2015 was a huge success with many events in over 20 countries taking place in celebration of the 2015 campaign! WGO thanks each Member Society, organization, health care professional and participant for helping spread the word about the management of heartburn.

Visit [www.worldgastroenterology.org/wgo-foundation/wdhd/wdhd-2015/wdhd-2015-events-success-stories](http://www.worldgastroenterology.org/wgo-foundation/wdhd/wdhd-2015/wdhd-2015-events-success-stories) for a full list of events that took place in celebration of WDHD 2015 and to gather ideas to begin planning for the 2016 theme around “Diet and the Gut!”

The WDHD 2016 webpage is currently being finalized and will be announced shortly! Stay tuned!

**We are pleased to feature the following WDHD 2015 events that have recently taken place!**



## World Digestive Health Day in Latvia



### **Ilona Vilkoite, MD**

Doctor Gastroenterologist and GI Endoscopist  
Health Centre 4 and Centre of Digestive Diseases GASTRO  
Riga, Latvia

On 29 May the Riga East Clinical University Hospital, in collaboration with the Digestive Disease Center “GASTRO,” organized an annual World Digestive Health Day (WDHD) event at the Latvian Center of Oncological Diseases in Riga, Latvia.

The program began in the afternoon with an official opening of World Digestive Health Day. In keeping with the theme of WDHD 2015 of “Heartburn: A Global Perspective.” The talks included:

- Heartburning as a symptom: where are we going?
- What can infectious disease specialist tell you about heartburn?
- Complicated gastroesophageal reflux disease (GERD)
- Endoscopic evaluation of gastric mucosa
- Eosinophilic esophagitis (EoE)- the view of a pathologist
- Hiatal hernia and GERD – the view of a surgeon
- GERD in pregnancy
- Potential endoscopic changes in esophageal mucosa in patients with GERD

Approximately 550 doctors attended the event, including general practitioners, surgeons, internal medicine specialists, gastroenterologists, endoscopists, oncologists, and resident doctors.





## World Digestive Health Day Activities in Thailand



### Varocha Mahachai, MD, FRCPC, FACC, AGAF

Department of Medicine  
Division of Gastroenterology  
Chulalongkorn University Hospital  
Bangkok, Thailand

The Gastroenterology Association of Thailand (GAT), led by GAT President, Professor Varocha Mahachai, brought leading hospitals and companies together to raise awareness of GERD to the Thai medical and public communities on the occasion of World Digestive Health Day (WDHD) 2015 “Heartburn: A Global Perspective.” Professor Mahachai is one of the members of the WDHD 2015 Steering Committee, a group of individuals representing a global view and expertise in heartburn under the leadership of Professor David Armstrong (Canada), responsible for guiding the course of the campaign, leading in the development of tools and activities throughout 2015 and beyond.

Gastroesophageal reflux disease (GERD) has become increasingly common in this part of the world.

The number of patients has increased two fold in the past 5-10 years and approximately 10-15% of patients who seek medical attention with symptoms of dyspepsia have GERD. However, it is hard to say that the disease and the medical treatment are well understood by health care providers and the public. Many patients perceive GERD as the simple symptom of heartburn and treat themselves on their own judgment without any awareness of the recurrent nature of GERD or the possible outcomes and complications which could be more serious and difficult to treat. Hence, this was a great opportunity to deliver a global event in Thailand. A series of both public awareness and scientific activities took place around Bangkok which boosted the awareness of GERD in Thailand during the month of May 2015:



Faculty at Siriraj Hospital for WDHD general public awareness campaign on 11 May.



Dr. Mahachai and other faculty at Vibhavadi Hospital for WDHD professional development event on 26 May.

### Health Care Professional Activities

1. An academic symposium was held at Vibhavadi Hospital in Bangkok on 26 May 2015. The topic of this one hour academic session was “GERD Pathophysiology and Management: What do we know and where should we go?”
2. An academic symposium with a teleconference to CME networks took place at Bangkok Hospital on 27 May 2015. The topic of this one hour academic session, which offered physicians one CME credit, was “From Theory to Practice: Managing GERD and Reflux Disease in 2015.” Teleconference attendees included physicians at Bangkok Chantaburi Hospital, Bangkok Pattaya Hospital, and Samitivej Sriracha Hospital.

More than 200 physicians, as well as 100 nurses and pharmacists, joined in these academic programs with good feedback from the audience and hospital management team.

### General Public Awareness Activities

1. A seminar was held at Siriraj Hospital on 11 May 2015 with a two hour “meet the expert” session on “What is Heartburn and treatment options,” health check, and healthy food workshop by a nutritionist.

2. A public awareness week took place at Vibhavadi Hospital during 22-29 May 2015 with a seminar on GERD by doctors, food for GERD, and booths for healthy living and activities.
3. A seminar “Food for GERD market” was held at Bangkok Hospital on 29-30 May 2015 with a GERD seminar by various specialist doctors, GERD check, GERD cooking show, and healthy food market.
4. A seminar at Bumrungrad Hospital took place on 30 May 2015 with a seminar and food for GERD workshop.
5. Another seminar was presented by a doctor on heartburn, reflux disease and how to manage, a knowledge board, and a health check-up booth on 5 June 2015 at Bangkok Chinatown Hospital.
6. A seminar at Phayathai 1 Hospital was held on 7 June 2015 with a



Dr. Mahachai and other faculty at Bangkok Hospital for WDHD professional development event on 27 May.



Seminar on heartburn, reflux disease, and how to manage on 5 June at Bangkok Chinatown Hospital.



Food for GERD Market at WDHD general public awareness campaign 29-30 May.

two hour “meet the expert” session and a food for GERD workshop. More than 1,000 Thai people participated in these public events with a

lot of knowledge sharing in a fun and friendly atmosphere. More than 90% of participants rated the events very good and will come back again.

## World Digestive Health Day in Vietnam

On 29 May 2015 the Vietnam Medical Association (VMA) organized an event in Ho Chi Minh City, Vietnam in honor of World Digestive Health Day (WDHD). In coordination with the WDHD 2015 theme of “Heartburn: A Global Perspective,” this general public awareness campaign aimed to share a global perspective on heartburn and gastroesophageal reflux disease (GERD) in Vietnam.

The one day campaign offered knowledge sharing from leading gastroenterologists and the VMA, as well as a question and answer session about disease and self-management.

Approximately 200 patients attended the event. In providing feedback on the event one patient said, “I just know that these symptoms are called GERD, I can initially take care of myself and use some medicines to relieve symptoms. Thank you doctors and the organizer.”



Attendees listen at the WDHD event in Ho Chi Minh City.



One of the presenters at the Vietnamese WDHD event.

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# WGO Announces the Launch of its Newly Redesigned Website

The World Gastroenterology Organisation (WGO) is pleased to announce the relaunch of the website, [www.worldgastroenterology.org](http://www.worldgastroenterology.org). “The new and improved site continues to serve as a valuable educational outreach tool for WGO member societies and provides access to educational resources for the gastrointestinal and multidisciplinary medical community as well as the general public, while presenting a sophisticated visual design and user-friendly interface,” indicated WGO President, Professor David Bjorkman.

The launch of the new website is part of WGO’s ongoing efforts to promote, to health care professionals and the general public alike, an awareness of the worldwide prevalence and optimal care of digestive disorders through the provision of high quality, accessible, and independent education and training. As the major global society for gastroenterology professionals, WGO has been bringing together the world’s leading minds in the field for over 50 years.

“Featured on the new site are WGO’s education and training programs (including a worldwide

network of Training Centers), Global Guidelines and Cascades (available in English, Spanish, Portuguese, French, Mandarin, and Russian), and an enhanced membership section for WGO’s over 100 member societies,” stated WGO Publications Chair, Professor Prateek Sharma. There is plenty of new content to discover across the site, including an interactive timeline of the history of WGO, World Digestive Health Day (WDHD), and a resource-filled Media Center.

If you haven’t yet explored the new and improved website, you are invited to [check it out today!](#)

Connect with us today at:  
<http://www.worldgastroenterology.org/>



The screenshot shows the WGO website interface with several callout boxes pointing to specific features:

- Explore an interactive timeline of the history of WGO!** (points to the top navigation area)
- Take a look at our new, resource-filled media center!** (points to the 'WGO Training Centers and Outreach' section)
- Become a WGO member and receive exclusive benefits!** (points to the 'WGO Membership' section)
- Stay up to date on the latest news in the world of Gastroenterology & Hepatology!** (points to the 'Current News & Events' section)
- Universal access to educational resources and training programs in digestive health!** (points to the 'Education & Training' section)
- Check out our library of guidelines customized for global applicability and available in many languages!** (points to the 'Guidelines & Cascades' section)
- Find out about meetings and symposiums taking place around the world!** (points to the 'Meetings & Congresses' section)
- Learn how you can get involved and make a difference in the lives of many!** (points to the 'WGO Foundation' section)

## Project ECHO

### An Interview with Prof. Dr. Henry Cohen

Since 2012, Dr. Henry Cohen has been working on the implementation in Uruguay of Project ECHO (Extension for Community Healthcare Outcomes), a successful experience funded by the University of New Mexico by Prof. Sanjeev Arora.

This initiative, of great international prestige and solid academic performance, aims to democratize and de-monopolize academic knowledge in medicine to the most remote or underserved areas of the territory.

In Uruguay, ECHO is carried out by the Faculty of Medicine of the University of the Republic, under the direction of Prof. Dr. Henry Cohen, who is currently developing Hepatitis C, HIV/AIDS, Anemia, Autism, Cervical Cancer, Palliative Care, and Heart Failure clinics.

#### What is Project ECHO?

Project ECHO was developed at the University of New Mexico, United States, by Prof. Dr. Sanjeev Arora, a gastroenterologist who was born in India and lived in that country for over 20 years. This project began 11 years ago when Dr. Arora, worried that being the only doctor in the state trained to treat patients with Hepatitis C, noticed that his patients had to wait so long to be assisted and travel thousands of kilometers.

It was designed to improve access to health care for disadvantaged populations, who suffer chronic health problems, such as Hepatitis C. With the use of videoconferencing technology, Project ECHO trains physicians and health personnel based

in inner cities, towns, or rural areas, in the diagnosis and treatment of complex diseases.

The patient remains in their place of residence and through the videoconferencing equipment from the University of New Mexico, analyzes and solves the problems of the patient. In each of these sessions, which we call Clinic ECHO, not only does the doctor who has the patient's case participate, but also an "ECHO community," consisting of all medical and health personnel interested in the disease. Just like that, a community of learning and exchange is quickly formed. Dr. Arora's project had a big success. It began with one disease and has quickly moved to have the ECHO Institute which today has five floors, more than 60 rented officials, 33 diseases involved, more than 30 universities, and over 1,000 running ECHO clinics. It has also reached agreements for its implementation in other countries like India, Ireland, Brazil, Chile, and Uruguay, which was the first country in Latin America where it was applied.

#### How did Project ECHO begin in Uruguay?

It began over four years ago when I met Dr. Arora and he supported the development of a pilot project in Uruguay, supported by the World Gastroenterology Organisation and the National Academy of Medicine. An agreement between the Faculty of Medicine of the University of the Republic and the University of New Mexico was signed so that ECHO



can provide us with the information, software, and know how needed to operate.

Other organizations participating in the project are: the Administration of State Health Services (ASSE), the Ministry of Public Health, the US Embassy in Uruguay, the National Resources Fund, the Medical Federation of the Interior (FEMI), the Health Program.uy (AGESIC), the Medical Union of Uruguay, the Medical College of Uruguay, and the British Embassy in Uruguay.

In April 2014, Prof. Arora came to our country and was received by the health authorities and university as well as by former President of Uruguay, Jose Mujica, and the US ambassador, Julissa Reynoso. While the initial idea was to do a pilot project on Hepatitis C, Dr. Arora suggested not to start with a single disease but begin with at least two. HIV/AIDS was then added. In August 2014, we launched the two diseases (HIV and Hepatitis C) and made the first ECHO clinic from the 4th floor of the Hospital de Clinicas.

#### What were the results?

After the first stage of the project (August-December 2014), eight ECHO teleclinics on Hepatitis C and HIV/AIDS were met. More than 100 connections in all departments were performed, which represented



First day of training and integration of Project ECHO Uruguay.

Prof. Arora's objective is to ensure that one billion people leave improved with the ECHO system by 2025. This amount does not mean one billion patients, but one billion improved, that is, if we speak of a child with autism we take into account the patient and their environment as well.

In 2014, the first day of training and integration of Project ECHO Uruguay was held. In 2015 the second day was held with all of the people who comprise of the ECHO clinics, both Montevideo and the interior of the country, to evaluate the project.

Recently, Project ECHO of the University of New Mexico (UNM) offered ECHO Uruguay to become a super hub. This distinction will mean a new agreement between the University of the Republic of Uruguay and the UNM, and will result in colleagues from Latin America who wish to start ECHO, the option to train in Uruguay instead of traveling to Albuquerque.

more than 60 doctors, nurses, and other professionals integrating ECHO from inside the country; more than 10 patients benefited directly from the interdisciplinary analysis of their clinical condition and follow up, and an undetermined number of patients across the health system began to benefit from the training of professionals thanks to ECHO.

#### What other ECHO clinics have been established?

In February 2015, the activities began with the first joint Hepatitis C and HIV/AIDS ECHO teleclínica. Later began the following ECHO clinics:

- **Anemia and frequent consultations in hematology**, coordinated by the Department Chair of Hematology - Prof. Lilián Díaz, Hospital de Clínicas.
- **Cervical cancer**, coordinated by the Department Chair of Gynecology A - Prof. L. Briozzo, C. H. Pereira Rossell.
- **Autism spectrum disorders**, coordinated by the Department Chair of Pediatrics C - Prof. G. Giachetto, C. H. Pereira Rossell.
- **Palliative care**, coordinated by the Palliative Care Service - Dr. Gabriela Píriz, Hospital Maciel.
- **Heart failure**, coordinated by the Multidisciplinary Heart Failure

Unit - Prof. Gabriela Ormaechea y Prof. Agr. Pablo Álvarez.

The idea is to launch new clinics in 2016.

#### How are the first evaluations the project in general?

We have had very big success because we quickly went from one to two and two to seven diseases. We also had the opportunity to launch from here the first ECHO clinic in Brazil, where a case of Hepatitis C was discussed. Two ECHO clinics on Hepatitis C were also launched in Argentina. We believe this project will continue to grow and will be a true transformation because it manages two fundamental things: on one side, to democratize access to health care of any person, regardless of his place of residence and socioeconomic status. And on the other, de-monopolize medical knowledge; i.e. no need to be a teacher or be in an important center to have medical knowledge.

#### What other benefits does Project ECHO have?

ECHO produces quick effects and the costs are minimal. The first evaluation studies determined that only 10% of patients move now than before. Therefore, 90% of patients can determine their condition from where they live. I think this project is a real revolution and is very positive because it has very fast results.

To learn more about Project ECHO Uruguay, please visit <http://www.gastro.hc.edu.uy/echo.html>.

To learn more about Project ECHO UNM, please visit <http://echo.unm.edu/>.

Many thanks to [Info Celiacos](#) for providing the article, which was translated and reprinted with their permission and can be found in Spanish [here](#).

## WGO Exhibits Around the Globe in 2015

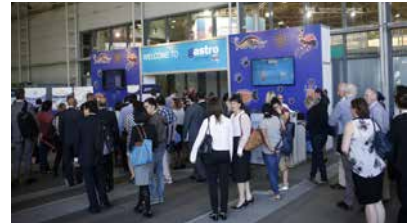
Each year the World Gastroenterology Organisation (WGO) exhibits at major gastroenterology meetings around the world. The WGO booth offers meeting attendees the opportunity to learn about the WGO and its Foundation, including becoming a member and the benefits of membership, the Train the Trainers program, WGO's 23 Training Centers around the world, the Training Center Partner Program, information on WGO Global Guidelines & Cascades, the Outreach Program, and the World Digestive Health Day (WDHD) campaign.

### In 2015 WGO had exhibit booths at:



Digestive Disease Week (DDW) 2015  
Washington, DC, USA  
17-19 May 2015

Gastro 2015: AGW-WGO International Congress  
Brisbane, Australia  
28 September – 2 October 2015



American College of Gastroenterology (ACG) 2015 Annual Meeting  
Honolulu, Hawaii, USA  
18-20 October 2015

United European Gastroenterology (UEG)  
Barcelona, Spain  
26-28 October 2015



### Thank you for stopping by!

We look forward to seeing you at the WGO exhibit booth in 2016! Our first exhibit will be at Digestive Diseases Week (DDW) 2016 in San Diego, California, USA. The WGO booth will be open during official exhibition hours: 9:30-16:00, Sunday, 22 May through Tuesday, 24 May 2016. Additional exhibits are being planned throughout 2016 and we invite you to stay tuned to future issues of *e-WGN* for information about specific dates and locations.



Gastro 2015: AGW-WGO | Expert Point of View | Gastro 2016: EGHS-WGO | WDHD News | WGO & WGOF News | WGO Global Guidelines | Calendar of Events

**THE INTERNATIONAL COALITION OF HEPATOLOGY EDUCATION PROVIDERS (IC-HEP)** IS PLEASED TO PRESENT AN AUDIOCAST SERIES FOCUSED ON THE MANAGEMENT OF HEPATITIS C IN LATIN AMERICA. PRESENTED BY LEADING EXPERTS IN THE FIELD, THESE AUDIOCASTS PROVIDE EDUCATION TAILORED TO THE LATIN AMERICAN AUDIENCE.



## THE MANAGEMENT OF HEPATITIS C IN LATIN AMERICA

Expert presentations delivered by:



**JAVIER BRAHM, MD** | **ESTADO ACTUAL DEL MANEJO DE LA HEPATITIS C EN CHILE**  
Presented in Spanish



**HUGO CHEINQUER, MD** | **ESTADO ATUAL DO MANEJO DO HCV NO BRASIL**  
Presented in Portuguese



**MARCELO SILVA, MD** | **ESTADO ACTUAL DE LA HEPATITIS C EN LA ARGENTINA**  
Presented in Spanish

This initiative aims to connect physicians involved in the management and treatment of hepatitis C with the experts delivering the education. If you have any questions regarding the content of the presentations, or the management and treatment of HCV in your region, please send a request to [info@IC-HEP.com](mailto:info@IC-HEP.com) and you will be connected directly with one of the above experts.\*

Visit [www.IC-HEP.com](http://www.IC-HEP.com) to view these presentations and other hepatitis C related educational offerings.

This activity is supported by educational grants from AbbVie, Bristol-Myers Squibb, and Gilead Sciences.

Endorsed by:



\*NOTE: Initial email communications will be delivered to the general IC-HEP mailbox; they will be forwarded directly to each expert in order to establish contact. Please do not include any patient information until you receive a response directly from the selected expert.



THROUGH AN EDUCATIONAL COLLABORATION WITH THE WGO, **THE INTERNATIONAL COALITION OF HEPATOLOGY EDUCATION PROVIDERS (IC-HEP)** IS PLEASED TO PRESENT:

## HCC: A Global Crisis Silent and Widely Ignored

Webcast Presented by:

**DOUGLAS R. LABRECQUE, MD**

## Hepatitis C

Webcast Presented by:

**PROFESSOR AAMIR GHAFOOR KHAN**

MSc(G) DGM RCP&S(G) FRCP(Lond) FRCP(G)FRCP(Ed) FRCPI(Ire)  
FEBG(Eu) FRSM(UK)FACP(USA) FACG(USA) AGAF(USA)

Visit [www.IC-HEP.com](http://www.IC-HEP.com) to view these presentations and other hepatitis C related educational offerings.

This activity is supported by educational grants from AbbVie, Bristol-Myers Squibb, and Gilead Sciences.

Endorsed by:



## American College of Gastroenterology (ACG) 2016 International GI Training Grant Award

The International GI Training Grant provides partial financial support to physicians outside of the United States and Canada to receive clinical or clinical research training or education in Gastroenterology and Hepatology in selected medical training centers in North America. The funding is provided so that an individual can acquire or develop new cognitive knowledge or a technical skill. This newly acquired knowledge or skill would then be used to improve patient care in the applicant's geographic area.

The amount of the grant will not exceed \$10,000 USD, and is to be used for travel to and from the training center and to the ACG Annual Meeting as well as for incidental expenses related to the training. A travel grant may or may not be awarded in any given year.

### Eligibility

Physicians who are not citizens of nor are currently residing in the United States or Canada, and who are working in gastroenterology or related areas are eligible to apply together with

his/her training institution. The training period must be for at least six (6) months and must take place between 1 July 2016 and 30 June 2017.

### Requirements

Applicants must submit a completed application form, a personal statement that summarizes the reasons and objectives of additional training, a curriculum vitae, copies of all published articles and abstracts within the last five years, and a completed application form from the host training center. These forms are available on the ACG website at <http://gi.org/research-and-awards/intl-training-grant/>. Three letters of recommendation are also required — one from the training preceptor/director; one from an ACG Fellow; and another from a person of the applicant's choosing.

Applicants are responsible for selecting a host training center who will voluntarily agree to participate in the program. The host training center must be able to accomplish the training goals and must complete the host training center application. ACG is not be responsible for any additional

financial obligation to the preceptor of the GI training program.

The International GI Training Grant of the College must be mentioned in any publication(s) generated by the awardee and host training center through this program. At completion of the training, the awardee must submit a written summary (critique, educational experience) to ACG.

All applications must be submitted in PDF file format by email to Maria Susano at [msusano@gi.org](mailto:msusano@gi.org) by 28 March 2016.

### Review Process

The ACG International Relations Committee will select one awardee, subject to Board approval, based upon the applicant's credentials, the merit of the proposed training by the selected host training center and the potential of enhancing the field of gastroenterology in the applicant's home country.

Applicants will be notified after **1 July 2016** with funding to begin after **July 2016**. Questions regarding this program should be sent to Maria Susano at [msusano@gi.org](mailto:msusano@gi.org).



### Recent Past Recipients of the International GI Training Grant:

Year	Recipient	Country	Training Center/Area of Training
2015	Piyush Somani, MD	India	Florida Hospital, Center for Interventional Endoscopy <i>Advanced ERCP, Cholangioscopy and EUS</i>
2014	Oriol Sendino-Garcia, MD	Spain	California Pacific Medical Center <i>Interventional endoscopy</i>
2013	Salome Bandoh, MD	Ghana	Mayo Clinic Rochester <i>Infectious diarrhea and data</i>
2012	Wiriyaporn Ridditid, MD	Thailand	Indiana University <i>ERCP</i>
2011	Nikhil Anil Nadkarni, MD	India	Mayo Clinic Rochester <i>Acute Pancreatitis</i>
2010	Avelyn Kwok, MD	Australia	Medical University of South Carolina <i>Advanced EUS procedures</i>



## Symposium: Update Management of GERD, Recent Guidelines in Indonesian Digestive Disease Week



### Ari Fahrial Syam, MD, PhD, FACP

General Secretary, Indonesian Gastroenterology Association  
Department of Internal Medicine, Faculty of Medicine, University of Indonesia

Every year, the Indonesian Gastroenterology Association in conjunction with the Division of Gastroenterology, the Department of Internal Medicine, and the Faculty of Medicine at the University of Indonesia holds a symposium, workshops, and a live demonstration in Jakarta. The title of this event is the Indonesian Digestive Disease Week (IDDW) and it takes place every May. In 2015 IDDW took place in conjunction with the 11<sup>th</sup> International Endoscopy Workshop from 28 to 30 May 2015. The website of this event is <http://iddw2015.com/>. This scientific meeting is organized by the Indonesian Society of Gastroenterology (ISG),

the Indonesian Society for Digestive Endoscopy (ISDE), and the Division of Gastroenterology, Department of Internal Medicine, and Faculty of Medicine at Universitas Indonesia in collaboration with Japan Society for Gastrointestinal Endoscopy (JSGE), American College of Gastroenterology (ACG), and Asian Institute of Gastroenterology (AIG) and will be endorsed by the World Gastroenterology Organisation (WGO).

There was a plenary lecture, symposium, satellite symposium, meet-the-experts session, lunch symposium, dinner symposium, free paper session, poster session, and exhibition. The speakers of this event were

a combination of locals and experts from abroad, including Professors Roy Soetikno, MD (USA), Mohan Ramchandani, MD (India), Kok-Ann Gwee, MD, PhD (Singapore), Ang Tiing Leong, MD (Singapore), Aamir Ghafoor Khan (Pakistan), Chin Kin Fah, MD (Malaysia), Kwong Ming Fock, MD (Singapore), Christopher Khor (Singapore), Fazal I. Khawaja, MD (Saudi Arabia), Raja Affendi, MD (Kuala Lumpur), Lawrence KY Ho, MD (Singapore), and Norfilza Binti Mokhtar, MD, PhD (Malaysia).

A live demonstration was conducted at the Center for Gastrointestinal tract endoscopy Cipto Mangunkusumo. The gastrointestinal endoscopy center of Cipto Mangunkusumo Hospital is one of the largest training programs in Indonesia. Training activities undertaken include endoscopy basic training and advanced training endoscopy. This training center is also a place of education for internal medicine residents and GI fellows. This center was one of the places for live demonstration during Asia Pacific Disease Week (APDW) 2014. At the 11<sup>th</sup> International Endoscopy Workshop, various cases of diagnostic and therapeutic endoscopy were performed to demonstrate the use of ERCP, EUS FNA, BLI, endoscopic mucosal resection, and esophageal stenting. This event was attended by 800 doctors from all over Indonesia, as well as by participants from abroad.

IDDW 2015 coincided with the Indonesian Society of Gastroenterology's 40<sup>th</sup> anniversary.

One of the symposiums in these IDDW activities was associated with World Digestive Health Day on 29 May, with the 2015 theme focused on "Heartburn: a Global Perspective." At



The opening of Indonesian Digestive Disease Week 2015, Jakarta, Indonesia.

the symposium titled “Update Management of gastroesophageal reflux disease (GERD): Recent guidelines,” there were three speakers. First Dr. Ari F. Syam, MD, PhD, FACP, from the University of Indonesia in Jakarta, introduced the topic with the GERD-Q and other tools for GERD Diagnosis. The second speaker, Dr. Putut Bayupurnama, MD, from University of Gajah Mada in Jogjakarta, talked about a cost-effective approach for the treatment of GERD, while the third speaker, Dr. Herry Djagat Poernomo from the University of Diponegoro in Semarang, discussed proton-pump inhibitor (PPI) resistant GERD and extraintestinal GERD.

The number of GERD patients has shown a tendency to increase in our community. GERD is a condition that develops when the reflux of stomach contents causes troublesome symptoms (Montreal definition). It occurs when the lower esophageal sphincter (LES) opens spontaneously for varying periods of time or does not close properly and stomach contents rise up into the esophagus. GERD is also called acid reflux or acid regurgitation because digestive juices called acids rise up with the food. The main symptoms of GERD

are heartburn and regurgitation.

A 2002 hospital-based study in Jakarta, Indonesia, showed an increasing prevalence from 5.7% to 25.18%. According to the GERD-Q, a population-based survey using symptom-based diagnoses, 6% of the population suffered from GERD. The GERD-Q is a simple communication tool developed for physicians to identify and manage patients with GERD. The survey was created from three different validated questionnaires evaluated in the DIAMOND study. A total of 2,045 subjects completed our last internet survey using the GERD-Q. The prevalence of GERD was 55.4% (31.9% with a low impact on daily life and 23.5% with a high impact on daily life). Male gender, a smoking habit, and BMI less than 30kg/m<sup>2</sup> may increase the risk of GERD in our population. The second speaker, Dr. Putut, concluded that the GERD-Q, PPI test, and GERD algorithm are cost-effective approaches to diagnosing GERD with typical symptoms. Endoscopy is only performed in patients with alarm features or selected cases.

The third speaker, Dr. Djagat, mentioned that the extraesophageal syndromes consist of established asso-

ciations reflux cough syndrome, reflux laryngitis syndrome, reflux asthma syndrome, reflux dental erosion syndrome, and proposed associations (pharyngitis, sinusitis, idiopathic pulmonary fibrosis, and recurrent otitis media). From this definition, we can see that extraesophageal GERD may include ear, nose, throat (ENT), pulmonary (a chronic cough or asthma), or dental symptoms. Sometimes, patients with extraesophageal manifestations do not complain of the ‘typical’ GERD symptoms. Extraesophageal symptoms may be produced by direct acid-pepsin injuries to susceptible supraesophageal tissue. This condition may be mediated through an esophageal reflex mechanism. In addition, because most of these patients do not have typical GERD symptoms such as heartburn and regurgitation, the clinician may be unaware that GERD is playing an important role in the symptoms. From this GERD symposium, the audience received information on how to manage patients with GERD and extraesophageal GERD, especially in daily practice.



## SAGES 2015 Congress Report



### Vasudevan G. Naidoo, MD

University of KwaZulu-Natal  
Division of Gastroenterology  
Department of Medicine  
Durban, South Africa  
(On behalf of the SAGES 2015 Local Organizing Committee)



Attendees at the Welcome Function.

The 53<sup>rd</sup> congress of the South African Gastroenterology Society (SAGES) was held at the Durban International Convention Centre from 7-10 August 2015. The meeting was combined with the Association of Surgeons of South Africa (ASSA), which is the umbrella body for a number of surgical sub-specialty societies. Such a combination of surgeons and physicians is testament to an appreciation of the value of multidisciplinary perspectives as we strive for excellence in patient care. We were also joined by the South African Gastro-Intestinal Nursing Society (SAGINS) who hosted a superb parallel program aimed at our nurses who are the backbone of any gastrointestinal unit.

The Durban weather warmly welcomed delegates from the colder

parts of South Africa. Due to the combined nature of the congress there were numerous tracks for delegates to choose depending on their interest and needs. I was particularly drawn to the American Gastroenterology Association (AGA) postgraduate course on day one and the European Association for the Study of the Liver (EASL) postgraduate course on day two. A double thank you must go to Chris Kassianides and the Gastroenterology Foundation for securing these prestigious courses. Both courses were ably supported by local faculty as speakers and moderators, thus providing an important regional perspective. Chatting to the seasoned and freshman gastroenterologists at the end of the congress revealed an enormous amount of appreciation

for these courses, which served the purpose of updating the seasoned and preparing the “freshers.” In light of financial constraints, along with the groaning logistics of long haul flights, having these two blue ribbon courses on our door step at relatively minimal cost to delegates represents a major coup d’état.

International faculty often add spice to our local offerings and the Durban ASSA-SAGES curry carried a big punch. The international faculty consisted of:

1. Prof. Walter Biffi (USA)
2. Dr. Ailsa Hart (UK)
3. Prof. Chris Mulder (Netherlands)
4. Dr. Nageshwar Reddy (India)
5. Prof. Pinghong Zhou (China)
6. Prof. Didier Mutter (France)
7. Dr. Thomas Heller (Germany)
8. Prof. Tom Hemming Karlsen (Norway)
9. Prof. Massimo Pinzani (UK)
10. Prof. Frank Tacke (Germany)
11. Prof. Olusegun Ojo (Nigeria)

The presentations were well received and it was clearly evident that these were masters and innovators in their field. The speakers went beyond evidence based educating, and provided inspiration and thought provoking concepts. It was also gratifying to welcome delegates and speakers from the rest of Africa to our shores. There is an immense amount of talent and enthusiasm on the African continent that deserves exposure, support, and nurturing. I was pleased to see gastroenterologists from Sub-Saharan



Attendees enjoying the Presidents Dinner.



Honorees at the Opening Ceremony.

countries who had previously spent time training in South Africa now returning for the congress along with some colleagues. Clearly, relationships are building and the SAGES congress is becoming a focal point on the African gastroenterology calendar.

There were an unprecedented number of abstracts submitted in 2015. It was interesting to note that almost everybody seems to be involved in some kind of research. Presenters included medical students, medical scientists, dieticians, and gastroenterologists in private practice. This bodes well for the future of academic gastroenterology, not just in South Africa, but also the rest of Africa, as reflected by some excellent papers from north of our borders.

In addition to the scientific program, SAGES also hosted an Inflammatory Bowel Disease (IBD) Patient Information Meeting and a Gastroenterology Update for our colleagues in general / family practice as part of the congress. The IBD information meeting is an initiative of Dr. David Epstein with the support of SAGES and is aimed at providing valuable evidence based education as well as support to patients with IBD. The Gastroenterology Update featured a great assortment of topics. We took advantage of the combined nature of the congress and included topics from pediatrics, pediatric surgery, general surgery, and definitely a good chunk of gastroenterology, including a talk on IBD by Dr. Ailsa Hart. It was

satisfying to see the superb attendance at the update as it can be challenging to get busy general practitioners (GPs) to a weekend meeting, particularly in the relaxed coastal city of Durban. Feedback from GP colleagues has been positive and a desire that SAGES continues to organize these updates whenever the congress rolls into town.

The social aspect of medical congresses cannot be overlooked. A casual conversation between sessions may lead to future educational ventures, collegial advice, and collaborative research. During these “breaks” delegates spent time discussing the latest innovations with industry representatives at the lovely exhibition hall. ASSA-SAGES have been fortunate to have incredible industry support which was integral to the success of the congress. One highlight of the congress was no doubt the gala dinner. It is a chance to dress smartly, say thank you, award prizes, and demonstrate non-endoscopic psychomotor skills on the dance floor. A personally pleasing aspect was the inauguration of Professors KA Newton and SR Thomson as presidents of SAGES and ASSA respectively. Both of these individuals were involved in my gastroenterology training. One can anticipate that these two societies will continue to grow, communicate, and collaborate with these experienced captains at the helm. Hopefully delegates also had a chance to experience the warm waters of the Indian Ocean, stroll along the beachfront, and sample the famous Durban bunny chow (curry inside a hollowed out loaf of bread) and any of the other city attractions.

The morning session of the last day of the congress was devoted to aspects of liver transplantation. There is a dire need for improved access to this service in South Africa. It is regrettable that the country that performed the first successful heart transplant currently struggles to offer this service



Attendees demonstrate their skills on the dance floor at the Gala Dinner.

to the majority of its population. There is no denying that resources must be rationally used for the greatest good. However, there remains a place for developing what some may consider “high-end medicine” so as to ensure that these skills are retained and developed. As primary health care improves, what then becomes of the patients that need such expertise? The last day also allowed delegates to attend medico-legal and ethics talks. It has become increasingly important for clinicians to engage with these aspects of medicine as keeping up with the literature.

Finally, this congress owes an enormous debt of gratitude to the event organizer (Denise Kemp and the Eastern Sun Events team) and the SAGES secretary (Karin Fenton). The level of professionalism and dedication displayed consistently exceeded our expectations. The inflated local organizing committee (inflated due to multiple society representatives) must also give thanks to the guidance of the two congress chairs (Professors KA Newton and TE Madiba) who kept us on course throughout the journey. It was not all smooth sailing, but we reached our destination safely and had a fantastic congress.



## Annual Scientific Congress of the Malaysian Society of Gastroenterology and Hepatology

The Malaysian Society of Gastroenterology and Hepatology (MSGH) held its annual scientific meeting 21 to 23 August 2015 at the Persada Convention Centre, Johor Bahru, Malaysia. It was very well attended by delegates from around the country. Sixteen experts and speakers from around the world gathered here to share their knowledge and expertise. Our two distinguished speakers were Professor Kentaro Sugano from Japan and Professor Yogesh Chawla from Chandigarh, India.

Professor Sugano is Chief Professor and Chairman of the Department of Internal Medicine at Jichi Medical University and currently President of the Asian Pacific Association of Gastroenterology. World renowned for his work in gastric cancer, he delivered the MSGH oration entitled “*Helicobacter pylori* and gastric cancer – A balanced view.”

Professor Chawla is Professor and Head of the Department of Hepatology at the Postgraduate Institute of Medical Education and Research. An

authority on portal hypertension, he delivered the Panir Chelvam Memorial Lecture on non-cirrhotic portal hypertension as well as a lecture on “The role of transient elastography in portal hypertension.”

Professor Simon Travis is Group Head and Consultant Physician at the John Radcliffe Hospital in Oxford, England and President of the European Crohn’s and Colitis Organisation. And he is a leading expert in inflammatory bowel disease (IBD) and spoke on “Mucosal healing as the new target in IBD management - how far and how deep should we go?” as well as speaking on “Modulating the Gut microbiota in IBD – does it work?”

Professor K Rajender Reddy is the Professor of Medicine Division of Gastroenterology/Hepatology at the University of Pennsylvania in Philadelphia, Pennsylvania, USA and shared his knowledge on “Management of Hepatitis C (HCV) related cirrhosis” and “American Gastroenterological Association guidelines on treatment and prevention of Hepatitis

B (HBV) reactivation during immunosuppressive therapy.”

Dr. Teik-Choon See is a Consultant Interventional Radiologist at Cambridge University Hospitals (Addenbrooke’s Hospital) NHS Foundation Trust in the UK and chairs the East of England Interventional Radiology Group. A very active committee member at the Royal College of Radiology, Dr. See spoke on “The role of radiology in GI bleed” from the British perspective “Transjugular intrahepatic portosystemic shunt (TIPSS) in portal hypertension.”

Professor Francis Chan, Professor of Medicine and Therapeutics and Dean of the Faculty of Medicine at the Chinese University of Hong Kong in Hong Kong, spoke on “Preventing peptic ulcer disease related bleeding” in the GI Bleed symposium.

Professor Yeoh Khay Guan is Deputy Chief Executive (Academic Enterprise), National University Health System and Dean of the Yong Loo Lin School of Medicine, National University of Singapore. He was instrumental in the Colorectal Cancer Screening Program in Singapore and chairs the National Colorectal Cancer Screening Committee of the Health Promotion Board, Ministry of Health, which recommends guidelines for the national colorectal screening program in Singapore. He spoke on “Colorectal cancer screening – The challenges and pitfalls” in the colorectal symposium.

Professor Uday Ghoshal is Additional Professor in the Department of Gastroenterology at the Sanjay



Audience members listen to a presentation at GUT 2015.

Gandhi Postgraduate Institute of Medical Sciences in Lucknow, India and is the National Coordinator of the Indian Society of Gastroenterology Task Force on irritable bowel syndrome (IBS) and also chairs the Epidemiology and Infection section of the Asian IBS Consensus Team and Asian Dyspepsia Consensus Team. He lectured on “The gut microbiota in IBS: Friends or foe” in the Microbiota symposium, as well as “Should Asian IBS patients be routinely assessed for small intestinal bacterial overgrowth and lactose intolerance” in the functional GI disorder (FGID) symposium.

Professor Wai-Keung Leung is Clinical Professor at the Department of Medicine of the University of Hong Kong and President of the Hong Kong IBD Society. Prof. Leung was involved in the IBD symposium where he spoke on “Optimizing quality of care for the IBD patients in evolving economies.” He also interacted with the audience in the Meet-The-Expert session on the topic “Obscure GI bleed after a negative endocapsule – what is next?”

Professor Krishnakumar Madhavan is Professor and Head of the Department of Surgery at the National University of Singapore, Director of Singapore National Liver Transplant Program. Prof. Madhavan delivered a lecture on “Liver cancer – When to refer to a surgeon” and “The role of surgical treatment in portal hypertension.”

Professor Lawrence Ho is Group Director (Research) at the National University Health System, Vice Dean (Research) of the School of Medicine at the National University of



Panelists at GUT 2015.

Singapore, and the current Chair of the Asian Barrett's Consortium. As co-inventor for the ground-breaking technology of the Master and Slave Transluminal Endoscopic Robot (MASTER), he was part of the team who developed the world's first flexible robotic endoscopy system, which was successfully used to perform endoscopic submucosal dissection in human patients. He spoke on “Non cardiac chest pain.”

Professor Lim Seng Gee, is Professor in the Department of Medicine at the National University of Singapore, updated the audience on HBV management from the recent Singapore Hepatitis Conference.

Professor Ujjala Ghoshal, Additional Professor in Microbiology Sanjay Gandhi Postgraduate Institute of Medical Sciences in Lucknow, India, delivered a lecture entitled “Current techniques of evaluating the gut microbiome.”

Dr. Rajesh Sainani, a gastroenterologist at Jaslok & HN Reliance Foundation Hospitals in Mumbai, India, spoke on “Esophageal motility disorder - When to refer.”

Dr. Lim Jit Fong, is a colorectal surgeon at Glenegles Medical Centre in Singapore, spoke on “Lower GI bleed” in the GI Bleed symposium and “Colonic polyp with high grade dysplasia - Endoscopic or surgical treatment?” in the Colorectal Symposium.

Dr. Akhtar Qureshi is a colorectal surgeon at Sunway Medical Centre in Petaling Jaya, Malaysia and President of the Malaysian Society of Gastroenterology and Hepatology. Dr. Qureshi delivered a lecture on “Management of perianal fistulas” in the IBD Symposium.

There were case discussion sessions by Professor Razman Jarmin from Universiti Kebangsaan Malaysia and Associate Professor Yeong Yeh Lee from Universiti Sains Malaysia.



## Recap of the 15<sup>th</sup> Congress of Gastroenterology China and Chinese Congress of Digestive Diseases 2015

### Yulan Liu

General Secretariat, Chinese Society of Gastroenterology  
Beijing, China



In CCDD 2015, Chairmen of the Congress, Professor Yang Yunsheng was giving the plenary speech.

The 15<sup>th</sup> Congress of Gastroenterology China (CGC 2015) and Chinese Congress of Digestive Diseases 2015 (CCDD 2015) were held successfully on 4-6 September 2015 in Tianjin, China. The congress was jointly sponsored by Chinese Medical Association, Chinese Society of Gastroenterology (CSG), Chinese Society of Digestive Endoscopy (CSDE), and Chinese Society of Hepatology. This magnificent gathering is believed to be the broadest scientific event in scale, with the highest academic level in Chinese gastroenterology, with 5,805 delegates from all parts of the country participating.

A total of 3,035 abstracts were submitted, 478 of which were pre-

sented as posters and 143 as free paper presentations. The best abstracts were published in supplements of *Chinese Journal of Digestion* and *Journal of Digestive Diseases*. Fifteen plenary lectures, eight CME reports, and six essence reports were given. Apart from plenary lectures, there were five breakout sessions in the CCDD and 19 sessions in the CGC, including the “GI nursing care session” and “competition of youth endoscopy video,” which were established in the Congress for the first time. The session of “Youth oral presentation in English” was setup by the Youth Committee of the CSG. In the “international session,” essence studies from Digestive Disease Week

(DDW) 2015 and United European Gastroenterology (UEG) Week were reported by international experts.

Nearly 200 domestic senior experts and 18 international experts were specially invited. The Congress provided a unique opportunity to gain access to the latest and best scientific information and education in gastroenterology, hepatology, and endoscopy.

### CCDD 2015

The Chairmen of CCDD 2015 were Professors Yun-Sheng Yang, Zhaoshen Li, and Lai Wei. They gave the plenary speeches on the development and current challenges in digestive endoscopy, and the focus of big data in the research of hepatology, respectively. In the opening ceremony, Professor Daiming Fan, as the honorary chairman of the Congress, gave the speech of “Medicine and Science.” Professor John Allen, the former president of American Gastroenterological Association, launched the lecture of “Scientific Drivers for Diplomacy.” The President of World Gastroenterology Organization (WGO), Professor James Toouli, introduced the structure of WGO and its global strategy. The chairman of Asian Pacific Digestive Week Federation, Professor Kwong-Ming Fock from Singapore, analyzed Asian Pacific GERD III. The chairman of the Asian Pacific Association of Gastroenterology, Professor Kentaro Sugano from Japan, introduced a new acid suppressive therapy,



Professor James Toouli presenting WGO activities in CGC and CCDD 2015.



APAGE activities in CGC and CCDD 2015.

namely potassium-competitive acid blocker. The chairman-elect of CSG, Professor Min-Hu Chen, introduced the present status of FODMAPS.

In a breakout session of continuing medical education (CME), presentations were given on early warning signs of and prevention of colorectal cancer, new recognition of the fatty liver disease, induced differentiation therapy of liver cancer, and rational use of traditional Chinese medicine, among others. In the international session, the best studies from *DDW*, *Gut*, and *Gastroenterology* attracted considerable attention. In the session of the CSDE, Professor Zhang Shutian, president-elect of the CSDE, introduced the development of endoscopic diagnosis of early GI tract neoplasms. Other advances in endoscopy, including ERCP, capsule, enteroscopy, EUS, and confocal endoscopy were given as keynote speeches. At the same time live endoscopy demonstration, such as EVL, ESD, POEM, ERCP, EUS-FNA, SMT-EFR, NOTES, and other advanced procedures were warmly received by the audience. In the hepatology session hotspot issues, such as multiple targets in anti-HBV therapy, occult hepatitis B, reversal of hepatitis B fibrosis, and the application of the new generation sequencing in HBV infection, were widely discussed.

### CGC 2015

First the president of the CSG, Professor Yun-Sheng Yang, continued his lecture of "Gut Science" with the 2<sup>nd</sup> edition for CGC 2015, in which he

inspired the origination of precision medicine from the precise Chinese herbs, addressed the modern concepts and research domains of precision medicine, and raised precision gastroenterology, hepatology, and GI endoscopy. He also put forward the concept of "Chinese gut," which focused on the characteristics of Chinese gut and difference of intestinal microbiota between Chinese and westerners. The Chairman of the British Society of Gastroenterology, Professor Ian Forgacs, and former chairman of the American Society for Gastrointestinal Endoscopy (ASGE), Professor Kenneth Wang, also gave wonderful speeches on prevention and early detect of GI cancer and endoscopy in the 21st century.

There were 19 breakout sessions in CGC 2015, including GI neoplasms, inflammatory bowel disease (IBD), minimally invasive and interventional therapy, hepatobiliary diseases, bio-bank and translational medicine, esophageal diseases, clinical epidemiology, pediatric GI, geriatric gastroenterology, integrated traditional and western medicine, psychosomatic medicine, and more. The session of GI nursing care was setup for the first time in order to meet the demand of more and more cooperation between nurses and endoscopists. Altogether, 197 keynote speeches, 143 free paper presentations, and 11 case discussions were arranged, covering nearly all the



In CGC 2015, president of CSG, Prof. Yang Yun-sheng, continued his lecture of "Gut Science" with the 2nd edition for CGC 2015.

fields of gastroenterology, hepatology, and endoscopy.

The session of youth oral presentation in English has been successfully held for several years in CGC. There were 14 free paper presentations selected and the presenters were required to give the speech and answer questions from the judge panel of experts all in English. Awards were given to the best presenters, which helped to encourage youth researchers.

The CSG also celebrated its 35<sup>th</sup> anniversary during the Congress. Several commemorative activities were arranged, including the presentation of memorial awards to outstanding Chinese gastroenterologists.

The three-day Congress gained wide accomplishments from the delegates and demonstrated the rapid progression and unique characteristics of Chinese gastroenterology to the world.



CSG awards for outstanding Chinese gastroenterologists.



## Summary of Annual Meeting SGG – SGVC – SASL 2015



### Andrew Macpherson, MD, PhD

Chairman, Scientific Committee of the Swiss Society of Gastroenterology  
Professor of Medicine and Director of Gastroenterology  
University Hospital of Bern  
Bern, Switzerland

The annual meeting of the Swiss Society of Gastroenterology (SGG), the Swiss Society of Visceral Surgery (SGVC), the Swiss Association for the Study of the Liver (SASL) and the Swiss Society of Endoscopy Nurses and Associates (SSNA) took place in Interlaken on 1-2 October 2015. This is a beautiful setting in the heart of Switzerland; excellent weather added to the excellent clinical presentations,

translational science, and the fellowship of attendees.

This was an important meeting for the small, but energetic, Swiss gastroenterology (GI) community, including the GI nurses, and our industrial partners. Since most people know each other, there is a real sense of collegiality. Of 74 abstracts of original research submitted to the scientific committee, mainly from our younger



At the registration in the early morning.

colleagues, approximately a third were incorporated into the program as oral presentations and the remainder were shown as posters. We also welcomed guest speakers from Germany, the United Kingdom, Austria, France, and Spain. The full program is available at <https://sgg-sgvc-sasl.unibas.ch/program-en.php>.

The conference started with a session on inflammatory bowel disease, including an outstanding presentation from Markus Neurath (Erlangen, Germany) on visualization of the underlying molecular mechanisms of the disease using cutting edge confocal endoscopy techniques. There were sessions on screening for GI tumors, with a focus on the particular challenges in Swiss health care, and on functional intestinal disease that included excellent presentations from Robin Spiller (Nottingham, UK) on new insights into colonic function and diet in irritable bowel syndrome, and from Michael Fried (Zürich, Switzerland) on the relationships between gastric motility and functional dyspepsia. Arthur Kaser (Cambridge, UK) showed his group's recent work on the interactions between the unfolded protein response and autophagy in triggering chronic intestinal inflammation. Presentations on the surgical challenges of bariatric surgery interfaced with the endoscopic approaches to complications and new approaches.

For liver diseases, the first day was focused on portal hypertension. Here, Jaime Bosch (Barcelona, Spain)



The congress center Kursaal Interlaken.



Prof. Robin Spiller, one of our speakers.

gave an outstanding keynote lecture talking about paradigm changes in the treatment of portal hypertension. It was followed by an excellent presentation held by Laurent Spahr (Geneva, Switzerland) who talked about the clinical management of hepatic encephalopathy in cirrhosis. The Swiss Association for the Study of the Liver (SASL) “hot topics in hepatology” were mainly focusing on Viral Hepatitis. Fabien Zoulim (Lyon, France) gave us insights into new mechanisms/pathways on how Hepatitis B infection can be cured, not just controlled. His presentation was followed by Beat Müllhaupt (Zürich, Switzerland), who gave an excellent update on the current treatment options and remaining challenges with respect to Hepatitis C infection. This session ended with Francesco Negro (Geneva, Switzerland), who gave an economical and philosophical insight with respect to the limitations in hepatitis C virus (HCV) treatment in Switzerland.

The second Hepatology session was dedicated to non-alcoholic fatty liver disease (NAFLD) and bile trans-

porters. Vlad Ratziu (Paris, France) impressively highlighted past, present, and future challenges in the treatment of NAFLD, while Michael Trauner (Vienna, Austria) gave us excellent insight on how to apply transcriptional activators of bile acid transporters into clinical practice with respect to cholestatic and metabolic liver diseases.

On the second day we were treated to very clear presentations on acute pancreatitis (Julia Mayerle, Greifswald) and chronic pancreatic disease (Jean-Louis Frossard, Geneva, Switzerland). We were comprehensively disabused of any notion that endoscopic technology has plateaued by wide-ranging presentations including

‘The Force’ of Ralf Kiesslich (Wiesbaden, Germany: confocal endomicroscopy, spectroscopic imaging and endocytoscopy) and Peter Bauerfeind (Zürich, Switzerland: polyps: only omitting ‘Proton Torpedoes’).

The conference ended with ultrasound and ERCP simulation sessions for trainees and prizes for the best Swiss papers from those submitted to the scientific committee that were published during the last year. Prize winners included Ekaterina Safroneva (Bern, Switzerland) for Gastroenterology, Sheida Moghadamrad (Bern, Switzerland) for Hepatology, and Roland Wyss (Winterthur, Switzerland) for Surgery.



Talks during the break.



The prize-winners.

## Summary of the 3rd Serbian Gastroenterology Congress with International Participation in Belgrade



### Srdjan Djuranovic, MD, PhD

President of the 3<sup>rd</sup> Serbian Gastroenterology Congress  
President of the Association of Serbian Gastroenterologists  
Professor of Internal Medicine and Gastroenterology  
Medical School University of Belgrade  
Clinic for Gastroenterology and Hepatology, Clinical Center of Serbia  
Belgrade, Serbia



### Aleksandra Sokic-Milutinovic, MD, PhD

Secretary of the 3<sup>rd</sup> Serbian Gastroenterology Congress  
Associate Professor of Internal Medicine and Gastroenterology  
Medical School University of Belgrade  
Clinic for Gastroenterology and Hepatology, Clinical Center of Serbia  
Belgrade, Serbia



Treatment of patient with acute severe ulcerative colitis is always challenging for the attending gastroenterologist. Professor Njegica Vignjevic Jojic shared her experience and current guidelines with the audience during the session on IBD.

The Association of Serbian Gastroenterologists organized the 3<sup>rd</sup> Serbian Gastroenterology Congress on October 8-10, 2015. The Congress was held in Belgrade, the historical, cultural, educational, scientific, economic, and political capital of Serbia.

The Association is the largest and most important professional association in Serbia and brings together many gastroenterologists, hepatologists, and other specialists. The Congress brought together over 450 colleagues and experts from Serbia, Austria, Bosnia and Herzegovina, Bulgaria, Montenegro, Croatia, Italy, Macedonia, Hungary, USA, Slovenia, Switzerland, Sweden, and UK. The President of the Organizing Committee was Prof. Dr. Srdjan Djuranovic, President of the Association of Gastroenterologists of Serbia. The President of the Scientific Committee was Prof. Dr. Goran Jankovic. The congress was accredited by the Health Council of Serbia and the European Accreditation Council for Continuing Medical Education (EACCME).

There were 43 lectures. The scientific program was organized into eight sessions. There was also a poster session, which included 80 abstracts selected by the Organizing Committee.

The first session **Infections in gastroenterology** covered important topics with an opening lecture given by Professor Mirjana Rajilic Stojanovic on gastrointestinal microbiota as a potential source of gastrointestinal infections. New therapies for hepatitis C, the problem of the increasing prevalence of *Clostridium difficile* infection, and abdominal tuberculosis that still represents a diagnostic challenge were presented as well as an update on fecal transplantation, where the focus was on indications and unresolved issues concerning the process of donor selection and long term effects of fecal transplantation to the host were discussed.

An **Emergency gastroenterology and hepatology** session consisted of five lectures. Experts from Serbia and Croatia gave the audience an update on both diagnostic algorithms and therapeutic modalities in patients with

gastrointestinal bleeding. Diagnosis and medical treatment of acute liver failure and the Croatian experience with liver transplantation in these patients was presented by Professor Stipislav Jadrijevic.

The second day included a **Regional GastroHep Update** with distinguished regional experts from Bulgaria, Macedonia, Slovenia, Montenegro, Croatia, Bosnia and Herzegovina, and Serbia providing an update and their experience with endoscopic ultrasound, colorectal cancer screening, idiopathic peptic ulcer disease, endoscopic treatment of obesity, and complications in GI endoscopy. Autoimmune hepatitis and drug induced liver injuries were also discussed.

The session on **Inflammatory bowel disease (IBD)** speakers included regional and international experts. Professor Bo Shen (USA) presented an update on therapeutic strategy in patients with stenosing Crohn's disease. He stressed the importance of balanced medications, endoscopic, and surgical treatment. Professor Matthieu Allez (France) gave an excel-

lent lecture on postsurgical treatment of Crohn's disease.

In the **Update on Liver transplantation - the only cure for end-stage liver disease** Markus Peck Radosavljevic (Austria), Ludwig Kramer, (Austria), Michael Heneghan (UK), and Zoka Milan (UK) provided excellent lectures on antiviral therapy for hepatitis C and hepatic encephalopathy before and after liver transplantation, as well as the current status of liver transplantation in Serbia.

In the session **Biliopancreatic diseases** Professor Peter Hedgy (Hungary) spoke on the therapy of acute pancreatitis. Professor Philippe Lévy (France) discussed intraductal papillary mucinous neoplasm (IPMN).

The **Functional and motility disorders** included new insights in anal incontinence and endosonography (Vincent De Parades, France) and irritable bowel syndrome (IBS) as potentially inflammatory bowel disease (Benoit Coffin, France).

The last session was dedicated to **Diseases of upper GI tract** including gastric carcinogenesis, *Helicobacter pylori* infection, gastroesophageal reflux disease, and protection of gastric mucosa

This Congress proved that the Serbian gastroenterology keeps up with Europe and the world and that Serbia certainly represents one of the major gastroenterology centers in the region.

The next Congress will be held in four years and we hope to welcome an even wider audience



Coffee breaks between two scientific sessions are always good moments to meet with old and make new friends and exchange ideas and thoughts with colleagues.



Hot topic of gastroprotection was addressed by Prof. Ivan Jovanovic in the session on Upper GI diseases chaired by Associate Prof. Natasa Zdravkovic (Serbia), Dr. Predrag Dugalic (Serbia), Dr. Hrvoje Ivekovic (Croatia), and Prof. Tomica Milosavljevic, President of EAGEN (Serbia).

## 57th Annual Meeting of the JSGE



### Hajime Takikawa, MD, PhD

Dean  
Professor and Chairman, Department of Medicine  
Teikyo University School of Medicine  
President of the 57th Annual Meeting of the Japanese Society of  
Gastroenterology (JSGE)  
Tokyo, Japan

The 57th Annual Meeting of the Japanese Society of Gastroenterology (JSGE) was held at the Grand Prince Hotel New Takanawa and Grand Prince Hotel Takanawa in Tokyo, Japan, for two and a half days from 8-10 October 2015, as part of Japan Digestive Disease Week 2015 (JDDW 2015).

Starting in 2015, the number of themes was reduced because the regular annual meeting was conducted over three days, with the fourth day reserved exclusively for educational presentations.

Special lectures were “Pretargeting antibody drug for diagnosis and treatment of advance colon cancer” by Professor Tatsuhiko Kodama (Department of Systems Biology and Medicine, Research Center for Advanced Science and Technology, The University of Tokyo) and “The gastronomic meal of the French” by Professor Isao Hirota (Teikyo University, Faculty of Economics).

Two English sessions were organized: “Recent progress in IgG4-related pancreatobiliary diseases,” chaired by Professor Kazuichi Okazaki (Department of Gastroenterology and Hepatology, Kansai Medical University) and Professor Suresh Chari (Mayo Clinic), and “Recent progression in drug-induced liver injury (DILI),” chaired by Professor Yasushi Matsuzaki (Tokyo Medical University

Ibaraki Medical Center) and Professor Neil Kaplowitz (USC Keck School of Medicine).

The following sessions were organized by JSGE and presented in Japanese with English slides: two joint programs with gastroenterological surgery, “Intrahepatic and hilar cholangiocarcinomas: Classification and therapeutic strategy” and “Multidisciplinary approach for stage IV colorectal cancer”; three symposia, “New horizons for chronic hepatitis C treatment - Dawn of IFN-free era,” “Cooperation between internists and surgeons in the treatment of inflammatory bowel disease,” and “Issues after *H. pylori* eradication and the search for their solutions”; three panel discussions, “Current status of chemoradiotherapy for esophageal cancer,” “Therapeutic strategy for acute liver failure: Medical liaison between hepatologists and transplant surgeons,” and “Progress of the chemotherapies for pancreato-biliary carcinomas: Neoadjuvant and adjuvant chemotherapies, and chemotherapies for unresectable cases”; and seven workshops, “Diagnosis and treatment of Gastrointestinal neuroectodermal tumor (gNET),” “Pathophysiological significance of intestinal microbiota in digestive disorders,” “Recent progress in functional upper gastrointestinal disorder,” “Intraductal papillary-mucinous neoplasm versus intraductal



Speech by Prof. Takikawa at welcome reception.

papillary neoplasm of the bile duct,” “Current condition and future trend of clinical metabolomics,” “Bile acids in digestive diseases: Relation to pathophysiology, diagnosis, and therapeutics,” and “Recent progress in autoimmune hepatitis (AIH) and primary biliary cirrhosis (PBC).”

A medical staff program was started this year: “Providing better medical cares for patients: Roles of medical staffs with special reference to advanced practice nurse system,” chaired by Dr. Kentaro Sugano (President, Organization of Japan Digestive Disease Week) and Ms. Kiyoko Okubo (Vice President, Japanese Nursing Association).

Poster sessions (501 posters) were presented in Japanese by digital posters. In addition, several posters were presented in English as International Poster Sessions.



Members of Gastroenterology Division, Department of Medicine, Teikyo University School of Medicine.

## Japan Digestive Disease Week 2015 (JDDW 2015)



### Hajime Takikawa, MD, PhD

Dean  
Professor and Chairman, Department of Medicine  
Teikyo University School of Medicine  
Chairman of the Steering Committee, JDDW2015  
Tokyo, Japan

The 23rd Japan Digestive Disease Week (JDDW) was held at the Grand Prince Hotel New Takanawa and Grand Prince Hotel Takanawa in Tokyo, Japan from 8 -11 October 2015. JDDW is one of the largest gastroenterological conventions in the world, drawing more than 20,000 participants annually, and is organized jointly by four member societies, namely the Japanese Society of Gastroenterology (JSGE), the Japan Gastroenterological Endoscopy Society (JGES), the Japan Society of Hepatology (JSH), and the Japanese Society of Gastroenterological Surgery (JSGS), plus the Japanese Society of Gastrointestinal Cancer Screening (JSGCS).

There were 21,534 participants with 2,962 papers presented at this meeting: 722 for topic sessions (symposia, panel discussions, and workshops) and 2,240 for electronic poster sessions. Taking advantage of the member societies involved, an Integrated Program was designed to enhance cross-talk between subspecialty societies, with six sessions focusing on the latest themes. We also had a "Seminar on Medical Issues" entitled "Towards clinical research in the future - A new stage" where social issues concerning medico-pharmaceutical relationships were discussed. Through the experts' discussion, this seminar guided us in enhancing fairness and transpar-

ency in clinical research in line with the ethical guidelines that had been revised in 2015.

The Committee for Women Physicians and Researchers of Gastroenterology in Japan, one of the JDDW's extraordinary committees, had its own program for encouraging women physicians and researchers to play an active role in gastroenterology.

A new "Medical Staff Program" started this year. Medical treatment should involve not only physicians, but also medical staff from different professions, including nurses, pharmacists, nutritionists, clinical laboratory technicians, and radiologi-

cal technologists, working as a team. This type of program was uncommon in past conventional academic conferences, and we hope it provided medical staff and doctors with exciting opportunities for promoting better patient care.

An educational lecture was held independently all day Sunday, 11 October, and 4,658 members participated. We included the newest knowledge in each field of gastroenterology. The topics were: "Diagnosis and treatment of *Helicobacter pylori* gastritis," "Diagnostic and therapeutic endoscopic approaches for colorectal tumors," "New developments in hepatitis C treatment," "Clinical practice guidelines for pNET," "On the cutting edge of treatment strategies for cholangiocarcinoma," "What gastroenterologists need to know about pathology," "Hot topics in intestinal bacteria," and "Current status of bariatric surgery."

Special considerations were made in order to accelerate the efforts to become an international meeting. We had eight international sessions, all of which were conducted in English: three symposia, "Hepatocellular carcinoma: Molecular approaches for diagnosis, prognosis, and therapy,"



The sign of JDDW 2015 outside the venue.

“Recent progress in IgG4-related pancreatobiliary diseases,” and “Recent progression in drug-induced liver injury (DILI)”;

two panel discussions, “Diagnosis and treatment of Barrett epithelium and cancer” and “Strategy of treatment for biliary stenosis”;

and three workshops, “Pathological features of Nonalcoholic Steatohepatitis (NASH),” “New trends in diabetes mellitus and liver diseases,” and “Up-to-date therapies in IBD.”

For these sessions, 32 speakers were invited from abroad. As a result, there were programs available in English every day. In addition to these sessions, all theme presenters of Japanese sessions prepared their slides in English. Starting last year, international poster sessions were planned. Overall, we collected 80 English-language abstracts. Additionally, JDDW officially offered a Travel Award Program for 22 participants from abroad in order to accommodate overseas participants.

This year we have made it a principle to accept fewer than 85% of the general presentations submitted from each society and to scrutinize reviews of studies on rare cases more carefully. As a result, some may criticize us for raising the bar too high. However, this results from our efforts to heighten



Five Presidents of JDDW 2015's Meetings and Conferences together with current JDDW President (Prof. K. Sugano).

scientific quality by tightening the review process. As the medical environment changes, JDDW hopes to promote the importance of scientific integrity and considers it necessary to encourage mid-career physicians to focus on basic clinical studies, especially among younger physicians.

As JDDW moves towards becoming more international in scope, we are searching for a new form of conference so we can continue to grow.

We would like to express our appreciation to those who have supported and guided us through the JDDW Steering Committee as well as the Conference Program Committee, as we seek to answer the question “how our five societies increase collaboration and integrity while continuing to shape our unique attributes.”



## WGO Guidelines Endoscope Disinfection 2016 Update



**Anton LeMair, MD**

WGO Guidelines Project  
Amsterdam, The Netherlands



**A Resource Sensitive Solution**

*At the Gastro 2015: AGW-WGO International Congress in September and October 2015 in Brisbane, Australia, the recent disinfection problems with certain endoscopes was a topic of discussion in the session on guidelines. The current WGO Endoscope Disinfection guideline, co-written with the World Endoscopy Organization in 2011, focuses on general disinfection procedures based on available resources through a cascade approach. It does not specifically mention issues with duodenoscopes or the recent documentation of infection transmission in multiple countries. We spoke with Professor David Bjorkman, President of the World Gastroenterology Organisation (WGO) and a co-author of the current WGO guideline on endoscope disinfection.*

“While the most recent outbreaks of serious infections after gastro-, duodeno-, and bronchoscopy started in 2012 and the Dutch National Institute of Public Health and Environment commissioned a report into the outbreak at the Erasmus Hospital

in Rotterdam, authorities in France and Germany have also investigated outbreaks. Similar documented infection transmissions in the USA have prompted responses from American gastroenterology societies and a hearing by the U.S. Food and Drug Administration. The Gastroenterological Society of Australia has also distributed information to their members on this issue.

At the meeting in Brisbane the discussion concluded that infected material may remain after standard disinfection. It is also clear that there is still a lack of quality data for regulatory bodies and advisory panels to make recommendations.

At the meeting during our World Congress an update on the current evidence was presented and there was extensive discussion by the experts. Dr. Michelle Alfa from Canada presented data on the frequency of infectious material found in endoscopes after disinfection and emphasized the importance of how endoscopes are

dried and stored. Dr. Tony Speer from Australia pointed out the important role of the endoscope design to allow easy cleaning and disinfection. We anticipate that the information presented and the discussion will inform WGO’s addendum to the guideline in cooperation with other societies, such as the Australian society.

This is clearly a worldwide issue that requires better information to make meaningful recommendations, including potential changes in the design of endoscopes. We need to work with Member Societies and others to provide guidance to our Members.

We are considering an addendum to our current guideline that could communicate the current status and what further steps should be taken to provide both short-term and long-term recommendations. In the long-term a new endoscope design may be needed, and we hope the industry will join efforts to deal with this serious problem.”





## WGO Calendar of Events

### WGO-RELATED MEETINGS AND TRAIN THE TRAINERS WORKSHOPS

#### WGO Train the Trainers Workshop

**When:** 4-7 April 2016

**Location:** Antalya, Turkey

**Organizers:** Turkish Society of Gastroenterology and World Gastroenterology Organisation

**E-mail:** [info@worldgastroenterology.org](mailto:info@worldgastroenterology.org)

**Website:** <http://www.worldgastroenterology.org/education-and-training/train-the-trainers/upcoming-workshops>

#### Gastro 2016 EGHS-WGO International Congress

**When:** 17-19 November 2016

**Location:** Abu Dhabi, United Arab Emirates

**Organizers:** Emirates Gastroenterology & Hepatology Society and World Gastroenterology Organisation

**E-mail:** [info@worldgastroenterology.org](mailto:info@worldgastroenterology.org)

**Website:** [www.gastro2016.com](http://www.gastro2016.com)

#### Gastro 2017 ACG-WGO World Congress of Gastroenterology

**When:** 13-18 October 2017

**Location:** Orlando, Florida, USA

**Organizers:** American College of Gastroenterology and World Gastroenterology Organisation

**E-mail:** [info@worldgastroenterology.org](mailto:info@worldgastroenterology.org)

### CALENDAR OF EVENTS

#### JANUARY 2016

##### 14th SGA Annual Meeting & 3rd SASLT Meeting

**When:** 20-21 January 2016

**Location:** Al Faisaliah Hotel, King Fahd Road, Riyadh, Saudi Arabia

**Organizers:** Saudi Gastroenterology Association (SGA) and Saudi Association for the Study of Liver diseases and Transplantation

**Phone:** +966 564 412 595

**E-mail:** [sga@saudigastro.com](mailto:sga@saudigastro.com)

**Website:** <http://www.saudigastro.net>

#### FEBRUARY 2016

##### 23rd Annual Convention and Scientific Seminar

**When:** 5-7 February 2016

**Location:** Pan Pacific Sonargaon Hotel

**Address:** 107 Kazi Narul Islam Avenue, Dhaka 1225 Bangladesh, Bangladesh

**Organizer:** Bangladesh Gastroenterology Society

**Phone:** +88029128008

**E-mail:** [gastroenterologysociety\\_bd@yahoo.com](mailto:gastroenterologysociety_bd@yahoo.com)

**Website:** <http://bgs-bd.org/>

##### 5th SSG International Conference

**When:** 6-8 February 2016

**Address:** Ibnsina Specialized Hospital, Alamarat st17, Khartoum 12217, Sudan

**Organizer:** Sudanese Society of Gastroenterology (SSG)

**Phone:** 00249-183-461796

**E-mail:** [Munem2002@hotmail.com](mailto:Munem2002@hotmail.com)

**Website:** <http://www.ssgsudan.org>

##### Belgian Week of Gastroenterology - XXVIIIth edition

**When:** 18-20 February 2016

**Location:** Square Meeting Center, Brussels, Belgium

**Organizers:** Vlaamse Vereniging voor Gastro-Enterologie (VVGGE), Société Royale Belge de Gastro-Entérologie (SRBGE), Belgian Society of Gastrointestinal Endoscopy (BSGIE), Royal Belgian Society of Surgery (RBSS), Royal Belgian Society of Radiology, Digestive Radiology and Abdominal Imaging (BSR), Belgian Association for the Study of the Liver (BASL), Belgian Group of Digestive Oncology (BGDO)

**E-mail:** [info@bwge.be](mailto:info@bwge.be)

**Website:** <http://www.bwge.be>

##### 25th APASL Conference

**When:** 20-24 February 2016

**Location:** Tokyo, Japan

**Organizer:** Asian Pacific Association for the Study of the Liver (APASL)

**Phone:** +81 3 63800102

**Fax:** +81 3 63800103

**E-mail:** [info@apasl2016.org](mailto:info@apasl2016.org)

**Website:** <http://www.apasl2016.org/>

##### Canadian Digestive Diseases Week (CDDW 2016)

**When:** 26-29 February 2016

**Location:** Fairmont Queen Elizabeth Hotel

**Address:** 900 Rene Levesque Blvd., Montreal, QC H3B 4A5, Canada

**Organizer:** Canadian Association of Gastroenterology

**Phone:** 905-829-2504

**E-mail:** [cddw@cag-acg.org](mailto:cddw@cag-acg.org)

**Website:** <http://www.cag-acg.org/cddw>

**APRIL 2016****The 5th International Forum****When:** 22-23 April 2016**Location:** Keio Plaza Hotel Tokyo  
**Address:** 2-2-1 Nishi-Shinjuku, Shinjuku-Ku, Tokyo, 160-8330, Japan**Organizer:** The Japanese Society of Gastroenterology**Phone:** +81-3-3508-1214**Fax:** +81-3-3508-1302**E-mail:** [102jsge@convention.co.jp](mailto:102jsge@convention.co.jp)**Journée du Président****When:** 23 April 2016**Location:** Hotel Dolce La Hulpe  
Brussels**Address:** 135, Chaussée de Bruxelles,  
La Hulpe, BE 1310**Organizer:** Société Royale Belge de Gastro-Entérologie (SRBGE)**Website:** <http://www.srbge.be>**JUNE 2016****Curso Internacional FAGE 2016****When:** 3-4 June 2016**Location:** Centro de Convenciones  
Puerto Norte, Rosario, Argentina**Address:** Av. Candido Carballo 150,  
2000 Rosario, Argentina, Argentina**Organizer:** Federación Argentina de Gastroenterología (FAGE)**Phone:** +54 351 4290463**Fax:** +54 351 4290463**E-mail:** [info@fage.org.ar](mailto:info@fage.org.ar)**Website:** <http://www.fage.org.ar>**58th Annual Meeting of HSG****When:** 4-7 June 2016**Location:** Hotel Azúr Siófok  
**Address:** Erkel F.u.2/c, Siófok 8600  
Hungary**Organizer:** Hungarian Society of Gastroenterology (HSG)**Phone:** +36 1 2015 1224**Fax:** +36 1 476 0634**E-mail:** [gastroent@gmail.com](mailto:gastroent@gmail.com)**Website:** <http://www.gastroenter.hu>**JULY 2016****International Course on Gastroenterology Trujillo 2016****When:** 30 June - 2 July 2016**Location:** Hotel Casa Andina  
**Address:** Av. Huamán, Av. El Golf,  
Victor Larco Herrera, Peru**Organizer:** Sociedad de Gastroenterología del Perú**Phone:** +51 1 264 0015**Fax:** +51 1 264 1400**E-mail:** [secretaria@socgastro.org.pe](mailto:secretaria@socgastro.org.pe)**Website:** <http://www.socgastro.org.pe>**SEPTEMBER 2016****Pan American Digestive Disease Week****When:** 10-13 September 2016**Location:** Convention Center of  
Cartagena de Indias, Colombia**Organizer:** Pan-American Gastroenterology Organization (OPGE)**Phone:** +57 1 6168315**Fax:** +57 1 6162376**E-mail:** [contacto@opge.org](mailto:contacto@opge.org)**Website:** <http://www.opge.org>**OCTOBER 2016****XXV Peruvian Congress of Digestive Diseases****When:** 5-8 October 2016**Location:** Swissôtel Lima  
**Address:** Av. Santo Toribio 173, Centro Empresarial Real, Via Principal 150, Lima LIMA 27, Peru**Organizer:** Sociedad de Gastroenterología del Perú**Phone:** +51 1 264 0015**Fax:** +51 1 264 1400**E-mail:** [secretaria@socgastro.org.pe](mailto:secretaria@socgastro.org.pe)**Website:** <http://www.socgastro.org.pe>**ACG 2016 Annual Scientific Meeting & Postgraduate Course****When:** 14-19 October 2016**Location:** Venetian Resort, Las Vegas,  
NV, USA**Organizer:** American College of Gastroenterology (ACG)**Website:** <http://www.gi.org/>**NOVEMBER 2016****Asian Pacific Digestive Week (APDW) 2016****When:** 2-5 November 2016**Location:** Kobe Convention Center,  
Kobe, Japan**Organizer:** Organization of JDDW**Website:** [www.apdw2016.org](http://www.apdw2016.org)**JDDW 2016 - Japan Digestive Disease Week 2016****When:** 3-6 November 2016**Location:** Kobe Convention Center,  
Kobe, Japan**Organizer:** Organization of JDDW**Website:** <http://www.jddw.jp/english/index.html>**OCTOBER 2017****JDDW 2017 - Japan Digestive Disease Week 2017****When:** 12-15 October 2017**Location:** Fukuoka, Japan**Organizer:** Organization of JDDW**Website:** <http://www.jddw.jp/english/index.html>**NOVEMBER 2018****JDDW 2018 - Japan Digestive Disease Week 2018****When:** 1- 4 November 2018**Location:** Kobe, Japan**Organizer:** Organization of JDDW**Website:** <http://www.jddw.jp/english/index.html>**WGO MEMBER SOCIETIES  
SUBMIT YOUR EVENT**

Are you a WGO Member Society wanting to share your event with WGO readers? Visit <http://www.worldgastroenterology.org/forms/submit-event.php> to submit your event for publication in WGO's website conference calendar as well as the quarterly *e-WGN* calendar of events!

# gastro2016

EGHS-WGO International Congress

17 - 19 November 2016

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