

# e-WGN

## WORLD GASTROENTEROLOGY NEWS

Official e-newsletter of the World Gastroenterology Organisation

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



VOL. 18, ISSUE 4

DECEMBER 2013

### In this issue



A Celebration of Gastro 2013 APDW/WCOG Shanghai!



WGO Lectureship, Henry L. Bockus Medal and Lecture: Research Misconduct: A Grand Global Challenge for the 21st Century

Michael Farthing, MD



WGO Lectureship, Georges Brohé Medal and Lecture: New Views on NASH Pathogenesis – How Should They Inform Management?

Geoffrey C. Farrell, MD, FRACP

## Expanding Our Vision: Education to Play Prominent Role in WGO's Future



### James Toouli, MD

Emeritus Professor of Surgery  
Adelaide, Australia  
President, WGO

It is with great honor that I take over from Henry Cohen as President of the World Gastroenterology Organisation.

I take on this role following in the footsteps of past presidents who are amongst my heroes in Medicine. Many of my predecessors not only rank as life long friends but also people whom I have admired over the years.

It is a historical event in two respects: I am the first surgeon to hold this position and the first from Australia, a country with a very proud history of contributions to our specialty.

At the outset, I wish to acknowledge the support of my wife Helen who has not only supported me personally but also has been a loyal friend to WGO over the years. In addition, I acknowledge and offer my sincere thanks to colleagues from a number of our member societies, including those from my own society, the Gastroenterological Society of Australia, who have encouraged and supported me to aspire for this position.

Over the term of my presidency I would like to build on the work of my predecessors and in particular, the work which started a decade or so ago.

Education is the core activity of WGO and I wish to make this the major focus of my time as President.

In WGO education takes on a number of forms and include:

1. WGO Training Centers; the activities at the centers define WGO as it is the Training Centers which make WGO a unique international organization. I believe that we need to prioritize our efforts and resources in order to enhance their activities, define standards and expand so as to fulfill the WGO mission of improving the quality of care in GI disorders around the world.
2. Train the Trainers has been an outstanding success and I would like to see this activity not only continue, but also evolve in new directions. Also, it is important that similar to what happens with the WGO guidelines, TTTs be translated into languages other than English.
3. Congresses are an important activity, which provide an opportunity for



WGO Past President Henry Cohen congratulates President James Toouli at the General Assembly.

## Contents

**Editorial**

Expanding Our Vision: Education to Play Prominent Role in WGO's Future	1
James Toouli, MD	

<i>e-WGN</i> : A Solid Foundation. A Blueprint for the Future.	4
J. Enrique Domínguez-Muñoz, MD Christina M. Surawicz, MD, MACG	

Message from the Past President: A Reflection on the Last Two Years	5
Henry Cohen, MD	

**World Congress**

A Celebration of Gastro 2013 APDW/WCOG Shanghai!	8
--	---

WGO Lectureship, Henry L. Bockus Medal and Lecture: Research Misconduct: A Grand Global Challenge for the 21 <sup>st</sup> Century	11
Michael Farthing, MD	

WGO Lectureship, Georges Brohée Medal and Lecture: New Views on NASH Pathogenesis – How Should They Inform Management?	14
Geoffrey C. Farrell, MD, FRACP	

Nature Reviews Gastroenterology & Hepatology (NRGH) Awards	17
--	----

WEO at GASTRO 2013	19
--------------------	----

Society of International Gastroenterological Nurses and Endoscopy Associates 2013 Meeting in Shanghai	21
---	----

**WDHD News**

World Digestive Health Day 2013	22
---------------------------------	----

World Digestive Health Day 2014	26
---------------------------------	----

**WGO & WGOF News**

Semana de las Enfermedades Digestivas (SED) 2013	27
--	----

Finnish Society of Gastroenterology – Autumn Meeting in Kuopio, Finland	28
Timo Blomster, MD	

Nursing Report Fiji Training Program 2013	30
Catherine Conway, CNS, ACGEN	

**WGO Global Guidelines**

The Latest News in WGO Global Guidelines and Cascades	33
---	----

**Calendar of Events**

WGO Calendar of Events	35
------------------------	----

**VOL. 18, ISSUE 4**

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

**Managing editors:** Leah Kopp, Dave Loncaric

**Art Production:** Jennifer Gubbin

**Editorial Office:** WGO Executive Secretariat, 555 East Wells Street, Suite 1100, Milwaukee, WI 53202 USA

**Email:** [info@worldgastroenterology.org](mailto:info@worldgastroenterology.org)

**e-WGN Editorial Board**

- Anita Afzali, USA
- Minhu Chen, China
- Amy E. Foxx-Orenstein, USA
- Abdel Meguid Kassem, Egypt
- René Lambert, France
- Björn Lindkvist, Sweden
- Chun-Jen Liu, Taiwan
- Alejandro Piscocoy, Peru
- Christoffel Johannes van Rensburg, South Africa
- Mário Dinis-Ribeiro, Portugal
- Michael Schultz, New Zealand
- Ala Sharara, Lebanon
- Catherine Wendy Spearman, South Africa
- Maria Claudia Stefanoli, Uruguay
- Miguel A. Valdovinos, Mexico
- Haleh Vaziri, USA
- Marcelo F. Vela, USA



©2013 World Gastroenterology Organisation. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form without the prior permission of the copyright owner.

the WGO community to share views and highlight achievements from their part of the world. I would like to see the flavor of the congresses change so as to reflect the core activities of WGO. The congresses shall aim to enhance but not compete with the scientific congresses that are held by our member societies. WGO will be moving to a rotation of international congresses every two years and these shall be in partnership with our member societies. The first of these events will be held in 2015 in Brisbane, in partnership with the Gastroenterological Society of Australia and in Orlando in 2017, in partnership with the American College of Gastroenterology. In addition to the two bi-yearly international events, we will hold thematic or local meetings with member societies and the first of these shall be held with our colleagues in the United Arab Emirates in 2016.

Our member societies are the reason why we exist. I would like to encourage a greater involvement with WGO, in partnering with the various programs. I would hope that partnering with WGO programs, would meet the international aspirations of our member societies. Consequently, I am very keen to see more member societies become involved in the core WGO activities, such as the Training Centers, TTTs, as well as the congresses and thematic meetings.



WGO President James Toouli shares his vision for the future of WGO during the General Assembly.

With the Training Centers, important partnerships already exist with a number of significant gastroenterological societies. Other member societies are exploring with us ways that they may partner with WGO in the existing Training Centers or the soon to be developed new centers. Many member societies have already partnered with WGO in running TTTs over the last decade or so. I look forward to expanding these partnerships and ask for your involvement.

The third area of focus for me shall be to expand the involvement in our

organization, of the many talented people from around the world, who are excited by the WGO programs. They appreciate that only an organization such as WGO can achieve these because of its global reach.

The two yearly rotations of executive positions and four yearly rotations of WGO committees, I believe, shall increase the opportunities for talented people to become involved with our organization. Please contact me to express your interest.

We are very fortunate to be members of this honorable profession we call medicine and in particular our specialty of Gastroenterology, which has seen so many advances and opportunities during our lifetime.

However, these advances and opportunities are only accessible to one fifth of the world population. It is the challenge of our generation and generations to come, to provide the standard of care that we take for granted, to the entire world.

This is the role and function of WGO as it aims to harness the resources, enthusiasm and idealism of our members, in achieving these lofty aims through the most powerful tool that is available to us: the power of Education.



## e-WGN: A Solid Foundation. A Blueprint for the Future.



### J. Enrique Domínguez-Muñoz, MD

Director of the Department of Gastroenterology and Hepatology  
University Hospital of Santiago de Compostela  
Santiago de Compostela, Spain



### Christina M. Surawicz, MD, MACG

Professor of Medicine Division of Gastroenterology  
Department of Medicine  
University of Washington School of Medicine  
Seattle, USA

It is with great enthusiasm that we write our inaugural editorial for this issue of e-World Gastroenterology News (*e-WGN*). As new Co-Editors we take over a well established and well respected electronic newsletter, thanks to the founding co-editors, Henry Binder and Greger Lindberg, and to the excellent support staff, Caley Kleczka, Leah Kopp, and Dave Loncaric. We would also like to thank the previous Editorial Board for their contributions to *e-WGN* and to introduce you to the new Editorial Board:

Anita Afzali  
Minhu Chen  
Amy E. Foxx-Orenstein  
Abdel Meguid Kassem  
René Lambert

Björn Lindkvist  
Chun-Jen Liu  
Alejandro Piscocya  
Christoffel Johannes van Rensburg  
Mário Dinis-Ribeiro  
Michael Schultz  
Ala Sharara  
Catherine Wendy Spearman  
Maria Claudia Stefanoli  
Miguel A. Valdovinos  
Haleh Vaziri  
Marcelo F. Vela

As we plan for the next two years, we start by reviewing the vision and mission of the WGO, which is focused on education and training, with two of the main goals being (1) to disseminate and exchange knowledge – scientific, clinical, and practical, to gastroenterologists, other physician,

and allied health professionals world wide, and (2) to provide networking among professionals, to exchange ideas knowledge and experience.

This has been accomplished through a variety of means:

1. Scientific articles that focus on diseases that have significant differences in prevalence world wide or that have had significant changes in prevalence over time.
2. Publication of WGO Global Guidelines that are available in English, Spanish, Portuguese, French, Mandarin and Russian.
3. Meeting updates including the popular World Digestive Health Days which are disease specific.
4. Updates from other WGO sponsored programs such as the popular Train the Trainer programs.

It will be hard to improve on the current newsletter, but we do have some plans:

1. Practical advice from experts on their clinical practice.
2. Regular focus on a single member society in each issue.
3. Interviews with WGO leaders to focus on future activities.
4. Regular committee updates.

As we embark on the next two years, we value your advice, feedback and comments. Please feel free to contact us through [info@worldgastroenterology.org](mailto:info@worldgastroenterology.org).

### THANK YOU PROFESSORS HENRY BINDER AND GREGER LINDBERG!

The World Gastroenterology Organisation would like to convey our sincere thanks and acknowledge Professors Henry Binder and Greger Lindberg for their four years of service as Co-Editors of *e-WGN*. Your support has helped create a world worthy newsletter.

Again, thank you for your time and dedication to *e-WGN*!

If you missed their final editorial in this year's Volume 18, Issue 2, please view [The New e-WGN After Four Years](#).

## Message from the Past President: A Reflection on the Last Two Years



### Henry Cohen, MD

Clinica de Endoscopia y Gastroenterologia  
Montevideo, Uruguay  
Past President, WGO

It has been a privilege to have had the opportunity to serve as President of the WGO. As I reflect on the organization's achievements, they would not have been possible without the full support, commitment, and dedication of the Executive Committee and Governing Council, the regional affiliate associations (AIGE, APAGE, AMAGE, and UEG), our member societies, the committees' members, the Secretariat and our many constituencies and supporters that are too many to mention here. I would like to add my special appreciation to my family who always gave the necessary support to be able to accomplish this task.

I would like to take this opportunity to highlight some of these accomplishments. With our mission focused primarily on training and education, it is not surprising that some of our greatest achievements over these last few years have been in this area.

### Training Centers

With the establishment of centers in Porto Alegre, Brazil and Ankara, Turkey, WGO now has 16 Training Centers. We are extremely grateful to our partnering member societies, directors, trainees and countless constituencies and supporters for their involvement in this program. These centers continue to exhibit excellence and growth potential for the organization as a result of their hard work and vision:

- We have expanded our Training Centers program to include the first liver-focused center in Brazil.
- The Training Center in Ankara, Turkey, that will be officially launched this month, is a collaboration between the WGO, the American Gastroenterological Association (AGA) and the Turkish Society of Gastroenterology (TSG).
- Significant progress has been made with regard to our objective of establishing Training Centers in Sub-Saharan Africa, accompanied by an agreement having been reached with Karl Storz for funding in conjunction three Training Centers in this region.
- Assessment measures introduced and implemented by Training Center Chairman Des Leddin for WGO endorsed Training Centers. During these past few years, we have learned that the majority of our Training Centers are providing services and training that meet and in a number of instances greatly exceed the standards that have been set.
- A mechanism for providing funding to our Centers has also been established such that all of them now have the opportunity to apply for and receive funds to assist them in their activities each year.
- Due to the highly successful impact the ACG Education Universe

has had on international trainees during the pilot phase in three WGO Training Centers (Bogotá, Mexico City and Rabat), the ACG has agreed to continue its partnership with WGO and access to the Universe was extended to four additional Centers: La Paz, SAGES-ADD, Santiago and Suva.

### Outreach Program

The Outreach Program has become increasingly proactive over the past year under the Chairmanship of Roque Saenz, and is actively working to understand the equipment and materials needs of our Training Centers and other facilities/groups and seeking out the means with which to see these needs met through donation. Through the support of various donors this past year, the Outreach Program was able to secure complete endoscopes with processors and ship them to Nigeria.

### Train the Trainers (TTT)

The Train the Trainers (TTT) program organized the first workshop in China in 2012 in Xi'an. 2013 saw the completion of two back to back TTTs in Porto. The first, a standard four-day workshop and the second an advanced TTT entitled Leadership & Management. And while the first official WGO program to be offered in Spanish was held in August 2011 in Porto Alegre, Brazil, its success resulted in a second workshop that took place this past April in Bogotá, Colombia. There is also burgeoning interest to see these workshops given in future in other languages as well. In addition, the current and very strong partnership with the American College of Gastroenterology (ACG) and their involvement in the Train the Trainers program led to that organization presenting its first



Editorial | World Congress | WDHD News | WGO & WGOE News | WGO Global Guidelines | Calendar of Events

USA-based workshop premised on the WGO TTT model in July 2012.

### Global Guidelines

Some important milestones have also been realized by the Global Guidelines program during these past few years, under the direction of Michael Fried. The reach of our Guidelines has been expanded thanks to the Guidelines homepage now being available also in Mandarin Chinese and Russian. Currently there are 24 Guidelines. In 2012, a brand new Guideline on NASH-NAFLD was completed and in 2013 two more were created; one on Hepatitis C and one on Coping with Common GI Symptoms in the Community (a Guideline produced in conjunction with the WDHD 2012 campaign theme). The latter of the two was especially exciting, as it was the first guideline to take four key symptoms as a starting point, and also incorporated the view of the pharmacist. Looking into the future, initial steps have begun in order to begin updating two guidelines: Dysphagia, and Hepatitis B. The WGO-JCG (*Journal of Clinical Gastroenterology*) relationship continues to grow and become more fruitful. It is especially exciting to note that during the DDW 2013 Guideline meeting, the JCG Impact Factor has increased due to the publishing of the WGO Guidelines. Since the agreement began in 2010, 7 guidelines have been published including Acute Diarrhea and Celiac Disease in 2013, with 3 more expected to be published in 2014.

### Foundation

The WGO Foundation has achieved success on several fronts. The shift from a primarily philanthropic fundraising approach to one more focused on the programmatic and vigilant fiscal oversight by the past and current Chairmen, Bernard Levin and Eamonn Quigley, the Treasurer,

Jack Di Palma, and the members of the Foundation Board, have resulted in expanded activity and enhanced revenue generation within the last few years. For the first time since its inception in 2007, the Foundation ended its 2012 fiscal year with a positive balance. We are grateful that this is, in part, thanks to the support of unrestricted educational grants from the biomedical industry for activities such as online educational programs, World Digestive Health Day, and other WGO initiatives.

### World Digestive Health Day (WDHD)

Many exciting activities have taken place, related to the 2012 World Digestive Health Day (WDHD) campaign on Common GI Symptoms in the Community. First, a web-based educational program on IBS for the general public was created; a first for WGO. Secondly, multiple websites were created to further education of gastrointestinal diseases such as the Love Your Tummy Campaign (available in 5 languages), Chronic Constipation (available in 2 languages so far), with more continuing to be launched in the near future. WGO member societies continue to become not only more active, but more creative when celebrating WDHD. In the past years activities have included walk-a-thons, special postmarks, check-up camps, public awareness programs, and much more. Thanks to the efforts of the member societies, the reach of WDHD through various media outlets has grown tremendously! We have also seen in many instances, examples of how the WDHD campaigns continue into multi-years. The first comes from WDHD 2009 (IBS) with two articles being published this past year, including “A Global Perspective on Irritable Bowel Syndrome: A Consensus Statement of the World Gastroenterology Organisa-



WGO Past President Henry Cohen reviews the past years accomplishments at the General Assembly.

tion Summit Task force on Irritable Bowel Syndrome” in the JCG, and “The Global Perspective on Irritable Bowel Syndrome: A Rome Foundation–World Gastroenterology Organisation Symposium”, authored by Ami D. Sperber, Douglas A. Drossman and Eamonn Quigley and appearing in *The American Journal of Gastroenterology*. The second example building on WDHD 2011 (Enteric Infections) was the publication of “Preventive Strategy Against Infectious Diarrhea – A Holistic Approach”, an article authored by Henry Binder, Yasmine Motarjemi and Robert Steffen and published in *Gastroenterology*. Turning to this year, WDHD 2013 focused on a new area: Liver Cancer. A record number of partners participated in the campaign which not only broadened the reach, but also opened and strengthened communication with organizations not a part of WGO’s everyday activities. Additionally, a survey on HCC was sent throughout the world in order to collect statistics on liver cancer and liver diseases, and a report of the results was given during the World Congress. In 2014 we turn our attention to Gut Microbes, a very exciting topic in the gastroenterology world. With this topic will come new partners, new activities, and new knowledge to share with our members, other healthcare professionals, and the general public.

## Publications

In other areas related to our publications, WGO established the Publications Committee whose purview is to oversee the quarterly newsletter, *e-WGN* and monthly *e-alert*, the WGO website and the organization's contractual relationships with other publications, most notably the *Journal of Clinical Gastroenterology* (JCG). In addition, a significant step taken by the Publications Committee was to solicit potential topics with suggested authors from which to consider development of WGO review articles for publication in the JCG. Already, two WGO designated review articles were published in JCG, entitled *Obesity and the Elderly*, authored by Prof. Elisabeth Mathus-Vliegen, Co-Chair of the Obesity Guideline and *A Global Perspective on IBS* by Prof. Eamonn Quigley. A WGO review article has been submitted for publication (tentatively for the January 2014 publication): *Microbiota in Different Digestive Disease* by Prof. Luis M. Bustos-Fernandez. In 2013 so far, nine WGO News articles have been published in the *Journal of Clinical Gastroenterology*, four issues of *e-WGN* have been published, and the monthly *e-Alert* - reestablished in 2011 - continues to be published and distributed in the intervening months between quarterly newsletters. We welcome the two new Co-Editors, Doctors Christina Surawicz, Seattle, and J. Enrique Domínguez-Muñoz, Santiago de Compostela, and look forward to their co-involvement in this issue along with the current Co-Editors, Professors Henry Binder and Greger Lindberg.



Professor Henry Cohen, WGO Past President and Member, Gastro 2013 Steering Committee at the Gastro 2013 Opening Ceremony.

## World Congress of Gastroenterology (WCOG)

September 21-24, 2013 marked the first World Congress of Gastroenterology held in China, thanks to the great work of Profs. Daiming Fan and Kaichun Wu. Although WGO has continued to expand and strengthen its presence in the Asia Pacific region over the past several years, our formal partnership with the four primary Chinese Societies of Digestive Diseases and the Asian Pacific Digestive Week Federation has served to augment our efforts in this regard, and visibility and awareness of WGO and its mission have further advanced in this region. The 2017 World Congress of Gastroenterology will take place in the Americas, in Orlando, Florida, USA in collaboration with the American College of Gastroenterology (ACG) Annual Scientific Meeting.

And last, but not least, I wish to also welcome four new member soci-

eties to WGO: the Gastroenterohepatology Association of Montenegro, the Bangladesh Society of Gastroenterology, the Society of Pediatrics Gastroenterologists and Dietician of Uzbekistan and the Ethiopian Gastroenterology Association. These new additions bring our total to 111 member societies.

As we can all see there is much to be proud of and to celebrate when we look back at the many accomplishments and positive outcomes over these past few years. I am inspired by all that we have achieved and excited at the potential for future successes in all of our programmatic and initiative areas. This does not mean that we will not face significant challenges in the next year and beyond, but given the current and growing vitality of our organization and the depth of commitment we all share toward WGO, I believe that continued success, under the guidance of our new president, Jim Toouli, is within our grasp.

Thank you again for your full support, commitment, and dedication to WGO and to this specialty. I look forward to our continued collaboration and work together on behalf of WGO.





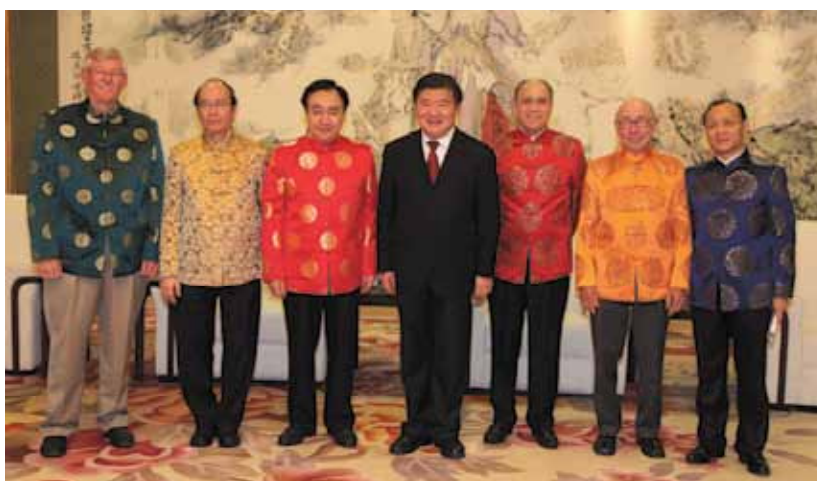
## A Celebration of Gastro 2013 APDW/WCOG Shanghai!

The World Gastroenterology Organisation (WGO) along with the Asian Pacific Digestive Week Federation (APDWF), Chinese Societies of Digestive Diseases (CSDD), and World Endoscopy Organization (WEO), are honored to have been part of this outstanding World Congress which for the first time took place in China! For those of you who attended, we hope that you found Gastro 2013 APDW/WCOG Shanghai a positive 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 record of over 6,000 delegates, faculty, nurses, exhibitors and guests from around the globe, we are 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



Opening ceremony in the Red Hall.



Professor Richard Kozarek, Co-Chairman, Gastro 2013 Steering Committee, Professor Kwong-Ming Fock, Co-Chairman, Gastro 2013 Steering Committee, Professor Daiming Fan, Congress President and Chairman Gastro 2013 Local Organizing Committee, Professor Zhu Chen, Vice-Chairman of Standing Committee, National People's Congress of China and President of Chinese Medical Association, Professor Henry Cohen, WGO Past President and Member, Gastro 2013 Steering Committee, Professor Jerome Waye, WEO Past President and Member, Gastro 2013 Steering Committee, Professor Kaichun Wu, Member, Gastro 2013 Steering Committee, Scientific Program Committee and Local Organizing Committee.

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 for all physicians in every country should benefit from the knowledge shared during our quadrennial congresses.

On Saturday, 21 September, two very exciting and important educational activities took place; the Postgraduate Course and Live Demonstration Endoscopy. The Live Demonstration Endoscopy Course,

put on by the World Endoscopy Organization (WEO), is covered in a special WEO article on page 19. The Postgraduate Course offered participants a full one-day course on key topics; from GERD, to hepatitis C, to acute pancreatitis, Upper and Lower GI, Liver Disease, and Biliary-Pancreatic Disorders. Twenty-one faculty members got the Congress off to an exceptional start. To view more information and the materials for the Postgraduate Course, download the syllabus [by clicking here](#).



Editorial | [World Congress](#) | [WDHD News](#) | [WGO & WGOE News](#) | [WGO Global Guidelines](#) | [Calendar of Events](#)



Congress participants view the various posters in the Silver Hall during Gastro 2013.

Following these two Courses, postgraduates and delegates alike were invited to the Opening Ceremony, which featured dancing by the Shanghai Dance Theatre/Shanghai Oriental Youth Dance Troupe, as well as an introduction of the partner organization leadership and Congress Steering Committee accompanied by representatives from the Ministry of Health and Welfare and the Office of the Mayor of Shanghai. The leadership each gave a brief speech welcoming all attendees to the Congress.

The Main Program – which can be viewed in more detail by downloading the Final Program on the Gastro 2013 website ([www.gastro2013.org](http://www.gastro2013.org)) - featured 34 dynamic symposia in one of four tracks: Upper GI, Lower GI, Endoscopy and Liver Disease. During the three days, participants were presented with the latest scientific and clinical achievements by more than 150 renowned experts from around the globe. The faculty was pleased to present a program that met the diverse educational needs of the attendees, which covered the broad field, and that emphasized topics which currently are of great interest.

Each morning of the Main Program during the Plenary Sessions, the highly prestigious Named Lectureships of the organizing partners took place. To view more details on the speakers and sessions, view the Gastro 2013 article in the July 2013 issue of e-WGN by [downloading a copy](#)

[now](#). WGO was honored to have its two Lectureships given by two highly respected professors in the field. Professor Michael Farthing, UK, presented the Henry L. Bockus Medal and Lecture, with his talk being “*Research misconduct: A grand global challenge for the 21st Century.*” Professor Geoffrey Farrell, Australia, the speaker for the Georges Brohée Medal Lecture, spoke on “*New view on pathogenesis of NASH and how it should inform management.*” To view their full summaries, turn to page 11.

Also taking place during the Main Program were 44 oral presentations chosen as the highest scoring abstracts, and presented throughout nine Free Paper Sessions. Additionally, nine Working Party Reports, a distinctive feature of each World Congress, were chosen out of the 28 high quality proposals submitted and their findings were presented over the three Main Program days. If you were unable to attend Gastro 2013 or did not have the opportunity to be present during the Working Party Report sessions, you can access them online by [downloading a copy of the Working Party Executive Summaries](#).

Several lunch and evening satellite symposia were held throughout the Congress, organized by the biomedical industry and open to all Congress participants. To read more about the various industry sponsored symposia, [download a copy of the Final Program](#).



WGO exhibit booth at Gastro 2013.



The participants of the Train the Trainers Symposium.

The Congress was supported by numerous sponsors who assisted in making the Congress 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 2013!

Also taking place prior to and during the Congress was the Young Clinicians Program (YCP), led by Professors Kaichun Wu from Xi'an and Duo-wu Zou from Shanghai. Fifty-eight delegates from 24 countries participated in the program which focused on gastric cancer, liver cirrhosis, IBD, and pancreatitis, taught by twelve esteemed faculty members.

A record number of abstracts were submitted and well over 1,700 posters were accepted for display in the exhibition hall during Gastro 2013. To view the abstracts presented at the Congress, which have been printed in the Journal of Gastroenterology and Hepatology, visit <http://onlinelibrary.wiley.com/doi/10.1111/jgh.2013.28.issue-s3/issue-toc> to download your copy.

WGO also conducted various exciting activities to include an exhibit booth featuring the many programs and activities of WGO, with a special aspect of the booth being multiple materials available in Mandarin – especially related to WGO's Guidelines and Cascades – as a celebration of the World Congress taking place in



Professor Cihan Yurdaydin, Secretary General addresses the General Assembly.

China, and secondly, a special Train the Trainers Symposium by four of the TTT faculty members: Professors James Toouli, Damon Bizos, Geoffrey Metz, and Alejandro Piscocya. Additionally, various key WGO related meetings also took place including the General Assembly in which over 30 member societies were in attendance. Many important actions took place during the meeting including the handover of the WGO Presidency, the ratification of the four new WGO Member Societies – the Bangladesh

Society of Gastroenterology, Ethiopian Gastroenterology Association, Gastroenterohepatology Association of Montenegro, and the Society of Pediatrics Gastroenterologists and Dietician of Uzbekistan - as well as ratification of the WGO Statutes & By-laws, the presentation of the 2013-2015 Nominations for WGO Committees, Interest Groups and Task Forces, the ceremony for the Masters of the WGO (MWGO) award recipients ([click here](#) to learn about the recipients), and the official vote for

the 2017 World Congress, which will take place in collaboration with the American College of Gastroenterology in the Americas, in Orlando, Florida, USA. Additionally the various WGO programs were discussed and their successes celebrated.

We also celebrated 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 Shanghai and were also able to enjoy some of the culture that made it a unique destination for Gastro 2013. 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 a meeting in collaboration with the Gastroenterological Society of Australia in 2015, collaboration with The Emirates Gastroenterology & Hepatology Society in 2016, and as mentioned above, the next World Congress, Gastro 2017, in the Americas, in Orlando, Florida, USA!



## WGO Lectureship, Henry L. Bockus Medal and Lecture: Research Misconduct: A Grand Global Challenge for the 21<sup>st</sup> Century



**Michael Farthing, MD**

University of Sussex  
Brighton, United Kingdom

This lecture and the summary paper were developed from a keynote presentation at the 3<sup>rd</sup> World Congress on Research Integrity, Montreal 2013; an account is 'in press' in the congress proceedings. A full version of this paper will appear in the *Journal of Gastroenterology and Hepatology* in 2014.

### Introduction

Despite a multitude of guidance documents aimed to promote the responsible conduct of research (RCR)<sup>1</sup>, the frequency of research misconduct appears to be on the increase<sup>2</sup>. Promoting the RCR as a sole primary goal may not be enough to prevent research misconduct in the future; I will propose additional measures that may be worth considering as a way of preventing this rising trend.

### What is research misconduct?

Serious research misconduct includes one or more of the triad of activities namely fabrication, falsification and plagiarism, often denoted as 'research fraud'. There is another type of misconduct that is generally regarded as being 'less serious' collectively known as questionable research practices (QRP)<sup>3</sup>. These involve a broad spectrum of misdemeanors such as selec-

tivity in data analysis and reporting, disputes about authorship, inadequate supervision, inappropriate image manipulation and reporting errors.

### How common? Who does it?

How common is research misconduct? The truthful answer is we just do not know. Reported cases almost certainly represent the tip of an iceberg and account for about 0.01% of reported research studies. Researcher survey data suggest that between 0.3 and 0.8% of research studies include examples of serious research misconduct and 5-15% have evidence of QRP's. From about 1980 there has been a dramatic increase in retraction rates from less than 5/100,000 publications to about 35/100,000 publications in 2011<sup>4</sup>. This increase had been most evident in the last 5 years. The majority of these retractions are because of discovered misconduct with only about 11% attributable to genuine errors.

While researchers are the primary perpetrators of research misconduct there are other players that also breach the fundamental rules of publication and research integrity. Editors, journal owners and publishers have been criticized for manipulating impact factors, for sloppy review processes

A medal, to be known as the Henry L. Bockus Medal, will be awarded at each World Congress to a gastroenterologist who, in the opinion of the Governing Council, has made a distinguished contribution to the clinical practice, science and/or teaching of gastroenterology. The presentation will be made during the Congress at which time the medalist shall deliver a lecture.

and bias against publishing negative studies which will inevitably skew the published literature. There is also a concern that further bias is introduced by authors and sponsors when they select data that is chosen to include in the publication, data which selectively enhances the outcome of the study.

There is also a powerful campaign to insist that the pharmaceutical industry places all of the information that it has about a drug or other new treatments in the public domain.

### What can we do to prevent it?

I believe we need to do more to discourage and detect research misconduct. An increasing number of institutions are requiring researchers to confirm that they have read guidance documents on the RCR prior to taking up an appointment and that they will comply with their contents. But this will never be enough. The argument might be extended to include all major research studies whether they are publicly or privately funded. It would follow that such an approach might go a long way to pre-

vent the publication of large numbers of fabricated studies as editors might be encouraged to ask why a major study that had been submitted to the journal had not been registered at its inception.

There is now a major campaign to insist that all clinical trials should be registered so as to track their progress and ensure publication of the results whatever the outcome<sup>5</sup>. There is good evidence that negative trials are less likely to be submitted for publication or be published leading to bias in the published literature. The argument might be extended to include all major research studies whether they are publicly or privately funded. It would follow that such an approach might go a long way to prevent the publication of large numbers of fabricated studies, as editors might be encouraged to ask why a major study that had been submitted to the journal had not been registered at its inception.

I would suggest there is also a need for enhanced measures to monitor research practice. This might include random spot audits of research outputs, incorporating the use of digital technology to check for plagiarism, image analysis to determine whether unacceptable manipulation of data images has taken place and examination of numeric datasets to confirm their validity. This proposal will not be welcome by many researchers. However before we protest too much it is important to put research into the wider picture of activities that are undertaken by research intensive universities and research institutes. Every university is required on an annual basis to have procedures in place for internal and external audit of its finances and its financial processes. In addition, in the United Kingdom (UK), the Quality Assurance Agency audits the teaching and learning in universities on a regular basis. Why is there no equivalent process for re-

search which in the research intensive universities can account for between 20 – 50% of total annual turnover?

Some research however is routinely audited in a formal way, notably the large multicenter clinical trials conducted by the pharmaceutical industry. It is now increasingly difficult for investigators to fabricate patients in such trials because of the requirement to match clinical records with the study report for each patient and further assurances provided when the results are analyzed for individual centers to look for any outliers. Lead investigators know that this is the case and I believe it is a strong incentive for them to conduct the study honestly.

'Whistle-blowers', remain one of the most important contributors in the process to reveal misconduct. In the past there has been a practice to ignore complaints from anonymous 'whistle-blowers'. The emergence of websites that place concerns in the public domain and the use of the Internet to make contact with large numbers of individuals to express concerns about individual researchers and their institutions, have progressed rapidly during the last five years<sup>6</sup>. The use of digital media both to make allegations about possible research misconduct, notably image manipulation, and to broadcast this widely to the research community is unprec-



Professor Michael Farthing accepting the Henry L. Bockus Medal with Professor Henry Cohen, Past President.



edented and probably unstoppable. Organizations such as COPE and UKRIO have taken a more moderate stance, although clearly there has to be a balance particularly if there is concern about the allegation being vexatious.

#### How should we deal with it?

There is sometimes a dilemma as to what is the appropriate response when misconduct is discovered. Are we sure that the punishment always fits the crime? Often we do not know the outcome of an investigation as the findings remain confidential within an institution; in some situations sanctions appear lenient whilst in others they may seem harsh. I am uncertain as to whether we are doing enough to encourage a culture where mistakes can be acknowledged, and then followed by a period of support and remediation. This could complement a move by employers to require all new research staff to make a declaration on appointment that they have no active investigations of alleged research misconduct under way and they could also be expected to disclose whether there have been any allegations in the past and what was the outcome of any investigations.

#### Global challenges for the future?

For the future it will be important to collect and collate cases of research misconduct both nationally and internationally. This has proven to be difficult except when an agency representing research integrity is nationally recognized and has authority to demand that research institutions under its aegis should make annual returns on the cases that they have dealt with during the period.

There is also a need for better communication between research institutions regarding their experiences of research misconduct. There appear to be major disincentives for institutions to place their reports on research

misconduct cases into the public domain<sup>7</sup>. In some cases compromise agreements have constrained both the employer and the employee to make available a full declaration of what went wrong to the wider research community. Only when an external regulator is involved, such as the General Medical Council in the UK, will the outcome of the case be made public as a routine. Since the majority of university researchers are not subject to the rules of conduct of a professional body their name will only enter the public domain if a paper is formally retracted and even then the reasons for the retraction are not always evident.

The danger of this practice is that it can allow serial offenders to move from university to university largely unimpeded<sup>8</sup>. Ways must be found to allow institutions to exchange information of this nature across national borders without fear of litigation.

It has been suggested that there should be a register for laboratory scientists and other researchers and that maintenance of registration would be an indication of a researcher's integrity<sup>8</sup>. The concept of the 'research passport' has already been entertained and might go some way to affirm the importance for a researcher to have a clean record with say a relevant professional body or learned society. For medical and dental researchers in the UK for example, a finding of serious research misconduct could put their registration in jeopardy, and could limit the right to work in the UK as a practitioner. Might it be reasonable to put similar stipulations on other researchers who currently escape this sanction by not being under the aegis of a professional regulator?

Finally, I would suggest we need more research to understand better the motivations of those that commit misconduct and why they feel able to go against the high-level principles

that are intrinsic to research integrity across all disciplines. How important is the notion that committing research misconduct is worth the risk because the chances of getting caught appear to be slight? There must be ways of detecting aberrant behaviours before they become a 10 year habit<sup>9</sup>!

#### REFERENCES

1. www.UKRIO.org/publications.
2. Macilwain C. Scientific misconduct: More cops, more robbers? *Cell* 2012; 149: 1417-1419.
3. John LK, Loewenstein G, Prelec, D. Measuring the prevalence of questionable research practices with incentives for truth telling. *Psychol Sci* 2012; 23: 524-532.
4. Grienenzen ML, Zhang M. A comprehensive survey of retracted articles from the scholarly literature. *PLoS ONE* 2012; 7(10): e44118.
5. Chalmers I, Glasziou P, Godlee F. All trials must be registered and the results published. *BMJ* 2013; 346:8.
6. www.retractionwatch.wordpress.com.
7. Jump P. Tight-lipped over ethics inquiry. *Times Higher Education* 2012; 30 August: 9.
8. Jump P. Faking it. *Times Higher Education* 2012; 23 August: 30-35.
9. Bhattejee Y. *New York Times* magazine 2013; 28 April; 44-52.

## WGO Lectureship, Georges Brohée Medal and Lecture: New Views on NASH Pathogenesis – How Should They Inform Management?



### Geoffrey C. Farrell, MD, FRACP

Senior Staff Hepatologist  
The Canberra Hospital  
Professor of Hepatic Medicine  
Canberra, Australia

I was honoured to be invited to deliver the Georges Brohée Lecture for the 2013 WCOG in this wonderful city of Shanghai, and thank the organisers and the Belgian Society of Gastroenterology for bestowing this privilege on me.

#### Introduction to NASH as a metabolic disorder

Nonalcoholic fatty liver disease (NAFLD) is very common in Asia, Europe, North and South America and Australasia. Studies from Shanghai seven years ago confirmed that fatty liver disease in adults over the age of 30 was 20-25% in men, 15-30% in women and associated with metabolic factors such as obesity, high blood pressure, and diabetes rather than alcohol. In Hong Kong, 27% of the population have fatty liver by proton magnetic resonance spectroscopy (PMRS), and the prevalence of fatty liver depended on the number of metabolic criteria, such as central obesity, dyslipidemia, high blood sugar and high blood pressure; with three or more risk factors, 60-80% of individuals have fatty liver. The clinical outcomes of NAFLD include increased standardized mortality, diabetes, cardiovascular events, obesity-related cancers (breast, prostate, colorectal,

uterine, cervix, adenocarcinoma of oesophagus, pancreatic, renal, etc.) followed by cirrhosis and primary liver cancer, especially hepatocellular carcinoma (HCC).

NAFLD is associated with a range of liver pathology from simple steatosis through steatohepatitis (NASH), a condition of liver cell injury with inflammation that leads to fibrosis and cirrhosis. NASH is even more strongly associated with metabolic risk factors than other cases of NAFLD; 98% have insulin resistance, 85% fully developed metabolic syndrome, and at least 60% established diabetes or diabetes on oral glucose tolerance testing. Family history of diabetes is also strongly associated with NASH and adverse liver outcomes of NAFLD.

#### The lipotoxic concept of NASH pathogenesis

An earlier concept was that the metabolic factors favoured development of steatosis (the first hit), but a second injurious or proinflammatory process (second hit) was needed for NASH pathogenesis. This concept has been outmoded for at least ten years because it fails to explain the strong relationships of more severe metabolic disorder to NASH (versus “not NASH” NAFLD). It also ignores the

A Brohée Lecture is delivered during each World Congress of Gastroenterology to commemorate Dr. Georges Brohée, the founder of the first International Association of Gastroenterology. The Brohée Lecturer is chosen by the Steering Committee of the current World Congress of Gastroenterology, and the Medal is provided by the Belgian Society of Gastroenterology.

roles of the lipids themselves. Such molecules as saturated free fatty acids (satFFA), free cholesterol (FC) and diacylglycerol (DAG) activate a series of searing, serine/threonine kinases which block physiological tyrosine phosphorylation of insulin receptor sub-strate and other intermediates in insulin receptor signalling. In this way, lipid accumulation in non-adipose tissues causes insulin resistance (essential for NASH), but also cell injury, cell death, inflammation and a tissue wound healing response of regeneration and fibrosis. These phenomena are grouped together as lipotoxicity, regarded as the mechanism of pancreatic beta cell injury in type 2 diabetes and muscle injury in metabolic syndrome.

#### What is the lipotoxic liver species in NASH?

To be a candidate for causing NASH, a lipotoxic lipid should be higher in NASH than in non-NASH NAFLD livers, found in models of metabolic syndrome-related to NASH (versus

nutritional depletion or genetically manipulated models), its accumulation should be explained by either genetic or metabolic pathogenesis, and direct exposure of liver cells to the lipid molecule should cause apoptosis and necrosis with release of proinflammatory molecules. The latter aspect could be regarded as the toxic equivalent of Koch's postulates for infectious organisms.

Triglycerides do not cause NASH; experimentally they protect fatty livers against injury. Saturated fatty acids cause JNK dependent lipo-apoptosis *in vitro*, but do not selectively accumulate in NASH livers versus simple steatosis. There is variable but not very strong evidence that DAG or various phospholipids accumulate in NAFLD (ceramide was not increased in two studies), but the strongest evidence for a lipotoxic molecule in NASH is cholesterol, more specifically the highly reactive free cholesterol (FC) fraction.

#### Does free cholesterol associate with NASH pathology?

Three human lipidomic studies show selective accumulation of FC in NASH versus non-NASH, NAFLD. Dietary studies in which high fat diet with added cholesterol causes NASH in rodents appears strongly related to liver cholesterol content, as are some gene-manipulated mouse models (LDLR<sup>-/-</sup> and APOE knock-in mice). ABCB4 mutant opossums develop NASH associated with liver cholesterol accumulation. Mari and colleagues showed that cholesterol-loaded livers are sensitive to injury caused by death-inducing cytokines, such as Fas and TNF.

We have been studying mice with a defect in appetite regulation, *Alms1* mutant (*foz/foz*) mice that undergo postnatal loss of hypothalamic appetite-sensing cilia. *Foz/foz* mice gain weight rapidly after weaning, develop leptin and insulin resistance and, when fed an atherogenic diet, develop



Professor Richard Kozarek, Professor Geoffrey Farrell, and Professor Jan Tack, representing the Belgian Society of Gastroenterology, with the Georges Brohée Medal.

diabetes, hypercholesterolemia, high blood pressure, low serum adiponectin and NASH with fibrosis. We have studied mechanisms of lipotoxicity in these mice. FC accumulates at 12 weeks in association with NASH pathology. The mechanisms for FC accumulation include up-regulation of low density lipoprotein receptor (LDLR) (and CD36) on hepatocytes, suppression of cholesterol biotransformation (to form bile acids) through CYP7A, suppression of cholesterol export into bile (via ABCG5/8) and suppression of bile acid transport into bile (via ABCB4 and Bsep). There is also increased expression of cholesterol ester hydrolase (CEH), which could partly explain why free cholesterol accumulates rather than the nontoxic, long chain fatty acid esters (CE).

Min and colleagues used our findings as a road map to study pathways of cholesterol turnover in human livers of patients with NASH. As in mice, SREBP2 was increased, but they did not find resultant upregulation of LDLR. Instead they found evidence of increased cholesterol synthesis based on indirect data (HMG-CoA reductase-phosphoprotein; peripheral metabolites), whereas in our mouse studies we measured enzyme activity directly and found the suppression expected physiologically from cholesterol accumulation. On the other hand, Min et al confirmed up-regulation of CEH, decreased CYP7A, decreased cholesterol secretion into bile and in blood, and decreased pathways of bile acid secretion. Thus, while some details differ between humans and

mice, the net effect is a profound accumulation of free cholesterol in liver cells in NASH, but not in less severe forms of fatty liver disease. We also showed by experiments in primary hepatocytes that the high insulin concentrations that circulate in obese, diabetic mice directly upregulate SRABP2, LDLR and suppressed the bile salt export pump. Thus, we think that hyperinsulinemia resulting from insulin resistance is the primary cause of hepatic cholesterol dysregulation in NASH.

#### How does free cholesterol cause hepatocyte injury in NASH?

Our colleagues in Seattle (George Ioannou, Chris Savard) have demonstrated that livers of patients with NASH, in their atherogenic diet-fed mice and in our *foz/foz* mice with high FC accumulation, all exhibit abundant cholesterol crystals. In recent studies we have loaded primary hepatocytes with FC by incubation with LDL and shown that cholesterol accumulates in the plasma membrane, in the endoplasmic reticulum, and in mitochondria. There is a dose-dependent relationship between hepatocyte FC content, LDH leakage, apoptosis and necrosis.

#### JNK1 activation is essential for FC-induced hepatocyte cell death

In our hepatocyte system, we observed JNK1 activation with nuclear accumulation of phospho-c-Jun, while JNK1<sup>-/-</sup> hepatocytes are refractory to FC-induced cell death. Further, potent JNK1 inhibitors, such as CC-401 and CC-903 (Celegene) completely protect hepatocytes from FC-induced

cell death. We have adduced direct evidence that FC causes mitochondrial generation of ROS, with oxidative stress and ATP depletion as early as six hours after free cholesterol loading. Transmission electron microscopy confirms mitochondrial injury with swelling and fragmentation of cristae. There is direct evidence of membrane pore transition (MPT) with cytochrome C leakage out of the mitochondria into the cytosol. Inhibitors of MPT (cyclosporine A) or of resultant active caspase 3 protect cholesterol-loaded hepatocytes against apoptosis and necrosis. We found no evidence of ER stress or protection of by ER chaperone against cell death.

Incubation of hepatocytes with LDL caused dose dependent release of HMGB1. When we added conditioned culture medium (hepatocytes undergoing FC lipotoxicity versus control cells) to resting Kupffer cells, activation (p65 nuclear migration; morphology on SEM, inflammasome activation with release of IL1 $\beta$ ) was clearly evident. Anti-HMGB1 anti-serum completely blocked such KC activation. Further, TLR4 knock-out Kupffer cells were refractory to activation by FC lipotoxicity conditioned medium.

#### New concept of free cholesterol-induced hepatocyte injury involving JNK1, HMGB1 and TLR4

Together with studies from Shanghai in TLR4<sup>-/-</sup> mice, the present results lead us to propose that free cholesterol, either alone or in concert with satFFA, activate JNK1 in hepatocytes which descends on mitochondria to generate ROS with further activation

of JNK1, and eventually MPT with cytochrome C release and activation of the aptosome. The concomitant fall in membrane potential leads to a decline of cellular ATP levels with consequences for the necrotic cell death pathway. Either or both redox stress and necrosis cause release of HMGB1, which can feed back via TLR4 on hepatocytes to further activate JNK and accentuate this type of injury. In addition, HMGB1, and likely other danger-associated molecular patterns interact with TLR4 on Kupffer cells to activate NF- $\kappa$ B and the inflammasome with resultant further release of chemokines and cytokines that an integral part of inflammation in NASH.

#### Therapeutic implications

We have published data recently showing that lowering hepatic FC with combination of atorvastatin and ezetimibe reduces liver injury, reverses NASH pathology and, most importantly, reduces liver fibrosis in our obese, diabetic mouse model. At the population and clinical level, attempts to combat insulin resistance by improving physical activity (as well as weight control) should prevent hepatic FC accumulation. However, lipid lowering therapy may be required once this state has been established. In addition to cholesterol-lowering therapy, novel agents such as JNK1 inhibitors and agents that protect the mitochondria or block TLR4 activation could be introduced as novel therapies for established NASH.





## Nature Reviews Gastroenterology & Hepatology (NRGH) Awards

### NATURE REVIEWS GASTROENTEROLOGY & HEPATOLOGY (NRGH) YOUNG CLINICIAN AWARD RECIPIENT



#### Arunkumar Krishnan, M.B.B.S

Clinical Research Assistant and House Officer  
Department of Gastroenterology  
Chennai, India

It is truly an honor to be a recipient of the Nature Reviews Gastroenterology & Hepatology Young Clinician Award. I would like to express my gratitude to the WGO Scientific Programs Committee for conferring this award on me as I start my academic career. Receiving this prestigious award was an unexpected surprise. This was the first time I have attended the World Congress of Gastroenterology, and it was a great honor to be able to present my work at such a prestigious international meeting and to receive feedback from some of the leading researchers in the field. Gastro 2013 APDW/WCOG enabled me to access cutting-edge research in gastroenterology, and provided a significant opportunity for me to engage with other scientists and experts in the field, which helps me gain ideas and motivation for furthering my research career. I was ecstatic to have found out that my research had been chosen for oral presentation at this year's 2013 Gastro APDW/WCOG conference.

This award was enormously helpful in facilitating my travel to Gastro 2013 in Shanghai, which gave me the opportunity to meet and interact with other students and research professionals in this field. I found many of the talks and posters quite relevant to my work and I hope to be able



Professor Arunkumar Krishnan and Professor Eamonn Quigley at the WGO General Assembly.

to continue to exchange ideas and information that will have a beneficial impact on the quality of my work. Having my research recognized by the WGO is an honor that will be beneficial in these future endeavors. I also believe this award will have a very positive effect on my future and will further ignite my interests in gastroenterology later on in my academic career.

This award aims to encourage interest in gastroenterology/hepatology/endoscopy research careers through gratitude and I believe it utterly fulfills that goal. This award has provided

me a validation and encouragement to continue to pursue excellence in the field of gastroenterology, with my ultimate goal being to advance patient care through validated, well-accepted research across the globe. This award will introduce me to the frontier of GI research, something that would otherwise be all but impossible. Since I know that I want to become a GI Surgeon as a career, I am thankful to be part of it at such an early age. I am both humbled and honored by the opportunities this award presents towards my future endeavors.

**NATURE REVIEWS GASTROENTEROLOGY & HEPATOLOGY (NRGH) TRAVEL GRANT RECIPIENTS****Liang Zhu, MD, Ph.D**

Department of Gastroenterology  
The First Affiliated Hospital of Nanchang University  
Nanchang, China

I was very happy to learn that I was selected to receive a Nature Reviews Travel Grant for Congress Gastro 2013. I thought it was an award for my clinical work and research and it provided a good opportunity for me to communicate with colleagues all around the world. As I expected, I had wonderful days at the Congress in Shanghai. During the congress, I focused on the lectures concerning with biliary and pancreatic diseases

and learned new progress in scientific research as well as diagnosis and treatment. The most attractive program for me should be the endoscopy track and I enjoyed watching many excellent performances from experts all over the world. I wish to participate in the world congress next time.

My name is Liang Zhu from Nanchang, China. I was born on Sep, 5 in 1984. I was interested in medicine and desired to become a doctor even

in my childhood. Graduated from high school, I became a medical student in Tongji medical college, a famous medical college in China. I put all my time and energy into learning medical knowledge and skills as well as doing research. My research focused on biliary and pancreatic diseases. I succeeded in obtaining my Ph.D from Tongji medical college in 2012. Now my dream comes true. I became a resident doctor in the department of Gastroenterology, the First Affiliated Hospital of Nanchang University. I believe "God rewards the diligent" and an excellent doctor comes from a hard-working learner.

**Pratap Mouli Venigalla, MD, DM**

Senior Research Associate  
Department of Gastroenterology and Human Nutrition  
All India Institute of Medical Sciences  
New Delhi, India

I am very honoured to have been chosen as the recipient of the "Nature Reviews Gastroenterology & Hepatology Travel Grant" at the Gastro 2013 APDW/WCOG conference. I would like to sincerely thank the World Gastroenterology Organisation for this award. My immediate goal is to start my professional career; not just to provide patient service but also to incorporate research in resource-limited settings and maintain high ethical standards in both of these. This grant awarded by you will continue

to encourage me in this direction as I start my career, knowing that I have had appreciation for my work from some of the best people in my field. The travel grant award is invaluable as a great encouragement to me in these endeavors. I will work hard to contribute something meaningful to the scientific field and I hope to keep up the level of prestige and excellence that comes with this award.

I would also like to mention that the Congress as well as the Young Clinicians Program which I had

been part of, thanks to the WGO again for giving me this unique and wonderful opportunity, were very well organized. The scientific sessions were very educative and I was able to meet luminaries in our field in various respects. I was also able to meet several young gastroenterologists and researchers in our field during this course and the interactions and the camaraderie we had during this period in Shanghai will surely enable us to have long-lasting friendship as well as possible collaboration in our careers in the future.

Thank you for honoring me as the recipient of your travel grant award that you so kindly established to encourage young clinicians like me.



## WEO at GASTRO 2013

### World Endoscopy Organization

The World Endoscopy Organization (WEO) is proud to have been a part of this exceptional congress which offered all involved, whether as faculty, participant or exhibitor, the opportunity to come together to explore the advancing arena of gastroenterology.

Several sessions of live endoscopy demonstrations were broadcast from Changhai Hospital to the convention center. Together with the local organizers, WEO brought their expertise to this outstanding event in which international and local experts demonstrated a variety of cases and techniques, covering many endoscopic procedures. WEO highly appreciated the cooperation with the local organizers who had carefully selected the patients who benefited from the presence of the world renowned endoscopists. The audience was provided with an excellent balance of every-day procedures and highly sophisticated operations.

The WEO Learning Center opened its doors on Sunday and provided a hub for all interested in the world of endoscopy. Here, delegates had the opportunity to delve into state-of-the-art teaching in a friendly and intimate atmosphere. Two main attractions were offered, the WEO Lecture Theater and DVD stations.

The lecture theater, designed to allow interactive and small forum lectures, was well visited, and this setting enabled intensive discussions between the endoscopic specialists and participants.

The DVD stations were dedicated to teaching material from the American Society for Gastrointestinal Endoscopy (ASGE), the European Society of Gastrointestinal Endoscopy (ESGE), and the Japan Gastrointestinal Endoscopy Society (JGES). Delegates valued the relaxed atmosphere in front of the plasma screens and were very enthusiastic about the quality

and variety of the DVD educational material. The span of topics included basics in upper GI and colonoscopy and also covered sophisticated techniques as EMR/ESD and POEM. The DVDs provided a broad learning experience to the hundreds of visitors to the Learning Center.

On Saturday before the official opening of the Congress, WEO organized an Endoscopy Directors' Workshops (EDW). These courses are designed to promote safe and innovative endoscopy and cover the essentials of endoscopic unit management. The target audience is doctors who are directors of endoscopy units. At EDW's international and local faculty provide an interactive setting to impart to participants the skills necessary to set up, run and manage endoscopic units. The Shanghai course was titled "Safe and Effective Endoscopy" and special attention was directed to patient preparation, safety and comfort.

On Sunday Professor Ping-hong Zhou from Beijing, China, and Professor Michael Bourke from Westmead, Australia, held the "Meet the Expert" talks at the WEO Learning Center. Delegates were able to discuss difficult procedures with world-class experts and exchange thoughts, ideas and problems. The talks were deliberately kept informal and intimate to provide for time for discussion.

The WEO Colorectal Cancer Screening group held a meeting entitled "Important Advances in Colorectal Cancer Screening for the Practitioner". Lead by Professor Graeme Young, Adelaide, Australia and Professor Joseph Sung, Hong Kong, China, a group of twelve experts in the field of Colorectal Cancer Screen-



Professor Jerome D. Waye, WEO Past President, lectures in the Red Hall.

ing responded to the basic questions of screening and also lectured on cutting edge points such as how to deal with findings on screening examinations and the relationship between advanced techniques and screening programs. A special session was dedicated to differences between Eastern and Western cultures, how populations adhered to screening, and how screening programs needed to respond to this. Cost effectiveness and quality issues were also discussed. Professor Evelien Dekker from the Netherlands summarized her thoughts after the meeting: “This group of enthusiasts is truly remarkable: They cover all aspects of screening, of course the medical and technical details, the tests, the pros and cons of testing, but also local issues, culture, preferences of people in a region, health insurance policies. It is this group that discusses aspects of the screening test and local requirements of postal services. Where else can you argue on how to improve screening if not here! Truly the most remarkable forum on this topic in the world.”

Monday at the WEO Learning Center was the day of the WEO Advanced Diagnostic Endoscopy Course (ADEC). The goal of this conference is to help participants to advance their diagnostic skills with the aid of techniques related to the most modern endoscopic advantages such as NBI or FICE. The delegates are encouraged to



Participants enjoy the DVD stations.

actively participate in discussions after viewing simulcasts of actual clinical cases with integrated questions.

The course was jointly organized with the Japan Gastroenterological Endoscopy Society and started with an update on new endoscopic equipment. This was followed by dedicated sessions on esophagus carcinoma and Barrett’s syndrome, enriched by video cases and quizzes on typical aspects. The afternoon sessions gave special attention to image enhanced endoscopy with speakers from China, Taiwan, Korea, Japan and Australia describing the typical aspects from the perspective of their country.

Throughout the day, the liveliness of the discussion on case studies underlined the importance of training in the field of new technology.

On Tuesday the program was concluded with two highlights: A session dedicated to Quality issues in Colonoscopy, and three more “Meet the Expert” talks.

WEO was gratified by the feedback from the Quality in Endoscopy Session. A participant commented “I am so impressed by how many different aspects need to be considered to evaluate quality. I did not realize that the question whether to use CO<sub>2</sub>, air or water had such impact! And I definitely never thought of using a paediatric scope in adults. Thank you for giving so much food for thought, this will be a revolution in my unit!”

The “Meet the Expert” Sessions given by Professor Ibrahim Mostafa from Cairo, Egypt, Professor Zhen-dong Jin from Shanghai, China, and Professor Marc Giovannini from Marseille, France, were all very well attended. It was a pleasure to see the demanding audience, underlining the need for this type of forum of small lectures, intimate discussions and intensive exchange on specific topics as confocal microscopy.

The World Endoscopy Organization would like take the opportunity to thank the Changhai Hospital for their know-how and professionalism which made the live demonstrations such a success. Our thanks also go to our partnering societies and the local organizers of GASTRO 2013 who pulled together to make this challenging event a huge success.





## Society of International Gastroenterological Nurses and Endoscopy Associates 2013 Meeting in Shanghai



Xiuhua Li, President of the Chinese Nursing Association, and Rosemary Bryant, Past President of the International Council of Nurses.

The world of Gastroenterology gathered in Shanghai in September to participate in Gastro 2013 with SIGNEA hosting the nursing program for this Congress. The formal opening ceremony of the congress was a spectacular show of Chinese culture through dance and song.

In the nursing program, Dianne Jones, SIGNEA President, welcomed delegates from 20 countries and as part of the opening ceremonies, called upon representatives of each country to carry their flag to the front of the hall where they were placed for the duration of the SIGNEA conference. Xiuhua Li, President of the Chinese Nursing Association, addressed delegates and conveyed the pride which Chinese nurses felt in having the meeting in their country. She expressed hope that the professional sharing that would occur during the meeting could continue into the future.

The opening keynote address “International Nursing Issues: Influence on Specialty Practice in Gastroenter-

ology” was presented by Rosemary Bryant, Chief Nurse of Australia and immediate Past President of the International Council of Nurses. Rosemary highlighted some of the many issues which are affecting nursing across the globe – increased life expectancy producing an ageing population in many countries, changing patterns of disease, and a nursing workforce which is also ageing. The impact of globalization is also affecting nursing with nursing shortages in the labor markets of developed countries creating a movement of nurses from developing countries to developed nations which leaves the country of origin with a nursing shortage. Rosemary spoke of the size of the projected nursing workforce shortage and gave as an example Australia’s prediction of a shortfall of 109,000 by the year 2025 in that country. She emphasized that the type of care, the skills of the people who provide that care, and the location in which it is provided will all need to change in response to that shortage and that change actually provides the potential for increasing access to health services, and will



Xiuhua Li, President of the Chinese Nursing Association, Dianne Jones, SIGNEA President, and Rosemary Bryant, Past President of the International Council of Nurses.



Rosemary Bryant, Past President of the International Council of Nurses, along with participants at Gastro 2013 in Shanghai.

incorporate nurses working at increasingly advanced levels of practice. Rosemary then identified nurse endoscopy as one of the expanded roles that has occurred in gastroenterology and reported some of the outcomes of studies on that role that have been published from the UK over the past 15 years. She noted that Australia had recently embarked on a project to develop a national training program for nurse endoscopy. In her concluding remarks, she noted that there would be more expanded roles, validation and utilization of advanced practice nursing in specialist domains thereby creating greater opportunities and greater access for patients and nurses will have greater autonomy. She signaled the way forward to the future was to rethink our ways of working, expand our boundaries of practice and develop responsive models of care.

The full report of the SIGNEA conference can be found in the SIGNEA newsletter available from [www.signea.org](http://www.signea.org).



# World Digestive Health Day 2013

Each year on May 29 the World Gastroenterology Organisation celebrates World Digestive Health Day (WDHD) to raise awareness about a particular digestive or liver disease. These campaigns seek to reach not just gastroenterologists and hepatologists, but other healthcare practitioners, as well as the general public. The theme for 2013 is “LIVER CANCER: Act Today. Save Your Life Tomorrow. Awareness. Prevention. Detection. Treatment.” The campaign involves over 100 of WGO’s member societies and regional affiliates and is promoted throughout the world. WGO, to-

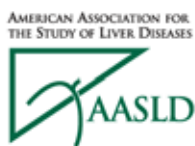
gether with its Foundation, compiles a list of resources and media tools to support the campaign, along with a selection of Global Guidelines. This year, several WGO Global Guidelines provided support to the WDHD campaign – each incorporating not just the unique Cascade approach, but also translation into languages such as Portuguese, Mandarin, French, Russian and Spanish. Relevant guidelines have included those on Hepatocellular Carcinoma (HCC), Hepatitis B, NAFLD-NASH, Management of Acute Viral Hepatitis, and Esophageal Varices. In order to further support



the 2013 campaign, a new guideline on Hepatitis C was developed earlier this year.

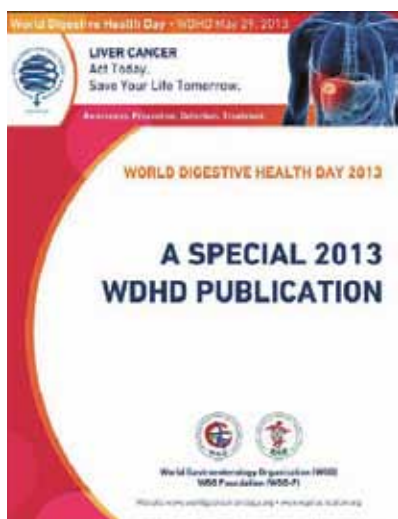
In 2013 a record number of partners supported and promoted the campaign, leading to an incredible global reach:

## PARTNERING ASSOCIATIONS



## ORGANIZATIONS & PATIENT ADVOCACY GROUPS





A view of the WDHD 2013 Supplement.

Thanks to the contributions of a truly global Steering Committee, a special WDHD 2013 supplement was created, with the theme being Liver Cancer in Your Country. The Supplement, available on the [2013 WDHD website](#), includes articles with views from South Africa, Brazil, Egypt, Pakistan, Argentina, Italy, Russia, Venezuela, India and Portugal.

An exciting activity which took place in support of WDHD 2013 was the creation and distribution of a survey to collect data on HCC around the globe. Data was collected from Albania, Azerbaijan, Bosnia and Herzegovina, Brazil, Bulgaria, Canada, Croatia, Denmark, Egypt, Estonia, Japan, Jordan, Lithuania, Malaysia, Morocco, Myanmar, Nigeria, Pakistan, Philippines, Portugal, Saudi Arabia, Singapore, Sweden, Thailand, Turkey, USA and Venezuela – and will continue to be collected moving forward. The findings thus far were presented during a symposium at Gastro 2013 APDW/WCOG Shanghai by Chair of the 2013 campaign, Dr. Douglas LaBrecque, Iowa, USA. Would you like to submit data for your country? [Click here to download the form.](#)

To date, 15 countries participated in World Digestive Health Day 2013,

with over 65 recorded events. Events included public awareness campaigns, walkathons, health check-up camps, courses and lectures for healthcare professionals, national meetings, press conferences, creating a country's own World Digestive Health Day, media activities, and much more. Highlights appeared in each issue of the quarterly *e-WGN* throughout 2013 as well as the monthly *WGO e-Alert*. The below events highlight only a few of the exciting and creative events that took place during the 2013 WDHD Campaign. To view events that have taken place throughout the year, [download previous 2013 issues of e-WGN now.](#)

#### CANADA

Information on HCC received a great amount of attention in the media in Canada, primarily due to the release of the Canadian Cancer Society's annual report, with a special section recognizing the 3x increase in liver cancer in men and the 2x increase in liver cancer in women since 1970. The Canadian Cancer Society released a press release noting the World Digestive Health Day 2013 campaign, and the overall story made national TV and newspapers and was in the top news story on the Canadian Broadcasting Corporation (CBC) news.

During the same week, the University of Calgary Liver Unit launched their new automated HCC screening program. A postcard describing the program was mailed out to 5,000 physicians in Calgary, and a very successful CME event with the GPs of the Mosaic Primary Care Network took place earlier in the week. One third of the GPs that practice in North-East Calgary, where the majority of the immigrant population lives, attended this event. The meeting reviewed screening, diagnosis and management of both Viral Hepatitis and HCC, and soon a new outreach clinic will be launched to better serve the immigrant population, who has

a high burden of viral hepatitis, but doesn't access the facilities at the University.

#### CHILE

The University of Chile Clinical Hospital conducted different types of initiatives to spread the May 29 World Digestive Health Day celebration, established by the World Gastroenterology Organisation. The Hospital, as an entity providing health plus educational functions, has a commitment to inform the public about various topics related to health and quality of life. Therefore, this year they established the month of May as the period to talk about digestive health and bring people different information. The Department of Communications created a special website (<http://www.redclinica.cl/>), with eight articles on digestive health which discussed several issues of interest to the population. The subjects were selected from common concerns of users and had much impact on the social networks.

In an effort to increase communication to allow more people to access highly relevant content, the Communications Department of the Hospital Clinic produced a video which involved leading experts on the topic of this year. Dr. Javier Brahm (Gastroenterology Section Chief), Juan Carlos Diaz (Head Transplant Unit), Ivan Gallegos (Head Pathology Service) appeared in the production, and spoke about HCC. Considering the current communication platforms often used by the population, the University of Chile Clinical Hospital decided to innovate by sending cellular text messaging focused on liver cancer. The company in charge of sending messaging was MOB.ID, which assisted in getting the following May 29 message to 8,420 people: "U Chile Clinical Hospital reports: alcohol, obesity and certain viruses may cause cirrhosis and liver cancer."





Dr. K.R. Palaniswamy speaks during a CME Program on HCC.

## INDIA

1) The Indian National Association for Study of Liver (INASL), the highest body of liver specialists in the country, has constituted the INASL Task Force on HCC to generate consensus on India-specific diagnosis and management of the cancer.

The Task Force has 18 members representing the major centers managing HCC with Head of Gastroenterology, AIIMS, New Delhi, Prof S. K. Acharya at the helm as chairman. The First Round Table discussion on devising strategies for countering the surge of primary liver cancer in the population was held in Puri recently.

The Task Force would work towards defining the epidemiology of HCC in India, risk factors for the disease, while suggesting surveillance mechanisms and preventive measures. It will also strive to integrate screening mechanisms to detect HCC early while formulating guidelines for staging of the cancer along with management and therapeutic modalities.

2) The Tamilnadu Chapter of the Indian Society of Gastroenterology held a Public Awareness Programme, *Taking Steps for a Healthy Tomorrow*, on May 26. The program began with a walkathon followed by a public program with experts in the field of gastroenterology. The experts included Drs. K. Raghuram, K.R. Palaniswamy, V. Balasubramanian, L. Thayumanavan, Mohammad Ali, Usha Srinivas, N. Murugan, K. Premkumar and Rajasundaram.

## MOROCCO

Within the framework of the celebration of the World Digestive Health Day, The Société Marocaine des Maladies de l'Appareil Digestif (SMMAD) and the WGO Training Center of Rabat, organized a day of information and education on June 1 about the liver cancer under the aegis of the Foundation LALLA SALMA pour la Prévention et Traitement des cancers.

The program contained a scientific Round Table intended for the hepatogastroenterologists and a sensitization of the civil society on liver cancer, by insisting on the prevention of this disease. This raising awareness was assured by interviews of the SMMAD President Professor Rhimou Alaoui with five channels of National radios. Similarly a press release signed by the SMMAD was broadcasted by newspapers. A file of health on HCC is under press by the newspaper "ITTihad EL CHTIRAQUI" and was published on Monday, June 24, 2013.

The main recommendation adopted during this day was to create a register with special HCC index form according to the diagnostic specificities of this cancer. The SMMAD board makes a commitment to work with the Foundation for the implementation of the HCC register.

## PAKISTAN

On the morning of February 2, 2013, an awareness, screening and vaccination camp was arranged jointly by AIMS Hospital and AGA KHAN HEALTH Services. The Chief Minister of the program for the prevention and treatment of hepatitis B and C management team screened 1,000 people and the first vaccine was inoculated to an HBSAg negative subject.

Professor Sadik Memon from (ISRA) AIMS Hospital delivered a comprehensive talk regarding the HBV and HCV management. The majority of people who came were



Professor Dr. Sadik Memon delivers a talk on the management of HBV and HCV.

HBV or HCV positive, and Professor Memon offered free consultations to them. Dr. Tahir, Dr. Saghar and Dr. Sikandar worked day and night for the arrangement of this camp, and Mr. Adeel Khan, marketing manager of AIMS hospital, distributed awareness materials regarding chronic Hepatitis "B" and "C" both in Urdu and Sindhi.

## SUDAN

From May through September of this year, many events have taken place and will continue to take place in Khartoum. The Sudanese Society of Gastroenterology (SSG) has conducted media awareness through different television programs as well as radio and newspapers. The Society has had monthly meetings on the topic of Hepatitis B awareness and HCC prevention, various meetings with health authorities along with the World Health Organization (WHO) in Sudan, to hold discussions on implementing the prevention measures. A meeting was held 14 September on Hepatitis B awareness and HCC prevention: *What we did, and what should be done*. The various WDHD activities have reached medical students, doctors, SSG members, the media, health authorities, the WHO, and politicians.

## USA

Numerous activities have taken place through the USA, many of which involving the 2013 campaign Chair-



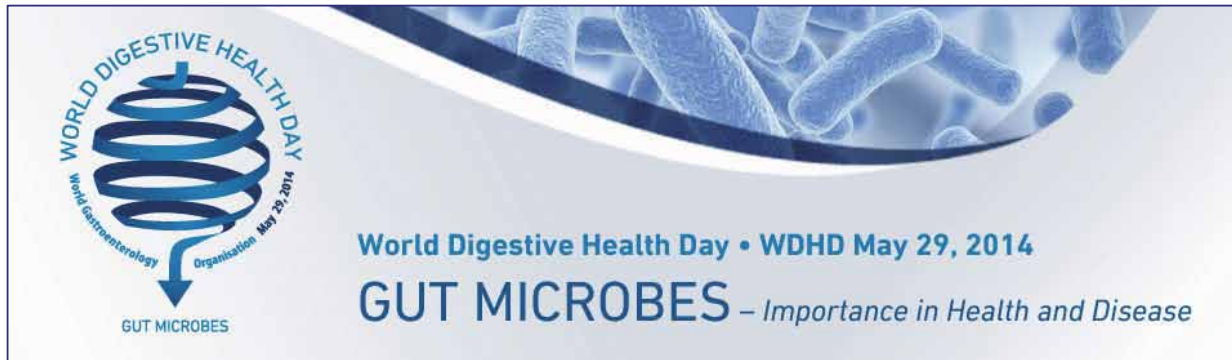
man, Dr. Douglas LaBrecque. A GI symposium took place in California, USA on February 5, with Dr. LaBrecque discussing this year's theme. His goals of the program included making those aware of the burden of liver disease in the United States and the steady and rapid rise in incidence of HCC, including the fact that most cases are diagnosed only at an advanced stage; recognizing the critical role of the primary care health provider in

addressing this national public health problem; and becoming aware of the global health crisis due to liver disease, especially viral hepatitis and HCC, and place the severity of this health problem in perspective with other global health problems. Additional activities involving Dr. LaBrecque include Grand Rounds at the University of Iowa on August 8, and a live interview with a local Iowa television

station on October 7. Following the American Association for the Study of Liver (AASLD) November 5-6 in Washington, D.C., USA, the Liver Cancer Roundtable held their inaugural meeting. Read the press release by visiting: <http://www.wgofoundation.org/wdhd-2013-media-center>. Other future meetings and interviews will be taking place in the coming months.

**WGO and the WGO Foundation are grateful to the following corporations for their generosity and support of WDHD 2013:**





## World Digestive Health Day 2014

### WGO Announces the 2014 WDHD Theme!

The World Digestive Health Day theme in 2014, led by Professor Francisco Guarner, Spain, is “GUT MICROBES: *Importance in Health and Disease*”. The 2014 campaign will focus on the following aspects:

- Research on Gut Microbes is now advancing very rapidly, and its impact on human health is widely perceived as a most exciting development in medicine. Since Gut Microbes function like an organ within the gastrointestinal tract, Gastroenterologists are the health professionals who will bring the new knowledge into practice.
- Gut Microbes are fully integrated in the structure of the human body and contribute to our health with a number of important functions. The human host provides habitat and nutrition, whereas Gut Microbes play a key role in digestion, metabolism and immune function, and have widespread impact beyond the gastrointestinal tract.
- Changes in the diversity and function of Gut Microbes (*dysbiosis*) are associated with far reaching consequences on host health and development. Experimental and clinical evidence suggest a role of *dysbiosis* in a number of health issues and diseases, including functional bowel disorders, inflammatory bowel diseases and other immune mediated diseases (coeliac disease, allergies), metabolic conditions (type 2 diabetes, obesity, metabolic syndrome, cardiovascular disease), and perhaps, behavioral disorders such as autism and depression. This new knowledge will provide accurate diagnostic and prognostic tools for the clinical practice.
- Diet is critical for a “healthy” gut microbiota, and antibiotics can damage their normal structure and function. Functional foods, probiotics and prebiotics, have yielded some therapeutic success in modulating the gut microbiota, and warrant further quality research on their effects.
- Understanding of the importance of developing and maintaining a “healthy” gut microbiota provides an opportunity for interventions to relieve symptoms, prevent illness and treat, and could offer tools to improve human health.

Additional activities related to this theme include an article written in a 2012 issue of *e-WGN* by Professors Francisco Guarner and Virginia Robles-Alonso titled *The Human Gut Microbiota: a 2012 Perspective*. [Click here to download a copy of it.](#) In 2014 various meetings and sessions directly related to the 2014 campaign will be taking place including the [Gut Microbiota for Health World Summit](#), sponsored by the AGA Institute and the European Society of Neurogastroenterology & Motility, to take place in Miami, USA, in March, and a session on probiotics during the [Pan-American Week of GI Diseases](#), October 2014 in Buenos Aires, Argentina.

Watch [www.wgofoundation.org](http://www.wgofoundation.org) and WGO publications as more information, tools and resources become available in the coming weeks!



## Semana de las Enfermedades Digestivas (SED) 2013

### The Sociedad Española de Patología Digestiva

The Spanish Digestive Week (SED 2013) organized by the The Sociedad Española de Patología Digestiva (SEPD) was held in Murcia, Spain from 1-4 June 2013. This year almost 1,000 gastroenterologists attended despite limited resources. The scientific committee did an outstanding job selecting the most relevant topics with the best national and international experts as speakers. We are grateful to all of the professionals who support this annual congress and share their research and enhance learning.

We continue to appreciate the scientific collaboration and support of relevant national and international scientific organization such as the American Gastroenterology Associa-



The opening session of the 2013 SED congress and included in this picture, from left to right, the Elected SEPD president Dr. L. Fernando Carballo, the SEPD president Dr. Miguel Muñoz Navas, the Murcia Health Administration representative and finally, the SEPD past president Dr. Enrique Domínguez Muñoz.



tion (AGA) course that was given all day Sunday, June 2 and was a part of the first session: "Upper GI Tract Diseases" that had four items and experts invited: Endoscopic management of obesity by Dr. Christopher C. Thompson (Boston, Massachusetts); Eosinophilic esophagitis by Dr. Alfredo J. Lucendo (Hospital General de Tomelloso); Gastroparesis and other motility disorders by Dr. Ronnie Fass (Southern Arizona VA Healthcare); Refractory GERD by Dr. Antonio Ruiz de León San Juan (Hospital Clínica San Carlos).

tion (AGA), the Mexican Gastroenterology Association (AMG), the Spanish Association for The Study of The Liver (AEEH), Spanish Society of Digestive Endoscopy (SEED), Spanish Society of Gastroenterology, Pediatric and Nutrition Hepatology (SEGHNP), and the Spanish Association of Gastrointestinal Ultrasound (AEED) Associations. Please visit our website at: [www.congresosed.es/](http://www.congresosed.es/).

One of the highlights of the meeting was a focus on pancreatitis, a disease that is underdiagnosed in Spain. The epidemiologic study conducted by the SEPD in Spain shows that over 2,200 new cases of chronic pancreatitis are diagnosed each year with

a prevalence of 500 cases per million population. Because of the high morbidity patients with pancreatitis require specialized care and SEPD is promoting the creation of units specializing in pancreatic diseases in Spain.

Two new technical innovations this year were that SED was broadcast to a specific blog (<http://congresosed.wordpress.com/>) and that SEPD developed a new application to allow attendees access to the full program on smartphone or tablet. This also allowed attendees to interact with one another and with the presenters.



## Finnish Society of Gastroenterology – Autumn Meeting in Kuopio, Finland



### Timo Blomster, MD

Specialist Gastroenterologist  
Oulu University Hospital  
Oulu, Finland

Our National Society held its autumn meeting in Kuopio, Finland 19-20 September 2013.

On the first day we had a variety of topics discussed concerning IBD, diverticulitis, appendicitis, and vascular diseases of GI-tract. Professor Jørgen Jahnsen from Norway provided us with recent data from their IBD patient's epidemiological study (the IBSEN-study). We discussed how to treat acute diverticulitis and it seems (as previously reported) that merely surveillance without antibiotics is better. Docent Paulina Salminen presented a multicenter Finnish study on the best way to treat acute appendicitis (the APPAC-study), and it seems that many patients can be treated with antibiotics only. The Scandinavian Association for Neurogastroenterology and Motility (SAGIM) held a mini-symposium on constipation. At the end of the day we had interesting case reports from four University Hospitals.

The second day was mainly focused on colorectal cancer. Professor Martti Färkkilä lectured about “once in a



Finnish landscape of Kuopio.

lifetime screening colonoscopy” for colorectal cancer which seems to be a reasonable alternative to fecal occult blood test. Professor Nea Malila from the Finnish Cancer Registry talked about the preliminary results from ongoing Finnish cancer screening program that is based on fecal occult blood testing. Professor Mahlila indicated for now, it is too early to make

any conclusions because the surveillance time is still too short. There were also sessions about colorectal polyp histology, endoscopic polyp removal and polyp surveillance. Gastro surgeons and oncologists talked about palliative care, pre- and post-operative chemotherapy and surgical treatments in metastasizing disease.







Promoting Digestive Health

**The World Gastroenterology Organisation and the WGO Foundation thank the following 2013 donors for their generosity and support:**



*The WGO Executive also thanks those who provided support directly to the WGO, the WGO Training Centers and to the WGO Foundation. Recognition for that support is provided by each individual center as well as on the WGO & WGOF websites.*

## Nursing Report Fiji Training Program 2013



### Catherine Conway, CNS, ACGEN

Director of Education GENCA  
(Gastroenterology Nurses College Australia)  
Sydney, Australia

In 2009 I travelled to Fiji as part of the Endoscopy Training Program which had commenced in 2008 after many months of planning by incredibly dedicated and passionate doctors determined to fill the need for endoscopy services in the Pacific Island nations.

The first year that nurses participated in the program was 2009 and was a result of a recommendation from the previous year's evaluations. I felt very honoured to be the first nurse trainer in this amazing program and after two weeks felt that I had been the absolute winner.

I successfully applied to once again be a part of the program this year, 2013. I headed off with great expectations and was keenly interested to see if the ultimate plan to successfully transfer skills was actually happening. To my great delight not only was the program meeting its many goals, it had expanded to include not only Fiji but the many surrounding Pacific Islands.

In 2013 there were 12 trainees and 3 teachers in the nursing program. The trainees, all staff nurses, came from Fiji and the surrounding Pacific Islands.

There were 4 from the Colonial War Memorial Hospital (CWMH) in Suva (Maraia, Pailato, Maikeli, and Mere); 2 from Lautoka (Monika and Evlin); Enosa from Samoa; Kirstein from The Cook Islands; Donna from



"Bula" Trainers and Trainees GeFITT Program 2013 CWMH (Colonial War Memorial Hospital) Suva, Fiji.

Kiribati; Merlyn from Chuuk; Mihra from Pohnpei and Enneth from The Solomon Islands.

The Nurse Educators, Anne Dowling 1-12 July, Catherine Conway 8-19 July and Jane Hattley 15-26 July, were all from different Australian centres, Melbourne, Sydney and Canberra.

Overlapping the trainers certainly streamlined the handover process and gave the incoming trainer an opportunity to get to know where everyone was up to in the program, and time to orientate to the new environment.

Procedurally and clinically, regarding endoscopy, there was a huge range of experience and expertise among the trainees.

The Fiji nurses from the CWMH had much more experience than the regional participants. Maraia, Maikeli, and Pailato have participated in the GeFITT training since its inception and were there when I first visited in 2009. Their experience was evident. All have developed competency in many areas and are skilled enough to train others in some basic endoscopy skills.

More advanced interventional skills need more practice. It is difficult to obtain competency doing a new procedure just once or twice.

Trainers worked within the competency framework developed by GENCA and this was very effective.

Each of the trainees is responsible for getting their log books signed off and it may be reasonable in the future to modify this document to include a column for having had training in a procedure, or just having watched a particular procedure as it can take many years to gain competency in some of the more advanced interventional procedures.

The annual cleaning and reprocessing audit was completed by ALL trainees. Everyone achieved competency in this vital area although the starting point varied enormously, from having never cleaned or reprocessed an endoscope to already being quite proficient. Being such a vital part of the training, a lot of time and emphasis was directed in this area.

The first week was spent training the candidates in the reprocessing of flexible endoscopes and accessories, some from scratch. By the end of the second week most had been assessed and were well on the way to competency. The third week saw the arrival of new equipment and two new trainees. The Fuginon Scopes came with a leak tester so the training was undertaken again and everyone was reassessed with the new equipment. Two of the doctors also undertook the reprocessing training.

There were a large number of procedures performed over the four weeks which gave the trainees lots of opportunities to assist the doctors with the procedures and with a high yield of pathology ample training with taking biopsies, both for *H. pylori* testing and histology, labelling specimens for pathology, and also other interventional procedures such as dilatation, retrieval of a foreign body, heater probe for bleeders, haemorrhoid banding and polypectomy.

The down side of so many procedures was it was difficult to schedule in-service and teaching. We did however, snatch opportunities to have

short sessions on snares, clips, hand washing, bowel preparation, dilatation, and personal protective equipment (PPE).

The benefit of the hands on training far outweighed any down side, however.

An in-service on the capsule endoscopy program was done with the CWMH nurses.

All trainees participated in the changing of the Gluteraldehyde, a high risk activity. A "Chemical Spill Kit" was put together and training carried out with all the staff on the emergency procedure if there was a chemical spill. We used "kitty litter" as the absorbing product and the rest of the kit consists of PPE and clean up and disposal products. Each of the trainees was given a list of items to put together their own spill kits.

Patient information sheets for the donated bowel prep, Moviprep, were devised and saved on the endoscopy computer desktop along with updated Picoprep instructions; the emergency bleeder box was checked and restocked and in-service with all trainees on the urease reagent for *H. pylori* testing was undertaken.

There was a large amount of donated equipment / disposables. These were distributed amongst the regions. It was felt that it is easier to send donations to Suva and then distribute from there. Distribution, storage and use of donated goods remains an issue.

When the CWMH has a permanent home for endoscopy with a designated storage area perhaps a better system can be put in place for stock rotation and distribution.

With such a lot of disposables on hand, it may be appropriate to reassess the reuse of critical single use items such as biopsy forceps. I am loath to encourage waste or create a mountain of land fill, but, there is a risk of transmission of infections when reusing single use items that are difficult to reprocess appropriately.

Some items that would be very helpful and are in constant short supply are Nitrile gloves for the cleaning room, spray nozzles for Xylocaine throat spray, and large pump packs of lubricant.

A set of Savary Gillard dilators would be an asset as they are easy and safe to use and reprocess as compared



"Don't throw the baby out with the bath water": Training in Endoscope Reprocessing. (Left to Right) Trainee Donna, trainer Anne Dowling, and Maraia NUM Endoscopy unit CWMH.



All aspects of endoscope care and use are covered in the training. Evlin is connecting and testing the scope.

to expensive balloon dilators. Gluteraldehyde efficacy test strips would be handy to have so if the glut is nearing its expiry, and stores have not arrived, it could be tested each use to guarantee efficacy.

What a great and rewarding time I had working with the fabulous team of 2013 and reacquainting with my dear friends in Fiji. What a privilege it is to share my experience and knowledge with the beautiful, keen, hard working nurses and doctors from the Pacific Islands. All the nurses were extremely caring and efficient in their roles when setting up for the procedures, monitoring the patient during the procedures, and recovering them post procedure. They were also quite competent at giving pre and post op instructions to their patients and all were keen to learn as much as they could about endoscopy and to assist and practice their new skills.

Thank you for this opportunity to share my experiences participating in this very worthwhile educational program.





## The Latest News in WGO Global Guidelines and Cascades

### NEW LEADERSHIP FOR WGO GLOBAL GUIDELINES

The World Gastroenterology Organisation (WGO) would like to announce Professor Greger Lindberg as the new Chairman of the WGO Global Guidelines Committee, and we thank Professor Michael Fried for his 12 years of leading the Global Guidelines program!

If you missed Professor Fried's interview in this year's e-WGN, Volume 18, Issue 3, please read [12 Years Innovation and Inclusion](#).



A Resource Sensitive Solution

### Have You Downloaded WGO's Newest Guidelines?

The WGO has released TWO NEW Global Guidelines this year! The first, *Diagnosis, management and prevention of Hepatitis C*, led by Professor Muhammed Umar, Pakistan, will be of interest to all health professionals in primary and secondary care involved in the management of people with hepatitis C infection in different countries of the world. It covers all stages of the disease management pathway: screening, testing, diagnosis, referral, treatment, care, and follow-up of children and adults with, or exposed to, hepatitis C (HCV)

infection.

To download this brand new guideline, [click here!](#)

The second guideline, *Coping with common GI symptoms in the community; a global perspective on heartburn, constipation, bloating, and abdominal pain/discomfort*, led by Professors Eamonn Quigley and Richard Hunt, is the first to take four key gastrointestinal (GI) symptoms as its starting-point: heartburn, abdominal pain/discomfort, bloating, and constipation. It is also unique in featuring four levels of care in a cascade approach: self-care and "over-the-counter" aids; the pharmacist's view; the perspective

of the primary care doctor—where symptoms play a primary role in patient presentation; and the specialist. The aim is to provide another unique and globally useful guideline that helps in the management of common, troubling but not disabling GI complaints.

[Download this new guideline, now!](#)

*Watch future e-Alerts and issues of e-WGN as more languages become available!*

### RECENTLY UPDATED & RELEASED GUIDELINES!

#### NAFLD-NASH

Another new WGO guideline, Non-alcoholic Fatty Liver Disease and Non-alcoholic Steatohepatitis (NAFLD-NASH) is now available for [download in various languages](#) including French, Spanish, Portuguese and Mandarin. The Guideline features cascade options for diagnosis in patients with suspected NAFLD-NASH as well as a therapy cascade for extensive, medium, and limited resources. NAFLD-NASH are now the number one cause of liver disease in Western countries, and play an equally important role in the Middle East, Far East, Africa, the Caribbean, and Latin America. Led by Professor Douglas LaBrecque, USA, this guideline was created with a global view with representation from

### Bloating from the view of a pharmacist

*An excerpt from the Common Symptoms Guideline*

Any pharmacotherapy should be combined with lifestyle and dietary interventions:

- Combine medications with lifestyle changes.
- Herbal medicine, homeopathy, aromatherapy are sometimes recommended, but without any evidence of efficacy.

Referral to the physician:

- When bloating lasts several weeks or worsens.
- When other symptoms are present, such as diarrhea or constipation, abdominal pain, vomiting, coughing up blood, weight loss, etc.
- Bloating may indicate more sinister causes if accompanied by weight loss, diarrhea, abdominal pain, occurring especially after food intake, as well as when there is an abdominal mass.
- A total absence of passage of gas and stools, accompanied by severe abdominal pain, requires urgent consultation.

Pakistan, Austria, Malaysia, Russia, Venezuela, Colombia, Mexico, India, Croatia, Canada, France and The Netherlands.

### Acute Diarrhea

The Acute Diarrhea Guideline, led by Professor Michael Farthing, is [now available](#)! This guideline now features specific information on pediatric aspects of acute diarrhea. This aspect has been built by special advisor Dr. Mohammed Abdus Salem of the ICDDR-Bangladesh. The guideline has a cascade for acute, severe, watery diarrhea – cholera-like with severe dehydration. There is also a cascade for acute, mild/moderate, watery diarrhea – with mild/moderate dehydration and, finally, the guideline has a third cascade for acute bloody diarrhea – with mild/moderate dehydration.

Begin downloading the updated version by [clicking here](#), and watch future *e-Alerts* for announcements on more available languages!

### Celiac Disease

WGO's Celiac Disease Guideline – updated with cascades in 2012 – is now available in Spanish, Portuguese and Mandarin! [Begin downloading this guideline now](#), and look for future updates as more languages are released.

### Obesity

The Obesity Guideline is now available in multiple languages! Available for download at <http://www.worldgastroenterology.org/obesity.html>, the Obesity Guideline can now be downloaded in English, Spanish, Mandarin, and Portuguese. Look for more languages, soon! The Obesity Guideline is unique in having been updated to include five appendices: Nutrition, Pharmacotherapy, Lifestyle Changes, Surgery, and Obesity and the Elderly. You may also view the [WGO Review Article on Obesity and the Elderly](#) written by co-author of the Obesity Guideline, Prof. Elisabeth Mathus-Vliegen, on the Journal of Clinical Gastroenterology's website.

### Global Guidelines & Cascades Homepage in Russian and Mandarin

Don't forget to view the Global Guidelines and Cascades homepage in Russian and Mandarin! You may view the Russian page by visiting <http://www.worldgastroenterology.org/global-guidelines-ru.html> or the Mandarin page here: <http://www.worldgastroenterology.org/global-guidelines-mandarin.html>

### Looking forward to 2014...

WGO is pleased to announce that updates are currently being made to both the Hepatitis B and Dysphagia Guidelines! The Hepatitis B Guideline update is under the direction of Professors Jordan Feld, Canada, and Harry Janssen, Canada, while Professor Juan Malagelada, Spain, is leading the Dysphagia Guideline update. We look forward to sharing these with you in 2014!



## WGO Calendar of Events

### 4th Sudanese Society of Gastroenterology International Conference in collaboration with ESGE

**When:** January 10-12, 2014  
**Location:** Al Salam Rotana Hotel, Khartoum, Sudan  
**Organizer:** Sudanese Society of Gastroenterology  
**Website:** <http://www.ssgsudan.org/>

### 4th Asian Pacific Single Topic Conference on Functional GI Disorders

**When:** January 10-12, 2014  
**Location:** Taal Vista Hotel  
**Address:** Kilometer 60, Aguinaldo Highway, Tagaytay City, Philippines  
**Organizers:** Asian Pacific Association of Gastroenterology, Philippine Society of Gastroenterology, Philippine Society of Digestive Endoscopy, Hepatology Society of the Philippines, Japanese Society of Gastroenterology  
**Telephone:** +63 2 928-7014  
**Fax:** +63 2 436-1556  
**Email:** [apagefgid2014@yahoo.com](mailto:apagefgid2014@yahoo.com)  
**Website:** <http://www.apagefgid2014.org>

### AGA Clinical Congress of Gastroenterology and Hepatology

**When:** January 17-18, 2014  
**Location:** Loews Miami Beach Hotel  
**Address:** 1601 Collins Avenue, Miami Beach, Florida, United States of America  
**Organizer:** American Gastroenterological Association  
**Phone:** 301-941-9784  
**Fax:** 301-272-1774  
**Email:** [lkrinzman@gastro.org](mailto:lkrinzman@gastro.org)  
**Website:** <http://www.gastro.org/clinical-congress>

### The 2nd International Conference on Nutrition and Growth

**When:** January 30 – February 1, 2014  
**Location:** Barcelona, Spain  
**Website:** <http://www2.kenes.com/nutrition-growth/Pages/Home.aspx>

### Congress of Lithuanian Gastroenterology Society

**When:** January 31, 2014  
**Location:** Kaunas, Lithuania  
**Organizer:** Lithuanian Society of Gastroenterology  
**Website:** <http://www.gastroenterologija.lt/>

### Canadian Digestive Diseases Week (CDDW 2014)

**When:** February 8-11, 2014  
**Location:** Fairmont Royal York Hotel  
**Address:** 100 Front Street W, Toronto, Ontario, Canada M5J 1E3  
**Organizer:** Canadian Association of Gastroenterology  
**Telephone:** 905-829-2504  
**Fax:** 905-829-0242  
**Email:** [General@cag-acg.org](mailto:General@cag-acg.org)  
**Website:** <http://www.cag-acg.org/>

### 25th Jagelman / 35th Turnbull International Colorectal Disease Symposium

**When:** February 11-16, 2014  
**Location:** Marriott Harbor Beach Resort & Spa  
**Address:** 3030 Holiday Drive, Fort Lauderdale, Florida, United States of America  
**Organizer:** Cleveland Clinic Florida  
**Telephone:** 954-659-5490  
**Fax:** 954-659-5491  
**E-mail:** [ronnens@ccf.org](mailto:ronnens@ccf.org)  
**Website:** <http://meetingsoft.cvent.com/events/25th-annual-jagelman-35th-annual-turnbull-international-colorectal-disease-symposium/event-summary-bc5781f-8487b4ec395cf93409bb0d32d.aspx>

### 3rd Annual Gastroenterology & Hepatology Symposium

**When:** February 13-15, 2014  
**Location:** Marriott Harbor Beach Resort & Spa  
**Address:** 3030 Holiday Drive, Fort Lauderdale, Florida, United States of America  
**Organizer:** Cleveland Clinic Florida  
**Telephone:** 954-659-5490  
**Fax:** 954-659-5491  
**E-mail:** [schmidk@ccf.org](mailto:schmidk@ccf.org)  
**Website:** <http://www.clevelandclinicfloridacme.org/>

### Risky Business: Managing Cancer Risk in Chronic Digestive Conditions

**When:** February 21-22, 2014  
**Location:** Loews Madison Hotel  
**Address:** 1177 Fifteenth Street, NW, Washington, DC, United States of America  
**Organizer:** American Society for Gastrointestinal Endoscopy  
**Telephone:** 630-573-0600  
**E-mail:** [info@asge.org](mailto:info@asge.org)  
**Website:** <http://portal.asge.org/events/eventDetail.aspx?meeting=COLPCFEB14>

### Foundation for Gastrointestinal Surgery and 31st International Gastrointestinal Surgery Workshop

**When:** February 22-24, 2014  
**Location:** Congress Center, Davos, Switzerland  
**Organizer:** Davos AGC Course  
**Telephone:** +41 61 815 96 62  
**Fax:** +41 61 811 47 75  
**E-mail:** [marianne.bertschi@iss-sic.ch](mailto:marianne.bertschi@iss-sic.ch)  
**Website:** [www.davoscourse.ch/](http://www.davoscourse.ch/)

**Sydney International Endoscopy Symposium**

**When:** March 6-7, 2014  
**Location:** Sydney Hilton Hotel  
**Address:** George Street, Sydney, Australia  
**Organizer:** Prof. Michael Bourke  
**Telephone:** +61 7 3893 1988  
**Fax:** +61 7 3337 9855  
**Email:** [jayne.kidd@e-kiddna.com.au](mailto:jayne.kidd@e-kiddna.com.au)  
**Website:** <http://www.sies.org.au>

**Gut Microbiota for Health World Summit – 2014**

**When:** March 8-9, 2014  
**Location:** Hilton Miami Downtown  
**Address:** 1601 Biscayne Boulevard, Miami, Florida, United States of America  
**Organizers:** AGA Institute and the European Society of Neurogastroenterology and Motility  
**Telephone:** 301-654-2055  
**Fax:** 301-272-1774  
**Email:** [education@gastro.org](mailto:education@gastro.org)  
**Website:** <http://www.gastro.org/education-meetings/live-meetings/gut-microbiota-for-health-world-summit>

**APASL 2014**

**When:** March 12-15, 2014  
**Location:** Brisbane Convention and Exhibition Centre  
**Address:** Cnr Glenelg and Merivale Streets, South Bank, Brisbane, Queensland, Australia  
**Organizer:** Gastroenterological Society of Australia (GESA)  
**Email:** [apasl2014@gesa.org.au](mailto:apasl2014@gesa.org.au)  
**Website:** <http://www.apasl2014.com>

**The 20th National Congress of Digestive Diseases**

**When:** March 19-22, 2014  
**Location:** Napoli, Italy  
**Organizers:** Federazione Italiana Società Malattie Apparato Digerente, Associazione Italiana Gastroenterologi & Endoscopisti Digestivi Ospedalieri, Società Italiana Endoscopia Digestiva, Società Italiana di Gastroenterologia  
**Email:** [fismadnapoli2014@grupposc.com](mailto:fismadnapoli2014@grupposc.com)  
**Website:** <http://www.fismad.it/index.htm>

**10 Day Entrerriana DIGESTIVE DISEASES**

**When:** March 21, 2014  
**Location:** Hilton Maran – Suites & Towers (Alameda de la Federación y Mitre)  
**Address:** Paraná, Entre Ríos, Argentina  
**Organizer:** Asociación de Gastroenterología de Entre Ríos and Federación Argentina de Gastroenterología  
**Website:** <http://www.fage.org.ar/>

**APAGE Clinical IBD Forum 2014**

**When:** April 18 – 19, 2014  
**Location:** Penang, Malaysia  
**Website:** <http://www.apage.org/index.html>

**Digestive Disease Week (DDW)**

**When:** May 4-6, 2014  
**Location:** McCormick Place  
**Address:** 2301 S. Lake Shore Drive, Chicago, Illinois, United States of America  
**Organizers:** American Gastroenterological Association, American Society of Gastrointestinal Endoscopy, American Association for the Study of Liver Disease, The Society for Surgery of the Alimentary Tract  
**Telephone:** 301-272-0022  
**Fax:** 301-654-3978  
**Email:** [jmerryman@gastro.org](mailto:jmerryman@gastro.org)  
**Website:** <http://www.ddw.org/>

**Endo Live Roma 2014**

**When:** May 22-23, 2014  
**Location:** Università Cattolica del Sacro, Rome, Italy  
**Organizer:** Prof. Guido Costamagna  
**Email:** [info@endoliveroma.it](mailto:info@endoliveroma.it)  
**Website:** <http://www.endoliveroma.it/>  
 Please note that a reduction of 20% is applied on the registration fee when registering online as “WGO Members”.

**47th Annual Meeting of ESPGHAN**

**When:** June 9-12, 2014  
**Location:** Jerusalem, Israel  
**Organizer:** European Society for Paediatric Gastroenterology, Hepatology and Nutrition  
**Telephone:** +44(0)845-1800-360  
**Email:** [Espghan2014@mci-group.com](mailto:Espghan2014@mci-group.com)  
**Website:** <http://www.espghan.med.up.pt/>

**Annual Congress (SED 2014)**

**When:** June 14 -17, 2014  
**Location:** Valencia, Spain  
**Organizer:** Sociedad Española de Patología Digestiva (SEPD)  
**Website:** <http://www.sepd.es>

**Course on Advances in Gastroenterology**

**When:** July 2-4, 2014  
**Location:** Santiago, Chile  
**Organizer:** Sociedad Chilena de Gastroenterología  
**Website:** <http://sociedadgastro.cl/xl-congreso-chileno-de-gastroenterologia/>

**XXVI ISUCRS BIENNIAL CONGRESS 2014**

**When:** September 4-7, 2014  
**Location:** Cape Town, South Africa  
**Organizers:** International Society of University Colon and Rectal Surgeons in association with the South African Gastroenterology Society, South African Society of Endoscopic Surgeons, South African Colorectal Society, South African Stomaltherapy Association and the South African Gastrointestinal Nurses Society  
**Telephone:** +27 41 374 5654  
**Fax:** +27 41 373 2042  
**Email:** [isucrs2014@easternsun.co.za](mailto:isucrs2014@easternsun.co.za)  
**Website:** <http://www.isucrs2014.co.za/>

**New Advances in Inflammatory Bowel Disease**

**When:** September 6-7, 2014  
**Location:** Hilton San Diego Resort, San Diego, California, United States of America  
**Organizer:** Scripps Conference Services & CME

**XVI Congress of the Polish Society of Gastroenterology**

**When:** September 24 -27, 2014  
**Location:** Wrocław, Poland  
**Organizer:** Polish Society of Gastroenterology  
**Website:** <http://www.ptg-e.org.pl>



### Pan-American Week of GI Diseases (SPED)

**When:** October 6-9, 2014

**Location:** Hilton Buenos Aires

**Address:** Av. Macacha Guemes 351, Buenos Aires, C1106BKG, Argentina

**Organizers:** Inter-American Gastroenterological Association (AIGE), Federación Argentina De Gastroenterología (FAGE), Society of American Gastrointestinal and Endoscopic Surgeons (SAGES), Interamerican Society of Digestive Endoscopy (SIED), The Argentina Federation of Digestive Endoscopy (FAAED)

**Website:** <http://www.gastro2014.com/ingles/index.php>

### ACG 2014 Annual Scientific Meeting and Postgraduate Course

**When:** October 17-22, 2014

**Location:** Pennsylvania Convention Center

**Address:** 1101 Arch St, Philadelphia, Pennsylvania, United States of America

**Organizer:** American College of Gastroenterology (ACG)

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

### United European Gastroenterology Week (UEGW)

**When:** October 18-22, 2014

**Location:** Vienna, Austria

**Organizer:** United European Gastroenterology (UEG)

**Email:** [office@ueg.eu](mailto:office@ueg.eu)

**Website:** <http://www.ueg.eu/week/past-future/future-ueg-week/>

### JDDW 2014 – Japan Digestive Disease Week 2014

**When:** October 23-26, 2014

**Location:** Kobe, Japan

**Organizer:** Organization of JDDW

**Email:** [kobe2014@jddw.jp](mailto:kobe2014@jddw.jp)

**Website:** <http://www.jddw.jp/jddw2014/en/index.html>

### The 32nd World Congress of Internal Medicine (WCIM 2014)

**When:** October 24-28, 2014

**Location:** COEX World Trade Center

**Address:** 159 Samseong-dong, Gangnam-gu, Seoul, Korea

**Organizer:** The International Society of Internal Medicine (ISIM)

**E-mail:** [wcim2014@intercom.co.kr](mailto:wcim2014@intercom.co.kr)

**Website:** <http://www.wcim2014.org>

### APDW 2014 Bali

**When:** November 22-25, 2014

**Location:** Bali Nusa Dua Convention Center

**Address:** Kawasan Pariwisata Nusa Dua Lot NW/1, Nusa dua, Bali, Indonesia

**Organizers:** Indonesian Society of Gastroenterology, Indonesian Society of Digestive Endoscopy, Indonesian Society of Digestive Surgeons, Indonesian Association for the Study of the Liver

**Telephone:** +65 63464402

**Fax:** +65 63464403

**Email:** [Secretariat@apdw2014.org](mailto:Secretariat@apdw2014.org)

**Website:** <http://www.apdw2014.org/>

Highlighted events represent WGO member events. For a full listing of events, please visit <http://www.worldgastroenterology.org/major-meetings.html>

## SUBMIT YOUR EVENT

Do you have an event you would like to share with WGO readers? Visit <http://www.worldgastroenterology.org/submit-event.html> to submit your event for publication in WGO's website conference calendar as well as the quarterly *e-WGN* calendar of events!