

e-WGN

WORLD GASTROENTEROLOGY NEWS

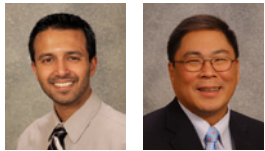
Official e-newsletter of the World Gastroenterology Organisation

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Glenn T. Furuta, MD



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Michael Fried, MD
Greger Lindberg, MD
Anton LeMair, MD



A View From the Audience at the WGO TTT Workshop

Luis F. Lara, MD

Welcome To China for GASTRO 2013



Dai-Ming Fan, MD

President, Chinese Society of Gastroenterology
Congress President and Chairman, Gastro 2013 Local Organizing Committee



Kai-Chun Wu, MD

Secretary-General, Chinese Society of Gastroenterology
Member, Gastro 2013 Local Organizing Committee

As I write this, there are only 35 days ahead to Gastro 2013 APDW/WCOG Shanghai and we are tremendously excited about hosting this truly grand event. This time around, the World Congress of Gastroenterology (WCOG) combines with the Asian Pacific Digestive Week (APDW) for a big global event - Gastro 2013 APDW/WCOG Shanghai. It is co-organized by four partners – the Asian Pacific Digestive Week Federation (APDWF), Chinese Societies of Digestive Diseases (CSDD), World Endoscopy Organization (WEO) and the World Gastroenterology Organisation (WGO).

The conference starts on 21 September with a well planned Postgraduate Course focused on issues in Gastroenterology and Liver Disease and a Live Demonstration Endoscopy Course. There will be 16 lectures covering gastroenterology, liver disease, endoscopy, GI surgery and related GI diseases. And also there is a whole

day of live demonstrations of endoscopy. In the evening, the Opening Ceremony and Welcome Reception will take place followed by spectacular Chinese acrobatic performance and dances.

In the following three days from 22-24 September, the main scientific program will consist of four primary tracks: Live Demonstration Endoscopy and didactic Endoscopy sessions; Upper GI; Lower GI; and Liver Disease. Each day of the main program will begin with Plenary Sessions during which there will be one or two Named Lectureships. There will be 9 named lectures for Gastro 2013, 2 from WGO, 3 from WEO, and 4 from the Journal of Gastroenterology and Hepatology Foundation (JGHF). The WGO Henry L. Bockus Medal will be awarded to Professor Michael Farthing from Brighton, and his lecture will be “Research misconduct: A grand global challenge for the 21st century”. The WGO Georges

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Managing editor: Leah Kopp
Art Production: Jennifer Gubbin
Editorial Office: WGO Executive Secretariat, 555 East Wells
 Street, Suite 1100, Milwaukee, WI 53202 USA
Email: info@worldgastroenterology.org

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Brohée Medal will go to Professor Geoffrey Farrell from Canberra, and his lecture will be “New views on pathogenesis of NASH and how it should inform management”. The WEO François Moutier Lecture titled as “Innovations in diagnostic endoscopy” will be given by Professor Thierry Ponchon from Lyon. The WEO Sadataka Tasada Lecture titled as “Recent advances in endoscopy in the Asian Pacific region” will be given by Professor William Chao from Hong Kong, and the WEO Rudolf Schindler Lecture titled as “Evolving endoscopic surgery” will be given by Professor Paulo Sakai from Sao Paulo. The two APDWF named lectures are the JGHF Okuda Lecture “Immune disorders lead to liver damage and influence antiviral efficacy in patients with chronic HBV infection” by Professor Fu-sheng Wang from Beijing, and the JGHF Marshall & Warren Lecture “Adult tissue stem cell therapy for gastrointestinal diseases” by Professor Mamoru Watanabe from Tokyo. In addition, the two JGHF Emerging Leader Lectures go to Professor Katsunori Iijima from Sendai, that is entitled “Involvement of luminal nitric oxide in the pathogenesis of gastro-esophageal reflux disease spectrum” while Professor Chun-jen Liu from Taipei will discuss “Dual HCV and HBV Infection: Resolved and unresolved issues”.

All together there will be a total of 34 symposia along the four tracks among which cancers in the digestive system are all included such as esophageal, stomach, colorectal, hepatocellular, pancreatic and cholangiocarcinoma. Inflammation (IBD, pancreatitis, autoimmune hepatitis), infection (*Helicobacter pylori*, hepatitis B and C virus, diarrhea), metabolic disease (NAFLD), functional and motility disorders (GERD, IBS, constipation) are still the main focus for the symposium topics. In addition, there will be special sessions for genetics and new horizons in GI diseases where genome study and microbiota will be discussed. Interventional endoscopy with new techniques like POEM and enhanced imaging such as NBI will be discussed in the endoscopy sessions. There will be two keynote speeches of endoscopy including: “Difficult bile duct stone treatment” and “Diagnosis and therapeutic EUS”. Finally, there is also an interesting symposium jointly organized by ECCO, APDW and WCOG that is entitled as “East meets West: IBD today and tomorrow”.

Other key programmatic components will be Working Party Reports and Guidelines – a prominent feature of past WCOG and the APDW conferences, respectively. These presentations emphasize a global perspective while recognizing the special issues of the Asian Pacific region. These in-

clude: Genetics of GI disease; Interval lesions in colorectal cancer screening and relationship to serrated polyps; Endoscopic management of early gastroenterology cancers; Definition of acute superimposed on chronic liver failure; A novel validated classification for perianal lesions and fistulas in Crohn’s disease; Celiac disease—an emerging epidemic in the Asian Pacific region; Additional presentations will include: Diagnostic approaches to chronic diarrhea; Standardized endoscopy reporting; and Radiological exposure in gastroenterology.

Free paper presentation will also be an important part of this Congress. From 2,464 submitted abstracts, 45 high-scored ones have been selected for oral presentation and will be presented in 9 sessions including esophageal disorders; neurogastroenterology/FGID, biliary tract; colorectal disorders; endoscopy; gastroduodenal disorders; liver diseases and HCC; oncology and pancreas. We want to emphasize that 5 of these 45 presenters have been selected for Young Investigator Awards.

We are delighted and look forward to welcoming you to Shanghai for Gastro 2013 APDW/WCOG Shanghai and we hope you will have a truly wonderful time enjoying Gastro 2013!



Eosinophilic Esophagitis: The Only Constant Thing is Change



Shahan Fernando, MD

Pediatric Gastroenterology Fellow; Section of Pediatric Gastroenterology, Hepatology, and Nutrition
Digestive Health Institute; Children's Hospital Colorado
Aurora, USA



Glenn T. Furuta, MD

Professor of Pediatrics; University of Colorado School of Medicine
Director, Gastrointestinal Eosinophilic Diseases Program; At-
tending Physician; Digestive Health Institute; Children's Hospital
Colorado; National Jewish Health; Aurora, USA

Over the last three decades, the clinicopathological entity eosinophilic esophagitis (EoE) has emerged as a “new” disease, a disease that is now recognized as one of the major causes of feeding problems in children and of dysphagia and food impaction in adults. Although well-defined patients with EoE were originally reported by Attwood and Straumann in the early 1990s, only recently has the clinical importance of this disease been fully appreciated^{1, 2}. Evidence of this dramatic change is the rapid increase in publications on this disease; a PubMed search of “eosinophilic esophagitis” or “eosinophilic oesophagitis” reveals that $\frac{3}{4}$ of the over 1,000 articles in PubMed have been published since 2007 when the original EoE Consensus Recommendations were written³. We refer the reader to a number of recently published reviews from across the world that fully detail many of the salient features of this disease and its treatment⁴⁻¹⁵. Here we present a brief review of important clinical points, identify key differences

of this disease between children and adults, relate factors influencing the epidemiology of the disease, share potential relationships that this disease shares with other clinical phenotypes of esophageal eosinophilia, and raise areas of clinical needs that require further investigation.

A dynamic disease with many faces

The intense proliferation of literature since the initial descriptions, and the publication of two Consensus Recommendations^{3, 16} and a Clinical guideline¹⁷, provides proof that the scientific and clinical understanding of EoE continue to develop at a rapid pace. Research studies and clinical experiences determined that EoE is a clinicopathological disease requiring both symptoms and abnormal histology to make the diagnosis. Children may present with a wide array of non-specific symptoms including the gradual onset of feeding problems or intermittent episodes of vomiting and abdominal pain; these common problems are often

mistaken for GERD and typically do not respond to GERD treatments. Adults present with either solid food dysphagia or food impactions, symptoms that demand identification of an underlying etiology. A number of studies have now shown that EoE is one of the most common underlying etiologies of food impaction. In addition, because of the chronic nature of the disease, children and adults may have developed “coping” behaviors to adapt to their esophageal dysfunction; these behaviors may be missed, as they require additional questioning during the clinical history. Prolonged mealtimes, excessive chewing, avoidance of meats, breads or highly textured foods, and regular use of copious amounts of water or lubricating agents to swallow are not uncommon symptoms that often require elicitation. Endoscopic findings are not pathognomonic and include esophageal rings, furrows, exudates, longitudinal tearing, and strictures. (See Figure 1.) The latter finding may not be evident at the time of endoscopy and require an esophagram to detect. Histologically, the disease is characterized by dense esophageal

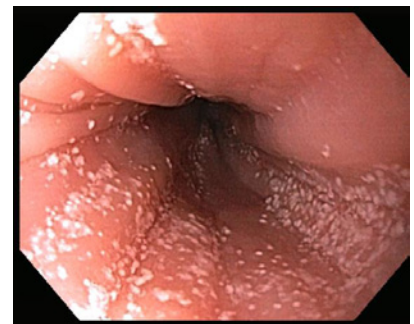


Figure 1: Endoscopic appearance of eosinophilic esophagitis: Mucosal evidence of active inflammation with white exudates, linear furrows and loss of vascular pattern.

eosinophilia and marked evidence of epithelial regeneration with basal cell hyperplasia and rete peg elongation. (See Figure 2.) Other causes of esophageal eosinophilia need to be ruled out before assigning a diagnosis of EoE. The natural history of EoE is not fully understood. While EoE is a chronic inflammatory disease, it does not carry pre-malignant potential; strictures and food impactions can occur, but not all EoE patients appear to develop these complications. Treatments include dietary exclusions of food allergens, topical steroids and esophageal dilation.

An allergic / Th2 immunomicromilieu characterizes the esophageal mucosa

Ongoing and past research supports the tenet that EoE occurs when the genetically pre-disposed host encounters an allergic trigger, leading to the production of eosinophil chemokines in the esophageal mucosa, and ultimately driving mucosal eosinophilia. In this regard, gene array and genome wide association studies have identified at least four key molecules strongly associated with EoE. Thymic Stromal Lymphopoietin (TSLP) activates dendritic cells to promote Th2 cell responses, facilitates IgE production, and promotes expansion of basophils; this molecule likely plays a key role in other allergic inflammatory disease such as eczema and asthma. Eotaxin-3 is a potent eosinophil chemoattractant that is increased in EoE patients and when knocked out in animal models, esophageal eosinophilia is diminished. Il-5 and Il-13 play key roles in other atopic diseases and have been shown to participate in EoE in *in vitro*, *in vivo*, and translational EoE models. Together, identification of these inflammatory molecules has increased our understanding of the pathogenesis of this disease and points us toward potential future therapeutic targets.

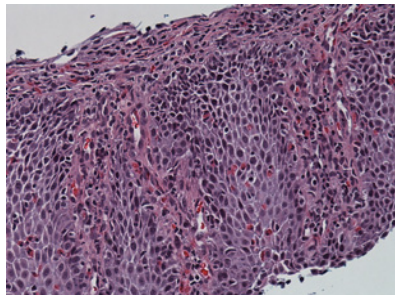


Figure 2: Histological appearance of eosinophilic esophagitis: Representative section of squamous epithelium with dense eosinophilic inflammation, superficial layering of eosinophils, rete peg elongation and basal cell hyperplasia. (Figure courtesy of Kelley Capocelli, M.D.)

Similarities and differences between children and adults

Whether clinical and histological features identified in children and adults represent a continuum that define the natural history of this inflammatory disease or children and adults manifest two different phenotypes is not fully agreed upon¹². Because of developmental differences, children may not be able to fully report symptoms such as dysphagia, thus leading to feeding problems as a primary manifestation. Endoscopic features representative of acute inflammation such as furrows and exudate, appear to be more common in children, whereas those suggestive of chronic inflammation such as rings, strictures, and tears may be more common in adults. While this appears to be a trend, these findings are not exclusively seen in one age group. Histologically, eosinophils remain the hallmark and biomarker of EoE; other features indicative of remodeling and chronic injury have not been definitively shown to be more common in adults or children. Therapeutic efficacies of treatments, whether diet, drug or dilation, do not appear to be different between children or adults, but the adherence to dietary exclusions may be more challenging in older patients.

A rapidly changing epidemiology

A number of studies suggest an incidence of EoE of 4 in 10,000 persons. Two observations have consistently emerged regarding the epidemiology of EoE. The first is that regardless of the study, EoE occurs more often in males. The second is that while EoE was once thought to occur primarily in Caucasians in academic centers in the industrialized countries, the scope of this disease clearly continues to expand. Over the last 5 years, case series and prospective studies report clinical experiences with EoE in urban and rural environments, ethnically diverse settings, and an expanding number of countries. Case series from China (proposed incidence/prevalence-0.34%), Saudi Arabia (0.85%), Ireland (0.1%), Korea (6.6%), and Mexico (4%) highlight this geographic variability. Since there is no known mortality associated with EoE and given its chronic nature, it is not surprising that its prevalence is increasing worldwide. Soon et al. recently published a systematic review with meta-analysis demonstrating geographic variations in pediatric population-based incidence and prevalence rates¹⁸.

The chronic nature of EoE is emphasized by several recent studies. The majority (73%) of patients identified with pediatric esophageal eosinophilia had persistent symptoms into adulthood, as well as worse quality of life scores 15 years after the initial diagnosis¹⁹. Additionally, the majority of those patients transitioned to the care of adult gastroenterologists due to esophageal food impactions (40%) and need for endoscopic dilation (14%) from esophageal stricture formation²⁰.

Several factors may indeed contribute to the increasing prevalence of this disease, such as increasing awareness and recognition of the clinicopathologic characteristics of

EoE and increasing procurement of esophageal biopsies²¹. Since genes do not change within a few decades, introduction of an environmental factor as a key co-factor in the development of this disease has also been strongly suspected. One speculation is that exogenous exposure of the esophagus to something that breaks the epithelial barrier may allow the underlying pre-disposed Th2 immunomilieu to become activated, thus leading to liberation of eosinophil chemotaxins and resultant esophageal eosinophilia. This supposition leads one to wonder what these ingested barrier-breaking factors might be and whether they are related to the emerging nature of this disease in locales with changing diets and lifestyles that may predispose to ingesting these products.

Is it eosinophilic esophagitis, proton pump inhibitor responsive esophageal eosinophilia, or gastroesophageal reflux disease?

With the expanding recognition of esophageal eosinophilia as a histological finding has also come recognition of several other phenotypes that may or may not be pathophysiologically linked. For instance, since the diagnosis of EoE hinges on exclusion of other causes of esophageal eosinophilia, subgroups of patients have been recognized who present clinically as if they have EoE (dysphagia/food impaction), have very dense esophageal eosinophilia (> 15 per HPF), and who clinically and histologically respond to proton pump inhibition. Initially, these patients were thought to have GERD, but as molecular evidence supports an alternative anti-inflammatory mechanism of action for PPIs, the term PPI-responsive esophageal eosinophilia (PPIREE) has arisen²²⁻²⁵. To add further confusion to these observations is the finding that the clinicopathological effect of PPIs may not be sustained over time^{26, 27}. Whether these groups of patients

represent a phenotype of GERD with an exuberant esophageal eosinophilia, EoE that responds to the anti-inflammatory actions of a PPI, or something else is not yet certain. Molecular phenotyping of well-characterized patients, detailed histological descriptions of the esophageal topography as well as clinical responses to therapeutic agents will provide more insights to these questions in the coming years.

Increasing number of questions worldwide

With the increased recognition of EoE across the world, a number of questions arise that will not only immediately improve the quality of life of patients with EoE, but also potentially identify novel therapeutic targets. What unique dietary or environmental factors contribute to or prevent the development of EoE? Do genetic patterns remain constant throughout the world? What other clinical phenotypes will be recognized as the natural history of EoE is documented? Careful observations and analyses of patients with esophageal eosinophilia, and answers to these and other questions, will continue to change the face of this fascinating disease.

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GASTRO 2013 APDW/WCOG Shanghai is Just Days Away!



REGISTRATION

Have you registered for Gastro 2013? Onsite registration is now available!

[Click Here to Begin Registering Now!](#)

GASTRO 2013 SCIENTIFIC PROGRAM

Have you viewed the Scientific Program for the Postgraduate Course, Live Demonstration Endoscopy Program and the three Main Meeting days? With faculty from around the globe focusing on new and cutting-edge information on the etiology, pathogenesis, diagnosis and treatment of the broad range of gastrointestinal, liver and related disorders, Gastro 2013 will be a golden opportunity to be informed of the latest scientific achievements, to discuss recent discoveries, and finally to renew both professional and personal friendships with peers from around the world.

[Click Here to View the Program Now!](#)

OPENING CEREMONY & WELCOME RECEPTION

All registered delegates of Gastro 2013, accompanying persons, sponsors and exhibitors are invited to join us for the Opening Ceremony and Welcome Reception at the Shanghai Expo Center Saturday, 21 September, 2013. The ceremony and reception will offer the opportunity to meet colleagues from all over the world.

Venue: Red Hall, Level 1

Time: 17:00 to 20:00

Dress code: Professional Attire

While you attend Gastro 2013, do not miss the key programmatic components offered:

Poster Exhibition

Posters will be displayed daily during the Congress in the Silver Hall of the Shanghai Expo Center.

DATE	POSTER PRESENTATION
Sunday, 22-September, 2013	P001 – P0590
Monday, 23-September, 2013	P0591 – P1180
Tuesday, 24-September, 2013	P1181 – P1769

Free Paper Sessions

Submitted abstracts have been reviewed by a panel of experts, and those selected as Oral Presentations have been allocated to one of nine Free Paper Sessions taking place throughout the three Main Meeting days.

Nursing Program

A meeting for GI nurses and other allied health professionals will be organized by the Society of International Gastroenterological Nurses and Endoscopy Associates (SIGNEA) in collaboration with local and regional nursing bodies. It will be held 22-24 September, Level 6 of the Shanghai Convention Center in conjunction with Gastro 2013 APDW/WCOG Shanghai.



WEO Learning Center

The WEO Learning Center, located in the Silver Hall, will provide all Gastro 2013 delegates an opportunity to delve into the world of Endoscopy during the Congress through interactive lectures, video teaching and more.

Young Clinicians Program

This unique program commences prior to the main meeting and continues throughout the core meeting. The YCP program will bring together trainees from around the world who clearly represent future opinion leaders in their respective countries. The program will incorporate formal lectures and hands-on training sessions in various practical skills as well as provide opportunities throughout the Congress week for discussion and review of topics presented.

Industry Sponsored Symposia

Lunch and Dinner Satellite Symposia will be organized by the biomedical industry and will be open to all Congress participants. Symposia will have timeslots of 60-90 minutes, running in parallel with others, and will take place Sunday through Tuesday, 22-24 September. A special thank you to the Platinum, Gold and Silver Sponsors for their support of Gastro 2013!

Technical Exhibition

A technical exhibition will accompany the Congress in the Silver Hall of the Shanghai Expo Center.



The WGO Booth

As a world organization for gastroenterologists, we invite you to learn more about the exciting initiatives happening around the world including the latest Training Centers, Train the Trainers workshops, Global Guidelines and more in addition to how you can join WGO in promoting global digestive health, by visiting the booth! During the GASTRO 2013 exhibition days, 21-24 September, we are pleased to invite you to stop by the WGO booth located at F18, to collect information on WGO's programs and initiatives.

The organizing partners of Gastro 2013 look forward to offering you an outstanding and truly international program, and will be privileged to welcome you to the city of Shanghai – a first for the World Congress of Gastroenterology - this 21-24 September, for a **WORLD CONGRESS IN ASIA!**

12 Years Innovation and Inclusion

AN INTERVIEW WITH PROFESSOR MICHAEL FRIED AND HIS WGO GUIDELINES PROGRAM



Michael Fried, MD

Director of the Division of Gastroenterology
University Hospital Zurich
Zurich, Switzerland



Greger Lindberg, MD

Professor of Gastroenterology
Karolinska Institute
Stockholm, Sweden



Anton LeMair, MD

WGO Guidelines Project
Amsterdam, Netherlands



A Resource Sensitive Solution

In the 12 years of your leadership of the WGO Guidelines Committee, what did you enjoy most and what were the challenges?

I really enjoyed the cooperation with colleagues from all over the world, including those highly motivated colleagues from developing countries. The personal relationships which grew out of our many meetings, conferences, phone calls, emails, etc. were a true gift.

Integrating diverse realities, perceptions, preferences and possibilities was a true challenge. I really appreciate the motivation and hard work of the many members of the Guidelines Committee and the various guideline working groups which transformed a complex process into a unified result.

I am particularly grateful to Justus Krabshuis and Anton Le Mair for their formidable job as editors of the Guidelines Committee. Working with them was productive, enjoyable and personally most rewarding.

Since 2002, for twelve years, Professor Fried has been the chair of the WGO Guidelines Committee. Under his efficient and effective leadership more than 25 guidelines were published. He tirelessly persisted in pushing the innovative “WGO Cascades” and gave the word “global” more “body” by his ongoing effort to better support non-Western healthcare workers – also outside of his WGO activities, and very discrete, for instance by taking on Sudanese graduates in Zurich for traineeships. *e-WGN* spoke with him just before Gastro 2013 APDW/ WCOG Shanghai.

What was your motivation to accept chairmanship of the WGO Guidelines Committee in 2002?

When I took over the chairmanship from Professor Guido Tytgat

I was fascinated by the unique program, which focused on improving medical care in gastroenterology all around the world. He started this program and set up an excellent basis on which we could build.

Medical Care is very dependent on the availability of different resources. Socio-cultural differences also play an important role in determining the quality of care patients receive.

Guidelines produced by medical societies in developed countries have in the past not given sufficient attention to these differences and this is where I saw an opportunity to make a contribution.

WGO has adopted a unique global focus with its guideline program. What has been accomplished in those 12 years?

We succeeded in drawing up guidelines, which addressed major gastroenterological diseases and their treatment modalities accounting for differences in various socio-economic environments.

These guidelines were translated into Mandarin, Russian, Spanish, French and Portuguese. They are being distributed for free through different channels, including the WGO Website, various journals and pamphlets. We wanted to

Guidelines from Bangkok to Shanghai

By Greger Lindberg, Incoming WGO Guidelines Committee Chair

When Michael Fried took on the leadership for the WGO Guidelines Committee in Bangkok 2002 I was one of the newcomers to his international team. At that time working teams from the committee produced evidence-based guidelines that basically were a little different from those produced by many national or regional societies. Professor Fried however came to the conclusion that this was not enough. In order to make guidelines useful in various parts of the world they had to be adaptable to different resource levels. He came up with the brilliant idea of using cascades, a resource sensitive solution for guidelines. Professor Fried's leadership is very inclusive and this made us all feel important for the guideline work. On behalf of the Guidelines Committee I would like to say thank you, it was indeed a pleasure working with you.

make sure that doctors have the opportunity to have easy and free access to these guidelines.

What do you think has been the impact of the WGO Cascades on health care?

The concept of Cascades, which we developed and defined, is a unique approach to deal with the different resources available in different environments. A Cascade is a hierarchical set of diagnostic or therapeutic techniques for the same disease, ranked according to the resources available.

The Cascades are being used widely as shown by the very high and steadily increasing number of downloads of the guidelines. This is very encouraging.

What is the next step for WGO's Cascade 'thinking'?

The most important question is to assess the impact of the guidelines on the outcomes of gastroenterological diseases. This is a great challenge, because it requires considerable resources for the necessary epidemiological research.

The widespread adoption of the guidelines, also expressed through the positive recognition of colleagues from all parts of the world, especially the developing countries, provide a promising basis on which the WGO can build.

At the World Congress in Shanghai, Professor Greger Lindberg from Sweden will be taking over from you and become the new Chair. What are your guidelines for him?

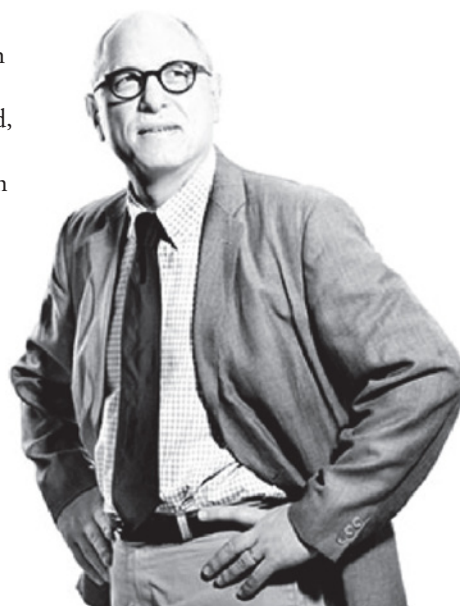
We are privileged that Professor Lindberg has accepted to be the next chair of the Guidelines Committee. He is a highly respected gastroenterologist and

researcher. He has been a most appreciated member of our committee for many years. I trust him to guide us along his lines.

Thank you!

Thank you very much Professor Fried for talking to *e-WGN* – we are most grateful to you for sharing your views and vision with our readers. Thank you also, on behalf of all of us who have worked with you as members of the WGO Guidelines Committee or as external team members: we have very much enjoyed your leadership in the past 12 years!

Professor Michael Fried is the Director of the Division of Gastroenterology at the University Hospital in Zurich, Switzerland since 1994. He studied at the Universities of Berlin and Munich in Germany from 1971 to 1977 after which followed periods of research and residency training at various units in Germany, Switzerland and the UCLA School of Medicine in Los Angeles.



About WGO Guidelines & Cascades

The WGO Guidelines Library contains practice guidelines written from a viewpoint of global applicability. WGO Guidelines are available in English, Spanish, Portuguese, French, Mandarin and Russian. WGO Guidelines go through a rigorous process of authoring, editing and peer review and are as evidence based as possible. Ultimate responsibility and editorial control lies with the WGO Guidelines Committee.

A Cascade is a hierarchical set of diagnostic or therapeutic techniques for the same disease, ranked according to the resources available. WGO Guidelines are globally applicable by the nature of their cascades, which identify other ways of achieving the best possible outcome by taking the available resources into account. In addition, each guideline review team includes non-Western experts with direct knowledge of conditions in their regions. Guidelines & Cascades are located here: <http://www.worldgastroenterology.org/global-guidelines.html>

Global Guidelines

The WGO Guidelines Library contains practice guidelines written from a viewpoint of global applicability. WGO Guidelines are available in English, Spanish, Portuguese, French, Mandarin and Russian. [[read more](#) »]

Select a Guideline to call up the Guidelines details page. Then, click on the Graded Evidence button to read the latest graded literature for the guideline of your choice.

WGO Practice Guidelines

Guidelines with cascades

- [Acute diarrhea-UPDATED](#) »
- [Celiac Disease-UPDATED with Cascades](#) »
- [Colorectal cancer screening](#) »
- [Common GI Symptoms-NEW GUIDELINE!](#) »
- [Constipation-UPDATED with Cascades](#) »
- [Endoscope Disinfection-UPDATED](#) »
- [Esophageal Varices](#) »
- [Helicobacter Pylori in developing countries-UPDATED](#) »
- [Hepatitis B](#) »
- [Hepatitis C - NEW GUIDELINE!](#) »
- [Hepatocellular carcinoma \(HCC\): a global perspective](#) »
- [Inflammatory bowel disease: a global perspective](#) »
- [Irritable bowel syndrome: a global perspective](#) »
- [NAFLD-NASH-New Guideline!](#) »
- [Obesity-UPDATED](#) »
- [Radiation protection in the endoscopy suite](#) »

Guidelines

- [Asymptomatic Gallstone Disease](#) »
- [Diverticular Disease](#) »
- [Dysphagia](#) »
- [Management of acute viral hepatitis](#) »
- [Management of Strongyloidiasis](#) »
- [Needle Stick Injury and Accidental Exposure to Blood](#) »
- [Osteoporosis](#) »
- [Probiotics and Prebiotics-UPDATED](#) »

WDHD 2013 News

INDIA

At Calicut Medical College in Kerala, India, a public awareness program on HCC was conducted. Additionally, a CME program on Management of HCC took place in collaboration with the Department of Radiodiagnosis and the Department of Surgical Gastroenterology.

PERU

On May 29, Dr. Alberto Zolezzi F. presented a meeting on HCC and Hepatitis B, various statistics related specifically to Peru, along with prevention and treatment of these diseases, to students, residents, and the medical staff of gastroenterology. Additionally, information was provided to patients related to this year's theme.



Dr. Alberto Zolezzi F., Hospital María Auxiliadora, Peru, presents WDHD 2013 information to students, residents, and medical staff.

PAKISTAN

It gives me great pleasure to pen down the activities carried out on World Digestive Health Day, the theme of which was Hepatocellular Carcinoma and its prevention as well as awareness. The activity in Peshawar was supervised by Professor Aamir Ghafoor Khan, President of the Pakistan GI Society. The reports presented below are by various chapters throughout

Pakistan supervised by Vice Presidents of Pakistan GI Society.

Khyber Pukhtunkhwa, Peshawar – Report by Dr. Bakht Biland

WDHD was observed as awareness and prevention of HCC (hepatocellular carcinoma) at the LRH (Lady Reading Hospital) auditorium. The meeting was presided by the President of PSG, Professor Aamir Ghafoor Khan, and Dean/CEO of Lady Reading Hospital, Dr. Arshad Javed as well as the head of the hospital, Dr. Iqbal Afridi.

Lecture speakers included: Dr. Kamran, on causes and prevention of HCC, Dr. Bakht Biland, on screening and surveillance and diagnosis of HCC, and Dr. Abbas Khattak, of staging and treatment of HCC. All doctors of the teaching hospital, paramedics, and nurses were invited. The local press was also briefed and the print and electronic media carried the WGO message on HCC prevention and awareness.

Federal Chapter, Islamabad – Report by Prof. Nasir Khokhar

WDHD was held at Shifa International Hospital, Islamabad, on May 29, 2013. The event was widely announced with banners and notices. Approximately 500 people attended the activity. Dr. Mohammed Saleh, Consultant Gastroenterologist and Dr. Shoab Ikram, Liver Transplant Surgeon, both from Shifa, addressed the audience. Prof. Nasir Khokhar began with an expression of thanks and the event was followed by High Tea. The participants appreciated the awareness they received during the function.



Sindh, Karachi – Report by Prof. Rauf Memon

WDHD, DUHS in collaboration with PSG held a seminar at Dow Medical College ARAG auditorium from 11:30am to 1:30pm on "Hepatocellular Carcinoma". The theme for 2013 is Liver Cancer: Act Today. Save Your Life Tomorrow. *Awareness. Prevention. Detection. Treatment.* The welcome address was given by Prof. Rana Masood followed by Key Note address by the Vice Chancellor, Prof. Masood Hameed Khan. Speakers with their respective topics included: HCC Etiology Prevention and Surveillance: Prof. Adbudl Rauf Memon; Diagnostic Difficulties in HCC: Dr. A. Bin Khalid; Management of HCC - Treatment Options: Prof. Bader Faiyaz Zuberi; and Medical Management Miltikinase Inhibitors: Dr. Syed Zahid Azam.



Participants attend various WDHD 2013 events throughout Pakistan.

Punjab, Lahore- Report by Dr. Shamail Zafar

WDHD Liver Cancer: Act today. Save Your Life Tomorrow. A one day intensive review course on “Hepatocellular Carcinoma” was organized by PSG Punjab chapter on 29 May 2013 at AVARI Towers Lahore. This course was intended for house officers, PG residents, General Physicians and Consultants. This review course was attended by around 325 participants coming from all the major hospitals of Lahore and surrounding areas. Topics which were covered in this course included: Pakistans Perspective of HCC: Dr. Shamail Zafar, Vice President PSG Punjab; HCC Screening: Whom, when and how often?: Prof. Ghias Un Nabi Tayyab, Prof. of Gastroenterology; PEI, RFA and TACE which one is the best?: Dr. Najam ud Din, Interventional Radiologist; Surgical Management of HCC: Dr. Amir Latif, Hepatobiliary.



WDHD 2013 events in Sindh, Karachi.

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 in the Albaghdadi lecture room will be held 14 September from 10:00 to 12:00 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.



A View From the Audience at the WGO TTT Workshop



Luis F. Lara, MD

Staff Physician
Cleveland Clinic Florida
Weston, USA

Bogota, Colombia April 23rd to 27th, 2013

The World Gastroenterology Organisation (WGO) - Train the Trainer (TTT) program was developed and is organized together with a national member society. The most recent WGO-TTT workshop was held in Bogota, Colombia hosted by the *Asociación Colombiana de Gastroenterología*. I attended sponsored by the American College of Gastroenterology.

The Train the Trainer program is an intense experience where gastroenterology educators of varying degrees of experience and expertise participate in a comprehensive curriculum with the ultimate goal that participants will learn skills that will allow them to better transfer information to their peers at all levels of training. Very basically, it reviews techniques to make it more efficacious for adult educators to communicate with adult learners.

It was a tremendously well organized meeting. It was clear that years of experience, academic grade, time since finishing training, and familiarity with the material, such as use of evidence based medicine was variable between the participants. A pre-meeting survey was completed to gauge the degree of experience and expectations of the participants. I am certain this information was used to construct a course that was relevant to all of the participants. This is no small task and indicates the dedication of the 10 faculty from Colombia, Peru, Chile, Uruguay, and the United States who were active participants during the course.

Forty-eight physicians from all over Latin-America, Poland, and the United States participated in the course which was held in Spanish for the second time since the WGO-TTT started in 2001.

We had a warm welcome from WGO President Henry Cohen, MD and Maria Teresa Galiano, MD President of *Asociación Colombiana de Gastroenterología* as well as other colleagues from Colombia. The morning started off with a didactic session where all of us attended presentations that would prepare us for the group sessions that occurred the rest of the day. Groups were divided in a very clever manner. Instead of being identified just by a letter or color we were grouped (8 each) according to six indigenous tribes of Colombia: *Muiscas, Tayronas, Quimbaya, Pijaos, Zenú, and Motilones*. A paragraph described each tribe, and a map showed us where they were located in the country. We were also divided into colored stars (blue, yellow, green, and red) but it was curious to note how with each passing activity we became identified with our tribe (not our star) and how this led to healthy competition with the other tribes. Maybe it was because the groups divided by tribes were smaller, and the tasks were active, whereas the group sessions in the colored stars were more didactic. The highlight of the competition was in the team building exercise where we had to score points by shooting metal rings through the mouths of metal frogs. Tribe *Motilones* won.

The program was very ambitious and covered a host of topics, including education in adult learners, how to teach endoscopic skills, how to prepare a CV, professionalism, evidence based medicine, critical review of the literature, study design, publications, oral presentations, how to develop a training curriculum, developing a research protocol and program, competency assessments and evaluations,



Group photo during TTT Bogota.



TTT Bogota participants work as smaller groups during Breakout Sessions.

accreditation, interpersonal skills and team-work, and a brief overview of the World Gastroenterology Organisation.

The general topics were first reviewed in a formal public communication format but even these were interactive. Each topic was then covered in the group sessions where each team was given a task based on what was learned during the didactic session.

For example, following the presentation on study design *Tribe Motilones* had to develop a protocol to study the natural history of gallstones. We had to devise a hypothesis, establish the methods including the type of study (prospective, case-control, etc) and decide on statistical design, and identify the study limitations. We then had to prepare slides for a 5 minute presentation to the whole group, and we had all of one hour to do this. Faculty members participated as observers, and rarely as facilitators. It was intense. Every person in the group had a different opinion and point of view. We did notice that with every passing task it became easier. Working as a group with a rotating leader, a “scribe” who made the slides and a moderator we became better and more efficient. This was noticeable as the quality of the projects and slides increased as the course went on.

The format of the course was all inclusive, and every single member had to participate. This truly was no trainee left behind.

It was interesting to note the different backgrounds, and degrees of experience with the material presented. For example, critical appraisal of the literature was a novel concept to a few members, and some had never designed a study. Reviewing statistics is always welcome, and was done in an excellent manner by Dr's. Piscoya and Rios. I used the calculator provided during the course to impress my trainees by calculating the relative risk, RRR, ARR, NNT in all of the papers discussed during the Journal Club I moderated on my return from TTT. Negative and aggressive feedback are not part of education in the 21st century. Pendelton's rules were presented by Dr. Saenz, and emphasized throughout the meeting, and even applied by the faculty themselves at the end of the course. A humble demonstration that even those that master subjects can always learn to be better. I fancy myself a decent speaker, but I had never been so nervous to address an audience as I was when it was my turn to present. I also had never given much thought to formal methods of speaking in public, from where and how to stand to intricacies of slide development and speech delivery that I learned from Dr. Olano. I was impressed by the degree of endoscopic expertise in our host country especially by the procedures performed by Dr's. Sabbagh, Cañadas and Emura which are at the level of the rest of the world.



Participants experience the Teaching Procedural Skills: Hands-on Module during TTT Bogota.

We had interesting discussions regarding accreditation and professionalism. Some problems are ubiquitous, and others may be common in one place due to economical constraints or idiosyncrasies, while they may be rare somewhere else.

Dr. Cohen, WGO President explained the objectives of the organization. I and most of the participants were unaware of the reach of the WGO, the many programs it supports, including the international training centers, and the ambitions it has to guide training, education, and the practice of gastroenterology and hepatology in the world with a special emphasis on developing countries. They are akin to a United Nations of Gastroenterology. I know I will be more conscious about their efforts and I hope to partake in their growth.

The international nature of the course is what probably gives it its most valuable edge, and having it in the mother tongue of the majority of the participants, Spanish, allowed most to take full advantage of the opportunity. Our common denominator was that we were all physicians involved in endoscopy or gastroenterology, and active teachers who want to be better at it. The different educational backgrounds, academic interests, degrees of access to medical care (or lack thereof), years of experience, and professional goals made the group heterogeneous enough that each person had something to contribute, and we all learned. I remain in awe and inspired by my colleagues who give so much in rather trying environments, and sometimes with so little to show in return for their love of teaching, academia, and research. They are giants.

I would like to emphasize the effort made by our hosts to make us feel at home. Colombia is a resurgent democracy full of welcome, proud, and warm people. We experienced the

joie de vivre of our wonderful hosts during the Cultural Night where many of the participants, faculty included, surprised us with impressive dance moves, as well as musical abilities. We enjoyed but a small part of the beautiful capital of Bogota as we travelled to the colonial downtown. The farewell party came too soon and was a fantastic way to end one of the most enjoyable educational activities I have been involved with.

Regarding teaching, education, research, and career development we are now at least competent conscious and have a duty to become competent unconscious. It was a now treasured learning experience which I encourage anyone with the luck to be invited to attend.



6th Scientific Conference and Annual General Meeting



Casimir Omuemu, MBBS, FWACP

Department of Medicine, University of Benin Teaching Hospital
Benin City, Nigeria

The annual scientific meeting of the Society for Gastroenterology and Hepatology in Nigeria (SOGHIN) was comprised of a two-day 'hands-on' workshop and a two-day Scientific Conference.

The two-day 'hands-on' workshop was held at the Surgical Skills Centre of the Lagos University Teaching Hospital, Lagos, Nigeria on 30 and 31 July 2013. The workshop was on Gastrointestinal endoscopy (basic and therapeutic endoscopy-upper and lower GIT). Professor Damon Bizos (University of Witwatersrand, Johannesburg, South Africa) and Dr. Patrick Okolo III (Johns Hopkins, USA) and a team of Nigerian Gastroenterologists facilitated the workshop.

Participants enhanced their diagnostic techniques and learned how to treat oesophageal varices (Endo-

scopic variceal ligation), strictures and polyps. There were also three parallel workshops: 1) Laparoscopic suturing for Surgeons; 2) Gastrointestinal pathology for Pathologists; and 3) Endoscopy for Nurses.

On Thursday, August 1, the main scientific conference was held at the Sheraton Hotels and Towers, Lagos, and was 'opened' by a representative of the Minister of Health of Nigeria. The main theme of the conference was "*The burden of gastrointestinal and liver diseases in Nigeria*".

The Keynote Lecture was delivered by the renowned Prof. Lewis Roberts from the Mayo Clinic, Minnesota, USA, who highlighted the challenges with the management of gastrointestinal and liver diseases in Nigeria and Africa. There were 134 registered participants in attendance including



Prof. Bizos demonstrating laparoscopic techniques to attentive trainees.

GI trainees and Gastroenterologists, Surgeons, Pathologists, Radiologists, and other physicians. Symposia were held on viral hepatitis and liver cancer, colorectal cancer, and gastrointestinal endoscopy.

Some of the distinguished international facilitators and speakers that attended the SOGHIN Lagos conference included Nigerian-born experts, Dr. Patrick I. Okolo III (Johns Hopkins University, USA), Dr. Austin Obichere (UCH, London), and Dr. Abuchi Okaro (United Kingdom). Other International speakers included Prof. Damon Bizos (South Africa), Prof. Reid Ally (South Africa), Prof. Serhat Bor, (Turkey), Prof. Per M. Hellström (Sweden), and Dr. Barri Blauvelt (USA).

Nigerian based gastroenterologists who spoke at the conference included Surgeons and Pathologists who are SOGHIN members, Profs. Segun Ojo, Dennis Ndububa and Renner. Others include Drs. Jimmy Coker, Anomneze, Osinowo Fasanmade, Sylvester Nwokediuko, Adamu Samaila, Olufunmilayo Lesi, and Charles Onyekwere.



A cross section of the members of SOGHIN during the recently concluded 6th Annual Scientific Conference and Annual General Meeting.

We acknowledge the support of various corporate pharmaceutical sponsors including Roche Pharmaceuticals, Karl Storz Endoscopy, Astra-Zeneca, Reckitt Benckiser, Mega Life Sciences Nigeria Limited, and Biofem Pharmaceuticals Limited.



Prof. Reid Ally (South Africa) giving a presentation at the SOGHIN conference.

3rd Portuguese Digestive Disease Week 2013

Direction of the Portuguese Society of Gastroenterology

The 3rd Portuguese Digestive Week was held in Vilamoura, Algarve from 12 – 15 June 2013. This annual scientific meeting involved around 620 participants including adult and pediatric gastroenterologists, gastroenterology trainees, nurses, surgeons as well as other medical specialties with links to digestive tract pathology.



A view of the participants at one of the sessions at the 3rd Portuguese Digestive week.

The post graduate course “Digestive endoscopy – From Consensus to Innovation” took place during the first day of the convention. The convention of Pediatric Gastroenterology was also held on the first day.

During the convention, a number of topics were discussed among which the following are highlighted: *Helicobacter pylori* – 30 years later; Advances in viral hepatitis; New oral anticoagulants and Digestive Endoscopy; Physics, medicine and biology; The future is in the genes; Cirrhosis - a new therapeutic paradigm; Less common causes of chronic pancreatitis; The critically ill patient of the digestive tract: who, how and where to treat?; New perspectives on ulcerative colitis; Colorectal Screening; National experience; and Quality indicators for colonoscopy.



The address by the Past-President, Dr. Hermanno Gouveia of the Portuguese Society of Gastroenterology at its annual meeting.

A total number of 416 abstracts were submitted, of which 121 were accepted for oral presentations, 9 for clinical cases, 15 for endoscopic ‘Shots’ and 200 for presentation as posters.

The Portuguese Society of Gastroenterology is very interested in developing and fostering international collaboration with other scientific societies to promote clinical and basic research.

WGO Exhibits Around the Globe in 2013

Each year the World Gastroenterology Organisation (WGO) exhibits at major GI meetings around the world. This year WGO will have an exhibit booth at Gastro 2013 APDW/WCOG in Shanghai, China, the American College of Gastroenterology (ACG) 2013 Annual Meeting in San Diego, California, and the United European Gastroenterology (UEG) Week in Berlin, Germany.

Stop by the WGO booth to learn about the WGO Federation and its Foundation, becoming a National Society Member and the benefits of membership, the Train the Trainers program, WGO's 16 Training Centers around the world, the Training Center Partner Program, information on WGO Global Guidelines & Cascades, the Outreach Program, and the World Digestive Health Day (WDHD) campaign. Are you a WGO National Member Society looking to pay your membership dues in person? Visit the WGO booth during any of these meetings to do so.

We look forward to seeing you soon!

Where and When to Find WGO

During Gastro 2013 APDW/WCOG Shanghai, WGO will be in the Silver Hall, Association Row, booth F18 on 21 September from 17:00 – 19:30 and 22 – 24 September from 09:00 – 16:00.



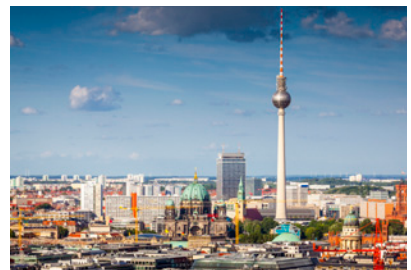
The Huangpu River and the Shanghai Expo Center for Gastro 2013 APDW/WCOG Shanghai in Shanghai, China.



The San Diego Convention Center, home to ACG 2013.
Photo courtesy of: Timothy Hursley

During the ACG 2013 Annual Meeting WGO will be located at booth number 302 on 13 October from 17:15 – 19:00 and 14 – 15 October from 10:00 – 16:30.

During the 21st UEGW, WGO will be located in Hall 17, booth number 16, 14 – 15 October from 09:00 – 17:00 and 16 October from 09:00 – 14:00.



Berlin, Germany.

WGO Calendar of Events

Swiss Annual Congress 2013

When: September 12-13, 2013
Location: Basel, Switzerland
Organizer: Swiss Society of Gastroenterology
Email: info@gkaufmann.ch
Website: <http://www.sgg-sgvc-congress.ch/>

ILCA 2013 Annual Conference

When: September 13-15, 2013
Location: Washington, D.C., United States of America
Organizer: The International Liver Cancer Association (ILCA)
E-mail: info@ilca-online.org
Website: <http://www.ilca2013.org>

Finnish Gastroenterology Autumn Meeting

When: September 19-20, 2013
Location: Kuopio Music Center
Address: Kuopionlahdenkatu 23, Kuopio, Finland
Organizer: Finnish Society of Gastroenterology
Website: http://www.terveysportti.fi/kotisivut/sivut.koti?p_sivusto=170

EndoFest 2013 – the Ultimate Endoscopy Retreat

When: September 20-22, 2013
Location: JW Marriott Las Vegas Resort & Spa
Address: 221 N Rampart Blvd, Las Vegas, Nevada, United States of America
Organizer: American Society for Gastrointestinal Endoscopy (ASGE)
Email: info@asge.org
Website: <http://www.asge.org>

Gastro 2013 APDW/WCOG Shanghai

When: September 21-24, 2013
Location: Shanghai Expo Center
Address: 1500 Shibo Avenue, Shanghai, China
Organizers: Asian Pacific Digestive Week Federation (APDWF), Chinese Societies of Digestive Diseases (CSDD), World Endoscopy Organization (WEO), World Gastroenterology Organisation (WGO)
E-mail: congress_international@gastro2013.org
Website: <http://www.gastro2013.org>

The 15th International Celiac Disease Symposium

When: September 22-25, 2013
Location: Sheraton Chicago Hotel & Towers
Address: 301 East North Water Street, Chicago, Illinois, United States of America
Organizer: Stefano Guandalini, MD/ The University of Chicago Celiac Disease Center
Email: icds2013@vista-fr.com
Website: <http://www.icds2013.org/>

Conference of Lithuanian Gastroenterology Society "Reare Liver Diseases: Wilson Disease"

When: September 26, 2013
Location: Kaunas, Lithuania
Organizer: Lithuanian Society of Gastroenterology
Website: <http://www.gastroenterologija.lt/>

The Viral Hepatitis Congress 2013

When: September 26-28, 2013
Location: Frankfurt Messe Conference Centre, Frankfurt, Germany
Organizer: KnowledgePoint360
Email: hep@kp360group.com
Website: <http://www.viral-hep.org/>

Second Annual Update on Gastrointestinal Cancers: A Multidisciplinary Approach to Screening, Diagnosis, and Treatment

When: September 27, 2013
Location: Columbia University Medical Center, Bard Hall
Address: 50 Haven Avenue, New York, New York, United States of America
Organizers: New York-Presbyterian/Columbia University Medical Center/Weill Cornell Medical College
E-mail: njs2144@columbia.edu
Website: http://www.columbiasurgery.org/cme/event_gastrointestinal_cancer_20130927.html

2013 Taiwan Digestive Disease Week (TDDW)

When: October 4-6, 2013
Location: National Taiwan University Hospital (NTUH) International Convention Center, Taipei, Taiwan
Organizer: The Chinese Taiwan Gastroenterological Society
E-mail: serivce@tddw.org
Website: <http://www.tddw.org>

Australian Gastroenterology Week 2013 Incorporating the Federation of Gastrointestinal Societies

When: October 7-9, 2013
Location: Melbourne Convention & Exhibition Centre, Melbourne, Australia
Organizer: Gastroenterological Society of Australia (GESA)
E-mail: gesa@gesa.org.au
Website: <http://www.agw.org.au/>

ACG 2013 Annual Scientific Meeting and Postgraduate Course

When: October 11-16, 2013
Location: San Diego, California, United States of America
Address: San Diego Convention Center, 111 West Harbor Drive, San Diego, California
Organizer: American College of Gastroenterology (ACG)
E-mail: info@acg.gi.org
Website: <http://www.gi.org>

United European Gastroenterology Week (UEGW)

When: October 12-16, 2013
Location: ICC Berlin
Address: Messedamm 22, Berlin, Germany
Organizer: United European Gastroenterology (UEG)
E-mail: office@ueg.eu
Website: <http://www.ueg.eu/week/>

XVIII Jornadas Nacionales de Gastroenterología

When: October 24-26, 2013
Location: Buena Vista, Santa Cruz de la Sierra, Bolivia
Organizer: Sociedad Boliviana de Gastroenterología
Website: <http://www.gastrobolivia.org>

Autumn Congress of the Czech Society of Gastroenterology

When: October 31-November 2, 2013
Location: Karlovy Vary, Czech Republic
Organizer: Czech Society of Gastroenterology
Website: <http://www.cgs-cls.cz/>

New Zealand Annual Scientific Meeting

When: November 20-22, 2013
Location: Shed 6/TSB Arena,
Address: 4 Queens Warf, Wellington, New Zealand
Organizer: New Zealand Society of Gastroenterology & New Zealand Nurses Organisation Gastroenterology Section
Email: Claire.Bark@tangerinevents.co.nz
Website: <http://gastro2013.co.nz/>

3RD APASL HCC Conference

When: November 21-23, 2013
Location: Radisson Blu Hotel,
Address: Serging Osmena Boulevard, Cebu City, Philippines
Organizer: Asian Pacific Association for the Study of the Liver & Hepatology Society of the Philippines
Email: info@apaslstcphilippines2013.com
Website: <http://www.apaslstcphilippines2013.com/>

Flemish Fall Symposium

When: November 23, 2013
Location: Bruges, Belgium
Organizer: Flemish Society of Gastroenterology
Website: <http://www.vvge.be/>

40th Chilean Congress on Gastroenterology

When: November 27-29, 2013
Location: Gran Hotel Pucón & Centro de Convenciones
Address: Pucón, IX Región, de La Araucanía, Chile
Organizer: Sociedad Chilena de Gastroenterología
Website: <http://sociedadgastro.cl/xl-congreso-chileno-de-gastroenterologia/>

European Colorectal Congress 2013

When: December 1-5, 2013
Location: Olma Messen St. Gallen (Halls 2 & 3)
Address: St. Jakobstr. 94, 9000 St. Gallen, Switzerland
Email: info@colorectalsurgery.eu
Website: <http://www.colorectalsurgery.eu>

Hellenic Annual Congress

When: December 5-7, 2013
Location: Makedonia Palace Hotel
Address: 2 Ave Alexander The Great, Thessaloniki, Greece
Organizer: Hellenic Society of Gastroenterology
Website: <http://www.hsg.gr/>

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/>

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 St W, Toronto, ON, Canada
Organizer: Canadian Association of Gastroenterology
Email: CDDW@cag-acg.org
Website: <http://www.cag-acg.org/>

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
Email: apasl2014@gesa.org.au
Website: <http://www.apasl2014.com>

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/>

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: Wroclaw, Poland

Organizer: Polish Society of Gastroenterology

Website: <http://www.ptg-e.org.pl>

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

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

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

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

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