

e-WGN

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Maria Claudia Stefanoli, MD



The World Gastroenterology Organisation Foundation; Some Reflections

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Welcome to Australia for Gastro 2015!



James Touli, MD, MBBS, PhD, FRACS

Emeritus Professor of Surgery
President, World Gastroenterology Organisation (WGO)

Welcome to Gastro 2015, to Brisbane, and Australia. My colleagues and I are excited about presenting this grand event in Australia. I hope to meet as many of you as possible so that I can share with you my enthusiasm for this meeting and my country Australia.

Gastro 2015: AGW-WGO International Congress combines the World Gastroenterology Organisation Congress with Australian Gastroenterology Week (AGW), the annual scientific meeting of the Gastroenterological Society of Australia (GESA). This meeting marks the beginning of the new paradigm for WGO, i.e. two-yearly World Congresses, to be held in conjunction with WGO member societies as co-hosts.

I also welcome other related organizations in the field who will participate in this meeting, including: the Australasian Society of Parenteral and Enteral Nutrition (AuSPEN), Australian Pancreatic Club (APC), Society of International Gastroenterological Nurses and Endoscopy Associates (SIGNEA), and Gastroenterological Nurses College of Australia (GENCA).

The meeting will be exceptional with over 40 international experts complementing local faculty, presenting a program with numerous concurrent sessions each day in warm springtime weather at the Brisbane Convention & Exhibi-

tion Centre. The convention center and congress hotels are located on the banks of the beautiful Brisbane River in the cultural and entertainment precinct.

Not only can I promise you a warm welcome and plenty of networking opportunities with leaders in the field, the congress will also provide five days of academic and practical excellence, showcasing a wide selection of quality research and clinical contributions.

The program begins on Monday, 28 September with a Post Graduate Day - with five streams of dedicated post graduate training, including liver, endoscopy, IBD, WGO updates (with details about Global Guidelines and Cascades, Train the Trainers, and Training Centers), and neurogastroenterology - and Lifelong Learning courses presented by AuSPEN and the European Society for Clinical Nutrition and Metabolism (ESPEN), all of outstanding value.

The second day commences with a plenary session hosted by myself and Professor Don Cameron, President of GESA. It will include the Bushell Lecture by Professor Guadalupe Garcia-Tsao and the WGO Distinguished Lecture by Australia's own Nobel laureate, Professor Barry Marshall. The lectures will be followed by the "Presidents' Picks" - cutting edge talks paired with the highest ranked submit-

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ted abstracts chosen by the Scientific Program Committee on topics that will be of interest to all registrants.

There are three additional days of updates on the latest information for practicing clinicians and researchers across the full spectrum of topics of interest to all members of the gastroenterology community. With a variety of options to choose from, there is something for everyone, including “Liver Global Cure of Hepatitis C: Transmission Free by 2023?”; a basic science workshop on “Inflammation in GI and Liver Disease: Molecular mechanism of disease”; a large number of free papers; the “WGO: Special Regional Expert Series”; and much more!

The new paradigm for WGO congresses also marks a significant change to the way that WGO committees will work. Starting at Gastro 2015 our various committees shall meet at WGO meetings. Next year we meet

with our colleagues in the UAE and hence our committees shall all meet in Abu Dhabi in November 2016. This change I believe marks a maturity in our organization which moves confidently into the future on the back of a very successful global educational program as well as significant support from our sponsors and member societies.

With the support of our member societies Gastro 2015 will mark the launch of two important and exciting changes; a new funding structure for our various educational programs, and individual memberships in WGO. The new funding structure includes the launch of annual scholarships for trainees to attend the WGO training centers. Individual memberships in WGO will value-add to the benefits members receive over and above their benefits as a consequence to membership in WGO of their gastroenterology society.

In this, my last president's letter for *e-WGN*, I am pleased to say that I hand over to my successor an organization which is confident, financially sound and with a large range of activities which are making an impact on our profession for the good of our colleagues and most importantly our patients. I am very proud and honored to have served as President of WGO. I wish to take this opportunity to thank the executive, governing council and the various representatives of our member societies for the support and wise counsel I have had in the past two years. In addition, I acknowledge with immense gratitude the professional support and advice from our executive director and her staff.

I look forward to welcoming you to Brisbane for Gastro 2015: AGW-WGO International Congress and hope you will have a truly wonderful and academically fulfilling time.



Message from the Editors of e-WGN

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There are 2 very different lead articles in this issue. Dr. Maria Claudia Stefanoli of Montevideo, Uruguay provides a succinct and relevant overview of some of the very important quality indicators in endoscopy, stressing how important these are for the best care for our patients. Anyone who is interested in endoscopy will find this article very useful.

The other is a history of the WGO by Dr. Eamonn Quigley, WGO Foundation Chairman, which gives the fascinating story of the evolution of this amazing organization from the early OMGE to the current WGO and new WGO Foundation that truly focuses on global needs for gastroenterology.

We are sure you will find both articles of great interest!

Moreover, in this issue, we have articles about the 2 new Training Centers in Addis Ababa and Lagos and updates from successful meetings around the world including Chile, Montenegro, Portugal and Turkey, (several associated with World Digestive Health Day which highlighted GERD this year) as well as a new colonoscopy upskilling course in South Africa. As always, we hope you enjoy this issue, and feedback is always welcome.

Chris and Enrique



The World Gastroenterology Organisation Foundation; Some Reflections



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Over the past several years the World Gastroenterology Organisation (WGO) has undergone a fundamental change in its objectives and, consequently in its *modus operandi*. Long gone are the days when the primary mission of WGO (or, OMGE as it was then known) was to organize a free-standing, quadrennial World Congress of Gastroenterology (WCOG). This was no minor undertaking and involved extensive planning as well as fundraising related to the congress. Needless-to-say, the financial fortunes of WGO hinged to a very large extent on the success of World Congresses but, thanks to prudent stewardship and very careful planning, proceeds from such events did sustain WGO in the intervening years and permitted WGO to present a variety of educational and training events, as well as maintain communications with member societies. How the landscape has changed. Firstly, it became increasingly difficult to fit a free-standing, independent World Congress into an increasingly crowded gastroenterology meeting calendar. The growth in size and quality of European, Asia-Pacific, Latin-American, and Africa-Middle East congresses, not only in gastroenterology, but

also in hepatology, coupled with ever growing national congresses and successful mono-thematic symposia made it impossible to justify and fund an independent World Congress. Beginning with the Congresses in Vienna in 1998 and Bangkok in 2002, WGO moved to a partnership model with United European Gastroenterology (UEG) and Asian Pacific Association of Gastroenterology (APAGE), respectively, thereby, ensuring that there would be no competing regional meeting in the relevant part of the world at that time of the year. By the time of the WCOGs in Montreal in 2005 and London in 2009, this partnership model had developed further and now involved close cooperation on all matters between WGO, the regional society (OPGE, formerly AIGE, and UEG, respectively) and the national society (the Canadian and British societies, respectively). This same model was repeated in Shanghai in 2013 and now involved several Chinese and Asia-Pacific societies. While these congresses were most successful in terms of attendance, program quality, and international visibility, a number of factors conspired to reduce the financial outcome for WGO. Firstly,

and appropriately, all congresses are now carefully reviewed to ensure that costs and expenses are appropriate and that income and expenditure are carefully balanced. Secondly, while the involvement of multiple societies ensures the highest quality and provides an exciting level of diversity to the meeting, it also reduces the proceeds that will be forthcoming to any given society. Thirdly, these large congresses are expensive to mount and support from municipalities and governments, as well as from our traditional allies in the pharmaceutical, nutritional, and device industries, has been more challenging to obtain in view of the many other events and activities that compete for their money. Finally, relying on a four-yearly event that, given the natural and man-made convulsions that our little planet is subject to, could be cancelled or draw poor attendance, carries inevitable risk.

For all of these reasons (and there are others, I am sure, that I have omitted) WGO leadership decided to develop the partnership model further and move to two-yearly meetings held in direct partnership with a member society. This concept was supported by a successful "trial run" with the Turkish Society of Gastroenterology in Antalya in 2011 and is about to be repeated with our Australian member society in Brisbane in 2015. It is undoubted that these meetings will not generate large revenues for WGO, but that is not their primary objective, which is to develop ever closer ties with our member societies around the world and to mutually present educational activities of the highest quality and of greatest relevance to that region.

So far I have focused on income; how about the expenditure side of

the WGO ledger? As WGO's focus moved away from World Congresses it moved very deliberately to education and training. These efforts became enshrined in WGO's well established and flag-ship programs, Train the Trainers (TTT), Training Centers (TCs), Global Guidelines (including the unique cascades approach) and Publications. The history and success of these programs, shepherded for so many years by our current President, James Toouli, have been detailed extensively in these pages in the recent past; suffice it to say that each of these programs has enjoyed great success and won many accolades as well as universal recognition as having real and lasting impact on digestive health and on the care of digestive diseases around the world. What's the problem? These programs are expensive to run and result in considerable annual expenditure for WGO. Some years ago, Douglas LaBrecque, our then WGO Treasurer, made it abundantly clear that a strategy based on diminishing income from quadrennial World Congresses and ever expanding expenditure on our burgeoning year-round programs could only lead to one outcome: insolvency! After much thought and considerable consultation, WGO decided that a concerted effort needed to be made to develop a fundraising strategy that ensured regular income to sustain (and develop) our programs that was not overly dependent on the outcome of an occasional mega-congress. Thus the establishment of the World Gastroenterology Organisation Foundation (WGOF), which had one simple charge: to raise funds to support the valuable work of WGO.

At first sight, raising funds to support the work of an organization that provides such benefits to its members and has been especially focused on the less-well served areas of the world would seem to be a simple task: compelling message, successful programs,

obvious need! As Bernard Levin, who so astutely and wisely led the Foundation in its early years and shepherded it from infancy well into its adolescence, was to discover, this was far from a simple task. Many obstacles littered the path between WGO and its deserved rewards: competition with other regional and global charities and NGOs who had an established track record, a relative lack of appreciation of the global GI health issues that afflict so many throughout the world and seem less attractive to potential sponsors (try organizing an event for "diarrhea"), as well as major upheavals in the device and pharmaceutical industries (mergers and acquisitions, more emphasis on national and regional, rather than global support, drugs coming off patent, for example). Furthermore, while some of our programs, such as guidelines, can be seen to have a direct impact on health care, other critical programs, such as TTT and TCs will achieve their goals over the medium- to long-term and may be more difficult to "sell" in media business cycles that seem to grow ever shorter.

Within WGO we learned by trial and error (and expensively) that our greatest weapon in our fight to attract support lay in one of our very own programs and one that was initiated as far back as 2005 by our then Secretary General and later President, Henry Cohen: World Digestive Health Day (WDHD). A wonderful summary of all 10 WDHDs can be found on our website. Suffice it to say that WDHD embodies all that WGO strives to achieve: a focus on a major global issues in digestive health around the world, collaboration (and not competition) with our member societies, and the presentation of messages and information of interest to the general public and health care professionals alike. The pages of media pieces and excerpts, photo galleries, and glowing write-ups from events presented

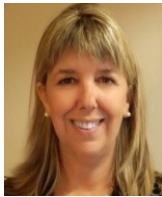
by WGO and member societies in every corner of the globe visible on the website attest to the real and tangible impact of every WDHD. By virtue of the appeal of its themes and their related messages to the public, to health care professionals and the media in every form, WDHD also provides an opportunity for collaboration with industry, be it pharmaceutical, device, instrument, or nutritional. Importantly, a strict code of conduct governs all interactions with industry to ensure that WGOF or WGO can always maintain a position free from bias and ever mindful of the highest ethical standards. For all of these reasons, WDHD has become the cornerstone around which the Foundation exerts its fundraising efforts. It is not and never should be our exclusive fundraising event; WGO and WGOF leadership continue to find, from multiple and diverse sources, support for individual programs and events, an effort that must continue.

In this short piece I have endeavored to summarize the events that led to the birth of WGOF as well as outline the challenges that this relatively new offshoot of WGO has encountered. I am pleased to report that, as my term moves to its close, WGOF has begun to achieve what it was established to do: generate funds to support WGO's programs. This has been no easy task and would not have been achieved without the stalwart efforts of the officers and members of the WGOF board, the support and encouragement of the WGO Governing Council, and the help and advice of so many friends around the world. To all, whether individuals, societies, or corporations who have supported us and continue to do so, may I express my profound thanks from all in WGO and WGOF.

Thank you all!



Quality in Gastrointestinal Endoscopy in 2015. Providing the Best Care for Our Patients



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1. Introduction

Over the last four decades, GI endoscopy has become of paramount importance to diagnose, treat, and prevent diseases of the digestive tract. These procedures are invasive and have the potential to cause harm to the patient, so every time an endoscopy is indicated, the benefits obtained from it must outweigh the risks of the procedure. Because the quality of endoscopy can vary we must be sure we are providing the highest possible standard of care.

How can we measure quality?

The quality of health care can be measured by comparing the performance of an individual or a group of individuals, with an ideal or benchmark. Each parameter used for comparison is named a quality indicator. For example a high quality endoscopy is an examination in which the procedure is indicated, the correct diagnoses are made or excluded, the therapy provided is appropriate, and all the risks have been minimized.^{1,19}

2. Quality indicators¹⁸

As the demand for quality control in endoscopic procedures has grown all over the world, the creation of effective quality control guidelines has become a need. Moreover it is necessary to translate these guidelines into practical recommendations that can be implemented in the endoscopy units.

There are 3 categories of quality indicators:

- 1) Structural measures (they assess availability and maintenance of endoscopy equipment in an endoscopy unit)
- 2) Process measures (they assess performance during the delivery of care)
- 3) Outcome measures (they assess results of endoscopies in a period of time)

This review will focus on item 2 above, the process measures of endoscopy. These quality indicators can also be divided into three time periods: preprocedure, intraprocedure, and postprocedure. Preprocedure, is the period of time before sedation is started or the introduction of the endoscope. During this period there are common issues for all endoscopic procedures, which include: correct indication, informed consent, risk assessment, sedation plan, management of prophylactic antibiotics and of anti-thrombotic drugs.

2a. Indications for the Procedure

The indication, included in a published standard list of appropriate indications, must be documented (priority indicator). A quality improvement goal is to minimize the number of endoscopies done without appropriate indications. For open access endoscopy, where non gastro-

enterologists schedule patients for endoscopy, most studies have shown that the procedures are done for appropriate indications.^{2,3,4}

Two other quality improvement goals are to allow for feedback to referring physicians with regard to appropriateness of indication, and how information about the procedure will be provided to patients before the endoscopy.

2b. Informed Consent

Informed consent should be obtained and documented in every procedure, except in rare emergency cases or with non-competent patients.^{5,6}

The consent should be obtained personally by the endoscopist and should specifically address and document the most common complications (bleeding, perforation, missed diagnosis, and sedation-related complications), facilitating a full discussion with the patient.⁷ This is especially important if there is a subsequent medico-legal case.⁸

When sedation is provided by an anesthetist, there should be a separate consent form, which should be obtained by that specialist.

2c. Pre Procedure Patient Evaluation

Pre-procedure history and physical examination should be done and documented.^{9,10} The history should focus on indications, as well as conditions that may affect the performance and safety of the procedure. This includes sedation-related issues (abnormalities of major organ systems, previous adverse events with sedation or anesthesia, medication allergies, current medications, potential medication interactions, smoking, alcohol or substance use or abuse). It should

document the last oral intake.

The endoscopist or the anesthetist, will perform and document a risk assessment for sedation related adverse events, using the American Society of Anesthesiologists (ASA) score or the Mallampati Score (assesses the upper airway)^{11,12}. This information will be useful for decision making with regard to proceeding or deferring the endoscopy as well as modifying the procedure sedation plan. The intended level of sedation must be specified (no sedation, minimal, moderate, deep sedation, or general anesthesia) and it should be documented. The ASA recommends that, because sedation is a continuum, the endoscopist or anesthetist should be able to rescue patients whose level of sedation becomes deeper than initially intended.¹³

2d. Antibiotics and Antithrombotic Medications

Prophylactic antibiotics for prevention of bacterial endocarditis are not indicated in the vast majority of endoscopic procedures, only being administered for selected settings for which they are indicated (priority indicator).

Antithrombotic medication used by the patient should be recorded, and the plan for the management of the specific medication should be documented and communicated to the patient and health care team (priority indicator). This will vary with the patients underlying conditions, the procedure being performed, the risk of events and the medication(s) being used. Patients who are at high risk for thromboembolic events may require bridge therapy, or the endoscopy may need to be deferred. Such decisions may need consultation with a cardiologist or other physicians caring for the patient. After endoscopic therapy, the timing of resumption has to be individualized, depending on the type of endoscopic procedure and the risk of thromboembolism.

2e. Quality of the Procedure

Before administration of sedation or insertion of the endoscope, the endoscopy team pauses to verify that the correct patient will be undergoing the correct procedure, and this should be recorded. A quality endoscopy procedure is one performed by an endoscopist who has met objective measures for competency. Achieving the desired objectives and minimizing adverse events define the quality of an endoscopic procedure. The American Society for Gastrointestinal Endoscopy (ASGE) has published training and credentialing guidelines that establish basic principles of competency; these should be applied to the credentialing process wherever GI endoscopy is performed.

Several important themes in this regard deserve emphasis: 1) objective measures of performance and not simply the number of procedures performed in training should be used to define competency, 2) measures of competence using well established benchmarks should be universal and not vary by specialty, 3) competency in one procedure should not necessarily imply competency in another, 4) competency in an endoscopic procedure should require that the endoscopist should be able to perform minimum therapeutic maneuvers specific to that procedure (e.g. polypectomy in colonoscopy and stent placement for distal biliary obstruction in ERCP).^{14, 15}

The intraprocedure period extends from the administration of sedation or insertion of the endoscope when no sedation is given, until the endoscope is removed. It includes all the technical aspects of the procedure, including completion of the examination and therapeutic maneuvers.

3. Post Procedure

The post-procedure period extends from the time the endoscope is removed to subsequent follow-up.

It includes providing instructions to the patient, documentation of the procedure, recognition and documentation of adverse events, pathology follow-up, communication with referring physicians, and assessing patient satisfaction.

The procedure report should be accurate and succinct.¹⁶ Standardization of the language and structure of endoscopic reports may improve communication between physicians. Electronic medical records and computerized endoscopic report generating systems may be of great help. Quality assessment and “pay for performance” programs that depend on the collection of reliable, reproducible data benefit from such standardization.

3a. Adverse events

Adverse events must be documented, and should be classified according to their timing, level of certainty of attribution to the endoscopic procedure, and degree of consequent disturbance to the patient.

To standardize data collection and reporting, an ASGE Task Force has proposed definitions and classification of endoscopy-related adverse events.¹⁷ An adverse event is one that prevents completion of the planned procedure or results in admission to the hospital, prolongation of existing hospital stay, another procedure, or subsequent medical consultation. Based on timing they can be subdivided as preprocedure, intraprocedure, postprocedure (up to 14 days), or late (any time after 14 days). A level of certainty of attribution to the endoscopic procedure as definite, probable, possible or unlikely should be recorded. Severity of adverse events should be graded by the degree of consequent disturbance to the patient and any changes in the plan of care as mild, moderate, severe, or fatal.

3b. Post procedure follow up

One important point is that the results of the endoscopic procedure and follow-up recommendations, must be communicated to the referring provider or primary care physician. This communication should be documented. It is the responsibility of the endoscopist to provide results, recommendations regarding therapy, further diagnostic testing and follow-up; the lack of communication may result in patient mis-management. The information related to histological reports, should be properly defined.

4. Conclusion

In conclusion, having a guideline does not result in improved health outcomes *per se*; in order to improve quality it is essential to implement guidance and measure performance. Performing regular quality audits allows identification of potential under-performance, which provides an opportunity for discussion and support for the endoscopist. These will all, result in better outcomes for our patients.

A quality control program should be implemented in gastrointestinal endoscopy units.

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World Digestive Health Day 2015 Heartburn: A Global Perspective

WDHD 2015 events have so far been celebrated in over 20 countries, with many events still scheduled to take place this year! WGO thanks each member society, organization, health-care professional and participant for helping spread the word about the management of heartburn.

There is still time to plan your 2015 event around Heartburn: A Global Perspective! While the official date of WDHD is May 29th, many events take place throughout the year. Past events include public campaigns, courses and lectures on treatments of the current theme, marathons,

walkathons, national meetings, press conferences, television and radio interviews, creating a country's own WDHD Day, publications and much more. For questions regarding WDHD or to officially submit your event for placement on the calendar, please email info@worldgastroenterology.org. Please also visit the [WDHD 2015 website](#) to request a copy of the 2015 WDHD logo for use in promoting this year's WDHD campaign.

For a full list of events taking place in celebration of WDHD 2015, visit <http://www.worldgastroenterology.org/wgo-foundation/wdhd/wdhd-2015/wdhd-2015-events-success-stories>.

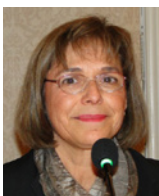


[ries](#). Have you held a 2015 WDHD event that you would like to share on the website or in e-WGN? Please submit your event [here!](#)

With events continuing to take place through the end of 2015, we are pleased to feature the following WDHD 2015 events that have recently taken place!



Chilean Society of Gastroenterology Celebrates World Digestive Health Day



Ana Maria Madrid, MD

Professor
Head, Laboratory of Motility and Functional Digestive Disorders
Gastroenterology Service of the Hospital of the University of Chile
Independencia, Región Metropolitana, Chile



Edith Perez de Arce, MD

Internist, Hospital of the University of Chile
Independencia, Región Metropolitana, Chile

The Chilean Society of Gastroenterology, in conjunction with the Hospital of the University of Chile (HCUCH), participated in the celebration of World Digestive Health Day on 29 May 2015. The central theme this year was “Heartburn and Gastroesophageal Reflux.” The event was chaired by Dr. Marco Arrese, MD, President of the Chilean Society of Gastroenterology, and Dr. Jorge Hasbún, MD, Director General of HCUCH.

The organization of the event was led by Dr. Ana Maria Madrid, MD,



Welcome to the celebration of World Digestive Health Day: Heartburn, A Global Perspective.

a gastroenterologist specializing in motility and functional digestive diseases and member of the Chilean Society of Gastroenterology, who has been involved in the organization of World Digestive Health Day held in previous years in our country.

Prior to the day of the celebration week, oral and written information was sent about the event. Outreach activities were conducted in an educational marquee for that purpose at the entrance of the hospital grounds. Activities began at 08:30 and lasted until 16:00 and comprised of:

1. Educational lectures: two cycles of four educational lectures to the community (people attending the hospital and high school students in the district of Independence) were given. Interactive lectures, of 10 minutes each, included the following topics: “Heartburn and Gastroesophageal Reflux Generalities,” “Complications of Gastroesophageal Reflux,” “Reflux Treatment,” and “Heartburn in Children.” The talks were given by residents in gastroenterology at the Hospital of the University of Chile, supervised by Dr. Madrid.

2. A “HEALTH FOOD” tent activity run by nutritionists from our center, that gave concrete examples and educated the public about healthy eating and general measures aimed at preventing symptoms of reflux. An additional leaflet will be delivered to attendees with these recommendations.
3. A survey of reflux symptoms: surveys were sent to all those who attended the educational tent on heartburn and gastroesophageal reflux. These surveys consisted of evaluating the presence and severity of symptoms as well as use of drugs and comorbidities of respondents. This survey aimed to characterize this population subgroup. During this stage the participants could directly consult gastroenterologists to clarify their doubts on the issue and ask whether relevant studies are required for their symptoms if they exist. Overall, of the approximately 300 people who attended this event, 180 completed the health survey. Results of the data will be presented at the 2015 Chilean Congress of Gastroenterology.



Dr. Edith Perez de Arce giving her lecture.

The event was covered by print media (newspaper El Mercurio and Las Ultimas Noticias), radio (Radio Bio-Bio, Radio Universidad de Chile), and television.

We believe that this global effort was successful, widespread and a real contributor to the health of Chilean people.



Drs. Fernando Orellana, Marta Mac-Vicar, Ana Maria Madrid, Caroll Beltran, Edith Perez de Arce, Andrea Aranda, and Juan Carlos Orosco.



Meson healthy meal with Miss Monica Lepe (nutritionist).

World Digestive Health Day 2015 in Odisha, India



Shivaram Prasad Singh, MBBS, MD, DM

Head, Department of Gastroenterology
SCB Medical College
Cuttack
Odisha, India

THE WORLD DIGESTIVE HEALTH DAY [WDHD] 2015 WAS OBSERVED IN 3 PHASES:

Press Conference on World Digestive Health Day (WDHD) 2015

A press conference was organized on the eve of WDHD 2015 at the Hotel Grand Residency. This was attended by leading representatives of the print and electronic media. This was organized to create awareness about the role of World Gastroenterology Organisation (WGO) in improving gastrointestinal health.

Professor SP Singh spoke to the representatives on various aspects of "Heartburn & GERD." He spoke about the burden this common problem imposed on the population and the health care system. He also spoke on the differential diagnosis and management approach for patients



Prof. SN Panda about to release Odia Leaflets on GERD.

suffering from heartburn. Professor Singh also provided educational leaflets on "Heartburn" in English and Odia. The role of the media in spreading awareness about various health issues was also discussed. The Kalinga Gastroenterology Foundation has been the frontrunner in organizing WDHD meetings every year. The press was also enlightened about how through telemedicine, physicians across the state were educated about epidemiology, diagnosis, and management of gastroesophageal reflux disease (GERD).

Telemedicine Programs on GERD and Heartburn:

Physicians across the state were educated about different aspects of heartburn and GERD, including epidemiology, diagnosis, and management, through 11 weekly telemedicine programs. Physicians attended the programs at the telemedicine centers in the 30 District Headquarters Hospitals. This program was carried out over a period of three months and covered 30 districts of Odisha state, including the remote districts of Kalahandi, Koraput, and Malkangiri, and the three State Medical colleges of Odisha.

The one-hour programs were conducted every Friday between 12 Noon and 1 PM and during each session the program covered three district headquarters hospitals. During the

CME program, the interested physicians would assemble at the telemedicine centers and there would be an initial didactic lecture on heartburn. This would be followed by an open question-answer session when the physicians from the distant districts would ask questions which would be answered by the faculty. This program was highly appreciated.

World Digestive Health Day [WDHD] Ceremony 2015:

The event was jointly organized by Kalinga Gastroenterology Foundation, the Department of Gastroenterology, SCB Medical College, and the Odisha State Chapter of the Indian Society of Gastroenterology (ISG). The event was inaugurated by veteran urologist Professor Satyanarayan Panda with the lighting of the auspicious inaugural lamp. The program was attended by about 100 postgraduate students, family physicians, internists, and gastroenterologists.



Telemedicine Centre – Prof. SP Singh, Dr. Rajesh Sainani, Prof. BN Mohanty, and other members of WDHD team.



WDHD 2015 - Inauguration Ceremony.

At the outset Professor Singh spoke about the history of the World Gastroenterology Organisation (WGO) and how it was born over half a century ago on this day (i.e., 29 May). Professor Singh also spoke at length on the mission of WGO and how every year WDHD is observed all over the globe. He then read out the message of Professor David Armstrong, Chair of WDHD 2015 from Hamilton, Canada.

Professor Singh informed the delegates that WGO wishes to raise awareness of heartburn and provide a broad overview on this common symptom by providing physicians and, hence their patients and the lay public, with an understanding of the latest basic and clinical research in the pathogenesis, investigation, and treatment of esophageal symptoms. He also expressed happiness at the fact that Kalinga Gastroenterology

Foundation and the Department of Gastroenterology have successfully organized this day year after year since 2007.

The CME program began with the introductory talk by Dr. Sanjib Kar, who spoke on the epidemiology of GERD in India. He spoke elaborately on the rising incidence of GERD due to changing lifestyles and eating habits.

The chief speaker for the occasion was Dr. Rajesh Sainani, senior gastroenterologist at Jaslok Hospitals in Mumbai. He gave a lucid overview of the problems in diagnosing and management of GERD. He also provided an insight into the recent advances in diagnosis of GERD. His lecture was followed by a 30 minute question and answer session and ending with a dinner.

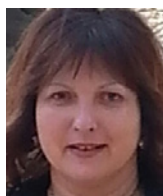


IMA House - Lighting of Inaugural Lamp by Prof. SP Singh.



Dr. Rajesh Sainani Speaking on GERD Management.

Summary of our World Digestive Health Day Event “Heartburn: Impact on Health-Related Quality of Life”



Brigita Smolovic, PhD

Gastroenterohepatologist
Associate Professor, Faculty of Medicine, Podgorica, University of Montenegro
Clinical Center of Montenegro
Podgorica, Montenegro

The Gastroenterohepatology Association of Montenegro celebrated World Digestive Health Day (WDHD) 2015 on 10 June. The theme was “Heartburn: Impact on Health-Related Quality of Life.”

The symposium was held in Podgorica, the capital of Montenegro. In the opening message, Associate Professor Brigita Smolović (Faculty of Medicine in Podgorica) informed the audience about the importance of WDHD and its goals. The Gastroenterohepatology Association of Montenegro wanted to convey the importance of gastroesophageal reflux disease (GERD), and reviewed the significance of diagnosis and treatment of GERD. One of the main goals of the meeting was to increase public awareness about the



Associated Professor Brigita Smolović, PhD, presents the opening words at the WDHD symposium.

importance of improving the quality of life of these patients.

The event was attended by doctors and pharmacists. They actively participated in the discussion. They committed to continuing work on the education of doctors in their community on the importance of improving the quality of life of their patients with GERD. Pharmacists will seek to treat patients with heartburn according to guidelines for treatment of GERD in pharmacy.

The conference was attended by representatives of the medical journal “*MEDICAL*.” A report from the meeting with pictures was published in the July issue of the journal.

The materials related to the guidelines about in the treatment of patients with GERD in pharmacy and recommendations for a healthy dietary regimen for these patients were distributed to all participants. “Self-care algorithm for heartburn” adapted for the conditions in our country from the WGO Guideline “Coping with Common GI Symptoms in the Community” was also distributed to all participants.

A lecture was given by Dr. Velimir Milosević, PhD (Faculty of Medicine in Podgorica), on “The impact of GERD on patients’ quality of life.” The main area of interest was heartburn, the major symptom of gastroesophageal reflux disease, which is



Dr. Velimir Milosević, PhD, presenting on “The impact of GERD on patients’ quality of life.”

now considered the diagnostic criteria for this disease, whether it is with or without regurgitation.

Atypical symptoms, such as cough and asthma, hoarseness, non-cardiac chest pain, dental erosions can be present. Very often, patients who have symptoms of heartburn seek to cure it alone or in consultation with the pharmacist, so several years lapse until the patient consults a doctor for help.

The symptoms of heartburn associated with diet and lifestyle include symptoms when lying down after a meal and symptoms at night. Patients who suffer from heartburn have a poor quality of life (physically, emotionally, and psychologically). Studies have shown that patients with GERD have reduced work activity, job productivity, lower quality of sleep, and a general decline in physical and mental health.

However, the diagnosis must be careful because there are patients who have heartburn without GERD, and vice versa. This means that a patient who has heartburn, does not necessarily have GERD but might have other functional disorders as well as erosive esophagitis, achalasia, or many other

conditions such as cardiac insufficiency and lung problems.

Studies show that 60% -70% of patients with symptoms of heartburn have a non-erosive disease, while about 40% have esophagitis. History is thus very important. Including whether the patient had heartburn in the last seven days, whether they used some drugs for these symptoms, and whether they had hoarse and a chronic cough, difficulty swallowing, or significant weight loss.

The control of acid secretion is the most effective way to achieve relief from heartburn and other symptoms as well as to regulate body weight, avoid tight clothing, avoid foods that cause reflux, kick alcohol and caffeine, stop smoking, and to sleep on an elevated headboard. The goal of therapy is to provide relief from heartburn, enabling the longer remission, treatment of complications and healing of esophagitis, since it will thus improve the quality of life of patients.



World Digestive Health Day Event in Peshawar, Pakistan



Noor Muhammad, MBBS, FCPS

Assistant Professor, Physician, and Gastroenterologist
Peshawar Medical Collage and Bilal Medical Trust
Peshawar, Pakistan



Dr. Noor Muhammad before the lecture.

The Pakistan Society of Gastroenterology and GI Endoscopy (PSG) Khyber Puktoon Khawa (KPK) chapter held a symposium in honor of World Digestive Health Day on 29 May at Mercy Teaching Hospital in Peshawar on heartburn. It was attended by many doctors, medical students, and paramedical personnel.

The program began with a recitation of a few verses from the Quran by Dr. Bakht Biland. Professor Jehan Zaib then read a message from the WDHD Chair, Prof. David Armstrong, which was followed by a comprehensive lecture on heartburn by Dr. Noor Muhammad. The main emphasis was on the prevention of heartburn. Apart from the general principles of weight reduction, regular

exercise, and the avoidance of smoking, alcohol, and certain drugs, Dr. Muhammad stressed that heartburn is too easy to prevent if we follow the following golden principles:

1. When to eat?
2. What to eat?
3. How much to eat?
4. Eat to live or live to eat?

Dr. Muhammad stressed that the answers are simple:

1. Eat when you have the desire to eat
2. Make your meal simple and nutritional
3. Stop when you still have the desire to eat
4. Eat to be energetic and perform your duty well



Professor Jehan Zaib delivering the message of WGO.



Dr. Noor Muhammad during his lecture.



Dr. Bakht Biland says the closing word.

World Digestive Health Day 2015 Celebrated in Turkey



Serhat Bor, MD

Professor in Gastroenterology
Ege University School of Medicine, Sect Gastroenterology
Bornova Izmir, Turkey

29 May was World Digestive Health Day (WDHD). The World Gastroenterology Organization’s declaration of the 2015 theme as “Heartburn” was celebrated in Turkey with special events.

On this day various activities were performed globally and in Turkey; after two years of work, the “Turkish GERD Consensus Report” was launched on this special day to increase awareness about the disease.

Gastroesophageal reflux disease (GERD) exhibits different features in Turkey than in Western countries. For example, only 1% of GERD patients have Barrett’s esophagus, the main symptom is acid regurgitation rather than heartburn, and the prevalence of *Helicobacter pylori* is up to 75% in the population; these are all differences compared to western literature. Thus there was a strong need for a consensus report about the diagnosis and treatment methods of reflux in Turkey. The



From left to right: Altay Celebi, Ismail Hakki Kalkan, Taylan Kav, Serhat Bor, Ulku Dagli, Ibrahim Hatemi, and Zeynel Mungan.

Turkish Society of Gastroenterology’s Neurogastroenterology and Motility Study Group has been working on a Reflux Consensus Report for nearly two years. Seventeen academics and research fellows dedicated an intensive effort during this time. Research results were discussed with 56 invited gastroenterology specialists and then voted in order to make it Turkey’s decision.

Numerous representatives of prominent news agencies in Turkey participated in the press conference. The Turkish GERD Consensus Report was very popular among TV, newspaper, journals, and internet media outlets, both written and visual and was covered in more than 50 places.

The physicians panel following the press conference hosted 60 gastroenterology specialists and internal medicine specialists, with nearly 100 gastroenterology specialists watching the event live on the internet. During the panel, details and results of the study were described and questions answered.



News agencies at the Turkish Society of Gastroenterology’s press conference.

WGO GIHep Porto Training Center Inauguration



Guilherme Macedo MD, PhD, FASGE, AGAF, FAGG, FAASLD

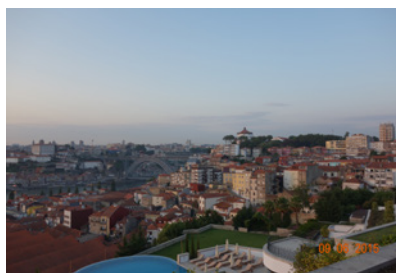
Head of Gastroenterology and Hepatology Department
Associate Professor of Gastroenterology
Centro Hospitalar S.João and Faculty of Medicine
Porto, Portugal

The Porto WGO Gastroenterology and Hepatology (GIHep) Training Center's mission was shaped to the core objectives of WGO Training Centers: to provide education and training in the delivery of digestive health and disease care. Accordingly, the foremost duties of this center are:

1. To promote the highest standards in training in gastroenterology and hepatology in their different disciplines (e.g. diagnostic and interventional endoscopy, inflammatory bowel disease, pancreatic disorders, and digestive oncology).
2. To develop a broad and versatile curriculum which should consist of an adaptable program of providing different levels of expertise. Anchored in a well-designed, nationally certified core curriculum, offering different cognitive modules and formal training opportunities, with several possibilities of
- time span events, we aim to create a learning environment mostly adapted to the trainees needs. The immediate goal is to expose trainees to the current and up to date knowledge in the broad field of gastroenterology and hepatology, always bearing in mind the strict appliance of ethical principles and focus on their local and regional health care needs.
3. To foster interaction between regional, national, and international experts in these areas, promoting individual and inter-institutional networking.
4. To reach out worldwide to Portuguese speaking countries (such as Angola, Mozambique, Cape Verde, S'Tome, Guinea, and East Timor) and be able to provide different levels of training (from basics to advanced procedures) to these countries.



Faculty and attendees in a get together at the newly inaugurated GIHep Porto Training Center.



Wonderful Porto sunset over the new Training Center.



Professors Macedo and Toouli with the Memorandum of Understanding at The Training Center inauguration.

The Aula Magna of the Faculty of Medicine, the noblest lecture theatre at the University of Porto, hosted the Opening Ceremony of the Porto GIHep Training Center on 9 June 2015. Sixty guests attended the official launch. The opening ceremony had three major moments: speeches from honored guests, a presentation by the center director, and a guided tour.

The day started with speeches from the Dean of the Faculty of Medicine, Professor Amelia Ferreira; the director of Centro Hospitalar S.João, Dr. Margarida Tavares; President of the Portuguese Society of Gastroenterology, Dr. Leopoldo Matos; and the most wanted and welcomed speech from WGO President, Professor James Toouli.

The director of the Porto GIHep Training Center, Dr. Guilherme Macedo, then made a presentation about the values, mission, and characteristics of the center and specifically



WGO President Professor Toouli, with Training Center Director Professor Guilherme Macedo, the President of Portuguese Society of Gastroenterology, the Dean of the Faculty of Medicine, and the Clinical Director of Hospital S.João at the Opening Ceremony.

addressing the strategies for all who work in the Center, how the team has been developing and expects to thrive. This session was followed by a second period, the formal opening of the Training Center, revealing the plaque at the main entrance of the Gastroenterology and Hepatology Department.

Finally, we went on a guided tour of an exhibition that the department has promoted and displayed within the hospital for the last six months, called “The Universe of Gastroenterology.” In the exhibition all the major achievements of modern endoscopy, hepatology, and digestive oncology are highlighted, not only for public awareness, but also for the professionals working in the hospital to realize what the new horizons in these areas are. Special emphasis was of course made on the role of our department in bringing these realities and expectations into our hospital and university.

The launching of the center awakened the media curiosity as Professor Toouli made some comments and statements for two national TV channels. Interest was increased by the fact

that this ceremony was held in this particular week, as in the following four days the Portuguese Digestive Disease Week was held in Porto at the Customs House Convention Center, a wonderful venue where Professor Toouli lectured on behalf of WGO in a much acclaimed session.

An intensive program, designed in our center, has already been outlined for the next several months:

- The first course was the Clinical Hepatology Preceptorship, a two day live course (7-8 July) on hepatology and related technical procedures, included 20 participants (trainees and young gastroenterologists).
- Continuing will be the Visiting Professor Program, which began with Professor Shuji Shimizu (Japan) for the establishment of telemedicine networking with the Training Center.
- In September we will hold the Hepatology Masterclass, a full day lively discussion of 12 clinical cases with thorough pathological discussion for 20 participants.

- In October we will run the Stand Alone Meeting on Hepatitis C 2015 for 100 participants, where the unique experience with exclusive all-oral therapies will be discussed.
- The Simulator Endoscopy Course is expected to begin in late October.
- In November, a course for family practitioners called “Meet-the-Expert Forum in Esophageal Diseases” will provide input and important insights in this area for the busy practitioner.
- To end the year, in December the Pancreatobiliary Summit will gather 50 participants for live demonstrations and discussions.

So, Porto GIHep Training Center will have, as a most important domain of activity, the integration of core broad gastroenterology knowledge, providing clinical and endoscopic expertise (for different grades and stages), fostering interpersonal skills, promoting professionalism and the development of non-technical skills, cornerstones for balanced growth and safer endeavors. We wish to welcome all those interested in mastering such different topics as IBD, hepatology, or digestive endoscopy. For sure, the trainee, the newborn specialist or the recertified expert will find the precise moment to get together with us and help the WGO GIHep Porto Training Center flourish.



WGO Inaugurates New Training Centers in Addis Ababa and Lagos



Desmond Leddin, MD

Chair, WGO Training Centers Committee
Victoria General Hospital
Halifax, Canada

In April 2015 two new WGO Training Centers were opened in Africa. These centers are a welcome addition to the existing African network of centers in Morocco, Egypt, Sudan, and South Africa.

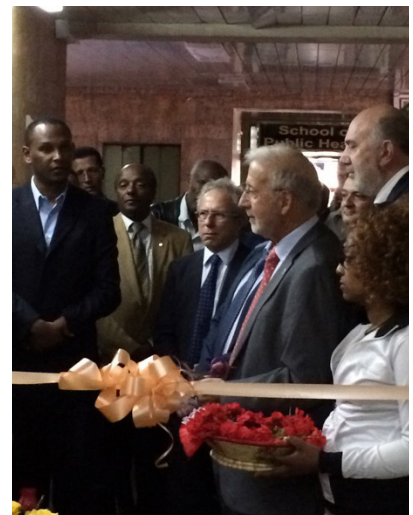
The center in Addis Ababa, Ethiopia was developed in partnership with the University of Toronto, the Ethiopian Society of Gastroenterology, and the University of Ethiopia. It is located at the Tikur Anbessa (Black Lion) Hospital in Addis. Dr. Shewaye Abate Bane is the director. The University of Toronto group, of which Dr. Louis Liu is the leader for the GI program, has been working with the University in Addis Ababa for many years, not just in GI but also across the medicine faculty. A residency-training program has been developed which has recently graduated its first GI specialists.

The center in Lagos, Nigeria is a partnership between the Nigerian Society of Gastroenterology and Lagos University. Located in the Lagos University Teaching Hospital, Dr. Funmilayo Lesi is the director and has led the initiative.

The WGO President, Dr. James Toouli, performed the formal inauguration of both centers. Although only physically present in Addis Ababa, a video link to Lagos (established by the Coordinator of WGO's E-Learning Network, Dr. Shuji Shimizu in Japan) allowed Dr. Toouli to com-

municate with, and inaugurate, both centers simultaneously.

We were very fortunate to have received support from Karl Storz Endoscopy. A generous donation of expertise and equipment has contributed very significantly to the development of these centers. The equipment in the Addis and Lagos centers is, as Dr. Liu ruefully remarked, better than some of his equipment in Toronto. The generosity of Storz, who have also partly equipped the center in Khartoum, has changed GI training in sub-Saharan Africa in a major way. Formerly there were no centers between the Mediterranean and South Africa. There are now four and the prospects for future centers are good.



Abebe Bekele (Black Lion Hospital CEO), Ara Sarkissian (Storz), James Toouli (WGO president), Nagi Checric (Storz), Des Leddin (WGO Training Center Director).



Louis Liu (University of Toronto), James Toouli (WGO President), Des Leddin (WGO Training Center Director), Abate Shewaye (University of Ethiopia), Ara Sarkissian (Storz), Nagi Checric (Storz), Abdelmounem Abdo (Training Center director Khartoum) and Tiruwork Fikadu (Inaugurate GI graduate, current Ethiopian Association of Gastroenterology Vice President).

Inaugural Ceremony of the WGO Lagos Training Center



Olufunmilayo Lesi, MD

WGO Lagos Training Center Director
Society for Gastroenterology and Hepatology in Nigeria (SOGHIN)

It was thus with great pride that the Lagos Center was inaugurated as the 17th WGO training center (the first in West Africa) on Saturday, 18 April 2015. This center is a collaboration of the WGO with the Society for Gastroenterology and Hepatology in Nigeria (SOGHIN), and the Lagos University Teaching Hospital (LUTH).

The inaugural ceremony took place at the Lagos University Teaching Hospital, one of the oldest tertiary hospitals in Nigeria sub-serving a population of over 15 million people in Lagos, Nigeria. The hospital Chief Medical Director, Professor Chris Bode, described the occasion as a “landmark achievement.” He was confident that the training center will “attract trainers and trainees from within and outside Nigeria to create and establish a vibrant endoscopy center of international repute.” In his welcome address, he noted that the first gastroenterological endoscopic procedures in West Africa were performed within the walls of this institution various decades ago. The establishment of the Training center in Lagos is indeed appropriate.

Professor Musa Borodo (SOGHIN Chairman), prominent gastroenterologist and hepatologists from all parts of the country, academic, community and political leaders were in attendance to applaud the opening of

the center. Well over one hundred and fifty people attended the ceremony.

Professor James Toouli (who together with Des Leddin were connected via a live online platform (many thanks to TEMDEC, Japan) affirmed that the goal of WGO in establishing this training centers to promote the highest standards of training in gastroenterology and endoscopy in the region. Also representing WGO, Prof. Damon Bizos, (Chair, WGO Train the Trainers) expressed his satisfaction at the occasion. The Chairman of the hospital management board, Dr. Olatokunbo-Awolowo unveiled the special “WGO Lagos Training center” plaque provided by the WGO secretariat.

Dr. ‘Funmi Lesi, the Lagos Training Center Director, highlighted the role of the center in supporting sustainable manpower development in GI and enhancing the quality of digestive health care service rendered in Nigeria and the sub-region. She particularly acknowledged the partnership of the Gastroenterology Foundation of South Africa and their support in providing international facilitators, organizing a complementary Training of trainers program and sponsoring the international postgraduate course for Nigerian trainees in association with the Lagos Training Center. Dr. Chris Kassianides, Founder and Chairman of the Gastroenterology Foundation



WGO Lagos Training Center - plaque presented by WGO.



Cutting the tapes.

of South Africa, was present and expressed delight at the occasion and his commitment to education of fellows, gastroenterologists and hepatologists in Africa.

As part of the inauguration activities, Professor Patrick Okolo (John Hopkins Hospital, USA) delivered an exciting lecture on “Evolution and current role of GI Endoscopy in clinical care”. In addition, an endoscopy-training workshop with hands-on training was conducted for trainees in medical and surgical gastroenterology with international expert facilitators

We acknowledge the management of LUTH for their outstanding support and the Karl Storz (Germany) who have provided the state-of-the art endoscopic equipment to support and maintain three modern endoscopy suites in the Lagos training center.

It is often said that the journey of a thousand miles begins with one step. Thus the opening of the center was the first step. We look forward to a fruitful and long lasting collaboration with WGO as we raise the standards of training and practice of



WGO representative, Professor Bizo, with SOGHIN and LUTH representatives.

GI endoscopy in Nigeria and indeed West Africa.

GOODWILL Message from Society for Gastroenterology and Hepatology in Nigeria. (SOGHIN).

On this historic occasion of the Inauguration of the WGO Lagos training center, a collaboration between World Gastroenterology Organisation (WGO), Lagos University teaching hospital (LUTH) and Society for Gastroenterology and Hepatology (SOGHIN), I am particularly glad, on behalf of SOGHIN, to extend our appreciations to the collaborating parties for showing foresight in establishing the center, which is the first of its kind in the west African sub region. It is envisaged that through the collaboration of all parties concerned, the center, through the regular training opportunities it would provide, would play a pivotal role in enhancing the

practice of gastroenterology in Nigeria and the rest of the West African sub region through uplifting the diagnostic and therapeutic expertise of gastroenterologists in addressing the barrage of gastrointestinal problems in this environment that haunt the practitioner in this challenging specialty

While appealing to resident doctors in specialty training and qualified gastroenterologists to avail themselves of the training opportunities to be provided by this center under the guidance of its training committee, I would like to call on government, the postgraduate medical colleges of Nigeria and West Africa as well as all relevant pharmaceutical and medical equipment companies to support the training activities of this center that is full of promise so as to achieve its full potential, I wish all of us happy Inauguration!

-Prof Musa M Borodo, President, SOGHIN

GOODWILL Message from Africa – Middle East Association of Gastroenterology (AMAGE)

It is with a great pleasure and a sense of history that I congratulate the President of the Society of Gastroenterology and Hepatology in Nigeria (SOGHIN), Professor Mohammed Musa Borodo, the Director of the WGO Lagos Training Center, Dr,

Funmi Lesi and the entire membership of SOGHIN on the formal opening of the Lagos Endoscopy Training Centre. The inauguration of this center, at this time, is taking place alongside 2 others in Africa and signifies a most welcome renewed interest of the World Gastroenterology Organisation in assisting the development of Gastroenterology in our region.

AMAGE, the major affiliate of WGO in our region, is committed to assisting with the development of the newly inaugurated centers and shall represent their interests in all relevant fora as required. The newly inaugurated AMAGE Governing Board is putting together a program of collaboration and training to stimulate the further development of the National Gastroenterological Societies in our region and there is no doubt that the instrumentality of these WGO Training Centers will be key in the actualization of these plans.

On behalf of the AMAGE Governing Board, I wish you a most successful Inauguration and every success in the establishment of a virile Training Centre. Long live WGO, long live AMAGE, and long live the Lagos WGO Training Center.

-Prof. Olusegun Ojo, President, Africa Middle East Association of Gastroenterology (AMAGE)



Group Pictures at WGO LTC inauguration ceremony suite.

WGO Exhibits Around the Globe in 2015

Each year the World Gastroenterology Organisation (WGO) exhibits at major GI meetings around the world. This year WGO will have exhibit booths at: Digestive Disease Week (DDW) 2015 in Washington, DC, USA; Gastro 2015: AGW-WGO International Congress in Brisbane, Australia; the American College of Gastroenterology (ACG) 2015 Annual Meeting in Honolulu, Hawaii, USA; and the United European Gastroenterology (UEG) Week in Barcelona, Spain.

Stop by the WGO booth to learn about the WGO and its Foundation, becoming a member society and the benefits of membership, the Train the Trainers program, WGO's 23 Training Centers around the world, the Training Center Partner Program, information on WGO Global Guidelines & Cascades, the Outreach Program, and the World Digestive Health Day (WDHD) campaign.

Are you a WGO Member Society looking to pay your membership dues in person? Visit the WGO booth during Gastro 2015, ACG, or UEG Week to do so.

Where and When to Find WGO



Gastro 2015 exhibit hours are:

Monday, 28 September 2015 from 09:00 – 20:00
 Tuesday, 29 September 2015 from 09:00 – 17:30
 Wednesday, 30 September 2015 from 09:00 – 17:30
 Thursday, 1 October 2015 from 09:00 – 17:30
 Friday, 2 October 2015 from 09:00 – 10:30
Visit the WGO Pod, located outside Exhibition Hall 1!

ACG exhibit hours are:

Sunday, 18 October 2015 from 14:00 – 17:00
 Monday, 19 October 2015 from 09:30 – 16:00
 Tuesday, 20 October 2015 from 0900 – 16:00
Visit WGO at Booth #836!



UEG exhibit hours are:

Monday, 26 October 2015 from 09:00 – 17:00
 Tuesday, 27 October 2015 from 09:00 – 17:00
 Wednesday, 28 October 2015 from 09:00 – 14:00
Visit WGO at Booth #1 in Association Row, located in Hall 8.0!

We look forward to seeing you soon!

WGO Train the Trainers Workshop 2015 Taipei, Taiwan



Marco Arrese, MD

President
Chilean Society of Gastroenterology
Santiago, Chile



Rodrigo Zapata, MD

Past President
Chilean Society of Gastroenterology
Santiago, Chile

A new edition of the exceptional Train the Trainers (TTT) April 13-16, 2015 WGO course was held in Taipei, Taiwan at the Chang Gung Health and Culture Village. The organizing committee of the World Gastroenterology Organisation (WGO) and the local Gastroenterological Society of Taiwan (GEST) prepared an excellent setting for this nice workshop.

This TTT 2015 was an interesting and intensive four-day course with



From left to right: Drs. Damon Bizo (TTT Chair, WGO), James Toouli (President WGO), Rodrigo Zapata (Chile), Marco Arrese (Chile), Jaw-Town Lin (President GI Society Taiwan), Cheng-Tang Chiu (Organizing committee of TTT 2015).

the 17-module workshop focused on improving the abilities and educational skills of educators in the fields of gastroenterology and hepatology. This activity brought together renowned faculty members of the WGO (trainers) and participants (trainees) from different countries and settings around the world, in an enabling environment to improve their potential for teaching. This was an interactive workshop, with lectures, small group discussion, and hands-on sessions, giving the opportunity to everybody for an open discussion on many topics related to education, evidence-based medicine, critical appraisal, publications, trial design, credentialing, professionalism and interpersonal skills and teamwork. The size of the activity is limited to around 50 participants, who are nominated by their member GI societies.

The faculty for this 2015 course included: James Toouli (Australia), Damon Bizo (South Africa), David Bjorkman (USA), Kelly Burak (Canada), Amy Oxentenko



The Taiwan group of Trainers and Trainees with Drs. Damon Bizo (TTT Chair, WGO), James Toouli (President WGO), Jaw-Town Lin (President GI Society Taiwan), and Cheng-Tang Chiu (Organizing committee of TTT 2015).

(USA), Eamonn Quigley (USA), Wei-Kuo (Michael) Chang (Taiwan), Keng-Liang (Kenny) Wu (Taiwan), Ming-Jen (Frank) Chen (Taiwan), Ming-Yao (Su) Su (Taiwan), Seng-Ke (Paul) Chuah (Taiwan), and Ching-Liang (Tony) Lu (Taiwan).

Social activities included a visit to the National Palace Museum in Taipei (which houses the world's largest collection of Chinese art treasures), a cultural evening dinner with participation of the trainees of many countries, and a farewell dinner.

The first Train the Trainers workshop was held on the island of Crete, Greece in April 2001. Since then, more than 900 trainees have participated in some of these courses, and in many instances they have recreated their experience in their own



The winning group of the games, during TTT (Sweetsop group) with Dr. Bizo and Quigley.



Drs. Arrese and Zapata from Chile, presenting a power point during the cultural evening Dinner.



From left to right: Drs. Rodrigo Zapata (Chile), Alex Chu (Taiwan), Marco Arrese (Chile), and Vivek Kaul (USA).



After the final exam. Sweetsop trainee team, getting their certificate of participation with the trainers: Drs. Amy Oxentenko, James Toouli, David Bjorkman, Eamonn Quigley, and Kelly Burak.

countries. TTT was first developed and organized by the former WGO Education and Training Committee and under the guidance of Professor James Toouli, the current president of WGO. Over time, this unique and innovative workshop has proven to be a highly successful method of disseminating teaching skills to gastroenterologists who hold training positions (Pre and Postgraduate) in their countries.

Our personal experience in this TTT was wonderful. We were able to gain experience and new skills, which we will implement back in our

home countries. It also has given us to the possibility to exchange ideas and establish new bonds with other clinicians, and now friends, from different countries providing us with a unique cultural experience.

“Thanks to the WGO and GEST for this great opportunity to learn new and useful skills in education, in a friendly setting and make new friends in Gastroenterology.”

More pictures of the event are available online at: <http://www.gest.org.tw/TTT2015/>.



Dr. Damon Bizos (South Africa) with trainees from Taiwan, Chile, and Pakistan.

WGO Train the Trainers Workshop 2015 Taipei, Taiwan



Ari F. Syam, MD, PhD, FACP

Division of Gastroenterology, Department of Internal Medicine
Universitas Indonesia
Jakarta, Indonesia



Hasan Maulahela, MD

Division of Gastroenterology, Department of Internal Medicine
Universitas Indonesia
Jakarta, Indonesia

In April 2015 we joined the WGO Train the Trainers (TTT) program in Taipei, Taiwan. It was one of the most unforgettable experiences for us as gastroenterology trainers in Indonesia. This program allowed us to learn more about our teaching methods in gastroenterology, which we do routinely in our practice. Also, this program allowed us to learn other perspectives from different countries.

The Group Discussion

Group discussion is one of the most effective ways of learning in adult education. It involves the trainer and the learner. During TTT, as participants we experienced for ourselves the group discussion process. During breakout sessions, we were assigned to small groups (which are comprised of diverse nationalities) and were given specific tasks about each topic in a set period of time. We all came from dif-



The authors at the top spinning team building activity.



The authors at the National Palace Museum.

ferent backgrounds, but surprisingly each group came up with a good result for the presentation. This process allowed us to experience the nature of group development from forming, storming, norming, performing, adjourning to mourning.

Evidence Based Medicine and Critical Appraisal

Currently there are an abundant number of publications in the field of gastroenterology. As trainers and clinicians we need to sort which study will benefit our patients. Evidence Based Medicine is the approach that we must take. In TTT we were trained to make a critical appraisal of a study and also to design a good clinical

study. This provided a practical and comprehensive method for Evidence Based Medicine and Critical Appraisal.

Presentation and Communication skills

As a teacher or trainer we often do presentations or lectures to give core materials to our students, but sometimes we don't really use the right presentation methods to achieve our goal. In this TTT the faculty demonstrated the most effective way for presentation. It is important for us as teachers because lecturing has a low retention rate in students, especially if the presentation method is not good.

Teaching Procedural Skill

As endoscopists we may do our procedures well and correctly, but to teach others to perform as we do is another task. In the Teaching Procedural Skills workshop we learned the correct methods to teach the trainee. This opportunity opened our horizons to the idea that verbalization of the procedure steps is important both for the teacher and trainee.



The authors with local participants and faculty at WGO TTT in Taipei. Pictured left to right is Cheng-Hsin Chu (Taiwan), Ari F. Syam (Indonesia), Hasan Maulahela (Indonesia), Ching-Liang (Tony) Lu (Taiwan), and Keng-Liang (Kenny) Wu (Taiwan).

New Methods for Teaching (e-Learning)

In recent years we have witnessed an increasing number of new modalities for our teaching, such as podcasts. In this new topic the faculty demonstrated to us how to make a good podcast and other e-learning tools that will benefit both the teacher and the student.

Overall the WGO Train the Trainers program was very useful for us gastroenterology teachers. With the extraordinary hospitality from the Gastroenterological Society of Taiwan (GEST) as a host for this event, we feel very fortunate to have been able to participate in this event and we will spread the ideas in this workshops to our fellow gastroenterologists in our country.



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



THE MANAGEMENT OF HEPATITIS C IN LATIN AMERICA

Expert presentations delivered by:



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



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



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

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

Visit www.IC-HEP.com to view these presentations and other hepatitis C related educational offerings.

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

Endorsed by:



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



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

HCC: A Global Crisis Silent and Widely Ignored

Webcast Presented by:

DOUGLAS R. LABRECQUE, MD

Hepatitis C

Webcast Presented by:

PROFESSOR AAMIR GHAFOOR KHAN

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

Visit www.IC-HEP.com to view these presentations and other hepatitis C related educational offerings.

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

Endorsed by:



5th Bosnian-Herzegovinian Congress of Gastroenterology and Hepatology with International Participation - A Meeting Summary



Milenko Bevanda, MD, PhD

Professor of Internal Medicine
GASTROBiH2015 Congress president
Dean of Mostar University Medical School
Head of Clinical Department of Gastroenterology at University Clinical Hospital Mostar
Mostar, Bosnia and Herzegovina

The Gastroenterology and Hepatology Association of Bosnia and Herzegovina is surely one of the most active medical societies in the country. Our congresses, conferences, schools, symposia, and meetings are well known for their high professional and scientific level.

We always try to bring latest knowledge in the fields of gastroenterology and hepatology. In addition to the topics from everyday clinical practice, we devote attention to basic and translational research. Also, we discuss

the problems and dilemmas that we face in everyday work.

From 11-14 June 2015 we organized the 5th Bosnian-Herzegovinian Congress of Gastroenterology and Hepatology with International Participation (GASTROBiH 2015) in the beautiful and the charming city of Mostar.

This was most important and biggest medical event that Mostar has ever hosted and we are very pleased that even people who are not involved in medicine recognized the relevance

of GASTROBiH 2015. Croat Member of the Presidency of Bosnia and Herzegovina, Professor Dragan Covic, accepted high patronage of the congress. All major media outlets in the country had their journalists at the venue and reported on the congress.

More than 400 physicians, nurses/technicians, and medical students from 12 countries attended GASTROBiH 2015.

We are extremely proud of all the eminent experts from the region that accepted invitations; world famous names such as Franco Bazzoli (Italy), Moon Jae Chung (Republic of Korea), Leonid Lazebnik (Russia), John O'Grady (England), Istvan Racz (Hungary), Boris Vucelic (Croatia), and WGO Secretary General, Cihan Yurdaydin (Turkey), presented excellent lectures.

In total 64 lectures were held, including a postgraduate course and the annual meeting of gastroenterology nurses and technicians.

The congress began with a postgraduate course in inflammatory bowel disease. About 80 young doctors from throughout the whole region enthusiastically listened to 10 top-quality lectures. We especially want to thank Professor Vucelic who was the course director.

The next three days of the congress were filled with great topics. The second day was dedicated to gastrointestinal tract diseases, hepatology, and pancreatology. The third day of the congress, attendants could hear many interesting things in the field of inflammatory bowel diseases, viral hepatitis, and gastrointestinal oncol-



Opening ceremony.

ogy and surgery, while the last day of the congress was left for free paper sessions and oral and poster presentations on research abstracts.

Our Scientific Committee accepted 24 abstracts and on the last day the best oral presentation and poster were selected. Vladimir Avramoski from the University Clinic of Gastroenterology in Skopje, Macedonia won the best oral presentation award for his lecture “Gave syndrome in patient with autoimmune liver cirrhosis-rare, but relevant possibility”. Zarko Ardalic from the Department of Gastroenterology and Hepatology at the University Hospital Split in Split, Croatia with his poster “Treatment of morbid obesity with intragastric balloon” won the award for the best poster.

We hope that all participants took home the most beautiful memories from Mostar.

Our organizing committee is already preparing for new challenges and we wish to welcome you to our Annual Gastroenterology and Hepatology Meeting in Mostar in June 2016.



Gastric cancer: Who is at risk? Inspired lecture by Professor Franco Bazzoli (Italy).



It's always interesting at IBD sessions: How long to treat patients in remission- clinical challenge by Professor Ivan Jovanovic (Serbia).

Portuguese Digestive Week 2015



José Cotter, MD, PhD

President of the Portuguese Digestive Week 2015
 President of the Portuguese Society of Gastroenterology
 Guimarães, Portugal

The Portuguese Digestive Week 2015 was held in Oporto, Portugal from 10 to 13 June 2015 sponsored by the Sociedade Portuguesa de Gastroenterologia (SPG), Sociedade Portuguesa de Endoscopia Digestiva (SPED), Associação Portuguesa para o Estudo do Fígado (APEF), and Sociedade Portuguesa de Gastroenterologia Hepatologia e Nutrição Pediátrica (SPGP).

Close to 700 participants and 541 submitted abstracts showed the high interest in the congress. This achieved all the goals that the Organizing Committee had set for the meeting.

We had amongst us the presence of renowned international specialists who brought their opinions on several controversial topics such as “What future to anticipate for digestive endoscopy?,” “Auto-immune liver disease and its challenges,” “Digestive

endoscopy training,” “Celiac disease today,” “New diagnostic modalities in ultrasonography,” and “Irritable bowel syndrome: a customized treatment?”. These topics enabled heated discussion that enriched us scientifically and allowed us to apply this information daily in our workplaces.

The first day of work was dedicated to the Post-Graduate course titled “Inflammatory Bowel Disease in Endoscopy.” It included four sessions, covering topics such as diagnostic procedures, therapeutic approaches to IBD, and endoscopic scoring systems.

We were honored by the presence of WGO President, Prof. James Toouli, who took the advantage of his visit to Portugal to inaugurate the WGO - GIHep Training Center in Porto. Professor Toouli spoke to participants on the WGO’s vision and mission in digestive health.



Speech of Prof. José Cotter in the Portuguese Digestive Week 2015.



Prof. James Toouli’s presentation at the Portuguese Digestive Week 2015.



Prof. James Toouli and Prof. Guilherme Macedo in the audience at Portuguese Digestive Week 2015.



The Portuguese Society of Gastroenterology Governing Council elected (2015-2017).

International Gastroenterology Congress Report



Wilson Miriti Kiraitu, MD

Chairman Scientific Congress
Gastroenterology Society of Kenya
Nairobi, Kenya

On behalf of the Gastroenterology Society of Kenya (GSK), I am pleased to report to WGO that we held a hugely successful International Gastroenterology Congress in Kenya. It was a first in many ways: first of its kind in Kenya, Eastern Africa, and indeed sub-Saharan Africa.

The theme of the Congress was **Improving Care Standards in Gastroenterology** in the Eastern Africa Region. Over one hundred delegates, drawn from Kenya, Tanzania, Ethiopia, Uganda, Malawi, and Somali, attended the three day Congress.

The Congress brought together top scholars, practicing gastroenterologists, and surgeons to discuss the current management of common, but difficult gastroenterological diseases. Among the international speakers were Professor Mark Topazian, Co-Chair of the WGO Endoscopy Interest Group, and Dr. Prasad Iyer from Mayo Clinic in Rochester, Minnesota, USA. Dr. Iyer discussed in detail the current treatment of esophageal cancer, including EMR and stenting. Esophageal cancer is the commonest cancer of males in Kenya. Professor Topazian gave state-of-the-art presentations on pancreatic cancers and obstructive jaundice. Professor Thomas Carr, also from the USA, presented an overview of diagnostic and therapeutic endoscopy.

The delegates were delighted with the two day live endoscopy demon-

stration by leading experts. Basic to advanced therapeutic endoscopy were covered. Delegates were taken through variceal ligation, histoacryl injection, stricture dilation, biliary sphincterotomy, and plastic and metal stents placements. EUS was demonstrated to senior level delegates.

Evening satellite symposia saw lively debates on the current treatment of gastroesophageal reflux disease (GERD), peptic ulcer disease (PUD), and dyspepsia. The last day was dedicated to the liver symposia. The management of liver disease was comprehensively discussed in a multi-disciplinary forum.

We sincerely thank the WGO, WEO, Kenyatta National Hospital, University of Nairobi, and our industry partners for their support in enabling this congress to take place.



Faculty and delegates discuss a case.



Prof. Mark Topazian of Mayo Clinic, USA, prepares to demonstrate ERCP/EUS.



Prof. Thomas Carr of USA prepares to demonstrate therapeutic endoscopy, stent insertion.



Dr. Lee from Korea and Dr. Haytham from Egypt demonstrate histoacryl variceal injection.

36th Advances in Gastroenterology Course in Santiago, Chile



Marco Arrese, MD

President
Chilean Society of Gastroenterology
Santiago, Chile

The Chilean Society of Gastroenterology successfully carried out its annual postgraduate course held in Santiago, Chile on 8-10 July 2015. This activity was the 36th version of the regular “Advances in Gastroenterology” course that this year changed its format by combining two highlights of the most relevant gastroenterology and hepatology meetings held in the first half of the year, flanking a thematic course on GI emergencies.

Thus, the most relevant content of the Digestive Diseases Week (DDW) 2015 and the European Association for the Study of the Liver (EASL) 2015 Liver Congress were reviewed for the Chilean gastroenterology community by a team of distinguished national and international faculty. This new “three-in-one” format was an attractive and interesting formula for the audience judging by the excellent evaluation of the activity. Major advances in liver diseases were reviewed first by Markus Peck-Radosavljevic, MD, (Medical University of Vienna, Austria) Secretary General of EASL,

Frank Tacke, MD, PhD (University of Aachen, Germany), and Andres Cardenas, MD, PhD (University of Barcelona, Barcelona, Spain) who also spoke at the course of GI emergencies. Highlights of DDW 2015 were provided by Francisco Ramirez, MD (Mayo Clinic, Scottsdale, USA) and Andres Gelrud, MD (University of Illinois, Chicago, USA). All of them also spoke at the course on GI emergencies.

The participation of European faculty was possible due to the generous support of international professional societies, such as the Latin American Association for the Study of the Liver and EASL. Also, Drs. Ramirez and Gelrud contributed to the meeting success as members of American Gastroenterological Association.

With over 420 registered and excellent presentations of invited speakers, this conference was a relevant educational activity for Chilean gastroenterologists and also for physicians of other specialties that attended attracted by the course’s contents.



From Left to right: Francisco Ramirez, MD (Mayo Clinic), Andrés Cárdenas, MD (University of Barcelona), Maria Ester Bufadel, MD (President, Chilean GI Endoscopy Association), Arnoldo Riquelme, MD (Vice-President, Chilean Society of Gastroenterology) and Roque Saéñz, MD (International Affairs, Chilean Society of Gastroenterology).



Markus Peck-Radosavljevic, MD, Secretary General of the European Association for the Study of the Liver, addressing the audience during the course.

DDF 2015 - Reflections on the UK's Second Federated Conference



Cathryn Edwards, MA (Oxon), DPhil, FRCP

DDF Programme Committee Chair
Torquay, UK

The first Digestive Disorders Federation (DDF) conference in the United Kingdom took place in 2012. For 2015 the federation welcomed the Association of Coloproctology for Great Britain and Ireland (ACPGBI) to the fold so in total we had five member societies from across the United Kingdom. The other member societies are the Association of Upper Gastrointestinal Surgeons (AUGIS), British Association of Parenteral and Enteral Nutrition (BAPEN), British Association for the Study of the Liver (BASL), and the British Society of Gastroenterology (BSG). Formal feedback on the second DDF conference held at the Excel, London 22nd- 25th June is yet to be analyzed.

On the ground at the event however, the prevailing view seemed to be that federated meetings are worth pursuing and that they deliver excellent integrated multidisciplinary program content for all members of the partner organizations, in an era when time to attend clinical meetings in the UK is at a premium.

Certainly, we kicked off the meeting with a very well attended post-graduate education day on GI cancer (>1,400 delegates) which was organized by the trainee sections of the respective societies. That day concluded with a great session on the role of the media, doctors, and pharmaceutical companies in explaining health and disease. The speakers included BBC



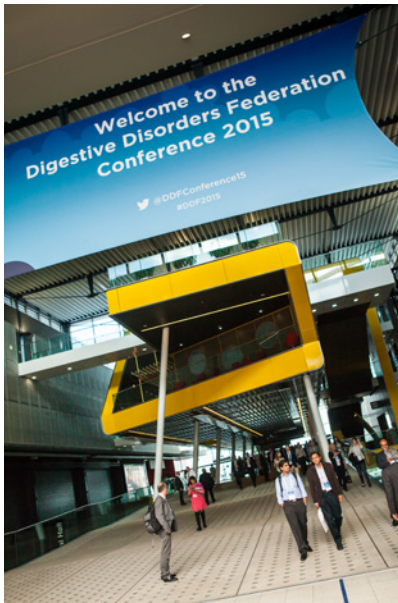
Podium Panel.

correspondent Fergus Walsh, TV doctor Chris Steele and Ben Goldacre who authored *Bad Science* (a great read if you've not already read it). A successful patient symposium hosted by CORE and the Bowel Disease Research Foundation also took place, focusing on bowel cancer screening and non-cancer priority questions for research, amongst other topics.

Tuesday saw one of the highlights of the conference. The DDF plenary was opened with a key note address from Sir Bruce Keogh, NHS England's Medical Director, who gave us his insights in to the future of the NHS and encouraged us to embrace technology and innovation. Thought-provoking and inspiring lectures were given on the 100,000 genome project by Professor Mark Caulfield; lessons from the theatre of war by Brigadier Professor Tim Hodgetts; and shaping the nationwide scientific agenda by Professor Mark Walport. The plenary was very well attended and received by those present and left everyone feeling inspired.



DDF plenary speakers.



Shot of ExCel.



Audience shot.



Poster area.

Then it was down to the nitty gritty of the conference with multiple parallel symposia on all aspects of gastrointestinal and liver disease taking place. There were almost 1,200 abstracts for delegates to feast their eyes on. The posters were not separated by society so poster presenters found themselves rubbing shoulders with members from other societies. Delegates took advantage of the chance to interact with the authors during the lunch hour and networked with like-minded colleagues. From Tuesday through Thursday at DDF 2015 there were lunchtime poster judging rounds conducted by AUGIS, ACPGIBI, BAPEN, BASL and BSG committee members. Each and every poster was judged so authors got the chance to showcase their research and obtained feedback from experts in their field. There were also posters of distinction, exhibition posters and video presenters had tablets to show their videos to interested delegates.

The Program Committee arranged integrated sessions between societies on each day of the conference and delegates all came away with a better appreciation of what it is like for our colleagues when we call upon their services or ask for their advice. If judgement is to be made on attendance, then a busy conference through to the last day suggests success. DDF 2015 was also our first attempt at a paperless conference augmented by the use of social media to increase delegate interaction (using a 'Twitter Faculty' to promote discussion and dissemination of session content. For those interested search

for #DDF2015 and #ibdintheuk).

Looking to future meetings, the principle of holding a federated congress every three years needs to be evaluated by the members of all DDF partner societies. Clearly, commitment to another meeting in 2018 now would allow us to build on the collaborative atmosphere of this year and refine and hone the program to reflect both the integrated nature of the conference and the needs of individual partner societies. The desire to continue to work together in a collaborative manner on educational and scientific content must come from the grass roots memberships, not as a top down strategy.

I enjoyed the process of chairing the scientific program committee enormously and thank all those involved in contributing to DDF2015.



Upskilling in Colonoscopy



Adam Boutall

Colorectal Surgeon
Groote Schuur Hospital, University of Cape Town
South Africa



Adam Boutall and Dion Levin.

Colonoscopy up-skilling has been identified as an area that needs to be developed in South Africa. Following a Train the Trainers in Wolverhampton in June 2014 we felt that the time was right to attempt to develop capacity to run an up-skilling course in South Africa. Surgical Innovations was approached to help fund a course which would enable us to run similar up-skilling courses in South Africa. From the outset Surgical Innovations embraced the project and very generously, in partnership with Olympus UK, offered to sponsor the costs of the course.

The concept was that expert UK faculty would come to South Africa to present and run a 3 day back to back colonoscopy up-skilling and Train the

Trainers course for a South African faculty. The South African faculty would in turn present and run a 1 day up-skilling course for a selected group of local delegates, under the supervision of the UK faculty. With the help of the WGO and the BSG, Drs. Brian McKaig, John Silcock and Mark Feeney agreed to be our expert UK faculty along with Sister Liz Hicks who provided nursing leadership.

The South African faculty consisted of Dion Levin, Adam Boutall, Claire Warden, None Ramonate, Adam Mohammed, Damon Bizo and Brendan Bebbington, with Sandie Thomson making it all come together. Wednesday to Friday of the course involved the South African faculty undertaking an up-skilling course in conjunction

with a Train the Trainers in Colonoscopy. The course was very intense and hugely enriching for the local faculty, leaving us with a degree of confidence that we may be able to deliver an adequate up-skilling course on the Monday. Over the weekend the international faculty had to endure two “braais”, a super rugby game, a trip to Robben Island and of course a guided walk up Table Mountain.

Monday dawned with a number of fresh faces as we prepared to deliver our inaugural colonoscopy up-skilling course under the watchful eye of the international faculty. Our delegates included Maseelan Naidoo and VG Naidoo from Durban along with surgical and medical GI Fellows from Groote Schuur and Tygerberg Hospital respectively.

The up-skilling course outline entails an hour and a half of small group teaching sessions followed by hands on colonoscopy training. While a delegate performs colonoscopy under guidance by a faculty member in the endoscopy room, a digital visual and audio link to the seminar room allows the rest of the delegates an opportunity to observe and learn from the experience. A member of faculty stationed in the seminar room guides discussion and questions, allowing for real time learning to take place without disrupting the colonoscopy. The up-skilling course lasts one day allowing each delegate to perform 2 colonoscopies and observe another 10. After overcoming the initial discomfort of having 6 delegates and members of faculty observing and critiquing the delegate performing a colonoscopy, it soon becomes apparent that all delegates have similar gaps in knowledge. This facilitates a significant opportunity for accelerated learning.

Although not part of the one day up-skilling course per se, the Tuesday of the overall course was dedicated to all aspects of advanced polypectomy.



Faculty and participants.

This final day included further supervised colonoscopy followed by group discussion.

The course was a huge success and a wonderful learning experience for all the participants. The broader objective however is to hold colonoscopy upskilling courses in certain centers around the country, to impart knowledge, and improve the skills of colleagues performing colonoscopy. Plans are afoot to run another course in Cape Town and one in Johannesburg before the end of the year.

Thanks once again to Surgical Innovations and Olympus UK for sponsorship and Sandie Thomson for his tireless behind the scenes work.

Reprinted with permission from the South African Gastroenterology Society. This article originally appeared in the August issue of the SA Gastroenterology Review.





Educational Programs

Providing high quality educational opportunities for all levels of resources.



WGO's IBS Educational Offering is Now Available in Multiple Languages!

The French, German, Italian, and Spanish versions of WGO's IBS educational program are ready for viewing!

Irritable Bowel Syndrome (IBS): What is it, what causes it and can I do anything about it? A Web-Based Educational Program for the General Public

This webcast, which was developed from the [World Digestive Health Day 2012 Campaign](#) "From Heartburn to Constipation - Common GI Symptoms in the Community: Impact and Interpretation", will target those common symptoms most associated with irritable bowel syndrome (IBS) and will focus, in particular, on an approach to educate the general public on issues related to this condition. It is led by Professors Eamonn Quigley, USA, WGO Foundation Chair, Richard Hunt, UK, WGO Foundation Vice Chair, Pali Hungin, UK, and Anton Emmanuel, UK.

The webcast is available as a full program, as well as individual segments, so that you may choose which topics you would like to view. Segment 1 focuses on "What is IBS?" and "How to communicate symptoms to help the doctor make the right diagnosis." Here the focus is on the various symptoms that may be experienced by the IBS sufferer and the various definitions of IBS used in clinical practice and in research are reviewed. Strategies that facilitate the best interaction between the sufferer and their doctor are discussed. In Segment 2 you will learn about "Progress in IBS" and "Could it be something else?" The various factors that might contribute to the development of symptoms are reviewed and the panel addresses what is often a major concern for the sufferer and their doctor: the fear of missing other diagnoses. Segment 3 will look at "What can I do to deal with my symptoms?" and "How about diet and dietary supplements?" The role of diet in IBS is a "hot" topic at present and the various ways that constituents of the diet might relate to symptoms are evaluated. And finally in Segment 4 "Managing IBS" and "Living with IBS" is discussed. Here there is good news for IBS sufferers both in terms of new, effective treatments and ongoing research for new approaches to managing IBS.

We hope that you will share this information with your colleagues, patients, followers on social media, and anyone else who might benefit from this important information. We thank you for your support of this program!

[Click Here to Begin Viewing the Webcast!](#)



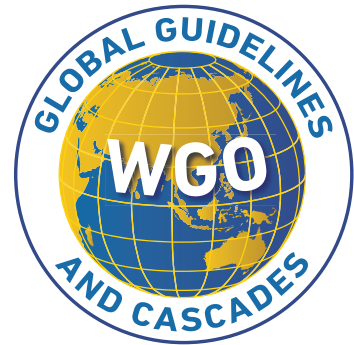
This webcast was created thanks to an unrestricted educational grant from

The Latest News in WGO Global Guidelines and Cascades



Anton LeMair, MD

WGO Guidelines Project
Amsterdam, The Netherlands



A Resource Sensitive Solution

UPDATED & RELEASED GUIDELINES IN 2015!

WGO is pleased to provide a recap of the guidelines projects that have taken place so far in 2015!

The following guidelines were updated this past year:

- Dysphagia, with updated translations in Spanish and Portuguese
- Esophageal Varices, with updated translations in Spanish, Portuguese, Mandarin, and French
- Hepatitis C, with updated translations in Spanish, Portuguese, Mandarin, and French
- Hepatitis B, updated translations coming soon

Later this year...

A new Guideline – GERD – is in the final stages of review and will soon be ready for publication! This guideline is under the direction of Professors Richard Hunt (UK/Canada), David Armstrong (Canada), and Peter Kataris (Australia). We look forward to sharing this guideline with you soon!

Under the guidance of Professor Charles Bernstein (Canada), the Inflammatory Bowel Disease (IBD) guideline was recently updated and will be delivered for publication shortly!

Additionally, guidelines on Irritable Bowel Syndrome and Celiac Disease are currently underway.

WGO Guidelines Now Available on the JCG Website!

The Journal of Clinical Gastroenterology (JCG), WGO’s official Journal, has so far published one of WGO’s recently updated Guidelines, with a second to soon be sent for publication!

Dysphagia, now with Cascades and [available here](#), refers either to the difficulty someone may have with the initial phases of a swallow (usually described as “oropharyngeal dysphagia”) or to the sensation that foods and or liquids are somehow being obstructed in their passage from the mouth to the stomach (usually described as “esophageal dysphagia”). Dysphagia

is thus the perception that there is an impediment to the normal passage of swallowed material. **To download this guideline**, [click here!](#)

Gastro 2015 AGW-WGO International Congress

Three guidelines, GERD, Esophageal Varices, and Endoscope Disinfection, will be presented during Gastro 2015 AGW-WGO International Congress. Stay tuned for a special report in an upcoming issue of e-WGN!

Watch for future e-Alerts and issues of e-WGN as updates of new Guidelines become available!

MONDAY 28 SEPTEMBER		GREAT HALL 4 Entry via Door 5 on Mezzanine Level
Session Commences	Post Graduate Course – WGO Stream	
	WGO Guidelines	Chairs: James Touli & Greger Lindberg
08:30	Guidelines Overview	Greger Lindberg
08:50	Guideline Making	Greger Lindberg
09:10	Gastro-oesophageal Reflux Disease Guideline	Richard Hunt
09:40	Discussion	Richard Hunt
10:00	Morning Tea - Exhibition Area	
	WGO Guidelines	Chairs: James Touli & Greger Lindberg
10:30	Disinfection	David Bjorkman, Tony Speer & Michelle Alfa
11:00	Panel Discussion & Questions	David Bjorkman, Di Jones, Tony Speer, Alistair Cowen & Michelle Alfa
11:15	Varices	Aamir Ghafoor Khan
11:45	Discussion & Questions	Aamir Ghafoor Khan
12:00	Lunch - Exhibition Area	

Global Guidelines & Cascades Homepage in Russian and Mandarin

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



WGO Calendar of Events

WGO-RELATED MEETINGS AND TRAIN THE TRAINERS WORKSHOPS

Gastro 2015 AGW-WGO International Congress

When: September 28 - October 2, 2015

Location: Brisbane Convention & Exhibition Centre, Brisbane, Queensland, Australia

Organizers: Gastroenterological Society of Australia and World Gastroenterology Organisation

Website: www.gastro2015.com

WGO Train the Trainers Workshop

When: April 4-7, 2016

Location: Antalya, Turkey

Organizers: Turkish Society of Gastroenterology and World Gastroenterology Organisation

E-mail: info@worldgastroenterology.org

Website: <http://www.worldgastroenterology.org/train-the-trainers-future-workshops.html>

Gastro 2016 EGHS-WGO International Congress

When: November 17-19, 2016

Location: Abu Dhabi, United Arab Emirates

Organizers: Emirates Gastroenterology & Hepatology Society and World Gastroenterology Organisation

E-mail: info@worldgastroenterology.org

Gastro 2017 ACG-WGO World Congress of Gastroenterology

When: October 13-18, 2017

Location: Orlando, Florida, USA

Organizers: American College of Gastroenterology and World Gastroenterology Organisation

E-mail: info@worldgastroenterology.org

CALENDAR OF EVENTS

SEPTEMBER 2015

Colombian Congress of Digestive Diseases

When: September 3-5, 2015

Location: Hotel Dann Carlton, Barranquilla, Atlantico, Colombia

Organizers: Asociación Colombiana De Gastroenterología and Asociación Colombiana de Asociaciones del Aparato Digestivo (ACADI)

Phone: (57-1) 6168315 (57-1) 5300422

E-mail: gastro@gastrocol.com

15th Congress of Gastroenterology China (CGC)

When: September 4-6, 2015

Location: Meijiang Convention and Exhibition Center, Tianjing, China

Organizer: Chinese Society of Gastroenterology (CSG)

Phone: +8610-8929 2552-821

Fax: +8610-8515 8132

E-mail: nccsgd@126.com

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

Argentine Congress of Gastroenterology and Digestive Endoscopy 2015

When: September 17-19, 2015

Location: Convention Center, Sheraton Hotel, Tucumán, Argentina

Address: Centro de Convenciones, Sheraton Hotel, Tucumán, Av. Soldati 440, San Miguel de Tucumán, 4000 Tucumán, Argentina

Organizers: Federación Argentina de Gastroenterología (FAGE), Sociedad Argentina de Gastroenterología (SAGE), and Federación Argentina de Asociaciones de Endoscopia Digestiva (FAAED)

Phone: 54-381-4303832

Fax: 54-381-4303832

E-mail: gastro2015@marcelasantoro.com / info@marcelasantoro.com

Website: www.gastro2015.com.ar

XXV Central American and Caribbean Congress of Gastroenterology and Digestive Endoscopy and the XXIV Congress Dominican Gastroenterology

When: September 17-20, 2015

Location: Punta Cana, Dominican Republic

Organizers: Sociedad Dominicana De Gastroenterología and Asociación Centroamericana y del Caribe de Gastroenterología Endoscopia Digestiva

Phone: 1-809 687-1515

E-mail: info@sodogastro.com

Website: www.sodogastro.com

OCTOBER 2015**7th Congress of the Croatian Society of Gastroenterology with International Participation****When:** 1-4 October 2015**Address:** Hotel "4 Opatijska cvijeta," Opatija, 51410, Croatia**Organizer:** Croatian Society of Gastroenterology**Website:** www.hgd.hr ; www.milenijhoteli.hr/**Annual Meeting SGG – SGVC – SASL 2015****When:** October 1-2, 2015**Location:** Interlaken Congress Center, Switzerland**Organizers:** Swiss Society of Gastroenterology (SGG), Swiss Society of Visceral Surgery (SGVC), Swiss Association for the Study of the Liver (SASL), and Swiss Society of Endoscopy Nurses and Associates (SSNA)**Website:** www.sgg-sgvc-congress.ch**3rd Serbian Gastroenterology Congress with International Participation****When:** October 8-10, 2015**Location:** Belgrade, Serbia**Address:** Hotel Crowne Plaza Belgrade, Vladimira Popovića St No.10, 11070 Novi Beograd, Serbia**Organizer:** Association of Serbian Gastroenterologists (ASG)**Phone:** +381 63 247770**Fax:** +381 11 3615587**E-mail:** gastroendo@beotel.rs**Website:** www.ugs.rs**JDDW 2015 - Japan Digestive Disease Week 2015****When:** October 8-11, 2015**Location:** Grand Prince Hotel New Takanawa, Tokyo, Japan**Organizer:** Organization of JDDW**Website:** <http://www.jddw.jp/jddw2015/en/index.html>**XXI Russian Gastroenterological Week****When:** October 12-14, 2015**Location:** Russian Presidential Academy of National Economy and Public Administration (RANEPA), Moscow, Russia**Address:** Prospect Vernadskogo, 82, Moscow, Russian Federation 119571**Organizer:** Russian Gastroenterological Association**Phone:** +7 (926) 213-25-52**E-mail:** alexander.trukhmanov@gmail.com**Website:** <http://www.gastro.ru>**ACG 2015: Annual Scientific Meeting & Postgraduate Course****When:** October 16-21, 2015**Location:** Hawaii Convention Center, Honolulu, HI, USA**Address:** 1801 Kalakaua Avenue, Honolulu, HI 96815, USA**Organizer:** American College of Gastroenterology (ACG)**Phone:** +1 301 263 9000**Fax:** +1 301 263 9025**E-mail:** info@gi.org**Website:** www.acgmeetings.gi.org**United European Gastroenterology Week (UEGW)****When:** October 24-28, 2015**Location:** Fira de Barcelona, Barcelona, Spain**Organizer:** United European Gastroenterology (UEG)**E-mail:** office@ueg.eu**Website:** www.ueg.eu/week**NOVEMBER 2015****33rd Czech and Slovak Congress of Gastroenterology****When:** November 12-14, 2015**Location:** Prague, Czech Republic**Organizer:** Czech Society of Gastroenterology**Website:** <http://www.gastropraha2015.cz/>**21st National Annual Meeting on Gastroenterology****When:** November 12-14, 2015**Location:** Nghe An Province, Vietnam**Address:** Phuong Dong Hotel, No 2 Truong Thi Street, Vinh City, Nghe An Province, Vietnam**Organizer:** Vietnam Gastroenterology Association**Phone:** 0917.405.121, Mr. Tran Dinh Tri**E-mail:** dinhtritr@gmail.com**56th Annual Conference of Indian Society of Gastroenterology****When:** November 19-22, 2015**Address:** Brilliant Convention Centre, Indore, Madhya Pradesh, 452014, India**Organizer:** Indian Society of Gastroenterology**Phone:** +91-7312362491**Fax:** +91-7312470068**E-mail:** secretariat@isgcon2015.org**Website:** www.isgcon2015.org**XIV Brazilian Week of Digestive****When:** November 21-25, 2015**Location:** Curitiba, Paraná, Brazil**Organizers:** Federação Brasileira De Gastroenterologia, Sociedade Brasileira de Endoscopia Digestiva (SOBED), and Colégio Brasileiro de Cirurgia Digestiva (CBCD)**Website:** www.sbad2015.com.br**Iranian Congress of Gastroenterology and Hepatology****When:** November 24-27, 2015**Location:** West Saheli Avenue, Congress Complex of Shiraz University, Shiraz, Iran**Organizers:** Iranian Association of Gastroenterology and Hepatology (IAGH), Fars Branch of IAGH, Gastroenterohepatology Research Center (GEHRC)**E-mail:** icgh@iaghcongress.org

NZSG Annual Scientific Meeting 2015

When: November 25-27, 2015
Location: Energy Events Centre, Rotorua, New Zealand
Address: 99 The Terrace, 6012 Wellington, New Zealand
Organizer: New Zealand Society of Gastroenterology
Phone: 04 4608126
E-mail: anna.pears@racp.org.nz
Website: www.gastro2015.co.nz

XLII Chilean Congress of Gastroenterology

When: November 25-27, 2015
Address: Centro de Convenciones Enjoy del Mar, Viña del Mar, Chile
Organizer: Sociedad Chilena de Gastroenterología (SCHGE)
Phone: +56 2 2342 5004
Fax: +56 2 2342 5005
E-mail: schgastro@schge.cl
Website: www.sociedadgastro.cl

DECEMBER 2015**APDW 2015**

When: December 3-6, 2015
Location: Taipei International Convention Center
Address: No. 1, Section 5, Xinyi Rd, Taipei, Taiwan
Organizer: The Gastroenterological Society of Taiwan
Website: <http://www.apdw2015.org/>

VII Latvian Gastroenterology Congress with International Participation

When: December 5, 2015
Address: Riga Congress Center, 5 Kr. Valdemara str., Riga, Latvia
Organizers: Latvian Association of Gastroenterologists and Gastroenterology Support Society
Phone: + 371 29 527 746
Fax: + 371 67 303 160
E-mail: info@gastroenterologs.lv
Website: www.lgk7.com

8th Hepatology and Gastroenterology Post Graduate Course

When: December 10-11, 2015
Location: Conrad Hotel, Cairo, Egypt
Course Director: Prof. Ibrahim Mostafa
Phone: +20 12 22113466
Fax: +20 2 23953822
E-mail: ibrahimmostafa@egyptgastrohep.com
Website: <http://www.egyptgastrohep.com/post-graduate-course/>

SMMAD National Congress

When: December 10-12, 2015
Location: Hotel Palm Plaza, Marrakech, Morocco
Organizer: Société Marocaine des Maladies de l'Appareil Digestif
E-mail: smmad.secretariat@gmail.com
Website: <http://smmad-ma.com/>

JANUARY 2016**14th SGA Annual Meeting & 3rd SASLT Meeting**

When: January 20-21, 2016
Location: Al Faisaliah Hotel, King Fahd Road, Riyadh, Saudi Arabia
Organizers: Saudi Gastroenterology Association (SGA) and Saudi Association for the Study of Liver diseases and Transplantation
Phone: +966 564 412 595
E-mail: sga@saudigastro.com
Website: <http://www.saudigastro.net>

FEBRUARY 2016**23rd Annual Convention and Scientific Seminar**

When: February 5-7, 2016
Location: Pan Pacific Sonargaon Hotel
Address: 107 Kazi Narul Islam Avenue
Dhaka 1225 Bangladesh, Bangladesh
Organizer: Bangladesh Gastroenterology Society
Telephone: +88029128008
Email: gastroenterologysociety_bd@yahoo.com
Website: <http://bgs-bd.org/>

5th SSG International Conference

When: February 6-8, 2016
Address: Ibsina Specialized Hospital, Alamarat st17, Khartoum 12217, Sudan
Organizer: Sudanese Society of Gastroenterology (SSG)
Phone: 00249-183-461796
E-mail: Munem2002@hotmail.com
Website: <http://www.ssgsudan.org>

Canadian Digestive Diseases Week (CDDW 2016)

When: February 26-29, 2016
Location: Fairmont Queen Elizabeth Hotel
Address: 900 Rene Levesque Blvd., Montreal, QC H3B 4A5, Canada
Organizer: Canadian Association of Gastroenterology
Phone: 905-829-2504
E-mail: cddw@cag-acg.org
Website: <http://www.cag-acg.org/cddw>

APRIL 2016

WGO Train the Trainers Workshop**When:** April 4-7, 2016**Location:** Antalya, Turkey**Organizers:** Turkish Society of Gastroenterology and World Gastroenterology Organisation**E-mail:** info@worldgastroenterology.org**Website:** <http://www.worldgastroenterology.org/train-the-trainers-future-workshops.html>**The 5th International Forum****When:** April 22-23, 2016**Location:** Keio Plaza Hotel Tokyo**Address:** 2-2-1 Nishi-Shinjuku, Shinjuku-Ku, Tokyo, 160-8330, Japan**Organizer:** The Japanese Society of Gastroenterology**Phone:** +81-3-3508-1214**Fax:** +81-3-3508-1302**E-mail:** 102jsge@convention.co.jp

JUNE 2016

58th Annual Meeting of HSG**When:** June 4-7, 2016**Location:** Hotel Azúr Siófok**Address:** Erkel F.u.2/c**Siófok 8600 Hungary Organizer(s):** Hungarian Society of Gastroenterology (HSG)**Telephone:** +36 1 2015 1224**Fax:** +36 1 476 0634**Email:** gastroent@gmail.com**Website:** <http://www.gastroenter.hu>

SEPTEMBER 2016

Pan American Digestive Disease Week**When:** September 10-13, 2016**Location:** Convention Center of Cartagena de Indias, Colombia**Organizer:** Pan-American Gastroenterology Organization (OPGE)**Phone:** +57 1 6168315**Fax:** +57 1 6162376**E-mail:** contacto@opge.org**Website:** <http://www.opge.org>

OCTOBER 2016

ACG 2016 Annual Scientific Meeting & Postgraduate Course**When:** October 14-19, 2016**Location:** Venetian Resort, Las Vegas, NV, USA**Organizer:** American College of Gastroenterology (ACG)**Website:** <http://www.gi.org/>

NOVEMBER 2016

Asian Pacific Digestive Week (APDW) 2016**When:** November 2-5, 2016**Location:** Kobe Convention Center, Kobe, Japan**Organizer:** Organization of JDDW**Website:** www.apdw2016.org**JDDW 2016 - Japan Digestive Disease Week 2016****When:** November 3-6, 2016**Location:** Kobe Convention Center, Kobe, Japan**Organizer:** Organization of JDDW**Website:** <http://www.jddw.jp/english/index.html>

OCTOBER 2017

JDDW 2017 - Japan Digestive Disease Week 2017**When:** October 12-15, 2017**Location:** Fukuoka, Japan**Organizer:** Organization of JDDW**Website:** <http://www.jddw.jp/english/index.html>

NOVEMBER 2018

JDDW 2018 - Japan Digestive Disease Week 2018**When:** November 1- 4, 2018**Location:** Japan**Organizer:** Organization of JDDW**Website:** <http://www.jddw.jp/english/index.html>**WGO MEMBER SOCIETIES SUBMIT YOUR EVENT**

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



We've ticked all the boxes...

work



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www.gastro2015.com

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Brisbane, Queensland, Australia | 28 September - 2 October 2015

