

# e-WGN

## WORLD GASTROENTEROLOGY NEWS

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Rodrigo Zapata MD, FAASLD



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CAROLINA CIACCI, MD  
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## Emerging Issues in Hepatitis D



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Hepatitis D is the most severe form of viral hepatitis, leading to early cirrhosis and decompensation<sup>1</sup>. Hepatitis D or delta virus (HDV) can be acquired either by co-infection with hepatitis B virus (HBV) or by super-infection of someone already harboring chronic hepatitis B. Like HBV, hepatitis D is transmitted parenterally through exposure to infected blood or body fluids. Worldwide, about 15-20 million HB<sub>s</sub>Ag positive patients are co-infected with HDV. The disease continues to be a major medical menace in the Asia Pacific region, especially Pakistan, Mongolia, and Eastern Europe<sup>2</sup>.

Hepatitis B virus surface antigen (HB<sub>s</sub>Ag) helps HDV to enter hepatocytes through the same receptors as of HBV and later to assemble the virion in the hepatocyte. The liver bile acids transporter sodium taurocholate co-transporting polypeptide (NTCP), which is responsible for the majority of sodium-dependent bile salts uptake by hepatocytes, also functions as a cellular receptor for viral entry of HBV and HDV through a specific interaction with the pre-S1 domain of HBV large envelope protein<sup>3</sup>. HDV does not have replicative machinery of its own. The virus is replicated by host RNA polymerases. Host mediated post-translational changes of proteins, such as prenylation of large delta antigen, is crucial for interaction with the HB<sub>s</sub>Ag in the assembly of the virion.

The baseline-event-anticipation score (BEA score) has been developed based on variables associated with the development of progressive HDV related disease and liver-related clinical complications<sup>4</sup>. The score is useful for the management of hepatitis D to decide which patients most urgently require antiviral therapy or need closer monitoring. The BEA score includes age, sex, and region of origin, as well as bilirubin, platelets, and international normalized ratio (INR). The BEA score is easy to apply. The score can be used to identify subjects with a low, moderate, or high risk for disease progression.



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Anti-HDV IgM testing is a relatively easy and robust marker which can provide important clinical information as IgM values are associated with disease activity, development of clinical event, and poor long-term outcome<sup>5</sup>.

There is currently no satisfactory treatment available for this infection. In a meta-analysis, standard interferon alpha resulted in end of treatment response in only 33% of patients<sup>6</sup>. This response could only be maintained in 17% of the cases six months post treatment. Treatment with pegylated interferon alpha for one year is able to maintain six months post treatment virologic response in only one quarter of the patients<sup>7</sup>. Undetectable HDV RNA level at 24 weeks of treatment can predict a possible maintained virologic response post treatment. However, an undetectable HDV RNA at week 24 post treatment is not 'sustained' virologic response, as in one study 56% of patients with virologic response at 24 weeks post-treatment became HDV RNA positive in the long term follow up<sup>8</sup>. HBV polymerase inhibitors alone or in combination with pegylated interferon are ineffective against HDV. Patients with Hepatitis D who respond to interferon based therapies and achieve sustained suppression of the virus, have favorable outcomes compared to those untreated or treated with nucleos(t)ide analogues<sup>9</sup>.

Delta antigen prenylation can be inhibited by the prenylation inhibitors. Lonafarnib is an orally active inhibitor of farnesyl transferase, an enzyme involved in the prenylation. In a phase 2A double-blind, randomized, placebo-controlled study, patients aged 18 years or older with chronic HDV infection were randomly assigned (3:1 in group 1 and 2:1 in group 2) to receive lonafarnib 100 mg (group 1) or lonafarnib 200 mg (group 2) twice daily for 28 days with

six months' follow-up<sup>10</sup>. Both groups enrolled six treatment participants and two placebo participants. At day 28, compared with placebo, there were significant mean log HDV RNA declines from baseline. LOWR HDV-4 (Lonafarnib with ritonavir in hepatitis Delta Virus-4) is an ongoing open label, dose titration study designed to evaluate the efficacy and tolerability of lonafarnib combined with ritonavir for a total of 24 weeks in fifteen patients with chronic hepatitis delta.

Myrcludex B, a 47 amino acid peptidic inhibitor of HBV entry, was used with some success *in vitro* in mice to block the sodium taurocholate co-transporting polypeptide and prevent entry of the hepatitis D virion into hepatocytes. In a prospective open first-in-human, phase I clinical trial, single ascending doses of myrcludex B were administered up to 20 mg intravenously and 10 mg subcutaneously to 36 healthy volunteers. Myrcludex B showed excellent tolerability up to high doses and pharmacologic properties followed a 2-compartment target-mediated drug disposition model<sup>11</sup>. In another study, 24 patients with chronic hepatitis D infection were equally randomized (1:1:1) to receive myrcludex B, or pegylated interferon  $\alpha$ -2a, or their combination. Patients were evaluated for virological and biochemical response and tolerability of the study drugs at weeks 12 and 24. HDV RNA significantly declined at week 24 in all cohorts. HDV RNA became negative in two patients each in the myrcludex and interferon cohort, and in five patients of the myrcludex-interferon combination cohort. Synergistic antiviral effects on HDV RNA and HBV DNA in the combination cohort indicated a benefit of the combination of entry inhibition with pegylated interferon to treat hepatitis D patients<sup>12</sup>.

Pegylated-interferon-lambda (PEG-

IFN- $\lambda$ ) is a well-characterized, late-stage, first in class, type III interferon that stimulates cell-mediated immune responses that are critical for the development of host protection during viral infections. A phase II study to evaluate the safety, tolerability, and pharmacodynamics of pegylated interferon lambda 180 ug weekly for 48 weeks will commence soon. Nucleic acid polymers therapy in patients with chronic HDV infection may block HDV entry and the production of HDV derived from a subviral particle related assembly mechanism. The nucleic acid polymer REP-2139 was shown to significantly reduce serum HBsAg and HDV-RNA levels<sup>13</sup>.

In conclusion, there is no approved medication for HDV. Interferon alpha is the only available therapy for HDV. It has limited efficacy, prolonged treatment is required, and relapses are common. The only way to abrogate HDV infection will be to eradicate HBsAg, a goal difficult to achieve. Understanding the virology of this virus has advanced the development of innovative therapies, which may be available for clinical use in the near future.

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## Message from the Editors



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This issue highlights two important liver diseases: Hepatitis D and intrahepatic cholestasis of pregnancy. Dr. Abbas from Pakistan has written a scholarly summary of Hepatitis D and Dr. Zapata from Santiago Chile has written a thorough and thoughtful article on intrahepatic cholestasis of pregnancy enriched by his own experience and research.

The *e-WGN* Expert Point of View Articles Collection also continues to be popular; there were nearly 700 visits to this section in June alone. The most popular articles were:

- “Global Burden Of Liver Disease: A True Burden on Health Sciences and Economies!!” by S. K. Sarin, MD, DM, and Rakhi Maiwall, MD, DM
- “The Growing Global Burden of Gallstone Disease” by Monica Acalovschi, MD, and Frank Lamert, MD

- “Part II: Global Burden Of Liver Disease: A True Burden on Health Sciences and Economies!!” by S. K. Sarin, MD, DM, and Rakhi Maiwall, MD, DM
- “Gut Microbiota, Diet, and Antibiotics in IBD Pathogenesis; from a Developing Country Perspective” by Tarkan Karakan, MD
- “HIV/HBV and HIV/HCV Co-infection in Sub-Saharan Africa: Transmission, Disease Outcomes, and Treatment Options” by Mark W. Sonderup, MD, and C. Wendy Spearman, MD

We congratulate these authors, as well as all our other authors who have submitted their articles and enriched our publication. If you have not yet visited the collection, we invite you to do so now at [www.worldgastroenterology.org/publications/e-wgn/e-wgn-expert-point-of-view-articles-collection](http://www.worldgastroenterology.org/publications/e-wgn/e-wgn-expert-point-of-view-articles-collection).

In this issue you will also see updates from conferences and celebrations of World Digestive Health Day around the world, which underscores our global community, with its focus on excellent care of our patients with gastrointestinal and liver disease as well as a focus on prevention.

As always, comments and suggestions are welcome. Please feel free to contact us any time through [info@worldgastroenterology.org](mailto:info@worldgastroenterology.org).

Chris and Mario

## Intrahepatic Cholestasis of Pregnancy: Even Today a Puzzling Disease of Pregnancy



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### Introduction

Intrahepatic cholestasis of pregnancy (ICP) is a cholestatic liver disease unique to pregnancy<sup>1,4</sup> with a variable worldwide prevalence ranging approximately between 0.3 and 5.6% of pregnancies<sup>3,5,6</sup>. Its prevalence varies greatly according to country and ethnic group, being more common in countries like Chile and Bolivia<sup>7</sup>.

It is considered the most common pregnancy-related liver disorder<sup>2,6</sup>. It usually presents during the second and third trimester of pregnancy and is clinically defined by an annoying persistent pruritus (specially involving the palms and soles) and biochemically by elevated serum total bile acid levels and/or abnormal serum liver tests, in the absence of primary skin lesions, which resolves completely in the following few days after delivery.

The cause of ICP is unknown, but genetic, hormonal, and environmental factors are likely involved<sup>8,9</sup>. The importance of its timely recognition is

related to an increased risk of stillbirth and preterm delivery with its associated mortality and morbidity for the newborn<sup>2,3</sup>. Therefore, early recognition, treatment, and timely delivery are imperative. The major clinical features, diagnosis, and treatment of intrahepatic cholestasis of pregnancy will be reviewed here.

Twenty year ago, after ending my GI fellowship at the Catholic University of Chile, I moved to the University of Chile, where I started my academic carrier. At that time I joined the clinical research team of Dr. Humberto Reyes, a Chilean world recognized expert in the field of ICP and who later became one of my mentors. At that time he wrote a very nice review paper titled “Intrahepatic cholestasis: A puzzling disorder of pregnancy”<sup>1</sup>, where he described the state of the art of ICP at that moment, emphasizing its unknown cause and the possible mechanistic interplay between a genetic metabolic predisposition of

affected patients and “some” environmental factor(s). He also described how mysteriously the ICP incidence significantly decreased in Chile from 1975 (14% of deliveries) to 1995 (only 4% of deliveries). Twenty years later, ICP remains a “puzzling disease of pregnancy,” even though many significant advances have been made in the pathogenesis and understanding of this intriguing disease.

### Epidemiology

The incidence of ICP varies greatly throughout the world. Evidence of family clustering and the different prevalence in certain ethnic groups may partially explain the geographic variation in its incidence. ICP is more common in South America (especially Chile), South Asia, and in Scandinavian countries<sup>3,10,11</sup>. Recent studies have shown that in the United States the incidence varies widely (between 0.32 to 5.6%), because of its heterogeneous population<sup>5</sup>. Table 1 shows the incidence rate of ICP in different countries.

ICP has also been shown to be more frequent in pregnant women with more advanced age, multiparous women, and in those with a personal history of cholestasis due to oral contraceptive use<sup>1,3</sup>. In addition, the prevalence of ICP has been shown to be five times greater in twin pregnancies than in singleton pregnancies<sup>12</sup>. ICP also shows seasonal variation, occurring more frequently in the cold winter months.

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Author	Year	Country	Period	Number of ICP patients/ total pregnancies	Incidence of ICP
Castaño G, et al	2006	Argentina	2004-2005	41 / 2,596	1.04%
Reyes H, et al	1978	Chile	1974-1975	132 / 869	13.2%
Ribalta J, et al	1991	Chile	1989-1990	894 / 22,340	4%
Lo TK, et al	2007	China	2003-2005	8 / 16,911	0.047%
Xiao-Lin L, et al	2015	China	2011	1,276/112,441	1.14%
Heinonen S, et al	1999	Finland	1990-1996	91 / 16,909	0.54%
Savander M, et al	2003	Finland	1992-1993	69 / 5,304	1.3%
Alokananda R, et al	2005	India	2003-2004	32 / 2,668	1.2%
Rathi U, et al	2007	India	2002-2004	10 / 12,061	0.082%
Roncaglia L, et al	2002	Italy	1989-1997	206 / 20,815	1%
Glantz A, et al	2004	Sweden	1999-2002	693 / 45,485	1.5%
Laifer SA, et al	2001	USA	1997-1999	20 / 6,250	0.32%
Lee RH, et al	2006	USA (Latinos)	1997-1998	19 / 340	5.6%

Table 1. Studies showing the incidence of intrahepatic cholestasis of pregnancy in different countries. Adapted, updated and modified by permission from Zapata R, Glasinovic JC. Intrahepatic cholestasis of pregnancy. In Perez-Sanchez, Donoso E (Eds): Clinical Obstetrics. Chile, Mediterraneo limitada, 2011, p 921.<sup>11</sup>

**Abbreviations:** ICP: intrahepatic cholestasis of pregnancy.

**Etiology**

The cause of ICP is currently unknown, but genetic, hormonal, and environmental factors are involved, as suggested by the higher prevalence seen in certain ethnic groups (Swedish, Chilean, and Araucanian Indians); an increased incidence in late pregnancy and multiple pregnancies with precipitation by exogenous progestogens; and the possible association with low selenium levels. ICP usually appears in the third trimester of pregnancy when estrogen production reaches its maximum levels<sup>1, 11</sup>.

Genetic influences play a role, with a strong family tendency (between 10-16% of mothers, sisters, or daughters of previous ICP patients had had liver dysfunction during pregnancy) and the more recent discovery of some specific gene mutations in some ICP cases<sup>13-16</sup>. Genetic defects in at least six canalicular transporters have been found, which may lead to an increased sensitivity to estrogen which

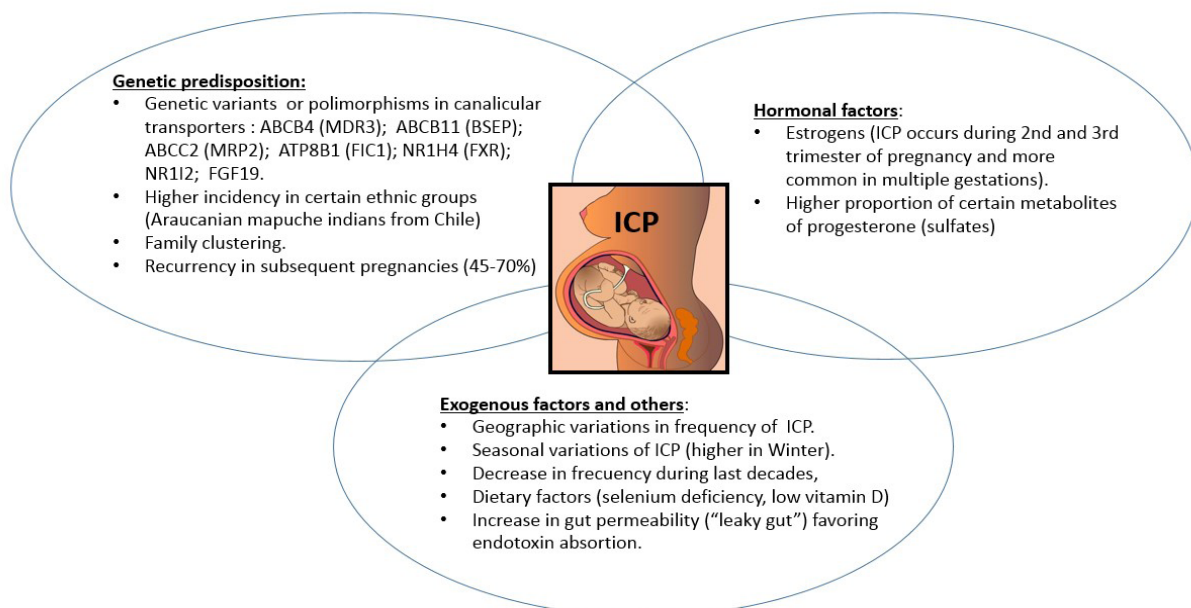


Figure 1. Mechanisms involved in the multifactorial pathogenesis of intrahepatic cholestasis of pregnancy. Adapted and modified by permission from Zapata R, Glasinovic JC. Intrahepatic cholestasis of pregnancy. In Perez-Sanchez, Donoso E (Eds): Clinical Obstetrics. Chile, Mediterraneo limitada, 2011, p 923).<sup>11</sup>

**Abbreviations:** ICP: intrahepatic cholestasis of pregnancy.



has a known role in causing cholestasis<sup>3</sup>. The recurrence rate of 40–60% of ICP in the future pregnancies of affected mothers, also reinforces its genetic influences<sup>1</sup>. For this reason, all pregnant women should be asked about their family history regarding liver dysfunction during pregnancy.

Seasonal variations of the disease have been attributed to dietary factors related with high maternal levels of copper and low levels of selenium and zinc<sup>16</sup>.

Recently our group from Chile has also shown an increased intestinal permeability in ICP patients during and after pregnancy<sup>17</sup>. This “leaky gut condition” may participate in the pathogenesis of ICP by enhancing the absorption of bacterial endotoxins and the enterohepatic circulation of cholestatic metabolites of sex hormones and bile salts.

Figure 1 summarizes the main mechanisms involved in the multifactorial pathogenesis of ICP.

### Clinical Presentation and Diagnosis

ICP is clinically characterized by skin pruritus (often of the palms of the hands and soles of the feet), presenting in the late second or early third trimester of pregnancy. Laboratory

findings show increased fasting total serum bile salts (>10 μmol/L) and mild abnormalities of aminotransaminases, with alanine aminotransferase (ALT) and aspartate aminotransferase (AST) usually around 2-10 times the upper limit of normal<sup>1-3</sup>. The traditional markers of cholestasis are difficult to interpret due to physiologic elevations in alkaline phosphatase secondary to pregnancy. Gamma-glutamyl transferase (GGT) is usually normal (85-90% cases). In only 10-20% of cases, conjugated mild hyperbilirubinemia may be found, and in some severe cases jaundice. Imaging with ultrasound may be useful in excluding other causes of pruritus and jaundice, including cholelithiasis and biliary tract disease. The diagnosis of ICP is based on clinical history, physical examination, and laboratory findings, but it may need the exclusion of other causes. All these abnormalities disappear in the following few days after delivery.

The serum bile acid level is considered the most sensitive and specific marker for the diagnosis of ICP (fasting serum bile acid concentrations greater than 10 μmol/L). Higher bile acid levels (>40 μmol/L) have been found recently to be associated with a significant higher rate of fetal com-

plications<sup>18</sup>. A higher level of bile acids may increase the sensitivity and expression of oxytocin receptors in the human myometrium inducing preterm labor as a complication of ICP.

### Maternal and Fetal Prognosis

ICP has no significant consequences for the mother; but in contrast, it is associated with an increased risk of fetal distress<sup>1-3</sup>. Potential complications associated with ICP include an increased risk of preterm delivery, meconium-stained amniotic fluid, and fetal distress, which may result in perinatal mortality (stillbirth). Older studies reported a perinatal mortality as high as 5-10%; however, with current active management this appears now to be <1-2%<sup>3</sup>. Glantz *et al.*<sup>18</sup> described outcomes in 693 Swedish ICP patients, showing that perinatal mortality rates were slightly increased, but stillbirth was limited only to severe ICP patients characterized by total bile acid levels ≥ 40 μmol/L. Serum total bile acid levels >40 μmol/L have been associated with increased risk of meconium staining, low Apgar scores, and preterm delivery, and in cases with bile acid levels of more than 100 μmol/L it was associated with an increased risk of stillbirth<sup>19</sup>.

Author	Year	Country	Pregnancies with ICP	Spontaneous premature birth	Fetal distress	Stillbirth (perinatal death)	Meconium-stained amniotic fluid
Castaño G, et al	2006	Argentina	41	29%	2.4%	0%	9.7%
Rioseco A, et al	1994	Chile	320	12.1%	2%	1.8%	25%
Wang XD, et al	2006	China	1,210	24%	7.1%	2.25%	23.2%
Alsulyman O, et al.	1996	USA	79	14%	7.6%	2.5%	44.3%
Heinonen S, et al	1999	Finland	91	14.3	7.7%	0%	15.2%
Roncaglia L, et al	2002	Italy	206	27.2%	5.3%	0%	16%
Glantz A, et al.	2004	Sweden	693	4.5%	7.1%	0.4%	24.8%

Table 2. Spontaneous perinatal complication rate in patients with intrahepatic cholestasis of pregnancy. Adapted by permission from Zapata R, Glasinovic JC. Intrahepatic cholestasis of pregnancy. In Perez-Sanchez, Donoso E (Eds): Clinical Obstetrics. Chile, Mediterraneo limitada, 2011, p 925.<sup>11</sup>  
**Abbreviations:** ICP: intrahepatic cholestasis of pregnancy.

Due to this risk, optimal timing of delivery by 36-37 weeks is considered by most obstetricians, with earlier delivery when jaundice and total bile acid levels are  $>40 \mu\text{mol/L}$ <sup>3,6</sup>. The risk of stillbirth has been demonstrated to increase beyond 36 weeks. The intriguing physiopathologic explanation for stillbirth associated with higher levels of bile acids, points to fetal cardiac arrest associated with bile acids entrance to cardiomyocytes in abnormal amounts, resulting in prolonged PR interval and fetal cardiac arrest. A role for bile acids entering the fetal lungs and depleting surfactant is also a possible explanation for neonatal respiratory distress syndrome of newborn of mothers with ICP<sup>3</sup>.

Table 2 summarizes the main clinical studies evaluating the fetal prognosis of ICP patients.

Once the diagnosis is made, management should be oriented to reduce the maternal symptoms and offering adequate obstetric care to avoid fetal distress and stillbirth.

Maternal outcomes are excellent, with no long-term sequelae. Malabsorption due to persistent cholestasis has been described due to vitamin K deficiency, leading to intrapartum and postpartum hemorrhage<sup>1</sup>. Pruritus and abnormal liver tests usually disappear within 1-3 weeks after delivery. If liver tests abnormalities persists after a few weeks of delivery, other chronic liver disease should be ruled out. Nevertheless, recent data has shown that ICP patients at long term follow-up may have an increased risk of gallstone disease, pancreatitis, cirrhosis, hepatobiliary cancer, and autoimmune mediated and cardiovascular diseases when compared to women without ICP<sup>20,21</sup>. Pregnancies complicated by ICP are also associated with a higher risk of preeclampsia and gestational diabetes.

### Management of ICP Patients

For maternal pruritus, antihistamines and topical therapy with emollients may provide some relief<sup>2,3,6</sup>. Although cholestyramine may be effective, it may decrease the absorption of fat-soluble vitamins, leading to vitamin K deficiency and fetal coagulopathy.

Considering the previous beneficial experience in primary biliary cirrhosis with the use of Ursodeoxycholic acid (UDCA), an oral hydrophilic tertiary bile acid, our Chilean group was the first one to publish an open clinical trial showing the beneficial effects of UDCA in ICP<sup>22</sup>. In this trial, nine patients with severe ICP received oral UDCA 15mg/kg/day (divided twice a day) obtaining relief of pruritus in most mothers and improvement of liver tests without any adverse effect. After discontinuing UDCA, pruritus and biochemical abnormalities reappeared, but they improved again after re-challenge with oral UDCA. Since then, other clinical series and then controlled studies have shown that UDCA administration provides a significant improvement in maternal pruritus, biochemical abnormalities and the fetal prognosis, with no adverse effects for the mother or child<sup>3,8,16</sup>.

In a recent meta-analysis reviewing nine published, randomized controlled trials comparing UDCA to other drugs, and analyzing the data on 454 patients with ICP<sup>23</sup>, UDCA was demonstrated to be effective in reducing pruritus, improving liver test results, and reducing serum levels of total bile salts ( $P < 0,0001$  for all these variables)

UDCA was also associated with fewer premature births ( $P < 0.01$ ), less fetal distress ( $P < 0.01$ ), less frequent respiratory distress syndrome ( $P < 0.01$ ), and fewer neonates in the intensive care unit ( $P = 0.046$ ). Since only two cases of intrauterine fetal

death were observed (both in the placebo groups) this small number precluded specific analysis on this issue but strongly suggested that UDCA improves fetal outcome. Finally, the systematic review confirmed that UDCA (10-15 mg/kg maternal body weight) was well tolerated by the mother, with rare and mild side effects (diarrhea), and was very safe for the fetus. UDCA therapy normalized serum bile acid patterns in babies with minimal accumulation in amniotic fluid and cord blood. Our long-term study of 26 children born to mothers with ICP and treated with UDCA, and followed for up to 12 years, showed a normal development<sup>24</sup>.

In summary, much has been learned in the last two decades about this initially considered rare disease. Its etiology is likely multifactorial, with the influence of many environmental factors over a genetically predisposed subject. ICP patients with a significant increase in serum total bile acids ( $>40 \mu\text{mol/L}$  and especially  $>100 \mu\text{mol/L}$ ), are the ones with a higher risk of fetal morbimortality, and should be identified to define an active maternal management. UDCA is currently the main medication in the management of ICP, due to its safety (both for the mother and fetus), with beneficial effects on maternal pruritus, liver function tests, and fetal morbidity. "Significant advances had been made in the last two decades in the study of this disease, but ICP is still, and will continue to be for a long time, a puzzling disease of pregnancy."

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## WDHD 2016: The Campaign So Far...



With the celebration of World Digestive Health Day (WDHD) every year on May 29th comes a plethora of tools, resources, events, and activities developed by experts and community leaders from around the world to mark the day. The World Gastroenterology Organisation (WGO) and the WGO Foundation thanks each member society, organization, healthcare professional and participant for helping spread the word about gut and diet health. We are happy to share with you some of the wonderful highlights from the campaign this year so far.

### Tools and Resources

The WGO Handbook on Diet and the Gut is here! Explore various top-

ics written from the viewpoints of experts from around the world that focus on understanding gut health, the management and role of dietary fibers in disease prevention, FODMAPs, the role of food in irritable bowel syndrome (IBS), food allergy and the digestive tract, and many more! Visit the WDHD 2016 Tools and Resources page at [www.worldgastroenterology.org/wgo-foundation/wdhd/wdhd-2016/tools--resources](http://www.worldgastroenterology.org/wgo-foundation/wdhd/wdhd-2016/tools--resources) to view and download your copy of the e-publication today!

While you are there, download the WDHD 2016 “Campaign Information” and “Tips and Facts” sheets for use at your upcoming WDHD event! These tools are now available in English, Spanish, Portuguese, and French!

Also, stay tuned for an announcement regarding the release of the WGO Celiac Disease Global Guideline, updated as a part of the WDHD 2016 campaign.

### WDHD Events and Success Stories

The success of WDHD 2016 continues, with over 30 events from 20 countries reported so far this year! Since April, events ranging from dietary management lectures and workshops, fitness demonstrations, gluten-free and ecologic food tasting, policy debates, walk-a-thons, panel discussions, “Diet and the Gut” themed television programs, and many more have taken place in honor of WDHD 2016.

### TAKE ACTION

- Host an academic conference or symposium featuring scientific programs, plenaries, poster presentations, forums etc. on “Diet and the Gut” topics.
- Coordinate nutritional health assessment and screening sessions in your community.
- Create and distribute a cookbook of healthy recipes and tips for gut health.
- How will *you* TAKE ACTION to support WDHD?

### CELEBRATE

- Host a walk-a-thon fundraiser to rally your community in support of World Digestive Health Day 2016.
- Generate awareness of “Diet and the Gut” topics by developing a social media campaign.
- Engage your local media with public service announcements, press releases, radio advertisements, videos, etc.
- How are *you* planning to CELEBRATE WDHD?

### What event or activity will you think of next?

WGO challenges you to develop even more exciting ways to celebrate digestive health all year long by getting involved in your community to improve the standards of practice and educate the public on how to manage their diet and gut! WGO is pleased to provide you with a few ways that you can celebrate and take action in your respective communities:

Don't forget to let us know what you are planning for WDHD 2016 by visiting [www.worldgastroenterology.org/forms/submit-event.php](http://www.worldgastroenterology.org/forms/submit-event.php) to submit your event. Once your event has been approved, you can view it and other upcoming WDHD events on the WGO Meeting and Events Calendar at [http://www.worldgastroenterology.org/meetings-and-events/meetings-and-events-calendar?event\\_type=World%20Digestive%20Health%20Day%20Event](http://www.worldgastroenterology.org/meetings-and-events/meetings-and-events-calendar?event_type=World%20Digestive%20Health%20Day%20Event).

Hosted an event already this year? As always, we invite you to share summaries and photos from your event as well. These will be featured on our website and in future issues of *e-WGN* as well as promoted via social media! Also, let us know about the success of the event and how WGO can best support your efforts in the future. We greatly appreciate your feedback!

With events continuing to take place through the end of 2016, we are pleased to feature summaries from the following WDHD 2016 events that have recently taken place! Please stay tuned for more featured WDHD 2016 success stories in our upcoming issues later this year.

#### WDHD Social Hangout

Now you can reach the World Gastroenterology Organisation (WGO) in a whole new way! Like us and Follow us on Facebook and Twitter for the latest news and information related to World Digestive Health Day!

Show your support by posting or tweeting about WDHD 2016 throughout the year, using the hashtag **#WDHD2016** and/or **#DietandtheGut!**

Like and follow us today on Facebook (<https://www.facebook.com/WGOFWDHD/>) and Twitter ([https://twitter.com/WGOF\\_WDHD](https://twitter.com/WGOF_WDHD)), to stay ahead of the World Digestive Health Day conversation!

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Thank you for continued efforts and participation!





## A Report on the Nutrition Summit



### Govind K. Makharia, MD, DM, DNB, MNAMS

Professor  
Department of Gastroenterology and Human Nutrition  
All Institute of Medical Sciences  
New Delhi, India

The first European and Middle East Nutrition Summit was held in Sitges, Barcelona, Spain on 13-14 May 2016. The event, supported by Kellogg's, was attended by 90 invited delegates from around the world. All delegates were experts in different fields, such as nutrition, dietetics, public health policy, psychology, pediatrics, and food industry. As co-chair of the 2016 WDHD campaign, "Diet and the Gut," I attended the meeting as a representative of the World Gastroenterology Organisation (WGO).

The aims of the event were as follows:

- To provide an opportunity for scientific discussion between experts from Europe and the Middle East about the possible role food industry can play in enhancing public health through improving daily nutrition,
- To create an environment for the development and strengthening of professional relationships within a community that shares a passion for nutrition, and



- To discuss current understanding of the role that grain-based foods can play in improving consumer's daily diets as well as their overall health.

The program included a series of lectures and workshops intended to address some of the hot topics in nutrition, as well as plenary sessions to discuss the nutritional science that underpins the abovementioned objectives. Over 20 renowned experts in the fields of digestive health, food behavior, sustainability, philanthropy, nutrition, and public health delivered their talks. Each talk was 20 minutes and the event covered a substantial overview of many subject areas. The meetings allowed for a broad exchange of information among people from all over the world and the pre-arranged one-on-one meetings with faculty provided a further opportunity to further explore topics that were of interest to delegates.

Drs. Evelyn Hannon and Jan de Vries showed that micronutrient deficiencies are a universal problem across the region, demonstrating that fortified foods are both needed and going a long way to fill micronutrient deficiencies. Drs. James Brett and Omar Ahmad Obeid emphasized the importance of breakfast as an important meal of the day and how an optimal breakfast can help in weight management. While discussing the evolutionary need of sugar, fat, and salt, Dr. Kees de Graf emphasized that the sweet taste is inborn and hard wired and that the preference of salt comes up before the age of six



Professor Govind Makharia presenting at the Nutrition Summit.

months.

Dr. Govind K. Makharia discussed what we understand about a normal digestive health. A good digestive health can be defined as 'a state of physical and mental wellbeing without gastrointestinal (GI) symptoms,' which also include the absence of risk factors and indicators of diseases affecting the gut. He further emphasized that approximately one-third of the world's population suffer from digestive health related symptoms at any given point in time. Some of the most common symptoms include constipation, bloating, diarrhea, and abdominal pain. Constipation is particularly common in many patients who show no other signs of disease. Across the world, approximately 14% of the population suffer from constipation. This figure increases with age, and those older than 60 years are 40% more likely to experience constipation than adults under 30 years of age.

While these symptoms are not life-threatening, they can have a detrimental effect on general wellbeing and quality of life, resulting in a loss of work productivity and an increase

in health care utilization and clinic visits. The latter two outcomes have significant effects on the economy of health care systems.

Maintaining a diet that is healthy and well balanced, with an emphasis on adequate fiber intake, is one of the key factors in primary prevention of GI disease. Dietary intervention represents a safe, effective, and economical treatment for constipation. Increasing the intake of fiber in the diet increases bulk in the digestive tract, promoting colonic propulsion and reducing transit time, as well as having a positive effect on the gut microbiome. The benefits of fiber go beyond that of laxation; Angie Jefferson highlighted the association of a higher fiber intake with mood and psychological wellbeing, as well as the importance of fiber in women's health, particularly in pregnancy and around menstruation when hormones have a dramatic impact on transit time.

Dietary fiber has been highlighted as a nutrient of concern and deficiency in many European countries, with intakes well below those recommended for laxation (25g/day) and good

overall health (30g/day). Studies suggest that individuals need to achieve an increase of approximately 10g fiber per day to address this deficiency. Despite consistent public health messaging for over four decades to communicate the benefits of fiber and encourage consumption, intakes have failed to rise. This is particularly true in Westernized countries where the consumption of cereal foods has fallen, and is continuing to decline. In order to achieve this increase and meet fiber intake recommendations, educating health care professionals to provide practical and simple advice to patients is crucial.

Three workshops were also held on very contemporary topics such as the role of the food industry in public health and consumer behavioral changes, development of nutritious food and public health policies, and education of the consumers.

Overall the Nutrition Summit provided an opportunity to discuss pertinent aspects of human nutrition, with nature itself as the backdrop, in the beautiful city of Sitges.



## FODMAPs, Food Allergy, and More



### Felipe Finkelstein, MD

Gastroenterology Staff, Clínica Alemana de Santiago  
NeuroGastroenterology Unit  
Facultad de Medicina, Universidad Del Desarrollo  
Santiago, Chile

In order to commemorate and participate in World Digestive Health Day (WDHD), which is held throughout the world on 29 May 2016 and sponsored by the World Gastroenterology Organisation, in our Gastroenterology Service in Clínica Alemana in Santiago, Chile, we held a program with lectures, discussion, and actions devoted to highlight the 2016 WDHD topic, “Diet and the Gut,” done by members of our staff.

They started on 2 May, and extended till 29 May. Their presenta-

tions were transmitted via teleconference to two other cities in Chile, as far away south from Santiago.

The first such activity was performed by our nutritionist, Ms. Rinat Ratner from Israel. It related to “FODMAPs diets” and their relations to the treatment on irritable bowel syndrome (IBS). The topic was very well received by the audience and it raised a lot of discussion dealing with its usefulness and the real available evidence, as well as the need for more strong data, and the



Ms. R. Ratner and Roque Saenz, MD presenting on FODMAPs diets.

difficulties of adhering to the diet long-term. The objective of getting FODMAPs diets better understood by staff members was achieved.

Felipe Finkelstein, MD, a gastroenterologist here at Clínica Alemana de Santiago, was the leader and moderator of an academic activity related to “Food allergies in adults and children,” a rising clinical situation nowadays, which may be masked, mainly due to the mixture of components in the elaboration of usual daily foods. The activity also highlighted the presence of new tests for food allergies, not all proven to be useful, and a clear rise in food allergic diseases in Chile, and throughout the world, according to the actual medical literature.

“IgA, immune deficit” and “Advances in Bacterial Transplantation” were also afforded by Maria De Los Angeles Gatica, MD, and Jaquelina Gobelet, MD, both of whom are also part of our gastroenterology staff taking part in this WDHD cycle.

With these activities we have participated in and created awareness about World Digestive Health Day 2016 and especially on diets, foods, immunology, bacteria, and gastroenterological diseases.



Felipe Finkelstein, MD presenting on Food Allergies

## Kasturba Medical College Hospital Manipal Observes World Digestive Health Day



### Shiran Shetty, MD, DM

Associate Professor  
Department of Gastroenterology and Hepatology  
Kasturba Medical College  
Manipal, India

On the eve of World Digestive Health Day (WDHD), the World Gastroenterology Organisation is promoting awareness among people about food and our gut. This year's theme is "Diet and the Gut." From time to time across the world people are curious to know about the relationship between what we eat and our gut health. Unlike cardiac or neurological illnesses, people tend to ignore digestive ailments.

The Department of Gastroenterology and Hepatology at Kasturba Medical College (KMC) in Manipal conducted a free outpatient department consultation and awareness camp on 28 May 2016 for the public and patients with digestive disorders to mark WDHD. The digestive camp focused on food allergies, food intolerance, irritable bowel syndrome (IBS), celiac disease, and various intestinal disorders, and aimed to increase the public awareness about digestive illnesses and prevention. The program



Dr. Dayananda and hospital team distributing booklets about Diet and the Gut to patients

started with inauguration followed by health education and free consultation by our team of doctors. The doctors shared tips on maintaining a healthy GI tract and explained to attendees the need for early detection and proper diagnosis of digestive disorders.

Dr. Shiran Shetty, a Consultant Gastroenterologist, spoke about the need to diagnose illness and treatment. Dr. Shetty said that, "It is important for patients to pay attention to their gut health, go for regular check-ups and consult a gastroenterologist if they experience any discomfort related to their gut. This is especially important for those over 40 years as undiagnosed gastrointestinal issues can lead to complications including cancer."<sup>1</sup>

A patient awareness booklet was also released on the occasion and handed out to all the patients. The booklet included information about digestive ailments. Dr. Shetty educated patients about IBS, constipation, food allergy, gluten (wheat) allergy and various diets. He said that food intolerance and IBS is seen in up to 40% of the population. Food allergies are also commonly seen in the Indian population, especially among children.

The common symptoms of food intolerance and IBS, according to Dr. Ganesh Pai, Professor and Head of the Department of Gastroenterology at Kasturba Hospital Manipal, are abdominal pain, vomiting, loose



(Left) Dr. Shiran Shetty, Gastroenterologist, educating the public on importance of WDHD. (Middle) Dr. Rajgopal Shenoy, Associate Dean of the Kasturba Medical College, provided advice to patients. (Right) Dr. Dayananda, Medical Superintendent, inaugurated the camp.

stools, bloating, and discomfort. Dr. Pai stated that, "There is no single test which can diagnose the above problems, but after getting to know the patient's history and careful examination and relevant lab tests will help in management."

Emphasis was placed on healthy diet and lifestyle. About 100 patients attended the camp and availed themselves of fees waivers for consultation, including some who received discounts on endoscopic procedures on this day.

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## World Digestive Health Day Celebrations in Myanmar



### **Thein Myint, MBBS, MMedSc (Int.Med), MRCP, FRCP, Dr.MedSc(Gastroenterology)**

Professor and Head, Department of Gastroenterology  
Yangon General Hospital  
University of Medicine  
Yangon, Myanmar

Many Myanmar people are concerned about diet, especially when they are ill. The most common questions that people ask after being examined by a doctor are “What should I eat?” and “What should I not eat?” In response to many enquiries and to increase awareness, we celebrate World Digestive Health Day (WDHD) at the Gastroenterology Departments at Yangon General Hospital, Thingangyun San Pya Hospital, and Mandalay General Hospital.

This year, in addition to an annual event, the first public talk on gastroenterology was held at the Union of Myanmar Federation of Chambers of

Commerce (UMFCCI) on 29 May. About 700 people from Yangon and the districts of Myitkyina (Upper Myanmar), Taungoo (Central Myanmar), and Mawlamyine (Lower Myanmar) attended the talk. The audience included both non-medical persons and some with a medical background. There was an unexpectedly high attendance for a public talk in Myanmar. Prior to the talk, the organizers had posted public advertisements in the press, on billboards, and on social networking sites (namely Facebook). Invitations had also been sent out (but were not limited to) the following groups of organizations and societies:

students, patients, the fire brigade, Red Cross, Buddhist monasteries and other religious societies, pharmaceutical companies, and reporters. Some audience members arrived at 6 am to secure seats. By the starting time of 9 am, the hall was overflowing as its capacity was 300-400 seats only and it had exceeded attendees expected for a health talk.

The interviews were filmed on the day of the talk with national broadcasting channels Skynet and MRTV and were broadcasted on the following day. Radio interviews were also broadcast in the following days. WDHD was also highlighted in the national newspaper *The New Light of Myanmar*, which featured an article on Diet and the Gut by Professor Thein Myint on 29 May.

The Q&A session at the end of the talk was found to be very effective. Audience members were keen to ask questions on diet and GI diseases, which were answered by gastroenterologists. We also announced some trivia questions and gave out small souvenirs for the correct answers to make the Q&A session more engaging with the audience. Hence this one hour active session seemed barely enough and we were requested to do more public talks in Yangon and other cities in the near future.

Audiences were impressed to learn that Myanmar is a member of the World Gastroenterology Organisation (WGO) and they appreciated that quality standard medical facilities are now available in the country.

The annual event was prepared by the Yangon General Hospital GI team on the topic of “Diet and the Gut.” It included a talk by Consultant Gastroenterologist Dr. Swe Mon



Professor Thein Myint talking about Diet and Gut to the public on 29 May.



Yangon General Hospital, Myanmar Gastroenterology Family.



Thein Myint being interviewed by SKY NET Local TV Channel about WDHD on 29 May.

Mya and “Current Management of Irritable Bowel Syndrome (IBS)” by Professor Myint. It was held at the WGO Myanmar Training Center at Yangon General Hospital on 27 May. The audience was about 200 people, consisting mainly of medical professionals (including the Medical Superintendent, Nursing Superintendent, Head of Departments, professors, consultant physicians, consultant surgeons, assistant surgeons, nurses, and postgraduate students).

The gastroenterology team is gratified that this year’s events were well received and hence would like to prepare more public talks for next year’s WDHD.



## World Digestive Health Day “Diet and the Gut”

16 APRIL 2016, SZCZECIN, POLAND



### Wojciech Marlicz, MD, PhD

Department of Gastroenterology  
Pomeranian Medical University  
Szczecin, Poland

Obesity and weight related diseases have become emerging global issues responsible for increased risk of death and chronic disability. The link between diet and chronic disease has recently met scientific affirmation and serious interest. According to the World Health Organization (WHO), it is estimated that more than 58% of the adult population (> 20 years old) in Poland are overweight and 25% are obese. The prevalence is higher among men (63%) than women (55%). The proportions of men and women that are obese are comparable. Adult obesity prevalence forecasts predict that by 2030 almost 30% of men and 20% of women will be obese.

Moreover we live in a world in which there are other modern plagues, such as food allergies, inflammatory

bowel and autoimmune diseases, as well as a variety of cancers that are responsible for a significant number of deaths in our society. Functional gastrointestinal disorders, especially irritable bowel syndrome, are responsible for poor quality of life in a growing number of people.

Therefore, the West Pomeranian Division of the Polish Society of Gastroenterology, together and under the auspices of the World Gastroenterology Organisation (WGO), aimed to raise awareness of the role of diet in health and disease. We were particularly interested in spreading the scientific news among medical practitioners, dietitians, and general audience. The West Pomeranian Division of the Polish Society of Gastroenterology, in collaboration with the Polish



More than 340 participants listened to state of the art lectures delivered by leading scientists and medical practitioners on various scientific topics.

Association of People on Gluten Free Diet and with Coeliac Disease, on 16 April 2016 organized the scientific conference in Szczecin, Poland. “Diet and the Gut” was the main theme of this conference and part of a campaign for World Digestive Health Day (WDHD) 2016. Notable governmental bodies welcomed our invitations to serve as Honorary Patrons to our conference; among them West Pomeranian Voivodeship, City Council, Pomeranian Medical University, Regional Chamber of Physicians, and Regional Chamber of Nurses and Midwives. This year the European Lifestyle Medicine Organization (ELMO) also partnered with our societies and gave their auspices to the conference with the aim of highlighting the importance of prevention and treatment of lifestyle-related diseases through nutrition, physical activity, psychology, and public health.

Our event gathered more than 340 participants to whom state of the art lectures were delivered. Leading scientists and medical practitioners of different scientific interests presented topics which revolved around interplay between diet and immune, neuroendocrine, and gastrointestinal systems. The outcomes of such inter-



Faculty and attendees.



Medical practitioners dietitians, and general audience all enjoying the diet and the gut scientific conference.

plays on general health were reported. Special attention was made to the role of intestinal microbiota in celiac disease.

The opening lecture titled “Diet and microbes” was delivered by Dr. Wojciech Marlicz (Department of Gastroenterology, Pomeranian Medical University) who gave a nice introduction and overview on the effect of diet on gut microbiome and their impact on health and disease.

Professor Ewa Stachowska (Department of Biochemistry and Human Nutrition, PUM) gave a nice introduction to dietary and non-dietary interventions to treat celiac disease and other non-gluten related food allergies. Dr. Jakub Poblöcki (Department of Department of Endocrinology, Metabolic Disorders and Internal Diseases, PUM) informed us how diet may influence a woman’s health and add to the progression of metabolic disorders. Dr. Poblöcki paid special attention to the diseases of the thyroid gland and highlighted the links between dietary habits and success of therapy.

Mrs. Jolanta Meller (Polish Association of People on Gluten Free Diet and with Celiac Disease) addressed important topics concerning the structure of diet and quality of life of people on gluten-free diets in Poland. Mrs. Meller gave also a nice overview about the ongoing activities and future plans of Polish Association of People on Gluten Free Diet and with Celiac Disease.

This conference could not be organized without also hearing from our leading immunologist, Dr. Maciej Halasa (Department of Biochemistry and Human Nutrition, PUM). In a crisp and clear way immunological mechanisms linking gluten and other dietary exposures with enteropathies and systemic diseases were presented. Dr. Halasa introduced the audience to the topic of gastrointestinal barriers and their roles in maintaining human health. Of note are many environmental factors responsible for breaking the immune and microbial GI barriers could be maintained by dietary interventions. Gut barrier integrity and function could be improved further by exercise, with prebiotics and probiotics as important adjuncts for patients with chronic diseases.

Dr. Zyzniewska-Banaszak (Department of Physiotherapy and Wellbeing, PUM) convinced the audience that it was possible to avoid metabolic health problems by adhering to sport and physical activity. She supported her views with her own clinical life case scenarios. Mgr Paulina Brzusiewicz delivered more evidence that healthy dietary habits could be further supported by motivation dialogue.

After the final lecture, various dietary interventions were discussed. The World Digestive Health Day 2016 was offered free of charge to the general population as well as to medical practitioners. We made all

efforts to distribute leaflets, posters, and messages through the internet, as well as social and public media. We also used our personal communication skills to convince the lay public where we live to attend this important WDHD event. Participants of the conference were invited to taste gluten free and ecologic food offered by local manufacturers. At the time of the conference several photographs were taken. We are looking forward to collaborating further with the World Gastroenterology Organisation for the purpose of bringing benefit to all our present and future patients.



Attendees were invited to taste local gluten free and organic food.



## The Emirates World Digestive Health Day 2016: A Success Story



### Ali Al Fazari, MBBS, FRCP, FACP

Assistant Professor and Consultant Gastroenterologist  
College of Medicine and Health Sciences  
United Arab Emirates University  
Al Ain, UAE

To mark World Digestive Health Day 2016, the Emirates Digestive Diseases Group at the College of Medicine and Health Sciences, United Arab Emirates University, organized a public awareness exhibition at one of the largest shopping malls in the city of Al Ain, UAE.

Dr. Ali Al Fazari, Director of the Emirates Digestive Diseases Group, along with dignitaries from the College of Medicine, Health Authority Abu Dhabi, opened the activities at Hili Mall. The World Digestive Health Day 2016's theme was "Diet and the Gut" and the Emirates' exhibit featured six exhibits with posters covering six thematic topics.

Dr. Al Fazari stated that "The UAE joins the world on this global awareness day which emphasizes the relationship between what we eat and gastrointestinal symptoms. We hope that our visitors will receive appropri-



Dr. Budoor explains to a mall visitor about food allergies.

ate dietary and lifestyle advice and guidance to appropriate work up and treatment of their digestive symptoms."

Dr. Amnah Alhanea, Vice Chairperson of the Organizing Team, stated that the topics covered in the various exhibits directly relate to people's daily concerns, such as food allergy and intolerance, gluten free food for celiac disease, lactose intolerance, reflux disease, inflammatory bowel disease, and probiotics." Dr. Alhanea also added: "we created an exhibit for colon cancer and diet which was a last minute decision, but was well appreciated by our visitors."

Ms. Shamsa Lootah, Organizing Team Leader and Chair of the Student Health Promotion Committee at the College of Medicine and Health Sciences, United Arab Emirates University, highlighted the role of the many volunteering medical students and young doctors who joined the awareness event and interacted with the public. Ms. Lootah said that there was more than 700 visitors to the event, mainly families.

Dr. Al Fazari concluded: "I am pleased to see so many people have so many interesting questions about their diet and digestive health. I am also thankful to the organizing teams and volunteers who made us all proud this evening."



Kids enjoyed solving diet and gut quiz.



Dr. Khalid discusses celiac disease symptoms with a mall visitor.

The event visitors also enjoyed lucky draws and interactive quiz sessions focusing on information learned from the exhibits. Kids enjoyed drawing their own impressions and imaginations of a healthy gut on the whiteboard while their parents were busy in discussion with the medical students and doctors.

Visitors left very encouraging comments of appreciation and thanks in the event guestbook and wished to stay tuned for our event next year.

## UEG Digestive Health Month Highlights Opportunities to Advance Treatment and Prevention of Diseases



### Thierry Ponchon, MD, PhD

Chair, Public Affairs Committee  
United European Gastroenterology (UEG)  
Lyon, France

The first United European Gastroenterology (UEG) Digestive Health Month took place in May. It was held to raise awareness of digestive health conditions in Europe and to highlight opportunities to help advance the treatment and prevention of related diseases.

Among the initiatives organized by UEG were two successful events held in the European Parliament in Brussels, Belgium. The events were held around the World Digestive Health Day and hosted by Members of the

European Parliament (MEPs), AND drew attention to digestive health conditions, many of which are often ignored.

The first was held on May 26. UEG and MEP Pavel Poc (S&D, Czech Republic) hosted a Prevention, Promotion, and Screening debate in cooperation with the Association of European Cancer Leagues (ECL). Stakeholders, including representatives from the European Union (EU) institutions and leading European health organizations and health pro-



UEG Digestive Health and Children Exhibition in the European Parliament.

fessionals, discussed best practices and challenges concerning the promotion of cancer screening in Europe with a focus on digestive cancers.

The number of digestive cancer patients is growing every year. It is therefore essential to raise awareness that not all EU Member States have implemented digestive cancer screening programs. In France, for example, despite a population based complete screening roll-out, population uptake remains low.

Besides the public, all relevant stakeholders (including policy makers, health care professionals, and primary doctors) have to be targeted by awareness activities. In addition, the support of patient associations and politicians is required to enhance the impact of screening programs all over Europe. A comprehensive investment in research is necessary, especially with regard to the diagnosis and treatment of pancreatic cancer.

Participants agreed to support the sharing of best practices and will endeavor to continue raising awareness of the fact that screening programs are not yet implemented in all EU Member States. It was also agreed that the potential for a Written Declaration concerning pancreatic



Panel Discussion at Prevention Promotion and Screening UEG Event in the European Parliament.



UEG Policy discussion on PIBD in the European Parliament with MEP Rivasi and various stakeholders."

cancer in 2017 should be followed-up. The European Cancer Organisation (ECCO) confirmed it will publish a report concerning quality assurance around the colorectal cancer screening guidelines by the end of 2016. The European Digestive Cancer Days 2017 in Prague, Czech Republic will serve as an important platform to continue discussions.

The second event was a two-day UEG Digestive Health and Children exhibition in the European Parliament held on May 31 and June 1. It was launched with a policy debate hosted by MEP Michèle Rivasi. More than 30 stakeholders, including representatives from the European Parliament, the European Commission, and leading European health organizations and health professionals, took part in a discussion about challenges related to pediatric inflammatory bowel disease (PIBD) treatment and care, and associated gaps in European research and legislation.

There was consensus that the third EU Health Programme makes an im-

portant contribution to facing these challenges. However, participants also agreed that there were opportunities for improvement. Diet and nutrition were identified as crucial to preventing and treating PIBD. The importance of harmonized training of healthcare professionals in the EU Member States and the important role of inflammatory bowel disease (IBD) nurses in patient treatment and care were also acknowledged.

Following a policy discussion, the UEG Digestive Health and Children exhibition opened in the European Parliament. The two day exhibition focused on raising awareness amongst policymakers and the public, attracting visitors with engaging presentation of facts and information on pediatric digestive health.

Pediatric digestive health is a very important issue and a more recent priority is also related to obesity and poor nutrition during the infancy and during pregnancy. With UEG, we have recently raised awareness about this in the framework of the World Digestive Health Day. We need better nutrition for children and more support on research concerning diseases in infancy, and we also need to have some support in place for the patients who unfortunately suffer from digestive diseases. At the level of the European Parliament and the European institutions, we need to be able to receive extensive support for each particular disease at every stage of life. Working together, we will be more successful than working separately.

Throughout May, UEG Digestive Health Month raised awareness about digestive health conditions in Europe online with the campaign hashtag [#DigestiveHealthMonth](#). Over 100 dedicated tweets were posted by [@my\\_ueg](#). These included content such as infographics, videos and engaging facts about digestive health. UEG Digestive Health Month gained more than 400 retweets and almost 200 likes on Twitter, attracting over 200 new followers. The campaign reached as far as Yakutsk, Russia, with support for [#DigestiveHealthMonth](#) from North-Eastern Federal University.

In May, UEG also supported initiatives connected with digestive health. These included: World IBD Day on May 19; European Obesity Day 2016 on May 21; the European Week against Cancer May 25-31; and World Digestive Health Day on May 29.

Detailed reports from both events are available from the UEG website: [www.ueg.eu](http://www.ueg.eu).



## Upcoming WDHD Events & Celebrations

### "Our Diet on Gut Health" Awareness Campaign

**When:** 29 May – 29 August 2016

**Location:** Mayfair Lagoon

**Address:** Jaydev Vihar, Bhubaneswar 751013, India

**Organizers:** Kalinga Gastroenterology Foundation & Odisha Chapter of ISG

**Phone:** +919437578857

**E-mail:** [kal\\_gas\\_foundation@hotmail.com](mailto:kal_gas_foundation@hotmail.com)

**Website:** <http://www.kgf.ind.in/>

### Dietary Habits, Obesity and other Disorders. How Could We Get Here? - Prof. Julio Montero

**When:** 14 July 2016

**Location:** Hospital de Clínicas, Gastroenterology Department ; Prof. H. Cohen

**Address:** 2870, Italia Av. Floor 4, Montevideo, Uruguay

**Organizers:** Gastroenterology Department of the National Medical School, Prof. H. Cohen, Hospital de Clínicas

**Phone:** 2480 84 72

**Fax:** 2480 84 72

**E-mail:** [secgastroenterologia@yahoo.com.ar](mailto:secgastroenterologia@yahoo.com.ar)

**Website:** <http://www.gastro.hc.edu.uy>

### Individual and Collective Strategies in Prevention and Treatment of Obesity. Round of Cases - Prof. Julio Montero

**When:** 14 July 2016

**Location:** Hospital de Clínicas, Gastroenterology Department; Prof. H. Cohen

**Address:** 2870 Italia Av. Floor 4, Gastroenterology Department

**Organizers:** Gastroenterology Department of the National Medical School, Prof. H. Cohen, Hospital de Clínicas

**Phone:** 2480 84 72

**Fax:** 2480 84 72

**E-mail:** [secgastroenterologia@yahoo.com.ar](mailto:secgastroenterologia@yahoo.com.ar)

**Website:** <http://www.gastro.hc.edu.uy>

### 2016 RISE Revolution Cycle

**When:** 17-18 September 2016

**Location:** Collingwood, ON

**Organizer:** Canadian Digestive Health Foundation

**Website:** [www.CDHF.ca/RISE](http://www.CDHF.ca/RISE)

### Discover the World Within - Understanding How the Human Gut Microbiota Impacts Lifelong Health - Canada

**When:** 7 November 2016

**Location:** Design Exchange

**Address:** 234 Bay Street, Canada

**Organizer:** Canadian Digestive Health Foundation

**Website:** <http://www.eventbrite.ca/e/discover-the-world-within-tickets-21306936621>

### PLAN YOUR OWN WDHD EVENT

WGO encourage all members to participate in World Digestive Health Day 2016 by arranging events in their regions to commemorate this day. We hope that this year's campaign will help increase awareness on ways to promote gut health.

Have you started planning your event? While the official date of WDHD is May 29, many events take place throughout 2016. 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.

You may find a variety of tools and resources which benefit your physicians, other health care professionals, patients, and the general public, by visiting [www.worldgastroenterology.org/wgo-foundation/wdhd/wdhd-2016](http://www.worldgastroenterology.org/wgo-foundation/wdhd/wdhd-2016). For questions regarding WDHD, please email [info@worldgastroenterology.org](mailto:info@worldgastroenterology.org).

Please also visit the [www.worldgastroenterology.org/wgo-foundation/wdhd/wdhd-2016/submit-wdhd-2016-event](http://www.worldgastroenterology.org/wgo-foundation/wdhd/wdhd-2016/submit-wdhd-2016-event) to officially submit your event for inclusion on the calendar and to request a copy of the 2016 WDHD logo for your use in promoting this year's WDHD campaign: "Diet and the Gut."





Now you can reach the World Gastroenterology Organisation (WGO) in a whole new way! Like us and Follow us on Facebook and Twitter for the latest news and information in the world of gastroenterology, hepatology, and other related disciplines.

**f Like us on Facebook!**



**t Follow us on Twitter!**



## Attention WGO Members!

Would you like for us to follow you? Please let us know where we can find you on social media by providing us with the social media platforms that you are currently using along with your business profile usernames so that we can join your network!



## Announcing Train the Trainers Ras al-Khaimah

Applications are now open for the next WGO Train the Trainers Workshop!

The World Gastroenterology Organisation (WGO) in partnership with the Emirates Gastroenterology & Hepatology Society (EGHS) is pleased to announce that the next Train the Trainers workshop will take place in gorgeous **Ras Al-Khaimah, UAE 21-24 November 2016.**

The application process is now open, and WGO invites all Member Societies to nominate two physicians for this workshop who are both fluent in English and leaders or up and coming leaders in their field (Gastroenterology, Endoscopy, Hepatology or GI Surgery). All participants must be able to attend the entire workshop, with arrivals on 20 November and departures anytime on 25 November 2016. We ask that candidate nominations be submitted by a WGO Member Society representative. Please note space is very limited, and this workshop is considered a benefit of WGO Membership, as such preference will be given to societies who have paid their WGO membership dues through 2015. **We invite you to nominate your candidates before Monday, 22 September 2016.**

Since 2001, the Train the Trainers (TTT) program, developed by WGO, exposes educators in gastroenterology, hepatology, endoscopy, oncology and GI surgery to current educational techniques and philosophies. It brings



together faculty and participants from across the globe in an intensive and interactive four day workshop. The workshop is characterized by numerous hands-on sessions with ample opportunity for discussion and interchange. This has proven to be a highly successful method of disseminating teaching skills to GI physicians who hold training positions in their own countries. Delegates are equipped with skills which they can then implement in their countries.

For further details on this workshop, please visit our TTT Upcoming Workshop web page. (<http://www.worldgastroenterology.org/education-and-training/train-the-trainers/upcoming-workshops>). Should you have any additional questions, please contact Stephanie Sehrbrock, WGO Program Manager of Training & Education, at [ssehrbrock@worldgastroenterology.org](mailto:ssehrbrock@worldgastroenterology.org).

## WGO Training Centers

The World Gastroenterology Organisation (WGO) Training Centers were established to offer trainees in locations of need the opportunity to enhance their skills and further their education in gastroenterology, hepatology, and related fields. Since the first WGO Training Centers (TCs) launched in 2001, the program has grown to 23 TCs, with most located in developing regions, including eight on the African continent, six in the Asian Pacific region, and six in Central/South America. All 23 WGO Training Centers work around the year with local GI units, WGO Member Societies, and government bodies to provide their respective regions with the highest quality training

in the field of digestive health. This year, WGO introduced a new WGO Scholar/Trainee program to these prestigious Centers to encourage longer training periods. This new program allows TCs to nominate distinguished trainees for WGO funding to continue their education at a WGO TC.

Together with this new WGO Scholar/Trainee program, 2016 so far has seen many exciting developments in the Training Center program. These range from some impressive courses at the La Paz and Khartoum Training Centers to the inauguration of two new WGO Training Centers in Africa. In conjunction with their inauguration ceremony, the Nairobi Training Center in Kenya held an impressive

three day symposium, which included WGO President, David Bjorkman, among many distinguished lecturers. With the launch of the Blantyre Training Center in Malawi, WGO gained its first Training Center located in a country without a GI society. This ambitious TC will work to create a pool of GI professionals in a region that currently does not have any native gastroenterologists. This together is a small fraction of the inspiring work going on at the WGO Training Centers, and we look forward to sharing their exciting developments in the issues to come!



23 WGO Training Centers around the world.

## 2016 WGO Scholars and Trainees



### Desmond Leddin, MD

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

The WGO Training Center mission is to establish and nurture core training centers for primary and advanced gastroenterology and liver training in locations of need, thereby improving the standard of training at a grass roots level while ensuring a focus on regionally-relevant diseases. One of the ways identified to support WGO in this mission is the direct establishment and support of “WGO Scholars/Trainees” at the WGO Training Centers. The WGO Scholar/Trainee Program will ensure a longer time frame for a trainee to spend at a center, increasing their learning opportunities and outcomes. The Training

Center Directors themselves had the ability to nominate distinguished trainees at their centers for the prestigious title of WGO Scholar/Trainee. The title of “WGO Trainee” is used to designate any honored trainee awarded WGO funding that is training for less than 12 months. The designation of “WGO Scholar” is awarded to those individuals that are completing a full 12 months of training in 2016 at their corresponding WGO Training Center. WGO Scholars have the additional distinction of receiving travel support if they wish to present their research at a WGO meeting.

In the inaugural year of this program, the WGO Training Centers nominated 15 exceptional trainees that have expressed a wish to enhance their knowledge and skills in the field of gastroenterology at a WGO Training Center. Our four WGO Scholars and 11 WGO Trainees come from all over the world to attend our Training Centers and this is our opportunity to encourage other gastroenterologist and hepatologists in training to pursue this same dream. We are delighted with the response the Scholarship and Trainee Program has garnered and welcome the opportunity to introduce these distinguished individuals below.

### WGO SCHOLARS



Dr. Thida Soe attends the WGO Myanmar Training Center as part of a three year training course for future gastroenterologists in Myanmar. Dr. Soe is a native to Myanmar and this is her second year of the three year course.



Dr. Martin Sokpon hails from Benin and is training at the WGO Rabat Training Center in Morocco. Dr. Sokpon is currently on his final year of the four year gastroenterology program offered through the center.



Dr. Leolin Katsidzira traveled from Zimbabwe to attend the SAGES-ADD Training Center in South Africa. Dr. Katsidzira is completing his two year gastroenterology training at the Groote Schuur Hospital in preparation for taking the sub-specialty exam in Gastroenterology.



Dr. Mahmoud Khierallah Mohamed from Sudan is attending the SAGES-ADD Training Center in South Africa. Dr. Mohamed is currently in the second year of his three year training program at the Groote Shuur Hospital.



**WGO TRAINEES**



Dr. Anyak Mangar Akok Deng from Sudan will be attending an 11 month training program on Advanced Endoscopy, Colonoscopy, and ERCP at the WGO Khartoum Training Center.



Dr. Oluwatoyin Iretiola Asaolu from Nigeria will be attending the WGO Lagos Training Center for five months of training on upper endoscopy, hepatology, and ERCP.



Dr. Opeyemi Olubukola Owoseni from Nigeria is continuing her training at the WGO Lagos Training Center for six months with a focus on gastroenterology, upper endoscopy, and hepatology.



Dr. Edna Wairimu Kamau of Kenya will be attending a six month ERCP focused training program at the WGO Nairobi Training Center at the Kenyatta National Hospital.



Dr. Moses Gitau Ngugi, a gastrointestinal surgeon, will be training at the WGO Nairobi Training Center for eight months with a focus on advanced colonoscopy and ERCP



Dr. Vanessa Valenzuela Granados traveled from Peru to Brazil to attend the WGO Porto Alegre Hepatology Training Center's four month program on hepatology and liver transplantation.



Dr. Evelise Henriques Ramos from Angola will be attending the WGO Porto Alegre Hepatology Training Center in Brazil for a four month course on hepatology and liver transplantation.



Dr. Joana Castela of Portugal will be attending the WGO Porto Gastroenterology and Hepatology Training Center for a three month course titled Clinical Hepatology Preceptorship.



Dr. Luzmira Diamande traveled from Mozambique to Portugal to attend six months of training at the WGO Porto Gastroenterology and Hepatology Training Center to participate in their Clinical Hepatology Preceptorship, IBD Masterclass, and Pancreatobiliary Summit.



Dr. Helena Ribeiro, a native to Portugal, will be attending the WGO Porto Gastroenterology and Hepatology Training Center for two months to participate in the IBD Masterclass course.



Dr. Ernesto Cantu of Mexico will be attending the WGO Mexico City Training Center for a three month course on GI Motility: Functional Test of the Esophagus and Anorectum.



## The 1<sup>st</sup> Asia-Pacific Probiotics Consensus Board Meeting



### Henry Cohen, MD, FACC, AGAF

President (2011-2013), World Gastroenterology Organisation  
Professor of Gastroenterology  
Hospital de Clínicas  
Director, ECHO Project Uruguay Vice President, National Academy of Medicine  
Montevideo, Uruguay



### Eamonn MM Quigley, MD, FRCP, FACP, FACC, FRCPI

Past Chairman, WGO Foundation  
President (2005-2009), World Gastroenterology Organisation  
Chief, Gastroenterology and Hepatology  
David M Underwood Chair of Medicine in Digestive Disorders  
Houston Methodist Hospital  
Professor of Medicine  
Weill Cornell Medical College  
Houston, Texas, USA

A panel of leading experts in the field of adult and pediatric gastroenterology from countries in the Asia-Pacific region was convened in Paris, France for a two day meeting on the 11<sup>th</sup> and

12<sup>th</sup> of April 2016 as the 1st Asia-Pacific Probiotics Consensus Board Meeting. The objective of this gathering was to explore current use of probiotics in GI disorders and to address



From left to right: Marcellus Simadibrata, Kentaro Sugano, Uday Goshal, Henry Cohen, Eamonn Quigley, Gerald Holtmann, Claudia Ferreira, Neelan Mohan, Quak Seng Hock, Bhupinder Sandhu, Caley Mutrie, Alfredo Guarino, Don Cameron, Yuichiro Yamashiro, Soo Jung Park, and Yanmei Li.

the need for regional guidelines for probiotic use in the region. The present report summarizes the program as well as discussion topics.

### Meeting Participants:

The consensus meeting was developed by a Scientific Committee composed of four global academic clinicians through a Medical Educational grant from Biocodex Laboratories and the endorsement of the World Gastroenterology Organisation. Fourteen representative members from seven Asia-Pacific countries, including Australia, China, India, Indonesia, Japan, South Korea, and Singapore, were invited to participate.

### Meeting Justification:

Over the past 20 years, research has provided grounds to indicate efficacy of probiotics in the management of a variety of gastrointestinal disorders. Over the past ten years, we have witnessed a tremendous rise in the number of new publications on subjects related to the intestinal microbiota modulation and the potential role of probiotics. Increasing interest together with the growing body of evidence from scientific and clinical research on these topics have led to an increasing number of regional consensus meetings and practical guideline recommendations for the use of probiotics. To date, none have been generated in the Asia-Pacific region.

### Meeting Overview:

The kick off session took place at The Sorbonne University in Paris with plenary lectures followed by two workshops. In the plenary session, lectures were presented on: the human gut microbiota in health and disease; an overview of the epidemiology of gastrointestinal disorders; probiotics: definition, mechanism of action and clinical evidence; an overview of existing guidelines for probiotic use in adults and children; and, finally,

on the basis for the development of regional guidelines on probiotic use.

In the workshops, one focused on adult gastroenterology and one on pediatric gastroenterology, each panelist was invited to deliver a presentation addressing country specific issues relating to the epidemiology of diarrheal disease, trends in acute infectious diarrhea including use of antibiotics and other medications, and traveler's diarrhea, as well as the local use of probiotics and the availability of local guidelines on probiotics.

#### Discussions:

Panelists agreed that, while disparities which were largely socioeconomic existed between countries, it was possible to develop guidelines for probiotic use in gastroenterology for the Asia-Pacific region. However, it was critical that such guidelines take into consideration local or national variations in terms of the demographics of gastrointestinal diseases and access to and availability of various therapeutic options in the Asia-Pacific region. Discussions highlighted the need to address the quality, safety, strain

specificity, and efficacy of probiotics available in the Asia-Pacific region. Regional guidelines must be aware of the most current science and clinical evidence as well as of the quality control of locally available products.

#### Conclusions:

This meeting provided a crucial opportunity to explore how scientific advances in the field of probiotics could be translated into effective regional interventions such as the elaboration of regional guidelines for the use of probiotics in gastroenterology. ■

## Summary of Khartoum Training Center Workshop



### Abdelmounem E. Abdo, MD

Director, National Centre for Gastrointestinal and Liver Diseases, Ibn Sina Hospital  
 Director, WGO Khartoum Training Center  
 Secretary General, Sudanese Society of Gastroenterology Khartoum, Sudan



Workshop faculty.

Along with the Sudanese Society of Gastroenterology (SSG) annual conference held 27-31 January 2016, the WGO Khartoum Training Center conducted many pre- and post-conference workshops:

- Advanced endoscopy workshop on 27-28 January 2016
- Basic Endoscopy workshop on 27-28 January 2016
- Ultrasound workshop on 2-3 February 2016
- Laparoscopy workshop on 27-28 January 2016
- Postgraduate course on 29 January 2016
- Train The Trainers (TTT) Program on 26 January 2016
- Nurses Endoscopy workshop on 30-31 January 2016

There were 151 participants, including physicians, surgeons, fellows in gastroenterology, and 60 endoscopy nurses.

The workshops focused on improving the quality of endoscopy and gastroenterology services in our country.

All workshops were done in collaboration with a UK group headed by Sudanese British Gastroenterologist (Dr. Elmuhtady M. Said), Dr.

Ahmed Eldaw Mukhtar, Dr. Mark Donnelly, and six British endoscopy nurses (Karen Smith, Debora West, Joanne Fowles, Fiona James, Sarah Thompson, and Samantha Mitchell).

The Ultrasound workshop was in collaboration with Professor Dieter Nürnberg, Vice President of the World Federation for Ultrasound (WFUMB).



Hands on training.

Read more about the  
 5<sup>th</sup> SSG International  
 Conference on page #49

## WGO La Paz Training Center: XII International Course on Advances in Gastroenterology and Digestive Endoscopy



### Guido Villa-Gómez Roig, MD, MWGO

Director, WGO La Paz Training Center  
Instituto de Gastroenterología Boliviano - Japonés  
La Paz, Bolivia

### BACKGROUND OF LA PAZ WGO TRAINING CENTER

In 2005, the Bolivian-Japanese Institute of Gastroenterology (IGBJ) of La Paz was inaugurated by the World Gastroenterology Organisation (WGO), in an agreement signed with the Ministry of Health of Bolivia, as the first Training Center of Gastroenterology and Digestive Endoscopy for Latin America, on the basis of its health care background, as a teaching and research institution, that had been

achieved in the national and international context.

The La Paz WGO Training Center develops training programs in the specialty, focused on young specialists in Latin America with the following objectives:

- Contribute to improve aspects of health care, teaching and research of digestive diseases in the region, through annual training programs in gastroenterology and endoscopy, as well as other developments

that impact the development of the specialty.

- Promote mechanisms of interaction between international and regional specialists in the fields of gastroenterology, endoscopy, and hepatology, incorporating new generations of specialists, as the core of the program.
- Contribute to strengthening the concept of medicine with social vision, according to regional realities and needs.

Under these principles, two programs are developed annually:

- International Course on Advances in Gastroenterology and Digestive Endoscopy
- Individual Training in Therapeutic Endoscopy

### XII INTERNATIONAL COURSE ON ADVANCES IN GASTROENTEROLOGY AND DIGESTIVE ENDOSCOPY

#### Program

With its twelfth iteration, the International Course expanded its academic activities and social action, taking them (besides La Paz) to Santa Cruz de la Sierra.

**La Paz, April 6 to 9: Workshop on New Trends and Innovations in Gastroenterology and Digestive Endoscopy.** Academic activities were held in the Bolivian-Japanese Institute of Gastroenterology (IGBJ).

Objective: Present the scope of current Latin American specialist knowledge and development of central aspects of the specialty



Endoscopy in Montero.



Live case in IGBJ La Paz.

through lectures, interactive seminars, workshops, and live case of therapeutic endoscopy, for which the following topics were selected:

- Acute Pancreatitis
- Barrett's Esophagus
- Advances in diagnosis and treatment of digestive and liver diseases
- New technologies

**Santa Cruz de la Sierra, April 10 to 13: Latin American Workshop Course on Prevalent Digestive Diseases.** Academic activities were held in the Japanese Hospital.

Objective: To have a space for discussion on digestive diseases impact in Latin America with the participation of specialists from the region that attended as trainees scholars, supported by experts from different parts of the world. The analysis was done through lectures and workshops on epidemiological grounds, realities of promotion and prevention, health care, and availability of resources in different countries, on two specific topics:

- Digestive Cancer
- Viral hepatitis B and C

**County of Montero (a town of Santa Cruz de la Sierra), April 14 and 15: Health Outreach Program to the Community.**

Objective: Free program aimed to benefit the general population and usually under-protected patients (in this case the County of Montero) through the care of digestive diseases of medium and high complexity, promotion and health education to the population, and training of human resources of "Alfonso Gumucio Reyes" Hospital.

### Institutions Involved

The general organization of the XII International Course was the responsibility of the WGO La Paz Training Center, the Bolivian-Japanese Institute of Gastroenterology (IGBJ), and the Japan International Cooperation Agency (JICA), with the support of:

- World Gastroenterology Organization (WGO)
- Pan American Health Organization (PAHO)
- Bolivian Society of Gastroenterology
- Japanese Hospital of Santa Cruz de la Sierra
- "Alfonso Gumucio Reyes" Hospital of Montero

### Scholarships

According to the objectives of the program, scholarships were available for young specialists from Latin America. Their promotion was made through the societies of gastroenterology and digestive endoscopy in the region, regional offices of JICA, the Pan American Organization of Gastroenterology (OPGE), and the Inter American Society of Digestive Endoscopy (SIED). Scholarships had three distinct sources of sponsorship:

1. JICA Scholarships: For 20 doctors from Latin American countries;



Latin American workshop of Viral Hepatitis B and C in Santa Cruz.

included roundtrip airfare from country of origin to Bolivia, lodging, travel expenses, domestic travel, health insurance, and teaching materials.

2. WGO Scholarships: For 10 Bolivian doctors; included stay in La Paz and Santa Cruz de la Sierra and teaching materials.
3. Scholarships of the Industry: For 10 doctors from Latin American countries; included stay in La Paz and Santa Cruz, domestic travel, and training material. For 14 Bolivian doctors; included domestic travel.

A total of 40 trainees were selected for scholarships. Between the trainees and professors, 19 countries were represented.



Trainees and professor in La Paz Course.

**Participants**

The “Alfonso Gumucio Reyes” public hospital, located in the municipality of Montero (Santa Cruz), was selected as the Community Health Program as a part of the XII International Course on Advances in Gastroenterology and Digestive Endoscopy. There were 80 health professionals (including physicians, surgeons, nurses, social workers, and technicians), all of whom were volunteers committed to the health needs of people of low resources and less attention in terms of medium and high complexity of digestive diseases. A total of 131 patients suffering of di-

gestive diseases attended the hospital over two days.

As part of the program, organizers installed in the Hospital of Montero equipment for ultrasound, endoscopy, laparoscopic surgery, and transient elastography. This was the first time that transient elastography equipment was installed in Bolivia for the evaluation of chronic liver diseases.

The Bolivian Association of Sovereign Military and Hospitalary Order of Malta provided medicines and other supplies in order to assure that treatments were totally covered for patients, in consideration of the

social and economic conditions of the Montero population.

Considering the impact of the educational, training, and social action programs that the WGO La Paz Training Center has carried out since 2005 for benefit of young specialists in Latin America and populations of low access to health treatment, we believe that the program must continue in the future focused in the new generation of specialists and principles that the World Gastroenterology Organisation has defined for the Training Centers program.



	<b>Participants Without Scholarship</b>	<b>Participants With Scholarship and Professors</b>	<b>Total Attendees</b>
La Paz	123	80	203
Santa Cruz	21	72	93
Montero		100	104
TOTAL			400

## WGO Nairobi Training Center Inauguration & Training Workshop Report



### Elly Otieno Ogutu, MD

Director, WGO Nairobi Training Center  
Consultant Gastroenterologist, Department of Clinical Medicine & Therapeutics,  
University of Nairobi  
Nairobi, Kenya



Director of the Nairobi Training Center, Prof. Elly Ogutu.

The inauguration of the WGO Nairobi Training Center took place 6 May at the Kenyatta National Hospital. This was part of a training program that ran 5-7 May at both the Nairobi Training Center (situated at the Kenyatta National Hospital) and the Radisson Blu Hotel, which is in the neighborhood of the hospital.

The center was officially opened by a representative for the Kenyan Health Cabinet Secretary, along with: the World Gastroenterology Organisation (WGO) President, Professor David Bjorkman; the Chief Executive Officer (CEO) of the Kenyatta National Hospital, Lily Koros Tare; the Gastroenterology Society of Kenya President, Dr. Henry Kioko; and a representative for the Principal of Kenyatta National Hospital's College of Health Sciences.

Professor Nageshwar Reddy, President of the World Endoscopy Organization, was also in attendance,

along with other international faculty from Canada, UK, India, and other African countries. Other international faculty included Professor Bjorkman, Dr. Olufunmilayo Lesi (Director, WGO Lagos Training Center, Lagos, Nigeria), Dr. Hugget Mathew (Leeds Teaching Hospital, Leeds, UK), Dr. Amit Maydeo (Baldota Institute of Digestive Sciences, Mumbai, India), Dr. Ponsiano Ocama (Makerere University, Kampala, Uganda), Dr. Anand Ramamurthy (Apollo Hospitals, Chennai, India), and Dr. Morris Sherman (Chairman, Canadian Viral Hepatitis Network, and President, Canadian Association for Study of the Liver). A total of 150 people were in attendance at the function, including delegates from 11 countries.

The CEO of the Kenyatta National Hospital welcomed Professor Bjorkman, the representative of the Cabinet Secretary, and their team at her boardroom, where introductions were

done and photos taken after signing the visitor's book.

There were two plaques, one from WGO and a second indicating that the center was inaugurated by the Health Cabinet Secretary, Dr. Cleopa Mailu. The guests were then seated in one of the rooms in the unit and a live transmission from the Training Center was done to officially simulate a running center.

Speeches were given by: the Director of the Training Center, Dr. Elly Ogutu; the President of Gastroenterology Society of Kenya; the CEO of Kenyatta National Hospital; the President of WGO; and the representative of the Kenyan Health Cabinet Secretary.

The speeches spelled out the importance of having a gastroenterology training center in the region, as there is a great deficit in skilled personnel in the specialty. Kenya has a population of 40 million people being served by less than 30 gastroenterologists at different level of expertise. The situation is worse in some countries in the region.

The guests were entertained by the hospital choir and thereafter the function closed with prayers.

The Training Center inauguration was part of a very successful two and a half day training workshop. The



Inauguration workshop program at the Radisson Hotel.





Nairobi Training Center opening ceremony.

program involved deductive lectures, 20 live transmissions, and hands-on training on basic and advanced upper GI endoscopy, colonoscopy, endoscopic ultrasound, and ERCP. The deductive lectures covered common clinical conditions in hepatology, pancreatobiliary, acid related disorders, and liver transplant.

The delegates and faculty were very happy with the organization of the meeting, time discipline, the selection of topics, the high standard of the presentations, and the case choices for the live transmission. All three days registered an almost full house, demonstrating the delegates' eagerness to learn. However, there is room to improve on quality of transmissions for future events.

The workshop was highly rated, such that Professor Reddy and Dr. Maydeo announced that they will team up with the WGO Nairobi Training Center, in conjunction with the Gastroenterology Society of Kenya, to launch an international annual training workshop in Nairobi for Africa.



Ribbon cutting ceremony for launch of the Nairobi Training Center.

We have trainings in ERCP in progress and will soon unveil our training program calendar for 2016 for basic endoscopy. We are also working on a curriculum for a two-year fellowship program in gastroenterology in collaboration with the University of Nairobi come 2017.



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

## REVIEW OF THE WHO GUIDELINES FOR THE SCREENING, CARE, AND TREATMENT OF PERSONS WITH HCV

### THE GROWING PREVALENCE OF HEPATITIS C (HCV) IS A GLOBAL CONCERN.

HCV affects more than 185 million persons throughout the world. If left untreated, HCV can result in irreversible clinical consequences, such as liver cirrhosis or hepatocellular carcinoma, and can even lead to death. Fortunately, with proper detection and treatment, HCV can be cured in more than 90% of patients. However, many patients remain undiagnosed, are not treated properly, or do not have access to treatment.

In April 2014 the World Health Organization (WHO) produced their first guidelines dealing with HCV that consist of nine key recommendations. Implementation of the new WHO guidelines for HCV can assist in the following:

**SCREENING:** Identifying patients with HCV and confirming the diagnosis

**CARE:** Assessing the degree of liver damage and reducing progression

**TREATMENT:** Choosing the best treatment based on what drugs are regionally available

The guidelines also take into account that global availability of options for screening, care, and treatment vary.

This webcast entitled "Review of the WHO Guidelines for the Screening, Care, and Treatment of Persons with HCV" is intended for healthcare professionals who care for patients with HCV. The goal is to examine the WHO guidelines for HCV and discuss the global implications of these guidelines. In addition, information on prevalence, natural history, clinical consequences, and treatment will be discussed.



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



Presented by:

**Raj Reddy, MD**  
University of Pennsylvania

[View CME Webcast](#)

**ACCREDITATION STATEMENTS & CREDIT DESIGNATION** - This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Annenberg Center for Health Sciences at Eisenhower and International Coalition of Hepatology Education Providers (IC-HEP). The Annenberg Center for Health Sciences at Eisenhower is accredited by the ACCME to provide continuing medical education for physicians.

The Annenberg Center for Health Sciences at Eisenhower designates this enduring activity for a maximum of 1.0 AMA PRA Category 1 Credit™. Physicians should claim only the credits commensurate with the extent of their participation in the activity.

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# The 14<sup>th</sup> Annual Saudi Gastroenterology Association (SGA) and 3<sup>rd</sup> Saudi Association for the Study of Liver Diseases and Transplantation (SASLT) Meeting



**Majid A. Almadi, MBBS, MSc (Clinical Epidemiology), FRCPC**

Assistant Professor of Medicine  
 President of the Saudi Gastroenterology Association  
 Therapeutic Endoscopy Program Director  
 Division of Gastroenterology, King Khalid University Hospital, King Saud University  
 Riyadh, Saudi Arabia

The annual Saudi Gastroenterology Association (SGA) meeting was held in combination with the Saudi Association for the Study of Liver Diseases and Transplantation (SASLT) in Riyadh, Saudi Arabia from 19-21 January 2016. The conference covered a vast area pertaining to gastroenterology and hepatology. The meeting featured prominent national and

international faculty in their respective fields, including faculty from: Belgium, Canada, India, Italy, Japan, Singapore, UAE, and the USA.

Some of the international faculty that attended the meeting included: Professor Gert Van Assche (Belgium), Professor Hiroyuki Isayama (Japan), Professor Jan Tack (Belgium), Professor Lawrence Khok-yu Ho (Singapore),

Professor Takuma Higurashi (Japan), Professor Mark Sulkowski (USA), Professor Massimo Colombo (Italy), Dr. Mohammad Al Haddad (UAE), Professor Remo Panaccione (Canada), Dr. Vinay Dhir (India), Professor Yasushi Sano (Japan), and Professor Zobair Younossi (USA).

A number of specialized courses were held prior to the meeting in the field of endoscopic ultrasound (EUS) in collaboration with the Asian EUS group (AEG) and in the use of narrow band imaging in collaboration with the Asian NBI group (ANBIG). Both of these courses included didactic lectures as well as hands on experience. In addition, there was a course on the use of FibroScan® with its various applications in a spectrum of liver disorders. Also, the World Endoscopy Organization (WEO) participated with its Better Endoscopic Service Training (BEST) program with a focus on training and excellence in endoscopy.

The conference targeted regional gastroenterologists as well as internists, surgeons, radiologists, and researchers. The topics covered areas



Some of the chairpersons of the SGA meeting.



Dr. Mahmoud Mosli, one of the speakers.



Dr. Faisal Sani, member of the Scientific Committee.

of genetics of colorectal cancer with specific reference to the population of Saudi Arabia. Also there were lectures on functional gastrointestinal disorders, advances in endoscopy, inflammatory bowel disease (IBD), and recent advances in hepatology with special reference to viral hepatitis.

The conference also covered non-conventional topics, including the evaluation and management of chronic pain, the management of anti-platelet and anti-coagulants therapy in the peri-procedural period, and radiological interventions in cases of hepatocellular carcinoma.

There were sections of the conference that covered the activities of the SGA in the fields of patient education with regards to patient awareness about IBD, colon cancer, and celiac disease. Printed and electronic materials were available that target the public. There were also activities that targeted health care professionals, like the IBD clinical observational programs, which focused on educating practitioners on the best practices when it comes to the management of patients with IBD. There was also reference to the recent addition of educational videos that were developed for patients, as well as the uploading of videos of the regular monthly gut club meetings that are held in three major cities in Saudi Arabia.

There were 54 abstracts that were displayed as poster presentations during the meeting. These were subsequently published as a supplement issue in the *Saudi Journal of Gastroenterology*.

Also included in the meeting were dedicated small group discussions with selected faculty to enrich the attendees experience and allow a more intimate interaction between faculty and delegates. There were also dedicated areas where delegates could interact with members of industry.

The upcoming meeting will be held in Jeddah, Saudi Arabia 11-12 February 2017. Learn more at <http://www.saudigastro.com>.



Dr. Faisal Batwa, SGA Vice President.

## Annual Meeting of the Society of Pediatric Gastroenterologists and Dieticians of Uzbekistan



### Altinoy Kamilova, MD

Head, Department of Gastroenterology  
Republican Specialized Scientific and Practical Medical Center of Pediatrics  
Tashkent, Uzbekistan

The Society of Pediatric Gastroenterologists and Dieticians of Uzbekistan held its annual meeting 29 January 2016 in the hall of the Republican Specialized Scientific and Practical Medical Center of Pediatrics in Tashkent, Uzbekistan. All members of the society took part in this meeting.

Professor Kamilova Altinoy, President of the Society of Pediatric Gastroenterologists and Dieticians of Uzbekistan and Department Head of

Gastroenterology of the Republican Specialized Scientific and Practical Medical Center of Pediatrics, told about the activities of the 23rd United European Gastroenterology (UEG) Week, including new methods to diagnose celiac disease based in presence of gluten peptides in urine. Then she told about how the gastroenterologists and pediatricians from different European countries follow the guidelines, based on the reports of



Members of the Society during the Annual Meeting of the Society of Pediatrics Gastroenterologists and Dieticians of Uzbekistan.

Chris J. J. Mulder (Netherlands) and Sibylle Koletzko (Germany). Professor Kamilova also shared photos from an exciting report by Fermin Mearin (Spain) devoted to functional diseases.

Professor Kamilova also reported on investigations by Jaeggi *et al.* (*Gut*, 2015; 64 (731-742)) that iron fortification modifies the gut microbiota in weaning African infants, increasing Enterobacteria and decreasing Bifidobacteria, and increasing the abundance of specific enteropathogens, such as pathogenic *Escherichia coli*. Also iron fortification in weaning African infants increases fecal calprotectin levels, indicating intestinal inflammation. This finding suggests that iron fortifications should not be given to all infants, but should be targeted only to infants with clear iron deficiency. Professor Kamilova also reported on the work of Drs. Sabine Roman (France) and Adil E. Bharucha (USA) about new diagnostic tools for upper GI function. Examples include: for diagnostic GERD: noninvasive test Peptest; for impedance: esophageal mucosal impedance; and for diagnostic esophageal motility disorders: combined impedance-HRM and FLIP topography.

Professor Kamilova also lectured on "Clinical variants of gastrointestinal forms of food allergy in children," including how to differentiate the various types of gastrointestinal food allergies and about the advantages of using formulas based on complete hydrolysis of casein.



Professor Altinoy Kamilova lectured on "Clinical variants of gastrointestinal forms of food allergy in children."



Members of the Society during the Annual Meeting break

Master of Tashkent Pediatric Medical Institute, Svetlana Geller, spoke on an interesting case of a girl suffering from eosinophilic enterocolitis. Dr. Khilola Ubayhodjaeva lectured on the case of a patient suffering from milk protein intolerance.

Inobat Ahmedova, a senior researcher in the Department of Gastroenterology at the Republican Specialized Scientific and Practical Medical Center of Pediatrics and Professor of Pediatrics at the Tashkent

Postgraduate Education Institute, spoke on “Diagnosis and treatment of *Helicobacter pylori* gastritis in children as prescribed by Maastricht 4.”

Zulhumr Umarnazarova, senior researcher in the Department of Gastroenterology at the Republican Specialized Scientific and Practical Medical Center of Pediatrics and Professor of Pediatrics at the Tashkent Postgraduate Education Institute, spoke on “Modern approaches in diagnosis and treatment of constipation in children.”

Dinora Dustmukhamedova, a junior research fellow in the Department of Gastroenterology at the Republican Specialized Scientific and Practical Medical Center of Pediatrics, discussed the case of a patient suffering from lactase deficiency.

Shozoda Sultankhodjaeva, a junior research fellow in the Department of Gastroenterology at the Republican Specialized Scientific and Practical Medical Center of Pediatrics, spoke on “The causes of malnutrition in infants, modern approaches to treatment of these conditions.” This report was based on his own experience.

Tashmukhamedova Malika, a doctor of the Tashkent City Children’s Medical Advisory Center, spoke on the case of a patient suffering from cystic fibrosis and the correct dosing of enzyme preparations in this disease.

An active discussion was held after all the reports, during which there was an exchange of views and the participants asked questions. The topics of interest was also selected for the next meeting of the Society of Pediatrics Gastroenterologists and Dieticians of Uzbekistan.



## The 21<sup>st</sup> Norwegian National Liver Meeting



### Hans Lannerstedt, MD

Gastroenterologist  
Oslo University Hospital  
Oslo, Norway



### Øystein Rose, MD

Gastroenterologist  
Vestre Viken Bærum Hospital  
Drammen, Norway



### Mette N. Vesterhus, MD, PhD

Gastroenterologist  
Haukeland University Hospital  
Bergen, Norway

The meeting took place at Oslo Congress Center on 15 March 2016. Organized by the Norwegian Gastroenterological Association, the meeting attracted doctors and some nurses from all over Norway, as well as guests from St. Paul's Hospital in Addis Ababa, Ethiopia and invited speaker, Professor Roger Chapman from the UK. The main focus of the meeting was liver immunology, but the program also included updated guidelines of the management of chronic liver disease and information about ongoing research projects. The venue was sponsored by the pharmaceutical industry. This summary does not include all speakers.

### Immunotolerance and Autoimmunity

*Trine Folseraas (Norwegian PSC Research center (NoPSC), Oslo University Hospital (OUS))*

The liver is continuously exposed to various antigens. While basically an immunotolerant organ, the liver's immunoreactivity is crucial for the elimination of harmful antigens. An imbalance between these two properties leads to autoimmune liver disease, partly dependent on genetic predisposition. Intestinal inflammation is associated with primary sclerosing cholangitis (PSC) (80% IBD), autoimmune hepatitis (AIH) (15% IBD), and primary biliary cholangitis (PBC)



Professor Chapman, University of Oxford

(6% celiac disease), indicating that intestinal inflammation is involved in the pathogenesis. Since autoimmunity of the liver shares many features with other autoimmune diseases, it is a paradox that PBC and PSC do not respond to steroids.

### The Effect of Microbiota on Liver and Bile Duct Disorders

*Johannes Hov (NoPSC, OUS)*

In a recent publication, J. Hov et al demonstrated reduction of bacterial diversity and a higher occurrence of Veillonellaceae Veillonella in patients with PSC as compared to healthy controls and patients with inflammatory bowel disease (IBD) without PSC. The theory that pathological alterations of the gut flora plays a part in the pathogenesis in liver disease, possibly due to intestinal leakage or an impact on the homeostasis of bile acids, is strengthened by the findings of an altered composition of intestinal microbes in patients with nonalcoholic steatohepatitis (NASH). The gut microbiota may in the future yield diagnostic, and prognostic tools, and manipulating the microbiota may provide a means of therapy.

### IgG4 Related Disease (IgG4-RD)

*Roger Chapman (University of Oxford)*

IgG4-RD is comprised of a collection of disorders affecting various organs, including the pancreas and bile ducts. Elevated levels of IgG4 antibodies and histological findings of plasma cells with a positive stain of IgG4 are common features. Radiological findings can mimic other disorders, e.g. adenocarcinoma of the pancreas or the bile ducts, and PSC with elevated levels of IgG4 is a differential diagnosis, complicating diagnostics. The diagnostic HISORT criteria are based on histological findings, imaging of the pancreas, elevated levels of s-IgG4, involvement of other organs, and response to steroid therapy. Professor Chapman recommends measurement of S-IgG4 in all patients with PSC or other disorders of the pancreas and bile ducts.

### Acute Kidney Injury (AKI)

*Zbigniew Konopski (OUS)*

AKI can be reversible, but it is important to recognize in the setting of decompensated liver disease and portal hypertension since each episode of AKI is associated with increased mortality and deterioration of kidney function. An algorithm for early detection and management of AKI focusing on alterations in kidney function was presented. Levels of creatinine may overestimate kidney function in the setting of cirrhosis, thus this algorithm focuses on dynamic alteration of creatinine rather than absolute threshold levels. AKI stage 1 (AKI1) is characterized by an increase in creatinine of >50% from baseline or an increase of 26.5 µmol/L within 48 hours, AKI2 by a 2-3 fold increase in creatinine from baseline, and AKI3 a 3-fold increase from baseline or a serum creatinine level of >356 µmol/L. Progression of AKI from one stage to another should lead to prompt intervention with rehydration, withdrawal of diuretics

and nephrotoxic substances, and the administration of albumin. Hepatorenal syndrome is defined as AKI2-3 and absence of treatment response or structural kidney damage and should lead to treatment with terlipressin

### Baveno VI Consensus Guidelines

*Bjørn Hofstad (OUS)*

The Baveno guidelines deal with the management of complications of portal hypertension. The use of endoscopy, transient elastography, and measurement of hepatic venous pressure gradient are important tools to stratify risk and indicate relevant preventive measures. Bleeding from esophageal or gastric varices should lead to administration of antibiotics, terlipressin, and erythromycin in order to empty the stomach. Gastroscopy should be performed within 12 hours with band ligation of esophageal varices and tissue adhesive of gastric varices. Bleeding stent and transjugular intrahepatic portosystemic shunt (TIPS) should be considered in many cases. Blood transfusion should only be given if necessary to secure hemodynamic stability (i.e. up to 7.5 g/dl of hemoglobin in the absence of ischemic heart disease). Prevention/treatment of hepatic encephalopathy should be considered. β-blockers should be administered carefully to patients with hypotension and not to patients with severe thrombocytopenia, severe decompensation, and refractory ascites.

### European Association for the Study of the Liver (EASL) Guidelines for the Management of AIH

*Eyvind Paulssen (University of Tromsø, University Hospital of Northern Norway)*

Professor Paulssen gave a comprehensive summary of the EASL Guidelines. A key point was that withdrawal of treatment should not be attempted before 2-3 years and

always preceded by liver biopsy since inflammatory activity may be present despite normalized biochemical liver tests. Continuous follow-up with liver tests after withdrawal is crucial.

### Presentation of Ongoing Projects

*Asgeir Johannessen (Vestre Viken Hospital)* leads a project in collaboration with St. Paul's Hospital Medical Millennium College in Addis Ababa, Ethiopia. The project aims to develop and implement a strategy for treatment and surveillance of patients with Hepatitis B in Ethiopia, also evaluating other factors potentially influencing the high prevalence of liver disease in the country such as pesticides, aflatoxin, and the use of Khat.

*Håvard Midgard (Akershus University Hospital)* is writing his PhD dissertation on the treatment of Hepatitis C among active intravenous drug users. The prevalence and mortality of advanced liver disease increase in this group as they get older. Treatment with new direct acting antivirals in this group seems to give sustained virological response in line with results in other populations. Adherence seems to exceed expectations. Treatment of intravenous drug users may have a great impact on future incidence of hepatitis C, but the biggest challenge is to organize treatment in this group.

**The next Norwegian National Liver Meeting is expected to take place in Oslo week 11, 2017.**





## 5<sup>th</sup> Sudanese Society of Gastroenterology (SSG) International Conference



### Bushra Ibnauf, MD, MS, ABIM

Assistant Professor, Faculty of Medicine, University of Khartoum  
Consultant Gastroenterologist, Soba University Hospital  
Khartoum, Sudan

The Sudanese Society of Gastroenterology held its annual International Conference in Khartoum from January 27<sup>th</sup> to January 31<sup>st</sup> 2016. The Academic Program was held at the Corinthia Hotel and was divided into the Post Graduate Course and the Scientific Program. Many local and

regional speakers contributed to the rich program. International speakers participated from Sweden, United Kingdom, India, Saudi Arabia, and South Africa.

The Post Graduate Course was aimed at junior physicians and surgeons as well as endoscopy trainees.



Dr. Vipulroy Rathod, Invasive Gastroenterologist, Mumbai, India.

### HIGHLIGHTS OF THE POSTGRADUATE COURSE:

#### Approach to Dyspeptic Patient: Management Update

The definition and epidemiology of Dyspepsia were reviewed. The UK's National Institute for Health and Care Excellence (NICE) guidelines published in 2015 were summarized as follows:

- Attempt to establish a specific diagnosis
- Address life style and risk factors
- Red flag symptoms, urgent endoscopy +/- Biopsy
- Simple Dyspepsia, test and treat versus empirical treatment
- Endoscopy if still symptomatic

#### Dysphagia: It's Not Always Malignant

The treatment options of benign esophageal strictures and current treatment of benign dysphagia in Sudan were highlighted. Comprehensive data about the etiology of benign dysphagia in Sudan was presented according to endoscopy units records in Shaab, Soba, and Ibn Sina hospitals.

- Benign conditions are second to cancer in the etiology of dysphagia in Sudan.
- Endoscopic dilatation is the main treatment for benign strictures, with results comparable to the international standards.
- In Sudan, it is time to introduce less invasive procedures that are equally effective alternatives to open myotomy in the management of achalasia.



Left to right: Professor Ibrahim Mustafa, Gastroenterologist, Cairo, Egypt; Dr. Amira Abbas, Gastroenterologist, Ribat University, Sudan; Dr. ElSaggad ElTayeb, GI Surgeon, ElNielein University, Sudan.

### Upper Gastrointestinal Cancer

Local data from a series of 100 patients treated for esophageal cancer in Khartoum was presented. For the second part, equally important data about etiology and management of gastric cancer in a similar series treated in Khartoum Teaching Hospital was presented.

### Celiac Disease the Tip of the Iceberg, General Overview

The speaker detailed the nature of gluten and its role in causing the disease. Many aspects of the diagnosis (including serology, endoscopy, and imaging) were discussed. The bulk of this talk was about treatment and detailing nutritional restrictions. Data from Saudi Arabia was presented.

### Inflammatory Bowel Disease (IBD): Outlines of Diagnosis & Management

An interesting case of ulcerative colitis was presented, including both an initial assessment and, in more detail, the role of endoscopy in establishing the diagnosis. Next UK epidemiology of the disease was discussed and finally management options were outlined.

### Diagnosis and Management of Irritable Bowel Syndrome (IBS)

The talk reviewed the Rome Criteria used to define IBS. The heart of the talk was to stress the importance of careful history taking and examination to rule out organic causes of symptoms like GI malignancy, IBD,



Left to Right: Professor Osman Khalaf-flah, Gastroenterologist, Gezira University, Sudan; Dr. Soliman S. Fedail, Gastroenterologist and WGO, Sudan; Dr. Atta Banaga, Gastroenterology Trainee, GI Fellowship Program, Sudan.

and celiac disease, among others. Treatment modalities (including food restriction and pharmacologic options) were outlined in detail.

### Anorectal Conditions

The speaker started the talk by describing the anatomy and blood supply of the anorectal region. Next, three main anorectal conditions were discussed in detail: anal fissure, hemorrhoids, and anal fistula. Useful tips on history taking, examination, and excluding other differential diagnosis (like IBD, malignancy, and others) were outlined. Finally, treatment options (including surgery, medications, and conservative options) were explained.

### Thrombosis or Bleeding in Cirrhosis: Two-sided Blade

Patients with advanced acute and chronic liver diseases should not have prophylactic transfusions for prolonged INR or aPTT; if they are stable and will not undergo interventions with bleeding risk. They must be screened for thrombosis, and prophylaxis or treatment with low-molecular-weight heparin (LMWH) should not be withheld in appropriate indications.

### Focal Liver Lesions

The lecture outlined the approach to focal liver lesions. It stressed the fact that this is becoming an increasingly recognized problem due to the

widespread use of cross sectional imaging worldwide. The differential diagnosis of focal liver lesions and use of imaging techniques was explained.

## THE SCIENTIFIC PROGRAM

### HIGHLIGHTS FROM THE HEPATOLOGY SESSION

#### Autoimmune Hepatitis (AIH)

AIH is a progressive liver disease characterized by hypergammaglobulinemia, +ve autoantibodies, and response to steroids.

#### Hepatitis B Management: An Overview

This was a comprehensive lecture that explained hepatitis B epidemiology globally as well as locally. Several local studies were explained. Patient evaluation and management was explained. Local challenges of awareness, screening, and availability of drugs were all addressed.

#### Management of HBV Infection in Pregnancy

In mothers with decompensated disease or acute flares, Tenofovir is the drug of choice and should be continued throughout pregnancy. Lamivudine and Telbivudine are alternatives for short-term therapy.

Prevention of perinatal transmission and universal immunization coverage should be the goal, as prevention is better than cure.

Anti-viral prophylaxis with Tenofovir being first line or during third trimester if indicated in patients with HBV high viral load, to give adequate time for lowering of viral load at the time of delivery.

Postpartum monitoring of mother till at least 12 weeks should be done for early management of acute flares and decompensation.

Infant should be tested at 9 – 15 months of age to document immunity development or immunoprophylaxis failure.



Left to Right: Dr. Mark Donnelly, Gastroenterologist, Sheffield, UK; Dr. Soliman Hussein, GI Surgeon, Soba University Hospital, Sudan; Dr. ElMuhtady Said, Gastroenterologist, Sheffield, UK.



Left to Right: Dr. AbdelMoniem Abdo, Secretary of the Sudanese Society of Gastroenterology; Mrs. Karen Smith, Senior Nurse Endoscopist, Sheffield, UK; Dr. ElMuhtady Said, Gastroenterologist, Sheffield, UK.

## HIGHLIGHTS FROM THE LIVER TRANSPLANTATION SESSION

### **Acute Liver Failure (ALF): Presentation & Diagnosis**

ALF was defined. International criteria (King's College) and their value in daily clinical practice were explained.

### **Intensive Care Management of Patients with ALF**

Early identification of complications is mandatory in the management of ALF patients under intensive care. Liver transplantation should be considered in selected cases. Hepatology-dedicated ICUs are recommended, since thorough understanding of pathophysiology and therapeutic peculiarities increases survival rates. Best results are found as a result of a real team work. Fortunately, some patients present spontaneous recovery during the course of the disease.



## Report about Gastroenterology and Endoscopy Nurses Workshop



### Zeinab Mustafa, RN

Head Nurse, Endoscopy Unit, Ibn Sina Hospital, WGO Khartoum Training Center  
President, Sudanese Association of Gastroenterology and Endoscopy Nurses (SAGEN)  
Khartoum, Sudan

### Introduction

The Gastroenterology and Endoscopy Nurses Workshop was held 29-30 January 2016 in Khartoum, Sudan in coordination with the 5th SSG International Conference. The workshop was a continuing education activity for nurses which was approved and supported by the Sudanese Society of Gastroenterology (SSG) and the Sudan and London Association Medical Aid Trust (SLAMAT).

The target group for this educational activity was nurses who work in endoscopy units and gastroenterology (GI) wards in all Sudanese states, as well as those in neighboring countries. In attendance were 75 participants, including nurses from various Sudanese states and six nurses from the UK.

The aims of this workshop were to:

- Improve the nursing performance in the endoscopy unit that lead to safety of endoscopy equipment, patients, and staff.
- Optimize the professional status of gastroenterology endoscopy nursing.
- Support national nursing societies and official bodies within international societies.
- Create a lovely collaboration and good relations between nurses in and out the region.

The Sudanese Association of Gastroenterology and Endoscopy Nurses (SAGEN) did their best to prepare for this workshop.

### Day One

The first day of the workshop started at 09:00. The President of SAGEN, Sister Zeinab Mustafa, welcomed the guests and spoke about the importance of the workshop.

The scientific papers presented included the following topics:

1. "Colonic Polyps Assessment for Nurses" by Sister Karin Smith, Nurse Endoscopist (UK)
2. "Inflammatory bowel disease (IBD) and the Role of Nurses" by Sister Samantha Mitchell, Gastroenterology Nurse (UK)
3. "Prevention of Infection in Patients with PEG Tubes" by Sister Debora West, Endoscopy Nurse (UK)
4. "Assessment of the Awareness of Barbers Regarding the Transmission of Blood Borne Diseases in Khartoum State" by Sister Nagla H. Eltayeb, Endoscopy Nurse, Soba University Hospital (Khartoum, Sudan)
5. Hands-on training and exhibition by endoscopy company delegates

### Day Two

Topics presented on the second day of the workshop included:

1. "Parenteral Nutrition - Nurses Role" by Sister Fatima Idrees, Endoscopy Nurse Lecturer, Nile Valley University (Khartoum, Sudan)
2. "Endoscopic Therapy with Histocryl - Nurses Role" by Sister Sohair MohiEldin, Senior Endoscopy Nurse, Ibn Sina Hospital (Khartoum, Sudan)
3. "Infection Control Program in Endoscopy: Standard Precaution" by Sisters Joanne Fowles and Fiona James, Senior Endoscopy Nurses (UK)
4. "Dysphagia Etiology" by Sister Zeinab Mustafa, Head Nurse, Endoscopy Unit, Ibn Sina Hospital and President of SAGEN (Khartoum, Sudan)
5. "Glypressin Administration and the Role of Nurses" by Hussam Galal, First Technical Nurse and Pharmacology Student
6. Hands-on training and exhibition by endoscopy company delegates

### Conclusion

Participants were asked to evaluate the workshop. Overall, all participants rated the organization of the workshop as "excellent" or "good." Nearly all participants (92.8%) rated the presentations as "excellent." Services, hands-on training, exhibition, and the social program all also received high marks. With regards to recommendations, most participants commented on the short of duration of the workshop, saying they would like for it to be more than two days.



# 35<sup>th</sup> Annual General Meeting cum Scientific Meeting of The Hong Kong Society of Gastroenterology



**Justin C.Y. Wu, MBChB, MD, FRCP (Lond, Edin), FHKAM, FHKCP, AGAF**

President, The Hong Kong Society of Gastroenterology  
Wanchai, Hong Kong

The Hong Kong Society of Gastroenterology’s annual scientific meeting was successfully held 31 March 2016 at Cordis, Hong Kong at Langham Place, Kowloon. The meeting was attended by 133 healthcare professionals. Dr. Wai-Fan Luk served as Organizing Chairperson for the conference.

During the meeting, the honorary fellowship of our Society was bestowed upon distinguished guest, Professor Suk-Kyun Yang, Chief of the Department of Gastroenterology at the Asan Medical Center in Seoul, South Korea.

He is among the 19 honorary fellows of our Society who are renowned scholars in the specialty.

Professor Yang delivered an enlightening lecture on “Inflammatory Bowel Disease (IBD) in Korea” and joined a panel discussion with Professor Wai-Keung Leung and Dr. Hester Y.S. Cheung on a case with “IBD” presented by Dr. Patrick K.F. Tsang. Delegates participated actively throughout the discussion.

The annual general meeting then followed, which was attended by 42



Prof. Suk-Kyun Yang.



From left to right: Dr. Wai-Cheung Lao presents Prof. Suk-Kyun Yang with an honorary fellowship.

fellows and members. During the general meeting, the Society’s annual report and financial statements for the year of 2015 were presented. Seven fellows were then elected to the Council for the term of 2016-2018.

A Certificate of Appreciation was presented to each of the nine industry sponsors in appreciation of their support and contributions towards the meeting.

Most meeting participants stayed for the dinner and continued exchanging their views.



From left to right: Prof. Suk-Kyun Yang, Dr. Hester Y.S. Cheung, & Prof. Wai-Keung Leung.



Dr. Patrick K.F. Tsang.

## Celiac Disease



### CAROLINA CIACCI, MD

University of Salerno  
Salerno, Italy



### PETER GREEN, MD

Columbia University  
New York, New York, USA



### JULIO C. BAI, MD

Del Salvador University  
Buenos Aires, Argentina



A Resource Sensitive Solution

### EPIDEMIOLOGY

CD is common, with a world prevalence of about 1%, varying from 0.14%-5.7%. The observed increased number of new cases in the last decades is due to better diagnostic tools and thorough screening of individuals considered to be at high-risk for the disorder. However, the ratio of diagnosed to undiagnosed cases of CD varies from country to country, suggesting that most cases of CD are still undetected. Globally, there is the need to increase the knowledge of disease, especially among primary care doctors.

### ROLE OF GENETICS

The MHC-HLA locus is the most important genetic factor in the development of CD. The disorder is associated with human leukocyte antigen (HLA)-DQA1 and HLA-DQB1 genes, and the alleles HLA DQ2 (95%) and DQ8 (the rest) are present in the vast majority of CD patients. Recent data showed that also HLA class-I molecules are associated to the disorder.

### DEFINITIONS

**Celiac disease** (CD) is a chronic enteropathy produced in genetically predisposed subjects by the ingestion of gluten.

**Gluten** represents the protein mass that remains when wheat dough is washed to remove starch. Gliadins and glutenins are the major protein components of gluten and are present in wheat, rye, and barley.

**Non-celiac gluten sensitivity** is a condition in which people in whom

CD and wheat allergy has been excluded present symptoms which improve with a gluten free diet (GFD).

**Wheat allergy** is an adverse immunologic reaction to wheat proteins, mostly IgE- but rarely also non-IgE mediated. It may present as an allergy affecting the skin, gastrointestinal or respiratory tract, a contact urticarial, but also as the so called exercise-induced anaphylaxis, or as asthma/rhinitis (baker's asthma).

In honor of World Digestive Health Day 2016: "Diet and the Gut," the World Gastroenterology Organisation will soon be publishing an update to the Celiac Disease Guideline and Cascade. Watch your inbox for this update!

In preview of the coming guideline update, Drs. Bai, Ciacci, and Green provide an overview of Celiac Disease. This article and many more topics focused on *Your Gut and Diet Health* can be found in the *WGO Handbook on Diet and the Gut* by visiting [www.worldgastroenterology.org/wgo-foundation/wdhd/wdhd-2016/tools--resources](http://www.worldgastroenterology.org/wgo-foundation/wdhd/wdhd-2016/tools--resources).

**Table 1**

<b>The celiac disease clinical presentation may be monosymptomatic or oligosymptomatic, or with low intensity. The following signs or symptoms may be present at any age.</b>
Gastrointestinal symptoms (diarrhea, abdominal distension and/or pain, chronic constipation in children, dyspepsia, early satiety, and loss of appetite)
Iron deficiency and anemia
Chronic fatigue and lack of energy
Chronic migraine
Dermatological manifestations (such as rash, psoriasis, and blisters)
Peripheral neuropathy – numbness and paresthesias
Unexplained chronic hypertransaminasemia
Vitamin deficiency ( folic acid, vitamin D, vitamin B12)
Reduced bone density
Unexplained infertility
Delayed puberty, late menarche/early menopause
Unexplained miscarriage, premature birth, or small for gestational age infant
Incidentally recognized at endoscopy performed for GERD
Dental enamel defects
Depression and anxiety, moodiness and irritability
Celiac crisis (cholera-like syndrome)

**Cascade with resource-sensitive options for the diagnosis of celiac disease.**

<b>Resource level</b>	<b>Cascade of diagnostic options</b>
<b>Gold standard</b>	<p><b>Medical history and physical examination</b></p> <p><b>Celiac disease-specific antibodies assessment and intestinal biopsy</b></p> <ul style="list-style-type: none"> <li>• Anti-tTG IgA and anti-DGP IgG. Total IgA to exclude IgA deficiency.</li> </ul> <p><b>Intestinal (duodenal) biopsies are always recommended</b></p> <ul style="list-style-type: none"> <li>• In certain situations biopsies may be omitted after discussing the pros and cons with an expert physician with special knowledge in celiac disease.</li> </ul>
<b>Medium resources</b>	<p><b>Medical history and physical examination</b></p> <p><b>Antibody assessment as a single diagnostic tool</b> – when endoscopy is not possible or trained pathologists are not available; titer levels should be considered.</p> <p><b>Intestinal biopsies as a single tool*</b> – in settings in which pathology is (perhaps remotely) available but clinical laboratories cannot reach the required standards.</p>
<b>Low resources</b>	<p><b>Medical history and physical examination</b></p> <p><b>Antibody assessment as a single diagnostic tool</b></p> <ul style="list-style-type: none"> <li>• Start with testing anti-tTG IgA. If negative and still suspected for celiac disease, add total IgA or DGP-IgG, if available.</li> </ul>
Diagnosis only based on symptoms and/or response to the gluten-free diet is strongly discouraged.	

**SYMPTOMS**

CD may present at any time in life with an ample spectrum of symptoms and signs. (Table 1)

**Classical CD** presents with signs and symptoms of malabsorption, including diarrhea, steatorrhea, and weight loss or growth failure in children.

In the so called **non-classical** form of CD, patients may present with mild gastrointestinal symptoms without clear signs of malabsorption or with extra-intestinal manifestations. In this case the patient will suffer from abdominal distension and pain and a myriad of extraintestinal manifestations such as: iron-deficiency anemia, chronic fatigue, chronic migraine, peripheral neuropathy unexplained chronic hypertransaminasemia, reduced bone mass and bone fractures, and vitamin deficiency (folic acid and B<sub>12</sub>), late menarche/early menopause and unexplained infertility, dental enamel defects, depression and anxiety, dermatitis herpetiformis, etc. The family screening that follows a CD diagnosis has shown that CD may run asymptomatic, in asymptomatic CD patients, however, the GFD will also improve the quality of life and health.

**DIAGNOSIS**

The gold standard for CD diagnosis relies on the presence in serum of CD specific serology and the intestinal biopsy shows the presence of increased number of intra-epithelial lymphocytes (IELS) and various degrees of villous shortening.

The CD serology encompasses serological markers targeting the auto-antigen, such as antiendomysial (EMA) and anti-tissue transglutaminase (anti-tTG), and those targeting the offending agent, against synthetic deamidated gliadin peptides (anti-DGPs). All of these antibodies are based on immunoglobulin A (IgA) or immunoglobulin G (IgG). Specifi-

cally, IgG-based tests are useful for detecting CD in selected IgA-deficient patients. It is recommended to test also the level of the serum total IgA, as IgA deficiency is present in 2% of population. In case of selective IgA deficiency in a second blood samples, IgG-based tests should be performed (anti-DGP, anti-tTG or EMA) because negative IgA antibodies will not be diagnostic.

Patients having a low titer of antibodies, and having histologically normal mucosa, may be a false positive test. The recommendation is to repeat the serology after six months while on a gluten-containing diet. If serology remains to be positive, these patients may be called potential CD and they should be followed. Majority of potential CD patients later develop the disorder. The long-term follow up of such patients is not well known.

**The intestinal (duodenal) biopsy** has been considered as essential for diagnosing CD. CD predominantly affects the mucosa of the proximal small intestine, with damage gradually decreasing in severity towards the distal small intestine. Under light microscopy, the most characteristic histological findings in patients with CD who are taking a gluten-containing diet are:

- Increased density of intraepithelial lymphocyte (>25/100 epithelial cells)
- Crypt hyperplasia with a decreased villi/crypt ratio
- Blunted or atrophic villi
- Mononuclear cell infiltration in the lamina propria
- Epithelial changes, including structural abnormalities in epithelial cells

A modified Marsh classification for villous abnormalities is now widely used for assessing the severity of villous atrophy in clinical practice. It is highly recommended that the pathologists include report changes

in a structured format, including the abovementioned histological changes, intraepithelial lymphocytes count, and interpretation in terms of modified Marsh's classification. A negative histological diagnosis may justify a second biopsy in selected patients who have positive autoantibodies, such as high titre anti-tTG, anti-DGP, and/or endomysial antibodies. Patients with dermatitis herpetiformis having a positive serology may have normal histology.

Upper endoscopy, performed for other causes than biopsy procurement, may show scalloping and/or flattening of duodenal folds, fissuring over the folds, and a mosaic pattern of mucosa of folds. Four to six biopsy samples must be taken from the second part of the duodenum, and from the duodenal bulb, even if the mucosa appears normal. Biopsies must be taken when patients are on a gluten-containing diet (e.g. two slices of toast per day during four weeks).

The intestinal biopsy is always necessary if the antibodies are negative. However (and according to very new concepts for children), biopsies may be omitted in the presence of symptoms and signs of malabsorption, very high tTG-IgA titer (>10 time upper limit of normal), and positive EMA in a second blood sample. When the country resources are low, CD diagnosis can rely on the sole presence of positive serology or even of a histology demonstrating intestinal damage, followed both by the good clinical response to GFD. Presumptive GFD followed by dramatic clinical improvement has been considered an indirect diagnostic tool for CD. However, this strategy (sometimes useful in underprivileged countries) must be strongly discouraged as the GFD will by time decrease the specific antibody levels and restore the damaged mucosa, not allowing a proper CD diagnosis.

## IMPORTANCE OF GENETICS FOR DIAGNOSIS OF CD AND POPULATION AT RISK

First-degree and (to a lesser extent) second-degree relatives have an increased risk for CD. Because of the genetic predisposition, in HLA positive people the onset of the disease or symptoms, on a gluten-containing diet, may occur at any time in life. On the converse, a negative HLA test will exclude the possibility of CD. All first-degree relatives should be screened for celiac disease. Approximately 7% to 10% of first-degree relatives may develop CD; the risk varies considerably with their relationship with the index patient (the maximum risk in presence of the HLA haplotype DR3-DQ2, especially homozygotes, the minimum in presence of DR4-DQ8).<sup>1</sup>

Some other conditions (even if they may not be related pathogenically to CD) are considered at higher risk for CD. Therefore, there is the recommendation to test for CD the patients affected with type 1 diabetes mellitus, autoimmune thyroid disease, autoimmune liver disease, Down syndrome, Turner syndrome, Williams syndrome, and selective immunoglobulin A (IgA) deficiency.

## TREATMENT, THE GLUTEN-FREE DIET

Patients with CD should not eat products containing wheat for the rest of their lives. Patients should consult a dietitian who is knowledgeable about gluten-free diets, especially during the first year after diagnosis. The safe limit of gluten intake varies across patients and has been considered to be 10-100 mg/day, although a subsequent study indicated that the upper limit should be closer to more like 50 mg/day.

Celiac patients cannot eat the following cereals and flours: semolina, spelt, triticale, wheat germ, wheat starch, wheat bran, bulgur, couscous, durum flour, farro, gluten flour,



Kamut, Einkorn, Emmer Graham flour, rye, or barley (including malt, malt extract, malt flavoring, and malt syrup).

Gluten-free grains, flours, and starches that are allowed in a gluten-free diet include: amaranth, arrowroot, bean flours, buckwheat, corn, garbanzo beans, seeds, millet, Montina flour (Indian rice grass), nut flour, nut meals, oats (uncontaminated), potato flour, potato starch, quinoa, rice (all forms), sorghum flour, soy flour, tapioca, and teff flour.

A small subgroup of patients with CD may also be intolerant to pure oats. Oats must be pure and uncontaminated by gluten to be suitable for most CD patients.

The majority of industrially produced foods may contain gluten. Any dietary deficiencies, starting from the correct fiber content, but also iron, folic acid, calcium, and (very rarely) vitamin B12, should be corrected.

### DIFFERENTIAL DIAGNOSIS

In absence of a positive serology, the histological lesions suggestive of CD may suggest the presence of conditions other than CD.

The differential diagnosis includes infective diseases (tropical sprue, giardiasis, cholera, *H. pylori*, HIV), immunodeficiency states, drug-induced enteropathy (olmesartan, mycophenolate, chemotherapy), allergy (eosinophilic gastroenteritis, in children enteropathy caused by food allergy), radiation damage, graft-versus-host disease, chronic ischemia, Crohn's disease, and autoimmune enteropathy.

### EXTRINTESTINAL MANIFESTATIONS AND COMPLICATIONS

There are increased risks for unexplained infertility (12%), osteoporosis (30–40%), and bone fractures (35%) in classically symptomatic CD. Patients with (long-term untreated) CD have an elevated mortality risk due to an increased risk for malignancy. In particular, CD has been related to higher risk of malignant lymphomas, small-bowel adenocarcinoma, and oropharyngeal tumors. Likely, less than 1% of diagnosed patients may develop a severe complication called refractory CD, which is defined as persistence or recurrence of clinical symptoms and histopathological abnormalities despite excellent adherence to GFD for at least 12 months. Refractory CD must be considered, particularly in patients with CD diagnosed over the age of 50. This complication should be differentiated from the very common non-responsive CD, which often is the consequence of persistent gluten intake (intentional or non-intentional) (see below).

### MANAGEMENT OF CELIAC DISEASE

The vast majority of CD patients report an improvement in symptoms within few weeks after starting the GFD. Although most patients have a rapid clinical response to a GFD, the rate of response varies.

Patients who are extremely ill may require hospital admission, nutritional support, and, occasionally, steroids. With strict dietary adherence, the titer of CD-specific antibodies falls. The complete histological resolution, however, may take years and may not be achieved in every patient. There is evidence that the lack of histological resolution could be determined by persistent consumption of gluten.

Key issues when following up CD are:

- Serological tests cannot detect minimal gluten intakes (traces), so expert physicians and nutritionists should evaluate of the clinical situation and the GFD.
- Repeated duodenal biopsy to evaluate healing and for assessing adherence to a GFD is a controversial area among experts. However, intestinal biopsy should be considered as mandatory in patients persisting with symptoms despite evidence of strict GFD.
- Dietary lapses are the first cause of the lack of response to the treatment.
- In case of persistence of symptoms in patients with CD consider: overlapping irritable bowel syndrome (IBS) or inadvertent gluten ingestion (most common causes), but also a wrong CD diagnosis. Consider also other diseases, such as lactose intolerance, food allergies other than wheat, pancreatic insufficiency, microscopic colitis, bacterial overgrowth, IBS, ulcerative jejunitis, enteropathy-associated T-cell lymphoma, and refractory CD.
- During the first year after diagnosis of CD it is important to check symptoms and laboratory tests (best predictors: quantitative determination of anti-DGP IgA and anti-tTG IgA) and, if possible, to visit a nutritionist.
- In women, a DEXA bone mineral density scan serves as a baseline measure of bone mass.
- Facilitate the approach to support groups for CD patients.
- If necessary and/or requested, offer a psychological consultation.

## Calendar of Events

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

#### Gastro 2016 EGHS-WGO International Congress

**When:** 17-19 November 2016

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

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

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

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

#### Train the Trainers

**When:** 21-24 November 2016

**Location:** RAK, United Arab Emirates

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

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

#### World Congress of Gastroenterology (WCOG) at ACG 2017

**When:** 13-18 October 2017

**Location:** Orlando, Florida, USA

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

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

### JULY 2016

#### World Hepatitis Day Scientific Conference

**When:** 28 July 2016

**Location:** Hotel Africana, Kampala, Uganda

**Address:** Plot 2-4 Wampewo Avenue, Kampala, Uganda

**Organizer:** Uganda Gastroenterology Society

**Phone:** +256 772421190

### SEPTEMBER 2016

#### Semana Panamericana de las Enfermedades Digestivas (Pan American Digestive Disease Week)

**When:** 10-13 September 2016

**Location:** Convention Center of Cartagena de Indias

**Address:** Calle 24 #8A-344, Cartagena, Colombia

**Organizer:** Pan-American Gastroenterology Organization (OPGE)

**Phone:** +57 1 6168315

**Fax:** +57 1 6162376

**Website:** <http://gastrocartagena2016.com/>

#### 24th Annual Meeting of the Croatian Society of Gastroenterology with International Participation

**When:** 15-18 September 2016

**Location:** Bluesun Elaphusa Hotel  
**Address:** Put Zlatnog rata 46, 21420 Bol, Croatia

**Organizer:** Croatian Society of Gastroenterology

**Phone:** +385 21 306 200

**Website:** [www.hgd.hr](http://www.hgd.hr)

#### Annual Meeting SGG - SGVC SASL

**When:** 22-23 September 2016

**Location:** Congress Centre Kursaal Interlaken

**Address:** Strandbadstrasse 44 CH - 3800 Interlaken, Switzerland

**Organizers:** Swiss Society of Gastroenterology (SGG), the Swiss Society of Visceral Surgery (SGVC), the Swiss Association for the Study of the Liver (SASL) and the Swiss Society of Endoscopy Nurses and Associates (SSNA)

**Phone:** +41 31 332 41 10

**Fax:** +41 31 332 41 12

**Website:** [www.sgg-sgvc-congress.ch](http://www.sgg-sgvc-congress.ch)

#### The APASL Single Topic Conference on Non-Responders

**When:** 22-24 September 2016

**Location:** Hilton Bosphorus Hotel

**Address:** Cumhuriyet Cad. 34367 Harbiye, Istanbul, Turkey

**Organizers:** The Asian Pacific Association for the Study of the Liver (APASL), Turkish Association of Hepato - Bilio Pancreatology Association (HEBİPA)

**Website:** [www.apasl-turkey2016.org](http://www.apasl-turkey2016.org)

#### National Congress INA Asl, ISG, ISDE 2016

**When:** 22-25 September 2016

**Location:** Crowne Plaza Hotel, Semarang

**Address:** 118, Jl. Pemuda No.118, Semarang City, Central Java, Indonesia

**Organizer:** Indonesian Society of Gastroenterology

**Phone:** +62 024 8416801

**Fax:** +62 024 8446758

**E-mail:** [gastro\\_semarang@yahoo.com](mailto:gastro_semarang@yahoo.com)

**Website:** [www.konastgastrohepatology2016.com](http://www.konastgastrohepatology2016.com)

**16th Congress of Gastroenterology China**

**When:** 22-26 September 2016  
**Address:** Suzhou, Jiangsu, China  
**Organizer:** Chinese Society of Gastroenterology  
**Phone:** +86 010 55499007  
**E-mail:** [shiyaxuan369@126.com](mailto:shiyaxuan369@126.com)

**Congreso Argentino de Gastroenterología y Endoscopia Digestiva GASTRO 2016 (Argentine Congress of Gastroenterology and Digestive Endoscopy GASTRO 2016)**

**When:** 29 September - 1 October 2016  
**Location:** Hotel Hilton  
**Address:** Machaca Güemes 351, Ciudad Autónoma de Buenos Aires, Buenos Aires 1058, Argentina  
**Organizers:** Sociedad Argentina de Gastroenterología (SAGE) and Federación Argentina de Asociaciones de Endoscopía Digestiva (FAAED)  
**Phone:** +54 11 4891 0000  
**Website:** [www.gastro2016.com.ar](http://www.gastro2016.com.ar)

**2016 Taiwan Digestive Disease Week**

**When:** 30 September – 2 October 2016  
**Location:** National Taiwan University Hospital International Convention Center  
**Address:** Taipei, Taiwan  
**Organizer:** The Gastroenterological Society of Taiwan  
**Phone:** +886 2 23118178  
**Fax:** +886 2 23113297  
**E-mail:** [tddw@tddw.org](mailto:tddw@tddw.org)  
**Website:** <http://www.tddw.org>

**OCTOBER 2016****XXII Russian Gastroenterological Week**

**When:** 3-5 October 2016  
**Location:** RANEP  
**Address:** Prospect Vernadskogo, 82, Moscow, 119571, Russia  
**Organizer:** Russian Gastroenterological Association  
**E-mail:** [fin.fin@ru.net](mailto:fin.fin@ru.net)  
**Website:** [www.gastro.ru](http://www.gastro.ru)

**XXV Peruvian Congress of Digestive Diseases**

**When:** 5-8 October 2016  
**Location:** Swissôtel Lima  
**Address:** Av. Santo Toribio 173, Centro Empresarial Real, Via Principal 150, Lima LIMA 27, Peru  
**Organizer:** Sociedad de Gastroenterología del Perú  
**Phone:** +51 1 264 0015  
**Fax:** +51 1 264 1400  
**E-mail:** [secretaria@socgastro.org.pe](mailto:secretaria@socgastro.org.pe)  
**Website:** <http://www.socgastro.org.pe>

**Australian Gastroenterology Week**

**When:** 10-12 October 2016  
**Location:** Adelaide Convention Centre  
**Address:** North Terrace, Adelaide, South Australia 5000, Australia  
**Organizer:** Gastroenterological Society of Australia  
**Phone:** +61 3 9001 0279  
**E-mail:** [agw2016@gesa.org.au](mailto:agw2016@gesa.org.au)  
**Website:** <http://www.agw2016.org.au/>

**ACG 2016 Annual Scientific Meeting & Postgraduate Course**

**When:** 14-19 October 2016  
**Location:** The Venetian Hotel and Resort, Las Vegas, NV, USA  
**Organizer:** American College of Gastroenterology (ACG)  
**Phone:** +1 301 263 9000  
**E-mail:** [registration@gi.org](mailto:registration@gi.org)  
**Website:** <http://www.gi.org/>

**United European Gastroenterology Week (UEG Week) 2016**

**When:** 15-19 October 2016  
**Location:** Austria Centre Vienna  
**Address:** IAKW – AG, Internationales Amtssitz- und Konferenzzentrum Wien, AG, Bruno-Kreisky-Platz 1, A-1220 Wien, Austria  
**Organizer:** United European Gastroenterology (UEG)  
**E-mail:** [office@ueg.eu](mailto:office@ueg.eu)  
**Website:** <https://www.ueg.eu/week/>

**NOVEMBER 2016****Asian Pacific Digestive Week (APDW) 2016**

**When:** 2-5 November 2016  
**Location:** Kobe Convention Center, Kobe, Japan  
**Organizer:** Organization of JDDW  
**Website:** [www.apdw2016.org](http://www.apdw2016.org)

**JDDW 2016 - Japan Digestive Disease Week 2016**

**When:** 3-6 November 2016  
**Location:** Kobe Convention Center  
**Address:** 6-10-1, Minatojima Nakamachi, Chuo-ku, Kobe, Japan  
**Organizer:** Organization of JDDW  
**Website:** <http://www.jddw.jp/english/index.html>

**NZSG Annual Scientific Meeting**

**When:** 23-25 November 2016  
**Location:** Claudelands Event Centre  
**Address:** Cnr Brooklyn Road and Heaphy Terrace, Hamilton 3214, New Zealand  
**Organizer:** New Zealand Society of Gastroenterology (NZSG)  
**E-mail:** [Claire.bark@tangerineevents.co.nz](mailto:Claire.bark@tangerineevents.co.nz)  
**Website:** [www.gastro2016.co.nz](http://www.gastro2016.co.nz)

**ISG Winter Meeting**

**When:** 24-25 November 2016  
**Location:** FitzPatrick's Castle Hotel  
**Address:** Killiney, Co Dublin, Ireland  
**Organizer:** Irish Society of Gastroenterology (ISG)  
**Website:** <https://www.isge.ie/>

**Seoul International Digestive Disease Symposium (SIDDS) 2016****When:** 24-25 November 2016**Location:** Grand Hilton Seoul Hotel, Seoul, South Korea**Organizer:** Korean Society of Gastroenterology**Phone:** +82 2 2269 4381**Fax:** +82 2 2269 4380**E-mail:** [sidds@conventionpm.com](mailto:sidds@conventionpm.com)**Website:** [www.sidds.org](http://www.sidds.org)**36th Panhellenic Congress of Gastroenterology****When:** 24-27 November 2016**Location:** Divani Caravel Hotel**Address:** Athens, Attiki 16121, Greece**Organizer:** Hellenic Society of Gastroenterology**Phone:** +30 2106727531**Fax:** +30 2106727535**E-mail:** [hsg@hol.gr](mailto:hsg@hol.gr)**Website:** [www.hsg.gr](http://www.hsg.gr)**DECEMBER 2016****9th Hepatology and Gastroenterology Post Graduate Course****When:** 8-9 December 2016**Location:** Cairo Conrad Hotel**Address:** 1191 Nile Corniche, Cairo, Cairo Governorate 11221, Egypt**Organizer:** Prof. Ibrahim Mostafa**E-mail:** [ibrahimmostafa@egyptgastrohep.com](mailto:ibrahimmostafa@egyptgastrohep.com)**Website:** [www.egyptgastrohep.com](http://www.egyptgastrohep.com)**ISGCON 2016: 57th Annual Conference of Indian Society of Gastroenterology****When:** 15-18 December 2016**Location:** Hotel Pullman New Delhi**Address:** Aerocity Hospitality District, IGI Airport New Delhi, 110037 New Delhi, India**Organizers:** Indian Society of Gastroenterology (ISG) and Indian National Association for Study of the Liver (INASL)**E-mail:** [isgcon2016@gmail.com](mailto:isgcon2016@gmail.com)**Website:** <http://www.isgcon-2016.com/>**JANUARY 2017****Innovations in Gastroenterology****When:** 4-6 January 2017**Location:** Hilton Hotel**Address:** Ha-Yarkon St 205, Tel Aviv-Yafo, 6340506, Israel**Organizer:** Israel Gastroenterology Association**Website:** <http://www.comtecmec.com/gastro/2017/>**FEBRUARY 2017****24th Annual Convention and Scientific Seminar of Bangladesh Gastroenterology Society****When:** 10-12 February 2017**Location:** Bangabandhu International Conference Center (BICC)**Address:** Agargaon, Shere-E-Bangla Nagar, Dhaka-1207, Bangladesh**Organizer:** Bangladesh Gastroenterology Society**Phone:** +880 1819221115**Fax:** +880 255165070**Website:** <http://bgs-bd.org>**15th SGA Annual Meeting****When:** 11-12 February 2017**Location:** Jeddah Hilton**Address:** Corniche Road, Al-Shate'a, Jeddah 21362, Saudi Arabia**Organizer:** Saudi Gastroenterology Association (SGA)**Phone:** +966 5 644126 e+011**E-mail:** [sga@saudigastro.com](mailto:sga@saudigastro.com)**Website:** [www.saudigastro.net](http://www.saudigastro.net)**MARCH 2017****Canadian Digestive Diseases Week (CDDW) 2017****When:** 3-6 March 2017**Location:** Fairmont Banff Springs**Address:** 405 Spray Ave, Banff, AB T1L 1J4, Canada**Organizer:** Canadian Association of Gastroenterology**Phone:** +1 888 780 0007**Fax:** +1 905 829 0242**E-mail:** [cagoffice@cag-acg.org](mailto:cagoffice@cag-acg.org)**Website:** <https://www.cag-acg.org/cddw/overview>**XX AEG Annual Meeting****When:** 8-10 March 2017**Address:** Madrid 28020, Spain**Organizer:** Asociación Española de Gastroenterología (AEG)**Phone:** +34 91 555 11 19**Fax:** +34 91 555 35 81**E-mail:** [aeg@viajesoasis.com](mailto:aeg@viajesoasis.com)**Website:** [www.aegastro.com](http://www.aegastro.com)

**MAY 2017****6th Congress of Gastroenterologists and Hepatologists in Bosnia and Herzegovina****When:** 17-20 May 2017**Address:** Sarajevo, Bosnia and Herzegovina**Organizer:** Association of Gastroenterologists and Hepatologists of Bosnia and Herzegovina**Phone:** +387 33 655 346**E-mail:** [gastrobh@promotours.ba](mailto:gastrobh@promotours.ba)**Website:** [gastrobh.ba](http://gastrobh.ba)**JUNE 2017****50th ÖGGH Annual Meeting & 28th Postgraduate Course****When:** 8-10 June 2017**Location:** Linz, Design Center**Address:** Europaplatz 1, 4020 Linz, Austria**Organizer:** Austrian Society of Gastroenterology & Hepatology (ÖGGH)**Website:** [www.oeggh.at](http://www.oeggh.at)**AUGUST 2017****ASSA SAGES Congress 2017****When:** 5-8 August 2017**Location:** Boardwalk Convention Centre**Address:** Port Elizabeth, South Africa**Organizers:** South African Gastroenterology Society (SAGES) and the Association of Surgeons of South Africa**Phone:** +27 (0)41 374 5654**E-mail:** [assasages@easternsun.co.za](mailto:assasages@easternsun.co.za)**Website:** <http://www.assasages.co.za/>**SEPTEMBER 2017****Congreso Argentino de Gastroenterología y Endoscopia Digestiva (Argentine Congress of Gastroenterology and Digestive Endoscopy)****When:** 7-9 September 2017**Location:** City Center Rosario, Centro de Convenciones**Address:** Bv. Oroño y Avda. Circunvalación, Rosario, Santa Fe 3000, Argentina**Organizers:** Federación Argentina de Gastroenterología (FAGE), Sociedad Argentina de Gastroenterología (SAGE), and Federación Argentina de Asociaciones de Endoscopia Digestiva (FAAED)**Phone:** +54 351 4290468**Fax:** +54 351 4290468**E-mail:** [info@fage.org.ar](mailto:info@fage.org.ar)**Website:** [www.fage.org.ar](http://www.fage.org.ar)**OCTOBER 2017****JDDW 2017 - Japan Digestive Disease Week 2017****When:** 12-15 October 2017**Location:** Fukuoka, Japan**Organizer:** Organization of JDDW**Website:** <http://www.jddw.jp/english/index.html>**NOVEMBER 2018****JDDW 2018 - Japan Digestive Disease Week 2018****When:** 1-4 November 2018**Location:** Kobe, Japan**Organizer:** Organization of JDDW**Website:** <http://www.jddw.jp/english/index.html>**WGO MEMBER SOCIETIES  
SUBMIT YOUR EVENT**

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**Congreso de las Asociaciones Colombianas del Aparato Digestivo (Colombian Congress of Digestive Diseases)****When:** 2-5 November 2017**Location:** Ágora Bogotá Centro de Convenciones**Address:** Carrera 37 No. 24-67, Bogotá, Colombia**Organizer:** Asociación Colombiana De Gastroenterología**Phone:** +57 6168315**Fax:** +57 6162376**NOVEMBER 2019****JDDW 2019 - Japan Digestive Disease Week 2019****When:** 21-24 November 2019**Location:** Kobe, Japan**Organizer:** Organization of JDDW**Website:** <http://www.jddw.jp/english/index.html>

