

# e-WGN

## WORLD GASTROENTEROLOGY NEWS

Official e-newsletter of the World Gastroenterology Organisation

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#### “Lobos” Intensive Hepatology Course for Young Physicians in Argentina

Federico Villamil, MD



#### Annual Scientific Meeting of the New Zealand Society of Gastroenterology (NZSG)

Dr. Campbell White, MBChB, FRACP

## Pelvic Floor Dysfunction and Refractory Constipation



#### Noemi Baffy, MD, MPH

Division of Gastroenterology and Hepatology, Mayo Clinic  
Scottsdale, AZ USA



#### Lucinda A. Harris, MD

Division of Gastroenterology and Hepatology, Mayo Clinic  
Scottsdale, AZ USA



#### Amy E. Foxx-Orenstein, DO

Division of Gastroenterology and Hepatology, Mayo Clinic  
Scottsdale, AZ USA

### Introduction

Constipation is one of the most common gastrointestinal complaints with one-third of the general population reporting it during their lifetime.<sup>(1,2)</sup> Patients use a broad range of symptoms to describe constipation, including being irregular, having hard stools, a feeling of incomplete evacuation, bloating, distention, prolonged time needed to evacuate or time between movements, as well as a need to strain or apply manual pressure. Physicians often equate constipation with infrequent bowel movements or a functional disorder, yet, less than 3% of the general population report fewer than a normal (<3times per week) number of evacuations<sup>(1,2)</sup> and testing is often needed to exclude other causes of constipation. Constipation is defined as a symptom-based disorder characterized by unsatisfactory defecation.<sup>(3)</sup> The three primary causes of constipation, which are distinguished according to their pathophysiological characteristics, include slow transit constipation (colonoparesis), defecatory disorders (pelvic floor dysfunction, outlet obstruction), and normal transit constipation (functional).

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## Editors

**Christina M. Surawicz, MD, MACG**

Professor of Medicine  
Division of Gastroenterology  
Associate Dean for Faculty Development  
University of Washington School of Medicine  
Seattle, Washington, USA

**Mário Reis Álvares-da-Silva, MD, PhD**

Professor of Hepatology  
Hospital de Clínicas de Porto Alegre  
Universidade Federal do Rio Grande do Sul  
Porto Alegre, Brazil

## e-WGN Editorial Board

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**Art Production**

Jennifer Gubbin

**Editorial Office**

WGO Executive Secretariat  
555 East Wells Street, Suite 1100  
Milwaukee, WI 53202 USA  
info@worldgastroenterology.org



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Defecation occurs through a neurologically mediated series of coordinated muscle movements of the pelvic floor muscles and anal sphincters. Failed relaxation or paradoxical contraction of the puborectalis muscle and external anal sphincter to expel the stool completely leads to impaired rectal evacuation and is termed pelvic floor dyssynergy (PFD). Contributing factors include high anal resting pressures, incomplete relaxation of the pelvic floor and external anal sphincters. Patients often have concomitant slow colonic transit that may improve once the PFD is treated.<sup>(2)</sup>

### Etiology

The etiology of dyssynergic defecation is unclear. A prospective survey identified the problem beginning in childhood in 31% of patients, and after a particular event like pelvic floor trauma, back injury or pregnancy in 29% of patients, with no cause in 40% of patients.<sup>(4)</sup> This study also noted that 43% of the patients reported frequent passage of hard stools, leading one to believe that straining to expel hard stools may over time lead to dyssynergia. A classic study demonstrated that dyssynergic defecation is a result of the inability to coordinate the abdominal, rectoanal and pelvic floor muscles to facilitate defecation. The failure of rectoanal muscle coordination leads to inadequate propulsive forces, paradoxical contraction of the anal sphincter muscles or inadequate anal relaxation to allow the passage of stool. Approximately half of patients with PFD have also been shown to have impaired rectal sensation which presumably diminishes the urge to defecate.<sup>(5)</sup>

## Chronic constipation is associated with impaired quality of life, increased health-care costs and with excess work absenteeism

### Evaluation

Assessment should always start with a comprehensive history focusing on relevant clinical features, including a review of medications. A digital rectal examination and perianal inspection are essential for identifying mass lesions, anal strictures, fissures, and to assess the mechanics of defecation.<sup>(6,7)</sup> Presence of stool in the rectum is also important to note and a lack of awareness may suggest rectal hyposensitivity. During a digital exam, asking patients to “squeeze” will provide information about the anal sphincter muscle tone while “pushing” should elicit relaxation of the external anal sphincter and lead to perineal descent. With the aid of these two maneuvers, dyssynergia can be identified with 75% sensitivity and 87% specificity. Certainly, colon cancer screening is recommended for all patients 50 years or older as well as those with alarm symptoms.<sup>(2)</sup>

Current available tests to assess pelvic floor function include anorectal manometry (ARM) with or without balloon expulsion, standard defecography, and dynamic magnetic resonance (MR) defecography.

Four types of dyssynergic pattern have been identified based on manometric findings:<sup>(8)</sup>

- Type I: Abdominal pushing force is adequate, but is associated with a paradoxical increase in anal sphincter pressure.

- Type II: Inadequate abdominal pushing force, and a paradoxical anal sphincter contraction.
- Type III: Abdominal pushing force is adequate but, either there is absent or incomplete anal sphincter relaxation.
- Type IV: Inadequate abdominal pushing and absent or incomplete anal sphincter relaxation.

Several studies have found that these patterns were also observed in nearly 90% of asymptomatic controls which is attributed to a non-physiologic position during the test (left lateral position) with an empty rectum.<sup>(9)</sup> The addition of balloon expulsion adds specificity (80-90%) making it a useful screening test for dyssynergic defecation.<sup>(10)</sup>

Conventional defecography which uses barium paste placed into the rectum provides useful information regarding the presence of anatomic abnormalities that may influence rectal evacuation.<sup>(11)</sup> However, due to methodological differences and poor inter-observer agreement its role is limited. MR defecography can evaluate the anatomy of the pelvic floor and rectal evacuation in dynamic motion. It can provide information about the integrity of the anal sphincters, pelvic floor muscles and the soft tissue surrounding the rectum all without exposure to radiation. There is no single best test and more than one is usually required for accurate diagnosis.

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## Treatment

Chronic constipation is associated with impaired quality of life, increased health-care costs and with excess work absenteeism and about half of those who are seen by physicians are not satisfied with their response to therapy, leading to refractory constipation.<sup>(12)</sup>

**Bowel training** can lead to improvement in symptoms so it should be tried as a first-line treatment. It includes keeping a detailed diet log, a diary of stool frequency and consistency along with associated symptoms such as straining, the need for manual or positional maneuvers to facilitate defecation is important to emphasize.<sup>(13)</sup> The day should begin with mild physical activity, consumption of a hot and preferably caffeinated beverage and a breakfast that includes a form of soluble fiber to induce high-amplitude peristaltic contractions within an hour of waking, taking advantage of several known factors that stimulate defecation.<sup>(2)</sup>

**Biofeedback** using pelvic floor rehabilitation is the most effective treatment for PFD. Patients receive education about the process of defecation, how to coordinate abdominal pressure with pelvic floor muscle relaxation during evacuation, and practice simulated defecation with a balloon.<sup>(14)</sup> During anorectal biofeedback, patients are trained to use breathing techniques with relaxation of the pelvic floor muscles to produce a propulsive force that facilitates effective evacuation. Biofeedback has been shown to be superior to laxatives, with a durable effect when used in patients with PFD.<sup>(15)</sup> Concomitant slow transit constipation frequently requires simultaneous treatment and can improve once the PFD has been rehabilitated.

Supplementation with **fiber** is a mainstay in the management of chronic constipation and has been shown to be beneficial for mild to moderate constipation.<sup>(16)</sup> It facilitates

bowel function by increasing the water absorption capacity of stool increasing stool bulk and facilitating its passage resulting in increased stool frequency.<sup>(17)</sup> Adequate hydration while using fiber is important. Benefits may not be evident for days and those with PFD may actually note worsening in their symptoms and it may even lead to fecal impaction, thus initiation at low doses and with caution is recommended.<sup>(8)</sup>

**Laxatives** have a common purpose of stimulating defecation or softening the consistency of stool in order to facilitate evacuation and newer agents have been developed to facilitate treatment of refractory cases. None of the laxatives nor the newer agents have been evaluated in patients with PFD.<sup>(10)</sup> **Lubiprostone** and **lineclotide** have both been shown to be effective at

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## Treatment may be as simple as lifestyle modifications or the addition of fiber but may require pharmacologic approach.

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increasing the number of spontaneous bowel movements, but neither has been specifically evaluated in patients with dyssynergic defecation. There is promising research investigating the use of bile salt inhibition and a synthetic form of ghrelin receptor analog.<sup>(2)</sup>

Use of **sacral nerve stimulation** for refractory cases has been described but with conflicting results. Benefit has been found primarily with normal or slow transit constipation.<sup>(18)</sup> It is unclear if any additional value would be gained in those with PFD.

**Surgery** for defecatory disorders should only be considered in those patients who have evidence of retained contrast during a defecography and failed conservative approaches and pelvic floor rehabilitation.<sup>(19)</sup> Colectomy with ileorectal anastomosis is the

most commonly performed surgery and care has to be taken to rule out pan-intestinal dysmotility and those with pelvic floor dysfunction will have limited success due to the underlying physiology not being corrected.

Finally, **botox**, a potent neurotoxin that inhibits presynaptic release of acetylcholine has been used to treat defecatory disorders by injection into the puborectalis muscle with mixed results.<sup>(20)</sup> A recent study used electromyography to guide botox placement with improvement in pelvic floor pain and quality of life measures, but did not evaluate its impact on defecation.<sup>(21)</sup> Targeted therapy may therefore be the key to finding an effect for those with pelvic floor dyssynergy, specifically for those with type I or type II manometric findings.

## Conclusions

Constipation is common in the general population and teasing out the underlying etiology is key in order to provide the appropriate therapeutic intervention. Treatment may be as simple as lifestyle modifications or the addition of fiber but may require a pharmacologic approach. Often multiple treatment modalities are necessary to improve outcomes. Biofeedback remains the mainstay of therapy for those with pelvic floor dyssynergy and it has shown to have durable effect. Refractory cases may need repeated evaluation with consideration for surgery or botox injection.

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## Message from the Editors

**Christina M. Surawicz, MD, MACG**

Professor of Medicine, Division of Gastroenterology  
Associate Dean for Faculty Development  
University of Washington School of Medicine  
Seattle, Washington, USA

**Mário Reis Álvares-da-Silva, MD, PhD**

Professor of Hepatology  
Hospital de Clinicas de Porto Alegre  
Universidade Federal do Rio Grande do Sul  
Porto Alegre, Brazil

We have another excellent edition for you, thanks to our many wonderful contributors and outstanding editorial staff. Our keynote article is Pelvic Floor Dysfunction and Refractory Constipation by Drs. Noemi Baffy, Lucinda Harris and Amy Foxx-Orenstein. It has been increasingly recognized that pelvic floor dysfunction may be a cause of refractory constipation, and may be diagnosed by many methods, but starting with a good rectal examination. When this entity is diagnosed and treated, we have been told that these are among the most grateful patients in a practice. Please read the article as it will be useful for those practicing general gastroenterology.

Dr. Federico Villamil brings us a report on his unique educational initiative in liver diseases for young gastroenterologists he's promoting since 2004 in Argentina. We're sure you'll agree that this is a good idea to reproduce.

As we always have reports from meetings around the world; we are impressed with the breadth of education happening worldwide, and the camaraderie these meetings clearly show.

Of note, the meeting in New Zealand this year looks like the one that might have been the most unusual, if not the most fun. You will need to look up Bogan apocalypse (we did). In addition the meeting report from Chile includes a poem by the Nobel Prize winning poet Pablo Neruda, a first for our publication as well.

Don't miss the upcoming meeting in October 13-18 in Orlando, Florida USA. For 2017, the American College of Gastroenterology (ACG) has partnered with the World Gastroenterology Organisation (WGO) to host the World Congress of Gastroenterology at ACG 2017 (WCOG @ ACG 2017). For the first time in more than 20 years, WCOG returns to the U.S. and we are expecting a larger international presence than ever before. The program, which is clinically focused, will feature special events and education addressing global health issues.

As always, feedback and comments are welcome.

Chris and Mario.



## World Congress of Gastroenterology at ACG2017

Have you made your plans to join us at the World Congress of Gastroenterology at ACG2017 (WCOG at ACG2017) in Orlando, Florida, USA from 13-18 October, 2017?

A partnership of the World Gastroenterology Organisation (WGO) and the American College of Gastroenterology (ACG), the WCOG at ACG2017 offers a unique platform and the opportunity to meet and network with a truly international audience. Notably, in a first for a World Congress of Gastroenterology, a number of sessions will be presented in Spanish or in English with simultaneous interpretation into Spanish (headsets will be available). Additionally we will feature the “Best of Original Latin American Research (Free Papers/Abstract Presentations)” session on Wednesday, 18 October.

### Call for Abstracts

The deadline for [Call for Abstracts](#) is coming soon -- Monday, 5 June at 11:59 pm (U.S. Eastern Time). Researchers interested in presenting their work must submit their abstract **online** by then. Over 40 abstract awards will be offered by the Abstract Selection Committee based on scores and merit of those submitted, and the criteria for each award.

### Advance Registration Program

The Advance Registration Program, featuring the agendas for all courses, the Scientific Meeting, workshops, luncheons and receptions, as well as the sessions that will be available in Spanish, [is available online](#). Some of the highlights include:

<p><b>Friday, 13 October</b>            GI Pathophysiology Course            WGO-ASGE Endoscopy Course: Viva Endoscopy!            Practice Management Course: Future World:                Taking Ownership During Changing Times            What's New in GI Pharmacology Course            Trainees' Workshops: Navigating, Networking,                and Negotiating Your First Job</p>	<p><b>Monday, 16 October</b>            ACG's Presidential Address            Hands-on Endoscopy Workshop Center            5th Annual Endoscopy Video Forum            ACG-FDA Public Forum            WGO's Presidential Address            WGO's Bockus Lecture  <i>American Journal of Gastroenterology Lecture</i></p>
<p><b>Saturday, 14 October</b>            Postgraduate Course: Global Approach to                Optimal Management of GI Disorders            David Sun Lecture            GI Jeopardy Competition</p>	<p><b>Tuesday, 17 October</b>            Plenary Sessions            Hands-on Endoscopy Workshop Center            ACG's J. Edward Berk Distinguished Lecture            ACG's Emily Couric Memorial Lecture            WGO's Brohée Lecture</p>
<p><b>Sunday, 15 October</b>            Postgraduate Course            Hands-on Endoscopy Workshop Center</p>	<p><b>Wednesday, 18 October</b>            Plenary Sessions            ACG's David Y. Graham Lecture</p>

### Pre-registration now open

Pre-registration for the World Congress of Gastroenterology at ACG2017 is available online only at [www.worldcongressACG2017.org](http://www.worldcongressACG2017.org). Pre-registration will remain open until Friday, 6 October. Housing and travel information can also be obtained on the website.

Do not miss this opportunity to meet fellow gastroenterologists, surgeons, and researchers from around the globe. Join us in Orlando this October!





## Registration & Housing

**Registration and Hotel Accommodation Booking is Now Open!** Join the global GI community at the World Congress of Gastroenterology at ACG2017 (WCOG at ACG2017), October 13-18, Orlando, Florida, U.S.A. The program will offer state-of-the-art education and science by an international faculty, hands-on endoscopy workshops, small group breakfast sessions with experts, and sessions offered with simultaneous Spanish interpretation. This event will provide GI clinicians from around the world a comprehensive clinical update on the latest in GI and hepatology, and build a sense of community as we all work to advance practice and patient care. Register and book your housing now for the World Congress of Gastroenterology at ACG 2017!

**Register Now At:** <http://worldcongressacg2017.org/registration/>  
**Book Housing Accommodations At:** <http://acg.registration.meetingsites.net/>

## Call for Abstracts

**Interested in presenting research?** Submit an abstract for your research to be considered as an oral or poster presentation at the World Congress of Gastroenterology at ACG2017 Annual Scientific Meeting (WCOG at ACG2017), October 13-18, at the Orange County Convention Center in Orlando, Florida. Abstract categories include:

- Biliary/Pancreas
- Clinical Vignettes/Case Reports
- Colon
- Colorectal Cancer Prevention
- Endoscopy Video Forum
- Esophagus
- Functional Bowel Disease
- General Endoscopy (EGD, colonoscopy, sedation, etc.) –New!
- GI Bleeding – New!
- IBD
- Interventional Endoscopy (ERCP, EUS, ESD, bariatric endoscopy) – New!
- Liver
- Obesity– New!
- Pediatrics
- Practice Management (quality, EMRs, healthcare disparities, malpractice, etc.) – New!
- Small Intestine
- Stomach

### SUBMISSION DEADLINE:

**The deadline for submission of abstracts is Monday, June 5, 2017 at 11:59 pm Eastern Daylight Time.**

**Go directly to the submission site:** <https://www.conferenceabstracts.com/cfp2/login.asp?EventKey=KYUMLKAZ>.

**Browse the Call for Abstracts brochure:** <http://worldcongressacg2017.org/wp-content/uploads/2017/03/WCOG2017-Abstracts-Brochure-web.pdf>.

**Learn more about WCOG at ACG2017:** <http://worldcongressacg2017.org/>.

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## Join WGO in Raising Awareness for Inflammatory Bowel Disease (IBD) in 2017



With the celebration of World Digestive Health Day (WDHD) coming up on 29<sup>th</sup> May 2017, planning is in full swing! The success of WDHD, a yearlong, worldwide, public health campaign, is derived from the combined efforts of the World Gastroenterology Organisation (WGO), WGO Foundation (WGOF), WGO Member Societies, WGO Training Centers, WGO Regional Affiliate Associations, and other WGO partners worldwide.

### Campaign Information

The WDHD 2017 campaign is titled “Inflammatory Bowel Disease (IBD): Navigating Evolving Therapies in an Evolving Disease.” By participating in WDHD 2017, you are helping WGO to increase global awareness of IBD, to increase the similarities and differences in the presentation and management of IBD symptoms between various regions, and to develop practical and optimal strategies for the diagnosis and treatment of these in contexts that range from the “man in the street” all the way to the specialist’s office. As a result, the campaign will help to facilitate communications between physicians, pharmacists, allied healthcare professionals, and the lay public, to ensure that patients receive appropriate disease specific therapy, and dietary and lifestyle advice relevant to conditions and circumstances.

#### TAKE ACTION

- Host an academic conference or symposium featuring scientific programs, plenaries, posters presentations, and forums on IBD.
- Create IBD toolkits for healthcare professionals and the general public.
- Organize a public awareness campaign and disseminate campaign materials through blogs, podcasts, videos, and brochures.
- How will *you* TAKE ACTION to support WDHD?

#### CELEBRATE

- Host a walk-a-thon to rally your community in support of WDHD.
- Generates IBD awareness by developing a social media campaign.
- Engage your local media with public service announcements, press releases, radio advertisements, and TV interviews.
- How are *you* planning to CELEBRATE WDHD?

### How to Get Involved

If you haven't started planning your WDHD 2017 event, we invite you to start planning today. WGO challenges you to get involved in the campaign by creating exciting ways to raise awareness of IBD all year long, to improve the standards of practice and to educate the public. WGO is pleased to provide you with a few ways, in the table on page 10, that you can TAKE ACTION and CELEBRATE World Digestive Health Day in your respective community. WGO and WGO Foundation are appreciative of all campaign participants and for your continued efforts in supporting the WDHD 2017 campaign. We look forward to a successful year ahead!

To request a copy of the WDHD 2017 logo for use in promoting this year's WDHD campaign or to submit an event, please visit <http://www.worldgastroenterology.org/wgo-foundation/wdhd/wdhd-2017/submit-wdhd-2017-event>.

### WDHD 2017 Steering Committee

The World Digestive Health Day (WDHD) 2017 Campaign is led by the following individuals representing a global view and expertise on Inflammatory Bowel Disease (IBD). They will guide the course of the campaign, leading in the development of tools and resources throughout 2017 and beyond.

<b>Chairman, World Digestive Health Day 2017</b> Charles Bernstein, MD, FRCPC University of Manitoba IBD Clinical and Research Centre Winnipeg, CANADA	
<b>Chairman, WGO Foundation</b> Cihan Yurdaydin, MD University of Ankara Medical School Ankara, TURKEY	<b>Vice Chair, WGO Foundation</b> Richard Hunt, FRCP, FRCPEd, FRCPC, AGAF, MACG, MWGO Beaconsfield, UNITED KINGDOM
<b>Member</b> Iris Dotan, MD Tel Aviv Sourasky Medical Center Tel Aviv, ISRAEL	<b>Member</b> Suliman Fedail, MD, FRCP, MWGO Fedail Hospital Khartoum, SUDAN
<b>Member</b> Richard Gearry, MB ChB, FRACP, PhD University of Otago, Christchurch Christchurch, NEW ZEALAND	<b>Member</b> Anne Griffiths, MD, FRCPC Hospital for Sick Children Toronto, CANADA
<b>Member</b> Saeed Hamid, MBBS, FRCP, FRCPI, FACP, FACG, FAASLD Aga Khan University & Hospital Karachi, PAKISTAN	<b>Member</b> Toshifumi Hibi, MD, PhD Kitasato Institute Hospital Tokyo, JAPAN
<b>Member</b> Siew Ng, MBBS, PhD, MRCP, FHKCP, FHKAM Chinese University of Hong Kong Hong Kong, HONG KONG	<b>Member</b> Flavio Steinwurz, MD, MACG Hospital Israelita Albert Einstein Sao Paulo, BRAZIL
<b>Member</b> Simon Travis, DPhil, FRCP Nuffield Department of Medicine Oxford, UNITED KINGDOM	<b>Member</b> Jesus-K Yamamoto-Furusho, MD, MSc, PhD National Institute of Medical Sciences and Nutrition Mexico City, MEXICO

## UPCOMING WDHD EVENTS AND CELEBRATIONS

### World Digestive Health Day – Czech Republic

**When:** 27 April – 31 May 2017  
**Location:** Prague  
**Address:** Polska 1664/15, 12000 Praha, Vinohrady  
**Organizers:** Czech Society of Gastroenterology, Czech IBD Patients Association  
**Phone:** +420 604898604  
**E-mail:** pfeiferova.martina@gmail.com  
**Website:** www.chron.cz

### World Digestive Health Day – Iran

**When:** 22 – 29 May 2017  
**Location:** Peyrovian Hall  
**Address:** Shariati Hospital, Kargar-e-Shomali Avenue, Tehran  
**Organizer:** Iranian Association of Gastroenterology and Hepatology  
**Phone:** + 98 21 8801 2089  
**Email:** info@iagh.org  
**Website:** www.iagh.org

### Walkathon and Student Education – India

**When:** 26 – 29 May 2017  
**Location:** IMA Hall  
**Address:** 2<sup>nd</sup> Cross, CSI Layout, Tumakuru-572102  
**Organizers:** Chaitanyaa Gastro Intestinal Care and Endoscopy Centre, Indian Medical Association – Tumakuru Branch, 41ners club Tumkur 173, Tumkur Ladies Circle 115, Tumkur Round Table 173, Sarvdaya Education Society, Prajapragathi daily newspaper, Pragathi TV  
**Phone:** +91 9632222233  
**Email:** docpbn@gmail.com

### Inflammatory Bowel Disease Day – Mongolia

**When:** 29 – 30 May, 2017  
**Location:** Mongolian National University of Medical Sciences  
**Address:** Zorig Street, Ulaanbaatar 14210, Mongolia  
**Organizer:** Mongolian Gastroenterology Association, Hepato Gastroenterology Club, Mongolian National University of Medical Sciences  
**Phone:** +976 99747339  
**Email:** hgc.mnums@gmail.com  
**Website:** www.facebook.com.HGC.mnums

### IBD Week – India

**When:** 29 May – 2 June, 2017  
**Location:** KMC Hospital at Manipal  
**Address:** Manipal, Karnataka, India  
**Organizers:** Department of Gastroenterology and Hepatology, Kasturba Medical College at Manipal

### 2017 RISE Revolution Cycle – Canada

**When:** 9 July 2017; 20 August 2017; 16-17 September 2017  
**Location:** Penticton, BC; Drummondville, QC; Collingwood, ON  
**Organizers:** Canadian Digestive Health Foundation  
**Phone:** 414 254 6028  
**Email:** kelsey@CDHF.ca  
**Website:** www.CDHF.ca/RISE

## PLAN YOUR OWN WDHD EVENT

WGO and the WGO Foundation encourage all members to participate in World Digestive Health Day 2017 by arranging events in their regions to commemorate this day. We hope that this year's campaign will help increase awareness of IBD and its prevalence around the globe.

Have you started planning your event? While the official date of WDHD is 29<sup>th</sup> May, many events take place throughout 2017. Past events include public campaigns, courses and lectures on treatments of the current theme, walkathons, national meetings, press conferences, radio and television interviews, developing a country's own WDHD Day, publications, and much more!

In the coming months, you will find available a variety of tools and resources, to benefit your physicians, pharmacists, allied healthcare professionals, patients and the general public, by visiting <http://www.worldgastroenterology.org/wgo-foundation/wdhd/wdhd-2017>.

You can find upcoming WDHD 2017 Events and Success Stories by visiting <http://www.worldgastroenterology.org/wgo-foundation/wdhd/wdhd-2017/wdhd-2017-events-and-success-stories>.

For questions regarding WDHD, please email [info@worldgastroenterology.org](mailto:info@worldgastroenterology.org). Also, please visit <http://www.worldgastroenterology.org/wgo-foundation/wdhd/wdhd-2017/submit-wdhd-2017-event> to officially submit your event for inclusion on the WGO Meetings and Events calendar and to request a copy of the WDHD 2017 logo for use in promoting this year's WDHD campaign: "Inflammatory Bowel Disease (IBD) – Navigating Evolving Therapies in an Evolving Disease."



## World Digestive Health Day in Montenegro: Your Diet in IBD and Liver Diseases



### Brigita Smolovic, MD, PhD

Gastroenterohepatologist  
Assoc. Prof.  
Faculty of Medicine, Podgorica  
Clinical Center of Montenegro



Lecture by Dr. Velimir Milosevic



Attendees at the WDHD event

The Gastroenterohepatology Association of Montenegro celebrated World Digestive Health Day 2016, on 25 November. The theme was “Your diet in IBD and liver diseases”.

The symposium was held in Podgorica. The event was attended by doctors and pharmacists. They actively participated in the discussion. The conference was attended by representatives of the medical journal *MEDICAL*. A report from the meeting with pictures was published in the December issue of the journal.

There were two lectures: Dr. Velimir Milosević, PhD (Faculty of Medicine in Podgorica) on “Nutrition in IBD - from the cause to the treatment” and Assoc. Prof. Brigita Smolović

### Inflammatory bowel diseases (IBD) seem to result from the complex interaction of our genetic makeup, the increasingly clean environment in which we live, the food we eat and the bacterial flora in our gut.

(Faculty of Medicine in Podgorica) on “Healthy food for a healthy liver.”

#### Diet and IBD

Inflammatory bowel diseases (IBD) seem to result from the complex interaction of our genetic makeup, the increasingly clean environment in which we live, the food we eat and the bacterial flora in our gut. The causes of IBD in foods could include some of the following: different culprits such as too many carbohydrates (especially refined); saturated fatty acids; excessive intake of iron and also the lack of glutamine and arginine; lack of fiber in the diet (“low fiber diet”); the absence of production of SCFA; and vitamin D and calcium.

Thus dietary therapy may be one of the fundamental components of successful therapy. Nutrition during an acute disease flare differs from that allowed during a symptom-free

interval. During the remission phase, however, patients with IBD do not experience lactose intolerance at a rate that is higher than that observed in the general population. If a breath test confirms the diagnosis of lactose intolerance, patients should avoid lactose-containing foods for at least the next three to four weeks. Because most patients tolerate small amounts of lactose, individual testing of tolerance is recommended. During mild inflammatory flares or during



Lecture by Dr. Brigita Smolovic



Healthy food and refreshments at break time

remission, it may be sufficient to eat according to the guidelines of a light full diet. But the primary goal is to prevent malnutrition before it starts. Patients with severe diarrhea must assure adequate fluid intake. In very severe inflammatory flares, patients may need to be maintained on parenteral nutrition for several weeks. If possible, nutritional intake through the bowel, either as oral liquid diet or tube feeding, should be preferred to nutrition provided by intravenous infusion.

A frequent complication in patients with Crohn's disease is the development of narrowing of the bowel (stenosis). Patients with stenosis should avoid high-fiber foods. Patients with very significant narrowing may require strained foods or formula diets that do not contain dietary fiber. Patients with fatty stools should replace some of their dietary fat intake with easily digested mid-chain triglycerides (MCT fats). So, it is important to emphasize that there is no one single diet for all patients with IBD and there is no specific "Crohn's or colitis diet!" It is because each patient reacts differently.

### Diet and Liver Disease

The liver is the main metabolic organ in the body. The liver has many different functions: production of proteins, cholesterol and bile acids; regulation of the blood sugar level; the neutralization and elimination of products of the body's own metabolism and substances such as drugs, intestinal and environmental toxins as well as gut-derived bacterial products and storage of nutrients, minerals or vitamins. So it is very important to protect the health of the liver.

There are some foods that can be included in the diet that some believe can promote a healthy liver. Some consider those are "liver cleansing" foods. These are two categories of food: one encourages the process of detoxification, while others are rich in antioxidants (to protect the liver during detoxification). These include artichokes, carrots, garlic, legumes (peas, soybeans and beans), leafy green vegetables (like spinach), lemons, limes, apples and avocados.

While there may be no absolute restrictions in diet for patients with liver disease, in general they should follow the principles of a balanced, healthy diet. Moreover, those patients absolutely avoid alcohol in any form.

For all liver diseases the recommendations are:

- most calories should be provided from carbohydrates, such as grains, fruits, vegetables and honey.
- a good source of protein are lean meat, low-fat cheese, skimmed milk, eggs and fish.

### A "liver-adapted" diet is just as important as medications.

- the amount of fat should be limited to 40-60 g per day, and are the best vegetable fats, such as olive oil and nuts.
- coffee consumption should be encouraged, as coffee has been related to a healthier liver in several studies.

Up to now there is no proof that cirrhosis of the liver can be improved or cured. The positive effect of dietetic treatment, on the other hand, is well-established. A "liver-adapted" diet is just as important as medications. In compensated type of cirrhosis of the liver, no dietetic treatment is required. In decompensated liver cirrhosis, it is important to assure that the patient is getting the required amounts of nutrition. These patients, who are often affected by a significant protein and energy deficit, should actually be taking 1.5 g of protein per kg each day, or about 100-120 g of protein per day in most cases regardless of the presence of hepatic encephalopathy in order to prevent malnutrition and sarcopenia. Salt restriction is just recommended in cases of ascites.



# Endo Live Roma 2017



**Prof. Guido Costamagna**

Head of the Department of Digestive and Endocrine-metabolic diseases  
 Director of the Digestive Endoscopy Unit  
 Fondazione Policlinico Universitario "A. Gemelli"

**Endo Live Roma is a 3-day Live Demonstration marathon of the most recent techniques of diagnostic and therapeutic digestive endoscopy...**



Live video demonstrations

edition of the workshop, and contribute their knowledge and inventiveness to make the live endoscopy sessions remarkable, instructive and stimulating, focusing on the real hot-topics, most recent innovations in diagnostic and interventional endoscopy, including: ERCP, peroral cholangioscopy and pancreatoscopy, endoluminal radiotherapy and treatment of pancreatic cysts, management of gastrointestinal bleeding, endoscopic mucosal resection and submucosal dissection,

After 18 successful sessions, the Digestive Endoscopy Unit, directed by Prof. Guido Costamagna, is back with a new session of the International Workshop on GI Endoscopy "Endo Live Roma 2017" which took place this year on May 17<sup>th</sup>, 18<sup>th</sup> and 19<sup>th</sup>.

Endo Live Roma is a 3-day Live Demonstration marathon of the most recent techniques of diagnostic and therapeutic digestive endoscopy as well as state-of-the-art lectures, a live debate on "Colonic lateral spreading tumors", a mini-symposium on "What's new in bilio-pancreatic endoscopy", tandem lectures on

"The future of stenting" and satellite symposia for the industry offering the audience demonstrations and detailed explanations on new techniques and endoscopic devices.

This year the first day (May 17<sup>th</sup>) was exclusively dedicated to "Metabolic endoscopy: obesity & diabetes" to emphasize critical aspects related to the different options available and/or that will become available in the near future of endoscopic treatments for pathologic obesity and diabetes.

Worldwide experts and rising stars of the GI Endoscopy firmament are again part of the faculty of this new



Treatment of Zenker's diverticulum



Live transmission in full HD



State of the art lectures

radiofrequency ablation of Barrett's esophagus, Peroral Endoscopic Myotomy (POEM) for the management of achalasia, endoscopic cricopharyngeal myotomy for Zenker's diverticulum, diagnostic and therapeutic device, assisted enteroscopy, confocal endomicroscopy and endoscopic ultrasound.

In addition to the technical aspects, a methodological presentation is made, for all the Live cases presented, of the decision-making prior, during and after the procedure on the diagnosis and treatment of the cases considered in close cooperation with the latest technical innovations and

solutions provided the biomedical industries.

The educational value of this event is central, enriched by a close interaction between the moderators, experts and the public during the live cases. In addition, the opportunity to meet face to face with international experts during the breaks, promoting the discussion of clinical cases, the exchange of experiences and knowledge, is definitely one of the most important aspects of Endo Live Roma.

All professionals interested in gastrointestinal endoscopy are the intended audience: gastroenterologists, surgeons, radiologists, pediatricians and general practitioners.

Further information is available at [www.endoliveroma.it](http://www.endoliveroma.it).



## GET THE HARD TALK ON YOUR GUT MICROBIOTA FROM THE “The Microbiota Hard Talks – Live From Texas Medical Center” Webinar Series

### MICROBIOTA HARD TALKS LIVE FROM TEXAS MEDICAL CENTER



World Gastroenterology Organisation (WGO) announces a new educational opportunity available in 2017, a webinar series “The Microbiota Hard Talks – Live from Texas Medical Center”. Supported by an unrestricted medical educational grant from Biocodex France, the three part education webinar series aims to provide medical education in the field of the human gut microbiota.

This interactive program, developed by Professors Henry Cohen, Director of ECHO Project Uruguay, Secretary General of National Academy of Medicine Montevideo, Uruguay, and Eamonn Quigley, David M Underwood Chair of Medicine in Digestive Disorders, Chief of the Division of Gastroenterology and Hepatology and Professor of Medicine, Weill Cornell Medical College at Houston Methodist Hospital, Houston, Texas, U.S.A., both former Presidents of WGO, will offer the chance to join experts and like-minded colleagues from around the globe on state-of-the-art microbiota topics. Each webinar will feature a presentation by a renowned lecturer and will include time dedicated to an interactive question and answer session.

The first webinar in the series “Exploring the hidden world of Human Gut Microbiota” was broadcast live on Monday, 3<sup>rd</sup> April 2017 from the Texas Medical Center in Houston, Texas, U.S.A. The webinar was presented by former chair of the 2014 World Digestive Health Day (WDHD) campaign, current WGO Global Guidelines Committee Member, Consultant of Gastroenterology at the Digestive System Research Unit and Head of the Experimental Laboratory at the University Hospital Vall d’Hebron (Barcelona), Professor Francisco Guarner, MD, PhD of Barcelona, Spain.

Throughout the webinar, Prof. Guarner eloquently explores the impact of the gut microbiota on the body’s anatomy and physiology. More specifically, he provides insight on the correlations between the gut microbiota and multiple physiological processes including nutrition, growth and development, and immunity. Prof. Guarner also discusses the effects of Gut Microbiota Dysbiosis, an imbalance of the normal structure and function of the microbiota, and disease. Several conclusions are drawn at the end of the lecture including one

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**...diet and probiotics are the main tools to take care of the gut microbiota.**

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universally applicable conclusion, diet and probiotics are the main tools to take care of the gut microbiota.

To view the first webinar on-demand, please visit <https://edge.media-server.com/m/s/ezz7g8i2/p/pg6bw-ph9/lan/en>. You must register for the webinar series to view the on-demand material. To learn more about the Gut Microbiota and Gut Microbes, [download the WGO Handbook on Gut Microbes](#), a wonderful supplement material mentioned by Prof. Guarner during the webinar.

The second webinar in the series “Use and Abuse of Antibiotics in the Microbiota Era” will be broadcast live on Friday, 7<sup>th</sup> July 2017 at 8:00 AM – 8:45 AM (Houston Time, GMT-6:00) / 2:00 PM – 2:45 PM (GMT). The webinar will be presented by Professor Charalabos Pothoulakis, MD, PhD, of the University of California Los Angeles in Los Angeles, California.

For more information on the “Microbiota Hard Talks” webinar series, please visit the WGO Educational Programs webpage, <http://www.worldgastroenterology.org/education-and-training/educational-programs/microbiota-hard-talks>.



## “Lobos” Intensive Hepatology Course for Young Physicians in Argentina



### Federico Villamil, MD

President  
Fundación para la Docencia e Investigación de las Enfermedades del Hígado

Fundación para la Docencia e Investigación de las Enfermedades del Hígado (FUNDIEH) was created after a generous contribution from Thomas McGeary, an American engineer who underwent liver transplantation in Los Angeles under the care of a hepatologist and a surgeon from Argentina who are both members of the Board of Directors. This non-profit foundation was legally approved in Argentina in 2000 with the main goals of supporting research and education in hepatology and liver transplantation. FUNDIEH has organized several national and regional courses

(Bolivia, Paraguay and Uruguay) and provides continuous educational activities through its web page ([www.fundieh.org.ar](http://www.fundieh.org.ar)). A special section of the web entitled “Hepatology for Everyone” includes short conceptual articles published every 10-15 days and with contents directed mostly to non-hepatologists.

The Intensive Hepatology Course for Young Physicians started in 2004 and has been held annually since then for 13 consecutive years in the small town of Lobos, located at around 100 kilometers from the city of Buenos Aires. Being in a small

hotel in Lobos, almost fully booked by course participants and far from “the noise” of Buenos Aires, provides an ideal environment for a course like this where close interaction between Faculty and young attendees is the key for success. Selection of participants is based on CV, but mostly on a letter describing their clinical practice and interest in liver diseases. A significant proportion of attendees are gastroenterology residents. We prioritize physicians who are completing their training in major centers of Buenos Aires or La Plata but will return to their provinces of origin to practice medicine. In order to maintain a close personal and scientific interaction between Faculty and participants, the number of attendees is restricted to a maximum of 40.

The “Lobos Course” has become a tradition which is transmitted from generation to generation in between the major gastroenterology residences of the country. Consequently, there is not much need for advertising because all residents know that in one or two years at most it will be their turn to be part of the course. It is a true federal event with a Latin American component. Since 2004, there have been 398 participants from all 23 provinces of Argentina and 58 from Latin American countries such as Bolivia, Brazil, Chile, Colombia, the Dominican Republic, Ecuador, Guatemala, Paraguay, Peru and Uruguay.

FUNDIEH covers all expenses including transportation, with the exception of the international flights of physicians coming from outside of Argentina, accommodation and meals. The 3-day course is very intensive (total of around 26 hours) and covers the entire spectrum of hepatology, from

**The 3-day course is very intensive (total of around 26 hours) and covers the entire spectrum of hepatology, from the very basic (liver tests, imaging, histopathology) to the more complex topics such as liver transplantation.**



“Lobos” course participants

### ...after attending the “Lobos Course” many participants decided to pursue a career in hepatology.

the very basic (liver tests, imaging, histopathology) to the more complex topics such as liver transplantation. Teaching modalities include classical lectures, case discussions and use of the interactive system in a peculiar manner: we first raise a number of questions to explore an attendee’s background knowledge and subsequently we provide in a few slides the answers together with a brief review of the topics analyzed. Teaching style is mostly informal in order to create a relaxed working atmosphere. Overall, the idea is to keep the audience alert and willing to participate. After the course, participants have full access

to the teaching materials and most remain in touch with the faculty for questions or advices related to patient’s care. Faculty is composed of senior, middle-aged and junior board-certified hepatologists, something that facilitates interaction with participants, not only in the meeting room but also during breaks and meals.

Besides science, the course allows people coming from diverse places to meet each other and share their vision of medicine and hepatology. Lastly, we are pleased to know that after attending the “Lobos Course” many participants decided to pursue a career in hepatology.



Faculty organizers

## Reflecting on a Highly Successful UEG Week 2016



**With participants tuning in to UEG Week Live from all over the world, UEG Week 2016 in Vienna truly lived up to its motto; 'advancing science, linking people'.**



Dettlef Schuppan

With a comprehensive range of captivating new research and over 13,800 onsite and online participants from 116 countries in attendance, UEG Week 2016 in Vienna was a huge success in advancing the path of world-class digestive health research and is now recognised as one of Europe's top five medical congresses.



Sean Bennet

The Opening Session provided a superb overview of the most exciting developments in gastroenterology, endoscopy and hepatology in

2016, which included advancements in inflammatory bowel disease and celiac disease, as well as highlights of the best scientific abstracts submitted to the congress. These included research from Sean Bennet outlining how gut microbial profiles could help to predict patient responsiveness to a low-FODMAP diet, offering new hope for the treatment of irritable bowel syndrome.



Sarah Bohndiek

A new advancement in gastrointestinal cancer imaging was also presented by Sarah Bohndiek during the Opening Session. The technique involves using a standard endoscopy system with a novel set of camera filters, increasing the number of colors that can be visualised during endoscopy from three to over 50. This exciting approach, developing the capabilities of hyperspectral imaging, could help improving the ability to detect abnormal cells in the lining of the gut.

One of the most popular topics during the congress, presented by Dettlef Schuppan, focused on non-celiac gluten sensitivity. Here, amylase-trypsin inhibitors – a group of proteins found in wheat – were shown to activate an immune response in the gut that can then spread to other tissues in

the body, such as the kidneys, spleen and brain, triggering the inflammation of chronic health conditions including multiple sclerosis, asthma and rheumatoid arthritis.

Inflammatory bowel disease featured prominently at UEG Week 2016, including: a call for greater attention on, and funding for, pediatric IBD drug research and transition services; a one-day symposium on *Advances in Clinical Gastroenterology and Hepatology for Inflammatory Bowel Disease*; and the presentation of the eagerly-anticipated NOR-SWITCH study, demonstrating that a switch from INX to CT-P13 was not inferior to continued treatment with INX for patients with Crohn's disease and ulcerative colitis. The NOR-SWITCH findings, presented during the best attended late-breaking abstract session at UEG Week, have the potential to significantly influence how medicines are used around the world.

With participants tuning in to UEG Week Live from all over the world, UEG Week 2016 in Vienna truly lived up to its motto; 'advancing science, linking people'. To read more highlights of UEG Week 2016 visit: <https://www.ueg.eu/week/past-future/ueg-week-2016/>

#### UEG Week Vienna 2016 Awardees

##### Research Prize – Ernst J. Kuipers

Ernst J. Kuipers was awarded the UEG Research Prize 2016 for his outstanding project titled *"Hidden in plain sight: the opportunities for targeted surveillance and intervention for early gastric neoplasia"*. The Prize money of € 100,000 will support him and his team in future research in the field of prevention and detection of early gastrointestinal cancer.



##### Lifetime Achievement Award – Günter J. Krejs

Günter J. Krejs has worked in Gastroenterology for 44 years in Switzerland, the United States and Austria and has shown outstanding leadership as Department Chairman for 19 years and as Division Chief GI and Hepatology for 27 years. He was the President of the first multi-society meeting termed European Digestive Disease Week – the forerunner of today's UEG Week – and a member on UEG Council until 1999.

##### Top Abstract Prize Awardees:

**Joline de Groof, Conor McCann, Sean Bennet, Sandra van Brunschot, Julien Kirchgerner** - € 10,000 go to each of these top 5 abstracts submitted to UEG Week 2016.

##### Journal Best Paper Awardee – Tara Raftery

Tara Raftery was awarded as the first author on the article titled *"Effects of vitamin D supplementation on intestinal permeability, cathelicidin and disease markers in Crohn's disease: Results from a randomised double-blind placebo-controlled study"*.

##### Congress recordings - UEG Week 24/7

The congress experience continues. UEG Week 24/7 features all core scientific lectures from UEG Week Vienna: <https://www.ueg.eu/education/ueg-week-24-7/ueg-week-247/>

##### Celebrate with us the 25<sup>th</sup> UEG Week 2017 in Barcelona

The 25<sup>th</sup> UEG Week (October 28 - November 1) is one of the world's most important gastroenterology congresses for everyone interested in any aspect of digestive health and disease. Register at: <https://www.ueg.eu/week/attendance/registration/>

## XV Brazilian Digestive Week



### Maria do Carmo Friche Passos, MD, PhD

President of XV Brazilian Digestive Week  
President of the Brazilian Federation of Gastroenterology  
2015/2016



Opening Ceremony - XV Brazilian Digestive Week (SBAD)

Over 5,000 medical professionals and researchers attended the XV Brazilian Digestive Week (SBAD) held in Belo Horizonte between the 29th of October and the 2<sup>nd</sup> of November of 2016. This congress is considered one of the most important and respected of Latin American gastroenterology thanks to the combined work of Brazilian Federation of Gastroenterology (FBG), Brazilian Society of Digestive Endoscopy (SOBED) and Brazilian College of Digestive Surgery (CBCD). During five days the most current and relevant topics in all gastroenterological, endoscopic and surgical fields provided all the participants an excellent update and moments of friendship. It is important to highlight the presence of 35 world-renowned speakers and 590 speakers from all over Brazil who presented with remarkable competence the scientific advances and the latest researches of basic areas related to digestive diseases.

It should be emphasized the occurrence of twelve pre-congress courses held on the first two days of SBAD. The participants could choose courses in specific areas as liver, pancreas, inflammatory bowel disease (IBD), motility, endoscopy and digestive surgery. Furthermore, there were courses promoted by the Brazilian Societies of Hepatology, Pediatric Gastroenterology, Coloproctology and Bariatric

enhanced abdominal ultrasound. Two internationally recognized specialists, Stephanie Wilson (University of Calgary) and Dean Huang (King's College London) lectured and shared with the gastroenterologists and radiologists their great scientific and technical knowledge.

We should also highlight the symposia, roundtables and conferences promoted in partnership with important international medical societies as the American Gastroenterological Association, American Society for Gastrointestinal Endoscopy, Sociedad Argentina de Gastroenterología and the Japanese/Brazilian course with Japanese endoscopists.

Some of the congress sessions had a high demand, such as those present-

### This congress is considered one of the most important and respected of Latin American gastroenterology...

Surgery, and by the Brazilian Nucleus for the Study of *H. pylori*.

One of the most attended courses was promoted by FBG -- Potpourri in Gastroenterology. Its goal was to promote a wide review of the most important and current topics of clinical gastroenterology, and it had 812 participants. Similarly, the live interactive course of diagnostic and therapeutic endoscopy counted almost 700 attendees. The exams were performed by national and foreign experts and took place in Hospital of Clinics of the Federal University of Minas Gerais and transmitted live to the convention center. The course of gastroenterological imaging, which was held for the first time in a SBAD, emphasized the importance of new diagnostic methods such as contrast-

ing the new Rome IV Criteria for Functional Gastrointestinal Disorders. Professor Magnus Simrén (University of Gothenburg) brilliantly presented conferences on this topic. Similarly, Professor José Cotter (University of Minho), the President of the Portuguese Society of Gastroenterology,



Exhibition area – Brazilian Federation of Gastroenterology

presented the new Rome IV Criteria on functional dyspepsia. The intestinal microbiota was also extensively debated in a number of conferences. Claudio Fiocchi (Cleveland Clinic), in one of his conferences, extraordinarily reviewed the role of microbiota in human health, emphasizing its possible relation with gastrointestinal diseases, especially in IBD.

The plenary sessions involved gastroenterologists, surgeons and endoscopists, who debated in detail topics such as IBD, Barrett's esophagus, pancreatic and biliary tract diseases and digestive cancer. The young gastroenterologists could actively participate in the congress and had a special session on gastroenterological urgencies. Surprisingly, 1,277 clinical and experimental abstracts were received and were presented in scientific sessions, testifying to the great amount of research being done in Brazil in the field. Many studies were of high scientific quality and received awards during the SBAD, and will soon be published in renowned gastroenterological journals.

The SBAD is already a tradition in Brazil, being the most respected congress in the area, and the organizing committee is currently working on its XVI edition, which will be held in Brasilia between the 11<sup>th</sup> and the 15<sup>th</sup> of November of 2017.



Presidents of CBCD (Dr. Bruno Zilberstein), FBG (Dr. Maria do Carmo Passos) and SOBED (Dr. Ramiro Mascarenhas) at the award delivery to Dr. Marcellus Souza of the Federal University of Ceará, Brazil. He received the "Prêmio Jaime Eisig" for the best research work in SBAD ("TRPV1 Receptors Modulate Acid Induced Esophageal Inflammation in Surgical Murine Model of Gastro-Esophageal Reflux Disease").

## XXIV Congress of the Latin American Association for the Study of the Liver in Santiago, Chile 2016



### Rodrigo Zapata, MD, FAASLD

Professor of Medicine. Hepatology Unit.  
University of Chile School of Medicine and Universidad del Desarrollo  
Secretary Executive of ALEH meeting



### Javier Brahm, MD

University of Chile  
President of ALEH, 2014-2016



Drs. Javier Brahm (President, ALEH 2014-2016), Ann Lok (President, AASLD) and Laurent Castera (President, EASL)



Between September 28<sup>th</sup> and October 1<sup>st</sup>, 2016, the recent XXIV Congress of the Latin American Association for the Study of the Liver (ALEH) was held in Santiago, Chile. The main theme of our XXIV congress was:



Organizing committee: Drs. Fernando Gómez (Vice Secretary, ALEH Meeting), Rodrigo Zapata (Secretary executive, ALEH Meeting), Javier Brahm (President, ALEH 2014-2016), Juan Pablo Roblero (Secretary ALEH), Roberto Segovia (Secretary, ALEH)

*“Hepatology: Advancing to new diagnostic and therapeutic strategies”*. This meeting was extraordinary and gathered more than 650 hepatologists from all of Latin America and international hepatologists from other countries of Europe and North America. There were 166 abstracts presented during the meeting showing the best clinical and basic research studies from different countries. More than 60 plenary conferences related to different fields in hepatology (viral diseases, cancer, metabolic conditions, transplantation, immunosuppression, etc.) were presented by many experts.

The ALEH was founded in Sao Paulo, Brazil in 1968, and during these 48 years it has been growing, incorporating many specialists and countries of Latin America, with the

mission of promoting and disseminating the knowledge of hepatology. In this context, during the last few years, ALEH has established strong bonds with sister societies related to liver diseases like the European Association for the Study of the Liver (EASL) and the American Association for the Study of Liver Diseases (AASLD). A proof of this relationship was their active presence in our last ALEH congress in Santiago, as a collaborative effort of mutual understanding and growth. Furthermore, we also received the collaboration of other prestigious institutions, which maintain with us a permanent friendship through many years, like the Hospital Clinic of Barcelona (Spain) and the Mayo Clinic



Drs. Javier Brahm (President, ALEH 2014-2016) and Fernando Contreras (President, ALEH 2016-2018)





Poster presentations during the meeting

(USA), which prepared 2 postgraduate courses during our meeting.

Hepatology is a fascinating specialty in continuous evolution, and in this scenario our meeting took place in the beautiful city of Santiago. The organizing committee did an intensive work during two years to piece together a robust and interesting scientific program, keeping spaces to meet and share amongst the participants. The topics of main relevance, the latest advances in diagnosis and treatment in hepatology, and the new research generating knowledge marked this Congress.

To accomplish these ambitious objectives, the program included many activities:

- Pre-Congress Postgraduate Course of Hepatology by specialists from the Hospital Clinic of Barcelona, coordinated by Drs. Pere Gines (Spain) and Roberto Segovia (Chile).



Drs. Juan Carlos Garcia Pagan and Pere Gines (both from Spain) during the evening cocktail

### Hepatology is a fascinating specialty in continuous evolution.

- Postgraduate course of Hepatology by the Mayo Clinic (USA), coordinated by Drs. Hugo Vargas (EEUU) and Jorge Rakela (USA).
- “Acute on chronic liver failure” Symposium, by the CLIF-EASL Consortium, coordinated by Drs. Vicente Arroyo (Spain) and Pere Gines (Spain).
- Research Workshop AASLD-ALEH, coordinated by Drs. Ray Kim (USA), and Andrés Cardenas



Drs. Hugo Vargas, Denise Harnois and Jorge Rakela, of the Mayo Clinic, USA, in the postgraduate course

(Spain). This activity included 40-50 training physicians of young investigators.

- Interactive sessions with conferences in different topics in Hepatology.
- Presentation of scientific clinical or basic studies in Hepatology through plenary sessions (6), and parallel oral or poster presentations. The scientific committee selected 166 interesting studies that already have been published as abstracts in the last number of *Annals of Hepatology* (December, 2016).
- Satellite symposia of the pharmaceutical industry in relation to new therapies in viral hepatitis.
- Passing of the Board of Directors of the ALEH 2014-2016 presided by Dr. Javier Brahm (Chile) to the



Dr. Marta Velasco (Hepatologist from Chile) receiving the ALEH recognition life honor award 2016 from Dr. Javier Brahm (President, ALEH 2014-2016)

new Board of the ALEH presided by Dr. Fernando Contreras (Dominican Republic), to whom we wish the best in the next two years.

- Social activities including a cocktail reception at the inauguration of the meeting and a closing dinner.

We want to thank the permanent collaboration of numerous institutions and societies, and the generous contributions from the pharmaceutical industry which collaborated with our Society, making possible this great meeting in Chile. Also the permanent help of the executive permanent secretary (EVENTUAL). We have also received ongoing support from the different countries from Latin America that make up the ALEH, making possible to grow during these years.

During the meeting, and considering we were in Chile, we did a tribute to our Chilean great poet and Nobel Prize of Literature, Pablo Neruda



Drs. Humberto Reyes, Juan Carlos Glasinovic, Keryma Acevedo and Rodrigo Zapata (all from Chile) during the evening cocktail

(1904-1973). He wrote, under the recommendations of his friend Dr. Hector Orrego (a renowned Chilean hepatologist), a poem which reminds us why we are so interested in this fascinating organ which gives us “life and love” although nobody sees it:

*“You filter  
and apportion,  
you separate and divide,  
you multiply and lubricate,  
you raise and gather  
the threads and the grams  
of life, the final  
distillate,  
the intimate essences  
dark monarch,  
giver of syrups and of poisons,  
regulator of salts,  
from you I hope for justice:  
I love life: Do not betray me! Work on!  
Do not arrest my song”.*  
Pablo Neruda  
*“Ode to the liver”, In complete Works,  
II, New elemental odes, 1956, 331-  
334*

Morales H, Hochman W. Ode to the Liver (translation). [cited 2008 May, 28]; Available from: <http://www.southernct.edu/hochman/Ode2liver>



Dr. Nahum Mendez, from Mexico (Ex-President, ALEH 2012-2014)



During the plenary sessions

# Seoul International Digestive Disease Symposium 2016



**Jong Sun Rew, MD, PhD**

Chonnam National University, Korea  
Congress Chairman, The Korean Society of Gastroenterology  
Organizing Committee of SIDDS 2016



**Sang Woo Lee, MD, PhD**

Korea University, Korea  
President, The Korean Society of Gastroenterology  
Organizing Committee of SIDDS 2016



Opening remarks



Members of the organizing committee of SIDDS 2016, who are mostly also members of the Korean Society of Gastroenterology

It is our great pleasure to tell you the news that the Seoul International Digestive Disease Symposium 2016 (SIDDS 2016) was successfully hosted by The Korean Society of Gastroenterology with participation of 912 healthcare professionals from 18 countries. The SIDDS symposium is biennial international conference covering hot topics on gastroenterology, and the SIDDS 2016 was held at Grand Hilton Seoul Hotel, Seoul, Korea from November 24th to 25th, 2016, in conjunction with the annual meeting of the Korean Society of Gastroenterology.

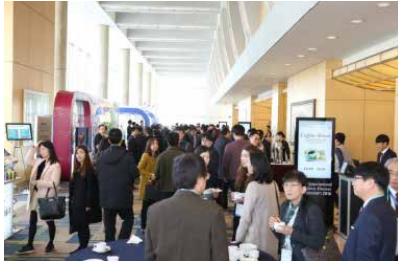
Under the theme of “Emerging Themes and Perspectives in Gastroenterology and Hepatology”, the SIDDS 2016 meeting was organized with a number of comprehensive programs, including clinical and scientific aspects of GI oncology, liver disease, functional bowel disorders, and pancreatobiliary diseases. There were 13 invited symposiums along with several state-of-the-art lectures and special lectures. Over twenty distinguished foreign guest speakers presented exciting lectures in various topics, along with fifty, internationally well-known, domestic speakers.

Guest speakers and chair persons from overseas included well-known distinguished speakers, such as Dr. John L. Wallace (University of Calgary, Canada), Dr. Christopher J. Gostout (Mayo Clinic, USA), Dr. Christophe Hézode (University Paris-Est, France) Dr. Phillip WY Chiu and Dr. Justin C.Y. Wu (The Chinese University of Hong Kong), and also many other honorable celebrated scholars.

The exciting topics of symposiums included Obesity: From Bench to Clinics; Changing Landscape of Inflammatory Bowel Disease; Emerging Issues in the Management of Advanced Liver Disease; Emerging New Targets for Anti-Cancer Treatment of Gastrointestinal Cancer; Recent Updates of Gastric Carcinogenesis; Recent Research Trend in Intestinal



SIDDS 2016



Attendees at the Symposium

Disease; Recent Advances in the Treatment of Chronic Viral Hepatitis; Recent Updates in NSAID-Associated Gastroenteropathy; An Updated Perspective on Hilar Cholangiocarcinoma; Therapeutic Advances in Functional Gastrointestinal Disorders; Management of Large Colorectal Laterally Spreading Tumor; and Management of Borderline Resectable Pancreatic Cancer. Interactive discussions were held at the end of each of the symposiums.

Several technical sessions, including hands-on courses on the topics of endoscopic ultrasound and transabdominal ultrasound, were also well received.



Hands-on course

**The symposium provided an open forum for exchanging new information and ideas where participants from all over the world can have an opportunity to exchange new developments and recent research results in this field, as well as to promote fellowship.**



Presidential dinner

The symposium provided an open forum for exchanging new information and ideas where participants from all over the world can have an opportunity to exchange new developments and recent research results in this field, as well as to promote fellowship. A total of 290 abstracts from were presented and discussed as oral or poster presentation by investigators from various countries. Among them, about forty participants received various prizes such as young investigator's



Traditional Korean music performance

award, best oral presentation award, best poster presentation award, and travel grants as well.

Participants also had an opportunity to enjoy the Presidential dinner and a Korean traditional music performance. This Presidential dinner with show was an enjoyable and rewarding event for all.

This year's meeting was surely successful and continued to provide a valuable platform for local and overseas gastrointestinal professionals and experts to exchange knowledge and share experience in different perspectives of GI diseases.

We sincerely appreciate all participants in SIDDS 2016 for the successful meeting by all their efforts. Also we look forward to seeing you at the next meeting of SIDDS 2018. Thank you again.



## Annual Scientific Meeting of the New Zealand Society of Gastroenterology (NZSG)



**Dr. Campbell White, MBChB, FRACP**

Executive Committee  
NZSG

The 50<sup>th</sup> Annual Scientific Meeting of the New Zealand Society of Gastroenterology was held from 23<sup>rd</sup> to 25<sup>th</sup> November 2016 in the leafy river city of Hamilton, deep in the dairy country of the Waikato. This celebratory 50<sup>th</sup> anniversary meeting is a highlight of the New Zealand gastroenterology calendar and is held in conjunction with the New Zealand Nurses Organisation Gastroenterology Nurses Section.

Prior to the full meeting a capsule endoscopy symposium was held. This informative practical session was convened by Dr. David Edge. The symposium included hands on learning lab sessions and sample video studies. Guest presenter Dr. Mark

Appleyard, director of the department of gastroenterology and hepatology at the Royal Brisbane and Women's Hospital, demonstrated how he reported capsule studies. Simon Turner from Medtronic presented information about the latest capsule technology. Review papers were presented regarding capsule endoscopy findings in NSAID enteropathy, "white lesions", Crohn's, obscure GI bleeding, small bowel tumors and celiac disease. This was followed by an interactive panel of doctors, namely Ali Jafer, Mark Appleyard, David Edge, Jim Brooker, Alasdair Patrick, on the topic: "What is this and what do I do."

The 50<sup>th</sup> anniversary full meeting was fittingly introduced by New



Cake to celebrate 50 years of NZSG

Zealand gastro icon Emeritus Professor Gill Barbezat who led us through the history of the NZ Gastro Society and the changes in gastroenterology over those years. Dr. H. Bramwell Cook provided a display of historical gastroenterology implements from the last 50 years. As a new initiative live steaming was made available from the lectures of the conference. The birthday cake – an anatomically correct open abdomen – added a macabre introduction to the Zombie theme.

We were fortunate to have a fine range of eloquent international guest speakers. Prof. Michael Camilleri from the Mayo Clinic presented us with a tour through therapeutics available in functional gastrointestinal disease. New Zealand gastroenterologists can only look jealously at the range of therapeutics available - we currently have few funded options.

Prof. Jane Andrews, head of IBD services and Clinical Professor from Adelaide School of Medicine and Royal Adelaide Hospital presented her experience with Vedolizumab. The NZSG is currently trying to gain funding for additional biological



Dr. David Edge, Mr. Simon Turner, Dr. Mark Appleyard, Dr. Jim Brooker

agents to add to our current armamentum of Infliximab and Adalimumab.

Professor of Hepatic Medicine, Geoffrey Farrell, from the Australian National University Medical School in Canberra presented the latest information regarding the lingering effects of alcohol to the liver, the metabolic system and its relation to obesity.

An afternoon session in the multi-pronged management of functional GI disorders encompassed: general practice (Dr. Fraser Hamilton), models of care (Prof. Jane Andrews), cognitive behavioral therapy (Meagan Spence) and dietitian aspects (Anna Richards).

A session regarding a broad group of liver injury was held. Topics reviewed included: difficult cases of autoimmune liver disease (Dr. Rachael Harry), drug induced liver disease (Prof. Catherine Stedman) and lipotoxic pathogenesis of NASH (Prof. Geoffrey Farrell). Visiting speaker Dr. Bertus Eksteen, Clinical Associate Professor in Medicine from the University of Calgary, discussed new research in PSC and IgG4 disease.

Nursing aspects in the care of IBD and IBS were reviewed in a parallel session. Invited international Nurse Practitioner Joan Heatherington from the University of Calgary IBD clinic reviewed multidisciplinary team management of IBD.

Other topics included: breath testing (Sarah Silvester and Lizze Billmans), visceral hypersensitivity (Dr. Liz Phillips) and adherence support (Brenda Cross). Further afternoon sessions included presentations of foregut diseases. Professor Michael Camilleri presented case-based discussion of Foregut syndrome. Professor John Windsor discussed new foundations for treating functional upper GI disorder. Dr. Stephen Burmeister updated us on the Chicago V3 classification of esophageal disorders. A concurrent session regarding the com-



"Bogan-Zombie Apocalypse" dinner, A/Prof Michael Schultz, President of NZSG and Dr. Russell Walmsley, Immediate Past President, NZSG

plications of cirrhosis was held. Dr. Dara de Las Heras discussed ascites and hepatorenal syndrome. Dr. Frank Weilert covered varices and Dr. Rachael Harry updated encephalopathy.

Lively parallel dinner sessions covered: IBD topics (Prof. Jane Andrews, Prof. Richard Geary, Dr. Melissa Haines, Dr. Stephen Inns) and viral hepatitis topics (Prof. Catherine Stedman, Dr. Dominic Ray-Chaudhuri, Dr. Stephen Gerred).

Thursday morning saw luminal free papers and pancreatobiliary sessions. In the free papers Dr. Catherine Wall looked at fecal biomarkers and active Crohn's disease. Dr. Ming Han Lim presented on the endoscopic management of large sessile high grade polyps. This was subsequently awarded best registrar presentation. Dr. Ho Nam Lee compared acute with chronic iron deficiency anemia in colonic neoplasms. This research was awarded the best young investigator - luminal.

Dr. Jim Brooker presented the early New Zealand experience of POEM (peroral endoscopic myotomy). Dr. Siva Pulusu presented findings of ser-

rated polyposis syndrome cohort and interval cancers. Dr. Aditya Sheth presented findings of radiation exposure to staff and patients during ERCP. Dr. James Fulforth examined the utility of methane breath testing in IBS.

In the pancreatobiliary intervention session visiting speaker Associate Professor Ian Norton from the Royal Prince Alfred and Concorde Hospitals in Sydney presented strategy after ERCP failure. Dr. Estella Johns presented on the management of gastric outlet obstruction. Dr. Russell Walmsley presented on celiac plexus neurolysis. Dr. Nick Burgess presented on the locoregional interventions in pancreatic cancer.

Further free papers were presented. Dr. John Lubel presented results of Viekira therapy in cirrhosis. Dr. Helen Myint was awarded the prize for best research—liver for the paper "Probiotic supplementation after a very low calorie diet does not aid improvement of the metabolic syndrome or maintenance of weight loss post liver transplant: A randomized double-blind placebo controlled trial". Dr. Sebastiaan ten Bokkel Huinink

discussed global health outcomes in low FODMAP diet IBS patients. Dr. Richard Gearry presented trial of kiwifruit on gut health function. Dr. Catherine Wall showed results of enteral nutrition on Crohn's disease.

The 2016 Trans-Tasman lecture this year was presented eloquently by Associate Professor Ian Norton, head of the Department of Gastroenterology and Hepatology at Royal North Shore Hospital Sydney. The topic discussed was the new Australian "Barrett's Oesophagus guideline: A living document."

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### **With the national roll out of bowel cancer screening underway a timely combined session of the various aspects involved was held.**

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A module was presented on endoscopy in the coagulopathic patient with perspectives given by the endoscopist (Dr. Mark Appleyard), hematologist (Dr. Eileen Merriman) and cardiologist (Dr. Martin Stiles).

The liver free papers section included a state-of-the-art lecture on the future prospects in liver transplantation by invited speaker Prof. Geoff McCaughan, co-director of the Australian National Liver transplant unit in Sydney. Dr. Hannah Giles presented outcomes of acute hepatitis C. Dr. Mehul Lamba presented on HCC surveillance and Dr. Clare Russell on autoimmune hepatitis. Dr. Debi Prasad presented an audit of HCC from the New Zealand transplant unit.

Thursday afternoon saw an endoscopy video forum of advanced techniques by Dr. Frank Weilert, Dr. Ravindra Ogra, Dr. Jim Brooker and Dr. Russell Walmsley. Dr. Riaz Shaik's presentation on endoscopic removal of an eroded gastric band won best video forum prize. A parallel session on end-stage liver disease discussed pre-transplant assessment (Prof. Geoff McCaughan). Alcohol use disorders (Dr. Natalie Scollay) and management of post-transplant late complications (Dr. Dominic Ray-Chaudhuri).

With the national roll out of bowel

cancer screening underway a timely combined session of the various aspects involved was held: electronic reporting and data (Dr. James Irwin); implementation of the program (Associate Professor Susan Parry); consequences for surgery (Mr. Mike Hulme-Moir) and pathology (Dr. Nicole Kramer).

The final clinical session was the much anticipated gloves-off debate. This year's topic was "The basis for treatment for functional gut disorders should be pharmacological". Dr. Michael Camerilli's choice to look at the evidence proved not to be a match for Prof. Jane Andrews' populist manipulation of the audience.

The Social program is always a highlight of NZSG meetings. The fifth annual "Great Guts" fun run raised funds for Crohn's and Colitis New Zealand.

The wildly successful conference dinner was this year themed as "Bogan Zombie Apocalypse". Non Australasians will need to Google "Bogan" for further clarification. Innovative costuming heated the blood and brains as did a Waikato hospital gastro department flash mob rendition of Michael Jackson's "Thriller."

The major award for the NZSG was presented at the conference. The NZSG Janssen Research fellowship was awarded to Dr. Debi Prasad. His thesis will evaluate the interaction between HBV, obesity and liver-related complications in the Maori population. Awards were presented to the best original research at the meeting as assessed by our international guests. In addition to awards mentioned above best poster award were made to Dr. Amanda Chen and Dr. Ibrahim Hassan.

The end of this highly successful meeting concluded with an invitation to the NZ annual scientific meeting to be held from 22-24 November 2017 in Auckland. The organizers will be aiming to provide a diverse program covering all aspects of Gastroenterology and Hepatology. Confirmed international speakers include: Prof. Michael Bourke to educate us on therapeutic endoscopy, Prof. Siew Ng from Hong Kong, Prof. Mark Morrison discussing the microbiome and Dr. James O'Beirne as the international hepatology speaker.

We warmly welcome our friends from the World Gastroenterology Organisation to come to New Zealand to attend our conference and visit our beautiful country later in the year.



## 22<sup>nd</sup> United Russian Gastroenterology Week



### Vladimir Ivashkin, MD, PhD

President of the Russian Gastroenterological Association  
Head of Internal Medicine Propedeutic Chair  
Director of Gastroenterology and Hepatology Department  
First Moscow Sechenov Medical University  
Moscow, Russia



### Arkady Sheptulin, MD, PhD

Internal Medicine Propedeutic Chair  
First Moscow Sechenov Medical University  
Moscow, Russia

Among the presentations there were those dedicated to the new methods of radiological diagnostics in gastroenterology, actual pathophysiological and clinical aspects of pediatric gastroenterology, important clinical problems of nutrition and surgical gastroenterology (particularly concerning gastrointestinal bleeding).

There were 33 clinical symposia held which discussed such problems as criteria for choice and safety of proton pump inhibitors, advances in investigation of dyspepsia syndrome, prevention of gastroduodenal damages caused by nonsteroidal anti-inflammatory

22<sup>nd</sup> United Russian Gastroenterology Week (URGW), organized by Russian Gastroenterological Association (RGA), Profile Board "Gastroenterology" at the Ministry of Health of the Russian Federation (MHRF) and Department of Medical Science Russian Academy of Science, took place October 3-5, 2016, in Moscow. About 4000 doctors of different specializations (gastroenterologists, endoscopists, physicians, surgeons, pathologists, clinical pharmacologists, etc.) from Russia and other countries participated in this congress. About 700 doctors attended the Postgraduate Course, which was held just before the URGW.

Within the framework of the URGW 18 plenary sessions were carried out. Some were dedicated to actual problems of pathophysiology, diagnosis and therapy of gastroesophageal reflux disease [GERD] (including clinical features of its various forms, extraesophageal manifestations etc.), chronic gastritis and ulcer disease (including modern approaches to diagnosis and treatment of *H. pylori*

### About 4000 doctors of different specializations ... from Russia and other countries participated in this congress.

infection), irritable bowel syndrome (IBS) (such as pathophysiological role of bowel motility abnormalities, the association of IBS and small intestinal overgrowth syndrome), inflammatory bowel disease, liver and biliary system diseases, chronic pancreatitis.

drugs (NSAIDs), modern possibilities of prophylaxis and early detection of gastric cancer (including the necessity of prompt *H. pylori* infection eradication), the optimization of endoscopic diagnostic methods (particularly video



Gastroenterology Board meeting





Exhibition hall

capsule endoscopy), the importance of microecology and intestinal microbiota (the role of antibiotics in its impairment), actual problems of liver diseases (alcoholic and nonalcoholic fatty liver disease, drug-induced liver damage), modern approaches to basic therapy of ulcerative colitis, new possibilities in diagnosis and treatment of pancreatic and biliary tract diseases.

Seven plenary sessions were carried out under the main subject of “New diagnostic and treatment technologies”. Here were reviewed perspectives in diagnosis and treatment of GERD, new endoscopic methods in diagnosis and treatment of premalignant gastric lesions and gastric cancer, the efficacy of vedolizumab therapy in patients with IBD, the evolution in approaches to diagnosis and treatment of lactase insufficiency.

Eighteen reports were dedicated to new guidelines for diagnosis and treatment of gastroenterological disease, prepared with taking in account the recent published international recommendations (Kyoto Global Consensus Report of on *H. pylori* gastritis, Rome IV criteria for functional gastrointestinal diseases (FGID), Maastricht-V

Consensus Report). There was a discussion on new clinical recommendations of RGA for diagnosis and treatment of GERD (Trukhmanov A.S.), functional dyspepsia (Sheptulin A.A.), IBS (Poluektova E.A.), sphincter of Oddi disorders (Schulpekova Ju.O.). Eminent foreign participants gave very interesting reports: D. Graham (USA) presented main statements of Maastricht-V Consensus Report and stressed the importance of *H. pylori* infection eradication in prevention of gastric cancer. T. Vanuytsel (Belgium) assessed the role of gastrointestinal motility disorders given in Rome IV criteria of FGID. J.E. Domingues (Spain) provided the new international guidelines for treatment of chronic pancreatitis. There was a presentation by L. Ricciardiello (Italy), Chair of National Societies Committee for United European Gastroenterology (UEG), on a variety of learning and knowledge sharing opportunities for gastroenterologists in UEG.

There was a large symposium by the Russian Society of Endoscopy, where 18 reports were dedicated to the new advances of diagnostic and therapeutic gastrointestinal endoscopy. There was also a special symposium, where the modern possibilities of endosono-



Plenary session



Member of the Gastroenterology Board Professor M Butov (Ryazan) with young colleagues

graphy were discussed in diagnosis of gastroenterological diseases.

A special meeting of the “Gastroenterology” Profile Board at the MHRF was held within the framework of the 22<sup>nd</sup> URGW. The gastroenterologist-in-chief of the MHRF and President of RGA V. Ivashkin stressed that the main attention in the work of the Profile Board was paid to the solving of the task given by MHRF and aimed at the decrease of morbidity and mortality from gastroenterological diseases. The participants of the meeting discussed the major causes of mortality from gastroenterological diseases (decompensated liver diseases [particularly connected with alcohol intake], upper gastrointestinal bleeding [including those associated with NSAIDs], destructive forms of acute pancreatitis, gastrointestinal malignancies) and preventive measures for decrease of mortality.

The participants of URGW assessed the scientific level of presented reports as very high and expressed confidence that such scientific events play a very important role in their continuing medical education.



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. Get connected to WGO and follow our live feed here: <http://www.worldgastroenterology.org/about-wgo/media-center/social-media>.

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**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!



## The Latest News in WGO Global Guidelines and Cascades

### Coming Soon

In the near future WGO will release an update of the “Diagnosis, Management, and Prevention of Hepatitis C” guideline, which is being led by Professors Muhammad Umar and Aamir G. Khan, both from Pakistan. Translation of the updated guideline into French, Mandarin, Portuguese, Russian and Spanish will soon be underway.

### Later This Year

Work continues on the new Diet and the Gut Guideline, which is being led by Professors Govind Makharia (India) and Peter Gibson (Australia). This Guideline complements the 2016 World Digestive Health Day campaign theme of *Diet and the Gut – ‘Your Diet and Gut Health.’*

Also brand new will be the Pancreas (Cystic) Lesions Guideline. Led by Professors Juan Malagelada (Spain) and Nalini Guda (USA), work on this guideline is currently underway.

As for updates of existing Guidelines, the Endoscope Disinfection Guideline, which is chaired by Professor Tony Speer (Australia) as well as the World Endoscopy Organization’s Professor Jean-Francois Rey (France) is currently being updated from its 2011 version.

An updated Strongyloidiasis Guideline, under the leadership of Professor Michael Farthing (UK), is also in underway. Strongyloidiasis is an infection with *Strongyloides stercoralis*, a round worm occurring widely in tropical and subtropical areas. The current Guideline dates from 2004.

Please continue to watch upcoming issues of *e-WGN* as well as our *e-Alert* for news on the creation of these very important guidelines.

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

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



A Resource Sensitive Solution

## Calendar of Events

### WGO-RELATED MEETINGS

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

**When:** October 13, 2017 - October 18, 2017

**Address:** Orlando, Florida, United States

**Organizers:** American College of Gastroenterology (ACG) and World Gastroenterology Organisation (WGO)

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

**Website:** <http://www.worldcongress-sacg2017.org>

### CALENDAR OF EVENTS

#### XI Gastrotrilogía

**When:** June 2, 2017 - June 3, 2017

**Location:** Hotel Hilton

**Address:** Guadalajara, Mexico

**Organizer:** Asociación Mexicana de Gastroenterología

**Website:** <https://www.gastro.org.mx/>

#### 4th Slovenian Congress of Gastroenterology and Hepatology

**When:** June 7, 2017 - June 10, 2017

**Location:** Grand Hotel Union

**Address:** Ljubljana, Slovenia

**Organizer:** Slovenian Society for Gastroenterology and Hepatology

**Website:** [http://www.szgh.si/4.kongres/invitation\\_letter.html](http://www.szgh.si/4.kongres/invitation_letter.html)

#### 50th ÖGGH Annual Meeting & 28th Postgraduate Course

**When:** June 8, 2017 - June 10, 2017

**Location:** Linz, Design Center

**Address:** Europaplatz 1, 4020 Linz, Austria

**Organizer:** Austrian Society of Gastroenterology & Hepatology (ÖGGH)

**Website:** [www.oegg.at](http://www.oegg.at)

#### BSG 2017 Annual Meeting

**When:** June 19, 2017 - June 22, 2017

**Location:** Manchester Central Convention Complex

**Address:** Windmill Street, Manchester M2 3GX, UK

**Organizer:** British Society of Gastroenterology

#### 8th Congress of the Africa-Middle East Association of Gastroenterology

**When:** July 5, 2017 - July 9, 2017

**Location:** United Nations Conference Centre

**Address:** Addis Ababa, Ethiopia

**Organizers:** African Middle East Association of Gastroenterology (AM-AGE); Ethiopian Gastroenterology Association (EGA)

**Website:** [www.amageethiopia.org](http://www.amageethiopia.org)

#### XII Congreso Nacional de Gastroenterología and XXVI Congreso Centroamericano y del Caribe de Gastroenterología y Endoscopia Digestiva

**When:** July 27, 2017 - July 29, 2017

**Location:** Casa Santo Domingo

**Address:** La Antigua, Guatemala

**Organizer:** Asociación Guatemalteca de Gastroenterología, Hepatología Y Endoscopia

**Email:** [guategastro2017@gmail.com](mailto:guategastro2017@gmail.com)

**Website:** <http://gastroenterologosde-guatemala.org>

#### ASSA SAGES Congress 2017

**When:** August 5, 2017 - August 8, 2017

**Location:** Boardwalk Convention Centre

**Address:** Port Elizabeth, South Africa

**Organizers:** South African Gastroenterology Society (SAGES) and the Association of Surgeons of South Africa

**Telephone:** +27 (0)41 374 5654

**Email:** [assasages@easternsun.co.za](mailto:assasages@easternsun.co.za)

**Website:** <http://www.assasages.co.za/>

#### WGO Member Societies Submit Your Event

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

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

**When:** September 7, 2017 - September 9, 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)

**Telephone:** +54 351 4290468

**Fax:** +54 351 4290468

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

**Website:** <http://www.gastro2017.com.ar>

### XII Gastrotrilogía

**When:** September 8, 2017 - September 9, 2017

**Location:** Hotel Marriott

**Address:** Tijuana, Mexico

**Organizer:** Asociación Mexicana de Gastroenterología

**Website:** <https://www.gastro.org.mx>

### Asian Pacific Digestive Disease Week (APDW 2017)

**When:** September 23, 2017 - September 26, 2017

**Location:** Hong Kong

**Organizer:** Asian Pacific Association of Gastroenterology (APAGE)

**Email:** [info@apdw2017.org](mailto:info@apdw2017.org)

**Website:** <http://www.apdw2017.org/en>

### EUS ENDO 2017 - International Live Course

**When:** September 28, 2017 - September 29, 2017

**Location:** Villa Méditerranée

**Address:** Marseille, France

**Organizer:** MCO Congres

**Website:** <http://eus-endo.org/en>

### XXIII United Russian Gastroenterology Week

**When:** October 9, 2017 - October 11, 2017

**Location:** Moscow, Russia

**Organizer:** Russian Gastroenterological Association

**Email:** [alexander.trukhmanov@gmail.com](mailto:alexander.trukhmanov@gmail.com)

**Website:** [www.gastro.ru](http://www.gastro.ru)

### JDDW 2017 - Japan Digestive Disease Week 2017

**When:** October 12, 2017 - October 15, 2017

**Address:** Fukuoka, Japan

**Organizer:** Organization of JDDW

**Website:** <http://www.jddw.jp/jddw2017/en/index.html>

### The Liver Meeting® 2017

**When:** October 20, 2017 - October 24, 2017

**Location:** Walter E. Washington Convention Center

**Address:** Washington, DC USA

**Organizer:** AASLD

**Website:** <http://www.aasld.org/events-professional-development/liver-meeting>

### 25th United European Gastroenterology (UEG Week) 2017

**When:** October 28, 2017 - November 1, 2017

**Location:** Fira Gran Via

**Address:** Av. Joan Carles I, 64, 08908 L'Hospitalet de Llobregat, Barcelona, Spain

**Organizer:** United European Gastroenterology

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

**Website:** <https://www.ueg.eu/index.php?id=605>

### Congreso de las Asociaciones Colombianas del Aparato Digestivo (Colombian Congress of Digestive Diseases)

**When:** November 2, 2017 - November 5, 2017

**Location:** Ágora Bogotá Centro de Convenciones

**Address:** Carrera 37 No. 24-67, Bogotá, Colombia

**Organizer:** Asociación Colombiana De Gastroenterología

**Telephone:** +57 6168315

**Fax:** +57 6162376

### Semana Nacional de Gastroenterología (National Gastroenterology Week)

**When:** November 17, 2017 - November 21, 2017

**Location:** Puebla, Mexico

**Organizer:** Asociación Mexicana de Gastroenterología

**Email:** [amg@gastro.org.mx](mailto:amg@gastro.org.mx)

**Website:** <https://www.gastro.org.mx/semana-nacional-de-gastroenterologia-2/>

### Annual Scientific Meeting 2017

**When:** November 22, 2017 - November 24, 2017

**Location:** Auckland, New Zealand

**Organizer:** New Zealand Society of Gastroenterology

**Website:** <http://www.nzsg.org.nz/cms2/meetings/new-zealand>

### 20th International Workshop on Therapeutic Endoscopy and the 10th Hepatology and Gastroenterology Post Graduate Course

**When:** December 7, 2017 - December 10, 2017

**Location:** Cairo, Egypt

**Organizer:** Prof. Ibrahim Mostafa

**Email:** [info@egyptgastrohep.com](mailto:info@egyptgastrohep.com)

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

**Canadian Digestive Diseases Week™ (CDDW™) 2018**

**When:** February 9, 2018 - February 12, 2018

**Location:** Fairmont Royal York Hotel

**Address:** Toronto, Ontario

**Organizer:** Canadian Association of Gastroenterology

**Email:** [cagoffice@cag-acg.org](mailto:cagoffice@cag-acg.org)

**Website:** [www.cag-acg.org](http://www.cag-acg.org)

**JDDW 2019 - Japan Digestive Disease Week 2019**

**When:** November 21, 2019 - November 24, 2019

**Location:** Kobe, Hyogo, Japan

**Organizer:** Organization of JDDW

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



**JDDW 2018 - Japan Digestive Disease Week 2018**

**When:** November 1, 2018 - November 4, 2018

**Location:** Kobe, Hyogo, Japan

**Organizer:** Organization of JDDW

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