

# e-WGN

Celebrating 25 Years of e-WGN!

## WORLD GASTROENTEROLOGY NEWS

Official e-newsletter of the World Gastroenterology Organisation

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Melvin Schapiro, MD, MWGO

## WGO Announces the Theme for World Digestive Health Day 2021 and Prepares to Launch Year-long Campaign on 29 May



### Lilian Kow, BMBS, PhD, FRACS

President, IFSO  
Senior Consultant Surgeon, Flinders Medical Centre  
Clinical Associate Professor, Flinders University of South Australia; Co-Chair, WDHD; Adelaide, Australia



### Reem Ziad Sharaiha, MD, MSc

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Co-Chair, WDHD; New York, New York, USA



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WGO Past President, 2013-2015  
Professor Emeritus, Flinders University South Australia  
Co-Chair, WDHD  
Adelaide, Australia

The World Gastroenterology Organisation (WGO) has partnered with The International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) to celebrate World Digestive Health Day 2021 with theme, Obesity: An Ongoing Pandemic. Led by Co-Chairs Lilian Kow, PhD (Australia), Reem Sharaiha, MD (United States) and James Touli, MD (Australia), along with a Steering Committee of over 25 medical experts from all over the world, the campaign aims to

- Raise awareness of the role obesity plays in health, disease and its management, especially in countries that make up the memberships of WGO and IFSO.
- Provide gastroenterologists, surgeons, nutritionists their patients, and the lay public, with an understanding of the latest basic and clinical research in the pathogenesis, investigation and treatment of obesity.
- Translate the results of research into clinical practice and facilitate communication between physicians, allied health professionals, healthcare payers, and the public.
- Provide simple messages for the general public in order to assist them in understanding how obesity affects one's daily life and its importance in one's health.

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## WGO Announces the Theme for World Digestive Health Day 2021 and Prepares to Launch Year-long Campaign on 29 May

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Reem Ziad Sharaiha, MD, MSc  
James Toouli, MD, MBBS, PhD, FRACS, MWGO

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- Provide the lay public general information that may be used to discuss with their health care provider potential management of obesity that incorporates appropriate investigations, treatment, appropriate dietary and lifestyle advice relevant to their condition and circumstances.

WGO, together with IFSO, call upon Member Societies, Regional Affiliates, and partner organizations to organize events to raise awareness around the 2021 theme.

Please visit the WDHD website at: [www.worldgastroenterology.org/wgo-foundation/wdhd](http://www.worldgastroenterology.org/wgo-foundation/wdhd) to learn more about the 2021 theme and discover the tools and resources being developed. Addi-

tionally, all are encouraged to join the educational webinar planned for Saturday, 29 May – registration is free. Sign up today at [www.wdhd2021.org](http://www.wdhd2021.org) and follow #WDHD2021.

Together we can increase awareness of the optimal care of gastrointestinal and liver disorders worldwide. WGO greatly values your support of WDHD to ensure its continued success.

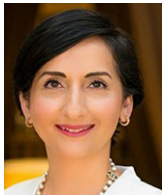



**OBESITY:**  
**An ongoing pandemic**  
WORLD DIGESTIVE HEALTH DAY — 29 May 2021





## Message from the Editors



### Anita Afzali, MD, MPH, FACP, AGAF

Abercrombie and Fitch Endowed Chair in Inflammatory Bowel Disease  
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Columbus, Ohio, USA



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

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Porto Alegre, Brazil

Visiting the past is a way of honoring the people who built WGO and anticipating the future of our organization. In this sense, we start this edition with the inaugural *e-WGN* History's Corner, an interview with Dr. Melvin Schapiro, past professor of Medicine and Gastroenterology at the University of California at Los Angeles, past President in 1994 World Congress of Gastroenterology (WCOG) and the 2009 Masters of WGO Award Recipient.

Next, the WGO celebrated World Digestive Health Day (WDHD) on 29 May 2020 with a 24-hour social media blitz. Co-Chairs of WDHD 2020 Drs. Eamonn Quigley (United States) and Uday Ghoshal (India) led significant efforts to increase world-

wide awareness of the role of the microbiome in human health. Let's take a look at the activities that took place around the world in this regard. Initiatives from Argentina, Brazil, Ghana, Italy, Kazakhstan, Russia, Spain, United States and Uruguay, among others, have been successful, as well as "The Gut-Liver Axis" special Webinar, co-promoted by the Pakistan Society for the Study of Liver Diseases and the WGO, and moderated by Prof. Saeed Hamid, from Aga Khan University Hospital, Karachi, Pakistan, who is also Chair of the WGO Hepatology Interest Group.

Also WGO celebrated World Hepatitis Day (WHD) on 28 August 2020, and some educational actions carried out in the East are discussed here.

Functional gastrointestinal disorders (FGIDs) has a high global prevalence and we treat and care for these patients commonly in our clinical practice. Dr. Eamonn Quigley nicely summarizes results from the recently published global survey of FGIDs from the Rome Foundation and provides a global perspective on management of these disorders.

Lastly, we highlight three recent Training Center Spotlights in Bangkok, Porto Alegre, and Rabat and applaud their efforts and commitment to teaching.

We hope you will enjoy this *e-WGN* edition.

Be Well,  
Mario and Anita



## The Global Prevalence of Functional Gastrointestinal Disorders – Results of the First Global Study



### Eamonn M M Quigley, MD, FRCP, FACP, MACG, FR-CPI, MWGO

Lynda K and David M Underwood Center for Digestive Disorders  
Houston Methodist Hospital and Weill Cornell Medical College  
Houston, Texas, USA

No one who practices gastroenterology doubts that the various functional gastrointestinal disorders (FGIDs) are common; gastroenterologists around the world will tell you that irritable bowel syndrome (IBS), constipation, dyspepsia and functional esophageal disorders are very common in their daily clinics. But, as we have learned from many prior studies, data from clinics are notoriously unreliable when it comes to prevalence data on FGIDs. Many factors, such as referral bias, health care seeking behavior, access to health care, diagnostic approaches, locus of health care (primary care vs specialist), as well as cultural norms can individually and collectively influence the nature of the patient population seen in a given clinic setting and greatly confound studies of presenting symptoms, co-morbidities, symptom severity and impact, as well as pathophysiology and therapeutic response. True community surveys were less common and, even here, comparisons were hampered by methodological differences between studies. These shortcomings were highlighted in prior attempts to define global prevalence<sup>1,2</sup> which, though identifying FGIDs everywhere in every corner of the globe where they were sought, noted apparently dramatic variations in prevalence between various studies from individual countries. One of these reports emanated from a WGO

Task Force on IBS<sup>1</sup>. To put it simply, the true prevalence of FGIDs around the world remained unclear. Knowing the prevalence of, for example, IBS or chronic constipation is important for many reasons, not least because of their impact on health care systems and the quality of life of the individual sufferer.

The recently published global survey of FGIDs from the Rome Foundation represents, therefore, a dramatic step forward. Involving the analysis of questionnaires (appropriately translated and validated) from 73,000 respondents in the general adult population in 33 countries in 4 continents, the results provide the best insight yet into the community prevalence of FGIDs. Most surveys were performed through the internet – for logistical reasons personal, household interviews were performed in 9 countries. In each country a target was set for the number of surveys to be completed to provide a representative sample – all targets were met. Rome IV diagnostic criteria for FGIDs were employed in analyzing the results.

Overall, 49% of females and 36.6% of males met criteria for at least one FGID - the most common disorders in all regions being functional constipation, functional dyspepsia, proctalgia fugax, functional diarrhea and IBS at prevalence rates of 11.7%, 7.2%, 5.9%, 4.7% and 4.1, respectively.

Significant variations were noted between countries, but this was, in part, attributable to survey method with much lower rates reported in household surveys in some countries. Looking at the data from the internet surveys reveals more consistent patterns – the range of prevalence for any FGID ranging from a low of 33.7% in Singapore to 50% in Egypt and with most rates lying close to the mean. Similarly, for most countries the prevalence rate for IBS lay between 3 and 5%; interestingly, about half the rate that would have been recorded by Rome III criteria. IBS, like most FGIDs, was uniformly more common in females. With some notable exceptions, such as fecal incontinence, the prevalence of FGIDs tended to decline with age.

It was my great honor to represent WGO in this endeavor. Its leadership and Dr Ami Sperber, in particular, deserve all of our thanks for carefully designing and meticulously executing a project that many thought to be impossible. Through their efforts and the support of several sponsors, we now have a true global picture of these common disorders – this first report represents but a snapshot from the wonderful, multicolor photo album that is to come in several installments in the coming months and years.

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## Eosinophilic Esophagitis: Update on Treatments for an Emerging Disorder



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Eosinophilic esophagitis (EoE) is a chronic immune-mediated inflammatory condition that results in esophageal fibrosis, stricture and dysphagia. The condition was first described in the literature only recently in the 1990s. Since then, the global prevalence has dramatically increased, in part due to its increasing recognition and diagnosis. The current estimate of pooled prevalence is 34.4 cases per 100,000 inhabitants in the United States and Europe, whereas the magnitude of this condition in developing regions has not been well studied.

In first degree relatives of patients with EoE, the prevalence of EoE is 2.5% although in a recent study the prevalence of esophageal eosinophilia is much higher at 14.6%. As the recognition and the prevalence of EoE continues to rise, gastroenterologists are more likely to encounter this disease in routine practice. Fortunately, with a growing number of studies and trials, our understanding of the disease and its management has evolved significantly. In this brief update, we review the current concepts and treatment options for this emerging disorder.

EoE is primarily a food antigen driven allergic condition in which T-helper type 2 (Th2) lymphocytes respond by secreting several cytokines including IL-4, IL-5, and IL-13. These cytokines initiate a cascade of epithelial disruption, as well as attraction/activation of eosinophils (via eotaxin-3), lymphocytes and mast cells, resulting in basal zone proliferation. Chronic inflammation ensues leading to esophageal remodeling, fibrosis and stricturing. In contrast to other allergic pathways, IgE does not appear to be critically involved in EoE pathophysiology, hence why IgE-based skin and blood testing to identify food allergens in individuals with EoE is associated with low accuracy. However, there is mounting evidence for aeroallergen sensitization and an association with concurrent atopic conditions, including asthma, allergic rhinitis and atopic dermatitis (eczema).

EoE is more likely to affect white males with atopy, but varies in presentation depending on the age of the patient and duration of disease. In adults (typically third to fourth de-

cade), symptoms include chest and/or abdominal pain, dysphagia and food impaction. In school-aged children, vomiting or pain are often present, whereas in infants/toddlers feeding difficulties and failure to thrive can be the presenting symptoms. Adolescent and adults often endorse compensatory maneuvers to avoid dysphagia/impaction such as slow eating, careful chewing, increased fluid intake during meals and food trigger avoidance (meats, breads). Thus careful history taking is important given the spectrum of clinical presentation.

The diagnosis of EoE relies on a combination of clinical and endoscopic findings. Endoscopically, esophageal changes such as mucosal edema, rings, white specks (exudates), linear furrows and esophageal stricture may be present (EREFS classification system). Esophageal eosinophilia, as defined by at least 15 eosinophils per high-power field (eos/HPF), is required to diagnose EoE. This must be present at a minimum in one of at least 6 biopsies, which should be obtained from the proximal and distal esophagus due to the patchy nature of the disease. Peripheral eosinophilia in EoE is uncommon and therefore not a sensitive enough test for diagnosis. Radiographic testing with barium esophagram may also help stage severity of disease and guide endoscopic management by characterizing stricture burden. Functional luminal imaging probe (EndoFLIP) may be used to evaluate esophageal distensibility as a marker of esophageal remodeling.

The differential diagnosis for EoE includes mostly rare conditions (achalasia, allergic vasculitis, Crohn disease of the esophagus, etc). The main exception to this is gastroesophageal



reflux disease (GERD), which can imitate or overlap with EoE. Moreover, patients with esophageal eosinophilia who have a complete response to proton pump inhibitor (PPI) were previously considered to have a distinct clinical entity, labeled PPI-responsive esophageal eosinophilia (PPI-REE). However, EoE guidelines have now evolved to include patients with eosinophilia whose symptoms are responsive to PPI, making this distinction of GERD and PPI-REE less important.

Once EoE is diagnosed the goals of treatment are to prevent complications, stabilize disease, and reverse fibrosis through improvement in symptomatic, histologic and endoscopic parameters. Histologic improvement is traditionally defined as < 15 eos/HPF. Lower levels are likely associated with improved outcomes. Endoscopic improvement can be quantitatively assessed with endoscopic reference score (i.e. EREFS). Improvement in endoscopic and histologic parameters are well correlated as measures of inflammation. However, symptom improvement from dysphagia and food impaction may not be as well correlated due to residual fibrosis and persistent esophageal strictures. Therefore goals of therapy are to resolve eosinophilia and maintain adequate esophageal caliber to control symptoms. The present approach to treatment can be summarized as the 3 D's: Diet, Drug and Dilation.

Elimination diets are the cornerstone of management of EoE and directly address the pathophysiology of the disease. Therefore they are useful for both acute treatment as well as maintenance therapy. The traditional 6 food elimination diet (milk, gluten, soy, eggs, nuts and seafood in descending order of allergy prevalence) has a clinical success rate of 70-75%, but requires the greatest dietary restriction. In addition, it may

require multiple upper endoscopies to determine recurrence of eosinophilia after re-introduction of each food group as symptoms often do not correlate accurately with histology. Therefore 2 and 4 food elimination diets of the foods with higher allergy prevalence are effective in 40% and 50% of patients, respectively, and may be considered. Dietary consultation is useful but food allergy testing is not in most cases.

Drug therapy consists of PPIs or topical steroids. PPIs (omeprazole 20-40 mg or equivalent) given twice daily for 8 weeks are effective in 40-60% of patients. In PPI responders longterm PPI therapy is effective in maintaining remission and should be tapered to the lowest effective dose. Topical steroid therapy consists of fluticasone spray (4 puffs 880 mcg BID) or budesonide (1 mg BID) liquid for 8 weeks and is effective in 60-95%. The fluticasone spray is swallowed (not inhaled) directly while budesonide is mixed into a viscous liquid before swallowing (using honey, sucralose, syrup). Patients should rinse and spit with water after steroid administration and refrain from eating or drinking for 30 minutes. Candida esophagitis complicates steroid treatment 5-10% of the time. Specific esophageal delivery formulations have been approved in Europe. Unfortunately histologic and symptomatic recurrence is common after steroid treatment is stopped and the role of maintenance treatment with topical steroids is unclear.

Success rates of endoscopic dilation are similar to diet and drug therapy. Endoscopic therapy provides immediate relief in patients with very narrow caliber esophagus who are at high risk of food impaction. The goal is to dilate to the level of a controlled mucosal tear. It can be difficult to predict at which level (axially) it will occur (Figure 1). The two primary methods are Savary bougie dilation or the bal-

loon pull through technique, where the inflated balloon is pulled up from the gastroesophageal junction through the upper esophageal sphincter. Both methods allow for dilation of the entire length of the esophagus and provide feedback for when a mucosal tear occurs. The goal is to obtain an esophageal diameter of 15-18 mm which may need to be achieved with serial dilations. Initial concerns about higher than average perforation rates have not been borne out with experience and techniques described above. However, post-dilation chest pain is common and should be anticipated (Table 1). Dilation therapy does not address inflammation, suggesting combination with diet or drug therapy may be the most effective strategy.

EoE is a relatively recently recognized disease entity that causes significant morbidity. Its prevalence is increasing in the developed countries and likely increasing worldwide. While primarily an allergic disease, there also appears to be a familial genetic component. The 3 D's: diet, drugs and endoscopic dilation are effective in the treatment of this disorder for the vast majority of patients. However, recurrence is near universal and longterm maintenance treatment to control inflammation is still evolving. Understanding the principles and nuances of endoscopic dilation is important, given that most adult patients will have esophageal strictures at some point in the clinical history. New biologic treatments targeting cytokines and esophageal directed delivery medications are being investigated and will likely assume a significant role in future treatment paradigms for this disease.

Dilation of entire esophagus since anatomically and clinically significant strictures may be located anywhere in the esophagus and maybe difficult to ascertain endoscopically
Start with small diameter dilators with goal to dilate to a controlled mucosal tear at a single endoscopy session
If using bougie dilator endoscopically inspect mucosa for tears between dilator sizes
Gradually dilate to 15-18 mm with sessions every 3-4 weeks
Once the target lumen diameter is reached repeat dilation should be reserved for recurrent dysphagia. This may be needed only every 1-3 years

Table 1. Principles for endoscopic dilation for EoE

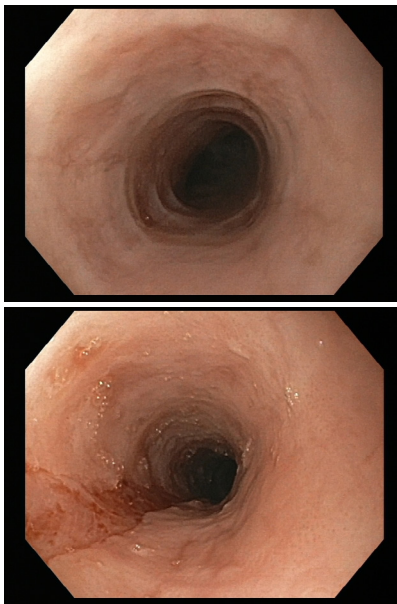


Figure 1. EoE pre-dilation and post-dilation to mucosal tear.

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## Gastro 2021



The World Gastroenterology Organisation (WGO) is pleased to co-host its biyearly international conference, Gastro 2021, with the Czech Society of Gastroenterology (CSG), in Prague, Czech Republic.

Gastro 2021 will take place from 9 – 11 December 2021. **The conference, as currently planned, will be in a hybrid format with sessions offered on-line for those unable to travel to Prague.**

More information is available on the Gastro 2021 website: <https://www.gastro2021prague.org>.

This event is also co-organized jointly by the Czech Society of Hepatology, Czech Society of Gastrointestinal Oncology, and Czech Society of Surgery.

We are pleased to present the Joint Steering Committee and Joint Scientific Program Committee:

Joint Steering Committee	
<p><b>WGO Representatives</b>                      Naima Amrani, President                      Cihan Yurdaydin, Past President                      Guilherme Macedo, President-elect</p>	<p><b>CSG Representatives</b>                      Julius Spicak, CSG Board Representative                      Ondrej Urban, CSG President                      Milan Lukas, CSG Past President</p>
Joint Scientific Program Committee	
<p><b>WGO Representatives</b>                      Carolina Olano, Uruguay, Co-Chair                      Joost Drenth, The Netherlands                      Geoffrey Metz, Australia                      Gerhard Rogler, Switzerland                      David Sanders, United Kingdom</p>	<p><b>CSG Representatives</b>                      Tomas Hucl, Czech Republic, Co-Chair                      Radan Bruha, Czech Republic                      Ilja Tacheci, Czech Republic</p>



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# WGO and IFSO to Launch an Obesity-Focused Webinar on World Digestive Health Day



The World Gastroenterology Organisation (WGO), together with the International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO), invite its member societies, partners and health care professionals in the medical specialty to register for its first live global webinar event on Saturday, 29 May 2021, as part of its World Digestive Health Day (WDHD) campaign entitled Obesity: An Ongoing Pandemic.

## PROGRAM DETAILS

The scientific program will begin at 11:00 UTC/07:00 New York/13:00 Italy/16:30 India/19:00 China and is scheduled to last 4.5 hours. Sessions will feature hot topics in obesity (e.g. nonalcoholic fatty liver disease, cancer, and diabetes), clinical cases studies, and a discussion on the impact of the COVID-19 pandemic on patients with obesity. Each session includes time for Q&A, allowing attendees to participate in the discussions.

Led by the WDHD co-chairs, Profs. Lilian Kow (Australia), Guilherme Macedo (Portugal), Reem Sharaiha (USA) and James Toouli (Australia), the WDHD scientific program features international faculty representing 13 different countries. The complete program can be found at: [www.wdhd2021.org/program](http://www.wdhd2021.org/program).

## FREE REGISTRATION & CONTINUING MEDICAL EDUCATION CREDITS

Registration is open to all, including gastroenterologists, hepatologists, GI surgeons, and other health care professionals. There is no cost to register for the WDHD webinar on 29 May 2021. Registered attendees will receive access to all sessions and panel discussions, access to the webinar recording, and an attendance certificate. To register, please visit the WDHD 2021 event website at [www.wdhd2021.org/registration/](http://www.wdhd2021.org/registration/).

3 European CME credits (ECMEC<sup>®</sup>s) have been granted by the European Accreditation Council for Continuing Medical Education (EACCME<sup>®</sup>), which may be converted to *AMA PRA Category 1 Credits™*.

REGISTER HERE	
Registration will entitle you to:	
<p>Access to all scientific sessions and live debates</p>	<p>Access to the exhibition area and to each single exhibitor booth</p>
<p>Attendance certificate</p>	<p>CME credits <i>(convertible into AMA credits)</i> An application has been made to the EACCME for CME accreditation of this event</p>

**OBESITY: An ongoing pandemic**  
WORLD DIGESTIVE HEALTH DAY — 29 May 2021

01.00 pm | 02.00 pm

**SESSION #1**  
HOT TOPICS IN OBESITY: NAFLD, CANCER, DIABETES

**MODERATORS**  
Lilian Kow (Australia), Guilherme Macedo (Portugal)

**PANELISTS**  
Laurent Biertho (Canada), Nicola Di Lorenzo (Italy), Saeed Hamid (Pakistan)

Obesity and NAFLD, Helena Cortez-Pinto (Portugal)  
Obesity and Cancer, Raul Rosenthal (USA)  
Obesity and Diabetes, Francesco Rubino (UK)

DISCUSSION | Q&A

Organizing Secretariat  
WGO IFSO  
info@wgocongress.it

**FREE REGISTRATION**  
[www.wdhd2021.org](http://www.wdhd2021.org)

**OBESITY: An ongoing pandemic**  
WORLD DIGESTIVE HEALTH DAY — 29 May 2021

02.00 pm | 04.00 pm

**SESSION #2 | Part I**  
CLINICAL CASES SESSION

**MODERATORS**  
Reem Sharaiha (USA), Lilian Kow (Australia)

**PANELISTS**  
Samer Mattar (USA), Gerhard Prager (Austria), Eamonn Quigley (USA), Kazunori Kasama (Japan)

#1 Case presentation on a patient with NAFLD  
Case Presenter: Ken Loti (Australia)  
Bariatric Surgeon, Costano Marchesini (Brazil)  
Endoscopist, Christopher Thompson (USA)  
Hepatologist, Manuel Romero Gomez (Spain)  
Dietitian/Nutritionist, Silvia Leite Faria (Brazil)

DISCUSSION | Q&A

Organizing Secretariat  
WGO IFSO  
info@wgocongress.it

**FREE REGISTRATION**  
[www.wdhd2021.org](http://www.wdhd2021.org)

**OBESITY: An ongoing pandemic**  
WORLD DIGESTIVE HEALTH DAY — 29 May 2021

02.00 pm | 04.00 pm

**SESSION #2 | Part II**  
CLINICAL CASES SESSION

**MODERATORS**  
Reem Sharaiha (USA), Lilian Kow (Australia)

**PANELISTS**  
Samer Mattar (USA), Gerhard Prager (Austria), Eamonn Quigley (USA), Kazunori Kasama (Japan)

#2 Case presentation on a patient with Class 1 Obesity, T2 Diabetes and Reflux  
Case Presenter: Abdelrahman Nimeiri (USA)  
Bariatric Surgeon, Estuardo J. Behrens (USA)  
Endoscopist, Barham Abu-Dayeh (USA)  
Gastroenterologist, Shelby Sullivan (USA)  
Dietitian/Nutritionist, Mary O'Kane (UK)

DISCUSSION | Q&A

Organizing Secretariat  
WGO IFSO  
info@wgocongress.it

**FREE REGISTRATION**  
[www.wdhd2021.org](http://www.wdhd2021.org)

**OBESITY: An ongoing pandemic**  
WORLD DIGESTIVE HEALTH DAY — 29 May 2021

04.00 pm | 05.30 pm

**SESSION #3**  
THE IMPACT OF COVID-19 PANDEMIC ON PATIENTS WITH OBESITY

**MODERATORS**  
Reem Sharaiha (USA)

**PANELISTS**  
Arya Sharma (Canada), Louis Aronne (USA), John Morton (USA)

Bariatric Surgeon, Scott Shikora (USA)  
Endoscopist, Christine Stier (Germany)  
Gastroenterologist, Ivo Boskovic (Italy)  
Dietitian/Nutritionist, Julie Parrot (USA)

DISCUSSION | Q&A

Organizing Secretariat  
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**FREE REGISTRATION**  
[www.wdhd2021.org](http://www.wdhd2021.org)

## Pakistan Society for the Study of Liver Diseases Webinar on ‘The Gut-Liver Axis’



**Zaigham Abbas, MBBS, FCPS, FRCP, FRCPI, FACP, FACC, AGAF**

Department of Hepatogastroenterology  
Ziauddin University  
Karachi, Pakistan

The World Gastroenterology Organisation (WGO) selected the ‘Gut Microbiome’ as the focus of the 2020 World Digestive Health Day (WDHD) campaign. The objective of choosing this theme is to increase the awareness of the role of the gut microbiome in health and modulation of different diseases.

The Pakistan Society for the Study of Liver Diseases (PSSLD) organized a webinar on 30 May 2020 in collaboration with WGO to commemorate WDHD 2020. The title of the webinar was “The Gut Liver Axis.” Prof. Saeed Hamid, from Aga Khan University Hospital, Karachi, Pakistan, who is also Chair of the Hepatology Interest Group, moder-

ated the Webinar. “There are a lot of developments in the basic and clinical research in the gut microbiome. While the official date of WDHD is 29 May 2022, the initiative taken by WGO and related activities will continue throughout and beyond the campaign year”.

He introduced Prof. Zaigham Abbas from the Ziauddin University Karachi and current President of PSSLD who gave the first presentation on the ‘The Gut Microbiome and the Gut-Liver Axis.’ “We are not alone in our bodies. Living inside every person are trillions of microorganisms. The gut bacterial microbiota is comprised primarily of 4-5 main phyla including Firmicutes and Bac-

teriodetes. Several factors affect the development and alteration of the gut microbiome including birthing and infant feeding method, exposure to physical metabolic and psychological stress, environment, diet, medications, and stage of the lifecycle, and comorbid diseases. The interaction of gut microbiome with the host is mostly indirect and is mediated by their metabolic products, also called postbiotics, which are released during food fermentation. Vast differences exist between the microbiomes of apparently healthy people. Dysbiosis an alteration in the microbial community that results in decreased diversity and numbers of commensal bacteria. Studies suggest a relationship between gut dysbiosis and chronic health conditions such as inflammatory bowel disease, metabolic syndrome, cardiovascular disease, obesity, and cancer.

The Gut-Liver Axis is a bidirectional relationship between the gut microbiota and the liver. This reciprocal interaction is established by the portal vein, which transports gut-



Webinar on Gut Microbiome

derived products directly to the liver and the liver feedback route of bile and antibody secretion to the intestine. Dr. Abbas discussed the crosstalk between bile acids and gut microbiota and the role of the farnesoid X receptor (FXR).

Prof. Wasim Jafri, from Aga Khan University and Director of the WGO Karachi Training Center introduced the next key speaker, Prof. Eamonn Quigley. Prof. Quigley chairs the Lynda K and David M Underwood Center for Digestive Disorders, Houston Methodist Hospital, and Houston, Texas, USA. He is Co-Chair of the WDHD 2020 Campaign. He spoke on 'Gut Microbiome and Liver Disease'. He mentioned vascular, lymphatic, and liver firewalls that captures gut bacteria entering the bloodstream. He threw light on the altered gut microbiota in chronic liver disease and a role in hepatic encephalopathy. He said that small intestinal

bacterial overgrowth was common in chronic liver disease patients and Intestinal microbiota on admission predicted the risk for extra-hepatic organ failure, acute on chronic liver failure, and death. The gut microbiome has a role in acute rejection after transplantation, acetaminophen-induced hepatotoxicity, acute liver injury, hepatocellular carcinoma, primary sclerosing cholangitis, and non-alcoholic and alcoholic fatty liver disease. "In patients with cirrhosis and NAFLD the gut microbiota profile and systemic inflammation are significantly correlated and can concur in the process of hepatocarcinogenesis", he added.

Professor Masood Siddiq, Past President of PSSLD, introduced the next speaker, Prof. Jasmohan Bajaj. He is Professor of Medicine at Virginia Commonwealth University and Richmond VA Medical Center USA, and a member of the WDHD 2020

Steering Committee. He discussed 'Therapies Targeting the Gut-Liver Axis'. Dr. Bajaj said, "Currently available therapies are prebiotics, probiotics, postbiotics, synbiotics, lactulose, rifaximin, and modified diets while emerging therapies are a fecal microbial transplant, phage therapy and precision changes in the microbiota". He concluded that microbiota could be managed in several ways to benefit liver disease.

This online seminar was well-attended by participants from different parts of the world including Prof. Cihan Yurdaydin, WGO Past President and Chair of Nominations, and Prof. Kadir Docmeci, Past President Asian Pacific Association for the Study of Liver Diseases (APASL).



## Spotlight: WGO Endoscopy, Other Procedures and Outreach Interest Group



### Vivek Kaul, MD, FASGE, FACC, AGAF

Chair, WGO Endoscopy, Other Procedures & Outreach Interest Group  
Professor of Medicine, Division of Gastroenterology & Hepatology  
University of Rochester Medical Center, Rochester, NY, USA

WGO's Endoscopy, Other Procedures and Outreach Interest Group, consists of representative members from around the world whose shared interest and expertise in endoscopy brings them together to help further the endoscopy related missions of the organization.

This committee started as an "endoscopy interest group" under Dr Richard Kozarek. Over the years the endoscopy interest group turned into the "Endoscopy, Procedures and Outreach Interest Group". Few years later it was renamed to its current title. In recent years, Drs Grace Elta, Mark Topazian and Andrew Veitch have served as Chairs.

Since its inception the committee has been involved with several projects globally. Notably, the development of a research project based in WGO's Training Centers, generating the first global endoscopy needs assessment. The group strives to make endoscopy resources and opportunities available to WGO Training Centers. In recent years, these have included:

- Involvement in a research study assessing adequacy of endoscope disinfection (the ATP study)
- In collaboration with the British Society of Gastroenterology (BSG), enabling interested Training Centers to host Training Colonoscopy Trainers workshops,

with the goal of creating regional colonoscopy training teams

- Again with the BSG, developing the ERCP Train The Trainers workshops

As a result of a unique collaboration between a few group members, ANZGITA, Provation, the National University of Fiji and the Fiji WGO training center, recently an electronic endoscopy reporting system was installed in Fiji.

Additional recent projects include collation of international advice on the management of endoscopy through the Covid pandemic and these resources are available on the [WGO website](#). The committee has also initiated the first collaborative guideline between WGO, the World Endoscopy Organization and the European Society for Gastrointestinal Endoscopy "Resuming endoscopy during COVID-19 pandemic: ESGE, WEO and WGO Joint Cascade Guideline for Resource Limited Settings. In addition, a paper on PPE guidance was generated and is posted on the WGO website ([see link](#)). This was truly a global effort involving 19 colleagues from 13 countries across low, middle and high resource settings!

The Endoscopy Interest Group is concerned about sustainability and will be contributing to the work of the WGO Climate Change Committee. Additionally, expanding endoscopy training through low-cost initiatives remains a key focus of the group to this day, especially in light of the pandemic

and reduction of "in-person" events. Under Dr Des Leddin's leadership, teaching endoscopy by remote mentoring (TERM) is an initiative that the committee is actively exploring, despite its many challenges.

The committee remains dedicated to disseminating cognitive and technical resources related to endoscopy teaching/training and clinical practice and expanding educational efforts throughout the globe. Additional areas of focus for the committee include a commitment to continued virtual education through webinars or similar platforms and collaborating with other WGO committees in areas of mentoring and clinical research. Committee members also regularly contribute to the world congress (endoscopy related) program agenda development and also present/moderate sessions from time to time.

As we emerge from the pandemic and look to future challenges, we are grateful for the strength, combined talent and commitment of the WGO staff and leadership and our group members. We are also proud of our global collaborations that allow us to address unmet needs, from the most basic to the most aspirational, through this platform!

A listing of current committee members can be found here. <https://www.worldgastroenterology.org/who-we-are/organization/committees-interest-groups/endoscopy-other-procedures-outreach-interest-group>



## Training Center Spotlight – Bangkok



**Lubna Kamani, MD**

Liaquat National Hospital and Aga Khan University Hospital  
Karachi, Pakistan



Siriraj hospital is a World Gastroenterology Organisation (WGO) training center for endoscopy in the heart of Bangkok, Thailand. There they run parallel training sessions throughout the calendar year on basic to advanced diagnostic and therapeutic endoscopy courses. The entire application process for these courses is highly competitive as they receive many applications from scores of international candidates, and only a handful are selected. Fortunately, I was selected for a three-month hands-on ERCP training course, which ended in January 2011,

where I was the first doctor from Pakistan to be accepted into this course. My training went on very smoothly as the consultants and staff were very helpful and co-operative. The consultants, in particular, guided and assisted me by providing useful tips and tricks during procedures and also by taking regular lectures. Also, they provided me with reading material in the form of a textbook and atlas.

This training not only allowed me to grow as an advanced Endoscopist, but it also helped me in patient management. Furthermore, because of this, I was able to help my junior consultants, teach and train gastroenterology fellows in my department upon my return. In these years, I have also written a few manuscripts on this topic. As I moved on in my career, the hospital I worked at wished to start an EUS program and I could not think of any other training center to attend for to get this started. In 2019, I was

again accepted and welcomed wholeheartedly at the Siriraj hospital for further training. WGO training centers are an excellent opportunity for young physicians to get advanced endoscopic training, especially when the training is not available in their host country. I believe that there should be more WGO training centers like Siriraj hospital where the maximum number of trainees get selected and trained, especially if they are from a country with limited resources.

I am very grateful to all my trainers in Siriraj hospital for providing impeccable training that reshaped my Endoscopy career and made a difference in my patient care.





## Training Center Spotlight – Porto Alegre



**Ysela Picon Perez, MD**

Universidad Ricardo Palma  
 Trainee, Porto Alegre Training Center  
 Lima, Peru



The opportunity to participate in daily activities at the Porto Alegre Training Center (WGO) is an enriching experience both professionally and personally. The Hospital de Clinicas de Porto Alegre has 792 beds, provides care through the unique health system (SUS) and has a high volume of patients with liver diseases (HCV, alcohol, NASH, metabolic, Transplanted), this has allowed me to evaluate patients and discuss with the assistants in the medical rounds, interact with gastroenterology residents, be at the side of the assistants during the

outpatient consultation, review clinical cases in detail, participate in both interdisciplinary clinical meetings (pathology, radiology) and in online meetings with national and international assistants through the ECHO project (Extension for Community Healthcare Outcomes). These activities facilitate feedback and internalization of concepts and knowledge. The hospital is a university center with varied academic activity, and they have a research center, which is one of its strengths. The organization has the passion with which their post-graduation students develop their projects is admirable, I have had the satisfaction of participating in a research group and sharing with colleagues both Brazilian and foreign. This experience has motivated me to participate in this group.

I am a Peruvian gastroenterologist, eleven days after my arrival at the training center, the WHO declared

that we were facing a coronavirus pandemic. A few days later, the pace of the activities were affected, the volume of patients decreased, some activities were suspended. In this circumstance, Dr. Mario Reis as head of the Service as an immediate response, started an online course to be at the forefront with the new virus knowledge and the necessary protection measures to continue with the assistance activities to attend to patients in optimal conditions, clinical rounds, and virtual academic activities began.

Four days after the pandemic was declared, Peru closed the air borders



*Pictured above: Dr. Picon Perez attends an online meeting with trainers.*



indefinitely and declared a curfew until the end of June. In this situation, my return date has been left open, uncertainty tests my ability to adapt, it is a challenge to see it as an opportunity to act responsibly, in solidarity, and continue with the goals set. It is a challenge to get my best version out and return to my country with tools



that allow me to provide timely care to patients with liver disease and open a door for the Peruvian health system to provide everyone with an opportunity for liver transplantation.

I feel happy and fortunate to be in this center, I thank this opportunity given to WGO, Professor Mario Reis director of the Training Center for his unconditional support, as well as assistants, residents and administrative staff, for the experiences and knowledge shared during this period, they are all very friendly and have made my integration to the team possible by making me feel part of them. Maintaining this scholarship is having a door to contribute to the development of professionals with an interest in hepatology, an experience that motivates us to be better in this field, to contribute to the care of our patients, and the development of our care services.



## Training Center Spotlight – Rabat



### Meriem Bakkar, MD

Gastroenterology Unit  
National Institute of Oncology  
Ibn Sina University Hospital  
Rabat, Morocco



I am Meriem Bakkar, gastroenterologist and hepatologist and a proud member of the World Gastroenterology Organisation's (WGO) Training Center in Rabat. I am absolutely honoured to be given the opportunity to share some perspective on the WGO Rabat Training Center (RTC).

Ten years ago, I attended the RTC as a student. It was a fundamental part of my training and education in Gastroenterology. Thanks to an unfailing support of my professors, the training I received enabled me to continue to build my learning and trace my path towards my dream of becoming a gastroenterologist and a hepatologist.

Today, thanks to my devoted teacher Pr Naima Amrani's trust, I have the privilege to join WGO's mission aiming to tackle the disparities in education worldwide and training the next gastroenterologists generation in Africa.

### Pr M. Classen and Pr N. Amrani's goal to optimize digestive health care worldwide: creation of Rabat Training Center

The demand for the prevention and treatment of digestive disorders worldwide was such that the WGO started to envisage a global approach that contributes to level the playing field for developing countries. Pr Meinhard Classen played an important role enhancing and boosting digestive healthcare in those countries. With these objectives and with the agreement of the Moroccan Ministry of Higher Education and the WGO, the Rabat Training Center was created in 2001. It is located at Mohammed V University, Faculty of Medicine and Pharmacology. It is aimed at French speaking physicians, mostly from Africa.

RTC's main goal is to promote high standards training in gastroen-

terology, hepatology and endoscopy while keeping pace with the most recent learning tools. French is the adopted teaching language to facilitate knowledge sharing and access to information, as some of the physicians may not be fully familiar with English terminology. RTC also aims to create a link between the African doctors and the international gastroenterology's community. Finally, it is also a training platform for trainers. These goals are reached with the collaboration and support of several scientific societies<sup>1</sup>.

Multiple modern and didactic training tools are available in our center: a conference room with a simultaneous translation booth, devices for endoscopy trainings with computerized simulators, mannequins, and animal models (EASIE models), ultrasound units, and a multimedia library.

### RTC's Main Activities

The center offers 2 kinds of trainings:

#### 1-Short term program: The annual intensive educational course

The center provides a short-term training program by organizing a 15 day annual course. It is an educational event that gathers on average 70 young physicians and international experts. The course includes a theoretical part with interactive courses

<sup>1</sup> Société Nationale Française de Gastroentérologie (SNFGE)- The Belgian Society of Gastrointestinal Endoscopy (BSGIE)- Société Marocaine des Maladies de l'Appareil Digestif (SMMAD)- Société Marocaine d'Endoscopie Digestive (SMED) and many others....

and clinical cases led by carefully selected speakers. Participants thus acquire robust knowledge and get updates on digestive pathology as well as the recent guidelines.

Practical workshops in endoscopy and abdominal ultrasound for all the attendees complete the training program. Hands on sessions are organized for the participants who are split into small groups according to their level and experiences. Various stations are available, from the learning of technical aspects in diagnostic endoscopy with the help of simulators and mannequin devices to advanced therapeutic procedures on animal models. All the stations are supervised by an expert.

At the end of this intensive course a certificate of attendance are delivered to the participants. An evaluation takes place and gives access to the best candidates for another participation. The event also offers great opportunities for networking and exchanging views and contacts between the program attendees and the experts.

#### The RTC Annual Course through some Trainees' Testimony



#### Dr. Félicien Shikama, Rwanda

*"I was very impressed by the content of the course as it includes both theoretical and practical sessions with great experts from different countries. Many interesting topics in gastroenterology and hepatology are discussed. I was very interested in practical sessions and it was my first time ever to be trained on animal models. Since then I got more*

*interest in endoscopy practice. I have acquired motivation to keep improving my practical skills at home and now, I am confident to do upper gastrointestinal endoscopies without supervision. To attend this course enabled me to choose gastroenterology and hepatology as my future career in medicine and has opened my mind to further trainings"*



#### Dr. Asma Labidi, Winner of the Evaluation 2017, Tunisia

*"The areas of training were various and there was a great balance between theory and practice: conferences on various fields of hepatology, GI oncology, and motility disorders, hands-on endoscopy workshops. It was a great opportunity for me to make contacts with international experts as well as colleagues from many African countries. Fortunately, I had the chance to be there once again and it was a great honor for me to make a case presentation to my colleagues there. It was a very nice experience"*



#### Dr. Jean Christophe Saurin

- Trainer: Lyon, France

*"I'm happy to have participated the past 10 years to this very important educa-*

*tional event held in Rabat in January. Doctors from all Africa follow 2 weeks course covering all different parts of our very large specialty. They have the opportunity to hear from international experts in each field, to see experts doing, to handle different devices, and test their skills under supervision on animal models. This event does a fantastic job aiming at improving medical care in Africa. This happens under the warm supervision of Pr Naima Amrani and her wonderful team."*



#### Dr. Danny DeLooze

- Trainer: Gent, Belgium

*"Since 2011 I have been participating as lecturer/expert at the yearly WGO course in Rabat, Morocco. From the first time onwards, I was impressed by the professional framework that is set up to teach gastro-entéro-hepatology to young African gastroenterologists. Every year, I am surprised by the knowledge the students have: I always give talks in an interactive way with lots of questions for the audience and I am surprised by the answers I get from them. They are very well prepared and exhibit a high level of theoretical background. The African students are eager to get practical information, not only during the lectures but also during the breaks they come to the experts with lots of questions for their daily practice. This WGO center plays a crucial role in the formation and ongoing education of the African gastroenterologists."*



**Dr. Alan Barkun**  
- Trainer: Montréal, Canada

*“It is truly a life-changing event for both participants and Faculty. Participants are highly motivated, multi-country, multicultural group of colleagues who bring with them an openness of mind and genuine thirst for learning that in my experience is both unusual and extremely gratifying for all both speakers and attendees. The entire group becomes essentially a family whose members learn continuously together and from each other, in a multitude of learning sessions that include didactic, small group, and hands-on opportunities.”*



**Dr. Nada Lahmidani**  
- Trainer: Fès, Morocco

*“I was delighted to take this course a few years ago as an apprentice and then come back later as an expert. I warmly congratulate this dynamic, professional, and very reactive team. It is a unique experience to meet eminent experts from all over the world. An opportunity to be seized by all gastroenterologists. Great job. Great team!”*

Pictures from the 2020 WGO RTC Course



### Long term program: Training fellowships

In its effort to fulfill the global educational mandate, the RTC offers a great opportunity to African physicians to add to their curriculum a cutting edge long term program allowing up to 5 years fellowships. They get academic and practical training and are exposed to the clinical and technical aspects of hepatology, gastroenterology and endoscopy. Both practical training with patients and theoretical courses at the University Hospital Ibn Sina in Rabat occur under the supervision of confirmed specialists. The Moroccan specialty degree is delivered at the end of this training program.

Medium-term programs are also implemented for gastroenterologists who want to learn or update their skills in all our specialty branches especially in diagnostic and therapeutic endoscopy. They can benefit from the didactic means of the center and the technical platform at the hospital. WGO RTC is proud of having trained several specialists in Africa who now practice successfully gastroenterology in their countries.

### Feedback from gastroenterologists on how RTC succeeded in meeting their needs in terms of education and formation



**Dr. Saké Alassan Khadidjatou, Benin**  
*"After obtaining my state doctorate in general medicine in Benin, I benefited from a long term training in gastroenterology in Rabat. It took place at the RTC and at the University Hospital in the Gastroenterology and hepatol-*

*ogy department led by Professor Naima Amrani. The WGO center in Rabat helped train the first female gastroenterologist in Benin. After getting my degree, I returned to my home country where I am taking care of patients suffering from digestive diseases. I hope that this training of young doctors from subsaharan Africa will continue, it is in the best interest for its population."*

*ogy department led by Professor Naima Amrani. The WGO center in Rabat helped train the first female gastroenterologist in Benin. After getting my degree, I returned to my home country where I am taking care of patients suffering from digestive diseases. I hope that this training of young doctors from subsaharan Africa will continue, it is in the best interest for its population."*



**Dr. Ghislaine Ngatcha, Cameroun**  
*"I spent 4 years of training in gastroenterology, hepatology and digestive endoscopy at the WGO center in Rabat. It allowed me to perform upper and lower endoscopies, as well as therapeutic endoscopic procedures (ligation of esophageal varices, foreign bodies removal, polypectomy, dilation of stenosis...). Currently in Cameroun, I practice gastroenterology and hepatology thanks to the WGO center in Rabat that taught me everything."*



**Dr Enam Sobkeng Goufack, Château Thierry, France**  
*"Rabat training center is particularly useful for the development of gastroenterology in Africa. It has truly been a driving force and inspiration in my professional development. I first attended this center as a trainee (short and long*

*term programs) and now I am regularly invited as a French WGO expert of Cameroonian origins. It offers a quality training in a pleasant environment at the service of young gastroenterologists under the leadership of the Director of the Center, Professor Naima Amrani. It is a model for transferring skills and it integrates specific needs of each trainee."*

### Collaboration with Scientific Societies

The RTC also plays a major role in promoting gastroenterology at a national level. Its team is always pleased to participate or organize hands on sessions and courses either at national congresses or with a small group of residents in gastroenterology and practicing specialists in order to offer them a continuing medical education especially in endoscopy. (For more additional information, you can visit WGO RTC website: <http://wgo-rtc.um5s.ac.ma>).

**A leader is one who knows the way, goes the way and shows the way (John C. Maxwell)**



### Pr. Naima Amrani, WGO RTC Director

All of these achievements couldn't be realized without Professor Naima Amrani's hardwork, generosity, vision,

and respect of the global educational mandate. Through her leadership and dedication, our team is able to deliver on WGO's objectives in an inclusive and dynamic environment.

RTC is recognized in the gastroenterology community as a successful organism that allows physicians from different background to meet, exchange and grow. All the actions of our team are geared towards sharing an updated and rigorous scientific knowledge. RTC will celebrate its 20<sup>th</sup> birthday in 2021 and will be happy to welcome the candidates for the 20<sup>th</sup> edition of its annual course.

#### WGO RTC's Team



# World Hepatitis Day in Bangladesh



## Faruque Ahmed, MD

Secretary General  
Bangladesh Gastroenterology Society  
Dhaka, Bangladesh

The Bangladesh Gastroenterology Society (BGS) organized a live Webinar to mark World Hepatitis Day 2020 (WHD) on 28 July 2020. The webinar was chaired by Mahmud Hasan, FRCP, PhD, President of the BGS, and moderated by Faruque Ahmed, MD, Secretary General of the BGS.

The main topics were “What is New About Hepatitis B?”, “What is New About Hepatitis C?” and “Elimination of Hepatitis by 2030.” The webinar was well received and attended.

**বিশ্ব হেপাটাইটিস দিবস**  
২৮ জুলাই, ২০২০

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আক্রান্ত প্রতি ১০ জন রোগীর ৯ জনই থাকে অজ্ঞাত।  
বিশ্বব্যাপী প্রতিবছর এই রোগে মৃত্যুবরণ করে ১৫ লক্ষ মানুষ।  
বাংলাদেশে সর্বত্র স্বল্পব্যয়ে রক্ত পরীক্ষা করে রোগটি সহজেই সনাক্ত করা যায়।  
দ্রুত রক্ত পরীক্ষা করে হেপাটাইটিস সনাক্ত করুন।  
লক্ষ লক্ষ আক্রান্ত অজ্ঞাত রোগীদের সনাক্ত করাই এবারের লক্ষ্য।

বাংলাদেশ গ্যাস্ট্রোএন্টারোলজি সোসাইটি  
পৌষপত্র  
এরিস্টোফার্মা লিঃ

On the occasion of World Hepatitis Day  
Bangladesh Gastroenterology Society is going to organize a  
LIVE Webinar on

**“World Hepatitis Day - 2020”**

Time: 1:00 PM  
Date: 28-07-2020, Tuesday

**Chairperson:**  
Professor Dr. Mahmud Hasan  
President, Bangladesh Gastroenterology Society

**Moderator:**  
Professor Dr. Faruque Ahmed  
Director, Sheikh Russel Gastro Liver Institute & Hospital & Secretary General, Bangladesh Gastroenterology Society

**Co-Chairpersons:**  
Professor Dr. Projesh Kumar Roy  
Ex. Chairman, Dept. of Gastroenterology, BSMMU  
Professor Dr. Md. Anisur Rahman  
Ex. Head, GHFO, BRDEM  
Professor Dr. A.S.M.A Raihan  
Ex. Chairman, Dept. of Gastroenterology, BSMMU

**Speakers:**  
Professor Dr. Asif Bhushan Das  
Ex. Head, Dept. of Gastroenterology & Principal, Sher-e-Bangla Medical College, Dhaka  
Topic: What is new about Hepatitis B?  
Dr. Mir Jakib Hossain  
Associate Professor, Sheikh Russel National Gastro Liver Institute & Hospital  
Topic: What is new about Hepatitis C?  
Professor Dr. Hafeza Afhab Rosy  
Head, Dept. of Gastroenterology, Dhaka Medical College  
Topic: Elimination of Hepatitis by 2030

**Panelists:**  
Professor Dr. Md. Habibur Rahman  
Ex. Head, Dept. of Gastroenterology, Sir Salimullah Medical College  
Professor Dr. Md. Abdul Ahad Morol  
Head, Dept. of Gastroenterology & Principal, Khulna Medical College  
Professor Brig Gen Md Delwar Hossain  
Advisor Specialist & Head of the Dept. of Gastroenterology, CMAI, Dhaka  
Professor Dr. Bimal Chandra Shil  
Head, Dept. of Gastroenterology, Sir Salimullah Medical College  
Professor Dr. Md. Abdul Alim  
Head, Dept. of Gastroenterology, Rajshahi Medical College  
Professor Dr. Touhidul Karim Mojumder  
Head, Dept. of Medical Gastroenterology, Sheikh Russel Gastro Liver Institute & Hospital  
Professor Dr. Tareq Mahmud Bhuiyan  
Head, GHFO, BRDEM  
Professor Dr. Md. Mahmuduzzaman  
Head, Dept. of Gastroenterology, Sh. Suhrawardy Medical College

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Posters for the event



# World Hepatitis Day in India



**M.S. Revathy, MD, DM**

Head of the Department of Medical Gastroenterology & Hepatology  
Stanley Medical College, Chennai, India



The logo of "Prevention of mother to child infection of Hepatitis B"



The World Hepatitis Day team in Chennai



Poster advertising the event

Stanley Medical College in Chennai conducted a World Hepatitis Day awareness program on 28 August 2020. The theme this year was a Hepatitis-free future with a focus on "Prevention of mother-to-child infection of Hepatitis B." We were pleased to have participated in this WHO initiative.

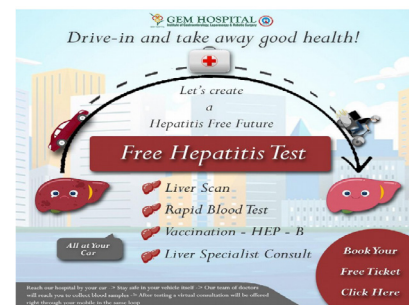
Hepatitis B is common cause of chronic liver disease and hepatocellular carcinoma. Prevention of mother to child infection of Hepatitis B goes a long way to decrease the overall prevalence of the disease and its complications.

Keeping this spirit in mind, we organized this program at our institute. We incorporated the green color theme and the logo for Hepatitis day by using it in the posters, placards and videos.

The event started with an awareness presentation by hospital staff including the Dean, Head of Department, other faculty of the Department of Medical Gastroenterology, as well as students and nursing staff.

This was followed by an awareness talk by the Head of Department of Medical Gastroenterology and hepatology, given to the general public and hospital healthcare staff. It was presented in the local language to ensure maximum outreach. The video of the talk was shared on social media platforms and sites for wide dissemination.

The College also conducted a dedicated OPD for screening, vaccination, treatment care (up to the level of liver transplant) for our clientele.



Drive-thru testing and screening was offered



Prof. Ubal Dhus and team at Apollo Hospital

## UEG Week Virtual 2020



UEG Week Virtual 2020 was one of the world's most significant and esteemed meetings in gastroenterology and hepatology, providing clinicians and researchers with a unique opportunity to virtually meet, exchange knowledge and discuss the latest developments in the field. Despite the unprecedented circumstances, UEG was committed to delivering top-tier scientific content to the worldwide digestive health community.

Attracting over 10,800 participants from 123 countries, UEG Week Virtual 2020 gave world-renowned scientists a prestigious platform to present their latest research, as well as state-of-the-art clinical practice. Offering researchers an extensive range of rewards, as well as an unparalleled level of exposure, the meeting attracted the most innovative and eminent gastroenterologists from all backgrounds and geographic locations.

### Virtual Halls: Innovation & interaction

The engaging UEG Week Virtual 2020 programme took place on our congress platform and was featured across several virtual halls. Just like the newsroom of a network station, our TV Studio was hosted by a professional moderator and exclusively showcased unique live formats such as our Breakthroughs of the day, in addition to regular Live Symposia. Halls 1-6 were similar to the session rooms of our face-to-face congress and included Live Symposia, Live Abstract-based Sessions, and more. Our E-poster Exhibition also translated well on-screen and allowed delegates an experience similar to walking through our physical poster exhibition.

The Live Demo Hall gave thrilling live demonstrations of both ultrasound and endoscopic procedures. Our Industry Exhibition showcased the latest and greatest updates on new

therapies and product innovations, while our Industry Hall featured live industry symposia by leading pharmaceutical and medical device companies.

### myUEG Community: Networking & more

Through the myUEG Community area, delegates were able to meet and interact with colleagues, experts, and mentors from across the globe, all from the comfort of their own homes or institutions.

A plethora of networking activities were offered within the congress programme, including initiatives to support career development and to help establish future collaborations.

Female gastroenterologists were given opportunities to engage with leading figures within the digestive health arena through live chat events. For young gastroenterologists, interactive sessions were facilitated for delegates under the age of 40 to provide them with the platform to gain advice from established experts in various fields. Topics included how to professionalise CVs, how to successfully apply for European grants and how to steer the perfect educational journey.

### UEG Week Virtual 2020 Awards UEG Research Prize

UEG awards €100,000 each year for excellence in basic science, translational or clinical research. The prize is awarded to well-established researchers at the height of their active career, whose science has had, or will have, a crucial impact on digestive health.

Stefan Schreiber was awarded the distinguished UEG Research Prize 2020 for his outstanding project "Therapeutic mechanisms of



controlled-ileocolonic-release nicotinamide (CICR-NAM) in IBD”.

His research interests include the molecular genetics and pathophysiology of chronic intestinal inflammation, the clinical development of new therapies for IBD and the discovery of mechanisms that control ageing.

#### UEG Lifetime Achievement Award

Peter Milla was awarded the renowned UEG Lifetime Achievement Award 2020. Professor Peter Milla is widely acknowledged by the gastroenterology community in Europe and globally as an outstanding Clinician Scientist, leader and mentor who enabled and improved the lives of children and adults.

He made unique contributions to the fields of intestinal failure, inflammation, nutrition, and motility. Bridging the worlds of science and medicine with his research on the gut neuro-musculature, its function, and diseases, made him one of the world's leading experts in this arena.

#### UEG Best Abstract Prize Awardees

With this award, we identified and nurtured promising science. Among all abstracts accepted for presentation at UEG Week Virtual 2020, the three highest scoring abstracts per

main abstract topic were chosen. This created a total of 36 awardees, with 12 main topics and 3 winners per topic. Recognition was given to the presenting authors.

#### UEG Journal Best Paper Award

The UEG Journal Best Paper Award was presented to Andrew Wisniewski, as the first author of the winning article: “Increased incidence of systemic serious viral infections in patients with inflammatory bowel disease associates with active disease and use of thiopurines”. Andrew Wisniewski is a gastroenterologist at the Hôpital Charles-Lemoyne of the University of Sherbrooke, Quebec, Canada and completed an IBD Fellowship at Sorbonne University, France.

#### UEG Rising Star Awards

Every year, the UEG Scientific Committee and National Societies Committee jointly select a small group of the most promising, emerging scientists as UEG Rising Stars.

The 2020 winners were: Vincenzo Cardinale, Ainara Castellanos Rubio, Maria Chaparro, Virginia Hernández-Gea, Gianluca Ianaro, Maxime Mahé, Roos E Pouw, Prakash Ramachandran, Espen Melum, Michael Sigal.

#### Best of Postgraduate Teaching from UEG Week

The Best of Postgraduate Teaching (PGT) from UEG Week event drew in a solid number of nearly 2,700 participants, making this first meeting of its kind a great success. Attendees were provided with a live, interactive, two-day educational experience. We selected our most popular past UEG Week topics and gave them a state-of-the-art scientific update, including new, world-renowned faculty.

#### On-demand congress recordings – UEG Week 24/7

The UEG Week Virtual 2020 experience is now available via our Library. With over 600 presentations, over 300 oral abstract presentations, 390 faculty, nearly 190 sessions and 12 premium quality industry symposia from UEG Week Virtual and the Best of PGT, there is much to learn and many concepts to explore from the best digestive health congress in the world.

Individuals can watch, rewind and review at their convenience, as a purchase entitles unlimited, on-demand access to all of these recordings. (Access is free for 2020 delegates.)

[ueg.eu/week-24-7](http://ueg.eu/week-24-7)

#### Times change, world class science remains: UEG Week Virtual 2021

We hope that you will join us October 3 – 5, 2021 for another exciting UEG Week Virtual, full of scientific advances and updates from the leading event for digestive health and disease.

[ueg.eu/week](http://ueg.eu/week)



## UEG Week Virtual 2021



Keep up with the latest and greatest scientific advancements. The UEG Week Virtual 2021 scientific program takes place on our virtual congress platform. The program is featured across many virtual lecture halls as well as in our Vienna-based live TV Studio. Each location hosts scientific highlights in extremely interactive ways. In every session, delegates have the opportunity to interact in real-time via our Q&A tool.

Unable to watch live? Don't worry! The on-demand recordings are easily accessible on our virtual congress platform.

For more information, please visit <https://ueg.eu/week/ueg-week-2021>.



# OPGE Event



**SAVE THE DATE**

 **Pan-American  
Digestive  
Disease  
Week**

**VIRTUAL**

**July 14-16, 2021**

 [WWW.SPED2021.COM](http://WWW.SPED2021.COM)  
[sped2021@grupoelis.com.uy](mailto:sped2021@grupoelis.com.uy)

**Organizer**

  
Organización Panamericana  
de Gastroenterología

**Congress  
Secretariat**

 **GRUPO ELIS**  
EVENTS MANAGEMENT

 **mci**

## Introducing WGO's "History Corner"

**James Touli, MD, MBBS, PhD, FRACS, MWGO**

WGO Past President, 2013-2015  
Professor Emeritus, Flinders University South Australia  
Co-Chair, WDHD  
Adelaide, Australia

The World Gastroenterology Organisation (WGO) has served the world as the global guardian of digestive health, and has grown from its origins in 1958, to a federation of 117 member societies of gastroenterology, hepatology, endoscopy and other related disciplines, representing over 50,000 individuals worldwide. As the only world organization in gastroenterology we have undertaken the task of documenting this historic growth and now more than 60 years later, we are taking the opportunity to share our story.

In documenting our story we aim to highlight, preserve, and disseminate the rich history of WGO. In this issue of *e-WGN* we inaugurate the "History Corner" which will be a regular feature in upcoming editions.

We trust that you will appreciate reading the first article, an interview conducted with Dr. Melvin Schapiro who served as 1994 WCOG President in Los Angeles, California, USA and was honored with the 2009 Masters of the WGO Award.



## WGO History Corner – An Interview with Dr. Melvin Schapiro



### Melvin Schapiro, MD, MWGO

UCLA School of Medicine  
Gastroenterology and Internal Medicine  
1994 WCOG President (Los Angeles, CA, USA)  
2009 Masters of the WGO Award Recipient

Melvin Schapiro, MD, MWGO is a past professor of Medicine and Gastroenterology at the University of California at Los Angeles. He was previously involved with the World Gastroenterology Organisation (WGO) beginning in 1988, and went on to become the 1994 World Congress of Gastroenterology (WCOG) President (Los Angeles, CA, USA) and the 2009 Masters of the WGO Award Recipient.

**Thank you very much. Can you tell us about your medical and clinical background and how you were introduced to WGO?**

I had been in private practice of gastroenterology, with a teaching role at the University of California, Department of Gastroenterology, and mostly in the department of Endoscopy at the Rogers Federal Administration Hospital. At the time I had been a President of the American Society of Gastrointestinal Endoscopy (ASGE). In 1988, I was asked by the Edwards Laboratory to do an evaluation of the Gastric Bubble, and consequently they asked me to go to Brazil where I came into contact with the World Gastroenterology Organisation at the World Congress that was held in Sao Paulo, Brazil. Subsequently, I became more involved with the activities of the group and became the Liaison Officer for WGO and was involved with

dealing with the drug companies and for support structure.

**What did you bring to your role with WGO?**

My experiences with WGO were overall very interesting, and good ones. When I came into contact with the organization, I would say it was relatively small and it was financially not very stable. I made yearly reports at the governing board on the financial structures of what we were involved in doing, took input from the governing board members on what they felt could be helpful if we could do it. Called meetings in which we had industry present to give their input at the annual meetings of the World Congress which were held at various places. They held it at Digestive Disease Week (DDW) in the United States and held in Europe at the European meetings. We were able to, during my tenure as Liaison Officer, increase the financial structure of the organization considerably which put it on a footing towards much better academia, much better oversight, and to the structures that we see today.

**Describe your relationship with industry as the liaison?**

Industry and rightly so, has its input on what its needs are, in providing the primary financial support for these meetings. If one looks at the academ-

ic meetings that occur throughout the world, the registration fees that are paid by the participants doesn't come anywhere near to covering the costs of such a meeting. And if it is necessary to develop income for the individual societies, the world organization included, then industry is going to be the primary source of this income. So, industry wants to see that their product, their image, is well displayed, is well recognized, and is well presented.

The organizations want to ensure that happens, but at the same time wants to be sure that bias doesn't influence the academia of the meetings and that the appropriate individuals who are leaders in the field are participants in the meetings with industry support wherever possible. So, there is a closeness that must be developed between industry and the organization and the role of liaison was a new one. And that was the role that I was asked to play and was the role that I did from the seat of my pants and that was the role that I learned from trying to develop the industry relationship at the tenth World Congress of Gastroenterology. I believe the success of that was indicated by the financial structure that continued to develop.

**Can you say something about WGO's global reach at that time?**

They certainly have member organizations all over the world, so their reach

extended all over the world, but their activities, to my knowledge were very limited, at that time, to areas where they had membership organizations. The primary focus, was to develop a World Congress every 4 years.

#### What were the biggest strengths of the organization at that time?

When I joined the strength was the leadership that was very interested in transforming the organization into a more active and financial structure. Meinhard Classen also in association with help from Joseph Geenen, Ian Bouchier, and I'm certain there were others whose names I can't quite recall at this time, led the charge to shift the structure of WGO.

#### Tell us your experience during the 1994 World Congress of Gastroenterology.

My colleagues and I made the 1994 World Congress of Gastroenterology the most financially successful congress to have occurred at that time and were able at the conclusion of the congress to give such a large amount of money to the World Gastroenterology Organisation, that it put them on a very stable footing.

My role as president also involved me in being the liaison with industry to create all of the ancillary roles that industry had in participating in the congress. And, much of that made a financial impact that was of mutual benefit to the congress participants and to the WGO.

The congress that we held was so successful, that the WGO asked me to stay on after the World Congress and continue as the liaison officer for the industry, which I did and remained the liaison officer for the next four years when the World Congress was held in Vienna, and for the next four years when the World Congress was held in Thailand and lastly in Montreal, Canada.

During each of those periods of time I was working with the WGO Secretariat. We developed a more stable program for working with industry: what things industry would be able to achieve; what financial contributions they would be able to provide; and what new and innovative things we could create.

Because of this, the financial structure for WGO became more secure during the time I was there. When I retired, WGO appointed a liaison officer as my successor who initially utilized that basis of dealing that I had developed before I retired from WGO.

#### Can you tell us about your experience with the WGO Train the Trainers Program?

The WGO Train the Trainers program under the superb direction of Dr. Jim Toouli was developed and occurred in multiple areas of the world. I was asked and appreciated the honor of participating in some of Train the Trainers programs, one in New Zealand, and a few others in Crete.

Each of those experiences was very rewarding.

The trainees were very appreciative and eager to learn. The teachers were all very eager to teach. I think it was a very innovative program. TTT set the stage for what has now become outreach programs all over the world for young individuals to be trained. It is a marvelous contribution.

#### Were there any post-accomplishments after your time with WGO?

When I retired from teaching and everything, I developed a media company that did academic gastroenterology films, DVDs and meetings. We created what we called 'Live by Video' in which we would go all around the world and photograph people doing their endoscopic work. We would also make DVDs and distribute to people. I had a studio and whole camera crew that worked for me which included editors and photographers. I changed my profession from clinical gastroenterologist to media development in gastroenterology teaching.

#### Thank you for your time and contributions to WGO, Gastroenterology and Internal Medicine!

■



## WGO Global Guidelines Update

### New Digestive Tract Tuberculosis Guideline Published

WGO has announced the release of the new Digestive Tract Tuberculosis Guideline. This Guideline is chaired by Mohamed Tahiri of the IBN Rochd University Hospital in Casa-blanca, Morocco and K.L. Goh of the University of Malaya Medical Centre in Kuala Lumpur, Malaysia.

The Guideline was created with the global view of many Guideline Review Team members, which, in addition to Dr. Tahiri and Dr. Goh, includes Zaigham Abbas (Pakistan), David Epstein (South Africa), Chen Min-Hu (China), Chris Mulder (Netherlands), Amarender Puri (India), Michael Schultz (New Zealand) and Anton LeMair (Netherlands). The guideline and can be accessed at <https://www.worldgastroenterology.org/guidelines/global-guidelines/digestive-tract-tuberculosis>

In introducing this guideline, Dr. Tahiri stated, “Tuberculosis is an infectious disease caused by Mycobacterium tuberculosis, typically causing pulmonary TB. TB is the ninth most frequent cause of death worldwide and is the leading cause due to a single infectious agent, ranking above human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS).”

TB occurs in every part of the world. In 2017, the largest number of new TB cases occurred in the South-East Asia and Western Pacific regions, with 62% of new cases, followed by the African region, with 25% of new cases.

WGO Guidelines uniquely feature cascades which are intended to highlight appropriate, context-sensitive and resource-sensitive management

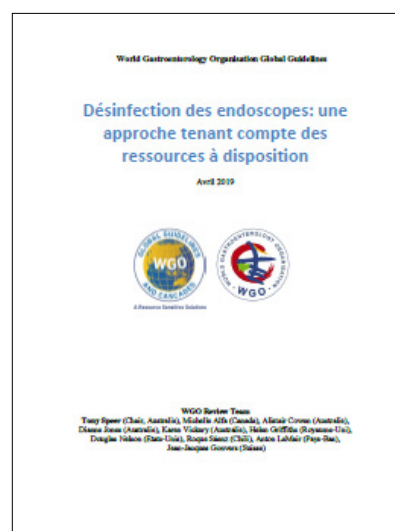
options for all geographical areas, regardless of whether they are “developing,” “semi-developed,” or “developed.” WGO cascades are context-sensitive, and the context is not necessarily defined solely by resource availability.

As Dr. Goh added: “The cascade options presented here for both the diagnosis and management of gastrointestinal tuberculosis are key and represent the most important part of this document. Particular emphasis is placed on gold-standard, medium-resource, and low-resource categories.”

### Translation Status

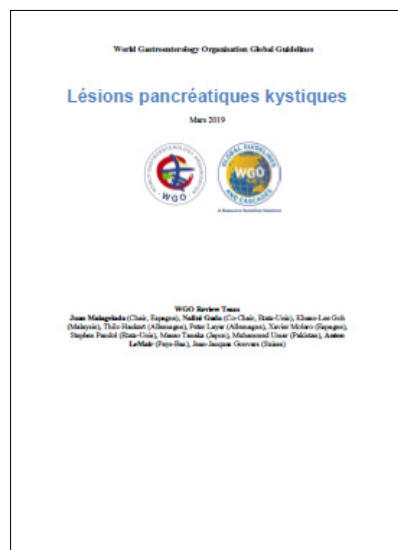
The WGO Guidelines Library contains practice guidelines written from a viewpoint of global applicability. These Guidelines are available in English, Spanish, Portuguese, French, Mandarin, and Russian.

All translations of the **Pancreatic Cystic Lesions** as well as the updated **Endoscope Disinfection** manuscripts, both issued in 2019, are now posted on the WGO website. The latest are the French versions of each document.



The Pancreatic Cystic Lesions guideline, chaired by Juan Malagelada (Spain) and Nalini Guda (USA), aims at providing physicians worldwide with a reasonable, up-to-date approach in the management of pancreatic cystic lesions. Since pertinent diagnostic and therapeutic resources are not uniformly available in different areas of the world, these guidelines are meant to be used as appropriate keeping in mind the local resources and patient preferences.

The updated Endoscope Disinfection guideline, chaired by Tony Speer (Australia), is intended for use by health providers and professionals who are involved in the use, cleaning, and maintenance of endoscopes, and it aims to support national societies, official bodies, and individual endoscopy departments in developing local standards and protocols for reprocessing endoscopes.



**Management of Strongyloidiasis Guideline published in the *Journal of Clinical Gastroenterology*.**



The *Journal of Clinical Gastroenterology (JCG)* is the official publication platform for WGO’s Global Guidelines in the English language. The “Management of Strongyloidiasis” Guideline, chaired by Michael Farthing (UK), was published in the October 2020 issue of the *JCG*

Strongyloidiasis is an infection with *Strongyloides stercoralis*, a round worm occurring widely in tropical and subtropical areas. The genus *Strongyloides* is classified in the order Rhabditida, and most members are soil-dwelling

microbivorous nematodes. Fifty-two species of *Strongyloides* exist, but most do not infect humans. *S. stercoralis* is the most common pathogen for humans.

**Looking forward in 2021**

Be on the lookout later this year for updates to the *Helicobacter Pylori* in Developing Countries as well as the Probiotics and Prebiotics guideline. The latter is consistently the most-accessed Guideline in WGO’s library.

Work too has begun on the update to the Obesity Guideline. This will be a valuable resource for the ongoing World Digestive Health Day campaign in 2021.

Work will begin on updates to Diverticular Disease and Constipation Guidelines.

**WGO Extends our Gratitude to Anton LeMair**



For many years Dr. Anton LeMair has served as WGO’s guidelines development consultant.

Ton, as he is fondly known, has decided to step away from this role and will be greatly missed by his WGO family. He

worked with the Guideline Committee Chairs, the Review Team Chairs, and all the Review Team members to facilitate the creation the many Guidelines in WGO’s library. His impact was felt in all aspects of the development process, from topic selection, to writing and editing of all drafts, from first to final manuscript. He also regularly authored update articles that appeared in this space in *e-WGN*.

Ton was a welcome presence at all World Congresses of Gastroenterology, the WGO Gastro international meetings, and all the WGO meetings at DDW and UEG Week, where he contributed to Guidelines Committee meetings and conducted face-to-face meetings with Review Team members.

WGO sends him our sincere thanks for all his years of service and wishes him much success in his future endeavors!

## Calendar of Events

Due to uncertainties of scheduling from the COVID-19 situation, please check the WGO Meetings and Events Calendar for the latest updates at <https://www.worldgastroenterology.org/meetings-and-events/meetings-and-events-calendar>

### WGO RELATED EVENTS

#### World Digestive Health Day (WDHD) 2021: Obesity: An Ongoing Pandemic

**When:** May 29, 2021

**Location:** Virtual online worldwide events

**Organizers:** WGO and The International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO)

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

**Website:** <https://www.worldgastroenterology.org/wgo-foundation/wdhd/wdhd-2021>

#### Gastro 2021 Prague

**When:** December 9 - 11, 2021

**Location:** Hybrid conference in Prague, Czech Republic and Virtual

**Organizers:** WGO and the Czech Society of Gastroenterology

**Website:** <https://www.gastro-2021prague.org>

#### World Congress of Gastroenterology 2022

**When:** December 2022

**Location:** Dubai, United Arab Emirates

**Organizers:** WGO and the Emirates Gastroenterology and Hepatology Society

**Website:** <https://wcog2021.org/>

### CALENDAR OF EVENTS

#### 24th Annual Meeting of AEG

**When:** June 1 - 4, 2021

**Location:** Madrid, Spain

**Organizer:** Asociación Española de Gastroenterología (AEG)

**Email:** [aeg@viajeoasis.com](mailto:aeg@viajeoasis.com)

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

#### Curso Internacional FAGE 2021

**When:** June 12, 2021

**Location:** Cordoba, Argentina

**Organizer:** Federación Argentina de Gastroenterología

**Website:** <http://www.fage.org.ar>

#### International Symposium on Viral Hepatitis and Liver Disease (ISVHLD)

**When:** June 17 - 20, 2021

**Location:** Taipei International Convention Center

**Address:** Taipei, Taiwan

**Organizers:** ISVHLD / GHS and the Taiwan Association for the Study of the Liver

**Website:** [ghs2020taipei.com](http://ghs2020taipei.com)

#### International Liver Congress™ 2021

**When:** June 23 - 26, 2021

**Location:** Online virtual conference

**Organizer:** EASL

**Website:** <https://easl.eu/event/the-international-liver-congress-2021-2/>

#### GIHep Singapore 2021

**When:** July 8 - 11, 2021

**Location:** Shangri-La Singapore

**Country:** Singapore

**Organizer:** Gastroenterological Society of Singapore

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

#### Panamerican Digestive Disease Week 2021

**When:** July 14 - 16, 2021

**Location:** Online virtual meeting

**Country:** Uruguay

**Organizer:** OPGE

**Website:** <https://sped2021.com>

#### SOGHIN 2021 Annual Conference

**When:** July 26 - 31, 2021

**Location:** Port-Harcourt, River State, Nigeria

**Organizer:** Society of Gastroenterology and Hepatology in Nigeria

**Email:** [soghin2021phconference@gmail.com](mailto:soghin2021phconference@gmail.com)

**Website:** [soghinph2021.com](http://soghinph2021.com)

#### Asian Pacific Digestive Week 2021

**When:** August 19 - 22, 2021

**Location:** Kuala Lumpur Convention Centre

**Address:** Kuala Lumpur, Malaysia

**Organizers:** Asian Pacific Association of Gastroenterology and Malaysian Society of Gastroenterology & Hepatology

**Website:** <https://www.apdwkl2021.org/>

#### Congresso Brasileiro de Doenças Funcionais do Aparelho Digestivo 2021

**When:** September - 7, 2021

**Location:** Online virtual conference

**Country:** Brazil

**Organizer:** Federação Brasileira de Gastroenterologia (FBG)

**Website:** <https://fbg.org.br/>

### XV Congreso Paraguayo de Gastroenterología y Endoscopia Digestiva

**When:** September 8 - 10, 2021  
**Country:** Paraguay  
**Organizer:** Sociedad Paraguaya de Gastroenterología y Endoscopia Digestiva  
**Website:** <https://www.spge.org.py/>

### Congreso de las Asociaciones Colombianas del Aparato Digestivo ACADI

**When:** September 9 - 11, 2021  
**Location:** Estelar Santamar Hotel & Centro de Convenciones Santa Maria, Colombia  
**Organizer:** Asociación Colombiana de Gastroenterología  
**Website:** [www.gastrocol.com](http://www.gastrocol.com)

### Annual Meeting SCG-SGVC-SASL 2021

**When:** September 9 - 10, 2021  
**Location:** CongressCentre Kursall Interlaken Bern, Switzerland  
**Organizer:** Swiss Society of Gastroenterology  
**Website:** [www.sgg-sgvc-congress.ch](http://www.sgg-sgvc-congress.ch)

### Australian Gastroenterology Week (AGW) 2021

**When:** September 12 - 14, 2021  
**Location:** Brisbane, Australia  
**Organizer:** Gastroenterological Society of Australia (GESA)  
**Website:** <https://agw.gesa.org.au/>

### Probiotics, Prebiotics and New Foods - 11th Edition

**When:** September 12 - 14, 2021  
**Location:** Pontificia Urbaniana University Rome, Italy  
**Organizer:** Professor Lucio Capurso  
**Website:** <https://probiotics-prebiotics-newfood.com>

### WGO-Endorsed Event UEG Week 2021

**When:** October 3 - 5, 2021  
**Location:** Online virtual conference  
**Organizer:** UEG  
**Website:** <https://ueg.eu/week/ueg-week-2021>

### XIX Congreso Dominicano de Gastroenterología

**When:** October 7 - 10, 2021  
**Location:** Punta Cana, Dominican Republic  
**Organizer:** Sociedad Dominicana De Gastroenterología  
**Email:** [sociedadgastrod@gmail.com](mailto:sociedadgastrod@gmail.com)  
**Website:** <http://www.sodogastro.com>

### XXVII United Russian Gastroenterology Week

**When:** October 18 - 20, 2021  
**Country:** Russia  
**Organizer:** Russian Gastroenterological Association  
**Website:** <http://www.gastro.ru/>

### 41st Panhellenic Gastroenterology Congress

**When:** October 21 - 24, 2021  
**Location:** Hotel du Lac Ioannina, Greece  
**Organizer:** Hellenic Society of Gastroenterology  
**Website:** <https://hsgcongress2021.conferre.gr>

### ACG 2021

**When:** October 24 - 27, 2021  
**Location:** Las Vegas, Nevada, USA  
**Organizer:** American College of Gastroenterology  
**Website:** <https://acgmeetings.gi.org/>

### IX Congress of the Croatian Gastroenterology Society with International Participation

**When:** October 28 - 30, 2021  
**Location:** Zagreb, Croatia  
**Organizer:** Croatian Gastroenterology Society  
**Email:** [hgd@hgd.hr](mailto:hgd@hgd.hr)  
**Website:** [www.hgd.hr](http://www.hgd.hr)

### JDDW 2021 - Japan Digestive Disease Week 2021

**When:** November 4 - 7, 2021  
**Location:** Kobe, Japan  
**Organizer:** Organization of JDDW  
**Website:** <http://www.jddw.jp/english/index.html>

### BSG Annual Conference 2021

**When:** November 8 - 12, 2021  
**Location:** Virtual online conference  
**Country:** United Kingdom  
**Organizer:** British Society of Gastroenterology  
**Website:** <http://www.bsg.org.uk>

### Semana Nacional de Gastroenterología 2021

**When:** November 12 - 16, 2021  
**Location:** Virtual online conference  
**Country:** Mexico  
**Organizer:** Asociación Mexicana de Gastroenterología  
**Website:** <https://www.gastro.org.mx/eventos>

### ISGCON 2021

**When:** November 18 - 21, 2021  
**Location:** Virtual online conference  
**Country:** India  
**Organizer:** Indian Society of Gastroenterology  
**Email:** [info@isgcon2021.com](mailto:info@isgcon2021.com)  
**Website:** [www.isg.org.in](http://www.isg.org.in)

### Korean Digestive Disease Week 2021

**When:** November 18 - 20, 2021  
**Location:** Virtual online conference  
**Country:** Korea  
**Organizer:** The Korean Society of Gastroenterology  
**Email:** [info@kddw.org](mailto:info@kddw.org)  
**Website:** <http://www.kddw.org>

### SGA Annual Meeting 2021

**When:** November 26 - 27, 2021  
**Location:** Jeddah, Saudi Arabia  
**Organizer:** Saudi Gastroenterology Association  
**Email:** [sga@saudigastro.com](mailto:sga@saudigastro.com)  
**Website:** [www.saudigastro.net](http://www.saudigastro.net)

### Annual Meeting of The Gastroenterological Association of Thailand

**When:** December 16 - 18, 2021  
**Location:** Pattaya, Chonbur, Thailand  
**Organizer:** The Gastroenterological Association of Thailand  
**Website:** [www://gastrothai.net](http://www://gastrothai.net)

### Philippine Digestive Health Week / Joint Annual Convention

**When:** March 10 - 13, 2022  
**Country:** Philippines  
**Organizer:** Philippine Society of Gastroenterology  
**Website:** <http://www.psgastro.org>

### 52nd Annual Meeting of GEST

**When:** March 26 - 27, 2022  
**Country:** Taiwan  
**Organizer:** The Gastroenterology Society of Taiwan  
**Website:** [www.gest.org.tw](http://www.gest.org.tw)

### APASL 2022

**When:** March 30 - April 3, 2022  
**Location:** Seoul, Korea  
**Organizers:** APASL and Korean Association for the Study of the Liver  
**Website:** <http://www.apasl2022seoul.org/>

### JDDW 2022 - Japan Digestive Disease Week 2022

**When:** October 27 - 30, 2022  
**Location:** Fukuoka, Japan  
**Organizer:** Organization of JDDW  
**Website:** <http://www.jddw.jp/english/index.html>

### JDDW 2023 - Japan Digestive Disease Week 2023

**When:** November 2 - 5, 2023  
**Location:** Kobe, Japan  
**Organizer:** Organization of JDDW  
**Website:** <http://www.jddw.jp/english/index.html>

### JDDW 2024 - Japan Digestive Disease Week 2024

**When:** October 31 – November 3, 2024  
**Location:** Kobe, Japan  
**Organizer:** Organization of JDDW  
**Website:** <http://www.jddw.jp/english/index.html>

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