

e-WGN

WORLD GASTROENTEROLOGY NEWS

Official e-newsletter of the World Gastroenterology Organisation

www.worldgastroenterology.org



VOL. 27, ISSUE 1

MARCH 2022

In this issue



Looking to the Future: WGO's Plans for 2022-2023

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



Comprehensive Cancer Care Requires a Dedicated Gastroenterologist

Toufic Kachaamy, MD, FASGE, AGAF



World Congress of Gastroenterology 2022 in Dubai: The State-of-the-Art International Meeting

International Women's Day 2022: #BreakTheBias - Women in Gastroenterology



Lubna Kamani, MD

President, Pak GI & Liver Disease Society (PGLDS)
Professor of Gastroenterology
Director, GI Residency Program, Liaquat National Hospital
Consultant, Aga Khan University Hospital
Pakistan

The 8th of March each year is celebrated across the globe as International Women's Day (IWD) and this year's theme is #Break-TheBias. The first instance of a "Women's Day" was in 1909 and was initiated by labor movements of North America and Europe. It was later recognized by the United Nations in 1977. IWD was adopted to promote equality in the workspace and reduce discrimination in terms of women in leadership roles, the gender pay gap, and violence against women.

The medical world is no stranger to the struggle of women. Traditionally, women were only able to work as midwives and were considered "too delicate" to practice other facets of medicine. This ideology was first challenged in the Victorian era. Elizabeth Blackwell was a pioneer in medicine as she was the first woman that was allowed to attend medical school in 1847, after multiple rejections with one suggestion that she should disguise herself in male clothing to gain admittance.



Elizabeth Blackwell

Her action set a precedent after which many women followed their dreams of becoming physicians. Women have a similar desire to pursue a career in gastroenterology, however this is not translated due to several reasons such as lack of opportunity and female mentorship, child-bearing, patriarchy and long working hours to name a few. According to international literature, females represent only one third of gastroenterology fellows and approximately 10-15% as consultants. It has been observed by various scientific studies that gastroenterology programs with women being in a position of chief or director attracts more female trainees and also provides a good opportunity for same gender mentorship.

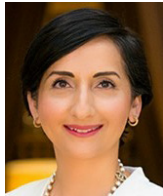
More than two thirds of the world's healthcare workers are women yet only one third are in senior leadership positions and have power of critical and impactful decision-making. Equality in leadership will lead to a more balanced approach in decisions regarding allocation of funds for education as well as research projects. When it comes to the promotion for women towards full-time professor rank, there is often a delay

Continued on page 4

Contents

VOL. 27, ISSUE 1

Editors

**Anita Afzali, MD, MPH, FACP, AGAF**

Professor of Medicine
Abercrombie & Fitch Endowed Chair in
Inflammatory Bowel Disease
The Ohio State University Wexner Medical
Center
Columbus, Ohio, USA

**Mahesh K Goenka, MD, DM, AGAF, FACP, FASGE, FRCP**

Director and Head, Institute of
Gastrosciences and Liver
Apollo Multispecialty Hospitals,
Kolkata, India

e-WGN Editorial Board

- Hanna Abera, Rwanda
- Andrea Carlin, Peru
- Hailemichael Desalegn, Ethiopia
- Finlay Macrae, Australia
- Wojciech M. Marlicz, Poland
- Michael P. Schultz, New Zealand
- Ana-Maria Singeap, Romania
- Sridhar Sundaram, India
- Yoshiyuki Ueno, Japan
- Lu Xia, China

Managing Editors

Zachary Blevins
Megan Uhlenhake

Art Production

Jennifer Gubbin

Editorial Office

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



<https://www.facebook.com/WorldGastroOrg>



<https://twitter.com/WorldGastroOrg>



<https://www.instagram.com/worldgastroorg/>



<https://www.linkedin.com/company/world-gastro-enterology-organisation-wgo-wgo-foundation>

www.worldgastroenterology.org

International Women's Day 2022: #BreakTheBias - Women in Gastroenterology	1
Lubna Kamani, MD	

Editorial

Message from the Editors	5
Anita Afzali, MD, MPH, FACP, AGAF Mahesh K Goenka, MD, DM, AGAF, FACP, FASGE, FRCP	

Looking to the Future: WGO's Plans for 2022-2023	6
Guilherme Macedo, MD, PhD, FACP, FASGE, AGAF, FAASLD	

Expert Point of View

Comprehensive Cancer Care Requires a Dedicated Gastroenterologist	8
Toufic Kachaamy, MD, FASGE, AGAF	

The GI-Cancer Focused Gastroenterologist: A Conversation with Dr. Toufic Kachaamy from CTCA, Phoenix, Arizona, USA	13
Vivek Kaul, MD	

WGO International Meetings

World Congress of Gastroenterology 2022 in Dubai: The State-of-the-Art International Meeting	16
---	----

WDHD News

WDHD 2022 – Colorectal Cancer	17
-------------------------------	----



Contents

WGO News

WGO Welcomes Newest Member Society from Burkina Faso 18

WGO Train the Trainers Alumni Testimonials 19
Fauze Maluf-Filho, MD
Eugenia Icaza Chávez, MD

Emerging Leaders Mentorship Program Update 21

BSG LIVE '22 22
Adrian Stanley, MB ChB, MD, FRCP(Ed), FRCS (Glas)

WGO Global Guidelines

WGO Guidelines and Cascades News 23

Calendar of Events

Calendar of Events 24

INTERESTED IN WRITING FOR *e-WGN*? SUBMIT YOUR ARTICLE TODAY!

WGO is accepting article submissions for upcoming issues of *e-WGN*. Articles reach a global audience and are disseminated through WGO's mailing list and social media platforms.

Article Instructions

- Because the official language of *e-WGN* is English, we kindly ask that your manuscript be sent in English.
- Photos are permitted and welcomed. Please include a description with each photo.
- Include a photo of the author(s)
- Include contact information* suitable for printing
*Typically includes name, position, institution, city, and country
- Expert Point of View scientific articles should be approximately 1,200 words. All other articles should be approximately 800-1,000 words.
- For Expert Point of View scientific articles only:
 - o Include approximately 5-15 references
 - o Tables, graphs, charts, etc. are permitted (within text or as separate files). Please note that if permission must be obtained for using a figure, and if there is a cost associated with that, please send full details of where the figure can be found, to the WGO Secretariat for processing.
 - o If the Copyright Clearance Center (CCC) is used for enquiring about a permission, please use the following criteria to determine cost:
 - Reprint in a newsletter/brochure
 - Requestor Type: Non-commercial/not-for-profit
 - Is the reuse sponsored: No
 - Format: Electronic
 - Portion: figure/table
 - Translation: No
 - Circulation: 20,000

Please note that the Co-Editors of *e-WGN* may make edits and changes to your article.

For more information or to submit an article, please send an email to info@worldgastroenterology.org.



Continued from page 1

despite them having equal research articles and worked the same amount of years as compared to their male counterparts.

The current COVID-19 pandemic exacerbated the already existing gender disparity. However, in these challenging times, women leaders with their perseverance, grit, and passion managed to take some bold decisions and diverge from the norm, challenging the status quo. Their pragmatic approach in turn led to successful containment of COVID cases, which might minimize the economic recession faced by their country in the future. According to the 2021 Global Gender Gap report, it will take 135.6 years to close the gender gap worldwide. As of now, no country has currently attained gender parity status despite the United Nations (UN) goal of eradicating gender disparity by 2030. The International Labour Organization approximates that during the COVID-19 pandemic 5% of all working women lost their jobs as compared to 3.9% of working men, further intensifying the gender gap.

World Gastroenterology Organisation (WGO) through their incredible commitment and vision have made an impressive leap towards establishing inclusiveness and diversity in their committees. Professor Naima Lahbabi-Amrani, the first woman President elected from 2019-2021, had a distinct objective of having more female representation. Through her strong advocacy, she succeeded in her mission, and this year women nominated to various WGO committees and interest groups increased from 5% to 30% and five women have been appointed to the Governing Council for the next term.

“All human beings are born free and equal in dignity and rights.” - Universal Declaration of Human Rights, United Nations

Imagine a world where there is complete gender parity. The reasons of gender inequality are multifactorial and complex. The fundamental way we can achieve an equal world is to break the bias and eliminate discriminatory laws. Closing the gender gap in medicine by providing equitable



access to research, clinical trials and health care will be beneficial for the society as a whole.

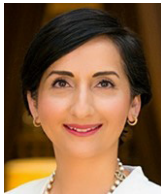
Through our dedication and diligence, we can persevere towards our end goal of an equal world which could potentially become one of the greatest victories of our generation.



#BreakTheBias



Message from the Editors



Anita Afzali, MD, MPH, FACC, AGAF

Professor of Medicine
Abercrombie & Fitch Endowed Chair in Inflammatory Bowel Disease
The Ohio State University Wexner Medical Center
Columbus, Ohio, USA



Mahesh K Goenka, MD, DM, AGAF, FACC, FASGE, FRCP

Director and Head, Institute of Gastrosciences and Liver
Apollo Multispecialty Hospitals,
Kolkata, India

To our WGO Community,

We start this newsletter with a special welcome and introduction to our incoming *e-WGN* Co-Editor, Dr. Mahesh Kumar Goenka, President of the Indian Society of Gastroenterology and Director and Head of the Institute of Gastrosciences, Apollo Multispecialty Hospitals in Kolkata, India.

In this edition of *e-WGN*, we begin with an Expert Point of View article from Dr. Toufic Kachaamy, Medical Director of Gastroenterology - Phoenix, Cancer Treatment Centers of America, providing an insightful overview of the increased role of cancer-focused gastroenterologists within multidisciplinary cancer care teams, including rapid advancements in both medical and endoscopic interventions. Dr. Vivek Kaul, Chair of the WGO Endoscopy, Other Procedures and Outreach Interest Group from the University of Rochester Medical Center, USA, also provides a perceptive GI-cancer focused conversation with Dr. Kachaamy.

WGO celebrates World Digestive Health Day 2022 with the *Colorectal*

Cancer Screening, Getting Back on Track campaign, led by Drs. Aasma Shaukat (USA) and Michal Kaminski (Poland). Yearlong efforts will be made to increase awareness, education and training, and global perspectives on colorectal cancer issues and provide supporting materials.

Every year, the 8th of March marks International Women's Day (IWD) and this year's theme is #BreakTheBias. The President of the Pakistan GI and Liver Disease Society, Dr. Lubna Kamani, describes the gender disparities experienced by women in medicine and sets forth a call to action.

Let us welcome the Société Burkinabè D'Hépatogastro-Entérologie Et D'Endoscopie Digestive from Burkina Faso as WGO's newest member. And also, enjoy testimonials from our Train the Trainers alumni, sharing their global experiences in education and training. As part of WGO's commitment to training and education of the next generation of GI professionals, we are pleased to share the launch of the Emerging Leaders Mentorship Program (ELMP), led by Drs. Aasma Shaukat, Eamonn Quigley, and Vivek

Kaul. Young professionals interested in mentorship, as well as future potential mentors interested in being involved with the ELMP, are encouraged to contact WGO.

In this issue, we include highlights from the 27th United Russian Gastroenterology Virtual Week that occurred from 18-20 October 2021. And we invite you to the British Society of Gastroenterology (BSG) live annual meeting at the ICC Birmingham, 20-23 June 2022.

Finally, we end this *e-WGN* newsletter with updates and additional information regarding our WGO Guidelines and Cascades News. There are 27 global guidelines offered through our WGO library and available in English, French, Mandarin, Portuguese, Russian and Spanish. Two of the guidelines, Digestive Tract Tuberculosis and *Helicobacter Pylori*, now include the unique feature of cascades, with clinically relevant and practical, context- and resource-sensitive information provided, regardless of geographical area of GI practice.

Hopefully you enjoy reading this *e-WGN* newsletter and we wish you good health and prosperity in 2022!

Mahesh and Anita



Looking to the Future: WGO's Plans for 2022-2023



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

President, WGO 2021-2023
Porto, Portugal

I would like to begin by wishing our members and friends all the best in 2022. As I have previously shared with our WGO member societies, it is a humbling and huge honor and also a great privilege to serve as WGO President for these next two years.

As a federation of 117 national societies, together, we create a powerful mechanism by which we can meaningfully impact change and the ability of this organization to give support to regions and countries to thrive, serving their needs and their goals. While the global gastroenterology community is diverse and kaleidoscopic, WGO is an international platform where national society members are able to take active roles in promoting and improving the standards in many critical aspects of gastroenterology training and education. We are leveraging resources collectively to achieve these purposes.

We are extremely proud of our national membership base, in particular of the commendable efforts and accomplishments of our volunteers serving the multiple committees, promulgating our mission and goals around the world.

WGO passion for education is built upon the engagement of all representatives of the organization.

As mentioned in one of our TTT leadership and management courses, education implies not only acknowl-

edging and welcoming the change but also truly incorporating it into everyday behavior. This special attitude and mindset is making the difference in our organization. Our purpose will continue to develop better GI doctors – whatever the latitudes they are living in – better learners, better teachers, and better human beings.

WGO leadership will enhance interaction with all the committees and interest groups. This proactive decision will serve to constitute major opportunities to learn from each other, to keep the pace of our projects, and to leverage the responsibilities of all their members. The motto will be work hard, have fun, and enjoy the ride!

The COVID-19 pandemic is turning into an endemic situation in many countries throughout the globe. How will we adapt to this evolving situation? How and in what direction are we moving with the educational challenges?

The global distribution of our flagship Training Centers represents our concerns in making these units beacons for providing best quality care in gastroenterology and all its related disciplines everywhere, including underserved areas.

We will develop closer ties with our member societies around the world and look for mutual present activities of the highest quality and greatest

relevance to that region and hopefully to the entire GI community. Indeed, our well-established premium educational and training programs such as TTT, Training Center activities, and Global Guidelines have earned universal recognition. New workgroups and taskforces, such as the Climate Change initiative, will also make the difference in showing not only who we are but what we stand for.

The World Congresses of Gastroenterology will showcase the best of gastroenterology (cognitive and practical, clinical and research landscape) including hepatology and endoscopy. The next World Congress will be organized in Dubai from 12-14 December 2022, and is the premier meeting for state-of-the-art lectures.

World Digestive Health Day (WDHD) is another important initiative in which WGO has been successful in utilizing its fundraising efforts. Traditional allies in the pharmaceutical, nutritional, and device industries will continue to be sought after to support our global programs. We look forward to working with industry to carry out these important initiatives.

We plan to connect with decision makers and politicians who in fact might have decisive roles in our destiny as a global community. The UN General Secretary gave his testimony in 2021, endorsing WDHD. It is important to understand the impact our

expert opinion and informed viewpoints have in influencing worldwide measures.

This is the right time for a fresh start and a renewed approach. Building upon the great amount of work and achievements made by the previous great leaders in reshaping our organization to foster the bounds of a strong and vibrant community is vital. At the same time, it is important to increase irrevocably our visibility and awareness, not only for related commercial partners, but also for the lay public and our own member affiliates.

We are going to reach out to our member societies to discuss, collaborate, and demonstrate the various exciting projects WGO is currently providing and will be introducing.

This WGO Globetrotter Plan will allow everyone from the different regions of the world to be aware of the enormous possibilities that belonging to WGO brings to your own national society. In this sense, and beyond their acclaimed role in providing training courses and other educational events, Training Centers and other groups can be stimulated to produce webinar series to bridge different expert views and link themselves in a chain belt that amplifies their own initiatives.

Time has come to acknowledge the need of creating a WGO academy, giving support and integrating all the educational programs including Clinical Research Committee activities, TTT, the Emerging Leaders Mentorship Program, Training Center pivotal

courses, and the collaboration with Project ECHO. There are many roads to be taken.

What you can expect from this WGO leadership and teamwork is persistence, foresight, selflessness, and creativity. We will grant an amazing energy, enthusiasm, and tireless efforts throughout this term of office.

We will feel globally, think globally, and act globally.

Please join me and our leadership team in welcoming 2022 and the challenges and successes it is sure to bring.

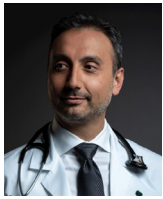
Thank you!



President's Objectives

- Enhance interaction at the board level with all of the committees and interest groups.
- Develop closer ties with our member societies around the world.
- Identify shared opportunities for collaboration that align with our respective goals.
- Strengthen WGO's visibility within the global community.
- Create an IBD Interest Group.
- Create a "WGO Academy" that encompasses technology and e-learning and can be integrated into current programming.

Comprehensive Cancer Care Requires a Dedicated Gastroenterologist



Toufic Kachaamy, MD, FASGE, AGAF

Enterprise Program Leader, Interventional Programs
Medical Director of Gastroenterology - Phoenix
Cancer Treatment Centers of America® (CTCA)

Cancer care is evolving rapidly. This evolution is in part due to new and innovative treatments such as targeted therapy and immunotherapy. These treatments have transformed many cancers from a grave diagnosis to chronic, survivable diseases. In certain instances, these treatments have changed metastatic cancer from a fatal disease to a curable (or manageable) illness. The medical-surgical specialties involved in cancer treatment have also advanced significantly.

Historically, the cancer care team has consisted of a medical oncologist,

a radiation oncologist, and a surgical oncologist. In the modern era, additional specialties such as palliative care, pain management, minimally invasive/robotic surgery, and interventional gastroenterology and pulmonology often play an important role in the provision of comprehensive cancer care. For example, in gastroenterology, therapeutic endoscopists now are an integral part of the multidisciplinary cancer team and many cancer centers now have full-time gastroenterologists (interventional endoscopists) as part their team.

This article serves to outline how gastroenterology's role has moved beyond cancer screening and diagnosis into cancer staging, resection, ablation, palliation, and high-risk surveillance in survivorship. The typical relative volume of gastroenterology patient encounters at a cancer center is shown in figure 1. For every 1000 patients receiving active cancer treatment, there is around 2000 GI clinic encounters and 860 procedures. These can serve as an estimate for GI resources and staffing based on the patient volume in a cancer center aiming to provide comprehensive care including gastroenterology services.

The National Comprehensive Cancer Network (NCCN), a not-for-profit alliance of 31 leading cancer centers devoted to patient care, research, and education, has updated guidelines on cancer screening, diagnosis, management, supportive care, and surveillance. These guidelines are available on [NCCN.org](https://www.nccn.org). While most gastroenterologists are familiar with gastrointestinal society guidelines, those involved in managing cancer patients need to become familiar with the NCCN guidelines as they represent state-of-the-art, evidence-based recommendations for comprehensive cancer care.

The gastroenterologist involved in cancer care must understand the terminology used in oncology. For example, palliative therapy may seem to imply therapy that is aimed at relieving symptoms; but, in the oncology world, it refers to therapy aimed at prolonging survival and is not curative in intent, regardless of the impact on symptoms.

In a cancer center, the gastroenterologists' practice includes cancer



Jorje Medina, Advanced Endoscopy Technician (Left) and Toufic Kachaamy, Therapeutic Endoscopist (Center) conduct therapeutic upper with esophageal cancer ablation. Nurse, Elaine Jewett (Right) monitors the abdomen for any excessive distention from liquid nitrogen expansion.

screening, cancer diagnosis, staging and restaging, acquiring tissue for genomic testing, and cancer resection/ablation/palliation. In addition, managing immunotherapy and targeted therapy induced gastrointestinal toxicity is increasingly being encountered. Gastroenterologists are important members of a team providing support to the cancer patient throughout their journey and provide valuable input when end of life decisions are made. The key aspects of a gastroenterologist's role in a GI cancer center are highlighted in this review. The typical percentage of different types of GI procedures performed at a comprehensive cancer care center is shown in figure 2.

Cancer screening

While a significant part of the general gastroenterology practice focuses on colon cancer screening, in the cancer population, screening often involves high-risk patients with an increased risk of multiple malignancies, requiring a more extensive understanding of genetic disorders and the associated risks. Furthermore, cancer patients are exposed to certain treatments which increase their future cancer risk. For example, abdominal radiation is known to increase the risk of colon cancer and thus will affect the screening interval for such patients. The American Cancer Society recommends consideration for colorectal cancer screening every five years in patients who have a prior history of

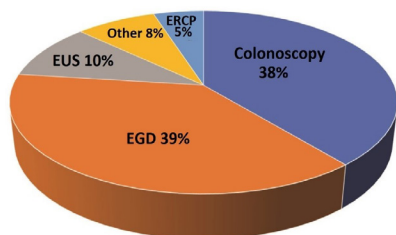


Figure 2: GI procedures distribution at a cancer center (CTCA Phoenix Data)

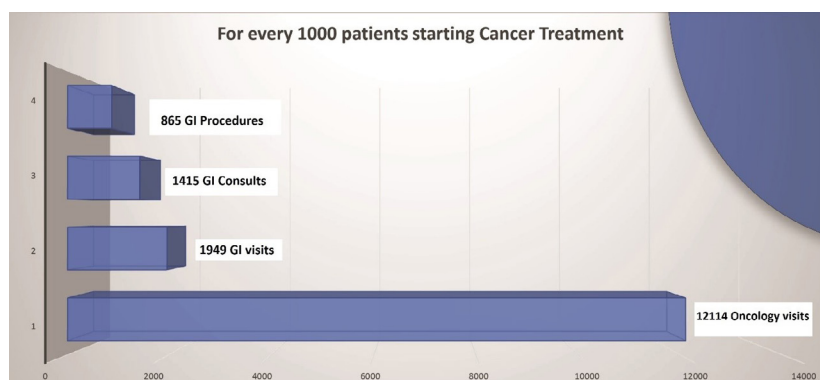


Figure 1: GI case volume per 1000 patients receiving active cancer treatment (CTCA Phoenix data)

abdominal radiation.¹ A common scenario is when a patient with cancer also has a family history of cancer. After this patient undergoes genetic counselling and testing, the individual may be identified to have a certain mutation which warrants specific high risk screening and surveillance. For example, patients with certain genetic mutations such as STK11 and CDKN2A are recommended to undergo pancreatic cancer screening starting at the age of 30 or 40 respectively while patients with ATM, BRCA, MLH1, MSH2, MSH6, EPCAM, PALB2 or TP53 mutations are recommended to undergo screening if they have family history of pancreatic cancer with screening starting at the age of 50 or 10 years before the age of diagnosis in affected family members. Screening for pancreatic cancer is recommended with yearly MRI or EUS, ideally at high volume centers.²

Cancer staging and restaging

A therapeutic endoscopist plays an important role in (endoluminally) classifying cancers into esophageal, gastric, or gastroesophageal based on the location of the tumor epicenter and in determining its stage, typically using EUS. The gastroenterologist also plays a key role in restaging after treatment. It is important to be familiar with classification of treatment

response, especially complete clinical response (CCR). Complete clinical response is defined as complete tumor regression after initial treatment, often based on physical exam, radiologic and endoscopic (sometimes with biopsy) criteria. In rectal cancer, complete clinical response requires complete resolution of the tumor on endoscopy with residual white scar or minimal superficial ulceration and negative biopsies. This has significant implications on the patient's management plan. For example, based on the most recent NCCN guidelines, it is now acceptable practice to allow patients to opt into a "watch and wait approach" for complete clinical response after neoadjuvant treatment for distal rectal cancer.³ This requires an intensive surveillance program including repeat endoscopy for the first two years post treatment.⁴

GI bleeding in cancer patients

GI bleeding in cancer patients is common and presents its unique set of challenges. It can be from traditional non cancer sources of bleeding such as peptic ulcer disease, or from the cancer itself as in gastric or colonic cancer or metastasis to the gastrointestinal tract. Bleeding in cancer patients can also be caused by cancer treatment such as from systemic therapy with antiangiogenic agents (Bevac-

zumab) such as or radiation induced vascular angioectasia as in radiation proctitis. Hemobilia can occur in cancer patients with liver metastasis or biliary stents and is often difficult to diagnose and manage. A high index of suspicion for hemobilia is needed especially in patients presenting with melena and worsening in their liver function tests with negative endoluminal examinations.

The gastroenterologist plays a critical role in the diagnosis and management of bleeding in this population. In patients who have brisk bleeding, or patients with cancers in areas that are known to be near vascular structures and in patients with prior endoluminal stents in locations that predispose to major vessel involvement (eg esophageal stents eroding into the thoracic aorta) we typically obtain a scan CT with no oral contrast. This sometimes identifies the source of bleeding or help classify it into arterial or venous in etiology.

The management of bleeding in cancer patients is often multidisci-

plinary with the gastroenterologist coordinating the care with interventional radiology and surgery. The options available to the gastroenterologist to manage luminal GI bleeding are increasing and include injectables such as cyanoacrylate, mechanical (endoclips), thermal such as Argon Plasma coagulation and bipolar cautery and the more recently introduced hemostatic powders and gels. While initial endoscopic hemostasis has been reported to be high, rebleeding often occurs. Multidisciplinary management is likely to be the most successful with surgery, interventional radiology, radiation oncology and systemic therapy being other means available to try to achieve durable hemostasis. Unfortunately, in some cases, severe uncontrolled bleeding may end up being a terminal event.

Cancer diagnosis

The gastroenterologist performing endoscopy plays a central role in the diagnosis of gastrointestinal cancers. The gastroenterologist is consulted

to diagnose suspected cancer based on imaging abnormalities such as GI tract wall thickening or a mass seen on a CT scan. Cancer recurrence can sometimes occur years after the original cancer has been treated (such as renal cell cancer recurrence presenting as a mass in the pancreas).⁵ Luminal endoscopy with biopsy and Endoscopic Ultrasound (EUS) with fine needle aspiration (FNA) are now well-established modalities to allow safe and efficient tissue acquisition to confirm a diagnosis of GI cancer. With the ability to consistently acquire high quality “core” biopsies at EUS, molecular profiling of tumors and subtyping of lymphomas is possible using minimally invasive tissue acquisition techniques.

Genomic testing

Determining the genetic profile of the tumor can allow the patients to access targeted therapies. These are therapies based on the genetic profile of the cancer. This testing requires a larger amount of tissue than is typically needed for a typical histologic diagnosis. It is important to communicate with the oncologist about the amount of tissue needed prior to the procedure, especially for certain malignancies such as pancreatic cancer, as obtaining more tissue can involve significantly more passes into the tumor and the use of larger (or core) needles, impacting procedure preparation, time and potentially nature of anesthesia/sedation.

Cancer resection

Endoscopic resection (ER) represents a major advance in the management of pre-neoplastic and neoplastic lesions. ER provides both staging (diagnostic) and therapeutic advantages and is now routinely performed for eligible lesions in the esophagus, stomach, small bowel and colon. The devices and techniques for ER have also rapidly evolved over the past two



A multidisciplinary discussion with Toufic Kachaamy, Therapeutic Endoscopist (Left), Saba Radhi, GI Oncologist (Center) and Krista Gomez, Therapeutic Endoscopy Nurse Practitioner (Right), about a patient who underwent positron emission tomography (PET) scan and Endoscopic Ultrasound (EUS findings).

decades, allowing the therapeutic endoscopist involved with GI cancer care to provide minimally invasive management options to these patients. In most cases, these novel interventions obviate the need for surgery and its associated morbidity. Endoscopic mucosal resection (EMR), submucosal dissection (ESD) and full thickness resection (EFTR) are now well-established endoscopic procedures with excellent outcomes and minimal morbidity. When invasive malignancy is found after endoscopic resection, multidisciplinary review and NCCN guideline based consensus recommendations are invoked, thus ensuring that the patient has the best possible outcome in every case.

Cancer ablation

Various modalities for cancer ablation are now available to the endoscopist. EUS-guided radiofrequency ablation (RFA) can be used to treat small symptomatic pancreatic neuroendocrine tumors.⁶ Endobiliary RFA is increasingly being used to prolong biliary stent patency.⁷ Cryoablation is being used for esophageal cancer dysphagia palliation and for treatment of residual esophageal cancer after chemoradiation in patients who are not candidates for esophagectomy.⁸ An interesting phenomenon worth mentioning when we discuss cancer ablation is the abscopal effect of the treatment. The abscopal effect occurs when a systemic tumor response is seen after a local form of therapy such as radiation or endoscopic ablation. While it is still being investigated, it has become a topic of interest since the emergence of immunotherapy. What is especially interesting is the potential for synergistic effect of local therapy and immunotherapy. This field is still in its infancy but is potentially very promising.⁹

Immunotherapy or targeted therapy-induced gastrointestinal toxicity

Immunotherapy has revolutionized cancer care, leading to cures in certain conditions previously thought incurable. However, it may be associated with significant side effects especially affecting the GI tract. The common adverse events of immunotherapy include colitis and hepatitis. The gastroenterologist needs to become familiar with the diagnostic criteria, assessment of disease severity, the indications for endoscopy in this setting and management of these immunotherapy related complications. Interdisciplinary communication and collaboration is critical in such cases to ensure the best outcome.

Supportive care

The NCCN guidelines recommend the initiation of supportive care at the time of cancer diagnosis. Of the ten most common symptoms that cancer patients experience, half are related to the GI tract. These include anorexia and malnutrition, nausea and vomiting, diarrhea, constipation, and malignant bowel obstruction. The gastroenterologist plays an important role in the diagnosis and management of these symptoms. Several diagnostic tests, medications, and procedural interventions are available to help manage these patients. For example, patients with gastric outlet obstruction (GOO) from tumor or radiation strictures can be successfully managed with endoscopic enteral (luminal) stenting or EUS-guided gastrojejunostomy (EUS-GJ).

End-of-life care

The gastroenterologist taking care of cancer patients needs to become knowledgeable about the prognosis of different GI cancers and the signs and symptoms that are associated with end of life. Procedures should be avoided

at the end of the life unless they are palliative and provide significant comfort to the patient. The gastroenterologist needs to become comfortable with being able to empathetically communicate difficult news to the patients and their families and help the patient manage their care at the end of life. It is not uncommon for a patient seen by a gastroenterologist to have irreversible jaundice and for the gastroenterologist to be the first provider faced with the patient's difficult questions. This discussion should ideally involve the oncology team and specialists from palliative care as well.

Conclusion

Gastroenterologists have assumed increasingly integral roles as part of the multidisciplinary GI cancer care team. This evolution is in part due to the rapid advancements in medical and endoscopic interventions we can offer to the cancer patient, as well as our improved appreciation and recognition of the value of a multidisciplinary approach to cancer care.

Gastroenterology training programs will need to consider incorporating education and awareness around the skill sets required to be a successful stakeholder in GI cancer focused programs of the future. Continuing education programs, including those at national and international meetings, will benefit from specific programming dedicated to this rapidly evolving sub-specialty of gastroenterology. One such effort is at a CME event in Scottsdale, Arizona, focusing on the various aspects of the multidisciplinary GI cancer care team, including a focus on the endoscopic intervention options for the patient with GI cancer. Further growth of the GI cancer-focused gastroenterologist sub-specialty is expected, will add value to the multidisciplinary team, and will benefit our patients immensely.

REFERENCES:

1. <https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html>
2. NCCN guidelines: Genetic/Familial High-Risk Assessment: Breast, Ovarian, and Pancreatic. Version 1.2022. August 2021
3. NCCN guidelines: Rectal cancer. Version 2.2021-September 2021
4. López-Campos F, Martín-Martín M, Fornell-Pérez R, et al. Watch and wait approach in rectal cancer: Current controversies and future directions. *World J Gastroenterol.* 2020;26(29):4218-4239.
5. Ballarin R, Spaggiari M, Causero N, et al. Pancreatic metastases from renal cell carcinoma: The state of the art. *World J Gastroenterol.* 2011;17(43):4747-4756.
6. Jonica ER, Wagh MS. Endoscopic treatment of symptomatic insulinoma with a new EUS-guided radiofrequency ablation device. *VideoGIE.* 2020;5(10):483-485. Published 2020 Jun 27.
7. Alis H, Sengoz C, Gonenc M, et al. Endobiliary radiofrequency ablation for malignant biliary obstruction. *Hepatobiliary Pancreat Dis Int.* 2013 Aug;12(4):423-7
8. Kachaamy T, Prakash R, Kundranda M et al. Liquid nitrogen spray cryotherapy for dysphagia palliation in patients with inoperable esophageal cancer. *Gastrointest Endosc.* 2018 Sep;88(3):447-455.
9. Ngwa, W., Irabor, O., Schoenfeld, J. et al. Using immunotherapy to boost the abscopal effect. *Nat Rev Cancer* 18, 313–322 (2018).
10. Heller SJ, Tokar JL, Nguyen MT, Haluszka O, Weinberg DS. Management of bleeding GI tumors. *Gastrointest Endosc.* 2010 Oct;72(4):817-24.

DUBAI 2022



WORLD CONGRESS OF GASTROENTEROLOGY



12-14
December
2022

 WORLD CONGRESS OF GASTROENTEROLOGY 2022

 wcog2022.org  [wcog2022.org](https://twitter.com/wcog2022.org)

Call for Abstracts is Open!



Abstract Submission Deadline

12th July 2022

Boost Your Career!





DUBAI CONVENTION AND EXHIBITION CENTER





شعبة الامارات لامراض الجهاز الهضمي و الكبد
GASTROENTEROLOGY & HEPATOLOGY SOCIETY



The GI-Cancer Focused Gastroenterologist: A Conversation with Dr. Toufic Kachaamy from CTCA, Phoenix, Arizona, USA



Vivek Kaul, MD

Chair, WGO Endoscopy, Other Procedures and Outreach Interest Group
University of Rochester Medical Center
Rochester, New York, USA

Gastroenterology has evolved in several different ways over the past few decades. Sub-sub specialization in liver disease, IBD, and advanced endoscopy are now well recognized all over the world. Meanwhile, GI-Cancer care has also advanced in multiple ways across disciplines. Quietly, innovations in device development, technology, endoscopic interventions, and an unprecedented level of interdisciplinary collaboration has led to the emergence of an entirely new breed of gastroenterologists focused primarily on the care of the patient with cancer. In this issue of *e-WGN*, Dr. Toufic Kachaamy, Enterprise Director for Endoscopy for the CTCA (Cancer Treatment Centers of America) has shared his personal journey and insights into this niche arena and where the field is heading. In a conversation with Dr. Kachaamy, I had the opportunity to further explore several aspects of this new era of “endo-oncology” and the challenges and opportunities that await us. It is clear from this dialogue that we have come a long way, but we have “miles to go before we sleep” in our quest for improving global cancer care.

Vivek Kaul (VK): Dr. Kachaamy, please tell us how you chose this sub-sub specialty of “GI oncology” focused gastroenterology practice? What are the early experiences and training/mentorship opportunities that you experienced?

Toufic Kachaamy (TK): Dr. Kaul, thank you for this question. The decision to sub-specialize in interventional gastroenterology with a focus on cancer care was complex and evolved from a variety of factors. The biggest factor that drove my interest to sub-sub specialize is my passion and commitment to provide patient-centric care. Patient-centric care is more

developed in cancer care than other fields. Once I began practicing as an advanced endoscopist, the reality that it is a field that is still relatively underserved with opportunities to develop a practice, do research, and have large impact on health care became clear. Furthermore, the need for specialists of all types in cancer care has grown.

To elaborate on some of my points, patient-centric care requires knowing the patient well in order to center care around their values and needs. It also requires being able to have a significant impact on their health. I find that oncology-focused interventional endoscopy is very well suited for this.

In a time when many healthcare providers are at risk for burnout, I am rewarded with the creation of a strong bond with patients due to being able to provide meaningful interventions that improve quality of life and perhaps even impact survival. For instance, it is extremely rewarding to relieve gastric outlet obstruction with a quick outpatient procedure and help a patient get back to the family dinner table. I noticed the strength of cancer patient-physician bonds very early in my training with Dr. Alvin Zfass (Professor of Medicine, Virginia Commonwealth University, Richmond, Virginia, USA). The strongest and most rewarding relationships he had were with cancer patients!

Moreover, this field has been underserved I think partly because it is complex and rapidly changing. This makes it harder to keep up with changes in guidelines and with new technology. This might have contributed to having very few gastroenterologists with this as a career focus. If you go to the GI-ASCO meetings for example, the largest GI oncology-focused meeting (a meeting partially sponsored by the American Gastroenterological Association), you will see very few gastroenterologists in attendance.

Finally, this is a growing field, as cancer is starting to surpass heart disease as the leading cause of death in certain countries. There is a greater than ever need for GI subspecialists with a cancer focus. Gastroenterologist serving as “endo-oncologists” can provide minimally invasive interventions that can improve quality of life as well as lengthen life.

VK: In your opinion, what are the key resources needed to help develop

a program like yours if one is interested in doing so?

TK: First, you need a physician with the interest, the knowledge base, and the technical skills. Second, you need a specialized team capable of providing cost-effective, efficient, and high-quality care. Third, you need administrative partners that recognize the unmet need and value of what you bring to the table. Fourth, there needs to be a referral network. Because this is a resource-intensive service, the setup is often in a comprehensive cancer care center or a tertiary care center with an established referral base and a large catchment area. Fifth, the complexity of care coordination requires a specialized team and navigation pathways:

- A care manager, a specialized nurse, with familiarity and knowledge of various gastroenterology procedures and oncology.
- Advanced practice providers (APPs) with expertise to help manage patients in the outpatient clinic and the ability to liaise with care managers and referring providers.
- An endoscopy suite with therapeutic capabilities including advanced GI techs, endoscopic technology, fluoroscopy, and anesthesia support. This is often a hospital-based outpatient endoscopy department.
- An efficient supply chain given the diversity of disposables and ancillary equipment needed.
- Collaborative partnerships with radiology, surgery, and oncology colleagues.
- Last but not the least, you need an administration that understands the value this service brings to the patient and the healthcare system. The “halo effect” that such a program has on the institutional reputation, business, and overall stature needs to be recognized. In this era of “value-based care,” administrators with a progressive mindset recognize the positive impact that such a program has on recurrent

ED visits, hospital admissions, and unnecessary surgery.

VK: Endoscopic cancer palliation is still an unmet need in many parts of the developing world. What is your vision in terms of how we can bring these much needed services to cancer patients in low-resource communities?

TK: This is a very challenging topic. Developing countries lag behind in having comprehensive cancer centers and services. Because palliative care is cost effective by preventing admissions and emergency room visits, we will need to make the case that, while it may seem expensive on the surface, high-quality and efficiently delivered palliative care provides value to the patient, the healthcare system, and the country in general. In developing countries (and to a certain extent in any setting), having the most bang for your buck is going to determine where you focus your resources. Once appropriate resources on lower cost and higher impact services such as vaccines and public health is optimized, there need to be entities (often the best ones are a private-public partnership) to advise on resource allocations, provide local guidelines, and advise on local policies. One approach could be to develop centralized and specialized centers where this care is provided, especially in smaller countries and regions. Specialization is key to maintaining efficiency, minimizing complications and lowering cost while consistently providing higher quality care. I think academic centers and universities in the developed world can serve as catalysts for these “private-public partnerships” to help develop these capabilities in order to establish comprehensive cancer centers and thereby bringing palliative care (both medical and procedural aspects) to the patients in greatest need around the world. We believe that a significant amount of human talent exists (especially in the developed world) to help facilitate delivery

of this work in low-resource environments, but it will need support from the private sector, global foundations, and world health bodies (e.g. WHO, UN) in conjunction with the local governments to get this going.

VK: What are the opportunities for training and mentoring in this realm? Do you think it is time to consider a dedicated “advanced” fellowship for those who want to focus in GI oncology-based gastroenterology practice?

TK: I think it is time to incorporate more gastroenterology education and training with a focus on GI oncologic care in training. The GI fellowship training curriculum has also evolved significantly over the last few decades, in keeping with all the advancements we have discussed already. We should definitely consider adding enhanced elements of GI cancer focused teaching and training to the standard fellowship curriculum. While some of the specialized cancer centers and larger university programs around the world may be able to offer dedicated, advanced (third-tier) training in this realm, I personally think this field (and our understanding of the various elements needed) needs to mature further for us to consider offering advanced dedicated training across the board just yet. In the meantime, continuing education and training programs on this topic will be needed to fill in the gap in knowledge and awareness. Certainly most, if not all, current advanced endoscopy fellowship curricula incorporate a fair amount of exposure to endoscopic interventions for cancer patients.

VK: In your review, you refer to the “abscopal effect” of cancer treatment? Please elaborate what this phenomenon is, what research is being done to evaluate and quantify it, and how we can harness this to its maximum potential.

TK: “Abscopal” literally means away from target. It is used to describe

a systemic tumor response to local therapy. This phenomenon was first described with radiation treatment, where some tumors away from the radiation field showed shrinkage without concomitant systemic treatment. It is thought to be mediated through the activation of a tumor specific immune response. There are many studies actively recruiting to study this effect; these can be found on [ClinicalTrials.gov](https://clinicaltrials.gov). They are almost exclusively radiation-based investigations. Gastroenterologists have unmatched access to tumor and an increasing armamentarium of ablative techniques. This gives us an advantage in being able to ablate the tumor and safely obtain tissue to study the histologic changes seen with ablation. We are naturally positioned to study this field through our access to tumor via natural orifices. There is renewed interest in this field given the recent successes seen with immunotherapy. There is a need to understand how we can augment the effect of immunotherapy and how we can transform “cold” tumors (those that evaded the immune system in the past) into “hot” ones that the immune system starts attacking effectively again.

VK: What role can industry play in helping partner and advance the various themes you have outlined in your review?

TK: Industry is a key stakeholder in this discussion. Apart from the obvious contribution in terms of technology and device development, industry can play a significant role in supporting high-quality research on the impact of interventional procedures

on cancer patients. Being able to optimize procedures to help patients will be a win-win-win for patients, proceduralists, and industry alike. As they have in other arenas, our partners on the corporate side can help enhance their support for educational and training programs/workshops for trainees and young faculty. They can also help support patient advocacy efforts at every level and also work with national and international societies on various fronts to advance the missions of cancer care. As I mentioned earlier, industry partnerships can be game changers when it comes to facilitating cancer care in low-resource communities around the world.

VK: How can individual GI societies and international organizations such as WGO help the further development of the GI oncology subspecialty in gastroenterology?

TK: Societies can help in many ways. First, societies can recognize this field as an emerging field and helping spread knowledge and awareness through their powerful platforms. Second, societies can form special interest groups (SIGs) where society members can exchange ideas and knowledge and start collaborating in creating research networks, training programs, updated guidelines, and national databases and registries. Third, they can also work closely with industry in supporting research and training efforts in areas of greatest need and help jumpstart initiatives in communities and regions across the world that do not currently have access to such programs and technologies.

VK: What are the main challenges and hurdles you think that folks and entities will encounter as they embark on developing such programs?

TK: The first hurdle is having specialists with the skill set and knowledge base in areas with greatest need. Given there is no formal training, these are specialists with the passion and personal interest. The second hurdle is making these programs cost-effective and financially sustainable. Lastly, finding the people with passion, commitment, and emotional resiliency can be difficult. Cancer care can be emotionally taxing and highly rewarding at the same time. Individuals taking care of cancer patients need to have a high level of empathy, emotional intelligence, and the right mindset. For some, it can be emotionally exhausting to build rapport and bond with a cancer patient as many of these patients have a poor prognosis, especially in low-resource communities. This experience can elicit emotional vulnerability in certain proceduralists, which can make them uncomfortable. However, this vulnerability comes with unique rewards. I can tell you from personal experience that very few things are as rewarding as receiving messages about how well someone is doing years after cancer treatment or a picture of a patient's child years after they pass with a message sharing that their family is cherishing their memory and your team's role in the care their loved one received during a time of great distress.



World Congress of Gastroenterology 2022 in Dubai: The State-of-the-Art International Meeting



On behalf of the World Gastroenterology Organisation (WGO) and the Emirates Gastroenterology & Hepatology Society (EGHS), we look forward to welcoming you to Dubai for the World Congress of Gastroenterology 2022.

This is the second time that the EGHS has partnered with WGO and is proud and honored to hold the World Congress for the first time in the Middle East. The WCOG 2022 will take place from 12-14 December 2022.

We are committed to developing an inspiring and highly engaging scientific program featuring highly respected international and regional faculty, comprised of keynote lectures, live transmission sessions, hands-on workshops, post-graduate courses, case-based video presentations, peer-reviewed oral and poster sessions, and much more!

Besides the great learning opportunity, we are also working hard to develop a unique cultural and social program to ensure all our guests experience firsthand the warm hospitality that distinguishes the Arab world and Dubai in particular, a city universally known for its incredible capacity of offering unforgettable memories to all its visitors.

We encourage you to be part of this important event that will bring together delegates from around the globe and, to share knowledge and best practices that will aid the advancement of the health science of gastroenterology.

Once again, we look forward to welcoming you to the World Congress in Dubai, and rest assured that we will spare no efforts to leave a pleasant memory in the minds of our attendees for years to last.

For more information about the WCOG 2022, including registration and abstract submission, please visit: www.wcog2022.org.

WDHD 2022 – Colorectal Cancer

Each year on 29 May, the World Gastroenterology Organisation (WGO) celebrates World Digestive Health Day (WDHD) by initiating a worldwide public health campaign that focuses on a particular digestive or liver disorder in order to increase awareness of prevention, prevalence, diagnosis, management, and treatment of the disease or disorder worldwide.

The first World Digestive Health Day was held on 29 May 2005. Since then, WGO annually celebrates World Digestive Health Day by initiating a yearlong, worldwide, public health campaign through its 117 WGO Member Societies, which reach over 50,000 individuals worldwide, WGO Training Centers, Regional Affiliate Associations, and other WGO global partners. Each year focuses upon a particular digestive disease or disorder in order to increase general public awareness of prevention, prevalence, diagnosis, management, and treatment of the disease or disorder.

This new campaign *Colorectal Cancer Screening, Getting Back on Track*, led by co-chairs Drs. Aasma Shaukat (USA) and Michal Kaminski (Poland), will be launched on Sunday, 29 May 2022. The yearlong campaign will employ the talents of individuals, organizations, and partners worldwide to collectively increase awareness on this timely issue.

The WDHD Steering Committee, comprised of GI specialists, will provide global perspective and expertise on colorectal cancer issues and will support the campaign through the development of educational and training materials.



**Dr. Aasma
Shaukat**



**Dr. Michal
Kaminski**

WGO Welcomes Newest Member Society from Burkina Faso

On 10 December 2021, the General Assembly officially ratified Société Burkinabè D'Hépatogastro-Entérologie Et D'Endoscopie Digestive as the newest member of the World Gastroenterology Organisation (WGO). We are honored to welcome them into the WGO family and are pleased that this society further extends our worldwide reach as the first member society from Burkina Faso.

As a member of WGO, members of this society are now able to participate in various activities around the globe, such as World Congresses of Gastroenterology, Train the Trainers workshops, and access to WGO Training Centers. They also enjoy many other benefits, including access to WGO Global Guidelines & Cascades, listing on the WGO website, and global promotion of programs and events.

WGO has 117 member societies, representing over 60,000 individual gastroenterologists, hepatologists, GI surgeons, and other health care professionals worldwide. This reflects the true global nature of WGO and our aim to represent and support the discipline of gastroenterology worldwide. Partnership with our members is the keystone of WGO's global activities. If your society is not yet a member, we hope that you will consider applying. Details can be found on the WGO website at: <http://www.worldgastroenterology.org/membership/prospective-member-societies>.

Please join us in welcoming WGO's newest member society!

Société Burkinabè D'Hépatogastro-Entérologie Et D'Endoscopie Digestive (SO.BU.H.GE.ED)

President: Dr. Appolinaire Sawadogo

Secretary: Dr. Christiane Couna Bere

Secretariat: Dr. Sosthene Kounpielime Somda

Email: sobuhgeed@gmail.com

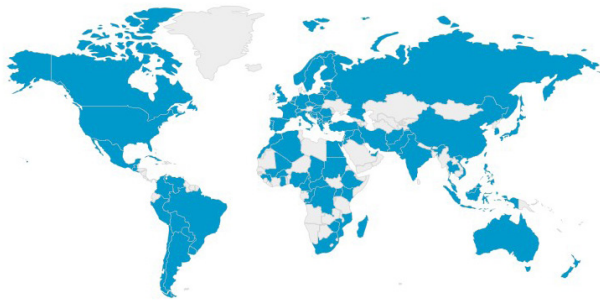


Editorial | Expert Point of View | WGO International Meetings | WDHD News | WGO News | WGO Global Guidelines | Calendar of Events

WGO Train the Trainers Alumni Testimonials

Developed in 2001, the Train the Trainers (TTT) program concentrates on expanding the educational skills of educators in the fields of gastroenterology, hepatology, endoscopy, and GI surgery, who are responsible for teaching, using current educational techniques and philosophies. It brings together faculty and participants from across the globe in an intensive and interactive workshop, characterized by numerous hands-on sessions with many opportunities for discussion. TTT is dedicated to the development of teaching and training skills.

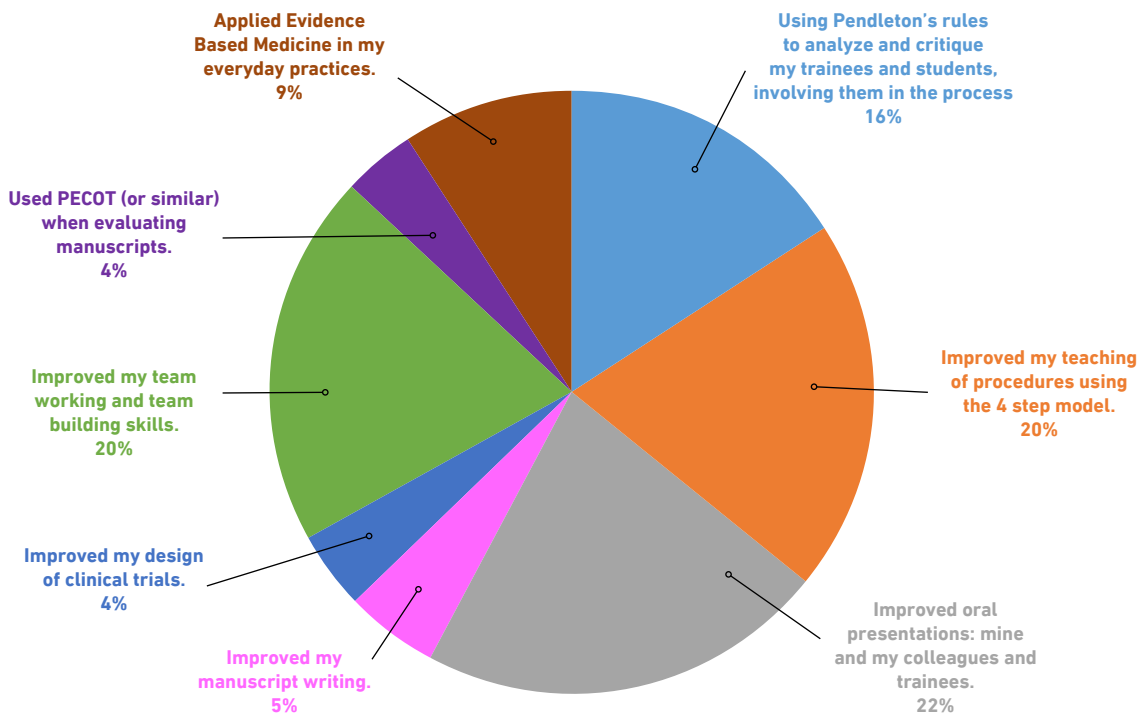
Over the past 20 years, 28 workshops have been held in 18 different countries across six continents with over 1100 alumni from more than 90 countries.



A map of where TTT alumni live



A few alumni at the TTT Alumni Luncheon at the WCOG Istanbul in 2019



In a recent survey to alumni, we asked them, "What 3 Specific Changes Did You Make in Your Practice After?"

TTT: 2007 – Angra dos Reis, Brazil



Fauze Maluf-Filho, MD

São Paulo, Brazil

I had the opportunity to attend the TTT workshop by WGO more than one decade ago in Angra dos Reis at the beautiful shore of Rio de Janeiro, Brazil.

The activities started with a beach volleyball match, which was helpful for the integration of the group. There were around 30 of us mentored by six WGO professors.

In the mornings, the activities were developed in smaller groups. In the afternoons, we all gathered for active discussions. The main themes were leadership, teaching, training, and writing skills - fundamental aspects of clinical epidemiology. The dinners produced special moments of joy and friendship.

Overall, the TTT workshop was an enriching experience in several factors: networking with GI leaders from all the continents, interaction with outstanding GI professors, and

cultural exchange. The classes and discussions were well structured. The content of the classes could be easily found in the individual brochures that we were offered at the first day of the workshop. From the several learned lessons, I would highlight the lesson on “how to give a lecture” by Prof. Eammon Quigley that improved my lecturing skills. This testimonial is a unique moment to express my gratitude to WGO for the opportunity to attend to a TTT workshop. I hope this testimonial helps to encourage WGO to keep on this special project.

TTT: 2013- Porto, Portugal



Eugenia Icaza Chávez, MD

Merida, Mexico

I am really grateful to have been invited to TTT at Porto in 2013. This workshop stands from others in its great planning and mainly in the clear objectives it has traced. TTT teaches you better skills for preparing and presenting scientific information, for appraisal of publications, and for planning educational activities. But



2013- Porto, Portugal – Teamwork event



2013- Porto, Portugal – Tour in Porto

mainly, it teaches you how to work building teams. Evaluating our peers’ work, always with a positive view, is one of the main things I learned.

Besides the scientific and learning skills, I have to say that the TTT team is amazing! There is a sense of friendship, love for one’s culture and country, and love to share it with others. The professorate, great physicians all of them, take their time to know each one of the attendants. Although the work was intense, we had time to get to know Porto and taste its wonderful food and visit its buildings, and of course, time to taste port.

TTT holds many surprises for the attendants, since I began receiving the instructions, I was amazed at the requirements and things I had to prepare before leaving home. I wouldn’t like to give spoilers, but believe me, the faculty knows how to keep you alert!

Thank you very much WGO and TTT for this unforgettable experience.



2007 – Angra dos Reis, Brazil – Attendee Group Photo

Emerging Leaders Mentorship Program Update

As part of an ongoing commitment to training and education, and in keeping with the goal of expanding the WGO community to include the next generation of GI professionals, WGO launched its **Emerging Leaders Mentorship Program (ELMP)**. Led by the Profs. Aasma Shaukat, Eamonn Quigley, and Vivek Kaul, ELMP will link young and aspiring gastroenterologists from around the world who wish to promote GI care, education, and/or research in their region (but may lack the support structures to do so) with informed experts in the areas of clinical practice, education, training, and clinical research.

Six mentors, including past-president Profs. Naima Lahbabi-Amrani, Richard Hunt, Desmond Leddin, Uma Murthy, Carolina Olano, and Peter Siersema will partner with 12 mentees from countries across the globe. Throughout this yearlong partnership, the mentors will impart knowledge and expertise in the areas of clinical practice, education, and research, catering to the interests and specific needs of the mentees.

The initial aim of the program was to select young professionals or professionals new to the field of GI as mentees. Special consideration was given to young GI professionals in developing regions where access to much needed mentorship resources may be limited. In the future, the program may expand to include mentees at any level of experience who demonstrate an interest in expanding their skillset or seek advice and guidance for career advancement.

For potential future mentors and mentees interested in this program, please email info@worldgastroenterology.org and include "Attention: Mentorship Program" in the subject line.

PROGRAM COORDINATORS



Vivek Kaul



Aasma Shaukat



Eamonn M.M. Quigley

MENTORS



Naima Lahbabi-Amrani



Des Leddin



Carolina Olano



Richard Hunt



Uma Murthy



Peter Siersema

BSG LIVE '22



Adrian Stanley, MB ChB, MD, FRCP(Ed), FRCS (Glas)

Senior Secretary, British Society of Gastroenterology
Vice President (Medical), Royal College of Physicians and Surgeons of Glasgow
Consultant Gastroenterologist, Glasgow Royal Infirmary
Honorary Professor, University of Glasgow

It is with great pleasure that we invite you to join us for the British Society of Gastroenterology annual meeting BSG LIVE at the ICC Birmingham on the 20th – 23rd of June 2022.

After over two years without a face-to-face meeting, we are excited to be able to bring the gastroenterology and hepatology community to Birmingham for an in-person event so that together we may look forward to the future of our speciality. As always, this meeting aims:

- To educate our members on state-of-the-art investigation and management, as well as new developments in all fields of gastroenterology and hepatology
- To provide high quality CPD for our members
- To allow researchers in all related fields to present, share, and discuss their findings
- To encourage and enable collaborative working and research in all areas of gastroenterology and hepatology

We will be bringing back popular features such as the Endoscopy Village, Monday Masterclass, and Live Endoscopy. We will also be launching a number of exciting new initiatives such as a well-being zone, symposia on sustainability and green endoscopy, a dedicated space for digital health and new innovations, and Meet the Expert breakfast sessions.

After two years like no other, we would be delighted to welcome you to BSG LIVE in June and hope you will join us as we come together to make this the very best BSG annual meeting yet!



WGO Guidelines and Cascades News

With the recent publication of the new Digestive Tract Tuberculosis Guideline, WGO now has a library of 27 Global Guidelines, which are written from a viewpoint of global applicability. Each Guideline goes through a rigorous process of authoring, editing, and peer review, and is as evidence-based as possible. WGO is the only organization whose guidelines have adopted a global focus. Each WGO guideline is available in English, French, Mandarin, Portuguese, Russian, and Spanish and is updated as new information and evidence is discovered.

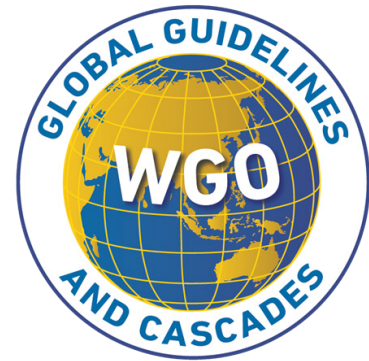
[New Translations in Mandarin and Russian](#)

Translation of the new **Digestive Tract Tuberculosis** and recently updated ***Helicobacter Pylori*** Guidelines are now completed in Mandarin and Russian.

Both of these 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.

[New Translation in Portuguese and Spanish](#)

The **Digestive Tract Tuberculosis** and ***Helicobacter Pylori*** Guidelines have also been published in Portuguese and Spanish. The new translations are all available at <https://www.worldgastroenterology.org/guidelines>.



A Resource Sensitive Solution

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/meetings-and-events-calendar>

WGO RELATED EVENTS

World Congress of Gastroenterology 2022

When: December 12, 2022 - December 14, 2022

Location: Dubai

Country: United Arab Emirates

Organizer(s): WGO and the Emirates Gastroenterology and Hepatology Society

Website: <https://wcog2022.org/>

World Congress of Gastroenterology 2023

When: November 15, 2023 - November 17, 2023

Location: Seoul

Country: Korea

Organizer(s): WGO and The Korean Society of Gastroenterology

Website: <https://www.worldgastroenterology.org/meetings/world-congress-of-gastroenterology>

CALENDAR OF EVENTS

Philippine Digestive Health Week / Joint Annual Convention

When: March 10, 2022 - March 13, 2022

Country: Philippines

Organizer(s): Philippine Society of Gastroenterology

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

52nd Annual Meeting of GEST

When: March 26, 2022 - March 27, 2022

Country: Taiwan

Organizer(s): The Gastroenterology Society of Taiwan

Website: www.gest.org.tw

APASL 2022

When: March 30, 2022 - April 3, 2022

Location: Seoul

Country: Korea

Organizer(s): APASL and Korean Association for the Study of the Liver

Website: <http://www.apasl2022seoul.org/>

Digestive Disease Week® (DDW) 2022

When: May 21, 2022 - May 24, 2022

Location: San Diego, California

Country: USA

Organizer(s): American Gastroenterological Association, American Association for the Study of Liver Diseases, American Society for Gastrointestinal Endoscopy, Society for the Study of the Alimentary Tract

Website: <https://gastro.org/digestive-disease-week-ddw/>

BSG Live '22

When: June 20, 2022 - June 23, 2022

Location: Birmingham

Country: United Kingdom

Organizer(s): British Society of Gastroenterology

Website: <https://live.bsg.org.uk/>

International Liver Congress™ 2022

When: June 22, 2022 - June 26, 2022

Location: London

Country: United Kingdom

Organizer(s): EASL

Website: <https://easl.eu/event/international-liver-congress-2022/>

Semana Digestiva 2022

When: June 22, 2022 - June 25, 2022

Location: Super Bock Arena Porto

Country: Portugal

Organizer(s): Sociedade Portuguesa de Gastrenterologia

Website: <https://www.spg.pt/evento/semana-digestiva-2022/>

IFSO 2022

When: August 23, 2022 - August 27, 2022

Location: Miami, Florida

Country: USA

Organizer(s): International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO)

Website: <https://www.ifso2021.com/>

GESA AGW 2022

When: September 10, 2022 - September 11, 2022

Location: International Convention Centre Sydney

Country: Australia

Organizer(s): Gastroenterological Society of Australia

Website: <https://agw.gesa.org.au/>

EUS-ENDO International Live Course 2022

When: September 15, 2022 - September 17, 2022

Location: Aix-en-Provence

Country: France

Organizer(s): Dr. Marc Giovannini

Email: audrey.soulier@mcocongres.com

Website: <https://eus-endo.org/en/>

Gastro 2022 Argentina

When: September 15, 2022 - September 17, 2022

Location: Mendoza

Country: Argentina

Organizer(s): FAGE, FAAED and SAGE

Website: gastro2022.org

XV Congreso Paraguayo de Gastroenterología y Endoscopia Digestiva

When: September 28, 2022 - September 30, 2022

Location: Asuncion

Country: Paraguay

Organizer(s): Sociedad Paraguaya de Gastroenterología

Website: www.spge.org.py

ACG 2022 Annual Meeting

When: October 21, 2022 - October 26, 2022

Location: Charlotte, North Carolina

Country: USA

Organizer(s): American College of Gastroenterology

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

JDDW 2022 - Japan Digestive Disease Week 2022

When: October 27, 2022 - October 30, 2022

Location: Fukuoka

Country: Japan

Organizer(s): Organization of JDDW

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

Asian Pacific Digestive Week APDW 2022

When: November 17, 2022 - November 21, 2022

Location: Xi'an

Country: China

Organizer(s): APAGE

Website: <https://www.apage.org/index.html>

JDDW 2023 - Japan Digestive Disease Week 2023

When: November 2, 2023 - November 5, 2023

Location: Kobe

Country: Japan

Organizer(s): Organization of JDDW

JDDW 2024 - Japan Digestive Disease Week 2024

When: October 31, 2024 - November 3, 2024

Location: Kobe

Country: Japan

Organizer(s): Organization of JDDW

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



WGO Member Societies Submit Your Event

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

www.biocodexmicrobiotainstitute.com/pro: an international hub of knowledge dedicated to microbiota!

Biocodex Microbiota Institute is an international scientific institution that aims to foster health through spreading knowledge about the human microbiota. To do so, the Institute addresses both healthcare professionals and the general public to raise their awareness about the central role of this still little-known organ of the body.

It is designed to provide you with reliable, updated, and adapted content. It is also designed to reflect the dynamism and innovation of the human microbiota.



Available in 7 languages (English, French, Spanish, Russian, Polish, Turkish, and Portuguese), this online international hub provides Healthcare Professional with the latest scientific news and data about microbiota including the Institute's exclusive content such as Microbiota magazine, thematic folders, continuing medical education (CME) courses and interviews with experts. Check them out!

<p>Accrediting training on microbiota</p> <p>Research on microbiota is advancing! Benefit from accrediting courses to learn about microbiota.</p> <p>▶ Access accrediting courses</p>	<p>Infographics to share with your patients</p> <p>Download original graphic material to explain to your patients the role of the microbiota in their daily health.</p> <p>▶ Discover all the Biocodex infographics</p>	<p>An expert magazine "Microbiota"</p> <p>Read our Microbiota magazine with exclusive content written by leading microbiota experts.</p> <p>▶ Read the Microbiota Mag</p>
--	--	--

Navigate through this hub of knowledge: www.biocodexmicrobiotainstitute.com/pro