Welcome to the new print edition of UEG Week News, featuring some of the hottest topics presented in Berlin, together with selected highlights of the scientific programme, including the popular “My Pick” articles, where UEG Scientific Committee members from various areas of gastroenterology recommend their favourite sessions. Moreover, this year, further news articles can be found online at www.ueg.eu/week: you can already read interviews with UEG President Professor Michael Farthing, and with Prof. John Atherton, who has read and assessed thousands of submitted abstracts, but also planned the programme, are particularly relevant or exciting with regard to therapeutic or diagnostic outcome. How to keep up to date on UEG Week 2013

How to keep up to date on UEG Week Berlin 2013

UEG Week News now online

Welcome to the new print edition of UEG Week News, featuring some of the hottest topics presented in Berlin, together with selected highlights of the scientific programme, including the popular “My Pick” articles, where UEG Scientific Committee members from various areas of gastroenterology recommend their favourite sessions. Moreover, this year, further news articles can be found online at www.ueg.eu/week: you can already read interviews with UEG President Professor Michael Farthing, and with Prof. John Atherton, who has read and assessed thousands of submitted abstracts, but also planned the programme, are particularly relevant or exciting with regard to therapeutic or diagnostic outcome.

What’s new? UEG Week Programme presents even better cutting-edge research

Together with his colleagues, Professor John Atherton, Chair of the UEG Scientific Committee, has not only read and assessed thousands of submitted abstracts, but also planned the programme of UEG Week Berlin 2013. So who better to ask about the highlights of the Scientific and the Postgraduate Teaching Programme than him?

The standard of abstracts submitted to the meeting has improved measurably again this year.

Outside the Plenary Session, there are major advances described throughout oral and poster sessions. My favourites are in endoscopy. Submucosal endoscopy with a mucosal flap for sampling subepithelial tumours is a great advance (Free Paper Session: Endoscopic techniques which will change tomorrow’s practice; Monday, October 14; 15.45-17.15 h; Hall 6). And it is great to see a randomised trial of the different methods of treating achalasia: will you be convinced of efficacy and relative safety? (Free Paper Session: Endoscopy towards, into and through the stomach; Monday, October 14; 14.00-15.30 h; Hall 6) Come and judge for yourself!

The big thing not to miss is the Opening Plenary Session – it is the best of our meeting.

The ICC Berlin, this year’s venue for UEG Week

HEP C and HCC treatment Pages 2, 6

Rising Stars on epigenetics of CRC; skin view after the congress.

This year's sessions can be viewed after the congress.
Rising Stars on the epigenetics of colorectal cancer, and the skin cancer risk of IBD patients

The potential of epigenetics for diagnosing colorectal cancer, and the risk of IBD patients to develop skin cancer are the topics of two Rising Star talks at UEG Week. The presenters belong to the group of young scientists annually selected as Rising Stars by UEG's National Societies Committee and Scientific Committee.

On Monday at 09.48 h in Hall Oslo, Dr Francesc Balaguer (University of Barcelona, Spain) will present research that aims at further revealing the mechanisms of the epigenetics of colorectal cancer (CRC) in order to make use of their diagnostic potential. Over the past decade, considerable progress in this area has been made, particularly with regard to the role of aberrant DNA methylation and microRNAs. As Dr Balaguer points out, these advances in the understanding of epigenetic dysregulation in CRC have led to epigenetic alterations being developed as clinical biomarkers for diagnostic, prognostic and therapeutic applications.

Especially treatment with thiopurines has been suggested to increase the risk of non-melanoma skin cancer in IBD.

Dr Francesc Balaguer, University of Barcelona, Spain

“The application of next-generation sequencing to the analysis of the epigenome has recently revealed that differential DNA methylation frequently occurs outside the gene promoter regions, opening a new research field,” says Dr Balaguer. “Progress in this area suggests that these epigenetic alterations will be commonly used in the near future to direct diagnosis, prevention and treatment of CRC.”

Associate Professor Time Jess (Statens Serum Institut, Copenhagen, Denmark) has been invited to speak about the risk of IBD patients to develop skin cancer on Wednesday at 09.48 h in Hall 2: “Especially treatment with immunosuppressive drugs, such as thiopurines, has been suggested to increase the risk of non-melanoma skin cancer (NMSC) in IBD. Thiopurines have a particularly harmful effect on DNA sensitivity to UV radiation from sunlight, and it is biologically reasonable to hypothesise that thiopurine-treated patients are at increased risk of NMSC.” However, as Associate Prof. Jess points out, IBD patients may also have a treatment-independent increased risk of NMSC due to general immune dysfunction, as suggested in studies from the pre-thiopurina era.

Associate Prof. Jess sums the current state of knowledge: “It is therefore still up for discussion whether general guidelines for prevention of NMSC in patients with IBD are needed and whether these should apply to all IBD patients or to thiopurine-treated patients only.”

The Rising Star initiative provides an internationally renowned platform for younger investigators to present their findings to a large and highly qualified audience. Applicants should not be over 40 years of age and have to show at least one publication in a major journal or three other publications.

Especially treatment with thiopurines has been suggested to increase the risk of non-melanoma skin cancer in IBD.

Dr Francesc Balaguer

Associate Professor Time Jess, Statens Serum Institut, Copenhagen, Denmark

Today’s Science; Tomorrow’s Medicine

Make sure to visit UEG Week’s international two-day symposium “Today’s Science; Tomorrow’s Medicine”. This year, it will cover the issue “From genetics to pathogenesis & clinical practice”. The best basic and translational scientists from around the world will meet to discuss how the current state of knowledge can be used in clinical practice, and to establish strategies to further advance the knowledge in this area and how such research will benefit our patients. The symposium is open to all UEG Week delegates at no extra cost.

The best basic and translational scientists from around the world will meet to discuss how the current state of knowledge can be used in clinical practice, and to establish strategies to further advance the knowledge in this area and how such research will benefit our patients. The symposium is open to all UEG Week delegates at no extra cost.

World-renowned scientists have been invited to speak on the topic “From genes to disease in IBD” on Monday (11.00-12.30 h, Hall 2); on Tuesday, they will talk about “New molecular targets in IBD” (08.30-10.30 h, Hall 2); “Genetically predisposed GI cancers” (11.00-12.30 h, Hall Copenhagen), “Novel genetic tools for cancer management” (14.00-15.30 h, Hall Oslo) and “Molecular neurogastroenterology: From genetics and basic mechanisms to targeted therapeutic strategies” (15.45-17.15 h, Hall Oslo). In addition, two Free Paper Sessions will be held on Monday in Hall 9, with the best original research on “Genetics of functional disorders” (14.00-15.30 h) and “Genetics and pathogenesis” (15.45-17.15 h) presented by young and established researchers, and discussed by international experts. Please refer to the Final Programme for further details.
Professor Magnus Simrén (University of Gothenburg, Sweden) recommends UEG Week Berlin 2013 lower GI sessions

Clinical challenges in the anorectal region
Symposium;
Monday, October 14; 15.45-17.15 h; Hall 3
This session deals with the management of common, but sometimes neglected problems in gastroenterology in- and outpatients. For clinicians, this will be a very useful session, with information they can use in their everyday clinical work. Treating common disorders in an optimal way is key to have a successful outpatient clinic!

National Societies Symposium:
Colorectal cancer screening in Europe
Symposium;
Tuesday, October 15; 08.30-10.30 h; Hall Copenhagen
A symposium that will highlight the differences in colorectal cancer screening programmes across Europe, and will debate the optimal strategy for colorectal cancer screening in Europe in the future. As colorectal cancer screening is or will be incorporated into the healthcare system in all European countries, it is important to learn from each other in order to have an ideal programme where we screen for this common and curable form of GI cancer.

Role of gut microbiota in GI diseases
Symposium;
Tuesday, October 15; 11.00-12.30 h; Hall Helsinki
An area where new knowledge is gained rapidly, and this new knowledge has an impact on the clinical management of these patients today to some extent, but will likely influence our GI practices even more in the near future. In this symposium, the presenters will update the audience on the role of the gut microbiota in some of the most common GI diseases and inform about the clinical relevance of recent research findings.

Difficulties in the diagnosis of colitis
Symposium;
Tuesday, October 15; 14.00-15.30 h; Hall Copenhagen
Sometimes it is easy to make a correct diagnosis in a patient with colitis. However, sometimes diagnostic difficulties are present, and these clinically important scenarios will be discussed in this symposium. A symposium that definitely targets the clinically active gastroenterologist!

New insights into the clinical management of IBS
Symposium;
Tuesday, October 15; 14.00-15.30 h; Hall 3
A symposium that will discuss the optimal management strategies for patients with IBS, one of the most common patient groups in GI outpatient clinics. Even though we do not have a multitude of effective pharmacological agents that we can use in these patients, managing them correctly has a profound impact on healthcare costs, the quality of life of the patients and also the satisfaction of the doctor. Therefore, this symposium is very important for gastroenterologists who see patients with IBS, i.e. all gastroenterologists.
Professor Schreiber’s starting point is one of the big open questions in IBD research: why do many individuals inherit a substantial number of IBD-related genetic risk factors without ever developing the disease? Although genetic risks are likely to have remained stable over time, the incidence and prevalence of IBD has vastly increased over the past 150 years. In most individuals who develop IBD, it takes two or three decades from birth, in which they are seemingly healthy before the disease manifests itself. According to a recent hypothesis, genetically susceptible individuals develop IBD if their intestinal microbial composition is modified by a Western lifestyle and thus becomes an additional risk factor. However, as Prof. Schreiber points out, this hypothesis has to be evaluated systematically: “Interestingly, the intestinal microbiota appears to be under tight control of host genetics. Investigations show that disease-associated genetic variants in mice and humans have substantial influence on the composition of the gut microbiota. Many of the changes, which occur even in the absence of inflammation, appear to be identical to those observed in comparing IBD patients with controls.” Consequently, Prof. Schreiber questions the hypothetical isolated primary role of microbial changes in disease aetiology, while, on the other hand, taking into account that changes induced in the microbiota of mice can transfer the phenotype after stool transplantation.

The role of the intestinal microbiota should therefore be seen as an important co-factor in disease aetiology. “Like genetic susceptibility, it appears that alterations in the human microbiota may be neither sufficient nor specific to trigger manifestation of IBD. However, changes in the microbiota may become important to explain differential anti-inflammatory drug efficacy or a differential natural course of disease,” concludes Prof. Schreiber. “In addition, control of the gut microbiota could become an important tool for prevention.”
Scientific Programme

Clinical Case Sessions

Vote on diagnostic and treatment options

One of the numerous highlights of UEG Week are the Clinical Case Sessions “Clinics in Gastroenterology and Hepatology”, which take place on each day of the core meeting from 11.00 to 12.30 h in Hall 3. For each session, three challenging cases have been selected from abstracts submitted to the UEG Scientific Committee. Members of the clinical teams who managed the cases will present these difficult or unusual clinical management problems, which are illustrated by high-quality endoscopic, radiological and pathological images. The cases will then be discussed by a multidisciplinary panel.

During the presentation and discussion, delegates are encouraged to comment on each case. They are also able to use keypads to vote on diagnostic and treatment options.

Monday’s session will focus on the following upper GI cases:
- Dyspepsia: More than meets the eye
- Diagnostic challenges in a patient with malnutrition
- Abdominal pain, vomiting and diarrhoea: Time tells

On Tuesday, the session will deal with lower GI cases:
- Non-fatal hepatic portal venous gas and intestinal pneumatosis: Rare presentation of an important aetiology
- An adolescent with abdominal pain after surgery
- Skin tumours: Should gastroenterologists care?

Wednesday’s session will comprise liver, biliary and pancreas cases:
- An unusual case of acute liver failure
- Life-threatening recurrent GI bleeding in an ice-hockey coach
- Jaundice and fever in a pregnant woman: The culprit did not act alone

My Pick of the Scientific Programme

Roger Leicester
(St. George’s Hospital, London, UK)
recommends
UEG Week Berlin 2013 endoscopy sessions

Live endoscopy
Postgraduate Teaching Programme;
Saturday, October 12; 11.00-13.00 h, 14.00-16.30 h; Hall 1 & Core Programme;
Tuesday, October 23; 08.30-10.30 h, 11.00-12.30 h, 14.00-15.30 h; Hall 1
Live endoscopy sessions are a major feature of UEG Week, allowing endoscopists to observe live demonstrations by European and international experts, presenting the latest techniques in diagnostic and therapeutic endoscopy. Interactive discussions moderated by experts will cover not only the techniques, but also indications, equipment and peri-endoscopy care.

Endoscopy meets pathology: Interdisciplinary management of colorectal polyps
Symposium;
Monday, October 14; 15.45-17.15 h; Hall Copenhagen
The implementation of colorectal cancer screening in many European countries poses new challenges to the endoscopist. As well as improving survival from this common disease, there is an opportunity to reduce incidence by polypectomy. This session will explore the optimal techniques for polyp detection and characterisation and the need for a multidisciplinary approach by endoscopists and histopathologists in identifying high-risk polyps and the management of the malignant polyp.

Pressure in the pancreatic and biliary ducts
Symposium;
Wednesday, October 16; 08.30-10.30 h; Hall 3
The multidisciplinary management of pancreatic disease and biliary strictures is key to improving outcomes of these patients. Optimal management and therapeutic strategies will be debated by a panel of radiologists, gastroenterologists and surgeons.

Minimally-invasive therapy: European and Japanese perspectives
Symposium;
Wednesday, October 16; 11.00-12.30 h; Hall Stockholm
UEG Week continues its tradition of interactive discussions between European and Japanese endoscopists. This session is an opportunity to explore the current status of endoscopic submucosal dissection in the East and West and share ideas for improving outcomes plus new techniques and research into minimally-invasive interventions. The panel of experts has been selected for their original and outstanding contributions to endotherapy.

Endoscopy: What’s new in 2013?
Symposium;
Wednesday, October 16; 14.00-15.30 h; Hall Stockholm
A new feature for UEG Week 2013 is designed to provide an update on developments in endoscopy from new guidelines through latest publications and research to a summary of the key presentations at the current meeting. This session will provide endoscopists with the most up-to-date information in their specialty.

Clinical Case Sessions

Vote on diagnostic and treatment options

One of the numerous highlights of UEG Week are the Clinical Case Sessions “Clinics in Gastroenterology and Hepatology”, which take place on each day of the core meeting from 11.00 to 12.30 h in Hall 3. For each session, three challenging cases have been selected from abstracts submitted to the UEG Scientific Committee. Members of the clinical teams who managed the cases will present these difficult or unusual clinical management problems, which are illustrated by high-quality endoscopic, radiological and pathological images. The cases will then be discussed by a multidisciplinary panel.

During the presentation and discussion, delegates are encouraged to comment on each case. They are also able to use keypads to vote on diagnostic and treatment options.

Monday’s session will focus on the following upper GI cases:
- Dyspepsia: More than meets the eye
- Diagnostic challenges in a patient with malnutrition
- Abdominal pain, vomiting and diarrhoea: Time tells

On Tuesday, the session will deal with lower GI cases:
- Non-fatal hepatic portal venous gas and intestinal pneumatosis: Rare presentation of an important aetiology
- An adolescent with abdominal pain after surgery
- Skin tumours: Should gastroenterologists care?

Wednesday’s session will comprise liver, biliary and pancreas cases:
- An unusual case of acute liver failure
- Life-threatening recurrent GI bleeding in an ice-hockey coach
- Jaundice and fever in a pregnant woman: The culprit did not act alone

My Pick of the Scientific Programme

Roger Leicester
(St. George’s Hospital, London, UK)
recommends
UEG Week Berlin 2013 endoscopy sessions

Live endoscopy
Postgraduate Teaching Programme;
Saturday, October 12; 11.00-13.00 h, 14.00-16.30 h; Hall 1 & Core Programme;
Tuesday, October 23; 08.30-10.30 h, 11.00-12.30 h, 14.00-15.30 h; Hall 1
Live endoscopy sessions are a major feature of UEG Week, allowing endoscopists to observe live demonstrations by European and international experts, presenting the latest techniques in diagnostic and therapeutic endoscopy. Interactive discussions moderated by experts will cover not only the techniques, but also indications, equipment and peri-endoscopy care.

Endoscopy meets pathology: Interdisciplinary management of colorectal polyps
Symposium;
Monday, October 14; 15.45-17.15 h; Hall Copenhagen
The implementation of colorectal cancer screening in many European countries poses new challenges to the endoscopist. As well as improving survival from this common disease, there is an opportunity to reduce incidence by polypectomy. This session will explore the optimal techniques for polyp detection and characterisation and the need for a multidisciplinary approach by endoscopists and histopathologists in identifying high-risk polyps and the management of the malignant polyp.

Pressure in the pancreatic and biliary ducts
Symposium;
Wednesday, October 16; 08.30-10.30 h; Hall 3
The multidisciplinary management of pancreatic disease and biliary strictures is key to improving outcomes of these patients. Optimal management and therapeutic strategies will be debated by a panel of radiologists, gastroenterologists and surgeons.

Minimally-invasive therapy: European and Japanese perspectives
Symposium;
Wednesday, October 16; 11.00-12.30 h; Hall Stockholm
UEG Week continues its tradition of interactive discussions between European and Japanese endoscopists. This session is an opportunity to explore the current status of endoscopic submucosal dissection in the East and West and share ideas for improving outcomes plus new techniques and research into minimally-invasive interventions. The panel of experts has been selected for their original and outstanding contributions to endotherapy.

Endoscopy: What’s new in 2013?
Symposium;
Wednesday, October 16; 14.00-15.30 h; Hall Stockholm
A new feature for UEG Week 2013 is designed to provide an update on developments in endoscopy from new guidelines through latest publications and research to a summary of the key presentations at the current meeting. This session will provide endoscopists with the most up-to-date information in their specialty.
Rising Stars: Opening up new options for HCV and HCC treatment

New approaches to the treatment of liver diseases will be presented at UEG Week by two more speakers belonging to the group of young scientists annually selected as Rising Stars by UEG’s National Societies Committee and Scientific Committee.

Obtaining CME credits

UEG Week Berlin 2013 is designated for a maximum of 28 hours of European external CME credits. Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity. In order to obtain CME credits, UEG requires feedback on its educational activities. Therefore, we kindly ask delegates to complete the evaluation form on the last day of attendance at the CME Terminals next to the registration counter in the Entrance Lobby or on the UEG Week website. The CME Certificate of the European Accreditation Council for Continuing Medical Education (EACCME) is issued at the self-service CME Terminals or online through the UEG Week website. Physicians may convert EACCME credits to an equivalent number of AMA PRA Category 1 Credits™. For further details, please refer to the Final Programme or the UEG Week website.
Pro and con debate: which is the best way to diagnose alcoholic liver disease?

The question whether histology or non-invasive methods are preferable for the initial assessment and follow-up of alcoholic liver disease (ALD) has been selected as topic of debate at Monday’s ALD session (11.00-12.30 h, Hall Stockholm). To provide our readers with a foretaste of what is “at stake”, UEG Week News asked the two opponents to roughly outline their core arguments.

**Professor Karoline Lackner**
(University of Graz, Austria)

Professor Karoline Lackner (University of Graz, Austria) recommends liver biopsy to confirm alcoholic steatohepatitis (ASH) in high-risk patients. Her main argument is that to rely only on clinical criteria for the diagnosis entails a 10-50% risk of misclassification of patients with or without ASH. According to Prof. Lackner, only patients with histologically confirmed ASH should be treated with steroids. “Histological severity of ASH and bilirubinostasis are important predictors of short-term mortality and infection, respectively,” says Prof. Lackner, pointing out that, at the same time, patients with less severe alcoholic liver disease are at risk to die at later time points. “We developed a novel non-invasive model derived from clinical and biochemical parameters for the prediction of intermediate- and long-term prognosis and show that addition of histological information improves the performance of the non-invasive model,” says Prof. Lackner.

**Professor Sebastian Mueller**
(University of Heidelberg, Germany)

Professor Sebastian Mueller (University of Heidelberg, Germany), for his part, puts emphasis on the large potential of non-invasive methods: “The recent introduction of novel elastographic techniques such as transient elastography (TE, Fibroscan), acoustic radiation force impulse (ARFI) imaging or shear wave elastography (SWE) have drastically improved the ability to assess the fibrosis in patients with ALD.” According to Prof. Mueller, present algorithms allow either the exclusion or the exact definition of fibrosis stage (F3) and F4 in circa 95% of patients. He points to further biomarkers which are under investigation to non-invasively assess the degree of steatosis, steatohepatitis and iron. “Non-invasive biomarkers usually have a significantly lower sample error and are ideal for longitudinal follow-up. Liver biopsy remains an important option either to confirm ALD in relation to other potential causes or for prognosis assessment,” concludes Prof. Mueller.

**Live Endoscopy – experts perform new tricks**

Live Endoscopy is one of the most popular formats at UEG Week. In Berlin, no fewer than five sessions will be devoted to live endoscopy: two as part of the Postgraduate Teaching Programme on Saturday (11.00-13.00 h and 14.00-16.30 h in Hall 1), and three more during the core programme on Tuesday (08.30-10.30 h, 11.00-12.30 h and 14.00-15.30 h in Hall 1). Live endoscopy demonstrations, transmitted from Sana Klinikum Lichtenberg in Berlin, offer the opportunity to discuss the indications, the pre-therapeutic planning and the post-therapeutic follow-up. Leading experts, who are selected for their capabilities of teaching while working with the patients’ interests in mind, will perform cutting-edge techniques and new tricks. Multiple parallel cases and expert chairmen ensure that there will be no unnecessary gaps in this interactive learning experience.

**Associate Professor Julia Mayerle**
(Ernst Moritz Arndt University Greifswald, Germany) recommends UEG Week Berlin 2013 liver and pancreas sessions

Acute pancreatitis: The most common reason for hospital admission in GI disease. Do we know enough? Symposium; Monday, October 14; 11.00-12.30 h; Hall Prague
Acute pancreatitis is the most common reason for hospital admission of all benign gastrointestinal diseases. Knowledge on early organ support is essential for every gastroenterologist and surgeon. I therefore highly recommend this session, which covers endoscopic intervention, minimally invasive surgery, management of complications as well as emergency endoscopic retrograde cholangiography and timing of cholecystectomy.

Update on non-alcoholic fatty liver disease (NAFLD) Symposium; Monday, October 14; 15.45-17.15 h; Hall I
NAFLD poses an ever-increasing risk for co-morbidity and cirrhosis to the affected patients. Epidemiological data suggest that the prevalence of NAFLD in Europe is as high as in the United States with an increasing obese population. Lifestyle modification is the backbone of treatment in this disease. However, from understanding the pathophysiology we have delineated new treatment options, and we would be delighted to share these new data with you.

Vascular liver disease Symposium; Tuesday, October 15; 14.00-15.30 h; Hall Stockholm
Vascular liver disease is a rare but frightening complication. Often the time point of diagnosis determines patients’ outcome, and the patient very much benefits from the physician’s awareness for the disease. Anticoagulation in portal vein thrombosis has been a much-discussed topic in the past, and recent data from Dominique Vailla, one of the speakers of this session, will greatly impact clinical practice. I am sure there is much to be learned in this session.

The management of complications in liver cirrhosis Symposium; Tuesday, October 15; 15.45-17.15 h; Hall 2
Recently, new devices and drugs for the treatment of refractory ascites have been approved by the authorities. These offer new opportunities for the patients and challenges for the physician in charge. Variceal bleeding is a common problem in cirrhotics; however, this might not be the only cause of bleeding. New antibiotics have been approved for the treatment of hepatic encephalopathy, and finally we need to discuss how we should treat acute-on-chronic liver failure. This session offers interesting insights into the management of complications in liver cirrhosis.

Pancreas: What’s new in 2013? Symposium; Monday, October 14; 15.45-17.15 h; Hall 1
This year has brought many changes in the treatment of pancreatic disorders. Folfirinox has nearly become the standard of care for advanced pancreatic cancer, and adjacent treatment is now standard of care. Markers like hENT1 for the responsiveness to chemotherapy might find their way into daily clinical practice, and new substances for the treatment are on the horizon. The revised Atlanta classification for acute pancreatitis has been published and now needs to be vigorously tested for its use in the clinics. We have obtained the first evidence that stenting of the pancreatic duct in chronic pancreatitis is useful, and this might open new avenues for therapy. Please join me in what’s new in the field of pancreatology in 2013.
Therapeutic endoscopy: a paradigm shift in managing dysplasia and early cancer

Endoscopy has become a cornerstone in the diagnosis and treatment of GI cancer. In Monday’s Opening Plenary Session (08.00 to 10.30 h in Hall 1), Professor Jacques Devière (Erasme Hospital, Brussels, Belgium) will present the audience with the developments and future potential of this fascinating field.

The need for respecting oncological principles in a fashion similar to surgical ones has also prompted the development of additional techniques like endoscopic submucosal dissection, allowing en-bloc removal of the tumours. The accessibility of such treatment via therapeutic endoscopy has also changed the policy of follow-up or early detection of these lesions, which may be proposed to more people, due to the lower morbidity as a result of the timely removal of tumours via the endoscopic approach. The standards have changed and have put forward endotherapy instead of surgery as first-line management. Another area of interest is to identify and treat dysplasia before it will become a cancer. For that purpose, additional techniques of ablation have been developed, which are currently under clinical assessment. However, according to Prof. Devière, some caution is asked for: “These dramatic changes and improvements in patient management have to be put in balance with the risk of over-enthusiasm resulting in unnecessary treatments. This illustrates why gastroenterologists practising endoscopy need to be integrated in multidisciplinary teams including, at least, surgeons, pathologists and oncologists.”

Gastroenterologists practising endoscopy need to be integrated in multidisciplinary teams including surgeons, pathologists and oncologists.
Scientific Programme

When Europe meets the rest of the world

UEG Week offers sessions in collaboration with Brazil, Egypt, the Asian-Pacific region and the USA

On Wednesday from 8.30 to 10.30 h in Hall Stockholm, Professors Naohisa Yahagi from Japan and Roger Leicester from the UK will chair the symposium “East meets West: Colorectal cancer screening”. Screening strategies in the East, quality assurance in colonoscopy, and advanced endoscopic techniques for management of screen-detected lesions are among the topics to be presented and discussed. From 12.00 to 13.30 h in the same room, you can join top endoscopists discussing “Minimally-invasive therapy: European and Japanese perspectives”. This joint symposium by the European Society of Gastrointestinal Endoscopy (ESGE) and the Japan Gastroenterological Endoscopy Society (JGES) will be chaired by Hisao Tajiri from Japan and Paul Fockens from the Netherlands. In addition, as a special service to the Japanese delegates attending, the UEG Week News will once again be published in a Japanese language edition.

Of course, UEG Week will also continue the tradition of hosting the Best of AGA (American Gastroenterology Association) sessions from DDW (Digestive Disease Week). On Tuesday from 14.00 to 15.30 h in Hall 2, delegates have the chance to get first-hand information about the most remarkable presentations from this year’s DDW in Orlando, chaired by UEG President Colin O’Morain from Ireland, as well as AGA Past President Loren Laine and AGA President Anil Rustgi from the USA, the session features selected AGA experts discussing pancreatic disorders, oesophageal and upper GI disorders, IBD and intestinal disorders, GI oncology and liver diseases. In exchange, the next DDW will include a “Best of UEG Week” session.

Modern management of Barrett’s oesophagus

Symposium;
Tuesday, October 15; 08.30-10.30 h; Hall Stockholm
Management of Barrett’s oesophagus is changing. The value of surveillance is questioned and chemoprevention of oesophageal adenocarcinoma may just round the corner. For patients with established Barrett’s, ablation is a realistic option of proven benefit, at least in the medium term. Is your practice up to date? Come and find out!

Mechanisms of refractory GORD symptoms

Symposium;
Tuesday, October 15; 14.00-15.30 h; Hall Prague
Gastro-oesophageal reflux is the most common upper GI problem in community and outpatient practice. Proton pump inhibitors have revolutionised treatment, but a sizeable group of patients respond incompletely or not at all. This session will explore the reasons for this – and suggest possible solutions to help you help your patients.

Extra-oesophageal GORD manifestations: Do they really exist and does GORD management help?

Symposium;
Tuesday, October 15; 15.45-17.15 h; Hall 3
My colleagues in other disciplines are sending me increasing numbers of patients with cough and other pulmonary problems, ENT problems and even dental erosions. Are they right to refer them? Can I help them...and if so, how? Come to this session and find out about the evidence (or lack of it)...and what the experts think.

Visit the ESGE Learning Area

Explore a variety of outstanding teaching modules for endoscopy offered by the European Society of Gastrointestinal Endoscopy (ESGE) in its Learning Area (Halls 13 & 14.1). It is divided into three sections:

ESGE Hands-On Training Centre, in cooperation with ESGENA, for increasing your awareness of diagnostic and therapeutic techniques and for practising your endoscopic skills under personal doctor and nurse tutoring. Please register on-site in the ESGE Learning Area for the sessions on Saturday, Sunday and Monday. You can take part in additional hands-on sessions on a walk-in basis on Tuesday and Wednesday. All hands-on sessions feature biologic models and simulators as well as various endoscopic equipment and accessories.

ESGE Lecture Theatre for lectures on hot topics and small forum discussions with experts (Sunday to Wednesday). Highly qualified young endoscopists present their views, while renowned senior specialists are their counterparts in discussion. Attendees can join in the discussion following each presentation.

ESGE DVD Learning Centre for individual study and special interest (Saturday to Wednesday). View the latest teaching material on video screens with headphones, be it cutting-edge case studies from the ESGE e-Library or select teaching DVDs from the American Society for Gastrointestinal Endoscopy (ASGE) and the Japan Gastroenterological Endoscopy Society (JGES).

With the exception of the weekend hands-on training sessions, all events are open on a walk-in basis.

Coeliac disease: State of the art in 2013

Symposium;
Wednesday, October 16; 08.30-10.30 h; Hall Prague
Coeliac disease is much more common than previously thought, and as well as causing overt malabsorption it may also present with isolated anaemia or vague GI symptoms. This increased recognition has stimulated research into aetiology and pathogenesis, and led to changes in diagnosis and management. This session will show you where this fast-moving field has got to today.

Impact of H. pylori management on gastric carcinogenesis

Symposium;
Wednesday, October 16; 11.00-12.30 h; Hall Oslo
There are many good reasons for treating H. pylori, but can treatment prevent gastric cancer...and if so, in which patients? There are no population management strategies, but should we be treating individual patients for this indication? This session will explain the pros and cons, including a presentation of the approach in Japan, where gastric cancer is still such a major problem.

My Pick of the Scientific Programme

Professor John Atherton (Nottingham Digestive Diseases Centre, UK) recommends UEG Week Berlin 2013 upper GI sessions
UEG Research Prize 2013 goes to GI geneticist

Professor Ian Tomlinson, distinguished geneticist from the University of Oxford, UK, is the winner of this year’s UEG Research Prize. He spoke with UEG Week News about his current and future scientific projects.

? UEG Week News: Your research has been dedicated to identifying genes that increase the risk of GI tumours. Could you briefly outline which types of genes and related diseases are involved?

! Prof. Ian Tomlinson: Most of the work has been to identify genes that predispose to cancer of the large bowel, often as a result of forming polyps. Early on, the work was focussed on conditions caused by mutations in single genes that conferred a high risk of polyps and cancer. Then my work turned more to identifying common genetic variants that affected bowel cancer risk in the general population. My colleagues and I have now found over 20 polymorphisms associated with bowel cancer risk in Europeans. Another research area has been genetic predisposition to Barrett’s oesophagus. Most recently, my focus has turned back to high-risk genes and we have identified the mutations that cause two other bowel cancer syndromes, hereditary mixed polyposis and polymerase proofreading-associated polyposis (PPAP).

? UEG Week News: The UEG Research Prize is meant to support a research project dealing with the roles of bone morphogenetic protein (BMP) pathway genes in the intestine. What do you wish to find out and which impact will your findings have on clinical practice?

! Prof. Ian Tomlinson: We know from the high-risk conditions and from the common genetic variants that multiple genes in the BMP pathway are involved in predisposition to bowel cancer. However, the role of the BMPs in the gut is only just beginning to be worked out. Although BMP agonists and antagonists appear to play roles in maintaining the stem cell niche and the balance between stem cells, proliferating cells and differentiated cells in the crypts and villi of the gut, the interplay is complex and the BMPs may play different roles in the normal gut and in gastrointestinal tumours.

Taking a simplistic view, bowel cancer prophylaxis might involve taking some form of anti-BMP antagonist in the future.

For example, it seems that BMP antagonists promote the stem-cell phenotype and lead to tumour formation. Hence, taking a simplistic view, bowel cancer prophylaxis might involve taking some form of anti-BMP antagonist. However, we must know much more about the underlying biology before designing and introducing such treatments.

? UEG Week News: Let the readers have a glimpse into your future plannings: which further questions are you going to tackle in upcoming investigations?

! Prof. Ian Tomlinson: I am particularly interested in predisposition to colorectal adenomas. There exists a group of patients with multiple (>20) colorectal adenomas at a young age for whom we have no explanation. A proportion might result from multiple common risk alleles, but this is highly unlikely to be true in all such cases. We wish to find the genetic cause of these patients’ phenotypes, and then go on to identify and characterise other bowel tumour predisposition genes that have moderate or greater effects on risk.
**Hot Topic**

**Functional GI disorders: Reshaping clinical practice**

Scientific approaches open up promising ways to considerably improve the management of functional GI disorders, says Professor Jan Tack (University of Leuven, Belgium). Those who wish to be updated on current research results should attend Monday’s Opening Plenary Session (08.00 to 10.30 h in Hall 1).

Although patients with functional GI disorders (FGIDs) form the largest group seen in gastroenterology practice, a majority of clinicians consider the management of these patients difficult and less rewarding than the management of more obviously organic diseases. Prof. Tack sees several reasons for this attitude: a sense of diagnostic uncertainty and the perceived lack of effective therapeutic interventions combined with a widespread feeling that FGIDs is more of a psychosomatic condition than a poorly understood gastrointestinal disease, and finally the fact that successful drug development has been hampered by the heterogeneous nature of these disorders and by a regulatory zero tolerance for adverse events.

However, as Prof. Tack points out, considerable progress has been made in characterising the pathophysiology, symptom pattern and therapeutic approaches in FGIDs. Several studies have identified quantifiable changes at the cellular level in the GI tract, using molecular analysis on routine endoscopic biopsies. These findings suggest the origin of disease to be located in the GI tract, rather than in the brain. Novel treatments have emerged, with clinically relevant efficacy over placebo. Most remarkably, these effective therapies almost invariably have peripheral sites of action only. “A very exciting development is the occurrence of scientifically well-carried out dietary intervention trials in FGIDs, which also have shown impressive results on a number of occasions,” says Prof. Tack.

According to him, scientific progress in this field is reshaping clinical practice and at the same time creating novel questions and hypotheses to be addressed, making FGIDs a very fruitful area for clinical and basic research. As he points out, a number of hurdles and prejudices need to be addressed: “A balanced view taking into account severity levels needs to be developed, and a vast amount of clinical research has emerged, with clinically promising results.”

A vast amount of clinical research is now needed to optimise management protocols for functional GI disorders.

**Basic Science Workshops**

It doesn’t matter if you still are a young physician or scientist in training or already an experienced investigator who is active in research and would like to explore other research areas – UEG Week’s Basic Science Workshops are intended for a broad range of delegates. The sessions take place on Monday and Tuesday from 14.00 to 15.30 h in Hall 8 and are renowned for their interactivity and informality. Monday’s Basic Science Workshop will deal with the metagenomic approach to GI disease, while Tuesday’s session will concern autophagy, a common pathway in GI inflammation. Both workshops will combine state-of-the-art talks with top-quality original research presentations. Expert Chairmen will devote more time to discussion than is possible in the main original programme. UEG also offers 140 Travel Grants to UEG Week of €1,000 each to basic scientists of 40 years and below who submitted the best basic science abstracts. Please visit the UEG website www.ueg.eu for further details on how to apply for these grants.

**My Pick of the Scientific Programme**

Professor Beat Gloor (Inselspital, University of Bern, Switzerland) recommends UEG Week Berlin 2013 surgery sessions.

**Diverticular disease: Important, poorly understood and badly managed**

Postgraduate Teaching Programme; Saturday, October 12; 14.00-16.30 h; Hall 2

In only two and a half hours, this multidisciplinary session of the postgraduate course will update you completely on the relevant issues of managing acute diverticulitis. The title summarises why I am looking forward to this symposium. It is a frequently seen disease and we must improve the management, and this is only possible if we learn more about the disease.

**Role of minimally invasive surgery in cancer patients**

Postgraduate Teaching Programme; Sunday, October 13; 8.30-10.30 h; Hall Prague

Are we scarifying oncological treatment principles by reducing the surgical access trauma and scars? There are data indicating that minimally invasive cancer treatment often is not as radical as it should be. Also, the length of a scar should not be what we “sell” to our patients as quality aspect number 1. Definitely an interesting discussion with relevant information I do not want to miss.

**When things go wrong: Call the surgeon or call the endoscopist?**

Symposium; Monday, October 14; 11.00-12.30 h; Hall Copenhagen

Unexpected and usually negative results are always a challenge in a doctor–patient relation. Luckily, such outcomes are the exception rather than the standard. Nevertheless, it is important to analyse repair or damage control strategies based on pathophysiological knowledge and technical possibilities. This symposium highlights the interdisciplinary discussion and approach in such difficult situations.

**Management of pancreatic cancer**

Symposium; Tuesday, October 15; 8.30-10.30 h; Hall Helsinki

Pancreatic cancer is still a disease with a dismal prognosis. Some improvements have been made, and some still controversial techniques have been introduced to clinical routine. This session deals with the latest understanding of the disease, addresses contentious issues, both medically as well as surgically, and shares novel surgical approaches to pancreatic cancer... Almost all you want to know.

**GI surgery: What's new in 2013?**

Symposium; Wednesday, October 16; 14.00-15.30 h; Hall 6

In this session, aiming at emphasising new data, new findings that seem to influence our daily practice are critically discussed. This is a helpful discussion, allowing a better understanding of new trends in GI surgery.
On Tuesday (15.45-17.15 h in Hall 1), a Video Case Session will feature short videos showcasing eleven examples of new, unexpected or exceptional endoscopic practice. With cases being presented and commented on by a panel of experts, this is an outstanding platform for concise information on current issues of endoscopy. Please refer to the Final Programme for further details.

One of UEG’s main tasks is to raise the political and public awareness of gastrointestinal disorders throughout Europe. To have an evidence base for future discussions, the Future Trends Committee of UEG together with a team from the Swansea University work on a comprehensive pan-European survey of digestive health in Europe. The aim is to assemble a contemporary data set related to the major gastrointestinal diseases that occur in Europe. The survey will consider the impact of those diseases on health, will make an assessment of the healthcare costs and other economic implications, and will examine the organisation and delivery of gastroenterology services across Europe.

A first report of this ambitious project will be available on Tuesday, October 15, on the UEG Week website. The final survey is expected in the course of 2014.

A first report of this ambitious project will be available on Tuesday, October 15, on the UEG Week website. The final survey is expected in the course of 2014.

The aim is to assemble a contemporary data set related to the major gastrointestinal diseases that occur in Europe. The survey will consider the impact of those diseases on health, will make an assessment of the healthcare costs and other economic implications, and will examine the organisation and delivery of gastroenterology services across Europe.

A first report of this ambitious project will be available on Tuesday, October 15, on the UEG Week website. The final survey is expected in the course of 2014.

The aim is to assemble a contemporary data set related to the major gastrointestinal diseases that occur in Europe. The survey will consider the impact of those diseases on health, will make an assessment of the healthcare costs and other economic implications, and will examine the organisation and delivery of gastroenterology services across Europe.

A first report of this ambitious project will be available on Tuesday, October 15, on the UEG Week website. The final survey is expected in the course of 2014.