UEG Practice Course on Evidence Based Medicine: How to put findings into practice

To intensify the flow of knowledge from academic research to clinical practice was the goal of the “UEG Practice Course: Evidence Based Medicine” which took place on Saturday and Sunday and was very well received by the participants.

Numerous GI studies produce a rapidly growing body of valuable knowledge. But facing the vast and dispersed amount of information, the clinician who looks for scientific findings supporting him in his daily work might easily get lost. To learn how to avoid this and instead successfully translate science from the academic realm to the bedside was the aim of the 38 doctors who attended the “UEG Practice Course: Evidence Based Medicine (EBM)” during the previous two days. “The outcome of the UEG educational strategy meeting TIGER (Training Innovation in Gastroenterology and Educational Resources) in May 2010 in Starnberg, Germany, was to focus on the implementation of EBM and to develop structured EBM teaching and training activities,” said course director Dr Pascal O. Berberat.

The feedback we got was so encouraging that we decided to make EBM part of UEG’s Continuing Education Programme.

The UEG Week course had had two forerunners, which were held in Vienna in order to test the educational concept. “Using small group work, interactive formats and hands-on exercises on the computer, the EBM courses’ participants, who had been nominated by UEG’s Member Societies, learned how to handle the tools of medical information mining in a very active and user-oriented manner,” said Dr Berberat.

The investigation of gastro-oesophageal reflux diseases (GORD) and the improvement of their diagnosis and therapy have filled a large part of Prof. Galmiche’s life as a researcher. He explored the physiological mechanisms of the upper GI tract, including the development and evaluation of modern functional tests, as well as the effects of a variety of pharmacological agents. Prof. Galmiche and his group were among the first to identify the so-called acid hypersensitive oesophagus, and he played a leading role in classifying functional oesophageal disorders. The development and improvement of surgical and endoscopic techniques and of disease management methods are but a few of his other achievements concerning GORD.

Prof. Galmiche’s second area of research comprised new endoscopic imaging technologies such as capsule endoscopy, Crohn’s disease, polyps and colon cancer. Another field of interest was nutrition with a special focus on the role of short chain fatty acids. These various research activities resulted in numerous, highly recognised publications. In addition to his scientific achievements, Prof. Galmiche has contributed substantially to the development of UEG. In 1989, he was elected Councillor of EAGE (the European Association for Gastroenterology and Endoscopy), one of the ‘seven sisters’ who founded UEGF. In 1996, he became President of EAGE, and representing this association he joined the Scientific Committee of UEGF in 2005, where he was the coordinator of the upper GI group and the combined postgraduate courses. He also represented UEGF at the DDW, where he presented the ‘Best of’ the UEGW.
Ultrasound Learning Centre

Become a better gastroenterologist – look into the abdomen with clinical gastroenterology!

The Ultrasound Learning Centre promotes the role of one of the main diagnostic and interventional tools in gastroenterology: clinical ultrasonography in the hands of the gastroenterologist.

Besides last weekend’s Postgraduate Course for registered participants, there are additional opportunities to improve one’s skills at the Ultrasound Learning Centre.

Today and tomorrow from 09.00 to 16.00 h, the centre is open for Hands-On Training for all congress participants on a first-come, first-served basis. They will be guided and trained by experienced medical colleagues. The course directors will be Klaus Schlottmann, Dieter Nürnberg and Alina Popescu.

In addition, Noon Lectures on the main topics in gastrointestinal ultrasonography will be held between 12.30 and 14.30 h. Among the topics featured today are: “Abdominal emergencies”, “Vascular complications”, “Focal liver lesions – detection and classification”, “Contrast enhanced ultrasonography (CEUS)” and “Sonographic elastography, intestine, and vessels”.

Tomorrow, lectures include “Endosonography – simple, advanced, and interventional”, “Interventional ultrasonography with normal and with high resolution probes”, “Case reports in a quiz fashion”, “Ultrasound-guided interventions for diagnosis and for therapy – revisited” and “Sono-psychology”.

The UEG Scientific Committee is the administrative body entrusted with developing the core programme of UEG Week. The Committee meets in person four times a year to develop the programme of UEG Week and is in constant communication with the UEG Secretariat to smooth out the details. This on-going and dynamic relationship between our volunteer Scientific Committee members and the Secretariat is key to the high-quality programme people have come to expect at UEG Week.
National Societies: Building UEG from bottom to top

UEG welcomes the National GI Societies as full-blown members which will strengthen the federation’s political impact.

Just as the European Union is rooted in the different nations that form the continent, so UEG is based to a considerable extent on the National GI Societies across Europe and the Mediterranean area. In order to account for their importance, the weight of the national gastroenterology societies has now been strengthened within UEG by establishing a new organisational structure: this year, 41 National Societies have been adopted as direct members of the federation. Until then, the National Societies were represented within UEG in a more indirect manner by ASNEMGE (Association des Sociétés Nationales Européennes et Méditerranéennes de Gastroentérologie), which was a founding member of the federation.

The 41 National Societies are represented by one individual each in the National Societies Forum, which meets twice a year. Its main task is to elect the 23 National Societies Representatives to the General Assembly and the

UEG is not a top-down, but a bottom-up organisation, serving its members and taking national and regional variations into account.

Our new structure enlarges our capacity to efficiently address political issues linked to GI concerns within the EU framework.

Basic Science Workshops

140 Travel Grants to UEG Week for basic scientists

Whether you are a young physician or scientist in training or an experienced investigator who is already active in research and would like to explore other research areas – UEG Week’s Basic Science Workshops, renowned for their interactivity and informality and now in their 5th year, should be of interest to you. Today, a Basic Science Workshop will be about “Oncological decision making in 2012: Are there reliable markers?” while tomorrow another one will deal with “Mechanism of pain development in GI disease: Do we know enough?” (both taking place from 14.00 to 15.30 h in Room D201/202). Expert Chairmen will combine state-of-the-art talks with top-quality original research presentations and more time for 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.

Clinical Case Sessions

Discuss them with a multidisciplinary panel

Don’t miss UEG Week’s Clinical Case Sessions on each day of the core meeting (11.00-12.30 h, Forum). Each session features three challenging cases – selected from abstracts submitted to the UEG Scientific Committee – presented by the clinical team who has managed them.

A multidisciplinary panel will discuss these difficult or unusual clinical management problems, which are illustrated by high-quality endoscopy, radiology and pathology images. You are invited to comment on each case during the presentation and discussion, and to vote at intervals on diagnostic and treatment options.

Today’s session will comprise the following upper GI cases:

• An unexplained watery diarrhoea
• Intractable vomiting after bariatric surgery
• Starved for attention

tomorrow

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• Intractable vomiting after bariatric surgery
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Tomorrow, the session will focus on these lower GI cases:

• Acute severe ulcerative colitis: More than meets the eye
• Anaemia and rectal bleeding in Crohn’s disease
• Abdominal pain in a patient with a history of colectomy as a child

Wednesday’s session will deal with liver, bile and pancreas cases:

• A construction worker with suspected malignancies in 3 organ systems over 16 years
• Dyspnea in a cirrhotic patient
• Pitting in the diagnosis of acute liver failure

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Professor Mark Hull (right), Chairman of the UEG National Societies Committee (NSC), congratulating Professor Axel Dignass, one of two new NSC members elected at yesterday’s meeting of the National Societies Forum.
Dr Eivind Ness-Jensen,
(Norwegian University of Science and Technology and Levanger Hospital, Norway) will talk about links between gastro-oesophageal reflux symptoms and smoking. His findings are based on a long-term study with almost 30,000 participants, who were part of the Norwegian HUNT study, where the entire adult population of Nord-Trøndelag County, Norway, has been invited to attend regular health surveys. Participants reporting gastro-oesophageal reflux symptoms from 1995 to 1997 were followed up from 2006 to 2009. “As an overall result, it could be shown that tobacco smoking cessation improves gastro-oesophageal reflux symptoms,” says Dr Ness-Jensen, pointing to a number of interesting details: “Among participants reporting severe reflux symptoms and using regular medication against reflux, reducing or quitting daily tobacco smoking was associated with a 2-fold improvement in reflux symptoms compared with continuing daily tobacco smoking. The association was more than 5-fold among participants with normal body mass index, but there was no association among overweight participants. This probably reflects the strong association between overweight and gastro-oesophageal reflux disease. Tobacco smoking cessation showed no association with improvement of minor symptoms or among participants not using medication against reflux on a regular basis.” According to Dr Ness-Jensen, this association between tobacco smoking cessation and decreased gastro-oesophageal reflux symptoms shows that doctors should urgently advise patients to quit or at least reduce smoking.

Dr Mathias Chamaillard’s (University of Lille, France) research focuses on the gut microbiota. Instability in the composition of these bacterial communities, referred to as dysbiosis, has been associated with intestinal disorders such as Crohn’s disease and colorectal cancer. Whether such dysbiotic states may be sufficient to instigate disease or may be solely a consequence of the underlying disorder was an open question Prof. Chamaillard and his group took as a starting point for their investigations. “Our results identified an unexpected function of the major Crohn’s disease-predisposing NOD2 gene on the assembly of the gut microbial communities that intrinsically protect from a communicable risk for intestinal inflammation and tumorgenesis in mice. More importantly, disease risk driven by the microbiota of genetically predisposed animals could be rescued by reciprocal faecal transplantation. Thus, we provide a potential mechanism that may help identify a subset of individuals with a greater lifetime risk for developing Crohn’s disease and colorectal cancer,” says Prof. Chamaillard. Regarding to him, future clinical and metagenomic studies should now investigate the contribution of the complete set of disease-predisposing genetic variants to the overall control of potentially dysbiotic microbial community structures. He hopes that these findings will lay the ground for the development of rational therapeutics aimed at restoring the mutualistic interaction between the microbiota and the intestinal barrier through intentional manipulation of disease-associated dysbiosis.

Abdominal surgery with an emphasis on incisional hernias and adhesion-related small bowel obstruction (SBO) is the topic Dr Sanne Bartels (University of Amsterdam, the Netherlands) will talk about. These being important long-term complications, often leading to re-admissions and re-operations, Dr Bartels and her group studied the long-term effects of a randomised trial comparing open and laparoscopic resection for colon surgery. “We performed a case-note review of all trial patients. Data were available for 399 of 400 patients; of which 208 patients were randomised to laparoscopic surgery and 191 patients were randomised to open surgery. Median follow-up was 3.4 [inter quartile range 2.6-4.4] years,” is how Dr Bartels describes the empirical basis of the investigation. She and her colleagues diagnosed incisional hernias in 32 (17%) patients in the open group and in 21 (10%) patients in the laparoscopic group. In the open group, 14 (7%) patients had an episode of SBO versus 5 (2%) patients in the laparoscopic group. After correction for length of follow-up, there was no significant difference in the number of incisional hernias (p=0.09), but the higher number of patients with an SBO episode (p=0.024) was significant. The conclusion of this study is that laparoscopic resection led to a significant reduction in the number of patients with an adhesion-related SBO episode in the 2-5 years after surgery. A reduction in incisional hernia rate was also observed, but was not significant. According to Dr Bartels, these findings clearly show the long-term clinical benefits of laparoscopic surgery: “This should further encourage and justify the use of this method for colonic resection.”
EU politics: GI issues placed high on the agenda

The UEG Public Affairs Committee promotes the federation’s mission successfully across the European political landscape.

Continuously increasing the awareness of GI-related issues within the EU’s political landscape forms an important part of the commitment of the UEG Public Affairs Committee (PAC). One particularly successful day in this respect was September 18, when a Research Symposium on digestive and liver diseases, initiated by UEG, took place in the European Parliament in Brussels. Participants were members of the European Commission and the European Parliament as well as UEG experts and representatives of patient organisations and the pharmaceutical industry. The event aimed at increasing knowledge among political decision makers about GI diseases and about current needs for research in order to influence the European research funding programmes accordingly. The symposium was followed by an event entitled “Methods, research and policies to reduce colorectal cancer prevalence in Europe”, which was hosted by MEP Pavel Poc, Member of the European Parliament (MEP), who also chaired the occasion, together with UEG President Professor Colm O’Morain. This event belongs to a number of actions – starting with a Written Declaration jointly set up by several MEPs and UEG in 2010 – which are promoting the implementation of CRC screening programmes in all EU member states. But despite all progress that has been made so far, putting these initiatives into practice still faces major problems in quite a number of European countries.

The question how this can be helped and which obstacles still have to be overcome was at the centre of the European Colorectal Cancer Days, held on May 4-5, 2012 in Brno, Czech Republic, organised with the support of, among others, MEP Pavel Poc and UEG. Another activity in this vein took place on occasion of the World Digestive Health Day on May 29, when UEG set up a booth in front of the European Parliament and, through imaginative actions, directed the public’s attention towards the importance of a healthy lifestyle in order to prevent digestive diseases. “Activities like these have helped considerably that UEG and its mission have gained high priority on EU politicians’ health-care and research agenda. But of course, there is still a lot to be accomplished,” says Professor Reinhold Stockbrugger, Chairman of the PAC. “I am delighted that MEP Pavel Poc will join me at one of UEG Week’s Special Anniversary Symposia today at 11.00 h in Hall 4/5 to talk about ‘Partnerships: Saving lives through changing policy’.”

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 MEP Pavel Poc: “MEP brands progress in the colorectal cancer screening programme in Europe ‘pitiful’”

The programme will include

- Jaap Bonjer: “Minimally invasive surgery: the greatest revolution in surgical practice since the 1950s”
- Ruud Loffeld: “Immigrant diseases in gastroenterology and hepatology: what can we learn from the Dutch experience?”
- Walter Reining: “Faecal microbiota transplantation as a treatment for ulcerative colitis: does the evidence stack up?”

The European Commission has reserved € 7 billion for research in Europe. These funds will be spent by Horizon 2020, the European Union’s new framework programme for research and innovation. To help researchers learn how to get their share, the UEG has organised information events for researchers and journalists during UEG Week. All delegates are welcome!

Today and tomorrow, three official UEG Week press conferences will be held in Room E108. All delegates are welcome!

1st press conference (lay media), Monday, 11.00 h

- Colm O’Morain: “Celebrating 20 years of UEG with a new headquarters, a new journal and renewed determination to fight colorectal cancer in Europe”
- Joseph Sung: “Simple risk assessment tool helps identify people for priority colorectal cancer screening”
- Ernst Kuipers: “Bowel cancer screening programme will save thousands of lives each year in the Netherlands”
- MEP Pavel Poc: “MEP brands progress in the colorectal cancer screening programme in Europe ‘pitiful’”

2nd press conference (lay and specialist media), Monday, 13.00 h

- Marc Benninga: “Gut-directed hypnotherapy superior to standard medical therapies in children with chronic abdominal pain”

3rd press conference (specialist media), Tuesday, 12.00 h

- Eivind Ness-Jensen: “Landmark study confirms smoking cessation improves symptoms of gastro-oesophageal reflux: latest results from the HUNT study”
- Lukas Van Oudenhove: “Dysfunction of gut-brain signalling plays major role in development of unexplained GI symptoms and food intake disorders”
- Peter van der Schaar: “First-in-human study with new electronic capsule confirms feasibility of remote-controlled drug delivery to the small intestine”

The programme includes

- Presentation of the most important EU research funding programmes
- Information and tips on successful participation
- Showcase of a successful FP7 case study

Experienced speakers will share their in-depth know how in preparing successful grant proposals and the high potential of ICTs in research...
Pro and con: Is endoscopic surveillance in Barrett’s oesophagus worthwhile?

The benefit of endoscopic surveillance of patients with Barrett’s oesophagus (BO) is an issue of intense debate among experts and has therefore been chosen as topic of debate at today’s session on BO (11.00-12.30 h, Elicium 1).

To give our readers an idea of the “battle” to be expected, UEG Week News asked the two opponents to briefly summarise their respective points of view.

Dr Oliver Pech from St. John of God Hospital in Regensburg, Germany, is in favour of endoscopic surveillance in BO, with one of his main arguments being that since 1975 there has been a 6-fold rise in the incidence of Barrett’s cancer so that surveillance and screening is needed to detect it at an early stage. “Although randomised evidence about the effectiveness of surveillance is lacking, observational studies are suggestive that surveillance-diagnosed Barrett’s cancers have much better prognosis compared with patients presenting with symptoms,” says Dr Pech, pointing to recent publications which reported a cancer risk of 0.5% per year. “Research efforts are currently directed towards risk stratification of patients. Those with low-grade dysplasia (LGD) confirmed by an expert pathologist have an 85% chance to develop cancer. Further risk factors are white race, being over 50 years of age, male gender, long-segment Barrett’s oesophagus, severe reflux symptoms, cigarette smoking and obesity. Therefore, patients with LGD or multiple risk factors should undergo surveillance.”

According to Professor Peter Funch-Jensen from Aleris-Hamlet Hospital and Aarhus University, Denmark, endoscopic surveillance in Barrett’s oesophagus is not worthwhile as current guidelines recommending this procedure are mainly based on a number of studies that carry a high risk for publication bias. “We conducted a large population-based study and found that the risk for oesophageal cancer in BO patients was five times less than previously estimated. Furthermore, up to 95% of patients who are diagnosed with oesophageal cancer have no prior BO diagnosis,” says Prof. Funch-Jensen.

Panoramic Sightseeing Tour of Amsterdam including Private Boat Tour

This panoramic tour will take you through the historical centre of Amsterdam, where you will pass along the Amstel River, Munt tower, floating flower market, Royal Palace, New Church, and the museum and antique quarters. After visiting the “jordaan”, the oldest part of the city, you will board a private sightseeing boat at the central station to explore Amsterdam from the water during a one-hour canal cruise. While gliding through the old centre of the city and into its harbour, you will see merchants’ mansions, churches and warehouses dating back to the 17th century.

Details: 
Monday, October 22, 2012 · 13.00-17.00 h 
Price per person: EUR 46
Meeting point: in front of Amsterdam RAi’s main entrance (K) 
Please note: a minimum number of participants is required to operate this tour!

Free Paper Sessions with top late breaking abstracts

UEG Week Amsterdam 2012 offers two Free Paper Sessions with late breaking abstracts in several areas, which were chosen by the UEG Scientific Committee during a special abstracts submission period. They focus on important new developments of particular interest to UEG Week delegates. The first session (Tuesday from 08.30 to 10.00 h in Hall 3.1) will feature top late breaking abstracts in IBD and endoscopy. Topics to be presented will include “Serious adverse events related to NOD2 status in the asic trial of haemopoetic stem cell transplantation in Crohn’s disease”, “Accuracy of in vivo optical diagnosis of colon polyp histology by narrow-band imaging: the SHARP study” and “Novel endoscopic device for minimally invasive treatment of actively bleeding haemorrhoids”.

The late breaking abstracts in the second session (Tuesday from 14.00 to 15.30 h in Room E102) are of general interest or deal with GI and liver cancer. Topics include, among others, “Remission of diabetes mellitus and reduction of diabetic morbidity after antiviral treatment for chronic viral hepatitis C”, “Role of somatostatin receptors scintigraphy in neuroendocrine neoplasm follow-up” and “Risk factors of synchronous and metachronous gastric neoplasms”.

Scientific Programme

Top Poster Prizes awarded daily at 13.45 h

Don’t forget to attend the Poster Award Ceremony in the poster exhibition area each day from Monday to Wednesday at 13.45 h. Authors of the top-scoring poster in each of the following four major categories will receive Top Poster Prizes:

- Liver and pancreatic disease
- Upper gastrointestinal disease
- Lower gastrointestinal disease
- Surgery and endoscopy

All 12 awarded authors will receive free entry to next year’s Postgraduate Teaching Programme at UEG Week Berlin.
10 years of Rising Stars – a Senior Rising Star remembers

Which further course have GI and liver researchers taken after having been selected as Rising Stars at the beginning of their career? As Rising Stars are honoured by UEG for the 10th time this year, UEG Week News asks Professor Helena Cortez-Pinto (University of Lisbon, Portugal), who was among the first to receive the award in 2003.

? UEG Week News: Professor Cortez-Pinto, do you still recall the topic of your awarded presentation?
! Prof. Helena Cortez-Pinto: Yes, I do. The topic was “Oxidative stress and mechanisms of cell death in non-alcoholic and alcoholic steatohepatitis: the importance of apoptosis”.

? UEG Week News: How important was this acknowledgment for you back then?
! Prof. Helena Cortez-Pinto: I think it was very important, mainly regarding being recognised by the international scientific community. It gave me visibility in my area of investigation and interest.

Since then, I have been increasingly invited to present lectures at international meetings. Although it may have been a coincidence, I am convinced that the fact of being selected as a Rising Star had a very positive impact on my career. Back then, I was very happy to have been selected.

? UEG Week News: Which course has your research taken since then?
! Prof. Helena Cortez-Pinto: I kept on doing research in the area of alcoholic and non-alcoholic fatty liver disease and I believe I have been quite successful. Of course, there are several constraints, mainly regarding the need of doing research while simultaneously keeping up clinical activity and teaching. However, I found it interesting to combine these three areas, since they positively interact.

? UEG Week News: Looking at today’s young GI and liver researchers in Europe, how would you assess their professional situation and career opportunities?
! Prof. Helena Cortez-Pinto: Not very brilliant, at least in terms of economic rewards, because frequently those who are more dedicated to investigation earn less. But the reward lies in the intellectual activity, the feeling of belonging to a community that is changing the way we understand and treat GI diseases, and the increasing opportunities to work in an interdisciplinary way. Regarding the possibility of obtaining research funding, today’s young investigators might even face more difficulties than we did. However, I think we should be optimistic. There are now high-budget funding opportunities from the European Union on offer, and young researchers should go for them.
## Optimising Treatment for Patients with Irritable Bowel Syndrome with Constipation (IBS-C)

**Monday, 22nd October 2012**  
*Amsterdam RAI Convention Centre, First Floor, EMERALD ROOM*

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<thead>
<tr>
<th>Time</th>
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<tr>
<td>18:00 - 18:05 h</td>
<td>Opening welcome and introduction</td>
<td>Chair: Juan-R Malagelada (Spain)</td>
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<td>18:05 - 18:25 h</td>
<td>Perspectives on IBS: Where have we been? Where are we now?</td>
<td>Vincenzo Stanghellini (Italy)</td>
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<td>18:25 - 18:45 h</td>
<td>IBS management: A flexible approach to treating a complex condition of multiple symptoms</td>
<td>Peter Layer (Germany)</td>
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<td>18:45 - 19:00 h</td>
<td>Emerging receptor target in the pharmacotherapy of IBS-C</td>
<td>L. Ashley Blackshaw (UK)</td>
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<td>19:00 - 19:20 h</td>
<td>How can we achieve relief of bowel and abdominal symptoms for patients with IBS-C?</td>
<td>Jan Tack (Belgium)</td>
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<td>19:20 - 19:25 h</td>
<td>Q&amp;A</td>
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<td>Closing remarks</td>
<td>Juan-R Malagelada (Spain)</td>
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