ECCO NEWS

The Quarterly Publication of ECCO
European Crohn's & Colitis Organisation

PRESIDENT:
Jean-Frédéric Colombel
Department of Hepato-Gastroenterology,
Hospital Claude Huriez
Lille, France
jfcolombel@chru-lille.fr

EDITOR:
Tom Øresland
Faculty of medicine, University of Oslo
Akershus University Hospital
Oslo, Norway
tom.oresland@ahus.no

CO-EDITORS:
Peter Lakatos
kislakpet@bel1.sote.hu

Milan Lukas
lukas.milan@vfn.cz

ADVERTISING:
Mediahuset i Göteborg AB, Sweden
Marieholmsgatan 10C
SE-415 02 Göteborg
Sweden
Olle Lundblad
olle@mediahuset.se

LAYOUT:
Gunnar Brink
gunnar@mediahuset.se

PRINTING:
Åkessons Tryckeriaktiebolag,
Emmaboda, Sweden

ISSN 1653-9214

CONTENTS:

LETTER FROM THE PRESIDENT

Dear friends of ECCO,

Back from the ECCO'09 Hamburg Congress – 4th Congress of ECCO, February 5–7, 2009 I want to take this opportunity to express my gratefulness to all those who have been involved and participated in this meeting. This year's congress indeed has been a great success.

Congress Numbers

The number of delegates (around 1,800) and the diverse country split reflects ECCO as an inspiring society bringing together the European IBD community and finding a very positive echo outside the borders of Europe. (For detailed Congress statistics please refer to *www.ecco-ibd.eu*) The "ECCO spirit" reflecting the shared mission within the IBD field is so much more important than personal gain and this has again been a truly strong driver in ECCO for the meeting in Hamburg.

Industry participation was stronger than ever. Four Satellite symposia and over 500 sqm of exhibition space showed the latest developments and offered face-to-face networking opportunities between ECCO corporate sponsors, representatives of other pharmaceutical companies and a diversity of doctors and scientists who joined ECCO for this soaring event.

An increase could also be witnessed in the poster area. Out of over 400 submitted abstracts 15 were selected for oral presentation and 323 were invited to mount their posters. Out of these, several were selected as "poster of distinction" or "highly recommended" during the poster award ceremony which took place on Friday. This ceremony will be a new staple from now on in the range of ECCO activities.

Scientific Section

As in the previous year in Lyon, the ECCO'09 Hamburg Congress offered very diverse and high quality scientific sessions. The congress opened with tandem talks offering a nice balance of scientific and clinical implications. These one of a kind talks included topics of intestinal barrier function and dysbiosis in IBD. In addition to these a nice mix of lectures and oral abstracts were offered to the audience. For the second time this year again a very interesting live endoscopy session was organized from the University Hospital Schleswig-Holstein UKSH to the main plenary hall of the Congress Center Hamburg, demonstrating the team-effort of clinicians, endoscopy, histopathology, cytology and radiology. Special thank goes to the SciCom, the ECCO'09 Organizing Committee and in particular to Stefan Schreiber and his team in Kiel, who made this meeting come true due to their ambitious scientific and organisational support.

Educational Section

New student selection guidelines (more details in the EduCom report) brought the number of participants in the 7th ECCO IBD Course this year up to almost double the amount of the previous years. Furthermore, the faculty was partly renewed and the YECCO workshop was integrated into the Course, which added additional dynamics to the event. Feedback shows that the course remains a highly appreciated and effective learning experience for students and teachers.

Also the interest in the Nurses Network Meeting was overwhelmingly intense. The room filled up quickly and chairs had to be brought in. The talks and discussions were followed with much interest and interaction by the participants. The idea behind this meeting – the networking – has indeed brought the desired effect! Nurses and doctors from all over Europe (and outside) are getting together to discuss the nursing aspects of IBD and hereby working towards a guideline for equalized IBD nursing across Europe.

ECCO Party

Last but certainly not least, came the ECCO party on Friday night. An event, which is meant as the crowning finish for the hard work and input of all involved; an added dimension for building friendships or laying the basis for future cooperation within a relaxed environment. The party location in Hamburg was chosen to be a tropical aquarium, full of exotic life and exotic spirit – the right frame to reflect the spirit of our dynamic ECCO family. Over 700 joined us there, enjoying good food, good talks and good dancing! The dance floor is where ECCO found yet another expression of its dynamics and spirit – in particular when the ECCO Secretary himself volunteered as DJ and inspired his fellow functionaries and other party animals to shake, shake, shake until the early hours of the morning! If you missed it in Hamburg, you have to be there in Prague!

JEAN-FRÉDÉRIC COLOMBEL
Persident of ECCO

SciCom: where it's all happening

SIMON TRAVIS, SEVERINE VERMEIRE, YEHUDA CHOWERS, MATTHIEU ALLEZ,
SILVIO DANESE, ANDREAS STURM, PIA MUNKHOLM

Fellowships, grants and travel awards

A principal function of SciCom is to promote European research into inflammatory bowel disease and scientific integration. ECCO Fellowships, ECCO Grants and ECCO Travel awards are components to achieve this goal.

ECCO Fellowships were established to encourage young, academically-orientated gastroenterologists in their career and to promote innovative scientific research in IBD in Europe. In 2009, ECCO Fellowships have entered their third year. Dr. Alessia Grillo from Italy received the ECCO Fellowhship in 2008 and presented the results of her research on *TAK1* signallingas a biomarker of fibrogenesis at the Congress in Hamburg. This research was conducted at the Bristol Royal Infirmary with Professor Massimo Pignatelli in the Department of Cellula Pathology, since the key feature of an ECCO Fellowship is to conduct research across national boundaries. A summary of this work is presented in this edition of ECCO News. For 2009, the ECCO fellowship has been awarded to Dr Francesca Fava from the Department of Food Bioscience, University of Reading for a project on the *The impact of anti-TNF therapy on the faecal microbiota in inflammatory bowel disease.* She will be moving to the Istituto Clinico Humanitas, Milan to work under the supervision of Dr Silvio Danese. A summary of her proposal and plans will be published in the next edition of ECCO News.

For 2009–10, there will be two Fellowships, each worth €30 000. Fellowships are created for young individuals <40 years, who submit an original research project to undertake abroad in a European hosting laboratory or department. That department undertakes to guide the ECCO Fellow for the duration of the Fellowship (one year) and is responsible, together with the Fellow, for the successful completion of the project. By way of acknowledgement, any paper on the research supported by an ECCO Fellowship or Grant will be in published in *JCC* or *Gut*, or (if published elsewhere) there will be a synopsis submitted to *JCC* for publication as a "selected summary" of ECCO publications. The ECCO name and logo will be included on all printed matter or slide presentations and a 300 word synopsis of the project submitted to ECCO News.

Guidance and application forms for ECCO Fellowships can be found on the ECCO homepage (*www.ecco-ibd.com*).

ECCO Grants are designed to support scientific research in the country of origin. Two are awarded each year, except in exceptional circumstances. In 2008–09, 17 high quality applications were submitted. All were worthy of support. Five grants were awarded, each worth €15 000. ECCO Grants applications go out to external review.

The assessment of ECCO Grant applications is determined by 7 criteria, scored (1–5). All projects are reviewed and scored by the members of the ECCO Scientific Committee with external review requested and expected, based on the following criteria:

- Originality of the proposal
- Scientific content
- Methodology
- Feasibility
- Available expertise of the applicant and host laboratory
- Impact for ECCO

Scores are averaged and those with any conflict of interest are excluded, standard deviations calculated and a teleconference held to discuss all applications. The CV of the applicant is not scored, to avoid undue bias from more experienced applicants.

For 2009–10, ECCO Grants have been awarded to:

Jan Wehkamp (Stuttgart, Germany): WNT transcription factor Tcf-1 and ist role in protective innate immunity in inflammatory bowel diseases.

Maria Papp (Debrecen, Hungary): The possible role of von Willebrand factor and its cleaving protease (ADAMTS-13) in the vascular pathogenesis of inflammatory bowel disease.

Margarita Elkjaer (Copenhagen, Denmark): Virtual Hospital System in IBD: Patient centred monitoring and web-guided therapy with 5-ASA in ulcerative colitis "Constant-Care": Impact on quality of life and cost benefit.

Stefania Vetrano (Milan, Italy): The protein C pathway in inflammatory bowel disease: a novel mediator of cross-talk between dendritic and epithelial cells.

Sofia Maria Buonocore (Oxford, UK): Identification of IL-23 dependent effector pathways in colitis.

ECCO Travel Awards are designed to enhance the fabric of ECCO, by supporting visits for specific purposes between centres. Each is worth €1500. Up to five are available each year. Applicants and their hosts need to be ECCO members, but this is not necessarily limited to ECCO member countries. The scientific purpose for coming to an ECCO member country needs to be stated in detail, which should support the aims of ECCO, since this provides a tool for selection. Exceptional circumstances such as an ECCO member from an ECCO member state travelling to a non-member state will be considered, but the primary purpose cannot be that of attending a Congress or scientific meeting. A short report is expected to be submitted to SciCom and ECCO News within 12 months of the award. ECCO Committee members are excluded from applying.

Successful applicants in 2009 were:

Michael dam Jensen (from Odense, Denmark to Oxford, to study the impact of capsule endoscopy on decision-making).

Joana Maria Tinoco da Silva Torres (from Coimbra, Portugal to Lille, France).

Annalisa Crudeli (from Rome to Lille).

Davide Checchin (from Padua to Oxford, to study early colorectal neoplasia in ulcerative colitis).

Reports from ECCO Fellowship, Grants and Awards 2008–09

The role of lymphangiogenesis in inflammatory bowel disease pathogenesis (Silvio Danese, Milano, Italy)
This project investigated lymphangiogenesis in Crohn's disease (CD) and ulcerative colitis (UC) by quantifying mucosal lymphatic vascularisation. To do so, the group isolated and characterized *in vitro* the functional properties of primary human intestinal lymphatic endothelial cells (HILEC). Their results show that microvessel lymphatic density was significantly ($p<0.05$) higher in CD (23±3) and UC (23±2) compared to control mucosa (6±1). Resting HILEC expressed undetectable levels of VCAM-1 (0.1%) and physiological levels (42%) of ICAM-1. After TNF-α stimulation both VCAM-1 (58%) and ICAM-1 (92%) were potently up-regulated. They also bound more DC (6 fold increase, $p<0.01$) than resting HILEC. Adhesion was both VCAM-1 ($p<0.05$) and ICAM-1-dependent, as demonstrated by the use of blocking antibodies against each CAM. Similar results were obtained with migration assays. Based on morphological and functional evidence, the group concluded that IBD lymphatic microvasculature undergoes an intense process of lymphangiogenesis. This provides the first report of isolation and culture of a primary intestinal lymphatic endothelial cell line. They offer an essential tool for studying lymphatics in IBD and pave the way for considering anti-lymphatic strategies for IBD therapy.

Genotype-phenotype interactions in Danish paediatric IBD patients (Christian Jakobsen, Copenhagen, Denmark)
The aim of this study was to analyse associations between single nucleotide polymorphisms (SNP) in IBD related genes and the risk of developing IBD in children under the age of 18 years in Denmark. This project also compared the genetic impact on the phenotypic presentation of IBD patients under the age of 18. Having the goal of 500 IBD patients diagnosed below the age of 18 years, Jakobsen and coworkers have now included 525 patients. Out of those, 235 are under the age of 15 years. The median follow up in this large cohort was 5 years and they have registered full phenotypes on all the patients who were included. The factors include age at diagnosis, time from symptoms to diagnosis, IBD in first degree relatives, disease location, disease behaviour, all medical treatment, surgical treatment, disease course, height and weight. The group now plans to extract the DNA from all the 525 patients in the beginning of February 2009. The SNP analysis will be done immediately thereafter. The results from the analysis will be ready around the beginning of June.

IBDIS validation project (Nikolaus F. Pedarnig, Vienna, Austria)
See separate article on page 28.

Biological markers to predict the outcome of acute severe ulcerative colitis (JR Fraser Cummings, Oxford, United Kingdom)
This prospective study aims to identify biological markers which will predict outcomes in acute severe ulcerative colitis (ASUC). The protocol dictates that patients must meet the strict Truelove-Witts criteria and that the FACS analysis is performed on fresh blood samples rather than stored cells. The study originally aimed to recruit 25 patients and 15 controls (quiescent UC patients having surveillance colonoscopy carried out). So far, all controls and 8 patients with ASUC have been recruited. Three patients who met the criteria could not be recruited due to the unavailability of personnel whilst 7 separate patients did not meet Truelove-Witts' criteria. Three patients have subsequently been shown to have infective colitis. Whilst these patients will not be used in the analysis, they represent a disease-control group. FACS staining has been carried out on all samples thus far. Numbers are too small for meaningful analysis in terms of outcomes, but a number of interesting insights into T-regulatory lymphocytes biology have already being gained. For example, preliminary results suggest an increase in the percentages of CD4+CD25+ populations in response to treatment. Quantitative PCR assessment is currently under way to study these makers in the paired mucosal biopsies. The panel of markers being used has been expanded to include the Th-17 pathway. Samples for proteomic analysis are being stored until study recruitment is complete when these will be processed as a batch. Recruitment of ASUC patients is continuing and it is anticipated that the study will be successfully concluded within the next year.

Fellowship: Role of TAK1 in Crohn's disease: a new molecular marker of fibrosis? (Alessia Grillo, Padova, Italy)
30% of Crohn's disease (CD) patients have a fibrotic phenotype causing recurrent ileal stenosis. Although intestinal sub-epithelial myofibroblasts (ISEFMs) in CD show an enhanced ability to produce and reorganize extracellular matrix proteins, the molecular mechanisms inducing this fibrogenic phenotype are not known. Thus, this ECCO-supported project investigates the role and expression of TAK-1 (transforming growth factor activated kinase1) in CD patients and assessed whether TAK1 is involved in ISEMFs fibrogenic phenotype. TAK1 is a MAP3K activated by various factors able to ignite different signal transduction pathways. TAK1 and its activate posphorylated form (pTAK1) expression in ileum surgical specimens from CD and control patients and in primary ISEMFs were assessed by Western Blot and double labelling confocal immunohistochemistry (CIF). The level of TAK1 mRNA was determined in ileal biopsies from CD, control and colitis and correlated to fibrosis markers. Grillo and coworkers determined the functional role of TAK1 in ISEMFs collagen synthesis, cellular migration (by quantitative RT-PCR and ^{3}H-proline incorporation) and cell migration (in a wound healing assay) using a specific Tak1 inhibitor with si-RNA silencing. The group was able to show that TAK1 and p-TAK1 levels were increased in CD patients compared to controls. They showed that TAK1 and p-TAK are mainly localized in lamina propria cells and that TAK1 mRNA is increased 4.8-fold ($p=0.01$) in ileal biopsies from CD stenosis compared with controls and directly correlated with fibrotic marker expression. Primary ISEMFs from CD patients have a higher TAK1 and pTAK1 expression, associated with increased pro-collagen1a mRNA levels ($p=0,01$) versus control cells ($n=5$). Finally, they reported that ISEMFs treatment with a TAK1 inhibitor or TAK-1 silencing with sh-RNA significantly inhibited basal and TGF-β1 induced collagen production (by RT-PCR and 3H-proline incorporation) and migration. Based on their results, the group suggests that TAK1 activation is a key event in the development of ileal fibrosis and may represent a marker for the development of ileal stenosis.

Immunosuppressive drugs and Foxp3+ regulatory T cell activity in inflammatory bowel disease (Holm Uhlig, Leipzig, Germany)

The aim is to investigate the influence of immunosuppressive therapy, in particular the effect of ciclosporin A on cytokine secretion (IL-2) and regulatory T cells. By performing animal models, Holm Uhlig and colleques investigated the number, density, and frequencies of $Foxp3^+$ cells in colonic tissue sections using manual and semiautomatic image acquisition and analysis. Adapting the open source software Cell profiler, the group developed image analysis routines and statistical methods for investigating cell-cell interactions in tissue sections. They were able to show that computer-based tissue analysis is sufficient to quantify complex histological interactions between cell types. These results of these studies are in press with Cytometry. Furthermore, in collaboration with Dr A. Izcue and Professor F. Powrie, University of Oxford, the group investigated IL-2 knockout mice that were injected with IL-2 sufficient congenic CD45.1 CD4+ T cells. The hypothesis was that Foxp3+ cells of the recipient could accumulate in contact with donor CD4+ cells. However, they did not observe such an accumulation and speculate that the lack of cell-cell accumulation is not due to a wrong hypothesis, but to lack of antigenic stimulation of the donor T cells in the host. This ECCO project will also investigate the influence of IL-2 in a TNBS model of colitis. The mRNA gene expression of Foxp3, IL-2, IL-10, TNF-a is being analysed in tissue sections as well as tissue compartments and single cells, by laser-capture microdissection. They have shown that IL-2 is preferentially expressed in the lymphoid follicles in that colon and that Ki67 positive cells are a direct source of IL-2 in situ. Further investigations are under way.

ECCO Projects

ECCO Projects are major initiatives that are facilitated by ECCO. They represent collaborative research across national boundaries. To be recognized and, if appropriate, funded by ECCO, certain criteria need to be met. All this is tedious, but necessary administration to ensure clarity of responsibility, so that project milestones are met to culminate in publication to the credit of the investigators and to ECCO. Picking up the phone and discussing plans cuts through most of the bureaucracy. See the ECCO website for details

METEOR:
European extension through ECCO

Twenty five patients have been recruited in the METEOR study, a randomized, double-blind trial that is assessing the efficacy and tolerability of methotrexate in steroid-dependent ulcerative colitis. Patients have largely been recruited in France and in Italy. METEOR is becoming a true ECCO study since funding came through a generous patient and Pierre Michetti in Switzerland,while recruitment starts very soon in Austria, Switzerland, Netherlands, Belgium, Finland and Israel. For more information, please contact Pierre Michetti, or Franck Carbonnel (GETAID), or Matthieu Allez (SciCom).

ASTIC Stem Cell Trial:
Open for Recruitment

Nine patients have been enrolled in the ASTIC trial, a randomized trial evaluating the potential clinical benefit of haemopoetic stem cell mobilisation followed by high dose immunoablation and autologous stem cell transplantation, versus hematopoietic stem cell mobilisation only followed by best clinical practice in patients with CD. These nine patients have been enrolled in the UK (3), Spain (4) and France (2) with seven already randomized. Other centresare about toenter the trial, including those in Italy. For more information, please contact Chris Hawkey, Matthieu Allez or Sivio Danese.

Pathogenesis workshops

More than sixty ECCO members participated in the first ECCO pathogenesis workshop at UEGW 2008 in Vienna. This first workshop, organised by Matthieu Allez and Yehuda Chowers, focused on loss of response to anti-TNF agents. Participants were divided into in four groups addressing the following questions

- Group 1 – How should we define a loss of response? How frequent is it?
- Group 2 – What are the mechanisms of action of anti-TNF agents?
- Group 3 – What role immunogenicity plays in the loss of response? What are the potential other mechanisms?
- Group 4 – Are there other inflammatory pathways induced by anti-TNF agents?

Chairs of each group are now preparing a manuscript after a systematic literature review, which will help the organisation of the next workshop (Gastro 2009 in London), for defining experimental tasks. There will be a session on the topic (loss of response to anti-TNF therapy) at Prague 2010.

ClinCom:
A new group dedicated to clinical trials

The Clinical Trials Committee (ClinCom) is a new group that is being established later this year (2009) with the specific purpose of providing expert advice on the design and conduct of clinical trials, either for investigator-initiated trials, or industry.

Members

ClinComwill have 6 members, 5 of whom will be elected according to defined criteria (below). A sixth member will be a biostatistician appointed by mutual agreement. One of the elected members will be proposed as Chair for appointment by the GB. (S)he will become a member of SciCom.

Three members will be elected in 2009 and the fourth member will be a biostatistician. The Call for Applicants will be placed in ECCO News and on the website.

Term of office

As with other committee members in ECCO, the normal term is three years. In order to ensure a timely process of renewal, however, those elected in the first term may serve up to a second three year term. Two positions each year will be advertised for election after the completion of the first three-year term. It will subsequently not be possible for a member to serve a second term within a three year interval.

Profile

The criteria considered for election to ClinCom (excepting that of the biostatistician):

1. Experience in conducting academic multicentre clinical trials in IBD during recent years (evidence from publications, scientific initiatives).
2. Knowledge and interest in the methodology of clinical trial design.
3. Knowledge and interest in regulatory aspects of clinical trials and drug development.
4. Special interest in therapeutic strategies for IBD.

5, Declaration of intent (including a statement of the contribution that the individual is able to make to ClinCom).
6. Overview (to take into account the balance between location, gender, age, the degree that the person will contribute to ClinCom tasks, academic expertise, team spirit, commitment, familiarity with ECCO, prior contribution to ECCO and future potential). As far as location is concerned, it would be unusual, but not impossible, for more than one member from a single country to be elected.
7. ClinCom and SciCom members are excluded from voting for applicants from their own country.
8. Applicants are ranked on each criterion and the person(s) with the lowest score(s), depending on the number of positions open, recommended to the Governing Board for approval, with at least one reserve name (selected by rank order).
9. Names of applicants will be published through ClinCom minutes. An anonymised table of ranking will be made available to individual applicants on specific request to the ECCO secretariat, showing their name and score.

ClinCom does not have a remit to commission projects. Projects for clinical trials that are submitted for ECCO support or funding will naturally go through ClinCom, but any conceived by ClinCom will be subject to the same approval process through SciCom and the GB.

Interaction with EMEA

Interaction between EMEA and ECCO is a function of the Governing Board, with advice from SciCom and (in due course!) ClinCom, in an endeavour to establish a good relationship between EMEA and ECCO based on respect and confidence. SciCom contributed to the guidelines for drug development in Crohn's disease (2007) and ulcerative colitis (2008) of the Efficacy Working Group of the Committee on Human Medicianl Products (CHMP) of EMEA. ECCO (through SciCom and ClinCom) is in a position to provide consultancy on European IBD projects, strategies for optimal treatment of IBD patients, clinical trial endpoints, definition of appropriate patient populations, design of protocols, unmet need for patients, benefit-risk ratio and drug safety concerns, in order to inform future therapeutic research. Note the review of thetalk on EMEA and European Regulatory Affairs in the report on the 2009 ECCO Congress.

EpiCom

Two major epidemiological tasks are underway in the Epideiological committee of ECCO.

1. Establishing TRANSITION PROBABILITIES [using a Markov model] of IBD patients moving from remission to another state of relapse, surgery, or death, based on published data from Copenhagen and EC-IBD. The cost consequence of each state is estimated in this model and was presented by Selwyn Odes at the ECCO Congress in Hamburg 2009 as an oral presentation for UC and as a poster for CD; [P063]. The inception cohort data relates to the EC-IBD cohort followed for 10 years from 1991.

2. A WEB-BASED INCEPTION IBD DATABASE has been developed by members of EpiCom, *www.epicom.winlog.biz*. The databse has been validated and corrected, being ready for the planned two-year IBD inception cohort addressing the question: "Is there a East-West gradient in IBD in Europe caused by environmental factors? An inception cohort from 1.1 2010–1.1. 2012. "

The epidemiological study will take place in 23 countries, of which 10 are from Central and East Europe, with 6 pediatric sites throughout Europe.

Pia Munkholm is head untill 2012 and the EpiCom Chair has *ex-officio* membership of SciCom. In Prague 2010, the Chair-Elect of EpiCom will be chosen by members, after presentation and democratic voting. The Chair is for 5 years. Physicians and members of ECCO with a specific interest in epidemiology can apply to become head of EpiCom. At the EpiCom meeting in Hamburg 2009, we agreed that every candicate should send a short CV to Pia Munkholm making the case for the candidature and the future of IBD epidemiology in Europe.

Ave et Valete

Yehuda Chowers steps down from SciCom this year. Yehuda was a founding member of SciCom and has made lasting contributions. Apart from contributing to the interaction with EMEA and guideline development, he initiated and established the Pathogenesis Workshops for SciCom.

Andreas Sturm (profile, last ECCO News) has been elected to replace Yehuda.

Two positions within SciCom (for 2010) are advertised for election in this issue of ECCO News, and on the website. Do look out for it!

Electoral process

SciCom ranks applicants for election. The ranking acts as recommendation to the ECCO Board, who make the final decision. This is to be read in conjunction with the information on the role of SciCom on the website. As with other committee members in ECCO, the normal term is three years. It is not possible for a member other than the Chair to serve a second term within a three year interval.

Criteria considered for election to SciCom:

1. Scientific Achievement (publications, scientific initiatives).
2. Declaration of intent (including a statement of the contribution that the individual is able to make to SciCom).
3. Age (one member is elected from YECCO, age under 35).
4. Experience (for instance in programme development, project development).
5. Overview (to take into account the balance between location, gender, age, the degree that the person will contribute to SciCom tasks, academic expertise, team spirit, commitment, familiarity with ECCO, prior contribution to ECCO and future potential). As far as location is concerned, it would be unusual, but not impossible, for more than one member from a single country.

SciCom members are excluded from voting for applicants from their own country.

Applicants are ranked on each criterion and the person(s) with the lowest score(s), depending on the number of positions open, recommended to the Governing Board for approval, with at least one reserve name (selected by rank order).

SciCom is hugely encouraged by the excellence, talents and overt enthusiasm of applicants in previous calls. SciCom recognises the value of having a balance of academic interests within the group. It is hoped that unsuccessful applicants will not be discouraged from applying again. An anonymised table of ranking will be made available to individual applicants on specific request, showing their name and score, but no other scores. ■

Inflammatory Bowel Diseases 2010

Prague Congress Centre, Czech Republic

NEW DATE:
February 25 – 27, 2010

www.ecco-ibd.eu

ECCO

5th Congress of ECCO – the European Crohn's and Colitis Organisation

The fourth ECCO Congress in Hamburg

The ECCO Congress continues to grow. More than 1 800 registered attended the meeting in Hamburg, which is the highest number of participants ever.

Hamburg is the second largest city in Germany. The Congress venue CCH is situated right in the centre of the vibrant city.

Here Professor Jean-Frédéric Colombel – the President of ECCO – greeted everyone welcome to the fourth Congress of ECCO.

– Hamburg is a very nice city, and I'm sure you will enjoy it, he said.

He dedicated the Congress to Juliette, the daughter of Severine Vermeire born early January.

Tandem talk

After Dr Colombel presented ECCO as a very young and active organisation that has grown very fast, and stressing the fact that it now has moved from country membership to individual membership, the scientific programme immediately started.

First on the agenda was a tandem talk, held by Pierre Michetti and Stefan Schreiber with the headline *IBD: An inflammatory barrier disease?*

Professor Colombel at the opening ceremony.

During their talk these experts presented two cases, one of Crohn's Disease (CD) and one of ulcerative colitis (UC). Dr Michetti called after the CD case for a "quest of etiology". Dr Schreiber then took over and described the genetic research via GWAS (Genome-Wide Association Study).

– At the moment we are looking for more than 35 disease genes for CD. We have learned that we have to re-evaluate the pathophysiology, he said.

Dr Schreiber stated that environmental factors are central in the pathogenesis of CD.

– Penetrance of CD in monozygotic twins are less than 50%, he pointed out.

Overlapping diseases

Then Dr Michetti turned the attention to the intestinal flora. This may participate in the maintenance of homeostasis, he said.

– Faecalibacterium prausnitzii was found reduced, or absent, from surgical resection specimen and six months later in CD patients. The absence of this bug was associated with a higher risk of post-operative recurrence of ileal CD.

After the UC case being presented, Dr Michetti asked Dr Schreiber if UC is genetically *different* from CD.

– They are not solitary diseases but *overlapping* diseases– they are a syndrome, he answered.

Both CD and UC are polygenic diseases with complex risk profiles, and a different "individual" mix of susceptibility variants. The genetic predisposition is only a small risk component.

Pierre Michetti and Stefan Schreiber


Julian Panes


Britta Siegmund


Herbert Tilg and Patricia Lepage

The concepts of pathophysiology have been fundamentally changed by discovery of etiologies. Inflammatory barrier diseases overlap in phenotype and in etiologies – there is a overlap in disease genetics between CD and UC, and also a large overlap to skin, lung and metabolic disorders, they both concluded.

Practical implications for biologics

Next session had two tandem talks.

The title for the first was *How do inflammatory therapies work?*, and Dr Julian Panes and Dr Britta Siegmund was the pair that gave their views on the subject.

– Persistent bacterial survival might be a driver of persistent IBD, said Dr Siegmund.

Anti-TNF treatment reconstitutes the intestinal barrier, she added.

– Epithelial resistance increases again after treatment with anti-TNF.

But there are limitations of anti-TNF based treatment strategy, Dr Panes continued.

– There are primary non-responders, or patients that lose their response, he explained.

He continued by showing impressive data on certolizumab pegol – the response at week 26 according to disease duration. He also explained that the mucosal T-cell immunoregulation varies in early and late IBD.

They concluded their talk with some practical implications for biologics:

Introduce drugs early, consider starting combined therapy and switch to monotherapy for maintenance.

For the future – personalise the treatment, based on type of immune response and risk assessment for adverse events.

Several functions of the microbiota

The next tandem talk was given by Dr Patricia Lepage and Dr Herbert Tilg. Their subject was *Changing gut flora: aetiologic & therapeutic implications.*

– The microbiota is still a dark box, waiting to be opened, Dr Tilg said initially.

Dr Lepage then talked about the functions of the human gut microbiota. She called it a real organ with key functions.

– It's protective – we find production of anti-microbial factors. It's structural – we find barrier fortification and immune system development. It also has metabolic functions – it controls IEC differentiation and proliferation, synthesizes vitamins and ferments non-digestible dietary residue and endogenous epithelial-derived mucus, she explained.

Dr Tilg talked about microbiota and IBD.

– We find disease manifestation mainly at locations with the highest density of bacteria – in terminal ileum and in the colon, he said.

Driving force in IBD

Microbiota antigens are equivalent to self-antigens – i.e. IBD is an autoimmune disease. The majority of microbial antigens are not causative of IBD, but causative antigens may number in the hundreds, and may vary between individuals, Dr Tilg continued.

– Which leads us to the current paradigm of IBD: Hyper-reactivity to ones own mucosal microbiota!

Dr Lepage pointed out that there are both harmful and beneficial bacteria, the latter have anti-inflammatory properties – probiotics. The mechanisms of action for probiotics in IBD are three: They inhibit pathogenic enteric bacteria, they improve epithelial and mucosal barrier function and they alter immunoregulation.

– So microbiota is seen as a driving force in the pathogenesis of IBD. There have been spectacular advances in basic sciences highlighting the central role of microbiota and immune system in the pathogenesis of IBD. But antibiotic and probiotic trials are still rather in their infancy. The clinical concept of the key role of gut microbiota needs to be strengthened in the future by rigorous clinical trials, they concluded.

Live endoscopy

On Friday morning, the Congress hall was packed for the live endoscopy session from the University Hospital in Kiel.

During this, lots of different techniques were demonstrated. Among these were sonography of the bowel in CD. The pictures were amazingly good.

The findings were then compared with those of conventional colonoscopy in the same patient. The correlation of the pathology findings turned out the same.

This was an interactive session, and furthermore it included short talks from the panel. Endomicroscopy was demonstrated and there was a debate throughout the session on the value of assessing mucosal healing. An agreement on the benefit of this seemed to be reached.

Two patients with primary sclerosing cholingitis were also investigated – with live sonography of the liver with intravenous contrast agents. This was then compared with MRCP and ERCP pictures. In this case the conclusion was that the ERCP obtained gave the same results as the sonography. Furthermore a stent could be inserted in the bile duct.

What we can expect to meet in daily practise

The session was concluded with a case of fistulising perianal CD. Endoluminal ultrasound, as well as perianal ultrasound, was well used to demonstrate the fistula tract.

Tom Øresland

Arnaud Bourreille and Ana Ignjatovic

Tom Øresland in the panel reminded the audience of the French king Louis XIV, who had an anal fistula. A surgeon (who first practised on convicts in the Bastille) performed a successful operation on the King. He was then rewarded with both a fortune and a castle, which in turn is the highest price paid for surgery throughout history.

– It serves as an illustration to the fact of the importance of succeeding in treat fistulas, said Dr Øresland.

Afterwards *ECCO News* asked Dr Øresland on his opinion on this session.

– Technically it was a big success – and I also want to honour the Kiel Hospital. I think the audience found the session interesting. There is always a tension factor built in to live demonstrations – things *can* go wrong. But during this session it didn't.

The cases presented were very instructive and not *too* heavily specialized, according to Dr Øresland.

– They illustrated well what we can expect to meet in our daily practise. It was also very interesting to see the new techniques that still are not so widely spread. The future will be exciting for all of us, said Dr Øresland.

OMED

The ECCO Consensus report on small bowel endoscopy – OMED – was presented in Hamburg by Dr Arnaud Bourreille and Dr Ana Ignjatovic.

– It is based on literature and the conference held in Brussels, December 2008, said Dr Bourreille.

30% of the patients with CD have small bowel involvement. Most of the lesions are located in the terminal ileum. Ilecolonoscopy must therefore be performed prior to small bowel capsule endoscopy (SBCE). Small bowel cross sectional imaging should generally proceed SBCE. However, the choice of radiographic imaging depends on local availability and expertise. And there is no available evidence to support a particular bowel preparation for SBCE.

– The capsule has shown to be superior to small bowel radiology, Dr Bourreille continued.

SBCE is able to identify mucosal lesion compatible with CD in some patients in whom conventional endoscopic and small bowel radiographic imaging modalities have been non-diagnostic. As with other imaging modalities, a diagnosis of CD should not be based on the appearances at capsule endoscopy alone.

– It is unclear what the implication is of small bowel lesions found in 50% of IBD patients that has undergone SBCE, Dr Ignjatovic said.

– The main problem in SBCE is capsule retention, she continued.

In patients with *suspected* CD, the risk of capsule retention is low and comparable to that when the indication for SBCE is bleeding. In patients with *established* diagnosis of CD, the risk of retention is increased, particularly in those with known intestinal stenosis.

Scores for diagnosis and for assessing the activity or severity of CD by SBCE or AD are desirable and should be validated prospectively.

– There are problems with finding a score – the existing ones are based on conventional endoscopy, Dr Ignjatovic concluded.

"A case when you phone a friend"

The headline for the next talk was *Difficult cases in IBD*. When introducing the speaker – Dr Yehuda Chowers – Matthieu Allez, ECCO Scientific Committee, asked the participants to send in cases for the next ECCO Congress (in Prague 25–27th of February 2010).

– Three of the cases you send us will be selected for the Congress, he said.

Dr Chowers is also a member of the Scientific Committee. He presented a case of a 39 year old man with lymphoma and CD. The patient had been treated with ABX, steroids, infliximab and surgery.

Six months after last surgery he is diagnosed with recurrent CD.

– Which treatment should be offered, asked Dr Chowers the Panel.

In the Panel there was a Dutch surgeon, Dr W Bemelman, and he asked how much of the small bowel in total had been resected.

– 60 cm, Dr Chowers answered.

– Then I'd say I'll turn him over to the medical doctors. But if you're desperate – come to me, Dr Bemelman replied.

A discussion on what drugs to use revealed several different opinions, and was commented upon by different experts on the Panel.

W Bemelman, L Mayer, S Travis and M Allez sat in the Panel that discussed difficult cases in IBD.


Ralf Kiesslich


Gert van Assche


David Rampton

– This is certainly a case when you phone a friend, said one of these experts, Dr Travis. He added that he would go for Rituximab in this case.

After the debate, Dr Chowers concluded:

– This is a case that demonstrates that we sometimes have questions we can't answer. I leave it to you in the audience to decide *which* of the robust advises from the experts you should follow!

Histology inside the patients body

The state of the art lecture in Hamburg concerned endoscopy. It was held by Dr Ralf Kiesslich and had the title *Optimal endoscopic techniques in 2009*.

As an introduction Dr Kiesslich talked about the three steps of endoscopy. They are – according to him – recognition, characterisation and confirmation.

– And of course the fourth step, that they lead to, is therapy, he added.

During his talk, Dr Kiesslich talked about filter techniques, and asked rhetorically if they always are accurate for patients with IBD.

– Take Narrow Band Imaging in UC for example – there is no difference with NBI compared to white light.

He continued by talking about "intelligent filters".

– They are computer enhanced images, and perhaps that's the filter for the future. It could be used on our UC patients, because we get a much better view.

Endomicroscopy enables us to perform histology inside the patient's body, Dr Kiesslich continued.

– But we are with a *microscope* inside the body. We can do more things: We can look for tissue based bacteria. We found that in 59% of IBD-patients, to be compared with 14% in the control group.

He also concluded that High Definition Endoscopy will replace standard video endoscopy, and that Pan-Chromoendoscopy is the upcoming/alternative standard in surveillance of UC patients.

For and against immunosupressants

What is the overall impact of immunosuppressive therapy?

The question was asked by Dr Gert van Assche in his lecture *Immunomodulators in IBD: Is there a price to pay*?

Dr van Assche then presented two views: The "romantic view" and what he called the "realistic view": The romantic view says that immunosupressants only restore the disturbed balance of an overactive immune system. The realistic view says some collateral damage is unavoidable.

– Opportunistic infections are not the *only* severe side-effect of infliximab, he said.

– Progressive multifocal leukoencephalopathy (PML) is a real problem, but very rare. We can't screen for PML. We can detect the virus in blood though, although we don't know the levels that can cause PML. But it's a start.

Dr van Assche stated that most effective therapies in IBD are immunosuppressive and clearly benefit patients. Any IS combo-therapy containing steroids increases the risk of infection, so all patients should be surveilled for, and informed, about serious infections.

– We have to be very careful with elderly patients that have been smokers, he added.

Prevention and surveillance of cancers (skin, cervix) is needed, but surveillance for lymphoma is not feasible.

– Therefore – be on the alert for skin lesions in anti-TNF treated patients.

He also stated that there is no clear signal for increased perioperative complications in infliximab treated patients.

Coping – a key factor in stress

Does stress worsen IBD?

– The patients certainly think so, said Dr David Rampton in his lecture *Stress – the overlooked villain*.

But what *is* stress? It's something that is hard to define, and individual. If it worsens IBD – *how* does it do that?

– There are very few studies on the subject, and they have varied definitions of stress and life events.

Dr Rampton presented an overview of 13 observational studies. Eight of these said that stress *worsens* IBD, two said that it *does not* effect IBD and in the remaining three the results are inconclusive.

– So it probably worsens IBD, was his conclusion.

Does psychotherapy for IBD help? Dr Rampton talked of 12 trials, of which only two led to improved patients. In the remaining ten the patient was not affected.

Coping is a key factor. A person's ability to deal with stress depends on coping strategies they adopt.

– But it is not known whether *training* in coping will affect IBD. There are also no good evidence of the benefit of antidepressants.

Hypnosis has been proven effective in IBS. Dr Rampton finished his talk with mentioning that a controlled trial of hypnotherapy in preventing relapse of UC is in progress.

Fellowship and Grants

ECCO Fellowship and Grants for 2009 were announced in Hamburg.

– It's one of the pleasures of being in the Scientific Committee to award these, said Dr Simon Travis.

There are three different kinds of awards – ECCO Fellowship, ECCO Grants and ECCO Travel Awards. Dr Travis explained them in more detail.

– The Fellowship goes to a person under 40 years of age for a research project in another country. It consists of a sum of 30 000 Euro, which – at least in Britain – is quite a considerable amount of money. Up to two per year can be awarded.

– The Grant is for a research project in ones own country. The sum is 15 000 Euro, and up to four can be awarded per year. The Travel Awards is for travelling to another country for a scientific purpose. Up to five per year, and the amount is 1500 Euro.

Dr Travis then introduced the Fellowship from 2008, Dr Alessia Grillo, Italy. She presented her very impressive research *Role of TAK 1 in CD – a new molecular marker of fibrosis*? ➥


Alessia Grillo


Francesca Fava

TAK 1 is up-regulated and phosphorylated during fibrosis in CD. It is present in myfibroblasts of ileal mucosa in CD and TAK 1 expression correlates with expression of fibrotic marker in CD, were some of her conclusions when she presented her study.

Found it on the Internet

Then the Fellowship for 2009 was presented: It went to Dr Francesca Fava, also from Italy, for *Measuring the impact of anti-tumor necrosis factor-alpha (TNF-alpha) treatment on the faecal microbiota in IBD*.

Her aim is to generate a gut microbiota profile for IBD, RA and healthy individuals.

– I've been working with the gut flora for my PhD, Dr Fava told *ECCO News*.

– I wrote a lot about gut flora and IBD, but due to the fact that I was working at a University *not* connected to a hospital I could never put the analysis into practise. I never had access to patients.

Dr Fava continues by telling us that she found out about the ECCO Fellowship after having performed searches on the Internet a couple of years ago.

– I realised that it was a big network of different expertise, and I saw it as an opportunity.

Fava did her PhD in Reading, UK, so she will continue collaborate with them now.

– To look for the impact of anti-TNF-alpha on the gut flora in IBD patients has never been done before, she explains.

We had to ask her how she felt right now, after being presented the award.

– I can't understand why not more people apply for this – I thought it would be difficult to obtain the Fellowship. But of course I am very proud, although a little bit nervous. It's a good thing that I have been given the *trust* of the Fellowship – I will do my very best, Dr Fava answered.

Everything you wish for a good party

The Grants went to Jan Wehkamp, Germany, Maria Papp, Hungary, Margarita Elkjaer, Denmark, Stefania Vetrano, Italy and Sofia Maria Buonocore, UK. Four of them were present at the stage in Hamburg to receive the grants from Dr Travis. ECCO News spoke briefly to Stefania Vetrano.

– It was my boss who told me about the Grant, and also asked me to participate in the Congress, she said.

Then there was time for the Party.

At earlier Congresses, the ECCO Party has taken place inside the Congress venue. Not so in Hamburg.

Instead all the delegates were transferred in buses to the Hamburg Zoo, and a


From left: Maria Papp, Margarita Elkjaer, Stefania Vetrano and Jan Wehkamp were awarded ECCO Grant 2009.

venue there called Tropical Aquarium. In this a very good atmosphere was created, and everything you'd wish for a good party was present: Good food, drinks, music and a lot of very nice party-minded people from all over Europe, in a very nice setting.

This year's party was a smashing success, and (reportedly) the last guests left the venue after three o'clock in the morning...


Lloyd Mayer


Michael Kamm


Sif Ormansdottir

75 years of CD – and onwards

Therefore the first speaker of the third and final Congress day said he was impressed to see that so many participants turned up for his lecture in the morning.

His name was Lloyd Mayer, and his subject was *CD: Where it all started and where it's all going*.

Dr Mayer spoke about the beginning, when Crohn, Oppenheimer and Ginsburg 1932 described 32 cases.

– At the time, Crohn was an internist, to whom Ginsburg and Oppenheimer presented their cases. The three of them wrote their paper, and Crohn became first on the author list, since his name began with a C. Therefore it became known as Crohn's disease – or at least that is how the saying goes, Dr Mayer said.

After summing up what we have learned about CD in more than the 75 years that has passed since then, Dr Mayer asked where it's all going.

– Identify disease specific pathways at play in patients at the onset of disease. Tailor aggressive therapy directed at those pathways. Develop novel agents to target imbalanced Th1, Th 17 or Th 2 responses and restore homeostasis. Also develop cell based therapies to enhance the appropriate Treg populations, were some of his conclusions.

Need for strategies – and clubs

The final lecture in Hamburg was the ECCO lecture, and it was given by Michael Kamm. The title was *The unmet therapeutic need in IBD: A clinician's perspective*. In this he called for prospective data.

– Trials establish proof of efficacy, safety and ensure that the drug can get a license. But patients are often excluded from trials, or drop out during the study. We need prospective data that inform us on how to employ therapy, said Dr Kamm.

He presented a picture of a patient that had been operated five times for a fistula.

– Then we gave her one infusion of infliximab, and the fistula healed. Eight years later she had a remission, and we gave her one infusion of adalimumab. It healed again, and she is doing very well today.

He added that this success-story is more of an exception than a rule.

Dr Kamm then talked of fulminant colitis. The therapeutic strategy for the first severe episode would, according to Dr Kamm, be cyclosporin – if the patient not already is on azathioprine. If so, or if cyclosporin fails, infliximab is his recommendation.

When it comes to cancer prevention, Dr Kamm said he thought it's time we abandon routine biopsies. Instead he recommended among other techniques Chromo-endoscopy, NBI and confocal-endomicroscopy.

– So far the need for strategies. But we also need more clubs, he stated.

Dr Kamm presented in a very entertaining way different "clubs" on his wish-list. Two examples: "I love steroids club" and "I love good comparisons club".

– The first one is because steroids is a great induction drug, even if everyone agrees that you should not be on steroids long term. The second is for we have good trials – but we need more *comparisons*!

The talk was rounded off with a list of some other unmet needs – translation of genetics, communication with the patient and coping strategies. The latter are as important as disease control.

– And we can't work in isolation – we need multi-disciplinary support.

Finally Dr Kamm reflected on ECCO.

– Thereafter came Young ECCO – YECCO, and after that the nurses, NECCO. I think there's a need for GECCO, and I don't mean the lizard – I mean *Geriatric* ECCO...

ECCO Consensus on CD updated

More from this final day: Sif Ormansdottir talked about *The unmet therapeutic need in IBD: A European regulatory view*.

She presented European Medicines Agency (EMEA) – a networking agency with contribution from all national agencies within the EU. EMEA is designed to co-ordinate the existing scientific resources of member states, in order to facilitate development and access to new treatments.

Three more case-based discussions were also held – on *Fistulising CD, Top down – and then developes severe skin lesions* and *Acute severe UC in a 16 year old female*.

The update of the ECCO CD Consensus from 2006 was presented by Gert van Assche, Axel Dignass and James Lindsay.

They were thanked for having done an outstanding job by Eduard Stange, who co-chaired this session with Jean-Frédéric Colombel.

Then the Congress was over. Dr Colombel briefly thanked all the participants, and reminded once again everyone that ECCO now is a individual membership organisation. He urged everyone that still haven't done so, to fill in an application for membership.

Success

When the last persons were leaving the venue, *ECCO News* spoke to Silvio Danese in the Scientific Committee of his feelings now when it all was over. Dr Danese was one of the members who had worked very hard to get the programme in place.

– I feel perfect! Everyone was pleased. It was a good programme – very translational and with the clinical cases of the future.

– Our aim in the Committee was to create a programme based on what people wanted to hear. It worked very well. A proof of that is that everyone was here right up to the end – and that means that it was a success, said Dr Danese.

PER LUNDBLAD
Senior Writer

GASTRO 2009
UEGW/WCOG, London

See you in London!

21 - 25 November 2009
ExCeL London

www.gastro2009.org

UNITED EUROPEAN GASTROENTEROLOGY FEDERATION

WORLD GASTROENTEROLOGY ORGANISATION · WGO ·

WORLD ORGANISATION OF DIGESTIVE ENDOSCOPY
OMED
ORGANISATION MONDIALE D'ENDOSCOPIE DIGESTIVE

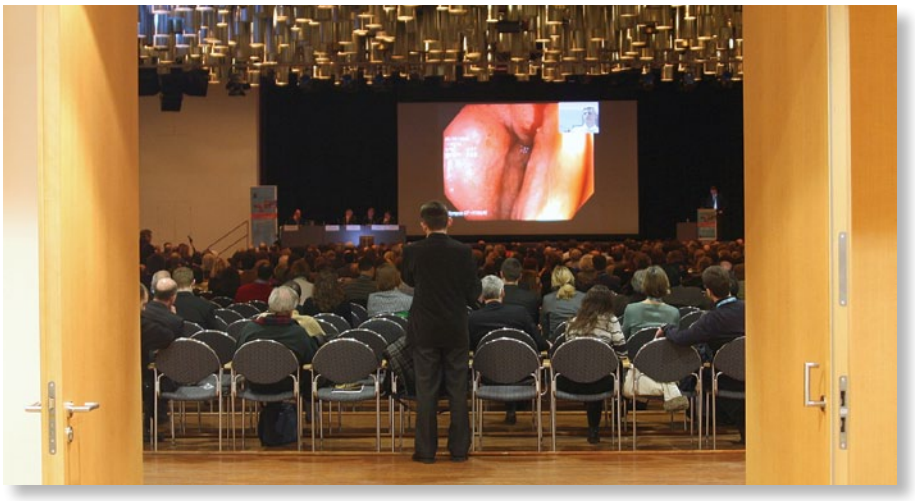
British Society of Gastroenterology

FOR FURTHER INFORMATION PLEASE CONTACT

GASTRO 2009 SECRETARIAT
Hollandstrasse 14/Mezzanine
A-1020 Vienna/Austria
Tel: +43-(0)1-212 36 91
Fax: +43-(0)1-212 36 91-29
E-Mail: secretariat@gastro2009.org

ECCO Congress Report

The fourth ECCO IBD Congress took place in Hamburg, Germany on 5–7 February 2009. It was a huge success, with high quality scientific sessions.



As in the previous year in Lyon, the Congress opened with tandem talks, each given by a pair of basic and clinical scientists who balanced the science with the clinical implications. These were outstanding and included the topics of intestinal barrier function and dysbiosis in IBD. Sessions then included a combination of lectures and oral abstracts, to balance a review with the new. There was a very interesting live endoscopy session on the second day morning from Kiel, which included interaction between clinicans, endoscopy, histopathology, cytology and radiology.

Topics on basic science in IBD focused on the interaction between the epithelial barrier, the role of genes and the emerging importance of gut microbiota in IBD pathogenesis. Special attention should be paid, in particular, to three oral presentations that sound very interesting for the future of research in IBD.

Basic research

Dr Arijs from Leuven presented results on colonic mucosal expression of 121 barrier genes in IBD patients before and after infliximab. The group showed in 43 patients that expression of many proteins, such as MUC20, CLDN23, CLDN8, MPP5, MPP7, CDH1, SLC22A4, SLC22A5, ABCB1 and PDZD3, were increased in active disease compared to control and were down-regulated after treatment by infliximab. MUC1 and MUC4 mRNA expression remained increased and CXADR and SLC22A5 mRNA expression remained decreased in patients with Crohn's disease, while they became normal in patients with ulcerative colitis. Dr Arijs concluded that in Crohn's disease, in contrast to ulcerative colitis, an altered expression of some barrier genes may affect the innate immune system and normal barrier function, possibly predisposing to Crohn's disease.

Dr Hayee from London presented results from a study showing a delay in neutrophil accumulation and bacterial clearance in patients with Crohn's disease. The group used a tagged antibiotic-sensitive isolate of *E.coli* and tagged neutrophils, which were injected into 33 patients (19 with IBD, 14 controls). They observed a significant delay in the clearance of the bacteria as well as neutrophils that were gathering at the site of bacterial injection, consistent with the hypothesis that in patients with Crohn's disease, bacteria persist longer in the gut and may elicit chronic inflammation. This may open new frontiers in the pathogenesis of Crohn's disease.

A mention should be done to the presentation by Dr Vetrano about the role of D6 in IBD-associated colon cancer pathogenesis. D6 is a receptor expressed on lymphatic vessels and leukocytes in IBD and cancer. The ineffective scavenging of pro-inflammatory cytokines by D6 leads to chronic stimulation of cell proliferation that, when uncontrolled, may promote the development of colon cancer in IBD.

Clinical section

Live endoscopy occupied the main part of the morning session, with interesting debates on surveillance of colon cancer in IBD patients. In the same session the role of ultrasonography as useful tool for assessing IBD lesions was underlined, with a live session by expert ultrasonographers.

As for the presentations, a study presented by Dr. Loftus on patterns and predictors of dosage increase in patients treated with adalimumab is worth noting. In a large number of patients (1335) he showed that lower induction doses than the usual 160/80 mg predicted a higher risk of having to reduce the interval between injections to one week. The geographic distribution of care was also related to the need to reduce dose interval (the risk being higher in Northern and Eastern States), which links to another presentation by Dr Nerich from Besançon, France, that reported that lower exposure to sunlight increases the risk of Crohn's disease. They studied sunlight exposure measured by the amount of UV rays in more than 14000 locations, showing that a higher risk of Crohn's disease in patients from the Northern regions of France was associated with lower level of incident UV radiation. This is taken as a clear incentive to move to the South of France!

All in all it was a great Congress in the tradition of ECCO. People particularly enjoyed the ECCO Party in the excellent venue of the Tropical Aquarium in Hamburg. So see you all in Prague next year: Note that the dates for Prague are 25–27 February 2010.

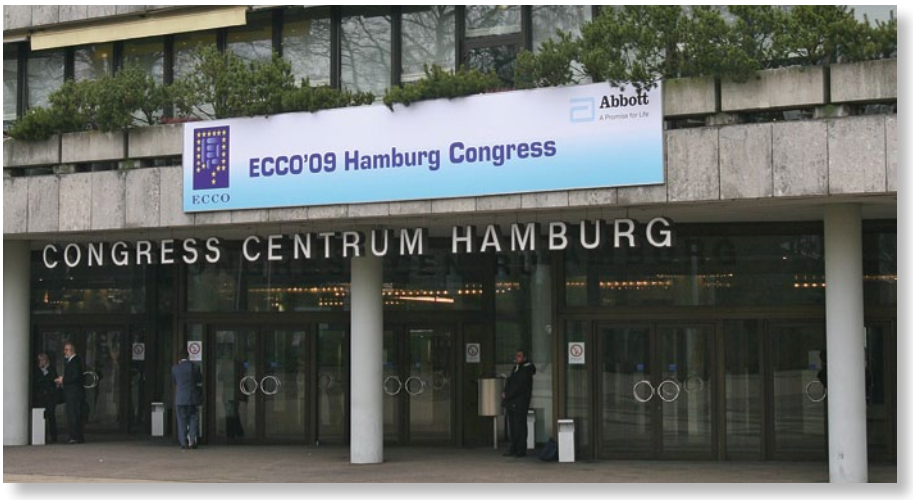
Thanks to the Organising Committee:
Jean-Frédéric Colombel, France
Gert van Assche, Belgium
Silvio Danese, Italy
Pierre Michetti, Switzerland
Markus Neurath, Germany
Stefan Schreiber, Germany
Séverine Vermeire, Belgium

SILVIO DANESE

Report from

The 7th ECCO IBD Intensive Course for Junior Gastroenterologists, Hamburg 2009

The ECCO IBD Intensive Course for Junior Gastroenterologists underwent its 7th edition in Hamburg, just before the ECCO congress. With the integration with the YECCO workshop and a partly renewed faculty, the course has been particularly intensive. A novel seat allocation system also allowed access to a larger group of students. Despite these changes, the course remains a highly appreciated event among the students, who showed a progression in their knowledge, as assessed by the now well-known pre and post course test system that ECCO EduCom has applied since the first edition of the course.



The *ECCO IBD Intensive Course for Junior Gastroenterologists* has met a constant success over the seven years of its existence. By design, the course aimed at assembling a small group of highly motivated young colleagues, all with a specific interest for IBD. The student selection is performed by the national IBD groups or societies of each ECCO member country. Traditionally, small ECCO countries had 2 seats and larger countries 3 seats to send the students they had selected. With the realisation that the demand was not met and in particular that many gastroenterology fellows throughout Europe would not have the chance to attend the course during the time of their fellowship, the governing board of ECCO increased the seat allocation to 3 for each member country, meaning that the course would increase to up to 93 students.

To make sure that a maximum of students would benefit from the course, it was further decided that the seats left vacant, by countries having not registered 3 students, would be made available for extra students from ECCO member countries on a first-come first-served basis. This novel politics has been very successful as 98 students were pre-registered and 88 of them met in Hamburg for what they know as the "The ECCO Course".

The course program knew also several changes and integrated the YECCO workshop; an activity organised and run by the Young ECCO members. The course core program has been adapted to take into account specific comments made by prior students on their anonymous evaluation sheets.

On those sheets, the students expressed increasing interest for interactive case discussion. Therefore, a number of the lectures were revisited and diagnostic and therapeutic aspects for both ulcerative colitis and Crohn's disease lectures were combined, and the information conveyed to the students through case discussions.

This approach led to a more active classroom, even if the increased number of students somehow impaired this process to fully develop. Indeed, case discussions are always more difficult in large groups. To further boost interactions, the seminars were placed earlier in the day and the YECCO workshop entirely conducted on an interactive basis. The YECCO workshop series started last year in Lyon, as an independent event. The instances of ECCO felt that the role of YECCO within ECCO would be enhanced by an integration with the course, as the second has been traditionally devoted to young colleagues and as YECCO members were in large part ECCO course alumni.

With this in mind, Gionata Fiorino and Marc Ferrante, chair and co-chair of YECCO worked with the EduCom to design a YECCO workshop that could fit into the course program. This event turned out to complement nicely the course and to represent a great opportunity to increase YECCO awareness among the course participants, a group of colleagues with a high likelihood to join ECCO and thus YECCO.

This year has also witnessed an effort from EduCom and the course directors to start a process of renewal of the course faculty, with the intention to favour new ideas and energies into the course. Thus, Tariq Ahmad from Oxford, Janneke van der Woude from Rotterdam and Herbert Tilg from Innsbruck joined the faculty this year.

In contrast, Alistair Forbes, from London, Séverine Vermeire from Leuven and Pia Munkholm from Copenhagen left the faculty this year. On behalf of the ECCO EduCom, I take here the opportunity to thank them for their commitment to the course. Their presence and their contributions over the last years were integral parts of the success of the course.

The most prominent figure of the course since its creation participated to his last course as course director this year. This is Boris Vucelic, from Zagreb, who has been with Miquel Gassull and I, in the course since its first edition in Prague in 2003. Under Boris' guidance, the course developed into a professional endeavour, with a full course handbook and a renowned faculty. ECCO owes a lot to Boris for many

reasons, but his master organisation of the course is one of his most achieved contributions, one that will remain in the mind of several classes of ECCO course students and teachers. I hope Boris will find here a testimony of our appreciation for his dedication to education within ECCO.

As each year, the course started and ended with a multiple choice questionnaire. This questionnaire has been extensively modified this year under the direction of Paolo Gionchetti from Bologna, who should also be thanked for his engagement as new course director. Despite the changes in the questionnaires, the students again showed a marked improvement after the course, with an average of 16.8 correct answers out of 38 possible, to 23.6 after the course for the same test. This progression ranks the 2009 class among the best classes for student test progression. This result is also in line with the impression the faculty had from the class as a result of the interactions during the course.

Finally, it was obvious throughout the course that the students followed the introductory words from ECCO president Jean-Fred Colombel, which were that the students should also take advantage of the course to develop their IBD network, among students and faculty. Informal interactions were constant among students, which were further seen together during the entire ECCO congress, to which the students were also invited to participate as part of their selection and acceptance to the course.

PIERRE MICHETTI

NOTICE OF FORTHCOMING ELECTIONS

Dear ECCO member,
Dear Colleague in IBD!

Notice is hereby given, that the following positions on the Education Committee of ECCO are open for election:

3 ECCO Education Committee members

Candidates may be self-proposed individual ECCO members or nominated by any ECCO member in good standing. Self-nominated candidates need to be seconded by an ECCO member in good standing.

Deadline for receipt of all nominations is June 15, 2009.

A candidate for an office of ECCO must be an established specialist in the area of IBD. The candidates should submit a 2 page CV, a list of their 10 best publications, and a letter of intent focusing on their teaching experience. The term for the Committee officers starts on January 1, 2010 and ends on January 1, 2013. The nominees must agree to their nominations.

The process of election is that candidates are scored by EduCom on the following criteria:
1. Teaching experience
2. Letter of intent (proposed contribution to EduCom)
3. Location (to achieve a well balanced country-spread)

Scores are averaged and applicants ranked for election. The ranking acts as a recommendation to the ECCO Board, who make the final decision.

Election forms can be obtained from the ECCO Secretariat upon request at ecco@vereint.com or downloaded from the ECCO Website (www.ecco-ibd.eu). Please send all forms to the ECCO Secretariat via Fax +43 (0)1-212 74 17-49 or Email.

With best wishes,
Pierre Michetti
Chair ECCO Education Committee

NOTICE OF FORTHCOMING ELECTIONS

Dear Colleague in IBD!
Notice is hereby given, that the following positions on the Scientific Committee of ECCO are open for election:

2 ECCO Scientific Committee members

Candidates may be proposed by an ECCO Member in good standing or self-nominated. Self-nominations need to be seconded by an ECCO Member in good standing.

Deadline for receipt of all nominations is June 15, 2009.

A candidate for an office of ECCO must be an established specialist in the area of IBD. The candidate should submit a 2 page CV, a list of their 10 best publications, and a letter of intent, explaining his/her suitability for the office in question. The term for the Committee officers is three years and starts on January 1, 2010 and ends on January 1, 2013.
The nominee must agree to his/her nomination.

The process of election is that candidates are scored by SciCom on the following criteria:
1. Scientific achievement (publications, scientific initiatives)
2. Declaration of intent (statement of contribution the individual is able to make to SciCom)
3. Age
4. Experience (such as programme development, project development)
5. Location (unusual, but not impossible, to have more than one member from a single country; SciCom members are excluded from voting for applicants from their own country) Overview (to take into account the balance between location, gender, age, the degree that the person will contribute to SciCom tasks, academic expertise, team spirit, commitment, familiarity with ECCO, prior contribution to ECCO and future potential). As far as location is concerned, it would be unusual, but not impossible, for more than one member from a single country.

Scores are averaged and applicants ranked for election. The ranking acts as a recommendation to the ECCO Board, who make the final decision.

Election forms can be obtained from the ECCO Secretariat upon request at ecco@vereint.com or downloaded from the ECCO website. Please send all forms to the ECCO Secretariat via Fax +43 (0)1-212 74 17-49 or Email.

With best wishes,
Simon Travis
Chair ECCO Scientific Committee

ECCO
European Crohn's and Colitis Organisation

www.ecco-ibd.eu

ECCO MEMBERSHIP APPLICATION FORM

[please fill in legibly]

❍ **2009** [1.1.2009 – 31.12.2009] no. / member id: _____ [provided by ECCO]

TYPE OF MEMBERSHIP [§ 4 Statutes of the European Crohn's and Colitis Organisation, www.ecco-ibd.eu]

Please check a category

❍ Regular member*	€uro 100.00	[Doctors, scientists interested in IBD, completed university degree]
❍ IBD Nurse	€uro 25.00	[registered nurse interested or working in the field of IBD]

[* includes subscription to the Journal of Crohn's and Colitis (JCC) for one year]

PERSONAL DATA

❍ Prof. ❍ Dr. ❍ Mrs. ❍ Ms. ❍ Mr. ❍ Other title: _____ Gender: ❍ female ❍ male

Profession: ❍ Physician ❍ Scientist ❍ IBD Nurse ❍ Other: _____

First name : _____ Middle name: _____

Family name: _____

Date & Year of birth: _____

Institute: _____

Department: _____

Street: _____

Zip Code: _____ City: _____

Country: _____ Phone: _____

Fax: _____ Email: _____

ADDITIONAL INFORMATION – YECCO

Members under 35 years of age will become YECCO (Young ECCO) members automatically. If you do not wish to become a YECCO member, you have the option to indicate so below:

❍ I am under 35 and **do not** wish to become a YECCO member

Fee 2009 =	**EURO**
TOTAL TO BE PAID 2009	**EURO**

Credit Card: ❍ American Express ❍ Visa ❍ Master Card

CC number: _____ Exp. Date: _____ / _____

Place, Date: _____

Name of Cardholder: _____ Signature: _____

Please return the completed form to the ECCO Secretariat by mail or by fax: +43 (0) 1-212 74 17 – 49

EUROPEAN CROHN'S AND COLITIS ORGANISATION
Hollandstrasse 14, 1020 Vienna, Austria, Tel. +43-(0)1-212 74 17, Fax +43-(0)1-212 74 17 – 49, E-Mail: ecco@vereint.com, URL: www.ecco-ibd.eu

A Great Congress and a Flourishing Year for ECCO

Professor Daan Hommes is President-elect of ECCO. He is going to take over as President at the ECCO Congress in Prague 2010.
When the Hamburg Congress was over, *ECCO News* asked Dr Hommes for his instant impressions of the three intensive days.

Dr Hommes was very pleased with the fourth ECCO Congress.

– The organising committee and the ECCO secretariat really did a splendid job!

– We had the highest numbers of registrees ever, and they came from all over the world – from Japan, Australia and Brazil. We also had more than 420 submitted scientific abstracts, top-quality oral presentations and an exciting live endoscopy from Kiel, he says.

Dr Hommes mentions that he already has had a very positive feed-back from the attendees.

– On top we had a great Party, and a unique realisation of EU nurses IBD network NECCO!

IBD School

The NECCO Meeting took place during a day and a half immediately prior to the official opening of the Congress. At the same time the 7th IBD Intensive Course for Junior Gastroenterologists was held, along with the YECCO Workshop.

– The Course had more than 100 participants from 30 countries, and was highly appreciated, Dr Hommes continues.

He explains the importance of the new contacts and friendships that these courses led to.

– And it continues after the course – all students become members of YECCO.

High turnout for the General Assembly

The annual General Assembly was held in the evening on the first day of Congress.

– For this meeting 75% of all national representatives were present. It's the highest turn-up ever, explains Dr Hommes.

– The national representatives are major players on the ECCO stage, we will intensify our collaboration these coming years.

Daan Hommes

> "For this meeting 75% of all national representatives were present. It's the highest turn-up ever!

– We had a stimulating discussion about the future of our Society. After analysing a recent questionnaire, we took new initiatives on how to cooperate synergistically with our corporate sponsors.

At the General Assembly, Dr Herbert Tilg was re-elected as ECCO's Treasurer.

– It was wonderful to see that Boris Vucelic and Gert D'Haens were appointed Honorary Members of ECCO. They have done so much for ECCO these last eight years!

ECCO Secretariat

The Governing Board of ECCO also had an agenda in Hamburg.

– We had successful intensification of meetings between the Board and Sonja and Nicole from our secretariat at Vereint.

Vereint is a company, based in Austria, that professionally manages Associations and Conferences for many different organisations. Their clients include – apart from ECCO – ASNEMGE and UEGF.

– The last twelve months, the Board thoroughly re-evaluated the current structures, tasks and responsibilities of ECCO, and will continue to do so in order to meet the challenges of the future.

Increase in activities

According to Dr Hommes there has been an explosive increase in the number of activities in both the Educational Committee (EduCom) and the Scientific Committee (SciCom).

– EduCom has organised several very successful workshops throughout Europe. It has also produced new guidelines, and formally incorporated the IBD-Nurses in ECCO (NECCO).

– SciCom has seen successful Fellowships, Grants and Travel Grants. But there has been more on their agenda: An inspiring pathogenesis "think-tank", the founding of ClinCom for consulting purposes and an EU BioBank application!

– The Journal of Crohn's and Colitis – JCC – has seen an impressive increase in the numbers of submitted Papers during 2008. In June, JCC will receive an "impact factor" and will increase the number of annual issues from four to six.

– We are in excellent shape, not only for our published guidelines, but also because of many quality original articles that have been submitted! In addition, we will apply for Medline – PubMed – for indexing of the articles published this year

– And the ECCO Newletter, which is distributed among over 25 000, proved to be very successful in further uniting our IBD community!

So it's no wonder Dr Hommes is pleased, both with the Congress, and the way ECCO has developed during the last year.

– Despite the demands on all of us, we continue to work as good friends in an inspiring, high-trust culture. This is so characteristic of ECCO, and hopefully it will attract many more new talents, doctors, scientists, nurses, students and industry.

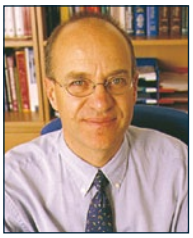
PER LUNDBLAD
Senior Writer

ECCO GOVERNING BOARD 2009

President
Jean-Frédéric Colombel
Lille, France
jfcolombel@chru-lille.fr

Treasurer
Herbert Tilg
Innsbruck, Austria
Herbert.Tilg@i-med.ac.at

Past-president/Liaison Officer
Miquel Gassull
Badalona, Spain
mgassull.germanstrias@gencat.cat



Chair Educational committee
Pierre Michetti
Lausanne, Switzerland
pierre.michetti@chuv.ch

Secretary
Walter Reinisch
Vienna, Austria
walter.reinisch@meduniwien.ac.at

President-elect
Daan Hommes
Leiden, The Netherlands
d.w.hommes@lumc.nl

Chair Scientific committee
Simon Travis
Oxford, United Kingdom
Simon.Travis@ndm.ox.ac.uk

EDUCATION COMMITTEE

Pierre Michetti
Switzerland

J. Van der Woude
The Netherlands

P. Marteau
France

P. Gionchetti
Italy

Charlie Lees
United Kingdom

G. Mantzaris
Greece

Axel Dignass
Germany

SCIENTIFIC COMMITTEE

Simon Travis
United Kingdom

Severine Vermeire
Belgium

Pia Munkholm
Denmark

Silvio Danese
Italy

Matthieu Allez
France

Andreas Sturm
Germany

NECCO Nurses Meeting in Hamburg

For the third time the former IBD Nurses – now NECCO – had a networking meeting, taking place immediately before the ECCO Congress.

The first meeting was held in Innsbruck 2007, and the second in Lyon 2008.

– In Innsbruck we had 40 participants, and in Lyon we had between 80 and 90. But here in Hamburg we had 120, says Lisa Younge, Chair of the Steering Committee of NECCO:

– I'm overwhelmed, she continues.

– We didn't have enough seats, so some people had to stand! That is of course not good, but it's a positive problem. We're delighted with the turnout!

Lisa Younge and Liesbeth Moortgat.

Based upon evaluations

ECCO News spoke to Lisa and Liesbeth Moortgat, Vice Chair of NECCO.

We asked them how the programme that attracted so many delegates was put together.

– We made the programme based upon the evaluations we took home from Lyon. So we think it reflected what nurses really want to listen to, they explain.

Also, Lisa adds, the Nurses Network is starting to grow.

– Word of mouth is in our favour, and it's really working.

Practical aspects

Among the subjects for the NECCO Programme in Hamburg were:

Fatigue in IBD, Surgery basics of IBD, IBD Epidemiology and the IBD–IBS relationship.

The second day focused on research trials, and of the role of nurses in these.

– But I can't pick a favourite – *all* talks were very good, says Lisa.

The talk on IBD and fatigue was held by Liesbeth Moortgat, and she received very good reactions on it.

– I think some of the talks – including the talk on fatigue, but also on surgery, IBS and transition clinics went down very well. This is due to the fact that they had so many practical aspects that we can take home, says Lisa.

She sums up the Network Meeting as follows:

– All of the speakers were *very* good – and that goes for both days!

PER LUNDBLAD
Senior Writer

CALL FOR ECCO FELLOWSHIPS, GRANTS AND TRAVEL AWARDS APPLICATIONS

Deadline for ECCO FELLOWSHIPS, GRANTS and TRAVEL AWARDS: October 1, 2009

ECCO has established Fellowships, Grants and Travel Awards to encourage young physicians in their career and to promote innovative scientific research in IBD in Europe.
Fellowships are created for young individuals <40 years, who submit an original research project, which they wish to undertake abroad in a European hosting laboratory and/or department who has accepted to host and guide the fellow for the duration of the fellowship (one year) and who is responsible together with the fellow for the successful completion of the project. Fellowships are awarded a total amount of 30.000 Euro.
Grants are created to support good and innovative scientific, translational or clinical research in Europe. The guidelines of ECCO Grants are very similar to those of the Fellowships, with the exception that the research is typically undertaken in the own institution of the applicant. ECCO Grants are awarded 15.000 Euro each and will also be given during the ECCO annual congress.
The Travel Awards have been established in 2007 as an opportunity for young investigators to visit different ECCO centres in Europe, to learn scientific techniques or be a clinical observer.

For detailed information, eligibility and submission process on fellowships and grants please visit the ECCO Website https://www.ecco-ibd.eu/sci_comm/fellow_grants.php?navId=19.

We look forward to your application!

Kind regards,
Simon Travis,
Chair, ECCO Scientific Committee

NECCO Audit – improving education for nurses

As part of our ongoing work to improve education for nurses involved in the care of patients with IBD, NECCO undertook a postal audit trying to elicit some understanding of the current roles and responsibilities of nurses in Europe with regard to IBD care.

Postal questionnaires were sent to all ECCO members and, where available, NECCO national representatives. The survey included questions on the existence of any specialist posts within nursing related to IBD, and where these existed, asked for details regarding the current duties undertaken by such nurses. A total of 32 questionnaires were returned from 13 countries.

Most countries have IBD Nurse Specialists. This goes for answers from Austria, Czech Republic, Denmark, France, Germany, The Netherlands, Northern Ireland, Norway, Turkey and UK.

However, in Croatia, Latvia, Lithuania and Italy they do not, but in Italy IBD Nurse Specialists are now developing. Most of the IBD Nurses in Europe are managed by a Gastro Consultant, but also by a Matron, Divisional Manager, Lead Specialist Nurse or a Medical Doctor.

The nurses' education also varies between the countries – it could be a Certificate, Diploma, Degree or Masters.

Nurses have to provide evidence for continued education in most countries, with the exception of Austria and Norway. In the Netherlands this is developing at present.

The compilation of answers to the question "*What education opportunities are available in your country for nurses interested in IBD?*" is presented in table 1:

Table 1.

What opportunities	How many
IBD Course	10
Congress/Symposia	3
Physicians Meeting	4
Cert/Degree/Diploma course	3
Nurse Practitioner	1
None	7

Table 2.

Support from Hospital	Norway, Netherlands, Latvia, UK and Northern Ireland, Lithuania, Italy
Sponsorship from companies	UK, Northern Ireland, Turkey, Italy
Other	Netherlands (educational grants), Czech Rep (individual sponsor)
Self Funded	France, Austria

How nurses obtain financial support for education in your country was also very varied between the countries, as seen in table 2:

Another question concerned networking. *Do opportunities exist for nurses to meet with other nurses in your country?*

The answer to this was *Yes* in Croatia, Norway, Netherlands, Latvia, Czech Rep, UK, Lithuania, Turkey, and Germany. It was *No* in France (endoscopy only), Austria and Italy (not formal networking – only meeting at conferences).

Although this survey has been useful in terms of providing general information, there is still a need to get specific information about individual nursing roles and duties. To elicit this information, discussions are underway to include a survey form with next year's online registration for nurses registering to attend the NECCO conference. This will hopefully capture much more data, and help us to ensure our educational activities and other NECCO projects are targeted appropriately.

MARIAN O'CONNOR
NECCO Networking Officer

LISA YOUNGE
Chair of NECCO

Footnote:

Read more of NECCO in an interview with Lisa Younge, published in ECCO News Issue **3/08**. It's available on the Internet – the address is **www.mediahuset.se/Ecconews**

Do you want a personal subscription to ECCO NEWS?

The aim of ECCO NEWS is to reach all doctors in Europe with an interest in IBD. ECCO NEWS is an important part of the European Crohn and Colitis Organisation's ambition to create a European standard of IBD care and to promote knowledge and research in the field of IBD. The newsletter is financed through advertisements and distributed free of charge. If you are yet not on the mailing list you can have a personal paper copy sent to your postal address 4 times a year. Just send an email to **ecco@mediahuset.se** stating your postal address. The information you give will not be used for any other purpose than distributing ECCO NEWS.

TOM ÖRESLAND, Editor ECCO News

IBDIS validation study – Report

The IBDIS validation project received one of the ECCO grants 2008. According to the plan, the first line was accomplished in January 2009. 58 IBD experts from all over the world participated in this project and 42 of them contributed by capturing 15 patient records. Significance tests about distribution of data (validation of data) will lead to an improvement of IBD-relevant parameters. The final results are expected for April 2009.

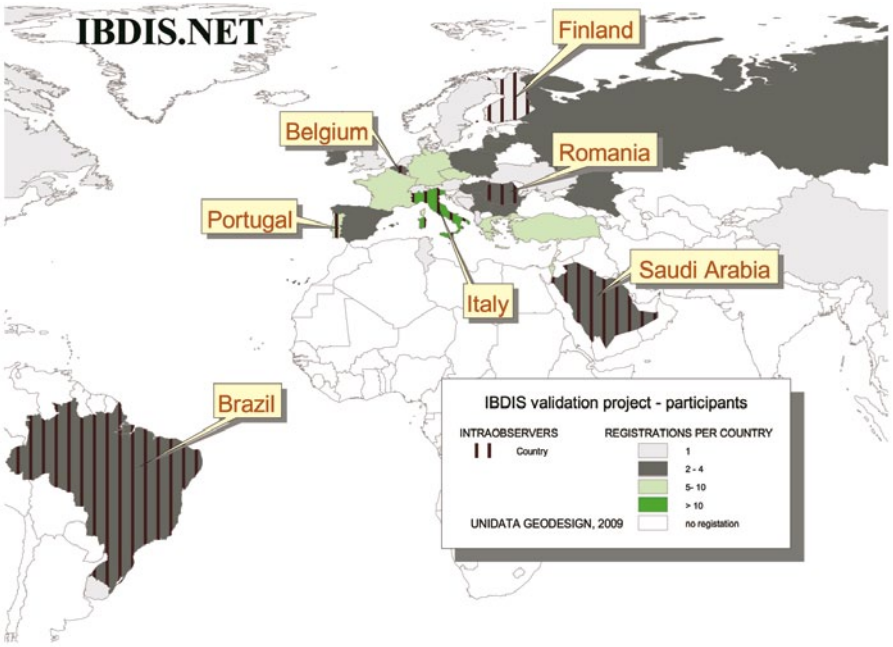


Fig. 1 Participating countries.

Our objective:
Improving the quality of IBDIS
Comparability of data needs standardized and harmonized tools and services. The Inflammatory Bowel Disease Information System, IBDIS, was designed and developed to document all single issues and the course of disease of IBD patients. The current validation study examines each parameter for variability of interpretation within a group of observers (interobserver) and among 7 individual observers (intraobserver). The results of the analysis will affect the contents and the definitions of the parameter table of IBDIS.

Participants
The list of persons comprises IBD experts from all over the world – from Uruguay and Brazil to Tunisia and Israel, nearly all European countries, Russia and the People's Republic of China. Although ECCO is a European organisation, 13 persons who registered for participation were from non-European countries. This is an indication for the worldwide understanding of the necessity of validated tools and services and for the acceptance of ECCO. Participation was restricted to individual ECCO members (particularly members of Young ECCO (YECCO)) and members of the Council of National Representatives. The registration period lasted 2 months and started in July 2008. The randomised election of 7 intraobservers took place in January 2009 and was controlled by the IBDIS statistician.

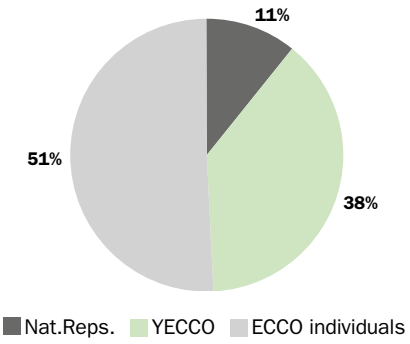


Fig. 2 Recruitment of participants.

Contents of patient files
IBDIS assigns the contents (actions) of each patient file to blocks e.g. Block B Location or Block C Phenotype. Each single action is assigned to a corresponding block (e.g. examination *Radiology* assigned to Block B Location or *Montreal Classification* assigned to Block B Location or *Bone density* assigned to Block G Comorbidity). The data capture process of the IBDIS validation project shows the following results:

Assigned Block	Actions
A Epidemiology	1026
B Location	8444
C Phenotype	929
D Course of disease	868
E Complications	836
F Intestinal Surgery	673
G Comorb / Risk	808
H Pregnancy	994
I Therapy	2315

Fig. 3 Summary of activities: 42 observers captured up to 15 patient files each.

Statistics
Interobserver agreement (IOA) analysis is an accuracy analysis that calculates the percentage (standard deviation, SD, or the 95% confidence interval, CI) of observer agreement with a predetermined reference observer. The agreement between the mode (the most frequently assessed value) and the reference is expressed as a percentage. Statistical characterization of the strength of interobserver agreement will be determined using Cohen's kappa (k). In the study each patient file will be considered as an independent observation. The strength of agreement is considered poor with a k statistic of less than 0.2, fair with a k of 0.21 to 0.4, moderate with a k of 0.41 to 0.6, good with a k of 0.61 to 0.8, and very good with a k of more than 0.8.

Intra-observer agreement analysis
The intra-observer agreement analysis (retest reliability) is an accuracy analysis calculating the percentage of agreement between first and second observation of the 7 selected observers. They will be asked to re-evaluate 7 medical records after another 12 weeks. Furthermore, different tests as e.g. test of homogeneity, test of coincidence, chi-square-tests, odds-ratio

Facts & Figures

123	persons registered in the validation project.
58	persons decided to participate as observers.
42	Users entered 15 patient files.
1	User entered 13 or 14 Patient files each.
0	Users entered 4, 6, 7, 8, 9, 10, 11 or 12 Patient files each.
3	Users entered 3 or 5 Patientfiles.
5	Users entered 1 or 2 Patientfile.

and pooled kappa-tests will be used to detect influences of geographical and linguistic areas.

Outlook

As the knowledge about IBD is constantly growing, IBDIS needs to be validated several times. Supporting gastroenterologists with up-to-date documentation systems and keeping downward compatibility of functions and data, establishing new standards together with the scientific community and improving the quality of IBD-related data, these are our main objectives for the future. The current validation project is as yet another step to achieve this goal.

As the knowledge about IBD is constantly growing, IBDIS needs to be validated several times. Our main objectives for the future are defined by supporting gastroenterologists with up-to-date documentation systems, keeping downward compatibility of functions and data, establishing new standards together with the scientific community and improving the quality of IBD-related data.

Links:

https://documentation.ibdis.net
http://www.ibdis.net

NIKOLAUS F. PEDARNIG, bakk.techn
CEO UNIDATA GEODESIGN
IBDIS Secretariat, office@ibdis.net,
Gärtnergasse 3 TOP 6, 1030 Vienna, Austria
nikolaus.pedarnig@ibdis.net

IBDIS chosen for Saudi Arabian incidence registry of IBD patients

Background

Longitudinal studies over the last 50 years have shown an increasing incidence of ulcerative colitis (UC) and crohn's disease (CD) worldwide (1,2). The incidence rates markedly differ geographically and among different ethnic groups presumably due to genetic and environmental factors (3). Epidemiological data coming from Saudi Arabia are very limited. Alghamdi et al (4) only recruited 77 CD cases from 1982–2002 at King Khalid University Hospital (KKUH), Riyadh, Saudi Arabia. In 2005, we have collected 42 cases of CD in only 2 years (2004 and 2005) at the same centre which indicating a very rapid increase of CD incidence. Currently we are following about 600 IBD cases in our centre (KKUH). Riyadh city has 6 tertiary hospitals as well as many gastroenterology private centres which serve an area of approximately 4,000,000.

Based upon these preliminary data of striking increase of IBD incidence, we planned to join the IBDIS platform in order to register our patients according to a validated documentation tool for IBD patients. By capturing all of our incident IBD cases and by following them for at least one year will help us to learn on the natural course of IBD in our country and to compare this experience with data from Europe.

Fig. 1 Map of Saudi Arabia with locations of participating.

New incidence registry of IBD

Knowledge about incidences of diseases necessitates stable and reliable data pools. Dr. Aljebreen and Nikolaus F. Pedarnig, IBDIS project manager at UNIDATA GEODESIGN, met at UEGW 2008 in Vienna and discussed a proposal concerning an IBD incidence registry for Saudi Arabia. It was evident to use the existing IBDIS parameter catalogue to design a comprehensive and easy-to-use eCRF.

Data management

According to the IBDIS online software (*https://documentation.ibdis.net*) the new eCRF uses the same modules (anamnesis, epidemiology, phenotype, diagnosis, course of disease, medication, complication and surgery). All data is stored in a database, operated and controlled by UNIDATA staff.

Aims

To capture the natural course of incident IBD cases in the Kingdom Saudi Arabia, a country in which the second generation of IBD cases is currently observed.

Participation

All Saudi Arabian IBD centres are planned to participate in the trial. Interested physicians and clinicians are kindly requested to contact the authors.

ABDULRAHMAN ALJEBREEN,
King Khalid University Hospital in Riyadh, SA
amaljebreen@gmail.com

NIKOLAUS F. PEDARNIG,
CEO UNIDATA GEODESIGN
nikolaus.pedarnig@ibdis.net

WALTER REINISCH
Medical University of Vienna
Div. Gastroenterology & Hepatology
Waehringer Guertel 18-20,
A-1090 Vienna, Austria

Links:

https://documentation.ibdis.net
http://www.ibdis.net

References:

1. Bjornsson S. Inflammatory bowel disease in Iceland during a 30-year period, 1950-1979. Scand J Gastroenterol Suppl 1989; 170:47-49.
2. Fellows IW, Freeman JG, Holmes GK. Crohn›s disease in the city of Derby, 1951-85. Gut 1990; 31(11):1262-1265.
3. Moum B, Ekbom A. Epidemiology of inflammatory bowel disease--methodological considerations. Dig Liver Dis 2002; 34(5):364-369.
4. Al Ghamdi AS, Al Mofleh IA, Al Rashed RS, Al Amri SM, Aljebreen AM, Isnani AC et al. Epidemiology and outcome of Crohn›s disease in a teaching hospital in Riyadh. World J Gastroenterol 2004; 10(9):1341-1344.

Second YECCO Workshop in Hamburg

How to set-up and perform a clinical trial

On February 4 the ECCO Education Committee and YECCO organized the second YECCO workshop. This workshop was organized prior to the recent ECCO Congress in Hamburg and was attended by ECCO Course attendees as well as 35 YECCO members. Prior to the meeting, all participants had to prepare a short proposal for a study evaluating the efficacy of anti-TNF agents in the treatment of chronic refractory pouchitis.

Old Board: Gionata Fiorino & Marc Ferrante.

New Board: Marc Ferrante & Jan Wehkamp.

During the first part of the workshop several speakers gave a lecture about divers topics necessary to set-up a good clinical trial. Daan Hommes started with an animated talk on study goals and endpoints. The second lecture on statistics was given by Peter Jüni. Concepts as sample size, type I and type II errors became logical and understandable for all attendees. Prior to the break, Yehuda Chowers discussed some critical ethical issues and finally Wolfgang Russ introduced us in the basics of good clinical practice.

The last part of the meeting existed of a very interactive discussion between Daan Hommes, the participants and the other lecturers. During this 45 minutes the attendees improved their prepared study proposal and a very solid study protocol came out.

We would like to thank all speakers and all attendees for this very successful event. We hope to continue this collaboration with the ECCO Education Committee in the future. Ideas for new YECCO workshops are more than welcome.

New YECCO Board

During the YECCO meeting in Hamburg a new YECCO board was inaugurated. After two and half years of hard work Gionata Fiorino (Rome, Italy) stepped down as YECCO Chair. Gionata was the engine behind YECCO in the early days and we are very grateful for the courage he had at that time. During the past two years he and some other founding members achieved the inclusion of YECCO in the ECCO structure and started with some very nice YECCO initiatives. Although he'll not be a board member anymore, we're sure that Gionata will continue his hard work for our young organization.

The past YECCO Co-Chair, Marc Ferrante (Leuven, Belgium), has been elected as new YECCO Chair. He will collaborate with Jan Wehkamp (Stuttgart, Germany) who was elected as YECCO Co-Chair. Silvio Danese (Milan, Italy) will keep his position as YECCO representative in the ECCO Scientific Committee, while Charlie Lees (Edinburgh, United Kingdom) was elected by the ECCO Education Committee as the first YECCO Representative.

Looking forward to a great future of YECCO.

MARC FERRANTE
YECCO Chair

JAN WEHKAMP
YECCO Co-Chair

ECCO GOVERNING BOARD 2008			
President	Jean-Frédéric Colombel	France	jfcolombel@chru-lille.fr
Past President/Liaison Officer	Miquel Gassull	Spain	mgassull.germanstrias@gencat.net
President-elect	Daan Hommes	Netherlands	d.w.hommes@lumc.nl
Secretary	Walter Reinisch	Austria	walter.reinisch@meduniwien.ac.at
Treasurer	Herbert Tilg	Austria	Herbert.Tilg@i-med.ac.at
Chair Scientific Committee	Simon Travis	United Kingdom	Simon.Travis@ndm.ox.ac.uk
Chair Education Committee	Pierre Michetti	Switzerland	pierre.michetti@chuv.ch

ECCO COUNTRY REPRESENTATIVES 2009		
Austria	Walter Reinisch Gottfried Novacek	walter.reinisch@meduniwien.ac.at gottfried.novacek@meduniwien.ac.at
Belgium	Martine de Vos Edouard Louis	martine.devos@ugent.be edouard.louis@ulg.ac.be
Bulgaria	Zoia Spassova Iskren Kotzev	zoya_spassova@hotmail.com kotzev@mnet.bg
Croatia	Boris Vucelic Silvija Cukovic Cavka	boris.vucelic@zg.htnet.hr silvija.cukovic@gmail.com
Czech Republic	Milan Lukas Martin Bortlik	milan.lukas@email.cz mbortlik@hotmail.com
Denmark	Jens F. Dahlerup Jens Kjeldsen	jdahl@as.aaa.dk jakjeldsen@dadlnet.dk
Finland	Taina Sipponen Martti Färkkilä	taina.sipponen@kolumbus.fi martti.farkkila@hus.fi
France	Franck Carbonnel Laurent Beaugerie	fcarbonnel@chu-besancon.fr laurent.beaugerie@sat.aphp.fr
Germany	Marcus Neurath Axel Dignass	neurath@1-med.klinik.uni-mainz.de axel.dignass@fdk.info
Greece	Epameinondas Tsianos John A. Karagiannis	etsianos@uio.gr jakaragiannis@doctor.com
Hungary	Peter Lakatos Tamas Molnar	kislakpet@bel1.sote.hu mot@in1st.szote.u-szeged.hu
Ireland	Colm O'Morain	isge@eircom.net
Israel	Rami Eliakim Iris Dotan	r_eliakim@rambam.health.gov.il irisd@tasmc.health.gov.il
Italy	Mario Cottone Paolo Paoluzi	dickens@tin.it paolo.paoluzi@uniroma1.it
Latvia	Juris Pokrotnieks Jelena Derova	pokrot@latnet.lv jelena.derova@gastroenterologs.lv
Lithuania	Limas Kupcinskas Darius Kriukas	likup@takas.lt dakr@takas.lt
Netherlands	Bas Oldenburg Rinse Weersma	b.oldenburg@umcutrecht.nl r.k.weersma@int.umcg.nl
Norway	Bjorn, Moum Jørgen Jahnsen	bjorn.moum@medisin.uio.no jorgen.jahnsen@medisin.uio.no
Poland	Grayzna Rzdyewska Jaroslaw Regula	grazyna.rydzewska@cskmswia.pl jregula@coi.waw.pl
Portugal	Fernando Magro Franciso Portela	fm@med.up.pt franciscoportela@sapo.pt
Romania	Mircea Diculescu Cristina Cijevschi	mmdiculescu@yahoo.com cristinacijevschi@yahoo.com
Russia	Elena Belousova Alexander Potapov	e.belousova@mtu-net.ru potapov@nczd.ru
Serbia	Njegica Jojic Dino Tarabar	njegica@Eunet.yu dino@bitsyu.net
Slovakia	Milos Gregus Martin Huorka	kmmanagement@post.sk huorka@stonline.sk
Slovenia*	Ivan Ferkolj Borut Stabuc	ivan.ferkolj@kclj.si borut.stabuc@kclj.si
Spain	Julian Panes Fernando Gomollón	jpanes@clinic.ub.es fgomollon@telefonica.net
Sweden	Erik Hertervig Robert Löfberg	erik.hertervig@med.lu.se roblof@ki.se
Switzerland	Frank Seibold Pierre Michetti	frank.seibold@insel.ch pierre.michetti@chuv.ch
Turkey	Hülya Över Hamazaoglu Ülkü Dagli	hulyaoverhamzaoglu@yahoo.com udagli@hotmail.com
UK	Stuart Bloom David Rampton	stuart.bloom@uclh.nhs.uk d.rampton@qmul.ac.uk
Ukraine*	Andrey Dorofeyev Tatiana Zviagenceva	dorofeyev@med.finfort.com zvyagintseva_t@mail.ru

* Joined in 2008

SPONSORS 2009			
	Abbott	**Bristol-Myers Squibb**	**Cellerix**
	Centocor	**Cosmo Pharmaceuticals**	**Dr. Falk Phama**
	Ferring	**Giuliani Pharma**	**Millennium Pharmaceuticals**
Otsuka	**Schering-Plough**	**Shire**	**UCB**