

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

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PRINTING:

Åkessons Tryckeriaktiebolag,
Emmaboda, Sweden

ISSN 1653-9214

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Dear friends of ECCO,

Although the congress is certainly the highlight of the year and surpasses all other activities in intensity of preparation and execution, it is by far not the only venture of ECCO! We are currently driving full speed to accomplish our goals for 2009!

Tried and tested staples of education and research

Next on the agenda are the ECCO Workshops! This year, ECCO lecturers will visit Haifa (Israel), Cluj Napoca (Romania), Oslo (Norway), Moscow (Russia) and Belgrade (Serbia) to teach the ECCO Consensus on Crohn's and Colitis together with local IBD experts. Registration can be done via the ECCO homepage www.ecco-ibd.eu.

Aside from the staple educational activity for young gastroenterologists, the IBD Intensive Course, other educational activities in preparation are program development for the Prague NECCO Network Meeting as well as the first NECCO School to take place in Prague as well. The ECCO Nurses – NECCO – are a rapidly growing community. The Network Meetings are accomplishing their aim: to bring Nurses together from all over Europe to raise interest and education in IBD patient management and to establish a platform for exchange for all those interested in joining. One Nurse per ECCO member country will be invited to join this basic course which will run parallel to the IBD course. The program wants to achieve a basic training for nurses with little to no knowledge in IBD.

Always ongoing are the consensus activities. Two major achievements this year are certainly the Consensus on the diagnosis and management of opportunistic infections which is now online in JCC and accessible on the ECCO web page and the consensus on small bowel endoscopy which is in press in Endoscopy. Currently we are finishing up the Guidelines Update on Crohn's Disease, which will be published in the summer edition of the Journal of Crohn's and Colitis (JCC). The Update on UC is scheduled to start in 2010. A call for participation will be issued in due course!

Also in this issue, you will find project descriptions of this year's ECCO Fellowships, Grants and Travel Awards. The 2009 ECCO Fellowship was awarded to Dr. Francesca Fava on "The impact of anti-TNF therapy on the faecal microbiota in inflammatory bowel disease". Dr. Fava, who is a post doctoral researcher at the Food Microbial Science Unit

at the University of Reading in the UK, will carry out her research at the Istituto Clinico Humanitas in Milan, Italy. The 2009 Grants were awarded to Maria Papp (Debrecen, Hungary), Margarita Elkjaer (Copenhagen, Denmark), Jan Wehkamp (Stuttgart, Germany), Stefania Vetrano (Milan, Italy) and Sofia Maria Buonocore (Oxford, UK). The Travel Award recipients are Michael Dam Jensen from Denmark and Davide Checchin from Italy, travelling to the John Radcliffe Hospital in Oxford; Joana Maria Tinoco da Silva Torres from Portugal and Annalisa Crudeli from Italy both going to Hospital Claude Huriez in Lille, France.

Other scientific projects which the different ECCO committee members are working on are the METEOR study, the ASTIC trial (both trials are actively recruiting) as well as the Pathogenesis Workshop. Updates are constantly published within these pages. New projects are constantly being proposed, evaluated and put into action by our highly motivated board and committee members.

Exploring new territory

Since the onset of individual membership, individuals from all over the world have shown their interest in joining us. They are eager to visit the congress, participate in ECCO educational activities, apply for grants or be part of the consensus updates! And as ECCO has always been open to reach out beyond the borders of Europe – but never forgetting to be true to its European roots – we are intensifying our relationships with non-European individuals and related associations. One means of establishing this is to carry the ECCO workshops around the world. Many countries have already shown interest, like Australia, Canada, Saudi Arabia, Brazil, United Arab Emirates or Azerbaijan. ECCO is currently evaluating these locations in order to organize workshops there as soon as possible, hopefully still in 2009! You will surely be informed of any progress in this direction.

I hope to have given a glimpse into the daily life of ECCO activities. You are always welcome to contact us via the ECCO Secretariat. We always look forward to hearing from our members!



JEAN-FRÉDÉRIC COLOMBEL
President of ECCO

SciCom: ECCO Research and News

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

Fellowships, grants and travel awards 2009

ECCO Fellowships are intended to encourage young, academically-orientated gastroenterologists in their career and to promote innovative scientific research in IBD across Europe. A key feature of an ECCO Fellowship is to conduct research across national boundaries. ECCO Fellowships, ECCO Grants and ECCO Travel awards are all designed to promote European research into inflammatory bowel disease and scientific integration.

ECCO Fellowship 2009: Dr Francesca Fava. The impact of anti-TNF therapy on the faecal microbiota in inflammatory bowel disease (Department of Food Bioscience, University of Reading to the Istituto Clinico Humanitas, Milan).

The abnormal intestinal immune response of genetically predisposed hosts to resident microbiota plays a central role in IBD pathogenesis. Previous studies have highlighted that IBD patients harbour a different gut microbiota compared to healthy individuals. TRUC mice (i.e. mice lacking the adaptive immune system and knock-out for T-bet) spontaneously develop a TNF α -dependent colitis, which can effectively be cured by antibiotic or anti-TNF α therapy. This colitis can, in addition, be vertically or horizontally induced by transmission of gut microbiota to wild-type and T-bet sufficient mice. This microbiota-transmitted colitis is TNF- α independent, but dependent on the host's immune state.

This project tests the hypothesis that decreased TNF α levels, brought about by anti-TNF- α therapy, significantly modulate the gut microbiota of IBD patients. The control groups are rheumatoid arthritis (RA) patients (i.e. who also present with elevated TNF α , but without gastrointestinal symptoms and are responsive to anti-TNF α therapy) and steroid-treated IBD patients. Faecal and blood samples will be collected at baseline, after induction and at the end of maintenance therapy with anti-TNF α (infliximab, 5 mg/kg,

or adalimumab, 160/40mg) for 22 weeks. Intestinal biopsy samples will also be collected from IBD patients at baseline and during maintenance therapy.

Gut microbiota profiles of IBD, RA and healthy individuals will be generated using 16S rRNA-based molecular techniques. Changes in gut microbiota, immune parameters (e.g. cytokines, IgA, CRP, calprotectin) and disease activity will be monitored in IBD patients treated with anti-TNF- α or steroids and in RA patients treated with anti-TNF α . Ten IBD patients (both UC and CD) have already been recruited and the collection of faecal, blood and biopsy samples has started. Identifying microbial populations and species responsive to TNF α -inhibitor-induced changes in mucosal inflammation in IBD patients, as opposed to systemic inflammation in RA patients, may open up new therapeutic targets and novel aetiological mechanisms linking the gut microbiota to IBD pathogenesis.

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 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. Four are awarded each year, or more if only one Fellowship is awarded and there are applications of sufficient merit. As a rule, applications exceed grants by 3 or 4:1. A couple of the projects are summarised, with others highlighted in the next edition of ECCO News.

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

Inflammation and coagulation are closely linked, interdependent processes. Coagulation abnormalities at the mucosal level are well-recognised features of IBD, potentially involved in disease pathogenesis and progression. The presence of platelet thrombi in the microvasculature reflect mucosal haemostatic imbalance, but the process of formation of microthrombi and pathogenetic significance have yet to be elucidated. We hypothesize that the presence of larger amounts of active vWF, or the disruption of the fine balance between release of ultra-large form of vWF from activated endothelial cells and subsequent cleavage by the protease, ADAMTS-13, result in platelet rich thrombi in the intestinal microvasculature of patients with IBD.

This study aims to measure different parameters of vWF and ADAMTS-13, as well as interactions with the clinical presentation and course of the disease. A follow up study will evaluate the possible association of vWF and ADAMTS-13 with disease activity. Circulating vWF and ADAMTS-13 may not represent local interactions, so they will also be studied at a mucosal level. Active vWF synthesis will be assessed by mRNA expression in intestinal capillary endothelial cells. Immunohistochemical characterisation of capillary microthrombi and quantification of vWF and ADAMTS-13 will be performed. β 2-GPI inhibits vWF-induced platelet activation, 

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while anti- β 2-GPI antibodies neutralize the inhibitory effect of the molecule. Cross-antigenicity between β 2-GPI and mannan has also been reported. We postulate that ASCA, which is characteristic of complex Crohn's disease, may elicit an antibody-induced *gain* of prothrombotic function. It might conceivably elicit an antibody-induced *loss* of anti-thrombotic function, but either (or both) could activate vWF and thrombus formation in the microvasculature. We will consequently evaluate patients' vWF according to their ASCA status. Following affinity purification of the ASCA we will investigate its effect on the activation of vWF and vWF-platelet interaction in static and dynamic systems. This study may account for the thrombogenic potential of IBD and explain the role of ASCA.

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

IBD is as frequent as insulin dependent diabetes. To reduce relapses and the risk of colectomy or colon cancer, medical treatment is optimised through frequent visits to specialist outpatient clinics. Access to specialist IBD clinics is however limited, as too often is the education of patients about IBD. This delays treatment of relapse and promotes poor adherence to maintenance therapy. It is well established that complete compliance to 5-ASA optimises drug response rates; web-based treatment solutions, where the web-doctor is "on call" 24 hours a day, may facilitate compliance. The aims of Constant Care are to empower patients in disease self-management, shorten time to treatment of relapse, decrease relapse rates, optimise drug efficacy and quality of life and increase patients' knowledge of IBD, thereby reducing dependency on doctors and improve Health Care Economics.

The Web-based Constant-Care system includes:

- 1) Patient Education Centre – for education of patients with UC and their relatives.
- 2) www.constant-care.dk – a 24/7, worldwide web available programme in Danish and English, which accumulates SCCAI and s-IBDQ scores and shows the results

in traffic light colours, where red and yellow indicate a relapse. The "web-doctor" automatically guides the patients to a self-initiated optimisation of treatment with 5-ASA.

The study supported by the ECCO grant is in the process of randomising 316 patients with UC on 5-ASA treatment to a web-group and controls, allocated to conventional out-patient care, both followed for 12 months. Faecal calprotectin is being used to estimate the risk of over-treatment and attention directed at the potential confounder of patients in the control group using access to the web-guidance. The system will lend itself to optimal dosing of other drugs.

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

Intestinal epithelial barrier function is increasingly recognised as an important factor in the pathogenesis of IBD. It functions as a mechanical shield and provides potent biological protection via the production of antimicrobial molecules (defensins). Ileal Crohn's disease (CD), is characterised by diminished antibacterial activity of the epithelium and a specific decrease of small intestinal Paneth cell b-defensins, HD-5 and HD-6. We have reported a causal link between the decrease of antimicrobial peptides and diminished expression of the Wnt pathway transcription factor TCF4. Wnt signalling contributes to intestinal epithelial renewal, by regulating stem cell maintenance and their transition to Paneth cells. Disturbed Wnt signalling alters innate immunity, suggesting a novel mechanism for the pathogenesis of ileal CD. We have explored the intensity of the disturbance in Wnt signalling in small intestinal CD and have identified impairment of TCF1, another transcription factor in the Wnt signalling cascade, which is also decreased in ileal CD. Other studies indicate regulation of TCF1 by TCF4, so the impairment of both factors is of considerable interest. They share a common consensus binding motif, so TCF1 could be a causative factor. Initial results suggest that TCF1 regulates Paneth cell b-defensin expression. With the support of the ECCO grant we aim further to investigate the influence of decreased TCF1 in small intestinal CD. We plan to analyze the role of TCF1 in regulation of HD-5

and HD-6 gene transcription. Functional studies will investigate the significance and interaction of TCF1 and TCF4 in the regulation of Paneth cell b-defensins. This will be correlated with genetic analysis. An understanding of the mechanisms that initiate inflammation is indispensable for preventative therapeutics, as opposed to current therapy that modifies inflammation once initiated.

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

The protein C (PC) pathway is one of the major systems linking inflammation and coagulation. Each component of the pathway displays remarkably potent anti-inflammatory activity which are emerging as crucial controllers of inflammation in multiple organs. Endothelial protein C receptor (EPCR) and thrombomodulin (TM) are selectively expressed at high levels in the microvasculature and convert protein C (PC) to its activated form (aPC). aPC, together with EPCR and a protease activated receptor-1 (PAR-1), displays potent anticoagulative and anti-inflammatory activities. The aims of this project are to study the expression and function of the TM-activated PC-EPCR pathway in human IBD and to investigate the expression of TM, EPCR, PAR-1 and PC in intestinal dendritic and epithelial cells. We will also investigate the functional role of the PC pathway in mediating epithelial homeostasis in a dendritic cell-dependent manner in a murine model of IBD. Preliminary data in healthy subjects have demonstrated that TM and EPCR are expressed by endothelial cells and intestinal DC. PC mainly localized to the epithelial surface. In IBD patients we have observed reduced expression of TM, EPCR and PC on DC, and of PC on epithelial cells. In DC culture, both TNF- α and LPS down-regulated mRNA and protein levels of EPCR and TM, while IL-10 up-regulated their expression. Furthermore, the PC pathway was able to convert PC into its activated form by DC. TNF- α and LPS impaired the capacity to activate PC, while IL-10 increased aPC conversion. These results show that the PC coagulation pathway is expressed and functionally active in the intestinal mucosa of healthy subjects, while it is down-regulated and impaired in the inflamed intestine of IBD patients.

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

Immune responses in the intestine are tightly regulated to ensure host protective immunity in the absence of immune pathology. IL-23 has recently been shown to be a key player in influencing the balance between tolerance and immunity in the intestine. Production of IL-23 is enriched within the intestine and has been shown to orchestrate T cell dependent and independent pathways of intestinal inflammation associated with increased Th1 and Th17 related cytokines. Furthermore, IL-23 restrains regulatory T cell responses in the gut favoring inflammation. Supporting the hypothesis that the IL-23 axis is a key conserved pathway in intestinal homeostasis is the finding that polymorphisms in the IL-23R have been associated with susceptibility to IBD in humans. In addition to its role in dysregulated inflammatory responses, there is also evidence that IL-23 and the Th17 axis mediate beneficial roles in host protective immunity and barrier function in the intestine. The aim of this project is to understand the downstream effects of IL-23 on T cells and innate cells and assess the functional role of key IL-23-dependent cytokines including IL-17, IL-17F and IL-22 in both T cell dependent and innate immune mediated colitis. The results of this work may identify more specific targets for the treatment of inflammatory bowel disease.

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.



Davide Checchin

Travel Award report:

Dr Davide Checchin, Padova-Oxford.

For three months in 2008 I had the honour of joining the Gastroenterology Unit in Oxford, with the team headed by Simon Travis. I followed all the clinical activity, teaching and multidisciplinary sessions, as well as performing a short study.

The project examined dysplasia in patients with UC diagnosed in Oxford, needing data collection through oncology, histopathology and endoscopy records, as well as a review of specimens. It was extraordinary going through the notes and finding the hand writing and signature of Dr Sidney Truelove. I have to admit that I was quite excited... and even took a picture! The work was substantial, but we achieved results that have been presented at ECCO and a poster for DDW.

I enjoyed the clinical and academic activities, meeting expert and brilliant consultants – Satish Keshav, Jane Collier and Roger Chapman, with shrewd Registrars and Clinical Fellows – Fraser Cummings, Nish Chandra and Adam Bailey to name just a few. The Nurses were helpful, as were the secretaries (particularly Helen Small), who guided me through the three months' experience. I came home enriched with knowledge of IBD, but that was not the only value. By spending time abroad I've understood the importance of opening my mind to different situations, of learning different ways of approaching problems and gaining insight into managing the challenging clinical dilemmas myself. My mentor in doing this was Simon Travis, whose devotion to work and ability in managing the expectations of patients while combining the latest knowledge with a pragmatic approach, I greatly appreciated. Joining his team was a great opportunity: thank you to ECCO for the Travel Award, which is thoroughly recommended!

Selection criteria for ECCO Fellowships/Grants/Travel Awards

The scoring system, criteria and process are reviewed each year to benefit from experience. The procedure for scoring Fellowships/Grants/Travel Awards 2010 is:

1. External review: External reviewers are first invited to give comments on all applications submitted for Fellowships and Grants. Reviewers do not score, but only give comments and click the tick box (YES: this fellowship/grant should be accepted for the review process; NO: this Fellowship/Grant application should not be considered for the review process).

Reviewers for the Fellowships/Grants 2010 are requested according to individual expertise and selected from a list maintained by recommendations ECCO Committee members, National Representatives, YECCO Chair/Vice-Chair and successful candidates of Fellowships or Grants.

2. SciCom: Once the Fellowships/Grants has been evaluated by the external reviewers, SciCom scores all applications (or no less than 3 Fellowships and no less than 8 grants each) by **ranking** each by 6 criteria:

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

The CV of the applicant is not scored, to avoid undue bias from more experienced applicants.

3. SciCom Teleconference: in a teleconference SciCom decides on a maximum 2 Fellowships and maximum 4 Grants (if 1 Fellowship, then a maximum of 6 grants) and a maximum of 5 travel awards. Recommendations are then communicated to the Governing Board for approval.

4. Final approval by Governing Board.

5. Acceptance/rejection letters: are written by the SciCom Chair. Successful candidates are informed about their duties (to submit report to SciCom, short synopsis to be published in ECCO News, publication in ECCO News/JCC, recognition of ECCO support in any publication or presentation). ➡

For unsuccessful applicants

- * There is feedback of all reviewers' comments.
- * Access by individual applicants to an anonymised scoring list, in which the total score given can be compared, but this is not published.
- * Successful candidates and a list of reviewers are published online.

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 eight patients have been included in the METEOR study, a randomized, double-blind trial that is assessing the efficacy and tolerability of methotrexate in steroid-dependent ulcerative colitis, largely in France (GETAID) and Italy. Several centres have recently opened in Europe, including 4 in Belgium, 1 in the Netherlands and 1 in Austria. The protocol is submitted for ethical approval in Germany, Finland, Switzerland and Israel. Opening of all these centers should increase the rate of inclusions! For more information on the METEOR study, please contact Pierre Michetti, Franck Car-bonnel (GETAID), or Matthieu Allez.

ASTIC

The ASTIC trial, designed to assess the efficacy and tolerability of autologous stem cell transplantation for Crohn's disease, continues to recruit (www.astic.eu or contact cj.hawkey@nottingham.ac.uk or Matthieu Allez or Silvio Danese). 12 patients have been registered (1 withdrawn) and 10 randomised (5 EarlyTransplant/5 Late Transplant). At the most recent monthly teleconference of the assessment committee, 7 new patients were discussed and 5 are considered suitable. Do consider this trial as an option for severe, treatment-refractory Crohn's disease.

Pathogenesis workshops

Loss of response to anti-TNF monoclonal antibodies

The first pathogenesis workshop was organized during UEGW in Vienna on "Loss of response to anti-TNF monoclonal antibodies", with more than 60 participants. Chairs of each group are now working on a manuscript summarizing the workshop held in Vienna. This manuscript, divided in 6 different sections, will review the literature and will help to identify questions which need to be addressed. It will be edited during the summer and submitted for publication in September 2009. A second workshop is planned during Gastro 2009 in London. The objective will be to define specific topics for joint studies on the main problems.

Elections to SciCom

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. The normal term is three years for SciCom members. It is not possible for a member other than the Chair to serve a second term within a three year interval. 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!

The application process is on the ECCO Website. Deadline for receipt of all nominations is June 25, 2009.

Criteria considered for election to SciCom

- * Scientific Achievement (publications, scientific initiatives).
- * Declaration of intent (including a statement of the contribution that the individual is able to make to SciCom).
- * Age (one member is elected from YECO, age under 35).
- * Experience (for instance in programme development, project development).
- * Overview (to take into account the balance between location, gender, age, the degree that the person will contribute to SciCom tasks, team spirit, commitment, familiarity with ECCO, prior contribution to ECCO and future po-

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

ECCO'10 Prague – Scientific Programme:

Prepare for Prague! The scientific programme is outlined on page 10. Sessions will have a similar format, starting with the science that underpins the topic, then onto clinically relevant subjects and finally a session on clinical management, with an eye to current practice and the future. Speakers for the third talk are being asked to make it case-based, to bring the clinical relevance home.

There is also a session on challenging patients and another on mimics of IBD, which will represent the daily dilemmas and pitfalls that we face in clinical practice. There is no live endoscopy, but there are more oral presentations of best abstracts than ever before (a total of 21).

Several people said that there was insufficient time for discussion of the abstracts at the Hamburg meeting. After careful consideration the Organising Committee has decided to keep the duration of abstract presentations to 10 minutes each, just as at DDW, rather than extend the time and reduce the number of presentations. Speakers will be required to restrict the presentation to just 7 minutes, which will mean pithy presentations with a vigorous 3 minutes for discussion. We still think that combining abstracts with lectures is a good way of keeping the sessions a topical.

The programme is different and diverse: Prague will be a great event, so put the dates in the diary now (25–27 February 2010) and keep a watch out for registration online. ■

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Inflammatory Bowel Diseases

2010

Prague Congress Centre, **Czech Republic**

NEW DATE:

February 25 – 27, 2010

www.ecco-ibd.eu



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



5th ECCO Educational Workshop Istanbul, Turkey

The 6th ECCO Educational workshop took place in Istanbul on November 8, 2008. The workshop was organized by ECCO with the collaboration of the Turkish IBD Society.

The Faculty included Daan Hommes, Simon Travis from ECCO, two Turkish National ECCO representatives Ülkü Dağlı, President of Turkish IBD Society, and Hülya Över Hamzaoglu, Vice President of Turkish IBD Society, local chairs and speakers: Zeynel Mungan, Inci Süleymanlar, Aykut Ferhat Çelik, Murat Törüner.

The primary goal of this educational activity was implementation of ECCO Consensus on Crohn's Disease and Ulcerative Colitis. The program of this one day workshop was created around clinical cases where the optimal management is still under debate.

The workshop was attended with a final number of 45 participants from Turkey. Most of the participants were specifically interested in IBD.

The workshop was interactive with the participation of most of the audience. Seven cases were presented and followed by a discussion with the audience interested in clarification of these interesting clinical issues. The discussions about the chosen ulcerative colitis and Crohn's cases were conducted in a way to enlighten and deeply analyze the controversial issues. All cases were selected to be instructive and useful in routine clinical practice. The communication between the speakers and the audience was very satisfactory. There was enough time to discuss each particular case. The attention of the audience was high all through the workshop. At the end of the workshop all participants gave positive impressions and feedback. The workshop was said to be well organized and open to interactive discussions. Each case presentation was said to be chosen to shed light to controversial issues and was instructive in the follow up of IBD patients.

The participants were willing to attend such workshops designed in the same format with more cases but in a wider time span. We are always willing to make such workshops in the future in our country.

We would first like to thank the ECCO EduCom and SciCom members for the realization and planning of these ECCO Workshops.

Many thanks in particular to Daan Hommes and Simon Travis and to the local participants for their excellent moderation of the sessions and case-presentations.

We are grateful to Nicole Eichinger, the Congress Secretary of ECCO, for her contribution in the organization of this successful workshop.

ÜLKÜ DAGLI
ECCO National Representative (Turkey)
HÜLYA ÖVER HAMZAOGLU
ECCO National Representative (Turkey)

Inflammatory Bowel Diseases 2010

Congress of the European Crohn's and Colitis Organization (ECCO)

Prague Congress Centre, Czech Republic

February 25–27 2010

Scientific Programme

THEME FOR ECCO 2010: CAUSE AND CONSEQUENCE IN IBD

- | | | | |
|-----------------------------|---|------------------------------|---|
| Scientific Session 1 | Fibrogenesis and its consequences
Mechanisms of intestinal fibrogenesis
Oral Presentation 1
Markers of fibrosis in practice:
is this stricture inflammatory?
Oral Presentation 2
Oral Presentation 3
Therapeutic opportunities for modify-
ing fibrosis: lessons from the liver | Scientific Session 5 | It's not always IBD
Chronic Granulomatous disease
Oral Presentation 13
TB or not TB?
Oral Presentation 14
Oral Presentation 15
Intestinal Behçet's disease |
| Scientific Session 2 | Extraintestinal manifestations
Communication between the gut and
liver
Oral Presentation 4
PSC and prognosis
Oral Presentation 5
Oral Presentation 6
When the skin causes problems in IBD | Scientific Session 6 | Safety in IBD therapy
Immunomodulation and lymphomas
Oral Presentation 16
Pregnancy
Oral Presentation 17
Oral Presentation 18
Travelling with IBD |
| Scientific Session 3 | Therapeutic opportunity:
Leukocyte Trafficking
Mechanisms in intestinal inflammation
Oral Presentation 7
Policing the traffic – safety first?
Oral Presentation 8
Oral Presentation 9
Future present: traffic control | Scientific Session 7 | Intestinal failure
Physiology of short bowel syndrome
Oral Presentation 19
Managing high output stomas and
enterocutaneous fistulae
Oral Presentation 20
Oral Presentation 21
Intestinal transplantation |
| Scientific Session 4 | Endpoints and outcomes of therapy
Predicting the course of disease
Oral Presentation 10
Mucosal healing and its relevance
Oral Presentation 11
Oral Presentation 12
Future perfect – endpoints and damage
scores | Scientific Session 8 | Challenging Cases
Case 1
Case 2
Case 3 |
| | | Scientific Session 9 | Pathogenesis Workshop |
| | | Scientific Session 10 | ECCO Lecture
Science at the bench
– what will impact on clinical practice? |



ECCO

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



Eduard Stange, Yehuda Chowers, Gerassimos Manzaris, Pierre Michetti, Iris Dotan, Gerald Fraser, Rami Eliakim and Daniel Rachmilewitz.

8th ECCO Educational Workshop Haifa, Israel

The 8th ECCO workshop on implementation of ECCO Consensus on Crohn's disease (CD) and ulcerative colitis (UC) was held in Haifa, Israel on May 5th 2009.

The program was created around 6 clinical cases: left sided colitis, severe acute colitis, pouchitis, surveillance and chemoprevention, new onset ileocecal CD and fistulizing CD.

These might be seen in IBD oriented clinics, from the level of the primary Gastroenterologist to a complicated patient in a tertiary center.

A hundred and twenty five participants attended the meeting which was very proactive and stimulating. Each presentation evoked active discussions between the presenters and the audience. It was clear that the approach to an IBD patient, as we all know, cannot be dogmatized. Yet, guidelines such as the ones presented, represent an effort for clinical approach

standardization based on evidence or on expert opinion, where evidence is lacking. The discussions also stressed the need for further high quality clinical research, specifically in areas where the data is based on case reports only, or where new approaches are evaluated, such as infliximab vs. cyclosporine in severe UC. The meeting ended with a state of the art talk by Pierre Michetti, discussing issues regarding infections and vaccinations in IBD patients, that included very practical advice which was most valuable to everyone.

The meeting, organized by the national representatives Iris Dotan (Tel Aviv) and Rami Eliakim (Haifa) and the ECCO team – Pierre Michetti (Chair of ECCO EduCom), Gert van Assche (ECCO Educom Workshops) and Nicole Eichinger (ECCO Secretariat), included world renowned local and international faculty; Yehuda Chowers (Haifa), Gerald Fraser (Petah Tikva), Daniel Rachmilewitz (Tel Aviv)

Gerassimos Manzaris (Athens), Eduard Stange (Stuttgart) and Pierre Michetti (Lausanne). Each speaker flavored the case presentation and the guidelines included, with his own approach and experience.

The beautiful views from the Dan Carmel Hotel terrace, at the mountain top of green Mount Carmel in Haifa, watching the Haifa Bay, formed an excellent background for this very productive day.

We would like to thank EduCom, our guests from abroad and the local faculty, the workshop participants and specifically Nicole Eichinger, for their contribution to the great success of this day.

We already look forward to the "ECCO advanced courses in IBD".

IRIS DOTAN (Tel Aviv)
RAMI ELIAKIM (Haifa)
National Israeli Representatives

Advertisement



ECCO Secretary Walter Reinisch – envisions a common language for IBD

Professor Walter Reinisch works at the Medical University, General Hospital in Vienna.

In 2008, at the ECCO Conference in Lyon, he was elected ECCO Secretary.

General Hospital in Vienna is a big hospital. Really big. In order to ensure that we won't be lost inside this gigantic complex, Dr Reinisch meets us at the front desk reception.

– Personally I think it's a little too big, he says, dressed in polo shirt and jeans underneath his white coat, as we walk back to his office and ward.

– Some patients fear they won't be seen as individuals when they try to find their way in here, and therefore it's up to us to show that this is not the case, Dr Reinisch explains.

Started in Oncology

The Gastroenterology and Hepatology Department at General Hospital in Vienna is also quite big. Approximately 45 doctors work here, and 5 of them are seeing up to 3 000 patients with IBD every year.

– In total we have about 4 000 patients registered, and it's the main Center for IBD in Austria, and I guess one of the biggest in Europe, says Dr Reinisch.

– We are an excellent team, and without team work it would have been impossible to establish what we could offer for our IBD patients now. My thanks go to all my colleagues who share the same vision, underlines Dr. Reinisch humbly.

This is the department where Dr Reinisch works, and he has spent most of his professional career here at the Hospital.

– I always dreamed of being a doctor from when I was a child, so I started

studying medicine instantly after school, he says.

– I got my doctors degree in December 1989, and at that time it was not so clear how to proceed.

So the young Doctor started to work at the laboratory of Hemato-oncology – where he studied chronic lymphocytic leukemia. The year was 1990.

The patients made an impact

The following year Dr Reinisch travelled to USA. He spent some time at the National Cancer Institute Frederick in Maryland.

– I had an urge to develop my work, so I applied for an Austrian Science Grant and got it, he recalls.

When Dr Reinisch came back in 1992 there was an opportunity to work at the Department of Gastroenterology and Hepatology, and he decided to take it. ➔



“ What we are striving for is individualized treatment, where every single patient is treated in the light of his or her risk profiles and tolerability to available compounds.

– I had also the opportunity to assist in managing a study on Crohn's Disease.

– The patients I met made an impact on me. I realized how *ill* they were, how *young* they were – and how they *coped*, in spite of all their problems! It was then therefore that I decided to devote myself to this disease, Dr Reinisch explains.

And he has done so ever since.

Constantly progressing disease

The first study Dr Reinisch ever published was on chronic lymphocytic leukemia. This sharpened his mind for immunology. Today he's coming close to a hundred published studies.

– Research is of great interest to me – it comes naturally. You need to challenge your knowledge and praxis, and clinical studies are a very good way to do so, he says.

Dr Reinisch thinks that there should be no dogmas in regard to *how* to handle a patient, and he states that he has always tried to challenge existing dogmas for the sake of the patient.

– A lot of things have changed during the last decades. When I started to manage IBD patients it was commonly regarded that the disease was of recurrent character – with flare-ups. Between the flare-ups there was no activity.

– Now we know differently: Crohn's disease and ulcerative colitis are constantly there, and is progressing between the flare-ups – and has therefore to be treated continuously with sufficient approaches!

Eight to ten trials per year

Dr Reinisch tells us that when he entered the scene of IBD, the landscape of studies was not so rich.

– There were a few on Mesalazin and on cytokines – but nothing that revolutionized the treatment came out of those studies...

The drugs used in the first half of the nineties were steroids, 5-ASA and Mesalazine. Dr Reinisch says that there was a demand for other drugs, because it was quite clear that these didn't suffice to control the disease.

Then he heard of the ongoing studies on Infliximab.

– We in Vienna did not participate in the first studies, unfortunately. When I heard and read about them, it became clear to me that I needed to convince the partners in the industry: We at Vienna General Hospital should be a powerful partner that delivers quality and quantity!

Today Dr Reinisch's thanks go to Paul Rutgeerts and Jean-Frédéric Colombel for introducing him to representatives of the pharmaceutical industry, so he got a chance to participate in the ACT-trials.

– In this trial we recruited a large number of patients, and from then on it became obvious that we in Vienna indeed *could* deliver what we promised. We've been doing IBD trials ever since – eight to ten per year, most with me as the principal investigator, he explains.

– Meanwhile, I have assembled expertise which appears of value for the field, adds Dr. Reinisch.

Not "Mr UC"

We ask Dr Reinisch if he is particularly interested in ulcerative colitis, and he has heard the question of being a "Mr. UC" before.

– But I'm not! I am interested in IBD – *both* Crohn's disease and ulcerative colitis. Not more in one or the other. My guess is that this reputation stems from my participation in the ACT-trials, where we recruited 10% of the study population in ACT 2. (*Which concerned UC, editor's comment*).

In November 2003 Dr Reinisch became a Professor in Internal Medicine. But he still works hard as a clinician. He estimates

that he sees roughly 50 patients with IBD in an average week.

– I see all kinds of patients. Most of them are referred to the clinic. But once they are registered here, they can refer themselves. I take their phone calls, answer their e-mails and sometimes see them when travelling through Austria. They are an important part of my life.

One common language of IBD

When we ask Dr Reinisch to pick a favorite among all the studies he participated in, there is one answer that instantly springs to his mind.

– A project which I follow with all my heart and brain, is the idea of standardizing the documentation of all IBD patients across Europe – with the purpose of merging the tremendous experience which is present everywhere on the continent. I am talking about IBDIS.

– Later on we should document all the patients in clinical studies in the same way. This will put the clinical outcomes in the context of a clinical routine. My vision is that we all should speak one common language of IBD!

According to Dr Reinisch, unfortunately not all physicians have yet grasped the implications of such a simple system.

– But I think they will, he continues.

– The industry is also more and more interested in data that reflects the clinical routine situation, and by a unified and standardized communication this might become true. A translation between clinical routine and clinical research – and vice versa – will be elevated.

Strive for individualized treatment

Dr Reinisch believes that IBDIS is an excellent tool for the future of managing IBD and the pressing need for an individualized treatment. We ask him what more he can see, concerning the treatment.

When it comes to the anti-TNF alpha drugs, his opinion is that we have already seen a lot what they can do, particularly when applied early in the course of the disease.

– I don't expect more from the anti-TNF compounds, although it will be difficult to cross this bar with novel medications. But surely, we need other drugs as well, because patients lose their response and when that happens only experimental treatment options are available by now.

It is Dr Reinisch's opinion that the major challenge for the future is not only to outnumber the effect of anti-TNF alpha drugs, but also to address patients early in the disease.

– It takes months to years before a patient is diagnosed with IBD, I've been trying for a long time to raise awareness of IBD among decision-makers of health policy in Austria, and we developed a tool termed IBD check to increase visibility of IBD among primary care physicians.

He also points out that early treatment raises a hot debate about the potential of over-treatment in patients with a mild course of the disease.

– What we are striving for is individualized treatment, where every single patient is treated in the light of his or her risk profiles and tolerability to available compounds.

As less invasive as possible

Dr Reinisch also thinks that surgeons have a key role to play for IBD patients in the future. This is also reflected in the ECCO Statements.

– In this hospital we co-operate really well, we want to avoid the patient "torn" between the two departments. We meet biweekly to discuss certain patients, and we strive for a common approach to them.

He thinks that the challenge for surgery in the future is that it needs to be as less invasive as possible.

– We are on the way to fulfilling this in luminal disease. The major challenge is perianal Crohn's disease, where the patients end up in substantial numbers with a stoma. In the era of modern surgery, this is definitely something we want to avoid.

Secretary

In Lyon 2008, Dr Reinisch was elected Secretary of ECCO, and he replaced Geert D'Haens who held the position before him.

– I was elected among the National Representatives in a democratic way. I see this as one of my major successes. It was a secret poll – not an appointment, he points out.

He takes the task very seriously, and tells us that he spends at least one hour per day for ECCO.

– I try to realize what I promised in my introductory speech before the voting process: To assist in the transparency on the processes within the Governing Board, and to have the "antennas" to catch the vibes from our members.

Always something to do

When the workday is over, he takes the train in order to go to a small town south of Vienna called Mödling. Although he was born in the Capital, his parents moved there when he was only three years old.

– I still live there. I like living in a small city – I like the surroundings with meadows, flowers and forests. The ride takes 45 minutes in each direction and I take that as an opportunity to relax, and I also read or correct papers on the train.

We ask Dr Reinisch what he likes to do in his spare time?

– I'm interested in the muses, he answers.

– I love music, and I try to keep up with the latest developments, but I also love classical music. It gives me transcendence and tranquility.

– And I love to read – I'm very interested in history, and how things came into place. The beginning of religion and philosophy... I can't imagine any second being bored – there's always something I'm interested in and like to do. That is what's keeping me alive and kicking!

Footnote:
Read more on IBDIS in ECCO News 2/2007. The issue is available online. Go to www.ecco-ibd.eu and click on Publications, then choose ECCO News in the drop-down menu.

PER LUNDBLAD
Senior Writer



JCC
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Media Release

Crohn's Crusader 'Tour for a Cure'

Cyclist Damian Watson is about to endure the ride of his life. The 31-year-old South Melbourne man is planning to cycle the 2009 Tour de France route to help find a cure for Crohn's disease.

Damian, who has Crohn's disease, will set off from Monaco in June, one month before the official start of the Tour de France. His 'Crohn's Crusader' cycling team will follow the Tour's gruelling 3,500km route through Monaco, France, Spain, Andorra, Italy and Switzerland. Damian expects to complete the challenge in time to watch the official race start on Saturday 4 July.

Damian expects to be joined by friends and supporters from Australia, France, Wales and England on various stages of the route. He hopes his 'Tour' will raise much needed funds for research into Crohn's disease. All funds raised will benefit Crohn's & Colitis Australia™ in finding a cure for Crohn's disease.

Damian, an active member of Bicycle Victoria said: "This is an extraordinary opportunity to support a cause that I'm incredibly passionate about. I hope the



Damian Watson

cycling community will take an interest in my ride and support me in this challenge."

Both Crohn's disease and ulcerative colitis are chronic inflammatory bowel diseases. They cause inflammation, ulcers and bleeding in the digestive tract and other serious complications that require surgery. Severe and sudden bouts of diarrhoea and crippling pain can lead to malnutrition and poor growth in children.

Crohn's & Colitis Australia™ Chief Executive Francesca Manglaviti said: "As Damian gears up for his own amazing challenge, he's helping to raise awareness about the challenges that people face as they live with Crohn's disease. He is an inspiration to people living with this ill-



ness everyday. Damian is passionate about helping to find a cure for Crohn's disease and we wish him all the best on the ride."

As part of his mountain training schedule, Damian recently clocked up more than 1000 kms in Victoria's Alpine region. Although describing the climbs around Falls Creek and Mt Hotham as "miniscule" compared to what he will encounter in Europe, Damian said it is good uphill training and assisted his preparation for the event.

Damian was diagnosed with Crohn's disease seven years ago. He has developed the Crohn's Crusader website www.thecrusaders.com.au where supporters can donate directly to Crohn's & Colitis Australia™ and register to receive email updates of the Crusaders progress during the ride.

For interviews contact: Damian Watson
damian.watson@thecrusaders.com.au
Mobile: 0417 543 403

For more information about Crohn's and Colitis Australia™ visit
www.crohnsandcolitis.com.au or contact our national office on 1800 138 029.

Annual Hellenic IBD Study Group Congress on Rhodes in June 2009

The Hellenic IBD Study Group (EOMIFNE-EOMIFNE) organizes its annual 8th Hellenic Congress on IBD. The Congress will take place at the "Rodos Palace" Hotel in the island of Rhodes between the 12th-14th of June 2009. Further information regarding the Congress and the Final Programme as well can be found at the Congress website www.ifne2009.gr

Please note that the official language of the Congress is Greek, but there will be several invited speakers, including Prof. Matthieu Allez from ECCO, who will deliver their talks in English. Everybody is mostly welcomed to attend the Congress in the well known island of Rhodes. There will be a very attractive social program as well".

DR. JOHN A. KARAGIANNIS
ECCO National Representative,
Greece

www.ecco-ibd.eu

Find out more about ECCO on the web. Please note the address – www.ecco-ibd.eu

Here you can find useful information about many details concerning ECCO. It's easy to navigate via menus which can be found to the left and at the top of the page. E-mail links to the Governing Board are provided.

The website also contains many other links, both internal and external. Documentation for ECCO projects can be downloaded and links to partner organisations can also be found here. On the website there are also links to forthcoming and past events, and links leading to information on trials about IBD In Europe. The history of the organisation itself can also be downloaded. In order to keep yourself updated – don't forget to add www.ecco-ibd.eu to your Favourites!

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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@medihuset.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

The Romanian Crohn's and Colitis Club



A few steps for developing a national framework for IBD – our experience

A few years ago we never took into account building a National society for IBD in Romania. Things have changed a lot since, and my believe is that is a fact not only in Romania but in many other “emerging” European countries, and that’s why I thought that this might be useful for other colleagues from ECCO.

The four main changes were the following:

1. An important development in the possibility of diagnosis in especially mild Crohn's and Ulcerative Colitis in our country, mainly thanks to the spread of Colonoscopy.
2. An amazing development of new treatments for moderate and severe forms, by the introduction of biological treatments.
3. An important increase of incidence and possible forms of IBD in our country.
4. Last but not least, the increasing power of ECCO and its important commitment for members from the emerging countries.

We decided to get organized also because of the lack of interest of the authorities in our country for reimbursement of treatment and the lack of National Programmes in IBD. There was also to be taken into account the lack of correct knowledge of the exact number of patients in the country, besides some reports based upon the patients registered in 8 university centers.

The first step was not too complicated because of the variety of forms of organization accepted by the European Crohn's and Colitis Organisation. Any form of organization could apply to ECCO.

We had a meeting of a group of interest from the Romanian Society of Gastroenterology and Hepatology. Some 20 enthusiastic practitioners, both from University and from State hospitals covering most areas of Romania with some experience in IBD, gathered. We decided about a statute of our organization and called it the Ro-

manian Crohn's and Colitis Club (RCCC). We elected the directory committee and the President and Secretary. The structure was affiliated to ECCO.

Some members of the group had begun a prospective study sponsored by a Grant (CEEX 60) from the Ministry of Education and Research in Romania. (Still no answer from the authorities of the Ministry of Public Health for the repeated demands for either a National Programme for IBD or reimbursement for the biological and immunosuppressive therapy).

“Some preliminary steps have been taken, we have a long way ahead of us, but I think every effort is worth making...”

This project initiated a two center (Bucharest and Cluj) database describing phenotypic immunologic inflammatory and genetic pattern of the Romanian IBD population.

The project was a success and the data collected made the base of reports at the ECCO Congress in Hamburg and at the DDW in 2009. Other centers asked for taking part in the project.

A National meeting seems to be necessary for making some decisions. In this situation the complexity of the organization made necessary a new form of organization. The application for registering to the Romanian authorities as a “By herself statute” nonprofit organization was compulsory to get the possibility of raising funds in order to organize meetings/congresses to keep the National application for ECCO and for encouraging our members to be active and to participate as Individual Members in ECCO.

Our presence in the scientific field of Romania must be improved. So the association is organizing a Meeting at the National Congress of Internal Medicine in Calimanesti in April and also a Round table under the RCCC sign at the National Symposium of Gastroenterology Hepatology and Digestive Endoscopy in Cluj in June 2009.

With the support from ECCO, RCCC helped organizing the announced Workshop in Cluj in June as a beginning of the National Symposium.

For the future our plans are divided in several directions:

1. To increase the number of members in the RCCC, as well as increasing the number of Romanians with Individual membership in ECCO.
2. To develop a Nationwide database for IBS.
3. To try to make an epidemiology study in the Romanian population.
4. To organize next year the first National meeting in IBD in Romania, maybe linked with another ECCO workshop or regional meeting.
5. To implement the ECCO guidelines in Romania.
6. To implement a national programme for IBD patients in Romania.
7. To develop international bilateral or regional partnerships for defining the new trends for IBD in Romania and in the region.
8. To organize a powerful and active Patients' organization.

Some preliminary steps have been taken, we have a long way ahead of us, but I think every effort is worth making...

Bucharest, 27 February 2009

PROF DR. MIRCEA DICULESCU
President of the Romanian Crohn's
and Colitis Club

Advertisement

ECCO Secretariat – available for everyone with an interest in IBD

ECCO Secretariat is located in the city centre of Vienna. It's managed by Vereint Association and Conference Management Ltd.

Here Sonja Rosenzweig and her colleague Nicole Eichinger have their offices. It is Sonja and Nicole that *are* the ECCO Secretariat.

There are lots of things on the Secretariat's agenda, and it's also available for everyone, not just ECCO members – even patients can contact Sonja and Nicole if they want to get in touch with an IBD specialist in a certain ECCO country.

Manage several medical organisations

Vereint is a professional management company for different medical organisations – national and international.

– Among its clients, as well as ECCO, are European Association of Nuclear Medicine (EANM) – which is the biggest one, says Sonja Rosenzweig.

– The European Council of Nuclear Cardiology is another international client. We also handle Austrian national Societies like the Austrian Trauma Society and Austrian Pharma Marketing, she continues.

But Sonja and Nicole work exclusively with ECCO.

Handles meetings

The main tasks of the ECCO Secretariat rest on two pillars.

– There's the Association part, and the Congress side, explains Nicole Eichinger and produces a list of these tasks.

The Association part consists of many different elements, and the first of these is Governance.

– We facilitate the meetings for the Governing Board and the Committees, and also do the follow-ups of the meetings. This includes writing the minutes and putting together the “to do-list” together with the Secretary Dr Reinisch for the ECCO functionaries. This goes hand in hand with Administration, which is the next element, says Nicole.

Issues like membership, organizing meeting rooms, telephone conferences and so on, also fall under administration.



Nicole Eichinger and Sonja Rosenzweig at the ECCO Secretariat in Vienna.

Legal and financial issues

The Statutes and Structure of ECCO are also managed by the Secretariat.

– ECCO has to be registered with the Austrian Registration Office. There are laws on how to structure an organisation, and this is what we manage, update and amend, says Sonja.

Finance is another key task on Nicole's long list.

– The main sources of income for ECCO are: Membership contribution, Corporate and Industry sponsorship, the Congress, ECCO News and the fact that we apply for Grants. We administer and manage all this, make budgets for different projects and – of course – for the whole organisation, continues Nicole.

The Secretariat has also a lawyer to review contracts and legal issues.

Main contact for national representatives

Democracy and elections are the Secretariat's concern.

– This includes setting up the calls and administrating the voting procedures – which can take place online, says Sonja.

– We also set up and take care of the nominating procedures, support and facilitate them.

Questions of membership – such as payment, membership cards and the register are handled by Sonja and Nicole.

– For individual membership, people can apply online. For Corporate membership, the doctors recruit, then they come to us and we do the administrative work, they both explain.

The Secretariat is the main contact for the national representatives, and it supports and organises their two annual meetings.

– We invite them, organise the facilities and manage the minutes.

Beyond Europe

Public Affairs and Public Relations are other important tasks for the Secretariat. ➔



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ECCO MEMBERSHIP APPLICATION FORM

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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

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

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Profession: Physician Scientist IBD Nurse Other: _____

First name : _____ Middle name: _____

Family name: _____

Date & Year of birth: _____

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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

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“ We’ve had a lot of questions about the Consensus for example. And if they have new ideas about ECCO activities, we can pass them on to the correct ECCO functionary. Their input is welcome – and essential – to make this organisation lively, and to keep it young. That’s the ECCO spirit!



Sonja Rosenzweig

– We want to work together with the United European Gastroenterology Federation (UEGF) in order to push IBD and IBS topics, and also lobby for this at EU level, says Sonja.

– Our working relationship with UEGF is good, so we’ve been successful in that matter and are also confident for the future, she adds.

But the Secretariat is also networking with other Gastroenterology Associations in Europe and beyond.

– More and more people from Australia, Canada, Saudi-Arabia, just to name a few, are knocking on our door. They want to cooperate in terms of scientific and educational matters. We see the same when it comes to the ECCO Workshops and the Congress – an increasing number of delegates are from outside Europe.

Sonja also points out that ECCO now has individual members from outside Europe.

Publicity and logistics

All of this so far concerns the Association. The other pillar is the Congress.

– First it is the Scientific programme. It is SciCom that sets it up, and the speakers requested. We then contact and invite

them, and are responsible for the logistics, Sonja tells us.

It is Sonja and Nicole who manage the contacts with the venues and also assess them.

– When the venue is decided upon, we are responsible for the contracts and third party suppliers. The exhibition management is also handled by us.

The Secretariat undertakes the promotion – this includes mass mailing, updates on the website and promotion of ECCO at national meetings.

The ECCO School is always held prior to the Congress itself.

– We send out the calls to the national representatives for nominating the students. Then we manage the whole process – registration, housing, visas when necessary, the printed programme and so on, they summarize.

The same goes for the ECCO workshops.

– There are five per year, and additional ones outside of Europe. We manage everything, in close cooperation with the local organisers.

Sonja and Nicole point out that all the above also goes for YECCO.

– And NECCO are increasing their educational activities. They will include a NECCO School, the first will be held at the Conference in Prague 2010. We will manage that as we manage the ECCO School.

Not “members only”

These are the regular activities that they manage on a routine basis. So what can the ECCO Secretariat do for individual members?

– We process their application requests and constantly update them on ECCO activities, Sonja answers.

– The Secretariat is their central contact in terms of education on ECCO, but also on specialists that are national representatives.

Sonja exemplifies with the following:

– If a German Gastroenterologist wants to get in touch with an IBD expert in another country, they can get in touch with



Nicole Eichinger

us. Of course, if they are an ECCO member they can also log in on the website and find the information that way. But if the Gastroenterologist is *not* a member, he or she can get in touch with us. We are open to them as well – even patients can make contact with us.

– Also if they are interested in participating in other ECCO activities, we can help them with information, adds Nicole.

– We’ve had a lot of questions about the Consensus for example. And if they have new ideas about ECCO activities, we can pass them on to the correct ECCO functionary. Their input is welcome – and essential – to make this organisation lively, and to keep it young. That’s the ECCO spirit!

Both Sonja and Nicole stress that they work very closely with the functionaries, like the Governing Board, SciCom and EduCom, in good spirit.

– This works excellently, we feel part of their team. We always get prompt replies and their “to-do-lists” are fulfilled as accurately as possible!

PER LUNDBLAD
Senior Writer

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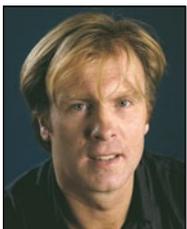
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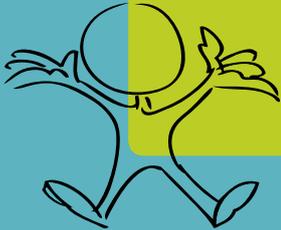
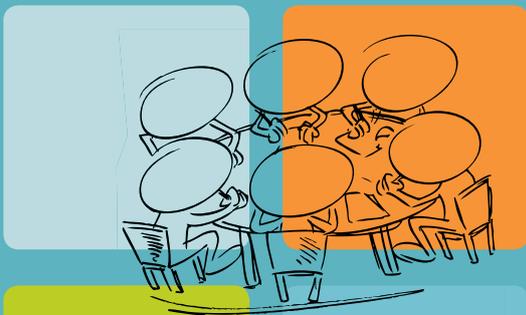
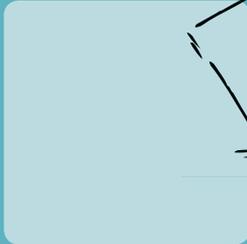
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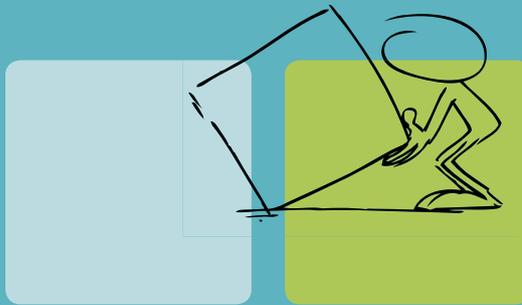
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Small group lectures and discussion on how to optimise anti-TNF treatment

During three days in May, ECCO's President Jean-Frédéric Colombel left his clinic in France, in order to do a series of lectures in Sweden. He covered the west coast and the south of Sweden, and also Stockholm.

ECCO News met Dr Colombel when he gave a lecture in Uppsala, a city 45 minutes north of the capital. Here he met a group of doctors from the University Hospital in Uppsala.

The topic of the lecture was *Recent insights regarding the optimal use of Anti-TNF:s in IBD*. It was soon obvious that the word *optimal* was the keyword for Dr Colombel's talk.

– There are new biologics in the pipeline. But it takes such a long time to get from Phase 1 to Phase 3 and then to final approval by the agencies, so it will take at least three years, probably more, before we will be able to use them, explained Dr Colombel to ECCO News afterwards.

Therefore we have to continue using the ones we already got.

– And we need to use them in an optimal way, and spread the knowledge on *how* we do that. This is the reason for why I'm on this trip to Sweden, he continues.

Earlier use in Crohn's disease

Dr Colombel told the group of doctors that he was pleased to be back in Uppsala, and revealed that he once himself had been a student there.

His lecture revolved around three questions that he presented at the beginning: *When* to start anti-TNF treatment and *How* to use anti-TNF treatment (combo vs mono).

– And of course the very important – and perhaps provocative – question when to *stop* anti-TNF:s.

Most of the data he presented was from studies carried out on infliximab. This is due to the fact that it was the first anti-TNF compound, and therefore has most data assembled in studies. The first study, Targan, dates from 1997.

– During the last 10 years we gained a lot of experience in using anti-TNF for treatment of Crohn's disease. We now use



Dr Colombel together with a group of doctors that he met on his lecture tour in Sweden.

infliximab and adalimumab earlier in the course of the disease, said Dr Colombel.

Important question

He then presented his key slide to the audience.

– What I'd like to discuss with you today is an algorithm, Dr Colombel continued.

The slide had the headline *Different approaches in managing Crohn's disease* (see illustration).

– Should we start treatment with Azathioprine (an immunosuppressant) and choose an infliximab or adalimumab monotherapy, or should we combine the two? It's an important question!

Dr Colombel pointed out that the side effects of anti-TNF:s, contrary to what some people think, are quite rare.

– Hepatosplenic T-cell lymphoma (HST-CL) is no epidemic – there are 16 patients in total, of more than 170 000 treated patients.

But he also added that a combo therapy with immunosuppressant and anti-TNF without steroids does not increase the risk for opportunistic infections. This he verified with data from a study from the Mayo Clinic 2008.

SONIC

There are two approaches to treat Crohn's disease. One that Dr Colombel called the "classical approach", and one he called the "evolving approach".

– Personally, I think that the efficacy and safety of Azathioprine is somewhat overrated, he stated.

He then talked about the SONIC study (= Study of biologic and immunomodulator naïve patients in Crohn's disease).

The patients included were 21 years or older, with moderate to severe disease, and they had no prior exposure to biologics and immunomodulators. These patients were randomized to three groups of treatment: Azathioprine (AZA) 2,5 mg/kg + placebo infusions, infliximab 5 mg/kg + placebo capsules and infliximab 5 mg/kg + azathioprine 2,5 mg/kg.

The primary end point was corticosteroid-free remission at week 26. The secondary was (among others) mucosal healing, endoscopically verified, at week 26.

– The result: Infliximab and azathioprine combo treatment was the best. This was significant, said Dr Colombel.

He summed up the practical lessons from SONIC as follows:

– Earlier treatment may provide better control of disease, infliximab monotherapy, or combination therapy is more effective than AZA monotherapy, a Remicade-based treatment strategy is superior for AZA-naïve patients.

He also added that high CRP and/or mucosal lesions document active inflammation, and can therefore be patient identifiers for anti-inflammatory therapy. ➡

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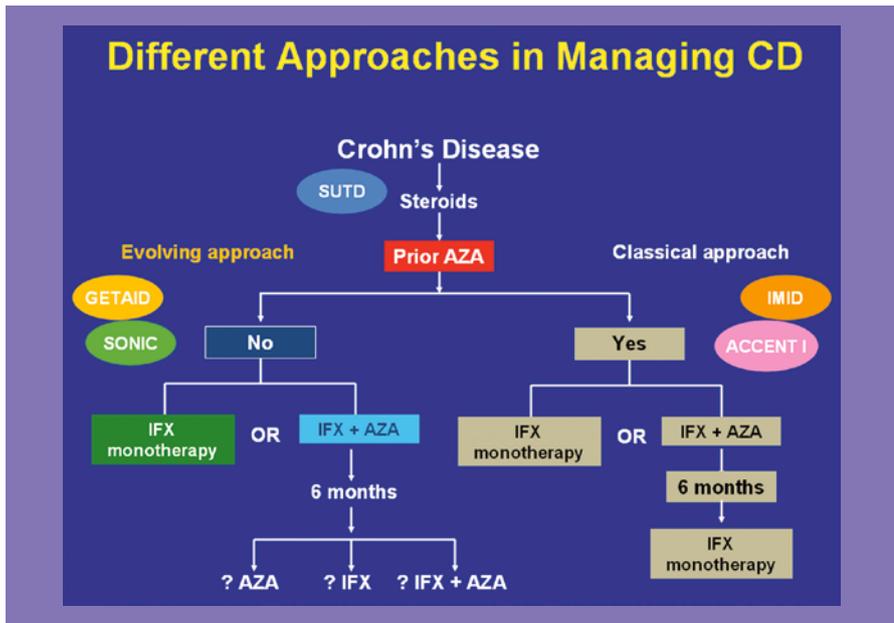


Illustration of the key slide that was presented to the audience.

Need for markers

So does this mean that we should start combo therapy tomorrow? Dr Colombel didn't think so.

– We need to find the right patients, he said.

This led him back to the algorithm again, and some outstanding questions. Two of those were:

– How do we select the patients that will benefit most from earlier treatment beyond CRP and mucosa lesions? What do we do after six months – is there any benefit to continue combination therapy? We don't know this yet.

Crohn's disease patients are very heterogeneous. A search for appropriate patient selection for aggressive therapy is going on, and it includes clinical predictors such as smoking and onset in childhood, serologic predictors and genetic predictors.

– But it's not ready yet, he concluded. In everyday practice, Dr Colombel revealed that he himself has to pick the patients who merit an intensive early therapy from his "clinical feeling".

– It is also important that we base our therapy on *objective* criteria and markers. The Rheumatologists have been doing that for years...

Such markers could be biomarkers as high CRP and high calprotectin, and endoscopic assessment.

Select patients for withdrawal of anti-TNF

The final question in Dr Colombel's talk was: Can we *stop* biologic therapy in Crohn's disease?

He started by asking *why* we should should stop it.

– There are no good *medical* reasons. The safety, efficacy and subjective tolerance is good.

But he admitted that the patients might ask for it, and that the costs of administering the drugs could be another reason.

He told the group of doctors about the STORI study by the GETAID group – 115 patients with Crohn's disease in deep remission stopped using infliximab.

– After 12 months almost 50% had a remission. When I saw this I was initially disappointed. But again – select the patients. There is a subgroup that may be able to stop! Endoscopic and biological markers of inflammation permit the identification of patients with very low – or very high – risk of relapse.

Dr Colombel also pointed out that the need for surgery is not necessarily a failure of treatment.

– In children for example it can be very good: A small resection – and they can stay healthy for very long. We sometimes see patients that have had surgery – and they've been fine for twenty years.

– But new tools are needed to evaluate disease progression, to predict natural history and response to treatment – and to take therapeutic decisions, Dr Colombel concluded his lecture.

Strive to standardize patient care and treatment

After this, there was a discussion between Dr Colombel and the doctors. They had



On the road again!

brought some cases that they wished to discuss with him.

Jonas Malmros is Sales Manager at Abbot, that sponsored the Swedish sessions.

– We need to make sure that the use of anti-TNF treatment is as *optimal* as possible. So therefore we do this.

During the discussion it was mentioned that some patients that first lose their response to infliximab, then to adalimumab and then to certolizumab pegol have been able to successfully switch *back* to infliximab – to start the cycle all over again.

– It's anecdotal – it has not been verified in studies. But I have also had a patient that has done precisely that, Dr Colombel said.

– But you have to optimize the anti-TNF treatment before you change it. How do you do that? By *shortening* the interval between doses, and/or *increasing* the dose.

Finally we asked Dr Colombel *why* he takes some of his time to do these small sessions, with limited groups of doctors, far way from the big congress venues.

– I think what I'm currently doing is one of the goals of ECCO – to strive to standardize patients care and treatment for IBD all over Europe, Dr Colombel answered.

Then he packed his bag, and left in order to catch a plane to the next Swedish city.

PER LUNDBLAD
Senior Writer

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