ECCO NEWS

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

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LETTER FROM EDUCOM

The Year at EduCom

EduCom has been a busy place this last year, as it has been since its creation. Indeed, educational activities have been initiated as soon as ECCO was created. The first of these educational activities has been the ECCO Intensive Clinical Course on IBD for residents, fellows and junior gastroenterologists. This course will be at its 8th edition already in 2010 in Prague, where the first edition was already held, a symbolic return to celebrate a course that has been widely praised by its alumni that have in fact created YECCO initially to develop a prolongation of their experience at the Course.

The Intensive IBD Course has been constantly improved, with the development of a printed syllabus, addition of more interactive seminars, new topics such as nutrition, integration of the YECCO workshop, and as of next year, with the introduction of electronic voting pads, which should further enhance interactivity between faculty and students. This course has been awarded one of the two UEGF Partnerships with Monothematic Initiatives grants in 2009 for the first time, attesting of the high value of this educational endeavour. The faculty of the course is made of experts from all over Europe, with strong preference for those who have published in the field they teach, to give the opportunity to the students to directly interact with the investigators that produced the data discussed.

ECCO has developed further educational endeavours, among which the ECCO workshops have been regarded as a very original approach. The idea behind those workshops has been to disseminate the conclusions and statements of the ECCO consensus conferences (the ECCO guidelines) on Crohn's disease and on ulcerative colitis. ECCO funded five workshops in 2008 and five again this year; in Haifa (Israel) in Cluj (Romania) Oslo (Norway) Moscow (Russia) and Belgrade (Serbia). This last workshop was also awarded a UEGF training support, for innovative educational activities. Again, an ECCO activity is thus praised by our peers in gastroenterology. The principle of the workshops is to mix ECCO international faculty with local experts, to present pre-established cases in an interactive way, each case being selected to illustrate some important points of the ECCO guidelines.

ECCO EduCom also includes a subcommittee that is in charge of the development of novel guidelines and of keeping the existing guidelines current. After completion of the update of the Crohn's disease guidelines and of the EPACT criteria, this consensus panel is now working of guidelines on pregnancy and IBD, on an update of the ulecarative colitis guidelines and on guidelines on imaging in IBD. Other topics are also being investigated as potential targets for unified recommendations by ECCO.

Finally EduCom is committed to the democratic processes defined in ECCO bylaws. To this aim, we set up a call for new EduCom members and held a large renewal election this year. The new chairperson of EduCom will be Janneke van der Woude and our new members are Vito Annese, Italy, Rami Eliakim, Israel, and Fernando Magro, Portugal. We are very proud to keep our broad representation of all areas of Europe.

The ECCO Nurses Network is the umbrella organisation of national groups of IBD Nurses Networks. Currently Liesbeth Moortgat, Patricia Geens, Patricia Detre, Rosaline van Helden, Marian O'Connor and Lisa Younge form the NECCO steering committee together with two members of the EduCOM: Phillipe Marteau and Janneke van der Woude. At the ECCO'09 Hamburg Congress the 3rd ECCO Nurses Network Meeting was held and was a great success with many participants. The next NECCO Network meeting will be organized in Prague and include for the first time oral presentations of the best nurses abstracts submitted to the ECCO congress.

To increase knowledge of IBD amongst IBD interested nurses throughout Europe, in 2010 the ECCO Nurse's School will be organized on February 24, which will run along side the current ECCO IBD Course. In this specialized course nurses will learn about pathogenesis, diagnostic modalities and therapeutics in IBD. Detailed information on the Nurses Steering Committee, their activities and the programme for the forthcoming Nurses Network Meeting and school is available on the ECCO website.

We are very pleased to be able to serve the IBD community through ECCO and strive to take an active part of the European IBD scene.

PIERRE MICHETTI AND
JANNEKE VAN DER WOUDE
EduCom

SciCom: ECCO Research and News

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

New SciCom Members

It is a pleasure to welcome **Edouard Louis** from Liège and **Miquel Sans** from Barcelona as the new members of SciCom, to succeed Severine Vermeire and Simon Travis when they step down in February 2010.

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. 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 or a young ECCO member under the age of 40).
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.
6. SciCom members are excluded from voting for applicants from their own country.
7. Applicants are ranked on each criterion and the person(s) with the highest rank, depending on the number of positions open, recommended to the Governing Board for approval, with at least one reserve name (selected by rank order).

	2006	2007	2008	2009	2010	2011	2012	2013
Daan Hommes	x	x						
Walter Reinisch	x	x						
Yehuda Chowers	x	x	x					
Severine Vermeire	x	x	x	x				
Simon Travis	x	x	x	x				
Matthieu Allez			x	x	x	x		
Silvio Danese (YECCO)			x	x	x			
Andreas Sturm				x	x	x		
Pia Munkholm (EpiCom)		x	x	x	x	x		
Edouard Louis (vs SV)					x	x	x	
Miquel Sans (vs ST)					x	x	x	
?? (vs SD, YECCO)						x	x	x
?? (vs AS)							x	x
?? (vs PM)							x	x
?? (vs MA)							x	x

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.

Deadline for applications: June 1st the preceding year.

2010: 1 members (ex-Danese (YECCO), to start 2011).

2011: 2 members and EpiCom chair (ex-Allez/Sturm/PM, to start 2012).

2012: 2 members (ex-Louis/Sans, to start 2013).

Calls to go out in preceding issue of ECCO News, placed on the website and through National Representatives.

Chair of SciCom: Matthieu Allez

Matthieu Allez will succeed Simon Travis as Chair of SciCom in February 2010. The position is pivotal for ECCO and the decision by the Governing Board is welcome. Many will know Matthieu as an excellent scientist, with an interest in NK cell biology and the immunopathogenesis of inflammatory bowel disease. He has outstanding interpersonal, communication and clinical skills, so is well able to lead SciCom. Rumour also has it that he is a friend of the best Chef in Paris...!


Matthieu Allez

New Member: Miguel Sans

Miguel Sans was born in Barcelona, did his degree in Medicine in the University of Barcelona, residency in Gastroenterology and Hepatology at the Hospital Clinic, Barcelona and a PhD in adhesion molecules and leukocyte-endothelial cell interactions with Julian Panés. Between 1999 and 2003 Miguel spent two periods at Case Western Reserve University with Claudio Fiocchi, to learn intestinal cell isolation techniques and study the role of chemokines and immune cell apoptosis in the pathophysiology of IBD. Since 2004 he has been Senior Researcher at the Barcelona Institute of Biomedical Research August Pi in Sunyer (IDIBAPS) and the Hospital Clínic. He is the author of more than 100 publications and is the Project Coordinator of the FP6 'IBDChip Project', with a €3.5m budget and 9 participating partners from 8 EU countries. His field is IBD genetics and bowel fibrosis.


Miguel Sans

New Member: Edouard Louis


Edouard Louis

Edouard Louis was born in Belgium, on April 1st 1965. He graduated in June 1996 as a specialist in Gastroenterology at Liège University and obtained his Ph.D. in 1996, as a fellow of the National Funds for Scientific Research of Belgium (FNRS). Edouard LOUIS was promoted associate Professor of Gastroenterology and head of the clinic in inflammatory bowel disease at Liège University in October 2002. He was promoted Senior Research Associate at the National Funds for Scientific Research of Belgium (FNRS) in October 2005. His Scientific work, mainly devoted to inflammatory bowel diseases, contributed to more than 130 papers in international journals. He has been General Secretary of the Belgian Society of Gastroenterology 2005–2009 and is currently President of the Belgian IBD Research group (2008–2011) and member of the board of the GETAID (groupe d'études thérapeutiques des affections inflammatoires digestives) (2004-2010).

ECCO Congress 2010, Prague

The Programme for the next ECCO meeting has been finalised. The Congress will be held in Prague from February 25 till 27 at the excellent venue of Congress Center of Prague. (The Scientific programme is presented on page 19.)

There will be several main topics for the meeting, but the theme is Cause and consequence in IBD. Each session will follow the same theme: a talk on basic science, then a talk based on a case that translates basic science into clinical practice, and then a further case-based talk on current and future clinical practice. The first session is on fibrosis, covering both the basic science and the therapeutic opportunities, learning lessons from other diseases such as Liver fibrosis. The second session will cover extraintestinal manifestations of IBD, particularly cross-talk between the liver and gut.

On the second day, a special session on leukocyte trafficking and new therapies will be held, covering molecules aimed at therapeutic blockade of cell adhesion molecules. There will also be a session on new outcome measures for therapeutic trials, particularly those that matter to patients and the pharmacoeconomics of disease, as well as biological assessment of damage. There is then a session on intestinal failure, covering the physiology of short bowel syndrome, how to manage high output stomas and entercutaneous fistulae, as well as the current status of intestinal transplantation. The final session on the second day, will be an exciting session on challenging clinical cases. The ECCO Congress is not all about lectures the ECCO Party has built up a reputation as a great and lively event. This has had to give way to bureaucratic regulations, but an equally outstanding ECCO Meeting of Hearts and Minds will take place on the Friday evening, for interactive discussion, networking and education in the great atmosphere that characterises ECCO.

On the last day the pathogenesis workshop on mechanisms and management of loss of response to anti-TNF therapy will report, before the ECCO lecture entitled 'Science at the bench – what will impact on clinical practice?' by Professor Claudio Fiocchi from the Cleveland Clinic.

Fellowships & Grants

ECCOs tasks include the promotion of scientific projects in IBD. Such promotion includes intellectual input, funding and joint training, using ECCO-defined criteria. To fulfil this core principle, ECCO offers Fellowships, Grants and Travel Awards to encourage young physicians in their career, facilitate interaction between IBD investigators across Europe and to promote innovative scientific research in IBD in Europe.

Fellowships are created for individuals younger than 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.

Travel Awards were 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. The duration of the award is short term, maximum 3 months. SciCom needs to be informed about the duration of the stay. Although no specific project is necessary, an Award is more likely if there is a defined goal.

Detailed information, eligibility and submission process on Fellowship, Grants and Travel Awards can be found under: *www.ecco-ibd.eu/sci_comm/fellow_grants.php?navId=19*

ECCO CONGRESS 2010 IN PRAGUE

Present your challenging case at ECCO 2010!

A challenging case was presented by Yehuda Chowers at the ECCO meeting in Hamburg. This patient had obstructive ileal Crohn's disease with a high grade B-cell, EBV-induced lymphoma in the surgical specimen. After chemotherapy the lymphoma was considered in remission, but 6 months later the patient presented with a relapse of Crohn's disease. How, then should this be treated? Therapeutic options, including the impact of rituximab on Crohn's, were discussed by a panel of experts.

We all experience difficulties in the management of IBD, whether it is failure of available medical treatments, intolerance, co-morbidities limiting the use of medical treatments, limited surgical options, or external circumstances. Each case is unique, but how then to find an answer from 'evidence-based medicine'?

So please submit your challenging case to the ECCO secretariat *(ecco-congress@vereint.com)* before October 1st. Three cases will be selected for oral presentation and discussed by an expert panel.

The Gastroenterology group at the University Hospital in Leuven, Belgium.

Call for ECCO Fellowships, Grants and Travel Awards Applications

Deadline: October 1, 2009
(see www.ecco-ibd.eu)

Report on an ECCO Fellowship: a fascinating scientific and social adventure
Kostas Kamiris

Mission: research fellow in the Laboratory of inflammatory bowel diseases in the University Hospital in Leuven under the auspices of Professor Paul Rutgeerts.

Diary: *The beginning* (February 2007): first days in Leuven are quite peculiar. I have to adapt to a new working environment with many new colleagues, get used to my new home and neighbourhood, realise that I had moved from South to North Europe (never get used to the miserable climate, always seeking the sun and blue sky of Crete and always checking if the umbrella is in my bag). Above all, fight the homesick feeling for my wife and 2 year old daughter…a major change. Note the fascinating triad: *Paul Rutgeerts* is a great Professor, always very friendly despite being a leading expert. His advice and guiding comments during lab meetings are always valuable, sparing time for my project. *Severine Vermeire* is a unique scientist, woman and mother. She is "the queen of IBD". *Gert Van Assche* is an outstanding combination of scientist, doctor, teacher, family leader and friend. Severine and Gert: I owe you a lot for my successful work in Leuven. I will try to emulate the way you combine science with clinical work, but also reflect your modest character as my inspiration for the future. *The lab*: Maja, Marc, Liesbet, Marko, Fabian, Herma, Kristine, Roger, Isabelle, Ingrid, Marie, Natalie, Vicky, Lieselot, Els, Karolien, Vera, Tamara, Nele, Sofie, Isolde, An, Karolien. So many different personalities. Thank you all for this fruitful collaboration. I enjoyed our interactions, the social events and your company. I even had a chance to visit places in Belgium and taste so many different beers and chocolates.

Reflection: *The end of the beginning* (June 2008): Is this the end of an interesting journey, or the beginning? What did Leuven mean to me? Well, I have seen Gastroenterology from an exceptional educational perspective; I have become a better scientist, experienced a different culture, lived in a very beautiful city, met many interesting people and made some good friends. For me, I have tried to impart a little of the Mediterranean temperament and the lifestyle to temper the North European focus. This encourages lateral thinking. It's part of the spark of life. But isn't this the purpose of ECCO Fellowships? They bring people from different European countries and cultures together. Mission accomplished.

ECCO Projects

ORIGIN (**O**bserving **R**elatives, **I**mmunity, **G**enetics and the m**I**crobiome before the onset of Croh**N**'s disease)

A major new initiative for ECCO is a project to test the hypothesis that dysbiosis precedes the onset of Crohn's disease. The project is based on the Canadian GEM (Genetics, Environment and Microbiota) project, which not only provides a transatlantic alliance, but also acts as independent validation for each of these two projects. The goal is to recruit unaffected siblings and children of patients with Crohn's disease and prospectively measure changes in enteric microbial flora, environmental exposures and changes in immune responses in relation to the genetic makeup of these individuals, in an attempt to identify factors that determine who develops Crohn's disease. An initial meeting was held at Hôpital St Louis, Paris 17 April 2009 and a subsequent meeting with GEM project investigators (lead by Dr Ken Coitoru, Montréal), at DDW on 29 May 2009. Working groups have been established and project grant funding will be sought through submission for EU funding FP7 (HEALTH.2010.2.4.5-2: Infection and dysbiosis as the triggers of the development of inflammatory processes in allergies and autoimmune diseases). Over the summer the groups have been working on precise questions related to the protocol, which will be outlined in a subsequent issue of ECCO News. The next project meeting, supported by an unrestricted educational grant from Ferring Pharmaceuticals, will be in Lille on 23 October 2009. The project will be embedded in ECCO through SciCom.

The really good news is that Jean Frédéric Colombel has been awarded the UEGF Research Prize for 2009. This is above all a personal tribute to an exceptional academic clinician, but the ORIGIN project was a key component of the application. The prize is worth €100 000 and underwrites the initiation of the ORIGIN project.

Exceptional ECCO Grant given to the International Inflammatory Bowel Disease Genetics Consortium (IBD-GC)

The International Inflammatory Bowel Disease Genetics Consortium (IBD-GC) has asked for support for a major new genetics study in Crohn's disease. Recent years have seen dramatic progress in characterising genetic risk factors in IBD and it is now widely accepted that progress in identifying and understanding the pathogenic pathways will provide new insights into the heterogeneity of the disease amongst patients, will provide targets for ➥

improved therapy, and reduce morbidity and need for surgery. These are exciting opportunities and ECCO was pleased to be able to award an exceptional Project Grant.

The introduction of Genome-wide scans and subsequent meta-analyses of these scans have so far identified over 100 genes for Crohn's disease. These have shown mutations linked to Crohn's in important pathways such as the autophagy pathway (with genes ATG16L1 and IRGM), further highlighting innate immune mechanism, the IL23 pathway (with IL23R and IL12B) and signal transduction pathways (with PTPN2, a T cell tyrosine phosphatase). Despite the successes of each of the GWAS published in Crohn's disease, each of the groups recognises its individual lack of power to further identify genes of modest effect, or to study the possibilities of using these genetic markers in stratifying patient subgroups. An international consortium has therefore been set up, to join forces.

The IBD-GC consists of >50 IBD genetics investigators worldwide, including 33 European investigators, bringing together the academic gastroenterologists, scientists and analysts who have contributed all the major discoveries in this field in recent years. The experiments to date have used DNA from 6894 CD subjects. Since May 2008 the International IBD Genetics Consortium has expanded to include all major groups worldwide working on CD datasets of European origin: with 20 groups the current dataset is >20.000 CD, >20.000 control and 3520 independent trios (affected patient with both parents) DNAs. This is the most powerful Crohn's disease DNA resource ever assembled. Database information for all cases includes disease extent, behaviour, duration, need for surgery, family and smoking history.

The project for the international IBD Genetics Consortium funded by ECCO will build on recent success in identifying Crohn's disease susceptibility genes and loci. These findings have placed Crohn's disease at the forefront of the fast-moving field of complex disease genetics research.

With the ECCO grant, the Consortium will :

- identify precise causal variants in all confirmed CD susceptibility loci by re-sequencing and fine mapping.
- discover new susceptibility loci for Crohn's disease by interrogating all regions showing suggestive association in a new, expanded GWAS meta-analysis, plus poorly studied areas of the genome.
- examine whether genetic markers are useful for stratifying patients according to an "aggressive" or "non-aggressive" disease course. The latter has been a topic of great debate among clinicians in recent years and questions such as "Who might benefit from top-down therapy?" are at the centre of many debates.

Perhaps surprisingly, given multiple clinically-apparent sub-phenotypes of Crohn's disease, only two of the dozens of loci associated with Crohn's have confirmed sub-phenotype associations: NOD2 variants correlate with ileal CD, and MHC variants with colonic CD. The lack of consistently replicated and confirmed genotype-phenotype associations may reflect insufficient power to detect such effects in existing datasets. More important for the clinician than "simple" genotype-phenotype associations, is how to define patients who will run a more severe disease course than those who will pursue a very mild disease course. With more biological therapies on the horizon, this will become more and more important, since stratifying patients at or around time of diagnosis according to their prognosis, is likely to have important therapeutic implications for changing the course of the disease. A number of clinical variables have been associated at diagnosis with more severe disease (young age at onset, extra-intestinal manifestations, perianal disease, need for steroids, ...), but some are subjective and others not apparent at the time of diagnosis. Genetic markers (being constant) hold a specific advantage and the large sample size available to the IBD-GC will give good power to tackle this question.

In summary, the project of the IBD-GC provides a unique opportunity for new insights on several levels, of great interest in both IBD genetics and other complex diseases. Furthermore, it offers a new dimension for cell biologists and immunologists undertaking functional experiments to characterize the biological impact of genetic variants that predispose to CD. In order to sustain the momentum established within the consortium the experiments will start as soon as possible (end 2009–early 2010). The Consortium is very grateful to ECCO for its support and will of course acknowledge ECCO in all publications. We are glad that ECCO acts as a major player in this very competitive field of basic research!

ECCO CONGRESS 2010 IN PRAGUE

Call for a new topic for 2010

SciCom is launching a second pathogenesis workshop in 2010. A new topic needs to be identified. If you are interested, **please send a proposal for a new topic, including a title and a 100 word supporting paragraph to the ECCO secretariat** *(ecco-congress@vereint.com)* **before December 31st**. SciCom will shortlist three topics, which will be discussed at the workshop meeting during the ECCO'10 Prague congress. One topic will be selected. The organization of the workshops will follow the same principles:

1. Selection of the topic.
2. Definition of working groups.
3. Systematic review of the literature by each group.
4. Meeting at UEGW to discuss common ground and pertinent questions.
5. Manuscript outlining the topic and key unanswered questions.
6. Meeting at ECCO Congress to agree collaborative projects to answer the key questions.

Pathogenesis workshop

Workshop on "loss of response to anti-TNF therapy"

A manuscript on the first pathogenesis workshop, launched last year during the UEGW meeting in Vienna, will be submitted before the end of this year. Participants will meet in London on Saturday November 21st at Gastro 2009. The objectives of this meeting are:

- to present key messages and questions identified during the workshop, which need to be addressed in the future.
- to start to work on collaborative studies and projects.

A report on the workshop "Loss of response to anti-TNF agents" will be presented at the ECCO Congress in Prague 2010. Workshops are open to all ECCO members. ■

CALL FOR ABSTRACT

CAPRI, April 8 - 10, 2010

The 5th International Meeting on Inflammatory Bowel Disease (IBD) will be held in the beautiful island of Capri, Italy, on April 8-10, 2010.
This is the fifth Meeting of a series of encounters initiated in 1996 where the most prominent international Experts in basic and clinical IBD and Investigators of related areas team up at the Hotel Quisisana to discuss hot topics and set new trends in the challenging field of IBD.
By now, the Capri Meetings are ranked among the most prestigious in the whole field of IBD.

The key objectives of Capri 2010 are:

- Update key areas of IBD pathogenesis (genetics, gut flora, immunology, etc.)
- Incorporate into IBD emerging scientific concepts, by inviting top expertsof areas outside of IBD.
- Ponder about the future rather than discuss already existing information.
- Attract and retain the brightest early careers in IBD.

Capri 2010 will host approximately 130 participants including 30 Speakers, 15 Chairmen, 40 Thought Leaders (all by invitation only) and 40 Early Careers. The latter will be selected on the basis of the best abstracts and will be hosted. Fourteen out of the 40 selected papers will be presented as oral communications integrated in the scientific program.
To attract the most promising young talents an Abstract Prize will be given to the Authors of the best 3 presentations.

Abstracts may be submitted only electronically by using the online form on the website
www.capri2010ibdmeeting.com

In case one is unable to access the website, please contact the Organizing Secreteriat (alessandra@endogroupinternational.com).

The online abstract submission will be open from July 1, 2009 to November 10, 2009.
Please take note that the selected investigators have the obligation to attend the whole 3 days of the Meeting.
The congress proceedings containing the extended abstracts of all lectures and abstracts of selected presentations will be published in the Journal of Crohn's and Colitis (JCC) issued by Elsevier B.V, New York, USA.

Abstract preparation

Abstracts must be conform to the following instructions:
- Each abstract has to be submitted in proper English.
- Abstracts should be structured as follows: background, aim, material and methods, results and conclusions.
- The number of words is limited to 300. One table/figure is allowed.
- Authors should indicate the category to which the abstract must be allocated:

- Environment	- Innate immunity
- Genetics	- T Cell immunity
- Gut flora	- Clinical aspects of IBD
- T Cell response	- Integrating scientific knowledge

Abstract selection

All abstracts will be reviewed by members of the scientific committee and selected according to originality of work and potential clinical value.
Confirmation of acceptance or rejection by the Scientific Committee will be mailed to the address given on the abstract.

New EduCom Members

It is a pleasure to welcome Vito Annese (Italy), Rami Eliakim (Israel) and Fernando Magro (Portugal) as the new members of the Educational Committee. They will start their term at the ECCO Congress in Prague, 2010.
Janneke van der Woude has been elected as the new EduCom Chair. She will succeed Pierre Michetti who will step down in Prague at the ECCO Congress.

Mrs C.J. van der Woude, MD, PhD

Gastroenterologist Janneke van der Woude, born in 1966 in Groningen, The Netherlands is a staff member of the Gastroenterology and Hepatology Department of the Erasmus University Medical Centre in Rotterdam since 2001. Her PhD thesis (2004) is entitled *"Apoptosis in (pre) malignant lesions in the gastro-intestinal tract"*.

She leads the clinical unit for inflammatory bowel diseases and research on the different aspects of inflammatory bowel diseases is being done in close cooperation with the departments of Pediatric Gastroenterology, Pathology, Psychology and Internal Medicine.

The research line focuses on new methods for treatment of IBD, improved quality of life for IBD patients and colitis related cancer.

Eight clinical trials for the treatment of IBD are in progress. In recent years a total of twelve of similar trials have been successfully executed.

Currently she chairs the Initiative on Crohn & Colitis, a foundation, in which IBD focused gastroenterologists of the 8 Dutch Academic Medical Centers are participant.

Mr Rami Eliakim MD, Prof

Prof. Rami Eliakim is the chair of Medicine and head of the department of Gastroenterology at Rambam Health Care Campus. After obtaining his MD degree from the Hebrew University Hadassah Medical School in Jerusalem, Prof. Eliakim trained in Medicine and Gastroenterology at Hadassah University Hospital in Jerusalem, followed by a fellowship at Washington University in St Louis USA. Prof Eliakim's main basic and clinical research interests are in Inflammatory Bowel Disease (experimental models and role of nicotine) and Wireless Capsule endoscopy. Prof. Eliakim is a pioneer in the development of the novel wireless esophageal and colonic capsule endoscopes. He has been a Visiting Professor at the department of Gastroenterology in Mt Sinai, New York. He is the author of over 200 scientific articles, a member of the Guidelines Committee of the World Congress of Gastroenterology, the Israeli representative in the European Crohn's and Colitis Organization and a member of the editorial board of some journals including the World Journal of Gastroenterology, and Journal of Crohn's & Colitis. Prof Eliakim has served as the president of the Israel Gastroenterology Association and as the head of the IBD section of the association and has received numerous prestigious awards.

Mr Fernando Magro received his medical degree from the Faculty of Medicine of the University of Oporto, Portugal and he completed his internship, residency, and fellowship in gastroenterology at the Sao Joao Hospital in Oporto, Portugal. He joined the Faculty at the University Hospital in Oporto, becoming Assistant Professor of Pharmacology and Therapeutics.

Dr. Magro's research interests focus on inflammatory bowel disease and epithelial inflammation since 1995. He has been studying the cross-talk between epithelial transporters and inflammation. As founder and previous president of the Portuguese IBD group he coordinated a national web-database with 8000 patients, organized several meetings with IBD experts, and developed various clinical studies in ulcerative colitis and Crohn's disease.

Author or co-author of various peer-reviewed articles in basic and clinical science, books, and book chapters, Dr. Magro serves as a Member of the International Advice Board of JCC and as a reviewer for several specialist journals, including *Journal of Crohn's and Colitis, Gut, IBD, and Alimentary Pharmacology and Therapeutics.*

He is also a member of ECCO, the American Gastroenterological Association, American College of Gastroenterology, and the Portuguese Society of Gastroenterology.

Mr Vito Annese M.D.
Head of Endoscopy & IBD Units, Department of Medical Sciences, CSS-IRCCS Hospital, San Giovanni Rotondo, Italy.

Education:
1981 – Medical Degree (Medicine) Catholic University Rome.
1985 – PostGraduation in Gastroenterology and Endoscopy, Catholic University of Rome.
1988-89 – Research Fellow, Internal Medicine and Gastroenterology, University of Leuven, Belgium.
1990 – PostGraduation In Internal Medicine, Catholic University of Rome.

Professional Experience:
1985 – Staff member Unit of Gastroenterology, CSS Hospital,San Giovanni Rotondo.
1991 – Supervisor Unit of Gastroenterology CSS Hospital, San Giovanni Rotondo.
1992 – Head of Crohn's and Colitis outpatient Clinic and Molecular Biology Lab for Genetics of IBD.
1998 – Aggregate Professor of Gastroenterology, School of Medicine, University of Foggia.
2000 – Chief of Endoscopy and Physiopathology, Unit of Gastroenterology CSS Hospital.
2006 – Head of Endoscopy & IBD Units.

Scientific Experience:
Author of more than 150 peer reviewed publications (impact factor over 500) chapters of books, and over 450 abstracts presented at National and International Congresses.

In the last ten years has been involved in several phase II and III clinical trials on IBD undertaken according to GCP indication (about 5/yr), as principal investigator (mainly) or co-investigator. Recipient of yearly grants from Italian Health Minister since 1998, for investigations on Genetics of IBD as principal investigators; Italian member of the International IBD Genetic Consortium.

ECCO Workshop in Akershus University Hospital (Ahus), Norway

In early September the 10th ECCO Educational Workshop was held in Oslo, Norway.
The setting was the ultra-modern Akershus University Hospital, which opened in October 2008.

The team behind the Workshop – from left: Björn Moum, Daniela Gradinger, Janneke van der Woude, Astrid Ryding, Tom Öresland, Ingrid Berset and Charlie Lees.

More than fifty delegates – mostly Gastroenterologists from Norway, but also from other countries– had come to listen to the cases presented and to participate in the interactive sessions.

Professor Tom Øresland, who works at Ahus Hospital, was the host and welcomed them all in his opening speech.

He presented Janneke van der Woude from the ECCO Education Committee – EduCom. She began by giving the delegates a short background of ECCO's history, EduCom and the Consensus.

Ask the audience

The first case was presented by Ingrid Berset from Norway, and it concerned left sided colitis. The patient was a 24-year-old woman, who had blood in stool and faecal urgency.

After presenting the facts, Dr Berset stopped and asked the audience what they would recommend for initial management. Several suggestions were presented on the screen.

A debate amongst the delegates instantly followed. Colonoscopy was suggested, but another delegate pointed out that maybe the woman wasn't ill at all, and a third said that he himself would start with a sigmoidoscopy.

Dr Berset then continued by revealing that in this particular case, it was decided to perform a colonoscopy. She presented a slide with some of the findings. It indicated a left-sided colitis.

– So we have to start treatment, she said.

Again several options were presented, and the delegates had to suggest which treatment to give. 5-ASA or steroids? Enema, oral or suppositories? A new debate followed, and there were different opinions on what to use.

Combination therapy

After establishing the fact that the audience was divided, Dr Berset continued by presenting slides of ECCO Statements.

Left-sided active UC of mild to moderate severity should initially be treated with topical aminosalicylates, combined with oral mesalazine. Topical steroids or mesalazine alone are also effective, but less effective than combination therapy.

This caused a new discussion – this time on combination therapy – in the audience.

Probiotics were also discussed. They are in the guidelines. A couple of trials have shown good effect from probiotics on mild to moderate UC.

– But there is a problem to define which probiotics, a delegate pointed out.

There was also a discussion on the value of suppositories versus enema.

Combined assessment

This first session set the pattern, which followed for the entire Workshop. A case was presented, during which several stops were made in order to ask the audience how they from this point would go forward in management and treatment.

The method secures that the Workshops become very interactive, and this was demonstrated in Oslo. The delegates at Ahus University Hopital were constantly asking, suggesting and debating the cases presented.

Dr van der Woude presented the next case – treatment of perianal fistulising Crohn's disease in a 41-year-old male.

– How should we plan the treatment strategy, she asked after giving the case history.

– I would take him to the operating theatre, to assess him – check for sepsis, one of the surgeons suggested.

Evaluation under anaesthesia– including palpation, rectoscopy, probing the fistula tract and identification of internal opening, is one way to assess perianal fistulas in CD. The accuracy of this method is 91%, according to studies. Endoscopic ultrasound is another – also with 91% accuracy. Magnetic Resonance Imaging is a third option.

– Two of these methods combined, give 100% accuracy, said Dr van der Woude.

First and second line options

Antibiotics are useful short-term therapies to decrease or stop drainage, but relapse is immediate upon discontinuation and side effects can be important.

AZA or 6-mercaptopurine are effective, but slow and incomplete. Cyclosporin gives up to 80% response, but also early relapse. Tacrolimus is effective, but gives no closure – and watch out for side effects, Dr van der Woude continued.

One of the surgeons had a linguistic comment:

– There are words like improvement, response and closure. Surgeons like to talk about *healing* of fistula! We have to be aware of what we are discussing.

Janneke agreed. She presented the ECCO Statement of Treatment, in which antibiotics and azathioprine/6MP should be used as the first choice, in combination with surgical therapy. Infliximab or adalimumab should be used as second line medical treatment.

– The goals of surgical treatment are to eradicate fistulae or reduce symptoms, to drain abscesses and dilate strictures, to preserve continence and prevent recurrence, she concluded.

Surveillance for cancer

Next case concerned the sometimes controversial subject of Surveillance and Chemoprevention. Astrid Ryding from Norway presented it.

The Risk Consensus Statement says that patients with UC appear to have an increased risk of colorectal cancer. Among other factors, it also states that patients with early onset of disease, and patients with UC-associated PSC have particularly increased risk.

– That's the most important factor – long duration of inflammation, said Charlie Lees from EduCom.

The debate was lively during this case – a lot of the delegates thought that surveillance colonoscopy was a waste of time.

The Surveillance Consensus Statement was quoted: It says that *surveillance colonoscopy may permit early detection of CRC*, and *we lack unequivocal evidence that surveillance colonoscopy prolongs survival in patients with UC*.

– Please note the words *may* in the first sentence and *we lack* in the second, said Dr Ryding.

The debate continued in the auditorium, and it probably will continue to do so elsewhere.

The IBD Team at Ahus University Hospital.

Therapy on a flowchart

Dr Lees then presented a case of Pouchitis.

– Crohn's disease of the pouch should be considered if fistulae or abscesses develop more than 12 months after IPAA. The cumulative risk of CD-patients with a pouch is high, he said.

– When we have a pouch that fails, we always look for CD. We find it in 40% of these patients, said Professor Øresland.

– But this figure is questionable to directly transfer to *risk*. We don't know how many patients there are with CD that *don't* have a pouch failure, he pointed out.

Dr Lees presented a proposal for treatment algorithm that was created as a flowchart. It ended – if you followed all the *no response* options – with 5-ASA, AZA/MP, GCS, budesonide and infliximab.

– But that is really a grey zone – there's not much evidence here, he commented.

In the chart the only options after this were pouch excision or reconstruction.

Clinical aspects

Two more cases were presented – one on New Onset Ileocecal CD, and one on Acute Severe Colitis.

During the first of these, which therapy to choose – surgical versus medical – was discussed at length.

– If treated medically, it is important to monitor the patient, said one delegate.

Multidisciplinary clinical conferences to discuss treatment strategy of individual cases are recommended especially for the management of patients with complicated CD, according to the ECCO Statement on Surgery for ileocecal disease.

In the last case Dr Lees presented a recent study performed in England. In this, mortality after three years was much lower for elective colectomy (3,7%), compared to emergency colectomy (13,2%) or no colectomy (13,6%).

– So we maybe have a threshold for colectomy that is too high, he said.

Then, after a State of the Art Lecture on the ECCO Guidelines on the Management of Opportunistic Infections in IBD, held by Dr van der Woude, the Workshop was over.

Björn Moum, a key Gastroenterologist in Norway, thanked all the speakers – and the audience for their lively participation in the discussions.

– I also want to thank ECCO! These Workshops are very popular and good, thanks to the clinical aspects of the content, said Dr Moum.

PER LUNDBLAD

The discussions continued during the coffe break.

Building ECCO:
LOOKING BACK AT THE FIRST 10 YEARS

A personal impression by **GEERT D'HAENS**
co-founder of ECCO and general secretary from 1999 to 2008.

Few people know that the foundations of ECCO were laid at a scientific meeting in Padova, where I was invited to give a scientific lecture in 1998.

The meeting was practically completely in Italian, a language that I did not understand at all in those days (in the mean time I began to study the 'lingua dell'amore' and when they do not speak too rapidly I am beginning to understand some of it). Only a few of the participants spoke English, one of whom was Renzo Caprilli. I knew Renzo from his publications with the Italian IBD study group, GISCI, an had read his Asacol study for prevention of postoperative recurrence of Crohn's disease in detail, since this topic was the subject of PhD thesis in Leuven.

Together with Paul Rutgeerts and stimulated by AstraZeneca in those days we had founded a Belgian IBD research group shortly before, so I was interested to find out how the Italian group was functioning. I was impressed by the number of projects, the size of the organization and the industrial support that GISCI was receiving. This productive exchange of ideas brought us to the insight that in other European countries, as well, lots of knowledge and experience in networking and national projects must have been around, and that international exchange at a European level would be of utmost interest to all of us.

Soon thereafter we contacted a few of the leaders in other countries: Marc Lémann and Jean-Frédéric Colombel of the French Getaid, Miquel Gassull of the Spanish GETECCU, Boris Vucelic from Croatia and Walter Reinish from Austria were among the first that joint us in several brain stormings. All these people have invested a great deal of time and enthusiasm in the organization, initially with some scepticism, but gradually with more and more dedication.

We had no money. Through connections with the industry (this was before the time of biologics!) we got a few small meetings sponsored in Vienna and in Mallorca, where the first plans were drawn, where we dreamt and looked into the future, where we became friends everlasting. We managed to receive a room during UEGW where we held two informative meetings, one in Rome in 1999 and the second in Brussels in 2000, where all UEGW participants were invited to come and listen to our plans. We stimulated colleagues to create a national IBD study group where it did not exist yet and the first (albeit amateurish) ECCO study concepts were presented.

I personally invested quite some time in a rather revolutionary internet-based case-control study for cancer in IBD patients that never got finished because of its complexity, size, privacy concerns and finally the bankruptcy of the internet company in the year 2001. The second initiative was initiated and finished by Aurora Bartoli from Italy, looking at pregnancy outcome in IBD patients. The

large number of Italian patients put into this study allowed successful analysis and led to interesting results, meanwhile published. One of the highlights of those meetings was the welcome reception that was offered by the national study group, a tradition that was carried forward at the following UEGW in Amsterdam.

Then came the time to take tough decisions: a decent name for our organization, a treasury with enough income for all the plans, statutes, secretariat, website and so on. It took us years to get those issues settled; thanks to the efforts and endurance of Boris Vucelic, the statutes got finalized, published in Belgium and implemented. For the selection of the name I organized an e-mail 'poll' in which the national representatives could select one of 5 or 6 possible names. Although ECCO is also an international brand of shoes and the name is also being used by the oncologists for their European organization (European CanCer Organisation), the majority of us felt that that name that I had proposed, standing for 'European Crohn's and Colitis organisation' was the most attractive option.

Boris Vucelic was also the drive behind the first successful educational initiative taken by ECCO, the "students' course". The first course was organized in Prague in collaboration with the Czech group led by Milan Lukas. Milan was one of the first enthusiasts of ECCO in Eastern Europe and he did a marvellous job at that course that took place at the ancient Charles' University. The students' group was small, interaction was intense and at night we had a lot of fun in the cafés along the Vltava river. Year after year hundreds of students have now taken this course, and in my opinion it has been the best way to pass on the knowledge of IBD to the next generation. One of the most famous of those courses took place in Sardegna. It was April (if I remember correctly) and the sun was already treating us with its Italian warmth. Given the distant location of the venue we fell short of budget. Renzo, the president at the time, then personally arranged to pay the transfers from the airport to the magnificent hotel.

Every year the board and the national representatives met for a 'general assembly' at UEGW. Renzo and I used to chair the meetings, and every year new national groups joined ECCO. We usually gave them 10 minutes to present themselves, their projects, their country. Some countries had well structured study groups, other countries had just started collaboration or even worked within their national GI society. Rotation of the national reps, which we believed was necessary to attract new and young people, was not always an easy issue. Furthermore, it became more and more difficult to keep track of group leaders and the member lists of the individual groups due to changing e-mail addresses and so on. The flow of information, channelled via the national reps, was at times far from fluent depending on the local organisation.

In the mean time, IBD had become a 'booming business' with growing interest from the industry, gastroenterologists, scientists, nurses and also patients organisations. The latter was translated into a permanent seat in the general assembly for EFCCA, the European patients association at the time represented by Rod Mitchell from the UK.

The complexity of the membership management, the growing activities and the financial responsibilities made us decide to join a professional 'society manager', that could take care of the daily issues and responsibilities of an ever growing organisation. We had originally chosen to embark with KENES in Geneva, the organisation behind EASL, but by the time contracts needed to be signed our contact person at KENES had left the organisation…and we had to start all over. We finally selected the Viennese organisation Vereint, which we knew via UEGF. The Vereint people Sonja and Nicole have really helped to make ECCO more professional, to support the annual congress with profits that give oxygen to the society, to cover legal aspects and to guarantee 'daily back-up' for all kinds of issues.

The story of the congresses is also quite interesting. The first ECCO congress was held at the AMC hospital in Amsterdam, where a tradition of high quality congresses in all fields of gastroenterology existed. Sander van Deventer and Guido Tytgat had set up a first IBD congress several years before, and Daan Hommes proposed to organize the next version as the first 'ECCO congress', an endeavour that was quite a success. Only when we moved to Innsbruck the next year did we realize that the congress had far greater potential, with almost 1,000 participants attending the scientific sessions. Moreover, the ECCO congresses have built a tradition of nightly ambiance with the ECCO parties as highlights for many…

> "The history of ECCO is like the history of the European Union. It is all about reconciliation of different cultures, backgrounds and interests. It is about making some dreams come true, and some not. It is a story that shows that people who want to succeed, will succeed.

We tried to make the ECCO congress pivotal for presentation of original scientific material. The scientific committee and in particular Severine Vermeire have had important merits in this regard. Also, the timing of the submission deadline (together with that for DDW) allowed many scientists and trialists to submit their material to both meetings but after all it is being presented first at ECCO.

The importance of IBD in the field of gastroenterology has been gradually increasing. This has been translated in an ever growing number of sessions at UEGW; the meeting organizers at Vereint realized that they needed to book the biggest rooms for IBD... As for the content, we were invited by the UEGF scientific committee to send an ECCO representative to the committee, exactly where the program was put together. I was fortunate enough to be ECCO's representative for 3 years, a duty that was taken over by Walter Reinisch and now by Yehuda Chowers.

Looking back at the past 10 years, I think we can state that ECCO has contributed

importantly to the quality of IBD care throughout Europe. The content of the UEGW programs, the students' courses, the ECCO congress and many other educational activities are delivering up-to-date information and guidance for clinical practice. In addition, the consensus guidelines for both Crohn's disease and ulcerative colitis are of great help to many practitioners. The importance of this initiative by Eduard Stange and later by Simon Travis and Gert Van Assche cannot be stressed enough. The number of citations of these publications is approaching the top of the field of IBD… Congratulations, guys !

An even more difficult challenge of ECCO is to further improve the quality of IBD research in Europe. The scientific committee has set up opportunities for exchange in expert labs, has given a large number of important grants and made liaisons with pharmaceutical companies. Perhaps more needs to be done to pass on information on trial design, biostatistics and methodology. The IPNIC tool developed by Walter Reinisch is definitely a step in the right direction.

Finally, The visibility of ECCO has made a giant leap forward with the advent of its two publications, the ECCO News and the Journal of Crohn's and Colitis (JCC). The latter one has now received an impact factor and will hence be accessible via Pubmed. All ECCO members are stimulated to submit papers to the journal. Personally, I hope that a merge with the other IBD Journal "IBD" will be discussed again in the future. The ECCO News is the baby of the Norwegian surgeon Tom Øresland. It is a great way of communicating and it even generates important resources for ECCO in form of advertisements. The 'national pages' make ECCO News attractive for regional news and the announcement of important congresses is of interest to many readers. I hope we will receive this magazine for many more years.

The history of ECCO is like the history of the European Union. It is all about reconciliation of different cultures, backgrounds and interests. It is about making some dreams come true, and some not. It is a story that shows that people who want to succeed, will succeed.

Dear ECCO people, Renzo and I have built this ship together with some of you that I mentioned above. Let the next generation make it sail across all great seas! Good luck.

GEERT D'HAENS MD, PHD

Are you younger than 35?

Join Young ECCO!

ecco@vereint.com/www.ecco-ibd.com

Are you younger than 35?
Your ECCO membership will automatically make you a YECCO member, which gives you access to all YECCO meetings and activities. If you are not an ECCO member yet, register today at *www.ecco-ibd.eu*

Do you want to meet young foreign colleagues?
Young ECCO gives you the opportunity to meet over 250 young clinicians and scientists from over 25 European countries who are all interested in the field of inflammatory bowel diseases. Young ECCO provides a platform for interaction and collaboration.

Do you want to get scientific experience in a foreign IBD centre?
ECCO offers research fellowships of 30.000 Euro to encourage and support young clinicians and scientists in their career. Candidates should have a hosting laboratory or IBD department outside one's own country, which has accepted to host and guide the fellow for one year.

Do you want to visit an IBD expert centre for a short period?
With its travel awards of up to 1.500 Euro, ECCO gives young people the opportunity to visit different expert IBD centres in Europe. During these visits one can learn a specific scientific technique or just act as a clinical observer. The duration of these visits can vary between 2 weeks and 3 months.

Do you want to improve your clinical and scientific level?
YECCO members are encouraged to take part in ECCO activities such as the ECCO IBD Course and the YECCO workshops. For detailed information please visit the ECCO website.

Do you want to be faculty member during a high level international congress?
For several years, ECCO gives promising YECCO members the possibility to co-chair during the ECCO IBD congresses, workshops and courses. In case of interest please contact the YECCO chair.

Do you want to take part in multicentre clinical trials?
ECCO gives you the opportunity to set up and perform clinical trials. YECCO members are encouraged to send in their study proposals. They will be assisted by the YECCO Board and the ECCO Scientific Committee. Recently, a first YECCO study was published in *Clinical Gastroenterology and Hepatology* (Ben-Horin S et al). Other YECCO members have been involved in the IBDIS registration study which resulted in some abstracts submitted for UEGW 2009.

Do you want to get actively involved in YECCO?
YECCO is looking for fresh ideas and new representatives. If you have a good proposal for future activities or you want to be involved actively in the YECCO structure, please contact us through *ecco@vereint.com*

MARC FERRANTE
YECCO Chair

GASTRO 2009
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The Czech Association for IBD patients

At the beginning there was a long lasting initiative of patients and physicians who decided to provide IBD patients and their relatives with support and help.

The Czech Association for IBD patients was legally established at October 10, 2008. The association is administered by the Executive Committee, which has the entitlement for all administrative matters. It is headed by its chairman Michala Blažková. This non-profit organization is built on democratic grounds: every member has a right to vote on all issues at the General Meeting.

IBD PATIENTS
CZECH IBD PATIENT ASSOCIATION

In the Czech Republic, the development of diagnostics and new treatment methods of Crohn's Disease and Ulcerative Colitis is on a high level. However, the treatment itself cannot settle all troubles patients are facing. Chronically ill patients face many obstacles in their life.

Therefore, goals of our association are the following:

1) Patients need comprehensive information on the disease and treatment possibilities. That is why we are organizing regular seminars and annual conferences.

2) There is plenty of potential side effects of the disease. One of them is social isolation. This is why we are giving various cultural, educational and other social events encouraging interaction among patients offering them the possibility to share their experience.

3) A lot of our members live all over the republic and hence are not always capable to take part in the events themselves. Therefore, our endeavor is to present the outcomes from these events either on our web sites or in the form of brochures and DVDs.

4) We believe that the relationship between a patient and a physician is highly important and should not be burdened by any misunderstandings or conflicts. That is why we educate our members about their patient rights and obligations under the Czech legislation and ethical codices. And, on the other hand, we cooperate in this respect with physicians and nurses. The Association cooperates with the Czech IBD Working Group headed by Milan Lukáš, MD.

5) There is a lack of interest in the work of patient organizations by the authorities. We actively cooperate with other patient associations both in the Czech Republic and on the international level. At the same time we cooperate with other actors in the field of healthcare and participate on new legislation.

6) We are about to participate in the European Federation of Crohn's & Ulcerative Colitis Association and other international IBD Patients Associations.

Our association is open to everyone. The membership is not subject to any fees. In spite of having been registered for a few months only we have encountered a high patients' interest in our activities. The best evidence is both the success of our discussion forums and the visit rate of our web pages *www.crohn.cz*. Hitherto being successful we still have a long way ahead. We hope to come through as our colleagues from other countries did.

MICHALA BLAŽKOVÁ
Chairman of The Czech Association
for IBD patients

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 ØRESLAND, Editor ECCO News

Inflammatory Bowel Diseases 2010

Cause and Consequence in IBD

Congress of the European Crohn's and Colitis Organization (ECCO)
Prague Congress Centre, Czech Republic, February 25–27 2010
Scientific Programme

Thursday, February 25, 2010

11.45–12.45 Satellite Symposium 1

13.00–13.05 **Opening** – Petr Dite (Czech Republic)

13.05–13.10 **Welcome** – Jean-Frédéric Colombel (France)

13.10–14.40 Scientific Session 1 – Fibrogenesis and its consequences
Chairs: Franco Scaldaferri (Italy), t.b.a.

13.10–13.30 **Mechanisms of intestinal fibrogenesis** – Miquel Sans (Spain)

13.30–13.40 Oral Presentation 1

13.40–14.00 **Markers of fibrosis in practice: is this stricture inflammatory?**
Gerhard Rogler (Switzerland)

14.00–14.10 Oral Presentation 2

14.10–14.20 Oral Presentation 3

14.20–14.40 **Therapeutic opportunities for modifying fibrosis: Lessons from the liver** – Massimo Pinzani (Italy)

14.40– 15.10 **Coffee Break**

15.10–16.40 Scientific Session 2 – Extraintestinal manifestations
Chairs: Gerard Dijkstra (The Netherlands),
Martin Bortlik (Czech Republic)

15.10–15.30 **Communication between the gut and liver**
Pierre Desreumaux (France)

15.30–15.40 Oral Presentation 4

15.40–16.00 **PSC and prognosis** – Roger Chapman (United Kingdom)

16.00–16.10 Oral Presentation 5

16.10–16.20 Oral Presentation 6

16.20–16.40 **When the skin causes problems in IBD**
Jean-Hilaire Saurat (Switzerland)

17.00–18.00 Satellite Symposium 2

Friday, February 26, 2010

07.15–08.15 Satellite Symposium 3

08.30–10.00 Scientific Session 3
Therapeutic opportunities: Leokocyte Trafficking
Chairs: Andreas Sturm (Germany), Maria Papp (Hungary)

08.30–08.50 **Mechanisms in intestinal inflammation**
Jesús Rivera Nieves (USA)

08.50–09.00 Oral Presentation 7

09.00–09.20 **Policing the traffic – safety first?** – Brian Feagan (Canada)

09.20–09.30 Oral Presentation 8

09.30–09.40 Oral Presentation 9

09.40–10.00 **Future present: traffic control**
Konstantinos Papadakis (Greece)

10.00–10.30 **Coffee Break**

10.30–12.00 Scientific Session 4 – Endpoints and outcomes of therapy
Chairs: Milan Lukas (Czech Republic),
Gottfried Novacek (Austria)

10.30–10.50 **Predicting the course of disease**
Andreas Stallmach (Germany)

10.50–11.00 Oral Presentation 10

11.00–11.20 **Mucosal healing and its relevance**
Gert van Assche (Belgium)

11.20–11.30 Oral Presentation 11

11.30–11.40 Oral Presentation 12

11.40–12.00 **Future perfect – endpoints and damage scores**
Laurent Peyrin-Biroulet (France)

12.00–13.30 **Lunch and Guided Poster Session in the Exhibition Hall**

13.30–15.00 Scientific Session 5 – It's not always IBD
Chairs: Denis Franchimont (Belgium),
Andrea Cassinotti (Italy)

13.30–13.50 **Chronic Grandulomatous disease** – Edward Loftus (USA)

13.50–14.00 Oral Presentation 13

14.00–14.20 **TB or not TB?** – Gerassimos Mantzaris (Greece)

14.20–14.30 Oral presentation 14

14.30–14.40 Oral Presentation 15

14.40–15.00 **Intestinal Behçet's disease** – Aykut Ferhat Celik (Turkey)

15.00–15.30 **Coffee Break**

15.30–17.00 Scientific Session 6 – Safety in IBD therapy
Chairs: Iris Dotan (Israel), Zusana Zelinkova (Slovakia)

15.30–15.50 **Immunomodulation and lymphomas**
David Weinstock (USA)

15.50–16.00 Oral Presentation 16

16.00–16.20 **Pregnancy** – Janneke van der Woude (The Netherlands)

16.20–16.30 Oral Presentation 17

16.30–16.40 Oral Presentation 18

16.40–17.00 **Travelling with IBD** – Shomron Ben-Horin (Israel)

17.15–18.15 Satellite Symposium 4

18.30 **ECCO interaction: Hearts and Minds**

Saturday, February 27, 2010

07.15–08.15 Satellite Symposium 5

08.30–10.00 Scientific Session 7 – Intestinal failure
Chairs: Miquel Gassull (Spain),
Ana-Maria Catuneanu (Romania)

08.30–08.50 **Physiology of short bowel syndrome**
Palle Bekker Jeppesen (Denmark)

08.50–09.00 Oral Presentation 19

09.00–09.20 **Managing high output stomas and enterocutaneous fistulae** – Simon Gabe (United Kingdom)

09.20–09.30 Oral Presentation 20

09.30–09.40 Oral Presentation 21

09.40–10.00 **Intestinal transplantation** – Olivier Goulet (France)

10.00–11.00 Scientific session 8 – Challenging cases
Chairs: Severine Vermeire (Belgium), Alastair Windsor (UK)
Grazyna Rydzewka (Poland), Francisco Portela (Portugal)

10.00–10.20 Case 1

10.20–10.40 Case 2

10.40–11.00 Case 3

11.00–11.30 **Coffee Break**

11.30–12.30 Scientific Session 9 – Pathogenesis Workshop
Chairs: Yehuda Chowers (Israel), Matthieu Allez (France)

12.30–12.50 Scientific Session 10 – ECCO Lecture
Chairs: Dan Hommes (The Netherlands),
Jean-Frédéric Colombel (France)

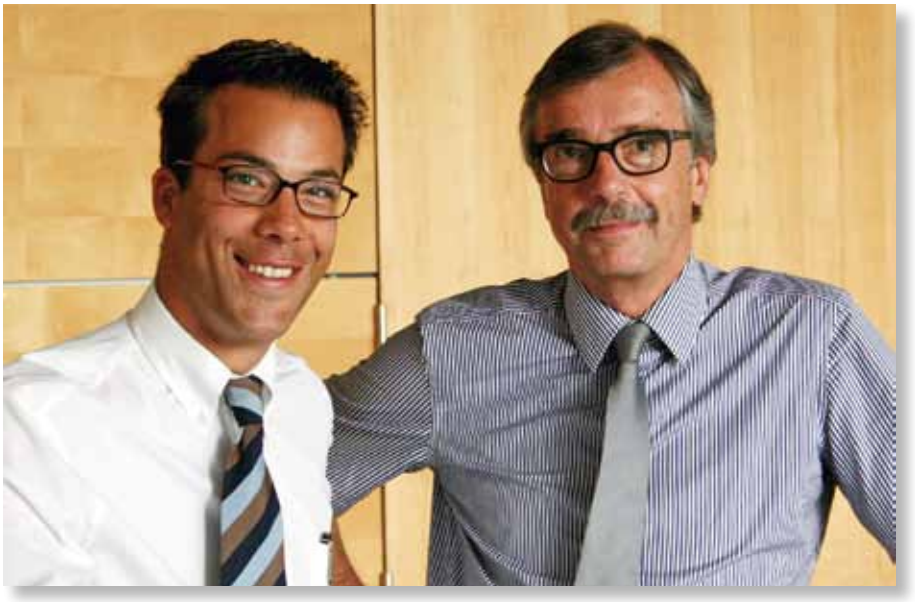
12.30–12.50 **Science at the bench – what will impact on clinical practice?** – Claudio Fiocchi (USA)

12.50-13.00 **Concluding remarks** – Dan Hommes (The Netherlands)

Paneth's Disease

JAN WEHKAMP AND **EDUARD F. STANGE**

Department of Gastroenterology, Hepatology and Endocrinology,
Robert Bosch Hospital and Dr. Margarete Fischer-Bosch Institute
of Clinical Pharmacology, Stuttgart, Germany



Jan Wehkamp and Eduard F. Stange

A German-Austrian cell

The original description of granular cells at the bottom of small intestinal crypts was published by Gustav Albert Schwalbe, in the *Archiv für mikroskopische Anatomie* in 1872 while he was "Privatdocent" at the University of Freiburg. The cells were named after Joseph Paneth from Vienna, the author of the second paper on these cells appearing 16 years later in the same journal. Paneth acknowledged Schwalbe and actually used one of his drawings in his article. More than 130 years later it has become clear that Paneth cells originate directly from the crypt stem cells which are close neighbours near the crypt base. The decisive factors directing the fate of stem cells and the production as well as differentiation of Paneth cells reside in the *Wnt* pathway. This pathway reflects the governing action of surrounding mesenchymal cells: upon release of Wnt factors from the mesenchyme to cell surface receptors the target cells release intracellular ß-catenin which interacts with TCF4 (T-cell factor 4). The resulting complex binds to DNA and regulates transcription of diverse genes. Probably the most important target genes are the antibacterial defensin genes HD (human defensin)-5 and HD-6, the main products of the differentiated Paneth cells. Currently the most convincing role of the Paneth cell is the production of a stream of antibacterial secretions keeping the small intestinal crypt lumen sterile, thus protecting the vital neighbouring stem cells.

The Paneth cell and Crohn's disease

The evidence for a link between the Paneth cell and ileal Crohn's disease is manifold and comprises genetics, microbiology, as well as functional aspects. The initial hint to the Paneth cell was the observation that NOD2, the first gene clearly associated with (ileal) Crohn's disease, was heavily expressed in Paneth cells. We then reported that ileal but not isolated colonic Crohn's disease is associated with a diminished synthesis of Paneth cell defensins. This was then extended and confirmed by showing the same deficiency in American patients where the functional relevance of this defect in terms of diminished bacterial killing was also demonstrated. The defect was found in patients with an ileal phenotype both in the presence and in the absence of current inflammation. Similarly, a recent study we performed in a Norwegian pediatric population revealed low ileal HD-5 as well as TCF4 which was independent of interleukin-8 expression, i.e. inflammation. In Australia the low Paneth cell defensin production was confirmed but suggested to be secondary to inflammation. Since our last article in ECCO News ("Ten years after") several additional genetic associations have been found which clearly advance this cell to the centre stage in Crohn's disease. Among other arguments, these genetic associations argue strongly in favour of a primary role of low Paneth cell defensins in ileal disease.

• Wnt pathway TCF4: defective Paneth cell differentiation in Crohn's disease

The hypothesis that the Wnt pathway could be involved in Crohn's disease was based on its role in Paneth cell differentiation and defensin formation, as mentioned above. Indeed, we found the expression of ileal TCF4 to be specifically diminished in ileal Crohn's disease, correlating closely with HD-5 expression, and TCF4 knockout mice exhibited a reduction in defensin synthesis. Like HD-5, TCF4 expression was low irrespective of current inflammation. We then searched the gene for mutations and found a single nucleotide polymorphism in the putative promoter region linked to ileal but not colonic Crohn's disease or ulcerative colitis. The odds ratio was highest in the group with stenosing ileitis.

• NOD2: loss of function and low Paneth cell defensin production

Although Paneth cell defensins were diminished in most of our ileal Crohn's disease patients, the subgroup with a loss of function mutation (SNP 13) were characterised by a particularly low expression level. This was apparent in two independent investigations in both German and American patients. In another study in the United Kingdom the levels of HD-5 in the effluent

of ileostomy patients with Crohn's disease was also lowest in the cohort with a NOD2 mutation. The role of NOD2 as an intracellular receptor for bacterial muramyldipeptide in regulating Paneth cell defensin formation was confirmed in NOD2-knockout mice and also in patients following small intestinal transplantation. However, in the Australian study the link between NOD2 and defensins was not evident.

• ATG16L1: altered Paneth cell granule exocytosis

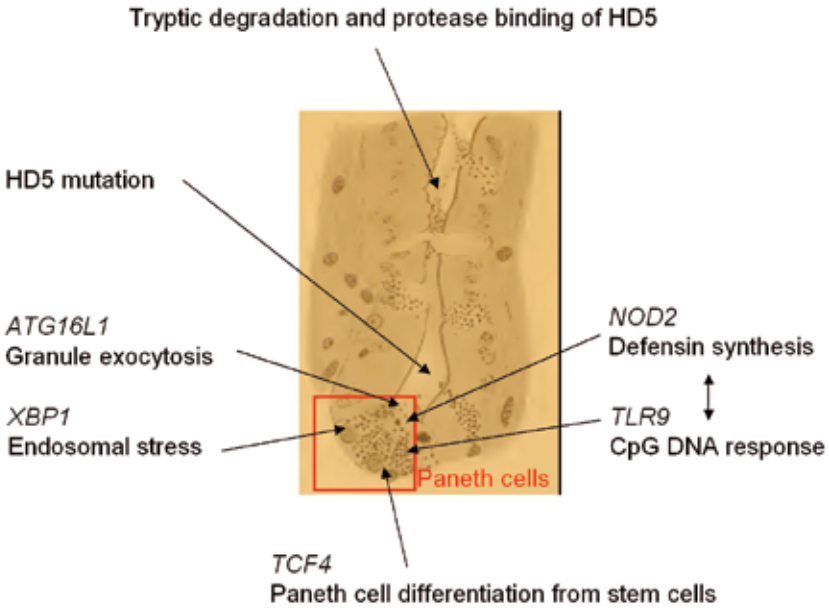
A mutation in this gene was also found to be associated with Crohn's disease, especially with an ileal phenotype. The link was confirmed in many studies and was the first to point to a role of autophagy. Autophagy is principally a degradation mechanism of cellular structures but also appears to be involved in the breakdown of phagocytosed or invasive bacteria. Quite surprisingly in knockout mice with Paneth cells defective in ATG16L1 the granule exocytosis pathway was abnormal. Notably, patients with Crohn's disease homozygous for the mutation the Paneth cell granules displayed alterations similar to the knockout mice. Although other mechanisms may also be relevant, this finding best explains the association of the risk alleles with ileal disease.

• XBP1: expressed in Paneth cells during endosomal stress

XBP1 is a key transcription factor for the endosomal stress response which may be activated during inflammation. Deletion of this factor in mice results in spontaneous enteritis and increased susceptibility to induced colitis secondary to Paneth cell dysfunction, as well as an overreaction to bacterial products. An association of genetic XBP1 variants was identified in patients with Crohn´s disease, but also in those with ulcerative colitis.

• TLR9: Paneth cell receptor interacting with NOD2

TLR9 is a receptor for CpG-DNA which is prominantly expressed by the Paneth cell. In cells homozygous for NOD2 mutations the response to this ligand is drastically diminished suggesting an interaction between both receptors. Although the initial suggestion of an independent link between a TLR9 mutation and Crohn´s disease was not confirmed in a second study, there was significant epistasis between these mutations: the frequency of the -1237C mutation was significantly higher in patients with at least one NOD2 mutation and further increased in those homozygous for NOD2 mutations. The functional relevance for host-bacterial interaction in Crohn's mucosa is still unclear, however.



A Lieberkühn crypt as depicted in the original publication by J. Paneth in *Archiv für mikroskopische Anatomie* in 1872 with the different mechanisms linking the Paneth cell to Crohn's disease.

• Paneth cell defensin mutation and inactivation in Crohn's disease

Apparently, although this has not been studied systematically, mutations in HD-5 are rare. Nevertheless, in a small study such a mutation has been found, not surprisingly, in a patient with Crohn's disease. Interestingly, the replacement of arginine at position 13 to histidine, as observed in this patient, reduced bacterial killing and thus was functionally relevant.

Other reports have suggested that the disulfide bridges in HD-5 which normally protect the peptide against proteolytic degradation are defective in the peptide isolated from the ileum of Crohn's disease patients. This might lead to rapid degradation and inactivation, since trypsin is normally secreted by Paneth cells to activate the propeptide. Finally, it has been reported that the luminal processing of HD-5 is impaired in Crohn's disease where it may persist in a complex with chymotrypsin and trypsin.

Conclusion

It is apparent from this brief discussion that there is overwhelming evidence for an important role of ileal defensins in Crohn's disease involving this localization. The mechanisms leading to a function defect are extremely complex, imply both genetic and structural mechanisms and are likely to be additive in some cases. The multiple genetic links suggest a primary role of defensin deficiency instigating bacterial invasion and render it highly unlikely that the defence is defective only secondary to inflammation. Rather, the presence of various bacterial strains found at and in ileal Crohn's mucosa including adherent E. coli or M. paratuberculosis is a direct consequence of the defective chemical antibacterial barrier. Recently it has been found that ileal derived Paneth cell HD-5 is still intact and bactericidal in the colon lumen of the mouse. If true in man, this would explain the involvement of the colon in many of the patients with ileal disease through alterations of the luminal flora in case of deficient HD-5. In conclusion, if any particular cell type is pathogenetically linked to ileal and possibly ileocolonic Crohn's disease, the Paneth cell is a perfect candidate.

Literature

Available from the authors upon request.

Acknowledgement

Current studies on other Wnt factors are supported by the 2009 ECCO grant awarded to J.W.

SUBMIT YOUR ABSTRACT

to the 5th Congress of ECCO – ECCO'10 Prague Congress!

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Abstracts will be reviewed by a panel of referees. Please note that all abstracts will only be included in the final programme if the corresponding author has formally registered and paid the registration fee. The submitter does not necessarily have to be the primary author. Submitted abstracts may be considered for poster or oral presentation. Guidelines for poster and oral presentations will be available on the Internet. Notification of acceptance of abstracts will be emailed to the authors by December 18, 2009.

Please note this year for the FIRST TIME at the ECCO congress **NURSES** will be able to submit abstracts as well!

Important Dates

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November 12, 2009	Deadline for abstract submission, midnight, CET
December 18, 2009	Notification of abstract acceptance

How to Submit an Abstract
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On the website you will find detailed instructions regarding the submission procedures.

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Format and Structure
The abstracts have to be written in English according to the following instructions:

- Structure: aim, materials and methods, results and conclusion
- Format: Microsoft Word for Windows-operation systems Windows XP, Windows NT, or Windows 98
- Maximum length of 500 words (including title and authors)
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- Single line spacing
- Abstracts may include tables, graphics and pictures (word count should not be surpassed)

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Prizes
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United We Stand

European Federation of Crohn's and Colitis Associations – EFCCA

EFCCA began in 1993 in Strasbourg, and now represents 24 national associations in 23 European countries. By representing more than 1.000.000 patients all over Europe, we attempt to give all these patients a voice.

Last year we established the IBD Research Foundation, to motivate and provide financial empowerment to find a cure for IBD. The missions of the IBD Research Foundation are:

- The prevention and cure of chronic inflammatory disorders
- The improvement of general well-being and care for people having such a disorder
- Anything directly or indirectly connected with or conducive to this, all in the broadest sense of the word

Although much IBD research has already been undertaken in the different countries of Europe (and on other continents across the world), through one-off, multi-centre and multi country studies, there remains a shortage of funding. Here in Europe, since many of the European Federation of Crohn's and Ulcerative Colitis Associations (EFCCA) associations were not involved in medical research projects, we see the IBD Research Foundation initiative as being able to add a new dimension – through the involvement of those who are diagnosed, and those people with some connection to the broad area of chronic inflammatory bowel diseases and related conditions.

There are many at present who do not have the opportunity to support much needed research in areas not currently funded, or inadequately funded by existing sponsors and governments, so the new foundation will be available for those people too.

We believe that citizens, corporations, foundations and trusts, both in Europe and in other parts of the world, may wish to support this EFCCA initiative to establish an IBD Research Foundation for Europe. For more information please go to *www.ibdresearch.org*.

www.catchyourdream.org

Under our new motto "UNITED WE STAND" we are working on different projects. A further new project within the last year from EFCCA is to support children, teenagers and young adults, with the "Catch Your Dream" summer camps. By organizing Europe-wide camps for different age groups, we hope to stimulate cross boarder support, knowledge and skills to cope with IBD in daily life. By creating a supportive, friendly and safe environment, we hope to establish the right atmosphere where participants are able to talk about their difficulties with each other. We hope to launch the first camp for young adults in 2010. This project is lead by the EFCCA Youth Group. You can find out more at: *www.catchyourdream.org*.

At the last EFCCA General Assembly in Amsterdam, delegates approved the nomination for EFCCA's first Chief Executive Officer (CEO), who will work in the newly established EFCCA office in Brussels. This will directly support all our work in the European field, including our contribution to the EMEA project.

Furthermore, EFCCA is currently in contact with new countries to establish a working relationship, and discuss the possibility that they may join the Federation in the future.

To provide knowledge to all patients with IBD across Europe, we are running a project together with medical specialists called "Life and IBD", which provides information in a format customized for individual visitors. In the last year, we have developed three knowledge modules, about:

- Your IBD consultation
- Your Management Plan
- What is IBD?

If we remain united, if we think and behave in ways true to our motto, we cannot fail, "United we stand".

For future information please turn to *secretariat@efcca.org*

BEN WILSON

Highlights from DDW 2009 in Chicago

The 2009 Digestive Disease Week was held in Chicago in early June. While the 'windy city's' stunning architecture and towering skyline were a potential distraction, there was plenty to keep the world of IBD interested at the conference centre, McCormick Place.

Several excellent studies presented at ECCO 2009 in Hamburg were introduced to a non-European audience. There were also stimulating and informative sessions summarising key topics in IBD including how to deal with dysplasia, the role of nutrition, current and future treatment, and intestinal failure. However, the highlights, as always were contained in the sessions presenting original research. DDW, in stark contrast to ECCO, is a logistical challenge for the IBD-interested attendee, not only in terms of identifying which sessions one should attend, but also finding their location and navigating between them in the enormous conference centres that are the hallmark of the biggest gastroenterology meeting of the year. What follows is a summary of my highlights of DDW 2009; due to the size of the meeting, I am sure I missed as many as I saw so you will have to excuse me if your favourite (or your study!) is not mentioned.

Those who succumbed to jet lag and missed the first IBD free paper session on Sunday morning missed some excellent presentations. These included a study from a Danish group looking at whether infectious gastroenteritis predisposed to the development of IBD. They followed a population based cohort of more than 13,000 people, each matched with two controls, for up to 15 years to see if either *Campylobacter* or *Salmonella* infections increased the risk of developing IBD. Exposure to either of these infectious agents led to an approximately three-fold increase in risk of developing IBD, stimulating further thought about the aetiopathogenesis of IBD.

Another session on Sunday focussed on patient-centred outcomes in IBD. Of interest to many, particularly in the challenging financial climate we face over the coming years, was a paper by Dr Loftus looking at the effects of Crohn's disease on earning potential. It was no great surprise to learn that people with Crohn's disease have slower salary growth than matched controls. It is to be hoped that studies such as this highlight to a wider audience the burdens that people with IBD face beyond their gastrointestinal symptoms.

A session on biomarkers rounded off Sunday's IBD sessions. The current debate about the importance of mucosal healing has suggested that the use of endoscopic examination to identify active disease may increase. An alternative might be the use of non-invasive measures of disease activity. A novel measure of immune cell function (Immuknow®) which assays ATP levels in CD4 cells was investigated as a marker for disease activity in 70 patients with IBD of whom half had active disease. Assay results were compared with disease activity indices; the HBI for Crohn's disease and the SCAI for UC. Unlike the CRP and ESR, CD4 cell ATP levels correlated positively with the disease activity indices. This pilot study suggested that this assay may be a useful addition to the currently available blood and faecal markers of disease activity and perhaps also a measure of efficacy of a variety of treatments.

Monday morning was devoted to plenary sessions. The effects of thiopurines on development of colonic carcinoma in IBD as described in the CESAME trial was selected for presentation in the clinical plenary session of the AGA, giving those of us who had heard Dr Beaugerie's presentation at ECCO the chance to refresh our memories. In the afternoon came the controlled clinical trials in IBD. This eagerly anticipated session may have left attendees hoping for the presentation of several positive trials of new treatments a little disappointed. Visilizumab, an anti-CD3 antibody, was not only shown to be ineffective as a rescue therapy for severe UC, but was also associated with more side-effects than placebo. The combination of steroids and basiliximab, a monoclonal antibody to CD-25, was ineffective in steroid-resistant outpatients with moderate to severe UC. However, Traficet-EN, a CCR9-specific chemokine receptor antagonist, provided some hope. The results of the induction phase of PROTECT-1, a trial examining the use of Traficet-EN in patients with Crohn's disease were presented. At the highest trial dose, Traficet-EN was more likely to induce a response than placebo. Importantly, the drug was

safe and well tolerated and we can look forward with some hope to the presentation of further results in the near future.

On Tuesday morning there was an excellent session on the use of immunomodulators in IBD. Results of an ongoing cohort study looking at the effects of thiopurines and anti-TNF medication in pregnancy were presented by Dr Mahadevan. The outcomes of 150 completed pregnancies were, in general, reassuring. However, as the cohort continues to grow, so will its power to detect problems or to reassure us; again, further results are eagerly anticipated.

Also on Tuesday was a session on endoscopy and imaging in IBD. Further evidence was presented that people with IBD are at increased risk of high levels of radiation exposure. The radiation exposure of almost 600 patients with IBD was recorded over a 5-year period. Radiation exposure was increased in IBD, particularly in patients with Crohn's disease who were, on average, exposed to approximately 150% increase over background levels. CT scanning was identified as the chief source of ionising radiation. It was suggested that more judicial use of CT scanning, particularly in emergency departments, and increased use of techniques that do not employ ionising radiation such as ultrasound and MRI should be encouraged.

Finally on Tuesday came the late-breaking abstracts which included the eagerly awaited update of SONIC. Data were presented for the 280 patients of the original 508 who elected to continue in the open label extension beyond 26 weeks. Participants, who were all naïve to biologics and immunomodulators at study entry, had been randomised to azathioprine or infliximab alone, or in combination. Data presented last year at UEGW demonstrated that combination therapy was superior to either drug in isolation and that infliximab monotherapy was more effective than azathioprine alone.

The open label extension gave us an interesting insight into the durability of these therapies. Data were not presented in detail about the patients who chose to enter the second phase of the study, however, it seems likely that patients in remission at week 26 were more likely to continue with their allotted treatment. Probably the most realistic analysis was, therefore, to assume that non-participants were not in steroid-free remission at week 50. Thus, of the original study group approximately 45% of patients on combination therapy, 35% on infliximab alone and 25% on azathioprine alone were in remission at one year. It is also useful information that about 70% of week 26 responders on combination therapy remained in remission at 1 year compared with 60% on infliximab and 55% on azathioprine. Importantly, the benefit of combination over monotherapy came without an increased risk of adverse events. It would seem that the pendulum continues to swing back in favour of concomitant immunomodulation, at least for the moment!

Mucosal healing continues to stimulate debate in IBD. Results from the EXTEND study were presented by Professor Rutgeerts, also in the late breaking abstract session. After receiving induction therapy with 160mg/80mg of adalimumab, participants were randomised to 40mg adalimumab every other week or placebo. Although just failing to reach significance for its primary endpoint of mucosal healing at 12 weeks, per protocol analysis demonstrated significantly more mucosal healing amongst patients receiving adalimumab than those receiving placebo at this time point. By 52 weeks, a quarter of treated patients maintained mucosal healing compared with none in the placebo group.

On Wednesday morning were several interesting presentations on anti-TNFs in IBD including an update on hepatosplenic T cell lymphomas suggesting that a steady trickle of cases, but certainly not a flood, continues to occur. Preliminary data were also presented showing that certolizumab may be the safest anti-TNF to use in pregnancy as its transplacental transfer appears to be lesser than other anti-TNFs. However, the highlight for me was yet another excellent collaborative study from GETAID. STORI is a study investigating withdrawal of infliximab in patients in remission on combination therapy. Dr Louis informed us that, although approximately 50% of the original 115 subjects had relapsed by 12 months, using an index including CRP and endoscopic activity it was possible to identify a group of patients who were at low risk of relapse (17% at one year). Reassuringly, retreatment on relapse was not only well tolerated, but generally also effective.

The final session looked at prediction of prognosis in IBD. Dr Bernstein presented data on factors associated with disease relapse in IBD. He described a study in which 703 participants were evaluated prospectively at 3-month intervals for a variety of factors associated with relapse including infections and use of antibiotics or NSAIDs. Participants were also asked to record their levels of perceived stress as well as the occurrence of life events. A number of factors were found to be associated with disease flares including having Crohn's disease, using NSAIDs, being female, and using antibiotics (except in young people). Having high perceived stress levels was also associated with flares, as were major stressful events and being socially isolated. Perhaps, therefore, single people with IBD should get married to decrease their risk of relapse, although the stress of the wedding may cause a flare!

The final IBD paper presented at DDW described an ingenious model to aid communication between doctors and children with Crohn's disease and their families. Dr Siegel used a mathematical model which included demographic, serological, genotypic and disease phenotype data to create a graphical representation of the risk of developing complicated disease. The effects of intervention with immunomodulators or anti-TNF could be added giving a clear representation of their benefit (or lack thereof) to weigh against the known risks. Before this tool can be widely used, it will be necessary to create and validate models in further populations using locally available data. Nevertheless, it promises to be a useful and novel communication aid.

And so DDW 2009 drew to a close. Chicago was a spectacular and welcoming destination with a very different character (and climate!) to next year's destination, New Orleans. In the meantime we have the UEGW / WCOG to look forward to in November in London and, of course, the ECCO meeting in Prague in February 2010.

PETER IRVING

NECCO – Upcoming educational activities

The ECCO Nurses Network (NECCO) is part of the Education Committee of ECCO.

NECCO organizes two educational activities that take place along side the main ECCO congress every year.

NECCO Network Meeting

The NECCO Network Meeting is already an established event for nurses working within the specialty of inflammatory bowel disease (IBD). It is a 1 1/2 day meeting, gathering nurses from across Europe with an interest in IBD to exchange experience and views together with invited medical doctors.

The NECCO Network Meeting encourages networking for Specialist Nurses in IBD and also provides nurses with education and updates on recent developments within the field.

Attendance for the 4th NECCO Network Meeting in Prague in 2010 is free for all nurses who are members of ECCO. For attendees of the ECCO Congress, registration for the Network Meeting will be part of the congress registration process. For further information please contact the ECCO Secretariat (*ecco@vereint.com*).

NECCO School

At the ECCO Congress in Prague in 2010, NECCO Steering committee will introduce a new educational activity for IBD Nurses. ECCO intends to give young nurses, who might still be in training and have an interest in IBD, the possibility to attend an IBD focused course. The aim of this program will ultimately be to improve nurse education throughout Europe.

Registration for the 1st NECCO School in Prague in 2010 will be via nomination by the NECCO/ECCO National Representatives.

For further information on NECCO and its activities, please visit the ECCO website at *www.ecco-ibd.com* or contact the ECCO Secretariat (*ecco@vereint.com*)

Call for NECCO National Representatives

We are keen to get representation from all of the European countries. If you do not see your country represented on the list below, please make contact the ECCO Secretariat at *ecco@vereint.com* for further information on the role of a NECCO Representative. All NECCO reps should already be a member of ECCO.

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