

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

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LETTER FROM PRESIDENT/SECRETARY

Dear friends of ECCO,

Looking back at the last two years of our work for ECCO we asked ourselves the following questions:

What does ECCO stand for?

We all know: European Crohn's and Colitis Organisation.

But what exactly IS ECCO besides these four letters?

Those of you who are already part of the ECCO family probably know: ECCO is an energetic group of friends and experts in the field of gastroenterology. ECCO is a dynamic team, sharing one common spirit among seniors and juniors with the goal of striving for an optimization of care for patients with IBD in all aspects. ECCO leads the way in European-wide education in IBD. ECCO is the initiator of building up a European/international network of experts in and related to the field of IBD. ECCO is a reliable partner to the biomedical industry. ECCO is a vivid force aiming for highly qualitative scientific research and development in the field of IBD. ECCO is trust and sense of comfort for patients. ECCO is the home of passionate peers who are convinced of the efficiency of team effort in order to make a change in the world of IBD related medicine.

So who is ECCO in fact?

As simple as that: ECCO is YOU! Since the onset of individual membership, the role of you as individual is more important than ever to ECCO. Today ECCO counts more than 800 paying individual members with a number gradually increasing.

ECCO is a sum of all its individual members and it is only them who make the ECCO spirit come alive. Thus their interactive participation in the society business is of great importance to ECCO. The rights and obligations of an individual member of ECCO are as follows:

- By **constant up-date on the ECCO work** through the ECCO newsletter, website and JCC, ECCO's members are encouraged to contribute to the joint effort of ECCO.
- Regular ECCO members constitute the **General Assembly** with all statutory rights. Next General Assembly will take place at



PRESIDENT
Jean-Frédéric
Colombel



SECRETARY
Walter
Reinisch

the ECCO'10 Prague Congress in which ECCO kindly asks you to participate.

- ECCO is always looking out for new enthusiastic faces, serving as ECCO functionaries in one of the Committees and/or Governing Board. Regular members of more than two years have the right to apply for an **official function within ECCO**.

- By obtaining the ECCO membership, members pay a **reduced fee** for the ECCO congress.

- ECCO members are being invited to **review abstracts** and/or to function as **speakers and chairs** for scientific sessions at the ECCO congresses.

- In cooperation with the ECCO functionaries, ECCO members may also act as speakers or chairs at the annual **ECCO IBD Course** and the **ECCO Educational Workshops**.

- As an ECCO member one can apply for **ECCO Fellowships, Grants and Travel Awards**. Please pay attention to the annual call published online at www.ecco-ibd.eu.

- Each year ECCO works on an **ECCO consensus paper** being published in JCC. ECCO members are invited to facilitate this important approach. Please look out for the calls of the Consensus Panel for future up-date or new guidelines.

- ECCO Newsletter is a great tool for sharing information among your peers. So please take advantage of this opportunity and send your contribution to ecco@mediahuset.com for one of the quarterly published ECCO newsletters.

- Nurses are invited to join **NECCO**, a group of highly motivated IBD Nurses. NECCO educational activities are the annual Network Meeting and as of 2010 the NECCO School. Join NECCO and participate!

- **YECCO** is ECCO's active group of young doctors under the age of 35 who eagerly contribute to ECCO's activities and who steer their own annual YECCO work- ➡



LETTER FROM PRESIDENT/SECRETARY

shop at the ECCO Congress. Help us to make your young colleagues aware of this initiative and join young ECCO yourself.

However, it is not just the involvement of gastroenterologists/IBD experts that ECCO reaches out for. ECCO is also very endeavored to invite nutritionists, psychiatrists, radiologists, surgeons, pediatricians to join the ECCO family participating in its activities and exchanging valuable expertise in the treatment of IBD.

ECCO addresses you, as individual, to help to spread the ECCO spirit and to encourage your colleagues and friends to become member of ECCO. (Online membership application at www.ecco-ibd.eu.)

For those who feel not to be heard within ECCO don't hesitate to raise your voice, we would like to hear you. Don't miss out the opportunity to attend the ECCO'10 Prague congress

taking place on February 25–27, 2010 and experience the unique dynamic of ECCO yourself! (Congress registration online at <http://ecco10.ecco-ibd.eu> – early registration fee till November 12, 2009)

We look forward to welcoming you to ECCO and live with us the ECCO spirit!

Even when stepping back from our current positions within we will continue to support ECCO with all our expertise from our recent years whenever needed.

Kind regards,

PROF. JEAN-FRÉDÉRIC COLOMBEL
ECCO President

PROF. WALTER REINISCH
ECCO Secretary



IBS/IBD CONFERENCE IN GLASGOW

Conference on IBS and IBD in Glasgow

Every clinical gastroenterologist caring for patients with IBD knows that some patients also have IBS.

But the mechanisms, approach to and management of IBS is little discussed.

Falk Symposium 170 in Glasgow aimed to redress this imbalance.

Simon Travis, Chair of ECCO Sci-Com, was approached by Falk in order to set up this meeting. It was Dr Travis that came up with the title – *IBD and IBS: Novel Mechanisms and Future Practice*.

– I've been interested in IBS for a long time, Dr Travis explains to *ECCO News*.

– There is a link between IBS and IBD, and that link is inflammation. It *may* be that the difference is only the *degree* of inflammation, he continues.

Dr Travis then contacted Professor Jean-Frédéric Colombel, Professor Robin Spiller and Professor Peter Holzer to form the Scientific Organization for the meeting. They also decided what topics to cover, and which speakers to contact.

– Obviously, a lot of these speakers are also ECCO members, he says.

– Falk gives the task of shaping the agenda and selecting the topics to *us*. They have *no* influence in the content of the lectures or which speakers to choose!



Simon Travis

Stress activates mast cells

Professor Spiller talked about *Inflammation and IBS*. He began by focusing on the balance between the brain and the gut in determining symptoms in IBD and IBS.

– There is a qualitative difference in gut inflammation in IBS versus IBD. There is no tissue destruction in IBS, Dr Spiller pointed out.

So what is the origin of low-grade inflammation in IBS? It could be an inflammatory condition – the clearest example is Gastroenteritis that could lead to Post infective IBS. Dr Spiller also presented data of PI-IBS after salmonella infection.

Stress could lead to immune activation, and also food allergy. Dr Spiller mentioned recent studies that suggest that non-GI infections also can be followed by IBS, and in these cases it may be due to antibiotic use. Prospective studies have shown that antibiotic consumption is associated with a threefold to fourfold risk of developing IBS.

– Psychological factors predominate in IBS. Many patients believe their symptoms are related to stress. But it is only recently that we have begun to appreciate that stress may in itself produce low-grade mucosal inflammation. Stress activates human gut mast cells!

Dr Spiller continued by stating that there is an increased release of tryptase, histamin and serotonin in IBS-patients.

– $5HT_3$ antagonists and tricyclic antidepressants are successful treatments, and anti-inflammatory treatments look promising. Future larger studies are awaited with interest, Dr Spiller concluded.

Practitioner-patient interaction is important

Dr Bruce E Sands held a lecture on the topic *placebo response in IBS and IBD*. Dr Sands started by defining placebo treatment:

– It's a therapy given for a condition without any specific activity for that condition. But please note – the use of pla-

Advertisement

cebo is *not* equivalent to no treatment at all!

According to Dr Sands, a true placebo response is an individual reaction on a neurobiological basis.

– The word placebo actually means, “I please you.” But the question is if it is the doctor that pleases the patient, or vice versa.

The components of the placebo response are several and diverse. They include patient characteristics, such as expectation and adherence and the practitioners’ communication with the patient. The practitioner-patient interaction is also important, and of course the nature of the illness.

In general, higher placebo response rates are associated with frequency of visits, interventions and the duration of study.

A variety of factors have been identified as potentially minimizing the placebo response in IBD clinical trials. These include early timing of the primary endpoint, minimizing the number of study visits and restricting the patient population to patients with documented inflammation.

Attempts to limit the placebo response in IBS studies have proven more difficult.

– Study designs must focus less on placebo response minimization, and more on maximizing study power, said Dr Sands.

Holistic care is essential

Does stress influence IBD? Dr David Rampton presented an overview of the clinical data available. He began by defining stress.

– Stress is a threat to an organism’s homeostasis – it could be physical or psychological, he said.

There is a weakness of literature on observational studies of psychological stress and IBD. The studies are few, and the definitions or stress and life events vary.

– But we can see that lifetime prevalence of major depression is higher for patients with IBD, Dr Rampton continued.

Does stress *worsen* the course of IBD?

– The patients certainly think so! And if you look at the studies it *would appear* that stress worsens the course.

Dr Rampton presented two randomised controlled trials for psychotherapy in IBD. The outcome suggested that psychotherapy sometimes improved a patient’s psy-



Bruce E Sands

chological state. One also hinted that the patient’s IBD was “possibly improved”, and the other said that the IBD was unchanged.

– But there are problems with trials on this subject: Poor definition of IBD activity, mixed IBD groups and insufficient individualisation.

Counselling for IBD seems to have some effect – at least for one year.

– Patients said it helped them to cope.

Dr Rampton then quoted the ECCO Guidelines. Here it states that the psychosocial state of patients should be assessed at clinic visits and physicians should recommend and make available psychotherapy if indicated.

– The holistic care is essential! Listen to your patients, and assess their mood. Even if you don’t believe in stress as a major pathogenic factor, or therapeutic target, for IBD itself – managing it can improve patients’ quality of life, was Dr Rampton’s conclusion.

Insufficient basis for therapeutic decisions

A sizeable minority of patients with an established diagnosis of Crohn’s disease, and symptoms compatible with a disease flare-up, do not have evidence of active Crohn’s disease by laboratory, endoscopic and radiographic criteria.

– Empiric treatment of these patients with biologicals (or steroids or immunosuppressive agents) will not address the cause of the symptoms and will expose the patient to risks that may be unnecessary, said Professor William Sandborn in the Keynote Lecture *How to avoid treating IBS with biological therapy*.

Several studies have suggested that patients with CD and UC may have an increased frequency of concomitant IBS.

– While some of the patients in these studies are likely to have unrecognised active CD, it does seem clear that some patients indeed do have *both* conditions.

One should also consider concomitant infections such as *Clostridium difficile* and Cytomegalovirus.

– It is important to diagnose and treat these infections, Dr Sandborn said.

He continued by pointing out that in addition to these gastrointestinal conditions, up to 24% of patients with moderate to severe CD have a major depressive disorder, and require anti-depressant therapy.

Dr Sandborn concluded that the clinical impression of gastroenterologists based on the patient’s history is frequently wrong,

and therefore is an insufficient basis for making therapeutic decisions.

– Colonoscopy and CTI or MR enterography should be routinely employed prior to any change in therapy! This includes before starting steroids, immunosuppressants or biologicals, but also when patients fail to respond to these.

– Patients with no evidence of active disease by imaging, and persistent symptoms should be systematically evaluated for bile acid diarrhea, steatorrhea, bacterial overgrowth and depression.

Different microbiota in IBD patients

One of the sessions in Glasgow was devoted to *Microbes in IBS and IBD*.

Professor George MacFarlane explained that the human gastrointestinal tract is sterile at birth, but is rapidly colonised by faecal and vaginal bacteria of maternal origin.

– Then a multiplicity of dietary, host and environmental factors affect the acquisition and development of the colonic microbiota, he said.

Dr MacFarlane continued that diet, environment and lifestyle as well as a variety of host factors continue to play major roles in maintaining gut homeostasis throughout life.

– Profound changes occur in the microbiota during ageing. The elderly have been shown to have fewer bifidobacteria and higher numbers of enterobacteria and clostridia than young adults. The changes can be compounded by increased antibiotic use.

The microbiota can be modulated – for example by relatively small changes in diet and increased use of functional foods.

– The presence of *clostridium difficile* increases in patients with IBD in North America, said Professor Philippe Marteau.

– *Clostridium difficile* could play a role in some situations and worsen the prognosis, he continued.

Dr Marteau stated that human studies have repeatedly shown that the microbiota of patients with IBD differs from that of controls and is unstable.

– But clinical studies have so far failed to discover efficient and acceptable antibiotic, probiotic, prebiotic or synbiotic treatment except for pouchitis, he said.



David Rampton



Philippe Marteau



Inflammatory Bowel Diseases

2010

Prague Congress Centre, Czech Republic
February 25 – 27, 2010

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

IBD – a barrier defect

The following session had the headline *Microbial therapy in IBS and IBD*. Professor Eduard F Stange was the first speaker.



Eduard F Stange

– You may have noted there’s not much agreement in the field, he initially stated.

– We *do* however agree on the influence of genetics and environmental factors. Then there are two hypotheses. 1: Dysregulation of Inflammatory T-Cells leads to inflammation in Crohn’s disease – or 2: Reduced antibacterial defence against luminal bacteria leads to this inflammation. The second of these hypotheses is the one I support – and therefore will talk about.

The mucosa is rather sterile and protected by epithelial antibacterial peptides such as defensins, cathelicidins, elafin/antiproteases, bactericidal/permeability-increasing protein and lysozome.

– We’re talking of a chemical barrier, said Dr Stange.

A key role in this barrier is played by defensins. They are endogenous antibiotics with broad microbicidal activity. They are produced in Paneth cells and are expressed in most surfaces – skin, gastrointestinal mucosa, genitourinary tract and lung.

– They have two classes – alpha-defensins and beta-defensins. Beta-defensins are produced in the colon.

A disturbed antimicrobial defence, as provided by Paneth cells and other epithelial defensins, seems to be a critical factor in the pathogenesis of IBD.

– Ileal CD is linked to Paneth cell differentiation, Dr Stange continued.

– We’re treating the inflammation – we’re not treating the defect that *causes* inflammation!

He therefore called for a shift in therapeutic approach to these diseases. One possibility is to administer defensins orally to substitute for the missing antibacterial peptides.

– Another option would be to stimulate defensin formation by certain probiotics, or by bacterial compounds like flagellin.

Dr Stange summed up his somewhat controversial lecture by stating that the main disease locations can be linked to distinct mechanisms of epithelial barrier dysfunction, and both UC and CD appear to be caused by defective differentiation



Kate Blackett was awarded for her poster that concerned synbiotic treatment in Crohn’s disease.

“ I’m glad patients with IBS are taken more seriously. Hopefully the research will result in future treatment for IBS!

of the crypt stem cells to the protective secretory cells, i.e. Paneth and goblet cells. The debate will no doubt continue.

Pleased to see IBS on the agenda

70 posters had been sent in to the conference, and four of these were awarded. The three runners-up had the topics of helminth proteins therapy, a rat model for post-inflammation and evaluation of VEGF and endostatin expressions in UC.

The winning poster concerned synbiotic treatment in CD. Kate Blackett from Dundee Ninewells Hospital collected the prize sum of 750 Euros.

– I have always been interested in microbiota, Kate told *ECCO News*.

– At the moment we’re trying to take the CD study further. The synbiotic (a mix of probiotic and prebiotic) is in the process of being patented right now.

She thinks the congress in Glasgow has been very interesting.

– I’ve listened to many interesting lectures. I’m glad patients with IBS are taken more seriously. Hopefully the research will result in future treatment for IBS!

Fundamentally different disorders

In the State of the Art Lecture, *IBS and IBD – on a spectrum or worlds apart*, Professor Michael Kamm established that functional gut disorders are primarily cen-

tral in origin – with peripheral manifestations.

– Taking the view that there is a psychological component in functional gut disorders is *not* a criticism of the patient! It helps them take that step forward towards help, he stressed.

So why are many Gastroenterologists reluctant to consider or treat psychological factors? According to Dr Kamm, there are several answers to that question:

– It’s not an integrated part of our training. We are ill equipped to deal with these issues. There is poor support in this area, and there is insufficient multi-disciplinary care.

Dr Kamm did *not* think IBD and IBS were the same – or even on a spectrum.

– IBD and IBS have different primary pathology and pathophysiology on a background of different predispositions. The brain, the gut and luminal antigens play a role in both conditions, and may be suitable targets in both. However, they are fundamentally different disorders that just happen to involve the same organs, Dr Kamm concluded.



Michael Kamm

PER LUNDBLAD
Senior Writer



5TH INTERNATIONAL MEETING ON INFLAMMATORY BOWEL DISEASES



CAPRI,
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12th ECCO Educational Workshop

Belgrad, Serbia

The 12th ECCO Educational workshop took place in Belgrade on October 14th, 2009. The workshop was organized by ECCO with the collaboration of the Serbian IBD Society.

The Faculty included Jean-Frédéric Colombel, Gert Van Assche from ECCO, two Serbian National ECCO representatives – Njegica Jojic and Dino Tarabar as local chairs and speakers plus Marijana Protic and Danijela Bojic as speakers. The whole meeting was under patronage of the Serbian Ministry of Health and one of the local chairs was the Serbian Health Minister – Tomica Milosavljevic.

The primary goal of this educational effort was the implementation of the ECCO Consensus on Crohn Disease and Ulcerative Colitis and to spread the knowledge of ECCO guidelines. At the same time, with this type of meetings, ECCO EduCom seeks to implement ECCO guidelines through the case studies based on selected consensus statements and supported by relevant literature in order to optimize the care of IBD patients in Europe as much as possible.

The program of this one day workshop was created around clinical cases where the optimal management is still under debate. Beside the six clinical cases the program included a State of the Art Lecture given by Jean-Frédéric Colombel: Guidelines for Treating Infections and Vaccinations in IBD patients.

The workshop was attended by a final number of 114 participants. The Colleagues came mainly from Serbia but also from the surrounding countries Slovenia, Croatia, Bosnia and Herzegovina, Montenegro and Macedonia. Most of these participants are specifically interested in IBD and work closely with this type of patients.

The program of the workshop was maximally interactive with selected cases which triggered many discussions actively driven mostly by Jean-Frédéric Colombel and local chairs. The following six cases were presented: Left Sided Colitis, Fulmi-



nant Colitis, Pouchitis, Surveillance and Chemoprevention, New Onset Ileocecal CD and Fistulizing Crohn Disease.

The discussions about the chosen ulcerative colitis and Crohn's cases were very active and the course leaders were constantly asking, suggesting and debating the cases presented. This type of discussion helped very much in a way to enlighten and deeply analyze all the chosen cases.

Generally, this type of communication was very useful because of all controversy which can still be present among some of the colleagues. So, all the selected cases were discussed very detailed and instructive which was very productive and became immediately implemented in routine clinical practice.

In all cases the ECCO guideline statements served as the backbone and the reference in all given presentations.

At the end of the workshop all participants gave positive impressions being aware of the clear "messages to take home" from each case. This meeting is very helpful to the participants to treat their IBD patients with much higher quality of care.

The workshop was very well organized in a conference room of the Hotel Zira in

Belgrade where participants had all the comfort during the sessions which was completed with a tasteful lunch during the break.

This way we would like to thank the ECCO EduCom and SciCom members for giving us the chance to organize this ECCO Workshop in Serbia.

Many thanks in particular to our extraordinary experts in this field, Jean-Frédéric Colombel and Gert Van Assche, who found time to visit our city/country and lead this meeting to perfection. We are also thankful to the local speakers and participants for their excellent activity in moderation of the sessions and case presentations.

We are especially grateful to Nicole Eichinger, the Society Manager of ECCO, for her perfection, professionalism and cordiality in the organization of this successful workshop.

Warmly,

NJEGICA JOJIC & DINO TARABAR
ECCO National Representatives (Serbia)



ECCO EpiCom-Epidemiology Committee Launch web-based Inception cohort trial in Europe, <http://www.epicom-ecco.eu>

Is there an east west incidence gradient in IBD in Europe caused by environmental factors and vitamin D level?

EpiCom members of steering group, Denmark:

Birger Dinesen, www.hd-support.dk
Johan Burisch, PhD EpiCom,
 Herlev University Hospital, Copenhagen
Margarita Elkjaer, MD, PhDs,
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Elena Belousova, Moscow
Inna Nikulinen, Moscow

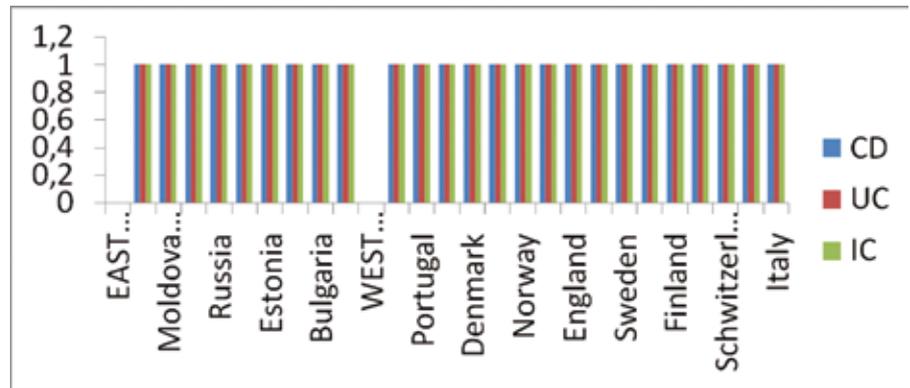


Figure. European countries participating from Eastern and Western Europe monthly incident patients included will appear and be open for everyone. The database hereafter can only be entered by participants with login and passwords.

Introduction

Until recently, only few data were available on the epidemiology of IBD in East European countries. Recent studies from Hungary and Croatia, however, have reported sharp increases in IBD incidence and prevalence rates, comparable to that in Western European countries. In contrast, studies from other Eastern European countries (i.e. Czech Republic, Romania, and Poland) still report low incidence rates. The reason for these changes in the epidemiology of IBD remains unknown. Changes in the lifestyle in Eastern Europe during the last two decades have resulted in a more “westernized” standard way of living. With many aspects of westernization previously being associated with IBD, westernization of lifestyle could explain the observed increases of the incidence of UC and CD.

It is therefore of extreme interest to follow the temporal trends for IBD in Eastern Europe. Additional epidemiologic studies are needed to better define the burden of illness, explore the mechanism of association with environmental factors as well as to identify new risk factors. Thereby, for the first time in Europe, it will be possible to describe real differences among geographical regions across Europe and furthermore to demonstrate the real impact of life style in the incidence of IBD.

Methods

From January 1 2010 – December 31 2011, 9 countries from Eastern and 16 countries from Western Europe will seek to answer the academic question “Is there an east west incidence gradient in IBD in Europe caused by environmental factors and vitamin D level?” via web-based epidemiology registration on <http://www.epicom-ecco.eu>. The database has been translated into Russian by Margarita Elkjær, Elena Belousova and Inna Nikulinen, using standard guidelines.

The epidemiological trial is divided in 2 parts: 1. part: 1.1.2010 – 31.12.2011; Inclusion of adult and child incident Crohn's disease, Ulcerative Colitis and Indeterminate Colitis patients fulfilling the international diagnostic criteria. 2. part: 1.1 2010 – 1.1 2012 1 year follow-up. Differences in the 1 year's follow-up regarding disease course, medical treatment, surgery, quality of Life, impairment of work, cancer and death will be analyzed. The trial consists of 10 working packages:

- WP 1: Inception group construction, environmental factors
- WP 2: Database construction and data management
- WP 3: IBD diagnostics
- WP 4: Quality of care
- WP 5: Quality of Life, WPAI
- WP 6: Surgery

- WP 7: Pediatrics (< 15 y), pregnancy
- WP 8: Cancer, survival
- WP 9: Health care costs
- WP 10: Biologicals

Construction of

EpiCom epidemiological database

The EpiCom database construction by Birger Dinesen, www.HD-support.com, has been ongoing for two years. All participants have validated the construction, feasibility and IT palatability before and after corrections and suggestions. The EpiCom trial database construction and validation is intended to appear in an abstract at ECCO 2010 in Prague in JCC. Furthermore the results will appear at NGC 2010, Nordic Gastroenterology Conference in Copenhagen 8–12 June 2010, www.ngc2010.com, published in Scandinavian Journal of Gastroenterology (SJG).

EC-IBD becomes EpiCom, Epidemiological Committee

Pia Munkholm became head of the EC-IBD European group after Shiva Shivananda, the initiator (1989), and his successor Reinhold Stockbrügger (1997-2005) went on pension. Hereafter Dan Hommes got the idea to create EpiCom and it was accepted to launch an EpiCom seat in the SciCom board of ECCO which Pia Munkholm now is chairing. The Epidemi-



ology has always had hard times but now that European IBD epidemiology is under the umbrella of ECCO the trail should be confident to pass for coming younger ECCO researchers.

Johan Burisch is the PhD student that has been engaged in the first EpiCom trial. He has roots in database science genetically as his grandfather Professor Povl Riis initiated the first generation of the Copenhagen County Database, prospectively data on paper filing in 1958. In 1995 it was taken over by Pia Munkholm who led the database into the electronic age by a 2nd generation scanning version and made the nationwide DCCD, Danish Crohn Colitis Database possible together with surgeon Flemming Moesgaard and hepatologist Poul Schlichting in Herlev. From 2002 the scanning version was initiated. In 2005 HD-Support by Birger Dinesen further developed the 3rd generation database as dual registration modules when web-based online registration now was possible.

Having this database experience in the back the 4th generation European IBD database was a fact. We are exiting and expecting solid data in a cheap and sound fashion.

If your institution would like to participate contact Johan Burisch (burisch@gmail.com) as this prospective inception cohort is launched 1.1. 2010.

Next EpiCom meetings:

- ECCO Prague Thursday 25 february 2010
- Scandinavian Digestive Disease Week Copenhagen Tuesday 8 June
- UEGW Madrid

Forthcoming abstract Publications:

- Scandinavian Digestive Disease Week 8–12 June 2010 in Copenhagen, www.ngc2010.com
- UEGW Barcelona November 2010
- ECCO Dublin 25 february 2011 www.ecco-ibd.eu

PIA MUNKHOLM & JOHAN BURISCH

The 41st Scandinavian Digestive Disease Week

in Copenhagen 8–12 June 2010 is a CME accreditation congress with typically 600–1000 attendance's from all over the world. It covers Gastroenterology (50% is about IBD), Hepatology and Surgery from doctors and nurses perspective.

Presidents:
Pia Munkholm & Søren Meisner (Surgeon)

For more info visit:
www.ngc2010.com & www.imedex.com

Participants:

Country	Participants	
Western Europe (16 countries)		
Austria	Walter Reinisch	
Cyprus	John Kaimakliotis	Michael Tryphonos
Denmark	Søren Avnstrøm Lisbet Ambrosius Christensen Jens F. Dahlerup Lars Munck Ellinor Hylander Møller Vibeke Andersen Natalia Pedersen	Jens Kjeldsen Mogens Vilien, Terje Rannem Margarita Elkjær Johan Burisch Ebbe Langholz Anders Pærregaard
Finland	Pia Manninen Anna-Liisa Karvonen	Kaija-Leena Kolho Matti Verkasalo
Greece	Konstantinos X. Papamichail	Alexander Smirnidis
Iceland	Einar Björnsson	Sjöfn Kristjansdóttir
Ireland	Colm O'Morain	Mary Shuhaibar
Israel	Selwyn Odes Ohad Etzion	Yehuda Chowers Itai Maze
Italy	Sergio Gullini Angelo Zelante Loredana Simone Reinhold Stockbrugger	Matteo Martinato Renata D'Inca Giovanni Fornaciari Marina Beltrami
Netherlands	Marieke Pierik	Reinhold Stockbrugger
Norway	Arne Røseth	Gulen Arslan Lied
Portugal	Fernando Magro	Luisa Manuela Barros
Spain	Alberto Fernandez Villaverde David Martinez Ares Vicent Hernandez Ramirez	Santos Pereira Guelimo Bastida Joan Clófent
Sweden	Sven Almer Jonas Halfvarson Curt Tysk	Christer Grännö Ulf Hindorf Erik Hertervig
Switzerland	Valérie Pittet	Pascal Juillerat
United Kingdom	Ailsa Hart Warren Hyer	Naila Arebi Shaji Sebastian
Eastern Europe (9 countries)		
Belarus	Yuri Marakhouski	
Bulgaria	Dobriana Panova	Vesselin Kotchakov
Croatia	Boris Vucelic	Silvija Cavka
Czech Republic	Olga Shonová Zdenka Krocáková Martin Bortlík	Milan Lukas Dana Duricova Miroslava Adamcova
Estonia	Riina Salupere	Karin Kull
Hungary	Peter Laszlo	Pal Miheller
Lithuania	Limas Kupcinskas Ruta Kucinskien	Gediminas Kiudelis
Moldova	Ion Mihu Viorica Pleşca	Olesea Nicu
Russia	Elena Belousova	Inna Nikulina

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The IBD9 Conference in Athens



The Committee behind the IBD9 conference, including most speakers and chair persons.

The 9th Inflammatory Bowel Disease International Meeting – IBD9 – took place in the ancient city of Athens.

650 participants from more than 30 countries had come to the Greek capital. The theme for the meeting was *Practising in the Global village*.

Athens is a very suitable city for a congress like this. It's the home of scholarly endeavour and critical thinking – and of course the place in history where Hippocrates once drafted his famous oath.

The Hippocratic oath was re-enacted by actors in a spectacular way at the ceremonial official opening of the meeting.

Professor Michael Kamm, Chairman of the Scientific Committee for IBD9, greeted all the delegates welcome, and said:

– We gastroenterologists have a unique position to communicate across cultures!

Food and flora

The first session was entitled *The global medical village*, and Professor Jean-Frédéric Colombel and Professor Kamm had the chairs.

– The incidence of IBD is increasing rapidly. I was in Serbia yesterday, and saw many cases of fistulizing Crohn's disease, which has never been seen there before, Dr Colombel said in his introduction

– There is a variation in the incidence of IBD in the world. This has to be explained, said Professor Philippe Marteau in his talk on the global variation in IBD and the role of food and gut flora.

Dr Marteau stated that in countries where IBD was a very rare disease, the incidence is rising.

– At first we see an increase for ulcerative colitis, Crohn's disease comes after that.

One hypothesis on why this is so, concerns hygiene. Intestinal microbes *trigger*

inflammation in IBD – but there is no evidence for the role of a single “pathogen”. Some have linked the problem with fridges (!), because the rising incidence for Crohn's disease in some countries can be compared to the more frequent use of fridges.

– Some bacteria thrive in fridges, said Dr Marteau.

The diet has changed towards a more Westernised diet in these countries.

– Studies indicate meat, fat and refined sugar to significantly increase Crohn's disease incidence.

More research is needed on the effect of environment on the microbiota and links with IBD, Dr Marteau concluded.

Global management

Another illustration on the need for international collaborations in the global medical village was given by Professor Joseph

Sung. He was working at the hospital in China where the SARS epidemic broke out.

In a riveting and dramatic lecture he told the audience step by step how the disease then quickly spread to the rest of the world – country by country. It served to remind us how *fast* this process is in our modern times.

– We, as healthcare professionals, have learned from this that microbes are a major threat to mankind – not only in developing countries but also in the developed world. Also that leadership in public health and the medical profession can make a big difference in the outcome of a disaster, Dr Sung said.

Steroids are still useful

Before the next session the audience was asked to vote in a total of six questions concerning their attitude to steroids and biologics.

Dr Edouard Louis talked about steroids.

– They have become “public enemy no 1” in IBD, he said.

But he continued to point out that they still have a place in the therapeutic armamentarium of IBD. They are relatively cheap, easy to use, broadly effective and with rapid onset of action.

– A short course of conventional steroids may still be very useful. And – I think this is most important – steroids with limited systemic bioavailability may keep some of the benefits of conventional steroids with fewer side effects, Dr Louis said.

He added that new indications for conventional steroids are: Rescue therapy between courses of biologics in refractory IBD, and also adjuvant to anti-TNF for inducing remission in Crohn’s disease.

5-ASA and thiopurines

Professor Axel Dignass talked on how to best use 5-aminosalicylic acids (5-ASA).

– Although the focus will mostly be on ulcerative colitis, I think the book is not closed on Crohn’s disease. There is a group of selected patients that would benefit from Mesalazine, he pointed out.

There are many forms of 5-ASA – oral and infusion. This has led to improvement of adherence by less frequent dosing and better formulations.

– Optimal preparation for disease location – topical, oral or combined – is important. A once daily dose has been proven to be more efficient, Dr Dignass said.

5-ASA can be used in combination with other drugs, and it’s also an effective can-



Peter De Cruz received the Ferring Fellowship Award.

cerpreventive agent in IBD, was his conclusion.

Professor Jean-Frédéric Colombel talked about thiopurines. There is a growing interest in the use of thiopurines (azathioprine, 6-mercaptopurine and 6-thioguanine) for the management of IBD.

– AZA significantly reduces the risk of surgery for Crohn’s disease in children. What’s so amazing is that when it works, it works for a long time, Prof Colombel stated.

That is good. But there is also a bad side:

– You can’t *stop* the drug. If you stop, many patients will relapse. AZA is also a risk factor for viral infection!

Lesson from the Rheumatologists

Dr Simon Travis then gave a lecture on biological drugs.

– It’s a pleasure to come to a meeting where biologics have a walk-on part, rather than the centre of the meeting, he said.

Is one anti-TNF better than another, he asked himself and also gave the answer.

– The bottom line is that there’s prob-

ably not a lot of difference. What we need to turn our attention to is the question of early use. I think early use is coming to the fore in treatment.

He continued to explain that it’s important to tailor the anti-TNF to the patient.

– We can learn a lesson here from the Rheumatologists: A combination of adalimumab and methotrexate is better than either alone in early disease.

On the question of loss of response, Dr Travis advised the delegates to first confirm active disease. Then to consider if a complication could have occurred.

– Also consider drug related factors: Compliance and antibodies against biological agents. We also need to consider infections in general.

A debate on the use of biological drugs then followed. Professor Marc Lemann argued in his talk that there is an overuse of anti-TNF in the management of IBD. He was followed by Professor Gert van Asche, who took the opposite view. After this the vote in the audience was repeated, and in some of the topics a swing in the attitude could be established.

And the winner is...

White light endoscopy may miss a significant proportion of lesions, but autofluorescence imaging (AFI) holds the potential to serve as a red flag technique for macroscopic detection of intraepithelial neoplasia, said Professor Martin Goetz in a session on new endoscopic and surveillance strategies.

Professor Simon Bar-Meir talked about small bowel endoscopy, and the use of video capsule endoscopy (VCE) and double-balloon endoscopy.



The opportunity to discuss with Michael Kamm over lunch was appreciated.



Pia Munkholm, James Lindsay, Iris Dotan, Jean-Frédéric Colombel and Gerassimos J. Mantzaris.

A diagnose of Crohn's disease based on visualisation of few erosions in the small intestine by VCE alone should be avoided. 13.8% of healthy subjects demonstrates such erosions. They may be the result of NSAID intake and other pathological conditions, he said.

Dr Brian Saunders demonstrated different endoscopic techniques – using dye and removing lesions – with the aid of movies. One of these concerned the “Clear Path” tool for poorly prepared patients.

– 10% of all patients come poorly prepared, he reminded the audience.

The winner of the Ferring Fellowship in Gastroenterology was announced: The prize went to Dr Peter De Cruz from Australia for his work on “*Post-operative Crohn's disease: Endoscopic Guide to Intervention and Molecular Microbiological Determination of Cause*”.

Dr De Cruz had come out as the chosen winner from 60 applications from 19 countries. He received a cheque for 25 000 euros to support his work in the future with a study called POCER – Post Operative Crohn's disease Endoscopic Recurrence.

Lunch with the expert

A look in the crystal ball was taken by Professor Stefan Schreiber in his lecture *Therapy in IBD: what's around the corner?*

Dr Schreiber described the rapid evolution of new treatments that has taken place in the last decade. Novel biologics offer improvements in targets, and promise to reduce side effects. Some of these

utilise the antagonism of cytokines or block adhesion molecules. Early immune-interventions in Crohn's disease should be studied in clinical trials.

– The conventional therapeutic algorithms cannot – or only to a limited degree – prevent surgery or complications in Crohn's disease, which is in sharp contrast to ulcerative colitis in which a proven value for a baseline therapy with mesalazine exists, said Dr Schreiber.

Dr Schreiber – and most of the speakers in Athens – was available for a lunch discussion. During the break, they were sitting at a table in the restaurant marked with their name and a topic. The table had nine more empty seats – and it was up to anyone of the delegates to sit in on a first come – first served basis.

All together 25 experts, it meant that 250 persons could participate per lunch. (But everyone else was also served lunch in an adjacent restaurant). The concept turned out to be very popular, and the restaurant with *Meet the Expert* sign, was very quickly full.

Doctor online

After a session with several clinical cases that was discussed by a panel and the audience, Professor Pia Munkholm presented a Danish web doctor.

– The idea started in the year 2000. Before the patient can use the website, they have to be educated in how it works. Then the patient can monitor the calprotectin levels at home – they could either send in a faecal sample to the lab, or perform the test themselves at home and send in a pic-

ture via mobile phone to a special server. They get the result 15 seconds later via sms!

Dr Munkholm demonstrated how they then put the result in the website. Then the computer calculates their inflammation burden score. It also tells them what to do next.

– We have a doctor that controls the patients. She puts in info of when they had their last infusion of Remicade, and checks the patient via an administration page.

This doctor is Margarita Elkjaer, who also was present in Athens.

– Via the website I know exactly the patients disease activity, their calprotectin level and their quality of life – as they have scored it themselves, she told *ECCO News*.

– I can also see if they have taken appropriate action. If I need to, I can contact them immediately – call their mobile or via e-mail.

Prescribe their own drugs

On the website the patient can choose from eight different drugs – in this process they are guided via questions that they fill in on the screen. In addition, a trial for patients with Crohn's disease is set up for a year, and in this the patients are going to be able to also order Remicade via the website. This is going to include 25 patients, the trial is going to last a year, then a follow-up for another year and after that the outcome will be evaluated.

Dr Munkholm also described the exciting project EpiCom: ECCO will launch a European web based inception cohort database in 24 countries. The purpose is to find out if there is an east-west gradient



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Family name:	_____				
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in IBD in Europe – like the north-south gradient that already has been established. (Read more on *EpiCom* in a separate article in this issue of *ECCO News*).

Questions for an oracle

There were many more interesting lectures held in Athens. In one of these, Professor Joel Weinstock brought up the issue of helminths.

– We are not just ourselves – *you* are a community of living organisms, he said.

– Helminths are animals – not bacteria – that live in the body. There are several types, and they have been demonstrated to modulate immune response in people.

Porcine whipworms were given to patients with IBD, with much better effect than placebo.

– There were no side effects, and it's now a drug.

Dr Severine Vermeire had a talk of the new genetics.

– It's a difficult subject, but since I was coming to Athens, I went to see the oracle in Delphi, she said.

The oracle told her – among many other things – that genetics would be useful for prognosis. It could provide prediction of mild disease and/or low progression. But also to predict severe disease course – i.e. candidates for early aggressive therapy.

But there were several questions that remained: One of these concerned the

impact of host genetics (innate immunity genes) on microbiota of patients.

– But the oracle had – unfortunately – no answer to this, said Dr Vermeire.

A dream came true in Athens

The meeting was – according to *every* delegate that *ECCO News* spoke to during the three days – a great success.

– What an opportunity we had, Professor Kamm said in his concluding talk.

He thanked Ferring, without whose support the meeting wouldn't have been possible.

– I want to make it clear how ethical this co-operation has been, Dr Kamm continued.

He also thanked the local organizer and co-chair of the meeting – Dr Gerassimos Mantzaris.

Adam Maguire at Ferring had spent 18 months preparing the logistics and planning for the IBD9 conference. *ECCO News* asked him how he felt now when it was all over.

– I'm relieved, and very happy with the immediate evaluations that were held after each session, he answered.

– Ferring – as a company – do not depend on quarterly results. Therefore we can look at things in a long turn view. IBD is going to be with us for a long time – we still don't have a cure, and can only offer relief from symptoms. Therefore we want

to contribute – to provide the latest information.

Dr Mantzaris, who lives and works in Athens, was also very happy.

– I'm happy that the feedback was so good. The clinical theme was a big success, he said.



Gerassimos J. Mantzaris

Dr Mantzaris had worked together with Professor Kamm with the programme – the topics and which speakers to invite. He also had local knowledge on issues regarding accommodation and social programme. He especially mentions Dr Johan Masur and Adam Maguire at Ferring for their much-appreciated help.

– It's a dream come true for me to bring such a big meeting to Athens, Dr Mantzaris summed up his impressions of the three intense and interesting days.

PER LUNDBLAD
Senior Writer

ECCO Fellowship/Grant/Travel Award Applications 2010

This year we have received eight applications for ECCO Fellowships, the main purpose of which is to enhance the fabric and scientific contribution of ECCO by providing an opportunity for a young trainee in IBD (age < 40yr) to work in a laboratory or department outside one's own country. The applicants are from Egypt, Belgium, Bulgaria, Italy, Israel, Spain and The Netherlands. Their projects span from molecular biology through genetics up to everyday clinical problems. The ECCO Science Committee will choose two of the applicants to be awarded 30,000 euro each.

Twenty one applicants have submitted their project for an ECCO Grant in 2010, which is designed to support IBD research within the country of origin. The applicants represent twelve different countries. About half of the projects are on clinical problems and the other half deals with basal mechanisms, genetics and epidemiology. Four of these applications will be awarded 15,000 euro each.

ECCO Travel Awards are an opportunity for young investigators to visit different IBD centers in Europe, to learn scientific techniques or to be a clinical observer. This

year we have received two applications from Romania and Israel respectively. The ECCO rules allow for five Travel Awards (1,500 euro each) in 2010 so it might well be that the two applicants are successful. All candidates will be notified by November 30, 2009. For eligibility and detailed information on the application process for ECCO Fellowships/Grants/Travel Awards please visit the ECCO website www.ecco-ibd.eu.

SIMON TRAVIS

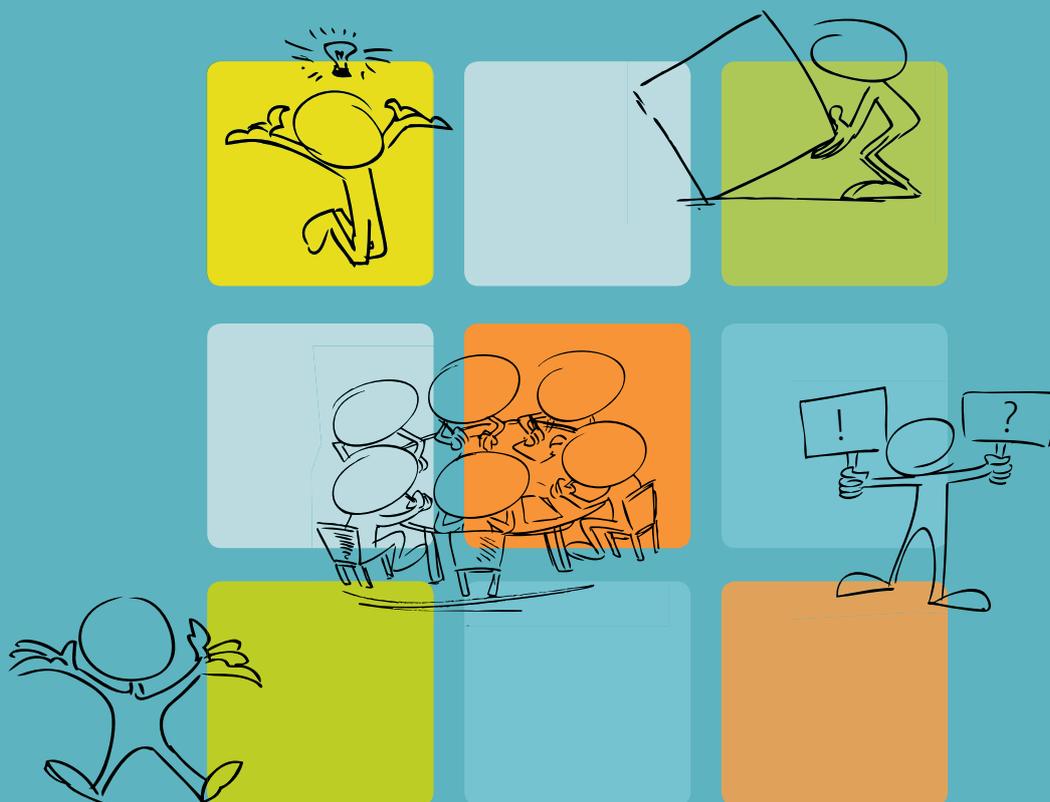
Implementation of ECCO Consensus on Crohn's Disease and Ulcerative Colitis

2010

ECCO

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13 th Educational Workshop	Riga		Latvia
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16 th Educational Workshop	Dublin		Ireland
18 th Educational Workshop	Dubai		United Arab Emirates
19 th Educational Workshop	São Paulo		Brazil

Dates to be announced shortly
online on the ECCO website



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ICC NEWSLETTER 1

We are very happy that we may present the first edition of the newsletter from the Initiative on Crohn and Colitis (ICC) Netherlands. In this newsletter we present you the current status of our activities regarding care, ongoing studies and publications on inflammable bowel disease.

The initiative on Crohn's and Colitis, the Netherlands

The initiative on Crohn's and Colitis (ICC) The Netherlands, formerly known as Dutch IBD Research group, was founded in 2003. A group of passionate gastroenterologists from all academic centres in The Netherlands decided that a joint effort in IBD research was needed to improve the quality of life of patients suffering from this chronic, disabling disease.



This improvement of quality of life in IBD patients is the ultimate goal of the ICC. To achieve this, three important areas were identified: patient care and education, doctors' and nurses' education and research. Partner in the first area is the Crohn's and Colitis Patient Organization of the Netherlands (CCUVN). Together with the patient organization yearly symposia for patients are organised in The Netherlands. These meetings are well visited and highly appreciated by our patients.

Programme 2009

In June, the ICC organized an invitational conference during which representatives of the ministry of health, insurance and pharmaceutical companies, members of hospital boards, gastroenterologists and surgeons discussed future developments in IBD related health care, research and funding. The outcomes of this conference will expectedly guide

the ICC in making strategic decisions regarding the organization of care and future research.

IBD research: the Pearl String Initiative

The ICC has already been quite successful in research aimed at therapeutic interventions, colitis-associated colorectal cancer, diagnostic procedures and genetics. Recently, funding for prospective bio banking was obtained from the Dutch government resulting in the so called "Parelsnoer or String of Pearls Initiative". This initiative aims to create a joined disease specific bio bank ("the String") for 8 disease entities of special importance ("the Pearls") in the 8 university hospitals. We strive to enrol 8000 IBD patients in this bio bank in the next three years.

Education

In addition the ICC organizes regional educational programs and is involved in the training program of the Dutch Association of Gastroenterologists (NVGE). To improve standards of care and cure of IBD the ICC joined the development of the Dutch Guidelines for IBD in adults, and another one in children. These guidelines were finalized and will be published shortly.

Interactive workshops to learn about the bench (basic immunology and laboratory techniques), and about the bed (clinical meetings including case studies) have been arranged.

Future plans

In the next years, the ICC strives to expand its activities. The Pearl string initiative will provide a wealth of data hopefully resulting in detailed genophenotyping and enabling personalized medicine. Furthermore, we hope to further strengthen our organization by engaging young IBD researchers and gastroenterologists. The future of ICC is bright!

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

First name: _____ Middle name: _____

Family name: _____

Date & Year of birth: _____

Institute: _____

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ECCO

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 – VIFOR
- 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 Scaldaferrri (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 – Abbott

Friday, February 26, 2010

- 07.15–08.15 Satellite Symposium 3 – Schering Plough
- 08.30–10.00 Scientific Session 3**
Therapeutic opportunities: Leukocyte 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 Granulomatous 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 – Ferring
- 18.30 **ECCO interaction: Hearts and Minds (St. Agnes Cloister)**

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**
- 11.30–12.15 Scientific Session 9 – Pathogenesis Workshop**
Chairs: Yehuda Chowers (Israel), Matthieu Allez (France)
- 12.15–13.00 Scientific Session 10 – ECCO Lecture**
Chairs: Dan Hommes (The Netherlands), Jean-Frédéric Colombel (France)
- 12.15–12.25 **ECCO Fellowship 2009: The impact of anti-TNF therapy of the faecal microbiota in IBD** – Francesca Fava (Italy)
- 12.25–12.30 **Announcement of ECCO Fellowships and Grants 2010**
Simon Travis (United Kingdom)
- 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)

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Safety of H1N1 influenza vaccine in patients with inflammatory bowel disease treated with immunomodulators

A new project for YECCO is starting, lead by Jean-Francois Rahier of Yvoir, Belgium (jfrahier@gmail.com). The aim is to evaluate (or confirm) the safety of H1N1 vaccine in patients with inflammatory bowel disease treated with immunomodulators and the background is this: On April 2009, the Centers for Disease Control and Prevention (CDC) identified two cases of human infection with influenza A (H1N1)v characterized by a unique combination of gene segments that had not been identified among human influenza A virus. Additional cases were rapidly reported leading the WHO to declare a pandemic phase level 6, indicating widespread human infection.

This has caused widespread anxiety, especially among patients who are potentially immunocompromised. Most cases of influenza A (H1N1)v currently seem to have

uncomplicated influenza-like illnesses. Initial observation suggests that children and young adults may be more susceptible to influenza A (H1N1)v than are older persons. Patients with inflammatory bowel disease (IBD) are in large part of younger age and may be immunocompromised due to their treatment. For this reason, they might be considered as susceptible to and at high-risk from complications of novel influenza (H1N1) virus infection.

Strategies for care providers to prevent disease occurrence and its complications in IBD patients rely on general precautions to limit inter-human transmission of the virus, the use of a vaccination against influenza A (H1N1)v, and the use of pneumococcal polysaccharide vaccine [1]. However, although influenza vaccination (a non-live vaccine) appears to be safe in the immunocompromised, the lack of

safety data on vaccines against the novel influenza A (H1N1) virus in patients on immunomodulators means that the safety and efficacy of these vaccines should be monitored.

This study will evaluate adverse events related to influenza vaccination and the risk of a flare of inflammatory bowel disease within 8-10 weeks of vaccination, in a prospective multi-centre study.

Reference:

1. Review article: Influenza A (H1N1) virus in patients with inflammatory bowel disease. Rahier JF, Viget N, Yazdanpanah Y, Travis SPL, Colombel JF. *Aliment Pharmacol Ther* 2009 (in press)

SIMON TRAVIS

CALL FOR A NEW TOPIC FOR PATHOGENESIS WORKSHOP 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 31, 2009**. 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.

ECCO SciCom

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Foundation of the German Inflammatory Bowel Diseases Study Group

After 1 year of preparation and help from Marc Lémann from the GETAID, on October 1st 2009, the corporate initiative of the German IBD Working Group (DACED) and the Competence Network Inflammatory Bowel Disease (IBD) led to the constitution of the German Inflammatory Bowel Disease Study Group (GISG). Herewith the sub-ordinate target, formulated and conducted by the active work group of Britta Siegmund (Berlin),

Andreas Sturm (Berlin), and Christian Maaser (Lüneburg), has been realised. The members of the GISG are representatives from medical practices, hospitals and universities and aim to optimize conduction of IBD studies in Germany.

The ultimate goal of GISG, in analogy to equivalent structures in other European countries, is to establish a platform to allow for investigator-initiated trials within

the IBD cohort in Germany. During the initiating meeting GISG regulations and communication processes were defined to regulate the steps starting with the submission of the study proposal up to the final publication of study results. First studies have been already prepared on the behalf of the GISG. More information can be found at www.gisg.eu.

ANDREAS STURM

European initiative on collection of DNA and phenotypes of Crohn's disease patients and controls

The International IBD Genetics Consortium has initiated a DNA collection initiative of Crohn's disease patients and appropriate controls in order to study and validate newly identified susceptibility genes for Crohn's disease and study their association with clinical subphenotypes of the disease. Very large sample sizes are necessary for this, which has been the driving force behind this Worldwide collection database.

Samples will be genotyped in 3 locations (one for North America, one for the UK

and one central location in Europe) and results will be shared amongst all investigators.

As a minimum standard and sample size, 500 cases and controls has been proposed. In other words, every group/centre in Europe who has at least 500 patients with Crohn's cases and a similar number of healthy controls (or an equivalent of 500 CD trios, meaning cases with both parents) is invited to collaborate!

This ongoing experiment has already collected over 10,000 CD cases in Europe as

we speak, which is a huge resource for future research. A Worldwide collection of 25,000 samples is envisaged.

People who are interested can contact Miles Parkes (Cambridge UK; miles.parkes@addenbrookes.nhs.uk) or Severine Vermeire (Leuven Belgium Severine.Vermeire@uz.kuleuven.ac.be) for further details.

SÉVERINE VERMEIRE



ECCO'S website

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

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

The website also contains many other links, both internal and external. Documentation for ECCO projects can be downloaded and links to partner organizations can also be found here.

On the website there are also links to forthcoming and past events, and links leading to information on trials about IBD in Europe.

The history of the organization itself can also be downloaded.

In order to keep yourself updated – don't forget to add

www.ecco-ibd.eu to your Favourites!

Dear YECCO members,

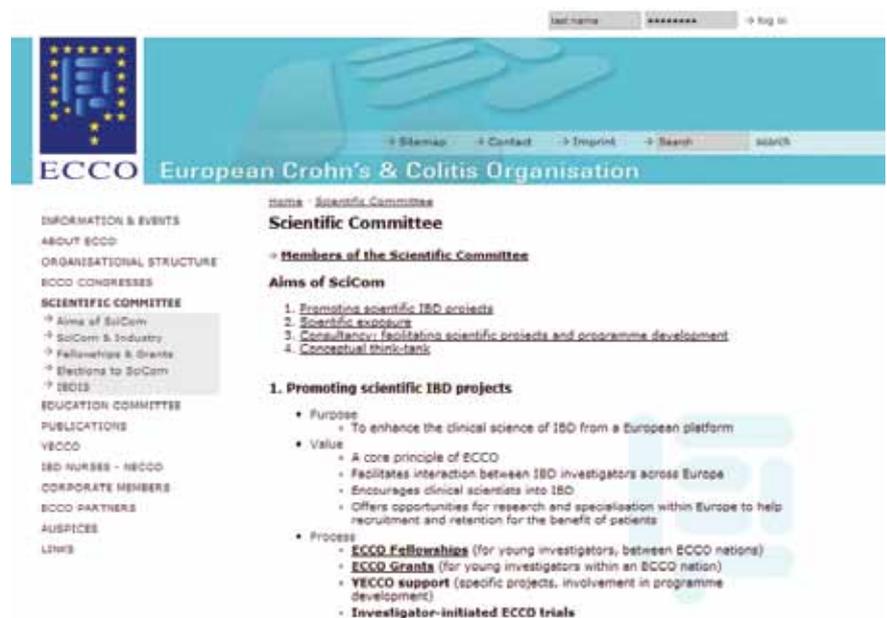
When we started Young ECCO one of our major goals was to encourage scientific collaboration between young IBD clinicians and scientists.

An ultimate way of doing this is probably collaboration in an international scientific trial. In the past, several YECCO members came up with great ideas that were all discussed with the members of the ECCO Scientific Committee (ECCO SciCom). One of these projects “Combination immunomodulator and antibiotic treatment in patients with inflammatory bowel disease and *Clostridium difficile*” was selected to be established on a YECCO level. Recently, the results of this study were published by Shomron Ben-Horin in collaboration with many other YECCO members. (*Clinical Gastroenterology and Hepatology* 2009; 7: 981-987).

Since ECCO welcomes new initiatives for YECCO driven scientific studies we would like to encourage you to consider this platform for international collaboration. On the SciCom pages of the ECCO website (www.ecco-ibd.eu) you can find all information on the process of submitting and performing an ECCO scientific study.

Practically, if you have a good idea for a scientific study, you can write it down as a small study proposal of no more than two pages including aims, methods and endpoints. This *letter of intent* can be sent at all times to Silvio Danese, our YECCO representative in the ECCO SciCom (sdanese@hotmail.com). The project proposal will then be reviewed by the SciCom members and after discussion they will give you feedback with a thorough evaluation of the protocol. If the project is feasible they will give you some recommendations and propose amendments to optimize the protocol.

In the next step, you can work out the protocol more into detail based on the com-



On the SciCom pages of the ECCO website (www.ecco-ibd.eu) you can find all information on the process of submitting and performing an ECCO scientific study.

ments from the SciCom. If your ameliorated project proposal is supported by the ECCO SciCom members they will recommend it to the ECCO Governing Board for final approval of the study.

Importantly, although some projects might be applicable for an ECCO Research Grant of 15.000 Euro each, ECCO will never act as a trial sponsor. However, ECCO can help you in finding financial support (e.g. unrestricted grants from the industry).

ECCO is eager to facilitate the conduct of the study from inception to completion. Their independent appraisal of your project proposal will certainly improve the scientific content and outcome of the study. Furthermore, endorsement of your protocol by ECCO can increase the chance of successful grant application for funding and ethic's approval, which both require independent appraisal.

So, dear YECCO friends, why don't you start writing down the protocol you always

thought of, but were not able to perform since you needed much more patients than you were able to collect in your own centre alone?

If you take the opportunity, YECCO and ECCO will support you!

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**Do you have a good idea for a scientific study?
YECCO and ECCO are eager to help you succeed!**

Travel Awards

Travel Awards are a great opportunity for all young members of ECCO to spend some time in IBD specialist centres throughout Europe and to improve their knowledge, experience and competence in the field of IBD. They are designed to allow young clinicians and investigators to spend one week up to three months abroad to learn a specific technique or to act as a clinical observer. More, the Travel Awards can give you the opportunity to participate in one or more scientific projects and to improve collaboration between different IBD centres throughout Europe.

In the last two years, ECCO granted eleven people with 1500 Euro each. All these award winners had a great experience as some of them reported in the last issues of *ECCO News*. Importantly, people can apply at any time. You only need an agreement with the hosting centre about the period to be spent and the purpose of the visit. Twice a year, the ECCO Scientific Committee and

the ECCO Governing Board will decide who will receive the awards.

Currently, people who want to apply for a Travel Award cannot have a full overview of ECCO IBD centres in Europe, their facilities, activities and opportunities. Therefore, we think that the concept of Travel Awards can still be improved, for example by updating the ECCO "Who is Who". We plan to ask our YECCO members to collaborate in creating a database with all relevant information needed to choose a centre for Travel Awards. One YECCO member per centre will be provided with a form in which he will be able to put all required information about his/her own centre. All those forms will then be collected and data will be put in a database which should be easily accessible through the ECCO website. The database should be updated every two years.

We invite all YECCO members to participate in this initiative. This could be a good way to know each other better and to cre-

ate possibilities to all people wanting to make this experience.

Finally, there are still places vacant for this year's Travel Awards! We hope that many of you will still apply for these awards.

You can ask for more information at ecco@vereint.com or you can contact one of the YECCO representatives directly.

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Gionata Fiorino
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YECCO Workshop 2010 – 1st Announcement

“HOW TO PURSUE A CAREER IN IBD”

Wednesday, February 24, 2010, 16:00-18:00, Prague, Czech Republic

YECCO are pleased to announce the next YECCO Workshop which will take place on February 24, 2010 prior to the 5th Congress of ECCO. The workshop will be integrated within the annual ECCO IBD Course and is open to all YECCO members.

The workshop aims to provide trainees in gastroenterology who have a special interest in IBD with the basis for developing their career. Participants will learn about the different paths to a career in IBD and the important diverse and overlapping disciplines presently available. Experience and advice will be offered on the following aspects: purely clinical (from the general gastroenterologist to the super-specialised IBD physician), endoscopy, imaging, clinical research, translational research and basic science. The crossover between

Preliminary Programme	
Time	Session
16:00 - 16:15	Welcome and introduction
16:15 - 16:35	The IBD physician
16:35 - 16:55	The clinician scientist in IBD
16:55 - 17:15	The IBD therapeutics experts: Clinical trials, biologics and beyond
17:15 - 17:35	Clinical research: How to start and maintain an IBD cohort
17:35 - 17:50	Career development: Gaining relevant experience at home and abroad
17:50 - 18:00	Concluding remarks

clinical and academic careers will receive particular attention. Please find the preliminary programme here above!

For detailed information please also visit the YECCO section on the ECCO website (www.ecco-ibd.eu).

Advertisement

4th NECCO Network Meeting

Prague, February 24–25, 2010

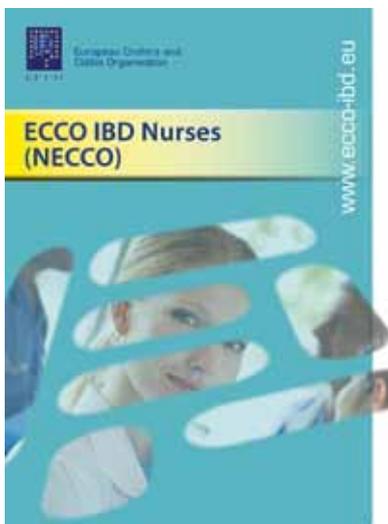
Preliminary Programme

Wednesday, February 24, 2010

08:15–09:15		Breakfast symposium by Abbott
TIME		TITLE
	Welcome Coffee	
09:30 – 09:40		Welcome and Introduction
09:40 – 10:00		Update of the NECCO activities
10:00–12:45	SESSION 1	PRACTICAL ISSUES IN IBD MANAGEMENT
10:00–10:30	Talk 1	Managing the IBD patient on the ward: a European comparison
10:30–11:00	Talk 2	The role of the nurse in IBD endoscopy
11:00–11:30	Coffee Break	
11:30–12:00	Talk 3	IBD outpatient clinic- the nursing role
12:00–12:15		Panel discussion
12:15–12:45	Talk 4	Standardising Care: The UK IBD audit and standards
12:45–14:00	Lunch	
	SESSION 2	MEETING PATIENTS NEEDS
14:00–14:30	Talk 5	Self-management programme
14:30–15:00	Talk 6	Patients needs in IBD care
15:00–15:30	Talk 7	Pain management in IBD
15:30–16:00	Coffee Break	
16:00–16:30	Talk 8	Strategies to improve compliance in IBD focussed on anti-TNF therapy
16:30–17:00	Talk 9	Nutritional aspects in IBD

Thursday, February 25, 2010

07:45–08:45		Breakfast Symposium by Schering-Plough
09:00–11:45	SESSION 3	IBD: FROM GENES TO KIDS
09:00–09:30	Talk 10	Managing IBD in childhood
09:30–10:00	Talk 11	Pregnancy and fertility in IBD
10:00–10:30	Coffee Break	
10:30–11:00	Talk 12	Genetics in IBD: Where are we now?
11:00–11:30	Talk 13	Best Abstracts session: 3 case presentations
11:30–11:45		NECCO closing remarks



New ECCO Nurses Image Brochure available for download at www.ecco-ibd.eu

NECCO is happy to present the new NECCO Image Brochure, which is available for download at the ECCO website www.ecco-ibd.eu

The NECCO Image Brochure gives an insight in the structure and the activities of NECCO. A special focus is given to the upcoming NECCO Network Meeting & NECCO School which will take place in Prague, Czech Republic on February 24 and 25, 2010.

The NECCO Network Meeting gears towards nurses who work in the field of gastroenterology. It will provide an insight into the new therapeutic developments and the services run by nurses for patients with IBD in Europe. The NECCO School is organized for nurses with an interest in IBD, who would like to learn more about this topic (participation upon invitation only). Further to the training aspects for nurses who are involved in the care of patients with Crohn's disease & Ulcerative Colitis, both educational activities also present a platform for networking and information exchange.

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