ECCO NEWS

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

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LETTER FROM THE PRESIDENT

Dear friends,

Sensational! Our Prague Congress has certainly left its footprints in our ECCO history books! Amidst romantic buildings, monasteries and castles we were welcomed by our Czech national representatives Milan Lukas and Martin Bortlik. It was quite moving for all of us to see over 2 500 ECCO friends from all around the world gathering in the Prague Congress Centre to experience our annual highlight. Fellows, nurses, doctors, scientists, corporate colleagues and many other friends all have contributed greatly to making this year's event a huge success.

The program turned out to be particularly exciting because of the high quality science, the amount of clinically applicable knowledge and hot-off-the-press best abstract presentations by young IBD potentials. The educational meetings for young clinicians, and IBD nurses was interactive and stimulating, and the closing ECCO lecture by Claudio Fiocchi summarized all current knowledge into a visionary roadmap which will surely be adapted by ECCO for her future activities. Let's also briefly mention the ECCO Interaction on Friday night. If there is such a thing as the ECCO spirit, it certainly touched all of us that night. Meeting new friends, sharing experiences and having fun is a fundamental element of our growing organisation!

ECCO is rapidly changing into a professional organisation with many stakeholders around the world, aiming to live up to her mission for inflammatory bowel diseases. As opposed to a society, which consists of relationships between people with less well defined goals, an organisation focuses sharply on her mission, and designs all of her processes around this mission. This requires constant innovation, flexibility and expertise in order to keep up with the challenges of a changing world, scientific progress, technological advances and the demands of the EU regulatory framework. ECCO perceives these challenges as unique opportunities to help build uniform EU infrastructures in her member states designed for collaboration, but at the same time respecting national cultures and individual ambitions.

What may be expected from the new team? First, we will embark on an ECCO Roadshow around all of our member states, intended for listening to and learning from our national representatives and local ECCO members on how to develop ECCO further, advising and/or assisting in building IBD infrastructure and expanding our educational- and scientific activities. Second, we will continue to innovate the organisational structure of ECCO. To this end, we have decided to part from our association management company Vereint in order to further develop all our supportive services under our own roof. We are very grateful to Vereint that they have guided and assisted us in building our organisation, and continue to work with Vereint for the Dublin Congress in 2011. In the next issue of the ECCO Newsletter we will present you more details on how we will move forward with the new ECCO secretariat. Furthermore, we must seek ways to optimally disseminate ECCO knowledge among our members. We have the Newsletter and the JCC, but will develop alternative ways using state-of-the-art technologies. Just to give you an example, in Prague we showed our ECCO application on an iPhone showing you that all ECCO guidelines will be available in a readable format. From April on, this ECCO app will be available in the App Store. Please try it, and let us know if you like it! Finally, we will welcome two new groups of friends into ECCO: the paediatricians (P-ECCO) and the surgeons (S-ECCO). We have had already much support and help from individual paediatricians and surgeons, but we will now formally build representation structures, and develop educational and scientific activities together.

Dear friends, please allow us to make use of your unique talents to further build ECCO. In addition, I would like to reach out to you. In order for ECCO to survive, I urge you to visit our website (www.ecco-ibd.eu) and become a *paying* member. The benefits of paying membership are truly worthwhile. On behalf of Jean Fred, Severine, Simon, Herbert, Janneke, and Matthieu I would like to thank you for the trust that you have placed in us, and we look forward to meeting you soon during one of many ECCO activities!
Best wishes!

DAAN HOMMES

IBD in the Postgraduate Course

Before the Congress, a two day Postgraduate Teaching Programme was held. Also this had attracted a record number of participants.
The first of the Plenary Sessions in the course was dedicated to *Management of IBD*. Severine Vermeire held the Chair.

During this, a lot of topics were covered. The first concerned the approach to complex perianal Crohn's disease – both from the physicians and the surgeons' view.

Three rules for medical treatment

Michael Kamm talked about how complex and simple fistulas differ, and also pointed out that they should be examined under anesthesia. He recommended MRI as the gold standard to define tracks.

– Ultrasound is also good, but does not give enough lateral vision. CTI is not good at all, he stated.

Anti-TNF has really changed the treatment and prognosis for these patients.

– Combine anti-TNF therapy with thiopurines as first line "top-down" therapy. Monitor the healing, and stop anti-TNF when healing is achieved! I think these are the three important rules of treatment, Dr Kamm said.

Stem cells seems a promising alternative

Willem Bemelman then gave the surgeon's view.

– Surgery for perianal Crohn's is mostly symptomatic – drainage and setons, Dr Bemelman said.

Only selected cases calls for definite surgery – in combination with medical therapy. Sphincter-saving techniques include fistulotomy, but that is only possible in lower sphincter, he pointed out.

– Anal fistula plug – with stem cell injection is a new kid on the block. The first results are very favourable, Dr Bemelman concluded.

Four steps to treat severe UC

Gert van Assche talked about the optimal timing in treatment of ulcerative colitis.

– Severe UC used to be a deadly disease, but steroids and timely colectomy has reduced mortality to almost zero, he initially stated.

– At first, severe UC is usually treated with steroids, and rightly so. The question is: For how long?

Dr van Assche then gave four steps for treatment: First, call the surgeon. Then make sure the patient is given a relative bowel rest, and clear fluids/electrolytes also parenteral nutrition when signs of malnutrition. Next step is to stop opiates and anticholinergics in case of colonic dilation. Fourth step is to treat – aggressively – underlying colitis.

From left: Michael Kamm, Marc Lemann, Gert van Assche, Severine Vermeire, Willem Bemelman and David Rampton.

– Fourteen days on steroids seems to be the critical timeline for side effects. But remember – the patient can have been on *oral* steroids before. Therefore you must check this, Dr van Assche said.

Good and bad sides of delaying colectomy

Second line therapy with either ciclosporin or infliximab or tacrolimus will often be appropriate, Dr van Assche quoted from the ECCO Consensus Statement.

– It also states that if there is clinical deterioration, colectomy is recommended. If there is no improvement within a further 4–7 days, colectomy should usually be recommended.

He then gave a brief summary of the benefits and drawbacks of different surgical techniques. Medical rescue with infliximab or cyclosporine only delays colectomy for many patients.

– There are both good and bad sides to this. Among the good is that patients may achieve important goals in life – such as adulthood, motherhood or a job – before colectomy. The bad side is that delaying colectomy in the absence of clinical improvement increases morbidity and mortality, Dr van Assche summarized.

Try infliximab first

The use of anti-TNF – which, when and why? was the headline for Marc Lemann's talk.

He started by a quote from ECCO Statement 51: All anti-TNF treatments seem to have equal efficacy.

– But for fistulising Crohn's disease, the efficacy of infliximab for induction of fistula closure is much better documented than for adalimumab and certolizumab, Dr Lemann continued. ➥

Gastro 2009

The 17th UEGW was called *Gastro 2009*. For the first time the conference was a joint venture between four different Gastroenterological organisations. These included the United European Gastroenterology Federation (UEGF), the World Gastroenterology Organisation (WGO), the World Organisation of Digestive Endoscopy (OMED) and the British Society of Gastroenterology (BSG). Almost 14 600 participants – a record number – visited the Conference that was held at the ExCel Centre in London late November 2009.

The patients that have clinical features that suggest a poor prognosis, currently appear to be the most suitable for early introduction of thiopurines, methotrexate and/or anti-TNF therapy (ECCO Statement 5F).

– Among the factors associated with better response to anti-TNF in Crohn's disease are young age, no smoking, no previous surgery and naive to anti-TNF.

In active moderate to severe UC, infliximab is effective to induce and maintain remission and mucosal healing.

– So I think we should try infliximab, before colectomy, Dr Lemann said.

Introduction of anti-TNFs earlier may provide better control of disease. Phenotypic and serological and genetic characteristics can be used to select patients with Crohn's disease who should receive immunosuppression or anti TNF-treatment early on, he concluded.

Be careful with NSAID

Up to 50% of patients with IBD develop extraintestinal complications, according to David Rampton.

These manifestations can be found on the skin, like Sweet's syndrome and Pyoderma gangrenosum, and in the eyes – Episcleritis and Anterior uveitis. Other complications are Peripheral arthropathies and Ankylosing spondylitis.

If NSAIDs are essential for treatment of these patients, use the lowest possible dose and the shortest possible duration, Dr Rampton said.

– Some patients with IBD relapse when given NSAIDs, he explained.

He added that we now know that infliximab and adalimumab are effective for treating Ankylosing spondylitis.

The *relation* to IBD activity is critical in the treatment of these extraintestinal manifestations.

– Activity-dependent extraintestinal manifestations respond to gut-directed treatment, but the activity *in*dependent manifestations do *not*, Dr Rampton said.

– There is a new role for biologics here. If you get patients with serious extraintestinal manifestations – refer to a specialist, was his conclusion.

PER LUNDBLAD
Senior Writer

UEGF 2009 Research Prize to Professor Colombel

In the Opening Plenary Session of Gastro 2009, Professor Jean-Frédéric Colombel, President of ECCO, was awarded the UEGF Research Prize.
Before the Ceremony itself, Professor Charles Bernstein had a talk entitled *IBD lessons from global variations*.

There are some differences in epidemiology – in India the age of presentation of Crohn's disease is a decade later than in the west. In Pakistan colonic involvement is more common, and fistulization and perianal disease appear less common.

Change to gut immune response

In Europe there is the famous north – south gradient (IBD is more common in the north).

Why this is so is not known. Dr Bernstein mentioned the hygiene hypothesis – if we are more exposed to infections and allergens as children, it "teaches" our immune response.

He then presented a long list of features of lifestyle in developed countries. Among the in total 13 items were: Improved sanitation, life on concrete (which means less exposure to soil microbes), less crowded living conditions and increased antibiotic usage.

– There have also been changes in the environment in the developing countries. The changing strategies in anti-biotic use and the change in diet have led to a change in the gut flora. The diet change also gives a change in the gut immune response.

Charles Bernstein

Test them where it is emerging

The NOD-2 mutation associated with Crohn's disease is interesting.

– More people without Crohn's disease have this mutation than with. It is not likely that these mutations evolved over 50 years. It is more likely the lumenal milieu has changed.

A study from a Manitoba IBD cohort indicates a connection between psychological factors and IBD.

– Is this a manifestation of having IBD – or a response to having IBD? We don't know.

Has IBD a connection with the diet? According to Dr Bernstein this is difficult to study, due to the fact that the diet goes on a long time *before* illness.

– And patient awareness of study aim may lead to under- or over-reporting.

Therefore the best place to test this is where IBD is emerging – Asia, South America and Eastern Europe.

– In order to understand IBD – to test our different hypothesises – we need to study where the incidence is *rising*, Dr Bernstein said.

ORIGIN looks for what comes before

At the Session the UEGF research prize was presented. The prize of 100 000 Euro is awarded for excellence in basic science, translational or clinical research within the specialty.

– It's the second year it's been awarded, and the prize has a high impact. It goes to a serious body of work – it's a lifetime award, said Michael Farthing, Chair of UEGF Scientific Committee.

Juan Malagelada, President of UEGF, then presented Professor Jean-Frédéric Colombel who was awarded the prize in 2009.

Dr Colombel had submitted a project that touched upon the same subject as Dr Bernstein did in his lecture.

It concerns observing relatives, immunity, genetics and the microbiome (= the totality of microbes, their genetic elements and environmental interactions in

a defined environment) before the onset of Crohn's disease. It's a multidisciplinary study to evaluate microbial, environmental and genetic interactions in the origin of Crohn's disease.

The project is an ECCO project called ORIGIN. (**O**bserving **R**elatives, **I**mmunity, **G**enetics and the m**I**crobiome before the onset of Croh**N**'s disease)

Look at the other end

The study aims to identify individuals at risk of developing Crohn's disease. It will involve 6 500 first-degree relatives of patients with CD in 16 European countries.

It's the first European prospective study of gut dysbiosis in people at a high genetic risk of developing CD and related autoimmune mediated chronic diseases. A parallel study (the GEM project) is ongoing in Canada.

Jean- Frédéric Colombel – winner of UEGF 2009 Research Prize

In his talk, Dr Colombel presented a slide that described the progressive development of IBD. In it he had a timeline that starts to the left with no disease and evolves into subclinical disease in the middle, and then ends with clinical disease to the right.

– I believe in this model. We have looked at the right hand side of the slide, but it's clear that we have reached dead ends in IBD research. We have to look at the left side too. This is what ORIGIN is going to do, and the prize is going to help financing it, Dr Colombel said.

PER LUNDBLAD
Senior Writer

Surgery in IBD at Gastro 2009

Professor Tom Øresland and Professor Walter Reinisch held the Chair for a Symposium on the place of surgery in IBD.

The Symposium had two speakers talking from one given headline. Four headlines therefore meant eight speakers.

Simple and complex fistulas

The first headline was *Perianal Crohn's disease needs a surgeon*. Yehuda Chowers was the first speaker, and he described the classification of fistulas – simple and complex.

The simple fistulas are low, have a single opening and do not cause sepsis and anal stenosis.

The complex are high, have got multiple openings, create abscesses and anal stenosis.

There are three ways to diagnose these: Physical examination, endoscopically and by imaging.

– If you combine any two of these, the accuracy is 100%, Dr Chowers said.

For a simple fistula, where there is no danger to sphincters, curative surgery is possible.

– But no treatment is an option too, he pointed out.

However, Dr Chowers did *not* recommend curative surgery for complex fistulas where the sphincters are endangered. Instead he recommended treatment with a combination of medical and surgical components.

– Infliximab is a revolution for induction of response – and also maintenance.

The surgical – medical combination gives a higher degree of response, according to Dr Chowers.

– Therefore it shows that we have to work together!

Control disease and eradicate sepsis

Dr Bob Steele took over, and he produced a long list (16 different compounds) for medical treatment of Crohn's fistula-in-ano.

– When you see such a long list, it means that we are not really sure, he commented.

He continued by establishing the fact that although maintenance with infliximab is better than placebo, the efficacy is still only 36% after 54 weeks compared with 18% for placebo.

– So infliximab has not nailed it!

What can a surgeon do? Two things, according to Dr Steele – drain sepsis and excise disease. He drew attention to the fact that undrained sepsis does not respond to treatment.

Emergency treatment of sepsis includes incision and drainage. The surgery should be conservative, and antibiotics should also be used. A complex fistula should be given adequate drainage of sepsis and a long-term seton drainage.

A good combination therapy is drainage of sepsis + seton, infliximab (three infusions) and the seton removed before last infusion.

– I would counsel against defunction – it is better with proctectomy, Dr Steele said. He agreed that physicians and surgeons need to work together and finished his lecture by defining their tasks:

– The physician controls the disease and the surgeon eradicates sepsis!

Surgery can induce symptoms

Next headline was *Ileocaecal Crohn's disease: Medical or surgical treatment?* Marc Lemann thought that it is better to start with medical treatment.

– Surgery can be considered for some patients – it should always be an option for localised disease, Dr Lemann said.

He also quoted ECCO Statements on the matter.

– One of these states that in complicated Crohn's disease, surgery in an early stage is a valid alternative to medical therapy.

Dr Lemann pointed out that surgical resection does not cure, and most of the patients will receive medical treatment after the operation to prevent clinical recurrence.

– Surgical resection can induce symptoms *per se*. When used extensively, many patients with repeated resections developed small bowel syndrome. Post-operative recurrence is still high after 3–4 years.

Dr Lemann also stressed that co-operation is important. He finished his talk with another quote from ECCO Statements.

Tom Øresland and Walter Reinisch

– Multidisciplinary clinical conferences to discuss the treatment strategy of individual cases are recommended – especially for the management of patients with complicated Crohn's disease.

Medical therapy can lead to low QoL

Willem Bemelman continued on the same subject. He stated that there have been many changes for surgery in IBD.

The surgeon has gone from being a generalist to a specialist and has changed from agressive/profylactic surgery to limited surgery – from maximal invasive to minimal invasive.

– Also the surgeon has gone from being monodisciplinary to multidisciplinary. The surgery itself is today evidence-based, rather than "eminence"-based.

Dr Bemelman continued by describing laparoscopic ileocolic resection for Crohn's disease. It is standard of care and has low morbidity, means a short hospital stay and is fast and effective in induction of remission.

– There is also a low surgical recurrence – 10% after a 7–8 years follow-up, he said.

Surgery also gives instant success, and a quick recovery. On the downside is of course a limited loss of bowel. Dr Bemelman pointed out that even if this is avoided with medical therapy, the therapy itself could lead to loss of quality of life due to inadequate symptom relieve or maintenance therapy.

Cancer incidence is declining

Dysplasia: Colonoscopy or colectomy? This was the third subject that two speakers addressed. Ralf Kiesslich was the first.

Dr Kiesslich talked about different techniques for surveillance endoscopy.

– If you combine HD-endoscopy with chromoendoscopy you can see the vessels much better, he said initially.

Narrow Band Imaging does not improve the detection rate of neoplasia in ulcerative colitis, compared to high definition white light endoscopy, Dr Kiesslich continued.

New available techniques in endoscopy – such as endomicroscopy – improve the diagnostic yield of colitis-associated neoplasias.

– We see more; we see smaller neoplasias and more flat lesions. However, cancer incidence is declining overall, he concluded and asked the next speaker, Steve Itzkowitz, to help him out with what the best strategy for the future would be.

Biology doesn't always follow the rules

The success of surveillance colonoscopy depends on three things: The ability to *find* dysplasia, the ability to *resect* dysplasia and patient acceptance and compliance, was Dr Itzkowitz answer.

– But there are problems with continued surveillance for low-grade dysplasia. First, there is an approximately 20% chance that CRC is present even when only low-grade dysplasia is detected. Although chromoendoscopy find more low-grade dysplasias, we don't know whether this changes the natural cause of the disease.

– Biology doesn't always follow the rules – you don't *have* to go from low-grade, via high-grade dysplasias to CRC!

The incidence of CRC in IBD is declining.

– *Why* is hard to answer – 5 ASA, better and more efficient colectomy – we don't know. But it's good news for everyone.

Dr Itzkowitz added that the incidence for CRC still is higher for IBD-patients, compared to the ordinary population.

Letters from patients

The final headline of the Symposium was *Surgery for UC: Cure or curse?*

Gert van Assche started by giving indications for surgery in ulcerative colitis.

– Surgery is an absolute recommendation if the patient suffers from perforation, toxic megacolon, severe bleeding or high-grade dysplasia or cancer, he stated.

He added that these absolute indications concerns a very low *percentage* of patients.

Dr van Assche continued by listing blessings and curses for different surgical techniques. He concluded that these are big operations, therefore the complications are also big.

– Medical versus surgical rescue – it's bridging a difficult gap. Medical rescue only delays colectomy for many patients with acute severe colitis.

Robin McLeod thought that the question of cure or curse was provocative.

– We must bear in mind that we do what we think is good for our patients, she pointed out.

Dr McLeod listed the benefits of surgery.

– It improves quality of life, we treat and prevent CRC, it eliminates the need for medication and its side effects and it improves the mortality.

She referred to a UK study in which the mortality rate for elective colectomy was 3.7%, compared to patients that did not get a colectomy and where the mortality was 13.6%.

– The mortality for these patients was four times higher!

The downside of surgery is small bowel obstruction, pouchitis and sexuality and fertility issues.

– The bottom line is: What do the patients say?

Dr McLeod finished her lecture by showing the audience photos of some letters she has received from patients that have undergone an operation. In one of these a 62-year-old female said "*Thank you for giving me my life back*". In another a 59-year-old male said, "*This is way better, and I'm very happy for having surgery*".

– So surgery for ulcerative colitis is certainly not a curse, Dr McLeod summarized her talk.

PER LUNDBLAD
Senior Writer

Inflammatory Bowel Diseases 2011

The Convention Centre, Dublin, Ireland
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ECCO

6th Congress of ECCO – the European Crohn's and Colitis Organisation

SciCom Report February 2010

SIMON TRAVIS, SEVERINE VERMEIRE, MATTHIEU ALLEZ, SILVIO DANESE, ANDREAS STURM, EDOUARD LOUIS, MIQUEL SANS, PIA MUNKHOLM

SciCom

SciCom is one of the core committees of ECCO. Its remit is to drive the science behind ECCO through Projects, Fellowships and ECCO Grants, deliver IBD scientific programmes for the major international meetings (UEGW, ECCO Congress and collaborative meetings with other societies), divine ideas (pathogenesis workshops, among others) and develop clinical trials with links to industry (including advice on clinical trial design through ClinCom). See the website for the annual report and opportunities, including travel awards (www.ecco-ibd.eu).

Fellowships, grants and travel awards

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

ECCO Fellowships were established to encourage young, academically-orientated gastroenterologists in their career and to promote innovative scientific research in IBD in Europe. In 2010, ECCO Fellowships have entered their fourth year.

Dr. Fransesca Fava received the ECCO Fellowship in 2009 for her proposal to investigate the **impact of anti-tumour necrosis factor-alpha (TNF-α) treatment on the faecal microbiota in inflammatory bowel disease**. Dr. Fava (from the department of Food and Bioscience at the University of Reading, UK), is now in the lab of Dr. Silvio Danese at the Istituto Clinico Humanitas-IRCCS in Milano, Italy. She will present her work (summarised below) at the ECCO Congress 2010 in Prague.

The 2010 ECCO Fellowships have been awarded to **Dr. Emanuel Sala** and **Dr. Caterina Strisciuglio**. Dr. Sala is from the Laboratorio de Immunopatologia Gastrointestinale, Istituto Clinico Humanitas, Italy and will investigate **homing mechanisms of stem cells in IBD** at the Institut D'Investigacions Biomediques, Barcelona, Spain. Dr. Strisciuglio is from the University Frederico II in Naples, Italy and will study **autophagy in immune cell-cell interactions in the gut** at the Leiden University Medical Centre, Leiden, The Netherlands.

For 2010–11, two Fellowships, each worth €30 000 are available. Fellowships, created for young individuals <40 years, are for an original research project undertaken abroad in a European hosting laboratory or department. That department undertakes to guide the ECCO Fellow for the duration of the Fellowship (one year) and is responsible, together with the Fellow, for the successful completion of the project. By way of acknowledgement, any paper on the research supported by an ECCO Fellowship or Grant will be in published in *JCC* or *Gut*, or (if published elsewhere) there will be a synopsis submitted to *JCC* for publication as a "selected summary" of ECCO publications. The ECCO name and logo will be included on all printed matter or slide presentations and a 300 word synopsis of the project submitted to ECCO News. **Guidance and application forms for ECCO Fellowships can be found on the ECCO homepage** (www.ecco-ibd.com)

ECCO Grants are designed to support scientific research in the country of origin. Two are awarded each year, except in exceptional circumstances. In 2009–10, 15 high quality applications were submitted. All were worthy of support. Aided by external reviews and a transparent process (see the website www.ecco-ibd.eu) four grants were awarded, each worth €15 000.

The assessment of ECCO Grant applications is determined by ranking 6 criteria, scored. All projects are externally reviewed and ranked by the members of the ECCO Scientific Committee with, based on the following criteria:

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

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

For 2010–11, ECCO Grants have been awarded to:

- **Gwo-Tzer Ho (Edinburgh, UK):** Modulating primary intestinal epithelial defence and immune response in inflammatory bowel disease – development of an integrated inducible epithelial gene transfer and expression system.
- **Michel Maillard (Lausanne, Switzerland):** Modulation of gut immune homeostasis via the Toll-interacting protein (Tollip).
- **Yoav Mazor (Haifa, Israel):** Matrix metalloproteinases (MMPs) and ADAMs in IBD.
- **Michael Scharl (Zurich, Switzerland):** The role of Protein tyrosine phosphatase N2 in the regulation of cytokine-induced apoptosis in the intestinal epithelium.

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

ted to SciCom and ECCO News within 12 months of the award. ECCO Committee members are excluded from applying.

Successful applicants for 2010 were

- Maza Itay (from Haifa, Israel to Leiden,The Netherlands to observe and study IBD biobanking)
- Ana Maria Catuneanu (from Bucharest, Romania to Oxford, UK)
- Zoran Milenkovic (from Belgrade, Serbia to Lille, France)

Reports from ECCO Fellowship, Grants and Awards 2009-10

ECCO Fellowship 2009

Fransesca Fava (12 month update)

The impact of anti-tumour necrosis factor-alpha (TNF-α) treatment on the faecal microbiota in inflammatory bowel disease (IBD).

The gut microbiota of T-bet-deficient mice include a live agent capable of transferring a TNF-α-driven colitis, that can be cured by anti-TNF-α treatment. The aim of this study was, therefore, to test whether changes in mucosal inflammation upon anti-TNF-α treatment modulate the gut microbiota in three groups:

- patients with IBD
- chronic inflammation outside the gut (psoriasis)
- non-treated healthy controls.

30 subjects have been recruited, disease activity indices are being analysed, with faecal and blood samples at weeks 0, 2, 6, 14, 22, 30 after infliximab or adalimumab. Intestinal biopsies are being collected from patients with IBD before and after anti-TNF-α treatment. Microbiota profiling of faecal samples of IBD, PS and healthy individuals has been carried out through FISH using 16S rRNA-targeted oligonucleotidic probes specific to dominant members of the gut microbiota. Preliminary results show that anti-TNF-α treatment increased the levels of *Bifidobacterium* spp in CD responders during induction, but values tended to baseline during maintenance. In UC responders there were *no* major changes in *Bifidobacterium* spp. *F.prausnitzii* increased after induction treatment in UC, but tended to revert to baseline values during maintenance, while in CD the levels *decreased* during induction and *increased* during maintenance. *Bacteroides* spp numbers increased during induction in UC, but during maintenance therapy in CD. There were detectable changes in numbers of *Eu. rectale-C. coccoides*, *Enterobacteriaceae*, and *Atopobium*, with high inter-individual variability, but numbers of *C. hystolyticum* , *Lactobacillus enterococcus* spp were largely unchanged. High inter-individual variation was observed in β-defensin levels at baseline, which appeared unchanged by therapy. Gene expression by 48 genes encoding for inflammatory molecules, tight junctions proteins, or defensins is being measured in intestinal biopsies and analysis of the results is in progress. The project continues to recruit, but anti-TNF therapy does appear to have different effects on the microbiota in UC and CD.

ECCO Grants 2009

Sofia Buonocore

Identification of IL-23 dependent innate effector pathways in colitis.

The aim of this project was to identify the cellular source of key IL-23-dependent cytokines including IL-17 and IL-22 and to assess their functional role in innate immune mediated colitis. Results show that the expression of inflammatory cytokines is consistent with selective upregulation of IL-23, with significant increases in the expression of Th17 and Th1 signature cytokines, including IL-17, IL-22 and IFN-γ by colonic lamina propria cells. What makes this convincing is that this occurs in lamina propria cells from *H. Hepaticus*-infected *Rag*$^{-/-}$ mice, but not from spleen cells.

To determine whether IL-23 acts directly on innate cells to induce Th1 and Th17 cytokines, lamina propria cells were isolated from healthy colons of *Rag*$^{-/-}$mice and stimulated with IL-12 or IL-23. A series of experiments, including cytokine stimulation and blockade, determined that *H. Hepaticus*-induced IL-23 regulates the innate expression of effector cytokines (IL-17 and IFN-γ) that play functional roles in the intestinal innate inflammatory response. Innate cells responsive to IL-23 in the inflamed intestine,were identified by cell sorting. Leukocyte lineage (Lin) markers CD11b, GR1 and B220, demonstrated that cytokine-expressing cells were CD45^{+}Lin^{-} and distinct from common innate cell populations. Intracellular cytokine staining, in combination with cell surface marker expression on lamina propria cells from colitic mice, showed that that almost all IL-17 secreting cells expressed high levels of Thy1. Such cells are required for organogenesis, but are phenotypically distinct, suggesting heterogeneity amongst innate lymphoid cells in the intestine. This work may identify more specific targets for the treatment of inflammatory bowel diseases.

Jan Wehkamp

WNT transcription factor Tcf-1 and its role in protective innate immunity in inflammatory bowel diseases.

TCF-1 expression, which connects the Wnt signaling pathway to target genes has been the focus of the work supported by the ECCO grant, since this is another transcription factor of the LEF/TCF family. Expression of the Wnt signaling transcription factor TCF-1 was reduced in patients with CD (p=0.026). Unlike TCF-4, the decrease in TCF-1 mRNA expression in the small intestine was found in patients with either ileal CD or those with colonic involvement, which is a bit surprising. Wnt signaling induces activation of α-defensin HD-5 and HD-6 promoters *in vitro* and the effect is mediated by Wnt-responsive β-catenin/TCF consensus elements. Mutation of three TCF-sites reduces α-defensin-promoter induction by Wnt signaling. Furthermore over-expression of TCF-1 activates the transcriptional activity of HD-5 and HD-6, which is strongly suppressed by mutating all three TCF binding sites. TCF-1 looks like a new regulator of Paneth cell defensins.

Stefania Vetrano

The protein C pathway in inflammatory bowel disease: a novel mediator of cross-talk between dendritic and epithelial cells.

The protein C pathway is a well characterized anti-coagulant system. Endothelial protein C receptor (EPCR) and thrombomodulin (TM) are expressed selectively at high levels in the microvasculature. We have previously shown that the PC system controls microvascular inflammation in the gut. The aim of this study was to explore the expression and functional role of the protein C pathway in other cell-types in the gut. Confocal microscopy of colon-

ic mucosa from healthy subjects showed that TM and EPCR were expressed by intestinal dendritic cells (colocalization with CD11c) and reduced in CD and UC. The PC pathway was shown to be functionally active in converting PC into its activated form by dendritic cells. TNF-α and LPS significantly ($p<0.05$) impaired the capacity to activate PC, while IL-10 increased dendritic cell conversion of activated PC. This shows, for the first time, that the PC coagulation pathway is expressed and functionally active in the intestinal mucosa of healthy subjects. In addition, previously unrecognized cell types such as DC express PC pathway components that mediate a novel system for cell-cell cross-talk in the gut. The PC pathway is strongly down-regulated in IBD-DC, and inflammatory chemokines or bacterial products induce its down-regulation. Restoring the anti-inflammatory activity of activated PC could be therapeutically relevant for IBD, as has successfully been used in sepsis.

Maria Papp

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

Seven hundred plasma samples of 340 patients with Crohn's disease and ulcerative colitis were assayed for different VWF (antigen level, activity and multimerization) and ADAMTS-13 (antigen level, and activity) parameters. Analysis of the total array of data shows a modest increase (about 1.3 fold) in activity or antigen level and a decrease in high molecular weight multimers. There was no difference in ADAMTS-13 activity and antigen level. The potential interaction with the clinical presentation is under evaluation. Of the 340 patients, 200 were in remission and were followed up to evaluate any association with disease activity. The efficacy of VWF and ADAMTS-13 parameters as predictors of relapse is being tested and compared with CRP and lipopolysaccharide-binding protein. A new technique for detecting VWF and ADAMTS-13 in the gut has been developed using mRNA expression. Unfortunately the original plan to use endoscopic colon and ileal biopsy samples turned out to be unsuitable, because they do not contain enough vessels. Surgical and pathology samples are now being used, with the expectation that the work will be completed in the coming year.

Marita Elkjaer

Virtual Hospital System in IBD: Patient centred monitoring and web-guided therapy with 5-ASA in ulcerative colitis "Constant-care": Impact on quality of life and cost benefit.

316 patients with UC have been included in the project and all Danish patients have completed 12 months' follow-up. Home-testing of faecal calprotectin is under study. Approximately 45 Irish patients will complete the 12 months follow-up in April 2010. The data on Danish patients is under evaluation and a range of lectures, oral presentations and posters have been presented at international meetings, as well as a paper (Development of a Web-based concept for patients with ulcerative colitis and 5-aminosalicylic acid treatment. *Eur J Gastroenterol Hepatol* 2009 Jun 18 (Epub ahead of print).

ECCO Travel Awards 2009

Joana Torres

Between October and December 2009, I had the wonderful opportunity of being a clinical observer in the University Hospital of Lille, with Professor Jean-Frédéric Colombel. I had the chance to work with brilliant doctors and skilled scientists, in a Service where team work was the very essence of work. To get the greatest experience, I divided my time between IBD consultation, the Infirmary of Nutrition (where most of IBD cases needing hospitalisation are admitted) and Endoscopy. In **IBD** I worked mostly with Professor Colombel and Professor Antoine Cortot, watching the implementation of guidelines on a daily basis and understanding the indications, contraindications and pharmacology of the therapies used. I also observed new biologic agents through the inclusion of patients in phase III clinical protocols (golimumab, vedolizumab, Anti-IL-12/IL-23, etc). In **Nutrition,** I observed patients with acute severe ulcerative colits, complicated Crohn's and short bowel syndrome, providing an insight into the indications for enteral and parenteral alimentation as nutritional therapies. In **Endoscopy** I saw the routine utilization of endoscopic scores in IBD, as well as new endoscopic techniques such as narrow band imaging endoscopy, chromoendoscopy and confocal endomicroscopy. During this three months I also worked with Professor Frank Broly on a new TPMT mutation found in a patient who developed immunosuppression while on standard doses of azathioprine , now accepted for publication as Letter in *Inflammatory Bowel Diseases*, as well as a case study of a patient with paroxysmal nocturnal hemoglobinuria suffering from recurrent ischemic episodes of the gut, awaiting decision from *Nature Reviews Gastroenterology and Hepatology.* I would like to thank the Lille Gastroenterology team who were always warm, friendly and made feel at home, and Professor Colombel and Professor Cortot in particular. They are brilliant doctors and scientists and wonderful persons who kept me motivated and transmitted me their passion for IBD.

I would also like to gratefully thank to ECCO for the Travel award.

Michael Dam Jensen

Supported by an ECCO Travel Award, I travelled from Odense to the Gastroenterology Unit in Oxford. The purpose of the stay was to improve my knowledge about managing patients with complicated Crohn's disease and ulcerative colitis. During my stay, I participated in ward rounds, the IBD Clinic, and Endoscopy Unit giving me the opportunity to see the full spectrum of patients with inflammatory bowel diseases including highly complicated patients requiring multidisciplinary treatment. Discussing strategies for diagnosis and treatment was very educational. Furthermore, I experienced an excellent academic environment in which education and research was paramount. It was very inspiring. I performed a retrospective study on the clinical impact and benefit of capsule endoscopy in patients with suspected and known Crohn's disease. Results were presented and further data collection has been initiated in Odense, Denmark. I would like to thank ECCO for the Travel Award and express my gratitude to Dr. Simon Travis for providing an educational stay in Oxford.

Davide Checchin

See report in *ECCO News* October 2009.

ECCO Projects

ORIGIN: ECCO and Partners' application for European FP7 Funding

As *ECCO News* hits the press, we hope that we will hear whether the FP7 application for EC funding to the tune of €6m will have passed the second hurdle. The first hurdle was collating a 107 page application with 17 partners for a project designed to discover the very origin of Crohn's disease in a prospective study of first degree relatives (FDRs). **ORIGIN** (**O**bserving **R**elatives, **I**mmunity, **G**enetics and the m**I**crobiome before the onset of Croh**N**'s disease) will recruit 6500 FDRs (aged 10-35years) of people with Crohn's and follow them for 5 years. About 40 can be expected to develop Crohn's, but 5 times as many may develop an immune-mediated inflammatory disorder (IMD) related to Crohn's. Each will contribute an annual blood and faecal sample, complete environmental questionnaires and have their DNA genotyped. When a person develops Crohn's or related IMD, nested case control studies (with at least 3 matched controls) will explore differences in the microbiota, immune response, or environmental exposure. Dysbiosis – an imbalance in the gut microbiota – is considered the key. Diagnostic tools for detecting dysbiosis will be developed, including yeasts. **ORIGIN** is an incredibly exciting project, driven by ECCO, interacting with major European initiatives on the microbiome and recruiting from well characterised patient populations in European IBD centres. There will be more on this, but SciCom will handle the recruiting centres on behalf of ECCO and to summarise:

ORIGIN is a European study that will define dysbiosis and deliver diagnostic tools for the risk of developing Crohn's Disease (CD) or related immune-mediated diseases (IMDs). CD is an autoimmune, inflammatory disorder of yet unknown aetiology. It is a life-long disease that has a major impact on the quality of life into old age. A host of genes are associated with CD and related IMDs, but none yet explains disease causality or pathogenesis. Disturbance of the gut microbiota, so called dysbiosis, is thought to precede the onset of CD, but science and therapeutics are hindered, because no studies ➥

Participant no.*	Participant organisation name	Part. short name	Country
1 (CO)	The Chancellor, Masters And Scholars Of The University Of Oxford	UOXF	UK
2	European Crohn's and Colitis Organisation	ECCO	AT
3	University Lille 2	UL2	FR
4	L'Institut National de la Recherche Agronomique	INRA	FR
5	University Hospital Gasthuisberg, Leuven	KUL	BE
6	Centre Hospitalier Universitaire de Liège	CHUL	BE
7	Istituto Clinico Humanitas	ICH	IT
8	Assitance Publique Hôpitaux de Paris	APHP	FR
9	Leiden University Medical Centre	LUMC	NL
10	UniData Geodesign	UDG	AT
11	ProtNeteomix	PNX	FR
12	Société de Recherche et de Réalisations Biotechnologiques	SR2B	FR
13	ARTTIC	ART	FR
14	CSIRO	CSIRO	AU
15	Institut National de la Santé et de la Recherche Medicale	INSERM	FR
16	Université Clermont 1	UNICF	FR
17	Concorci Institut D'Investigacions Biomèdiques August Pi i Sunyer	IDIBAPS	ES

Subject recruitment will be coordinated by ECCO SciCom and will involve the following hospital organisations:

Hospital	Town	Country
Semmelweis University	Budapest	Hungary
Clinical Centre ISACRE Lighthouse	Prague	Czech Republic
Fundemi Gastroenterology and Hepatology Center	Bucharest	Romania
Tel Aviv Sourasky Medical Center	Tel Aviv	Israel
Zvezdara Clinical University Center Belgrade	Belgrade	Serbia
Charité Campus Virchow-Klinikum	Berlin	Germany
AKH Wien	Vienna	Austria
Örebro University Hospital	Örebro	Sweden
University Hospital Gasthuisberg	Leuven	Belgium
Centre Hospitalier Universitaire de Liège	Liège	Belgium
Istituto Clinico Humanitas	Milan	Italy
University Lille 2	Lille	France
John Radcliffe Hospital	Oxford	United Kingdom
Addenbrooke's Hospital	Cambridge	United Kingdom
Hospital Clinic/IDIBAPS	Barcelona	Spain
Hôpital Necker Enfants Malades	Paris	France

have examined events that precede disease onset. Causative host-pathogen interactions will only be deduced from a study that prospectively evaluates all factors, prior to clinical presentation. The greatest identifiable risk for developing CD is a first-degree relative (FDR) affected by CD. **ORIGIN** will uniquely examine the changes in the microbiota, exposure to food allergens and enteric pathogens and the altered immune response that precede the onset of CD and related IMD in FDRs. Complementary animal models will be used to discover molecular mechanisms why an inflammatory reaction fails to resolve. The unique originality of **ORIGIN** is the prospective analysis of microbial, environmental, genetic and immune factors that trigger the development of CD/IMDs in a fully integrated manner. The top-flight, multidisciplinary research and SME consortium of **ORIGIN** will determine how dysbiosis develops, is influenced by the environment and genetics and affects the immune response before the onset of CD or related IMDs. **ORIGIN** complements work on the human microbiome (MetaHIT project). Translational research will develop tools for detecting dysbiosis. **ORIGIN** will create targets for early diagnosis and therapeutic intervention in CD and related IMDs.

International IBD-Genetics consortium
ECCO has given an exceptional €50 000 grant to the International IBD-Genetics Consortium for the study on the translational role of genetic markers in the prediction of disease outcome in Crohn's disease.

The International IBD Genetics Consortium was founded in 1997 by Professor DP Jewell from Oxford UK, to unite researchers and clinicians who had at that time started to decipher the underlying genetic susceptibility to Crohn's disease. Whereas in the early days (late nineties), the consortium focused on linkage studies and collected families and siblings with IBD, the execution of several genome-wide association scans (GWAS) in the past three years has shifted the collection and study to a case-control design. The results of these GWAS scans once more confirm the success of IBD genetics, but at the same time prove the necessity of studying large cohorts. One particular area where genetics could be translated to the clinic is in the prediction of the course of the disease. At present a number of clinical factors of bad outcome have been identified (young age, perianal disease, need for steroids at diagnosis, etc) but these are insufficient.

With the financial support of ECCO, the International IBD Genetics Consortium has analysed all currently genotyped (GWAS-ed) patients with a "mild" course of Crohn's disease (defined as patients who at latest follow up still had B1 behaviour (pure inflammatory), no perianal disease and no surgery), as well as patients with an "aggressive" disease course (defined as surgery, or a B2 or B3 behaviour at diagnosis) for the confirmed genetic risk loci. The results of this study will be presented by James Lee on behalf of the IBD-Genetics consortium during the ECCO meeting in Prague. A follow up study has been planned in the meanwhile. For this, more than 20 000 additional samples from patients with Crohn's disease have been collected, mainly in Europe, to be both genotyped and phenotyped to confirm these findingsThe impressive progress of the genetics research in IBD has only been possible thanks to the collaborations across borders and thanks to the financial support provided by ECCO!

ASTIC
Remember to think of referring a patient for the ASTIC study of stem cell transplantation as an option for patients with severe, active Crohn's disease in spite of biological therapy and for whom surgery or other therapeutic options are considered inappropriate (http://www.nottingham.ac.uk/icr/astic/)

Safety of H1N1 vaccine in IBD patients
Jean Francois Rahier from Yvoir, Belgium has initiated a prospective, multicentre study of H1N1A vaccination in people with IBD as an ECCO project. Although influenza vaccination (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 continuously monitored. The purpose is to evaluate solicited adverse events related to influenza vaccination and the risk of a flare of inflammatory bowel disease in over 300 patients, vaccinated in Nov/Dec 2009 and followed up by telephone call 8 weeks after vaccination.

METEOR
METEOR is a randomized controlled trial comparing methotrexate and placebo in corticosteroid-dependent patients with UC. It is an entirely institutional trial driven by the GETAID and ECCO. 110 patients have to be included. Fifty patients have been recruited: 42 in France and 8 in Italy. Other centres are opening in Europe.

ECCO Pathogenesis Workshops
the first pathogenesis workshop on "**Loss of response to anti-TNF"** has been completed, with two meeting during UEGW in 2008 and 2009. More than 60 ECCO members participated. Two manuscripts are being prepared for JCC.

SciCom is now launching a second pathogenesis workshop. A call for proposed topics was sent to all ECCO members in September and November 2009. The topic selected is "**Relevance of Mucosal Healing for the Disease Course of IBD"**. This workshop will be conducted by Andreas Sturm, Florian Rieder, and Edouard Louis, with a meeting during the 2010 ECCO meeting in Prague. The workshop will be based on a systematic literature review of the mechanisms and relevance of mucosal healing, predictors and markers for mucosal healing, and the impact of mucosal healing on the course of IBD. The workshop will use this to identify therapeutic strategies to enhance mucosal healing and develop a European Study Platform for Mucosal Healing.

At the ECCO meeting, different working groups will be initiated, the work defined and there will subsequently be a call for members of the project. The Pathogenesis workshops aim to take a topic of current interest, break it down into component parts, systematically review the literature, define unanswered questions and then initiate collaborative work in basic and clinical science.

Ave and Valete
Simon Travis and Severine Vermeire step down from SciCom at the ECCO Congress in Prague, having been members since its inception by Daan Hommes, with Yehuda Chowers and Walter Reinisch. The two new members are Edouard Louis and Miquel Sans, with Matthieu Allez taking over as Chair. The call for the next election (to replace Silvio Danese) will be made in the summer. As Simon says, it's been fun! ■

ECCO Educational Committee 2010:

Farewells and new horizons

The beginning of a new year is always exciting and something to look forward to, but the beginning of this years' EduCom comes with mixed feelings. The reason is that the committee welcomes new members, which means we had to say goodbye to our old members and friends Pierre Michetti, Paolo Gionchetti and Philippe Marteau.

Pierre dedicated lots of hours into ECCO already from the foundation of the organisation and chaired our committee for the past years. He succeeded to increase the visibility of the educational committee, which resulted in the enlargement of the EduCom group and therefore the possibility of increasing our educational activities. He will continue to represent ECCO in the UEGF and has become an honorary member of ECCO.

Paolo Gionchetti was the driving force behind the ECCO IBD Course and during his work for EduCom the number of students almost doubled. Also the program evolved with more interaction during the workshops and we are grateful that although he has now left the EduCom he will help us to ensure the quality of next years' program.

Philippe Marteau was from the start a steering committee member of the nurses in ECCO and during his membership the number of nurses participating in the network meetings remarkably increased. We are really thankful for their work and as a result of that the Educational Committee is able to start an exciting and very busy new year.

In 2010, five European workshops will again take place in Donetsk, Ukraine (September 17), Budapest, Hungary (September 18), Riga, Latvia (October 9), Galway, Ireland (October 15) and Sofia, Bulgaria (November 12). The workshop in Latvia has been awarded with a UEGF training support, for innovative educational activities.

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. We are happy to announce that we have now included new challenging cases which will be discussed during these on guidelines based workshops. Furthermore our reputation grew beyond the "borders" of Europe with invitations to give workshops all over the world. For this year we accepted invitations from the United Arabic Emirates (Dubai, April 6) and Brazil (São Paulo, June 19) and we welcome new invitations for next years' workshops.

> "The ECCO guidelines are very successful and as a result, new guidelines meetings on different and more specific situations are supported.

In February, the updated guidelines for Crohn's disease were published in JCC and the updated guidelines for ulcerative colitis are expected in the beginning of next year. The ECCO guidelines are very successful and as a result, new guidelines meetings on different and more specific situations are supported. A specific guideline for pregnancy in inflammatory bowel diseases is expected by the end of this year, and this guideline will cover a comprehensive overview of different aspects of reproduction. Furthermore new initiatives will cover imaging, pediatrics and nutrition in IBD. Because there is an increasing interest for these activities the consensus working group now consists of three EduCom members.

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 and integration of the YECCO workshop. The faculty of the course consists 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. With the increasing numbers of young doctors with a specific interest in IBD there is a need for further optimizing the quality of our yearly school activities and we will enhance the level of interaction with IBD specialists. Really exciting is the interest of not only gastroenterologists but also pediatricians and surgeons for our educational activities and we also strive to meet their specific needs in education.

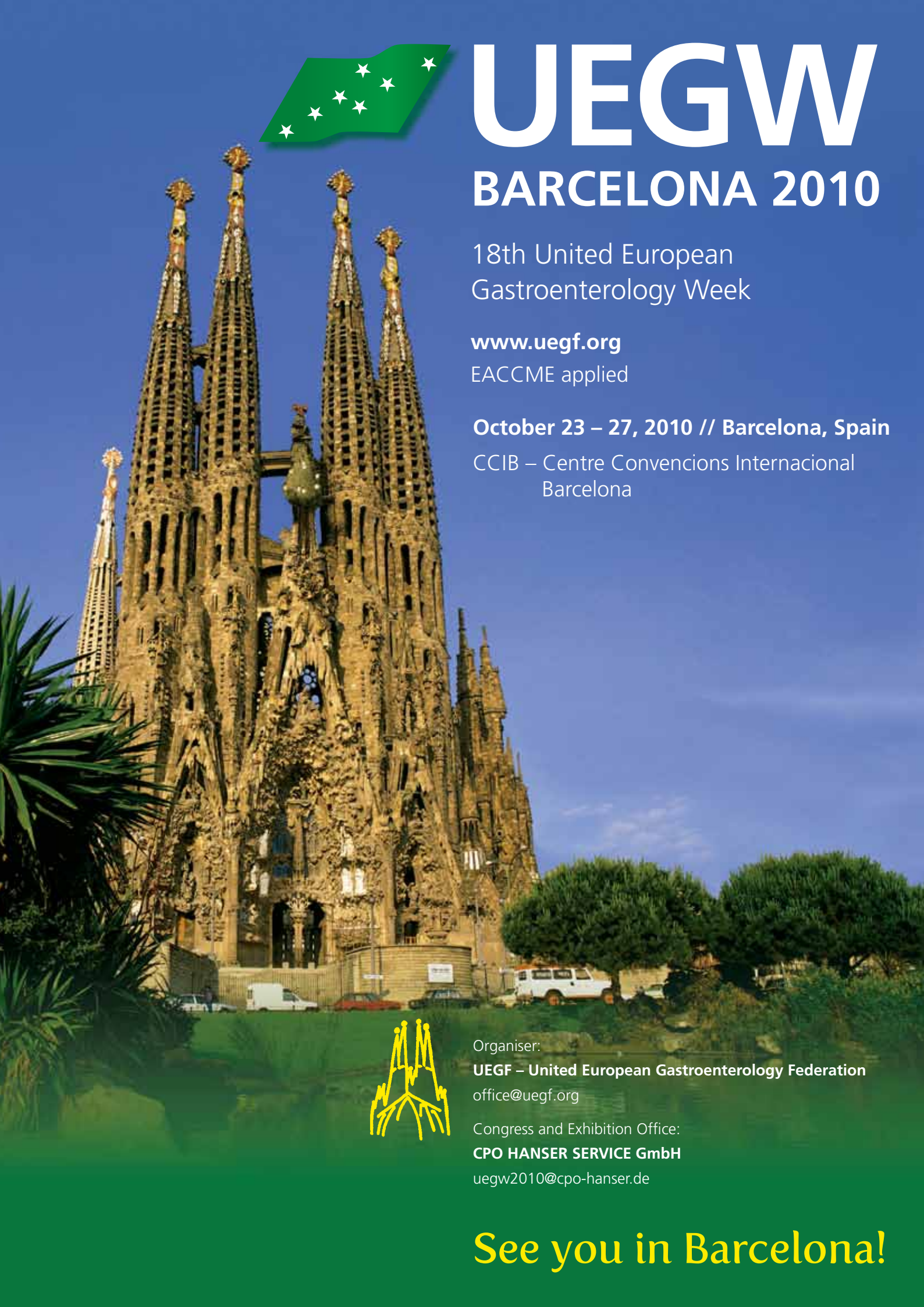
Of special interest to the EduCom is the expanding number of nurses participating in the network meetings and for the first time this year the nurses' school. The NECCO steering committee is responsible for these activities. This year new members (nurses) are sought due to the leaving of Rosalinde van Helden who participated already from the beginning of NECCO.

Due to our expanding activities we have now taskforces for the different areas:

- Workshops: Gerassimos Mantzaris and Rami Eliakim.
- Consensus group: Gert van Assche (chair), Axel Dignass and Vito Annese.
- ECCO IBD Course: Axel Dignass, Charlie Lees and Fernando Magro.
- NECCO steering committee members from EduCom: Charlie Lees and Fernando Magro.

I would like to conclude that I am honored by the fact that the EduCom members trusted me in chairing all of these important activities within ECCO and I really hope that I meet up to the expectations of not only the committee members but all of the ECCO members. And I invite all of you to contact me whenever you feel the necessity to discuss further ideas for the educational committee.

on behalf of EduCom,
JANNEKE VAN DER WOUDE, Chair



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See you in Barcelona!

ECCO Scientific Committee 2010:

Main activities and new initiatives

ECCO represents for me more than an organisation encouraging and promoting scientific knowledge and research in the IBD field. It is also a fantastic community of clinicians/scientists through Europe and beyond, with a high diversity of origins, cultures, experiences and skills.

This diversity strengthens and provides dynamisms to all our initiatives. I am serving since 2008 in the SciCom, with a group of great people led by Simon Travis. I will chair the committee for the next two years, and will do my best to pursue the activities launched by the SciCom since its creation, but also to launch and support new initiatives for the promotion of science in IBD. To achieve these goals, SciCom initiatives will be supported by the skills and dynamism of all its members, and their team spirit. In this short article, I would like to review the main activities of the SciCom and how we could promote them, and also expose some new initiatives.

ECCO fellowships and grants

Applications for fellowships and grants in 2009 have impressively increased as compared to previous years. This year two fellowships and four grants were awarded to bright young scientists. Hopefully, we will be able in the future to increase the number of awards. The ECCO fellowships support and encourage young physicians who wish to undertake abroad in a European hosting laboratory an original research project. As many colleagues in ECCO, I know how important is a support (including financing support) from the scientific community to a young individual who plans to quit for a while its clinical activity and to explore other fields in translational research. These experiences of young individuals across Europe are essential for the future of our scientific community, strengthening the links between our centres and promoting scientific interactions between ECCO centres.

ECCO scientific programs

The Organising Committee of the annual ECCO congress is composed by 2 SciCom members, 2 EduCom members, 2 local members from the hosting country and the president of ECCO. The role of the SciCom focuses on both the scientific content of the program and the review of abstracts. The success of annual ECCO meetings has been guaranteed again by the quality and diversity of speakers, covering many different aspects of clinical and translational research. The SciCom will do its best to cover and explore new aspects of the scientific knowledge in IBD. During the last meeting in Prague, Claudio Fiocchi gave a fantastic lecture *Science at the bench – what will impact on clinical practice*. Listening to a talk like this one, we realize how diverse the fields of interest are. We will try in the future to propose new formats, as we did recently with the "challenging cases" session.

> "With the support of the governing board and our new president Daan Hommes, we will do our best to enhance the ability of our organisation to promote scientific knowledge and research in IBD.

Pathogenesis workshops

The concept of workshops focusing on key issues related to IBD pathogenesis and therapy was launched by the SciCom in 2008 under the impulse of Yehuda Chowers. The initial idea was to tackle a clinical problem, inducing (hopefully) a brain storming in terms of translational research, and which could be used as a platform for initiating collaborative studies between interested ECCO members.

The first ECCO pathogenesis workshop on anti-TNF failures started during the UEGW meeting in Vienna in 2008, and a second meeting was organised during last UEGW meeting in London. Finally, a report was presented during the last ECCO meeting. I do think that this workshop has been successful. After the first experience, we will improve the concept and the organisation, with more interactive sessions in small groups.

We are now launching a second pathogenesis workshop, led by two SciCom members (Andreas Sturm and Edouard Louis) and one YECCO member (Florian Rieder), entitled *Relevance of intestinal healing for the disease course of IBD*. A call for participation will soon be sent to all ECCO members through emails (to select 24–30 individuals participating at the workshop).

SciCom plans to launch **one pathogenesis workshop every year**. Thus, a call for a new topic will be sent in November every year. SciCom will select one topic. The time line should be the same for all workshops:

- first meeting with the group leaders (selected by the 2–3 individuals responsible of the workshop) at ECCO meeting (February),
- call for participation to ECCO members in March,
- Organisation of working groups (identification of relevant questions, and review of the literature),
- meeting of working groups during DDW,
- workshop during UEGW: relevant key questions and statements,
- writing of a manuscript which is submitted to JCC,
- final report of the workshop during the ECCO meeting.

Launching one pathogenesis workshop every year, we should be able to cover diverse aspects of IBD pathogenesis and therapy, but also to attract researchers and experts of other fields to IBD, and to have a wide participation of ECCO members of all ages and origins through Europe and beyond. Every workshop will be lead by different leaders, and again we will favour the renewal of active participants every year. Within the next years, we will probably improve the organisation of these workshops. I do hope that all

ECCO members will find great interest in the participation to at least one of these future pathogenesis workshops.

Birth of ClinCom should be announced soon

SciCom supports ECCO-approved studies, such as the METEOR study launched by the GETAID, the ASTIC study also supported by the European Bone Marrow Transplantation society or more recently the study ORIGIN. The SciCom will still works to facilitate the conduct of these studies. However, some of these activities will be dedicated in the near future to a subcommittee: the Clinical Trials advisory Committee (ClinCom).

Excluding rare exceptions, most of the multicentre clinical trials are driven by the industry. Clearly there is also a need for clinical trials assessing strategies, such as the Top down study launched by academic centers in the Benelux. GETAID has performed several studies made possible by a structured network. The main objective of the ClinCom will be to promote and support academic multicentre clinical trials in Europe. This new group (composed by a biostatistician and experts in clinical trials) should be established soon with the specific purpose of providing expert advice on the design and conduct of clinical trials.

Being in the SciCom has been (so far …!) a great experience. Silvio Danese and I were quickly adopted in the SciCom family by Simon Travis, Severine Vermeire, Yehuda Chowers, and Pia Munkholm, and we grew with them. The SciCom is renewed every year. Very nice and talented people have recently enriched the committee: Andreas Sturm, and more recently Edouard Louis and Miquel Sans. With the support of the governing board and our new president Daan Hommes, we will do our best to enhance the ability of our organisation to promote scientific knowledge and research in IBD.

MATTHIEU ALLEZ
Chair of the SciCom

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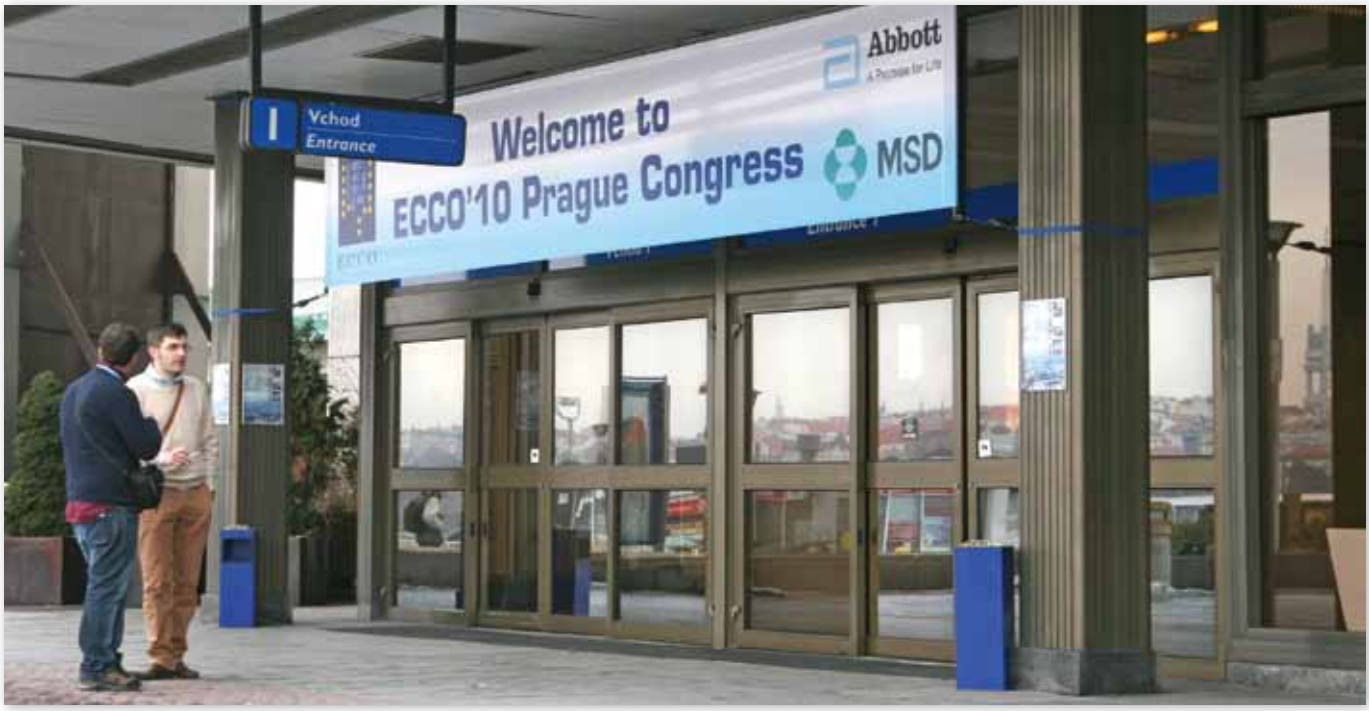
TOM ØRESLAND, Editor ECCO News

At Gastro 2009 in London the 5th EpiCom (Epidemiologic Committee) meeting was held.
Participants from 16 West-European and 9 East-European countries, and one Chinese site, gathered for kick-off of the project:
"Is there a East–West incidence gradient in IBD, caused by enviromental factors and vitamin D defiency".
To follow the inclusion rate, go to **www.epicom-ecco.eu**

ECCO Congress in Prague 2010



The 5th ECCO Congress once again managed to attract a record-breaking number of participants – over 2 500 doctors and nurses with an interest in IBD came to attend in Prague during the end of February.

In his welcoming speech, Professor Jean-Frédéric Colombel was also pleased to state that approximately 10% of these delegates had come from countries outside of Europe.

He pointed out that the Scientific Programme was the result of the hard work done by ECCO's Scientific and Education Committees, bringing new speakers and new ideas for lectures, symposia and debates – while always bearing in mind a holistic approach to IBD.

Intestinal fibroblasts

Then the first Session started.

Dr Miquel Sans talked about mechanisms of intestinal fibrogenesis.

– As a clinician I think bowel fibrosis is a highly relevant clinical feature, he initially stated.

Dr Sans continued with presenting a model of normal tissue repair and fibrosis. After an acute injury that leads to a fibrogenic phenotype, post-transcriptional or post-translational regulation leads to normal healing. But sometimes development of excess fibrous connective tissue in an organ leads to fibrosis.

– The key cells in this procedure are intestinal fibroblasts. They are a heterogeneous mixture of mesenchimal cells – "true" fibroblasts, myofibroblasts and smooth muscle cells. These vary greatly according to site – sub epithelial etc – and culture conditions, said Dr Sans.

Bowel fibrosis leads to bowel stenosis in a significant proportion of patients with Crohn's disease (CD). No medical treatment is available, and surgery is often required.

Several molecules, such as TGF-ß1, ATII and IL-13 play a key role on bowel fibrogenesis and have shown promise as therapeutic options.

– However, to have an anti-fibrogenic treatment in CD clinical practice we need better animal models, more basic research efforts and to translate positive results into pilot, human studies, Dr Sans said.

Prefer surgery

The programme alternated between basic science and clinical sections. So the next talk, given by Dr Gerhard Rogler, started with a case report.

The patient had a stricture, and the question Dr Rogler asked was if it was mainly inflammatory, or mainly fibrotic. He continued by showing pictures that explained the difference.

To find out if a stricture is mainly inflammatory, he recommended imaging – ultrasound is normally good and adequate. But he reminded the audience that a CD stricture is often complicated by fistula.

– Also look for systemic parameters of inflammation such as CRP and fecal markers of inflammation such as calprotectin and lactoferrin, he added.

In the discussion after his talk, Dr Rogler said that these patients should see a surgeon earlier during the course of the disease.

– *I* certainly would prefer an operation instead of a life with a stricture and on immunosupressants, he said.

Natural Killer T Cells

There is a clinical link between primary sclerosing cholangitis (PSC) and ulcerative colitis (UC), said Pierre Desreumaux in his talk on communication between the gut and liver.

PSC is a chronic liver disease characterized by fibrosing inflammation of the bile ducts of the liver. The etiology of PSC is unknown, but associated in 70% with UC. Inverted, about 5% of UC patients will also develop PSC.

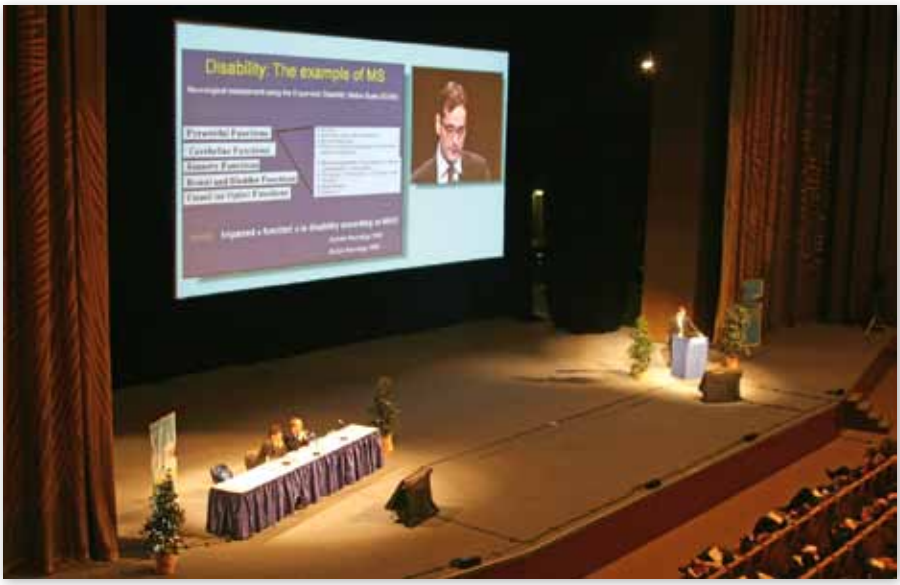
– UC patients with PSC have a milder colonic inflammation, and are frequently free of gastrointestinal symptoms. But UC patients with PSC have a significantly enhanced risk of colorectal cancer, Dr Desreumaux said.

PSC complicating UC may be a useful situation to study the liver-gut axis, and the influence of the liver in the regulation of colonic inflammation.

– We don't know in detail how the liver and the gut interact.

Liver injuries reduce or protects from colitis. This is caused by NKT-cells (Natural Killer T cells, a heterogeneous group of T cells that share properties of both T cells and natural killer (NK) cells). Dr Desreumaux called them "the Swiss Army Knife of the immune system".

Therefore he concluded his talk with a tempting perspective: The use of NKT-cells as cell therapy for IBD.



Talk to the dermatologist

Dr Emanuel Lafitte had a talk entitled *When the skin causes problems in IBD.*

– There are three main problems: Inflammatory cutaneous reactions, typical or atypical infectious diseases and skin carcinomas, Dr Lafitte stated initially.

He then showed the audience images of the skin problems a patient – that had received three months of anti-TNF treatment – had developed.

– Psoriasis and palmoplantar pustulosis are reported in all diseases treated with anti-TNF. And mind the fact that the patients were reported to have *good* therapeutic response to the drug!

Dr Lafitte reminded of the importance to do some swabs in order to rule out other bacterial infection.

Also eczematiform and atopic rash can develop several months after the beginning of anti-TNF treatment.

– This is not an allergic reaction to the drug. And TNF blockers may increase the risk for skin carcinomas in subjects with risk factors – such as sun exposure and high amounts of phototherapy.

During his talk Dr Lafitte showed many images of different skin problems.

– If you are not sure, you must talk to your dermatologist, he said.

For skin and TNF blockers, Dr Lafitte summarized as follows:

– For psoriasiform and eczema-like eruption the prognosis is unpredictable. Treat *before* switch of anti-TNF. Skin carcinomas – before administrating a TNF-blocker, always check for risk factors for cutaneous carcinomas, and do regular skin follow-ups.

Many delegates applied for personal ECCO membership in the ECCO booth during the Congress, and many other also took the opportunity to renew it for 2010.

CALM

At the Prague Congress, Dr Colombel added a new perspective to the old debate between step-up versus top-down therapy. He launched a new alternative: Rapid step-up (Tight Control).

Dr Colombel also presented the development of the Crohn's Disease Digestive Damage Score – CD_3S.

Step-up therapy is currently based on clinical symptoms (CDAI). It is not known whether treating patients with CD to specific targets, which are not driven by clinical symptoms, can provide better benefits. Hence the CALM study has been initiated.

The hypothesis for CALM is as follows:

Titration (= a common laboratory method of quantitative chemical analysis that is used to determine the unknown concentration of a known reactant) of pharmacotherapy in CD based on objective parameters in addition to symptom scores (i.e."Tight Control") will lead to better control of the disease – compared with a standard symptoms based approach.

In the conventional treatment arm of the study, treatment may change at week 12, 24 & 36, based on conventional management. In the "Tight Control" arm, treatment may change at week 12, 24 & 36, based on one of the following three criteria: CDAI >150, hs-CRP < 0,8mg/dL or Calprotectin < 200 µg/g.

The primary outcome measure is mucosal healing after one year, and the secondary outcome measures are to achieve "deep remission", to minimize hospitalisations and surgeries – and to create the CD_3S mentioned above.

The intestinal address code

In one Session leukocyte trafficking as a therapeutic opportunity was discussed.

Dr Jesus Rivera-Nieves asked the question of why targeting the lymphocytes, and also came up with some of the answers.

– Granulocytes and most monocytes migrate and undergo apoptosis within hours. Lymphocytes acquire immunologic memory and recirculate. Tissue homing specificity is determined adhesion molecules and chemokine receptors on lymphocyte surface, and ligands on specific vascular beds, this is the so called "intestinal address code", he explained.

Dr Rivera-Nieves went on by describing the function of the leukocyte, and pointed out how complex their paths are. He also presented a slide of the impressive absorptive *capacity* of the intestine – 10 kg (!) of carbohydrate was just one example.

He showed a film in which the audience could actually *see* rolling, chemokine receptor engagement and arrest on the vessel wall.

Interference with leukocyte traffic *is* an efficacious therapeutic strategy in IBD, was one of his conclusions.

– The question for the future is: Will more intestinal-specific targeting achieve a better safety profile while preserving the efficacy of the less specific anti-α4 approach? This remains to be proven, Dr Rivera-Nieves finally said.

Mucosal healing – does it matter

Dr Gert van Assche talked about mucosal healing and its relevance.

In CD aminosalicylates, antibiotics and glucocorticoids give no or limited healing. Azathioprine, 6-Mercaptopurine and possibly methotrexate give important – but slow – healing. Important and rapid healing comes from infliximab, adalimumab and certolizumab pegol (although the latter is uncontrolled).

For UC important and rapid healing is achieved with 5-ASA, corticosteroids and infliximab.

– UC is not a transmural disease complicated by strictures and abscesses, he pointed out.

For UC, endoscopic healing is an accepted efficacy endpoint for most medical therapies.

– But for CD the debate is ongoing, said Dr van Assche.

The IBD mother

There are gender-related issues in IBD.

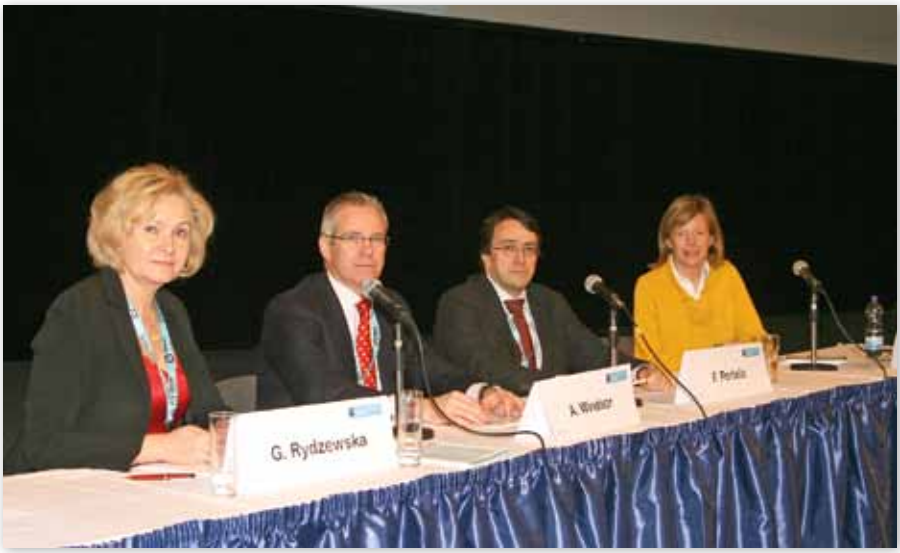
– Female IBD patients have more eye and skin lesions, said Dr Janneke van der Woude.

The theme for her talk was pregnancy, and Dr van der Woude talked about the risk for drugs in pregnancy. Active disease reduces fertility, but if conception is successful – what about the safety for the child of an IBD mother?

– Corticosteroids pass the placenta, and although there's a small increased risk for cleft palate, they are considered safe, she said.

For thiopurines matters are different. The FDA has classed them as category D. This means positive evidence of risk in humans – the risk/benefit ratio should be considered.

– There are low 6-TGN levels in the unborn child, but no excess rates in adverse outcome.



The panel for the Session of Challenging Cases. From left: Grazyna Rydzewska, Alastair Windsor, Francisco Portelia and Severine Vermeire.

For anti-TNF there is an active transport across the placenta, and the FDA reports a possible increase in congenital abnormalities.

– But data from clinical trials, OTIS, TREAT registry and infliximab safety registry show no increase in the rate of congenital malformations, Dr van der Woude continued.

She also pointed out that vaginal delivery could mean complications for women with IBD – anal and urinary incontinence, pelvic organ prolapse and sexual dysfunction.

Active disease affect pregnancy outcome, and a careful managing of conception plan are needed. Also take care of the anal sphincter, and the fact that drugs are relatively safe were her take home messages.

– But longer and prospective follow-up of children is needed, she added.

The IBD traveler

– Do you have the guts to travel?

The question served as an opener for Dr Shamron Ben-Horin and his talk on *Travelling with IBD*.

There are many travel related health risks – infections, dietary changes, psychological stress and medication non-compliance and/or unavailability. But there is no evidence for adverse effects on IBD caused by vaccines, Dr Ben-Horin stated.

There is a lower vaccination *efficacy* in immunosuppressed IBD: 40–66% are not successfully immunized.

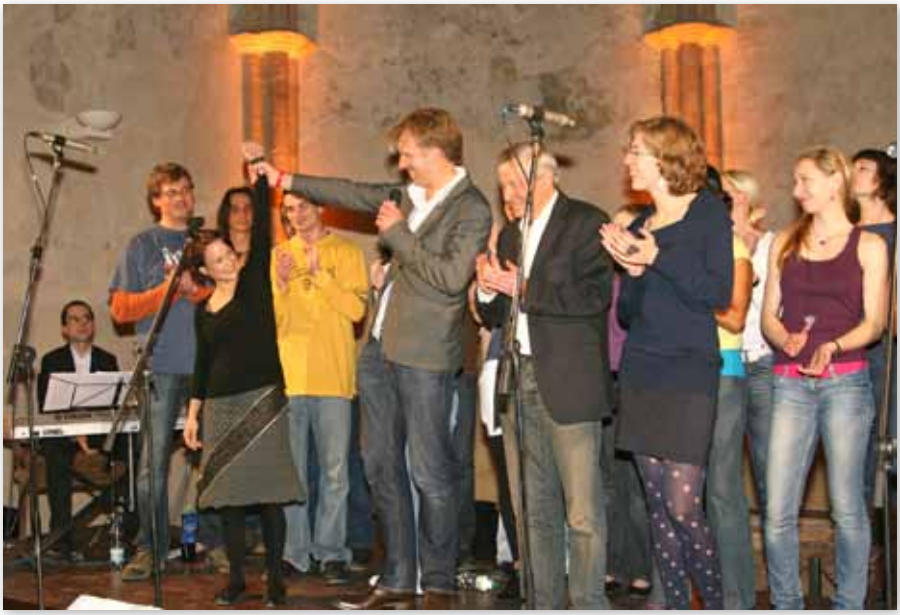
– But if not on IS, the IBD patient should be immunized as the normal population.

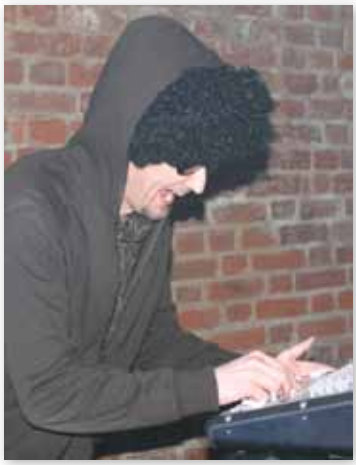
– Travel diarrhea is the most common of all travel related diseases. This often worsens IBD, so recommend the patient to drink boiled water, only eat cooked food and to be selective where they eat.

If the returning traveler has a flare, and is coming back from the tropics: Work in co-operation with a specialized travel clinic, and suspect intestinal parasites. Consider empiric Albendazole 400 mg x 2 for 3–5 days before initiation of immunosuppression, was Dr Ben-Horin last advice.

He finished his talk by encouraging ECCO to take an initiative to create a network of Gastroenterological contacts in different countries for IBD patients that are traveling abroad.

This proposal is now adopted by ECCO, and will be presented during UEGW 2010.





A convent in full steam

Later in the evening the *ECCO interaction: Hearts and minds* (which is the new name of what previously was called the ECCO party) was held at St Agnes Convent in the heart of Prague.

The venue is an old monastery that has been turned into a gallery that also provides different kind of functions. The maximum capacity is 900 guests, and this was handled on a first come – first served basis. This meant that it soon was absolutely packed with delegates – who enjoyed the food, music and dancing in this magnificent old setting to the hilt.

ECCO's former secretary Walter Reinisch made a highly appreciated appearance as guest-DJ.

Intestinal rehabilitation

Last day of Congress began with a lecture on short bowel syndrome (SBS). Dr Palle Bekker Jeppsen started his talk with the main absorptive function of the intestine.

– Wet weights are fluid, electrolytes, vitamins and trace elements. But the intestine also absorbs energy: Macronutrients like fat, carbohydrate and protein, he said.

The structure and function vary along the intestine.

– The total area of the surface is 195 square meters – that's a tennis court, he pointed out.

He divided SBS into intestinal insufficiency and intestinal failure. For the first, additional oral intake of compensatory fluid or nutritional support is enough, but for the latter parenteral support is necessary.

Dr Jeppsen talked of "Intestinal rehabilitation".

– It means making the most of what the patient still has. We have a new mucosa layer every week – a new tennis court. Of course we would like to manipulate this!

Glucagon-like peptide 2 (GLp-2) affects mucosal growth, and Dr Jeppsen talked about studies on this. The substance is called Teduglutide.

So where are we today?

– Perhaps at "the end of the beginning", said Dr Jeppsen and added that he thought we need intestinal failure centers in every country.

Intestinal transplantation

A treatment option for SBS is intestinal transplantation. Dr Frank Rummele talked on the subject.

– Intestinal failure is a medical/surgical joint venture in approach and management, he said.

The first transplantation took place in 1985, and the figures peaked at 2006 with a little bit more than 200 transplantations performed.

The main indication for transplantation is SBS.

– Younger children seem to have the best outcome for graft survival, compared with elderly adults. The major problem is intestinal graft rejection, Dr Rummele continued.

Intestinal failure programs should include both intestinal rehabilitation and intestinal transplantation – or have active collaborative relationships with centers performing intestinal transplantation.

A peek in the crystal ball

Dr Claudio Fiocchi gave the final lecture – the ECCO lecture – in Prague. He talked about the future: *Science at bench – what will impact on clinical practice?* Dr Fiocchi divided his answers into several subcategories.

Genetics – he saw routine genetic screenings and potential for targeted gene therapy.

Immune response – identifications of IBD-specific immune signatures and cell based therapies.

Tissue response – for the clinic it will mean appreciation of the contribution of chronic tissue damage and response.

Timing of disease – Dr Fiocchi envisioned customizing therapy according to the stage of disease evolution.

Complexity of disease – the implementation of system biology approaches for diagnosis and therapy.

These are just a few examples of what Dr Fiocchi talked about.

– An eventual "cure" for IBD can only be expected from pathophysiology-based, integrated complementary therapeutic approaches. IBD is – like psoriasis, like RA – a complex disease. *All* signaling pathways interact with *all* signaling pathways. A single drug will never be able to solve it, Dr Fiocchi summarized his long and riveting lecture, which will be web posted on the member restricted area of the ECCO website.

Proud of the spirit

Then the Congress was over. Newly elected President Daan Hommes thanked all participants, and reminded them of the fact that it is *they* that *are* ECCO. He also mentioned that ECCO is going to reinvent and innovate its infrastructure. Read more of this in the next issue of ECCO News.

We also had a word with Dr Jean-Frédéric Colombel, who after fulfilling his two years stepped down from President and now is Past-President. Our first question was how he felt about this.

– I feel very proud of the huge success of ECCO – I'm still amazed by how fast it has grown, was his answer.

– I am also proud to have been able to keep the spirit of ECCO – it's essential for the organisation.

What would his advice to Dr Hommes be?

– Work to ensure that this spirit is kept! I would also like to see an increased interaction between ECCO and North America for the future.

– Perhaps that is something I can work more for, now that I'm Past-President, Dr Colombel said.

PER LUNDBLAD
Senior Writer

Poster Prize

260 posters were presented at the Congress. Three of these were awarded "Best Posters" at a ceremony. The winners were:

Anne Christine Vos, The Netherlands, for *Lymphoma risk in IBD patients in a Dutch nationwide study*. This retrospective nationwide study does not suggest a significant overall risk for lymphoma in IBD. However, in some age groups there may be an increased risk. In addition, a correlation between EBV positive lymphoma and AZA/6MP use was found.
Maria Chaparro, Spain, for *Immune response to Hepatitis B vaccination in patients with IBD*. The findings presented were that the response rate to vaccination in IBD patients is very low, mainly in those receiving anti-TNF therapy. A second vaccination attempt in non-responders increases the rate of success in 26%. Overall, adequate anti-HB antibody level was finally reached in more than half of the patients after first and second vaccination.
Natalia Pedersen, Denmark, for *Pregnancy outcome in women with IBD: A prospective European case-control ECCO EpiCom study*. In this, women with both CD and UC were shown to have a similar outcome of pregnancy compared to age-matched non-IBD population.

Front from left: Natalia Pedersen, Janneke van der Woude and Maria Chaparro. Back from left: Simon Travis, Daan Hommes, Anne Christine Vos and Jean-Frédéric Colombel.

ECCO Fellowship and Grants 2010

Dr Matthieu Allez, Head of ECCO Scientific Committee, announced ECCO Fellowship and Grants 2010.

The Fellowship is given to a maximum of two persons per year, under 40 years of age, and consists of 30 000 Euros each for a research project in another country.
This year it went to **Emanuela Sala** from Italy and **Caterina Strisciuglio**, also from Italy.
Ms Sala is going to study molecular determinants of stem cell homing in IBD, and works in Barcelona.
Ms Strisciuglio is going to Leiden to study autophagy in immune cell to cell interactions in the gut.

From left: Matthieu Allez, Caterina Strisciuglio and Emanuela Sala.

ECCO Grants are awarded with 15 000 Euros each for a research project in one's own country. Up to four per year can be awarded.
ECCO Grant 2010 went to:
Gwo-Tzer Ho (UK) for Development of integrated inducible epithelial gene transfer and expression system.
Michel Maillard (Switzerland) for Modulation of gut immune homeostasis via the Toll-Interacting protein (Tollip).
Yoav Mazor (Israel) for Matrix metalloproteinases and ADAMs in IBD.
Michael Scharl (Switzerland) for Protein tyrosine phosphatase N2 in the regulation of cytokine-included apoptosis in the intestinal epithelium.

From left: Matthieu Allez, Michell Maillard, Michel Scharl and Yoav Mazor.

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"How to pursue a career in IBD"

During the 8th Intensive IBD School immediately preceding the ECCO congress in Prague this year, YECCO provided a 2-hour workshop – *How to pursue a career in IBD.*

This very successful event was attended by over 100 gastroenterology trainees/research fellows from across Europe. The workshop faculty, chaired by Professor Stange (Stuttgart, Germany) was a mix of youth and experience from ECCO member countries: Germany, Belgium, Croatia and the United Kingdom were all represented. The main aim of the workshop was to provide gastroenterology trainees, who have already developed an interest in IBD, with a basis for now developing a career in IBD.

Filip Baert (Belgium) provided a very comprehensive overview of clinical trials in IBD, emphasising various insider tips and tricks for getting established in the field and subsequently making a name for oneself as a real IBD therapeutics expert.

Jan Wehkamp (Stuttgart, Germany) dealt with careers combining basic science and clincial IBD work, providing some insightful tips on how to succeed (and indeed fail!) whilst highlighting some of the key unanswered scientific questions in IBD pathogenesis.

Charlie Lees (Edinburgh, UK) discussed development of next – generation IBD cohorts for translational and clinical research.

Finally, Boris Vucelic (Croatia) gave the workshop wonderful balance by presenting some alternative perspectives for gaining experience and pursuing a career in IBD at home and abroad.

CHARLIE LEES
The United Kingdom

Several participants give their reflections on the workshop:

"After the ECCO course there was a great opportunity to learn about possible career strategies in the field of IBD. The organizing committee invited several people with own ideas and career movements.

It proved that not only clinics is important, but also being a good manager. Not only managing the work, but especially a team! For scientific research, every key player is important. That we have to keep in mind. It is important to stress that we can have several possibilities when interested in IBD. An abroad experience is maybe something to encourage. It was good that the speakers showed a diversity in developing skills, e.g. setting-up trials, making databases and many more!"

WOUTER VAN MOERKERCKE
(Leuven, Belgium)

"The Yecco workshop was a constructive add-on to the 8th ECCO course on IBD with several speakers covering broad perspective of relevant topics for young colleagues starting research in this field.
Practical recommendations how to initiate academic studies, set up a database, registry, genetic or tissue bank were discussed and complemented by personal tips and tricks. For colleagues interested to participate in multicenter studies, these were illustrated in their full spectrum reaching from ethics approval, contracts, study performance according to good clinical practice up to data capturing, monitoring, adverse events reporting as well as practical management.

Personal IBD career of some speakers gave insight into the career development pointing out basic education abroad, fellowships, collaborations and net-working. Furthermore objective comparison of divergent scientific, career and financial possibilities in the IBD centres in different parts of Europe represented realistic reflection at the end of the course. Personally I appreciated the enthusiastic presentation of younger colleagues who succeed in the IBD research field and tried to "infect" the audience with their philosophy.

To conclude, I can recommend to participate every interested gastroenterologist!"

PAVOL PAPAY
(Vienna, Austria)

"This is the second YECCO workshop Daniela and I have had the opportunity to attend. It has been wonderful to meet other young, active, and productive people with whom we can share our experiences and our passion for our work. The strength and energy we gain from this conference reinvigorates our approach to patients and our research in IBD, and is the reason we look forward to the conference every year.

Great Speakers and a familial atmosphere both make this event a wonderful experience. Pursuing a carrier in IBD requires a combination of competence in both clinical medicine and basic science. Gaining these competences requires the combination of good mentors, organization and of course a dedicated nursing staff. When all of these are present a fertile environment is created that allows us to dream on an even grander scale.

How can we not agree with Jan Wehkamp when he cheered "sane competition" while at the same time collaborating on both a national and international level? We both found the idea of a European database to allow active dialog about IBD patients extremely exciting. Although discrepancies between European countries continue to determine the opportunities available to each physician, a common language for dialog will greatly increase our ability to compare IBD between the different European nations and take full advantage of each countries abilities.

Finally, having a healthy personal life provides the foundation upon which a good career can be built and maintained. As we were counseled "to sail well and sail a lot" we must travel abroad to share ideas, motivation and stimulation, but we must always return home to our patients, our hospital and our personal lives.

So thank you again to ECCO and YECCO for this great conference. We cannot wait to see you next year with further new ideas, interesting topics and good advice! Ciao!"

FRANCO SCALDAFERRI
and DANIELA SCIMECA
(Rome, Italy)

Nurses Network Meeting – and the first NECCO School

At the ECCO Congress in Prague, the fourth Nurses Network Meeting was held. Also, a new educational activity for nurses – NECCO School – was held for the first time.

Delegates from NECCO School.

Approximately 160 delegates from 23 countries came to Prague to attend the Nurses Network Meeting.

– The Meeting is growing rapidly, says Liesbeth Moortgat, Vice Chair of NECCO.

Not a narrow speciality

Liesbeth explains that the Meeting aims to improve professional nurse education throughout Europe, to increase networking opportunities for specialist nurses in IBD – and improve IBD patient education throughout Europe.

– We have a mixed list of speakers – they are both doctors and nurses. It's important to keep that mix for the future, she continues.

– IBD nurses have many tasks to perform – it's not a narrow speciality. It covers many aspects of the patient's care, and this is reflected in the Programme of the meeting.

Lectures and workshops in NECCO School

This year, NECCO School ran for the first time. It took place on the first morning of the NECCO meeting, with attendees able to then join the main NECCO network meeting afterwards.

Liesbeth Moortgat and Marian O'Connor

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.

– Attendance to the school is on invitation only. 26 nurses from 15 countries attended this inaugural school, all of whom had been nominated by their NECCO National Representative, Liesbeth explains.

EFCCA (an umbrella organisation representing 24 national IBD patients associations from 23 European countries) offered a grant for this first NECCO School, which helped to ensure free accommodation for all participants and further financial support for some participants with their travel expenses.

– The School was a half-day course. It started with assessment and diagnosis of IBD, and finished with two case-based workshops, says Liesbeth

Abstracts and oral presentations

Also for the first time: 12 abstracts had been sent in for the Network Meeting – and three of them were selected for an oral presentation. The remaining nine ones were presented as posters.

The oral presentations were given at the Meeting's last session and were appreciated by the audience.

In these, topics on homecare systems for monitoring IBD, how communication from nurses to IBD patients is tailored to the patient needs and the need for scientific evidence on outcomes attributable to nursing activities, were touched upon.

Thinking about next year

The overall evaluation of the 4th Nurses Network Meeting and the 1st NECCO Nurses School was laudatory. The nurses liked the topics. Talking to colleagues from other countries is highly appreciated.

– On the evaluation forms a lot of nurses provided us with many possible topics for next year, and we will once again be looking for abstracts from our delegates to share the high quality work going on in practice.

– So we all believe that our next meeting – the 5th – in Dublin 2011 also will be a success, says Liesbeth Moortgat.

Footnote

In case of interest in participating in the forthcoming NECCO School, please contact the ECCO Secretariat (**ecco@vereint.com**), who will pass on your query to the respective NECCO National Representative of your country.

PER LUNDBLAD
Senior Writer

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