

ECCO NEWS

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

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Dear friends,

Sitting in an airplane, returning home from our 10 year ECCO Anniversary Congress, I am rerunning the film of everything that happened in sunny (!) Dublin over the last days. What a *magical* experience this has been! Over 3,500 friends and colleagues from 76 different countries were welcomed by our Irish hosts in the brand new convention centre. The ECCO Congress has certainly become one of the key IBD meetings around the world. Can this immense popularity possibly be explained by the single-focus character and the quantity of educational programmes for IBD? Or is it because we are all truly bonded by the almost palpable ECCO Spirit? Either way, we are thankful for the support of our ECCO Family Members and friends for working so hard to make this year's congress such a memorable event. This issue will summarise the highlights of the congress along with attractive photo material.

On Wednesday we welcomed 94 students from 33 different countries to the IBD Advanced Course and 34 nurses for the N-ECCO School. The following day around 230 IBD nurses participated in the Nurses Network Meeting and 12 industry partners in the face-to-face meetings. Besides educational activities also social events took place. Wednesday evening the Anniversary Reception in the old library of Trinity College was truly spectacular, with the presentation of the **10 Year Anniversary Book**. Thursday through Saturday the Organising Committee managed to offer an amazing State-of-the-Art programme that explored all aspects of IBD. The satellite symposia, poster sessions, industry exhibitions and anniversary activities including the notorious Friday night *ECCO Heart and Minds* really set the tone for the next congresses. Please enjoy this copy of the ECCO News to relive these magical moments.

But we also must look ahead at the next challenges and steps that will take us closer to fulfilling our mission. Two important new initiatives are scheduled for the next months: 1) the new ECCO IT-architecture, offering a range of new services and tools for ECCO Members including a complete renovation of the ECCO website and new eLearning modules to improve your skills 2) the launch of the ECCO Biobanking Initiative, offering ECCO Members a range of possibilities to improve and share scientific knowledge. We will inform you in the next issues of ECCO News on how we are doing.



Please continue to help us develop ECCO further, join one of our many committees today or offer your support by renewing your ECCO Membership for 2011. ECCO thresholds are very low by tradition, so please contact us for any new idea or suggestions you might have. See you soon!

Warm regards on behalf of Jean Fred, Simon, Séverine, Janneke, Matthieu, and our new treasurer Milan!



DAAN HOMMES



6th Congress of ECCO in Dublin

The Convention Centre Dublin – that overlooks the River Liffey in the docklands of the Irish capital – is quite new. It was officially opened in September 2010. The CCD is also the first carbon neutral convention centre in the world. In the largest of the 22 rooms inside the Centre – The Forum, which has 2,000 seats – 10 tennis courts could be fitted. That is where the 6th Congress of ECCO took place in February 2011.

Daniel Hommes, President of ECCO, opened the Congress by bringing the “ECCO Family” – i.e. all current ECCO Officers – on to the stage.

He presented new data from EFFCA that proved the burden of IBD for those patients affected.

– We want to find a cure! That is ECCO’s mission, he stated.

10 years of ECCO

Daniel Hommes continued by presenting the changes of ECCO’s infrastructure that had taken place, and explained the reasons behind them.

He presented the ECCO Biobank initiative, which is being launched in three stages.

– Stage one is data warehousing, which will begin in 2011. Stage two is biomaterials, which will start in 2012, and the third and final stage – biobanking framework – will follow after that.

The scientific activities include the scientific programs in the ECCO Congress and the IBD content of UEGW, but also the scientific workshops that in 2011 will include topics such as anti-TNF failures, mucosal healing and early CD:

Daniel Hommes also described the many educational activities, and was very pleased with the increasing numbers of nurses with an interest in IBD that had come to Dublin.

– This year we are going to welcome 234 delegates for N-ECCO! We are overwhelmed, he said.

And of course he pointed out the fact that this congress also celebrated 10 years since the founding of ECCO.

Pre-Congress

As usual, several activities had preceded this official opening of the Congress. On the day before, the 9th IBD Intensive Advanced Course for Junior Gastroenterologists had started.

This course includes interactive seminars and clinical situation analysis and deals with controversial areas of diagnosis and management. In order to check the effectiveness of the teaching, the participants are tested at both the start and at the end of the course.

Among the topics in Dublin were pathogenesis and therapeutic targets in IBD, genetics of IBD and IBD and pregnancy. It also had one session entirely dedicated to UC and one session to CD.

The 2nd N-ECCO School, and the 4th Y-ECCO Workshop, were also held on the day before.

N-ECCO School included English terminology for IBD nurses, anatomy and physiology of the GI tract, surgery in IBD and medical treatment. It also had workshops on disease management.

The Y-ECCO Workshop had several talks and a discussion on how to pursue a career in IBD.

Microbiota in focus

The first session after the opening ceremony was titled *Microbiome meets the epithelium*.

Arllette Darfeuille-Michaud talked on the concept and importance of mucosa-associated bacteria. ►

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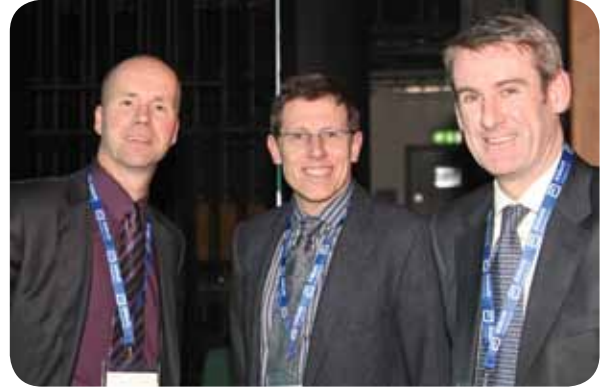
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Eamonn Quigley



Arlette Darfeuille-Michaud



Gert van Assche, Geert D'Haens and Laurence Egan

She used the term war and peace at the intestinal mucosa surface, and started by describing how intestinal mucosa operated in a "peace" setting.

– We can then see a secretion of defensins, Arlette Darfeuille-Michaud said, and continued by describing the "war" scenario.

In this case the microbiota is altered. There is a breakdown in the balance between protective and harmful bacteria – i.e. dysbiosis.

In IBD the microbiota is altered. For CD, the proactive bacteria are less frequent than in healthy controls.

– We observed an increased number of mucosa associated E-coli in IBD-patients.

In ileal CD there is adherent-invasive E-coli (AIEC) survival and replication.

Arlette Darfeuille-Michaud described the role of autophagy.

– It's a multistep process that involves degradation of long-lived proteins and unwanted organelles in the cytosol and implies the recycling of nutrients. The autophagy controls AIEC replication, she said.

Microbial manipulation

The intestinal epithelium is a highly secretory organ. High secretory burden can lead to stress in the endoplasmic reticulum (ER), through the stochastic occurrence of misfolded or unfolded proteins.

This was pointed out by Arthur Kaser in his talk.

– The epithelium can orchestrate intestinal inflammation. Impaired coping with ER stress arises from certain genetic risk factors of IBD, but also from environmental factors, he said.

– Stressed epithelium reacts "hyper-inflammatory" to the microbiota – and a stressed epithelium can lead to IBD!

Eamonn Quigley talked on microbial manipulation. The evidence implicating the gut microbiota in IBD pathogenesis is several:

– The presence of gut flora is essential for inflammation to develop. Lesions occur in the area with the highest microbial, and certain microbes

drive inflammation more than others. Therefore I will talk about the clinical implications, Eamonn Quigley said.

Antibiotics are of benefit in specific situations of IBD.

– These include pouchitis, Fulminant UC, and for CD perianal disease, abscess and prevention of post-operative recurrences. Antibiotics also benefit some IBS patients, but the precise mode of action remains unclear.

Apart from pouchitis and possibly mild UC, the impact to date of *probiotics* in IBD has been limited.

– Some probiotics have promise in IBS – evidence from human studies continues to accumulate, he summarised.

Mucosal healing associated with better outcome

Next session concerned intestinal healing.

Endoscopic healing is still the golden standard of tissue healing in IBD – but clear definition of healing relevant to disease outcome, is lacking.

– There are degrees in mucosal healing. However, if they are relevant to use for prognosis, we don't yet know, said Marco Daperno.

Transmural healing, assessed by cross sectional imaging, may become important, but clear definition and proof of superiority over endoscopic mucosal healing are lacking.

– Fecal calprotectin and CRP may serve as biomarkers – but optimal thresholds are not defined, he concluded.

Mucosal healing is associated with better outcomes – remission, surgery and hospitalisations – in both UC and CD. It is also associated with lower cancer risk in UC, Laurent Peyrin-Biroulet pointed out.

– But there are some questions that remain unanswered: The impact of mucosal healing on bowel damage and on colorectal cancer in CD, he continued.

Partial mucosal healing may be as efficient as complete mucosal healing to modify the course of CD. Therefore it should be reached as *early* as possible in the course of the disease.

– Combination therapy is associated with a higher rate of mucosal healing in CD. Therefore endoscopy should be performed before stopping anti-TNF therapy – to identify patients with low risk of relapse.

Total remission important

Mucosal healing is a useful endpoint, but the exact definition of it needs to be ascertained, said Geert D'Haens.

– But the impact should be further studied in clinical trials. One question is which scoring system should be used – there are many. Another is how to adapt treatment based on endoscopic findings. No robust recommendations for routine clinical practice can be distilled from the available evidence, Geert D'Haens continued.

He added that in order to avoid colectomy, it is important to achieve total remission.

– Don't settle for Mayo score 1 or 2 – go for Mayo 0, he requested.

Overall, the current drugs are not highly successful to induce mucosal healing. So for the daily practice – is there any evidence that step up treatment achieves mucosal healing?

– In CD there is no evidence that this leads to superior healing. In UC, addition of enemas can lead to superior healing in the distal colon.

Therefore treatment intensification in patients who are doing well, but do not have mucosal healing, is currently *not* recommended, he concluded.

Guidelines – not rules

The ECCO Consensus process and future prospects were described by Gert van Assche.

He began by making an account of the standard operating procedures for producing the guidelines.

– Guideline initiatives can be initiated by ECCO GuiCom or other ECCO Committees, but also by individual ECCO Members or a group, he explained.

Then a literature search is performed and after that proposal for statements follows. The group then has discussion rounds on the state- ▶



ments, and at a voting and consensus meeting the statements are *fixed at this meeting*. A supporting text is thereafter developed.

– The Consensus documents are *guidelines* – not *rules*, Gert van Assche underlined.

The Consensus is continuously updated.

– These updates are more than cosmetic, he continued and presented the important changes from the Consensus on the diagnosis and management of CD. Among these were:

- Early introduction of immunosuppressives in moderate/severe disease.
- Anti-TNF agents second line for severe luminal disease and perianal fistulising CD.
- MRI or CT enterography preferred imaging for small bowel CD.
- Purine analogues superior to 5-ASA in post-operative prophylaxis.
- Exclusive enteral nutrition as effective as steroids in children.
- Medical therapy should generally continue during pregnancy.

The access to all ECCO Guidelines is open – they can be found on the Internet. Go to www.ecco-ibd.eu/publications/guidelines.

At the Dublin congress a voting and consensus meeting was held – regarding the update on diagnosis and management of UC. Axel Dignass presented the statements that were fixed at this meeting.

Surgery successful for growth retardation

Paediatric IBD was in focus for one of the scientific sessions in Dublin.

Frank Ruemmele spoke about the insight into pathogenesis. His key message was that genetics are very important in early onset of IBD. Early onset is often more aggressive. Paolo Lionetti gave an overview on IBD surgery in children from a Gastroenterologist's perspective.

Ann Griffiths talked about adalimumab in a comparison study: High and low doses for induction and maintenance in moderate to severe CD. No clinically important differences could be found.

Bronchopulmonary manifestations in IBD are something that few of us are aware of – but IBD patients might have extraintestinal manifestations also in the lungs and bronches. This was pointed out by Matthieu Allez.

Robert Heuschkel gave a good clinical overview on the management of IBD in the adolescence. Among other things, he underlined the very good effect of surgery for those with growth retardation. He also emphasised the important transition between young and adult care.

“Kill them all” works

The past and the future of T-cell therapies was the headline for Yehuda Chowers' lecture. He



Yehuda Chowers

started this by showing animations on T-cell activation and how it works.

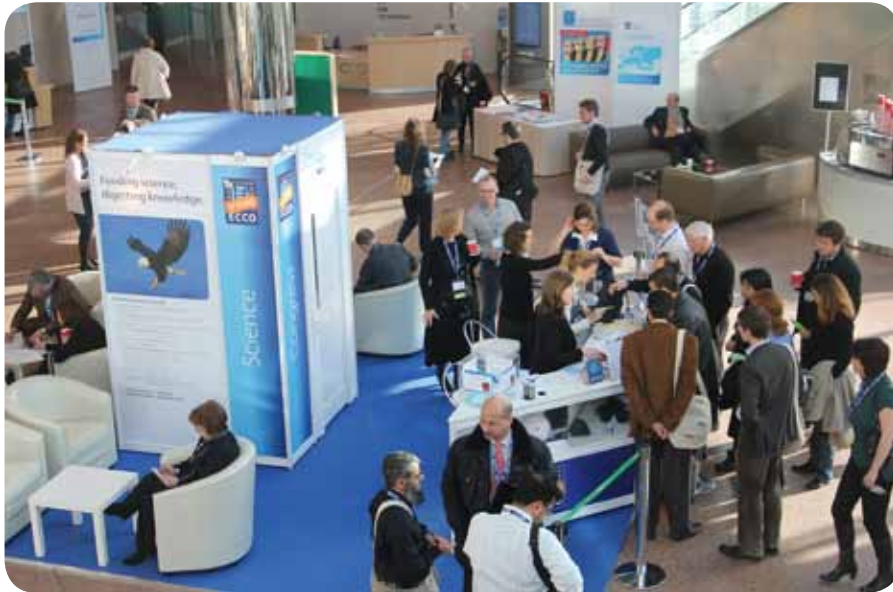
– So what is a T-cell directed therapy? There are lots of questions. Is it targeting T-cell migration, T-cell products (cytokines) or targeting the innate T-cell complex?

Yehuda Chowers pointed out that generic targeting of activation might not be applicable in specific settings that we have to get a better selection of cell populations, and specific activation pathways should be explored.

– But we do know that “kill them all” works – and actually has a clinical benefit, he stated.

So until specific cell populations are targeted, the past is part of the future. ►

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– The innate link needs therapeutic exploring, also the use of bacteria and bacterial products, Yehuda Chowers continued.

He exemplified the latter by pointing out that *Faecalibacterium prausnitzii* is an anti-inflammatory commensal bacterium in CD patients.

No benefit with parenteral nutrition

The Surgeons have joined ECCO, and have formed S-ECCO. One of the sessions in Dublin was devoted to optimising surgical outcomes in IBD. John Hyland began this session by talking on preparation for surgery. A general principle is that surgery for IBD patients requires a multidisciplinary team management.

– This should include a colorectal Surgeon, a Gastroenterologist, a Radiologist, a Pathologist and Specialist Nurses, John Hyland said.

Pre-existing malnutrition has a negative impact on outcome. Therefore ESPEN recommend Nutritional Risk Score (NRS). This integrates nutritional status, disease severity, and age to identify at risk patients.

– The traditional approach towards the cachetic IBD patient is to provide a period of parenteral – or enteral – “feeding up”. There is no benefit to total parenteral nutrition over enteral feed, and no difference in colectomy rates. However, there are less artificial feed-related complications with enteral feed, he continued.

Enhanced recovery (ERAS) is a multifaceted approach, which aims to minimise the stress of surgery. Care pathways are aiming to introduce diet within 1–3 days.

Conflicting results for infliximab

John Hyland also talked on immunosuppressive therapy.

– Cleveland clinic group concluded that infliximab (IFX) therapy within three months of surgery in patients with CD, was associated with

an increased rate of intra-abdominal sepsis and hospital re-admissions. Other studies found conflicting results.

The relationship between IFX and post-operative complications after surgery for IBD needs further evaluation before definitive treatment recommendations can be made.

– The role of staged or single surgery in IBD patients on IFX needs to be individualised – based on the clinical context and other known risk factors, such as hypoalbuminemia and high-dose corticosteroid treatment.

The ultimate top-down treatment?

Julian Panes and André D’Hoore had a tandem talk on treating Ileocaecal CD – should one resect or medicate?

Indications for surgery are therapy resistance, steroid dependence, toxic dilation and cancer. But also obstructions, chronic fistulae, abscess and free perforation, André D’Hoore said.

Symptoms from stenosis – to distinguish between inflammation and fibrosis are not always that easy. Perhaps we ought to operate on these patients on an earlier stage?

– Inflammation and fibrosis co-exist. When we face stenosis – how can we save as much bowel as we can? There are two answers to this question: endoscopic balloon dilation and surgical strictureplasty, said Julian Panes.

André D’Hoore talked about the laparoscopic approach.

– Surgeons *want* to further reduce the surgical trauma. Therefore we take an interest in ERAS and NOTES (surgery using natural orifices), he stated.

They both agreed that it should not be a medical or a surgical approach – but a *multidisciplinary* approach.

– Surgery remains a valid part of an overall management, often to be considered on an early stage. Optimising results is a “tandem” effort – with dedicated clinicians, surgeons and radiologists. It could be the ultimate top-down treatment, was their conclusion.

Multidisciplinary team necessary

John Nicholls had a lecture on improving the outcomes of pouch surgery. John Nicholls has been one of the leading colorectal surgeons for decades. He is now semi-retired.

– Restorative proctocolectomy has to be performed in specialist centres. It’s not for the occasional surgeon, John Nicholls established at the beginning of his talk.

He explained that he based his opinion on data from the British Registry. This started in 2005, and took in patients retrospectively. The Registry had not enough resources to continue after three years, but it has been re-launched in 2010.

– Poor function accounts for 30% of failures in pouch surgery. But it’s not always pouchitis – you have to do a formal investigation.

50% of failures are pelvic septic complications. Approximately only 10% are due to pou-



The participants of the course for Junior Gastroenterologists are tested.

chitis. John Nicholls also drew attention to the fact that the QoL for these patients are remarkably stable for five years.

So in order to improve outcome, his short answer was: Specialised units, a proper constitution of staff – i.e. a regular multidisciplinary team – nursing and other specialist support, training and research.

No risk for lymphoma with anti-TNF

The last day of congress began with a session on challenging cases. They concerned TB, Transplantation and Hereditary nonpolyposis colorectal cancer.

The cases were presented one at a time, and during the presentations a panel of five specialists discussed different aspects of it.

The aspect of cancer in IBD also implicates extraintestinal cancer.

– There is no risk of lymphoma in IBD itself. A Swedish study including 50,000 patients shows no overall risk in UC and CD, said Corey Siegel.

Corey Siegel pointed out that there is no increased risk of lymphoma from anti-TNF treatment. This is confirmed by the Rheumatologists, as they also have used these drugs to treat patients with RA.

– 6-mercaptopurine (purinethol)/azathioprine (and probably methotrexate) are associated with a real, but small, increased risk of lymphoma. Anti-TNFs + immunomodulators might slightly increase this risk – but I don't think we need to concern our patients. There is no clear signal that immunomodulators or anti-TNFs increase the risk of solid tumours, he summarised.

Corey Siegel added that the risk of non-melanoma skin cancer is increased with immunosuppression.

– This is something that we *have* to inform our patients of, he said.

Three steps for endoscopic diagnosis

Strategies to *detect* cancer was the topic of Ralf Kiesslich's talk.

– There are two ways to get cancer – either by inflammation or by adenoma, Ralf Kiesslich said. He then described the procedure for endoscopic diagnosis.

– Detection is the first of three steps, he explained.

By using videos Ralf Kiesslich demonstrated MedJet and Jetprep – new options to optimise bowel preparation. He continued by demonstrating the differences between HD endoscopy versus normal and then the benefits of chromoendoscopy.

The second step is characterisation. By staining with chromoendoscopy, he showed the audience how it enables the endoscopist to see the surface structure of the mucosa.

The final step is confirmation, and this should always be performed with histology.

– Now we can do that by endomicroscopy. The main difference with that technique is that you don't predict histology – you *see* it, said Ralf Kiesslich.

Minimise the placebo effect

The final lecture in Dublin 2011 was the Marc Lémann lecture. This was given by Jean-Frédéric Colombel, and the title was *Understanding clinical trials in IBD*.

– Translation from basic science to clinical use is difficult. We don't have a good experimental model of IBD, he underlined.

Jean-Frédéric Colombel also reminded the audience that it is risky to extrapolate from other diseases.

– The placebo effect is a killer of drugs. We have to work in order to minimise placebo response.

In order to do this, one has to reduce concomitant medication and ensure robust endpoints.

– Enter patients with active disease, and minimise clinic visits!

He continued by explaining that if the time until evaluations is increased, the placebo effect will also be increased.



Jean-Frédéric Colombel

– We need better endpoints. That was something that Marc was very keen about, Jean-Frédéric Colombel continued.

We must leave the hospitals

Jean-Frédéric Colombel described several activity scores for CD. One of these was the CD endoscopic index of severity – CDEIS.

– It's a good score for CD, although I know that many of you think it is complicated. But we need to learn to *love* CDEIS!

He used an example from Rheumatology: In RA *joint damage* is a major therapeutic score.

– We also need that. Therefore we are developing the CD Digestive Damage Score – which we call the Lémann score!

Jean-Frédéric Colombel also pointed out that we need to translate clinical trials in clinical practice.

– One example is that there are not many clinical trials concerning *quitting* long-term therapies.

– We have to be very careful, and to be alert to long-term side effects. AZA is one example – after 30 years we *now* know it increases the risk for lymphoma.

Jean-Frédéric Colombel mentioned several challenges for the future. Among these were worldwide recruitment, long term studies looking at disease modification with new innovative endpoints and personalised medicine.

Another was access to early patients.

– If we need to study patients early, it means we must leave the hospitals.

He finished his lecture with a personal note – a tribute to Marc Lémann who was a personal friend of his.

– He was the most innovative guy I've ever met, said Jean-Frédéric Colombel.

Then the congress was over. ECCO's President Daniel Hommes thanked everyone for coming to Dublin.

– And I greet everyone welcome to Barcelona in 2012, he said.



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7th Congress of ECCO

CCIB Barcelona

February 16-18, 2012



The major educational event in the field of Inflammatory Bowel Diseases in Europe – EACCME applied.

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Scientific Commmittee (SciCom)

SciCom is one of ECCO's core committees. Its members are Andreas Sturm (Chair) Edouard Louis, Miquel Sans and Arthur Kaser. SciCom's Scientific Officer, Matthieu Allez, supports the activities of the committee.

SciCom's main task is to promote scientific projects in IBD with intellectual input, funding and joint training along ECCO-defined criteria. To fulfill this core objective ECCO offers Fellowships, Grants and Travel Awards aimed at encouraging young physicians in their careers, facilitating interaction between IBD investigators across Europe and promoting innovative scientific research in IBD within Europe. SciCom also aims to enhance communication between ECCO Members and to promote collaborative initiatives by planning and organising scientific workshops. With its new structure, SciCom will concentrate on scientific and translational activities. The task of supporting clinical trials will be transferred to ClinCom.

Scientific Workshops

ECCO Scientific Workshops are designed as a forum for gathering and sharing the experiences of experts, clinicians and scientists across Europe (and beyond) on key issues in IBD. The primary aim is to produce a manuscript of the literature reviewed during the process, but also to collate the ideas and views exchanged in discussions and interactions. The secondary aim is to initiate well designed translational collaborative studies within the ECCO community, applying to highly competitive resources such as EU programs (FP, IMI). The first ECCO Scientific Workshop on anti-TNF failures was published in JCC and is available via PubMed. The results of the second scientific workshop on intestinal healing were presented just recently at the ECCO Congress in Dublin; a corresponding publication is currently being drafted. Workshop procedures have now been standardised and structured, with one workshop taking place every year. The process is described in the annual plan with a specific schedule, starting with the identification of relevant and important topics, followed by interactive thematic discussions, literature review and discussion, manuscript writing, and plenary presentation. It is the task and responsibility of the ECCO SciCom to select a central topic relevant enough to mobilise the time and energy of ECCO Members over the year. The chosen topic has to incorporate pathogenic and basic science features but it must also be clinically relevant and form a link between basic and clinical research. For



Andreas Sturm



Edouard Louis



Miquel Sans



Arthur Kaser

more details, including information on awards or submitting proposals for future scientific workshops, please visit our homepage at www.ecco-ibd.eu.

This year ECCO launched its third scientific workshop entitled: *IBD and Neoplasia*. This workshop will be conducted by Silvio Danese, Laurent Beaugerie and Laurence Egan. It will be based on a systematic literature review of intestinal cancers and extraintestinal neoplasia associated with IBD. Special attention will be given to intestinal cancers, colorectal cancer, small bowel and anal cancers, including cholangiocarcinoma. An extensive and detailed review of the mechanisms of pathogenesis, epidemiology, treatment and survival will be carried out, as well as an analysis of several IBD-related therapies for risk reduction.

Furthermore, for extraintestinal neoplasia, EBV-associated lymphoma and the risk related to immunosuppressants will be considered, as well as uterine cervix dysplasia and cancer, and non-melanoma skin cancers.

The workshop will use this review to develop a European Study Platform for neoplasia in IBD. At DDW, various working groups will be initiated, the work defined and there will subsequently be a call for members of the project. The Pathogenesis workshops will focus on one topic of current interest, break it down into individual components, systematically review the literature, define unanswered questions and then initiate collaborative work in basic and clinical science.

Fellowships, Grants and Travel Awards

One of SciCom's principal functions is to promote European research in Inflammatory Bowel disease and scientific integration. ECCO Fellowships, ECCO Grants and ECCO Travel Awards are the instruments designed to achieve this goal.

ECCO Fellowships

ECCO Fellowships were established to encourage young, academically-orientated gastroenterologists in their career and to promote in-

novative scientific research in IBD in Europe. In 2010, ECCO Fellowships have entered their fifth year. In 2011, two fellowships were awarded. The first fellowship was awarded to Dr. Lael Werner from Israel who aims to investigate the role of Notch in the pathophysiology of Crohn's disease and ulcerative colitis. Dr. Werner will carry out his experiments in Prof. Andreas Sturm's lab at the Charité in Berlin, Germany. The second fellowship was awarded to Dr. Bénédicte Brounais-Le Royer from Geneva. Her project will investigate the effects of interleukin-15 inhibition on skeletal alterations in inflammatory bowel disease and will be performed in Prof. Serge Ferraris' lab at the Geneva University Hospital, Geneva, Switzerland.

In 2010, Emanuela Sala from Rozzano, Milano and Caterine Strisciuglio from Naples, both Italy, were awarded the two fellowships. Emanuela investigated molecular homing mechanisms of stem cells in IBD and Caterina worked on autophagy in immune cell-cell interactions in the gut. Both researchers presented their scientific results at the ECCO Congress in Dublin.

ECCO Grants

ECCO Grants are designed to support scientific research in the country of origin. Two are awarded each year, barring exceptional circumstances. Aided by external reviews and a transparent process (see the website www.ecco-ibd.eu) four grants were awarded, each worth EUR 15,000.

In 2011 Arie Levine from the Wolfson Medical Center, Holon, Israel received his grant to identify factors predicting relapse and adverse outcomes early in the disease in newly diagnosed paediatric Crohn's Disease. Catherine Reenaers from the CHU in Liege, Belgium received her grant to investigate autophagy pathway defects in innate immune cells in Crohn's Disease. The third grant was awarded to Franco Scaldaferrri from the Institute of Internal Medicine at the Catholic University of Rome, Italy to investigate the role of adipose tissue-derived mesenchymal stem cells in chronic colitis and colitis-driven colon cancer progression. Finally, the fourth grant was given to Stefania Vetrano Istituto Clinico ►

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Humanitas, Rozzano, Milano, Italy to assess the role of Chemerin /ChemR23 axis in the pathogenesis of IBD.

ECCO Grant applications are assessed on the basis of ranking in six criteria. All projects are externally reviewed and ranked by the members of the ECCO Scientific Committee based on the following:

- Originality of the proposal
- Scientific content
- Methodology
- Feasibility
- Expertise of the applicant and host laboratory
- ECCO impact

Once again, ECCO calls on investigators to submit their grant proposals.

ECCO Travel Awards

ECCO Travel Awards are designed to enhance the fabric of ECCO, by supporting visits between centres for specific purposes. Each Travel Award is worth EUR 1,500. Up to five are available each year. Applicants and their hosts must be ECCO Members, but this is not necessarily limited to ECCO Country Members. The scientific purpose of the visit to an ECCO Country Member needs to be stated in detail and it should support the aims

of ECCO, since this provides a tool for selection. Travel by an ECCO Member from an ECCO Member state to a non-member state will, in exceptional circumstances, be given consideration, but the primary purpose cannot be that of attending a congress or scientific meeting. A short report is expected to be submitted to SciCom and ECCO News within 12 months of receipt of the award. ECCO Committee members are excluded from applying. In 2011 ECCO Daniela Petrova Stoyanova from Sofia, Bulgaria received a Travel Award and will travel to the Western General Hospital in Edinburgh, United Kingdom.

Ave and Valet

This year, Silvio Danese stepped down from SciCom at the ECCO Congress in Dublin. Silvio is a brilliant researcher and clinician who served SciCom over the last three years. His input into various ECCO projects was consistently valuable and inspiring. We are happy that he will maintain his ties to ECCO - Silvio will be organising the third Scientific Workshop entitled IBD and Malignancy. With the new structure of ECCO and the reforming of the Governing and Strategic Board, Matthieu Allez went from SciCom Chair to Scientific Officer, and is now responsible for

overseeing the scientific activities of all ECCO Committees. We are delighted to keep him on board. At the recent meeting in Dublin, Andreas Sturm from Germany was elected as the new SciCom Chair.

Our newest SciCom Member is Arthur Kaser, originally from Innsbruck Medical University in Austria. He recently relocated to the United Kingdom to take up his position as Chair of Gastroenterology and Head of the Div. of Gastroenterology and Hepatology, Dept. of Medicine, University of Cambridge, at Addenbrooke's Hospital. Arthur's research in mucosal immunology focuses on the intestinal epithelium as a barrier between the microbiota and the host, and is aimed at characterising the fundamental biological pathways that connect the genetic underpinning of IBD with its inflammatory manifestation. Arthur is a dedicated clinician with a strong interest in translating basic science insights into clinical practice. Needless to say, he is very keen to contribute to the various activities of the ECCO SciCom and help shape its future.

**ANDREAS STURM, EDOUARD LOUIS,
MIQUEL SANS, ARTHUR KASER**

Guidelines Committee (GuiCom)

GuiCom is a new committee of ECCO responsible for the development of the ECCO Guidelines and composed of four ECCO Members: Axel Dignass (Chair), Fernando Magro from Portugal, Vito Annese from Italy and Rami Eliakim from Israel.

In the new ECCO Structure, the chair of GuiCom belongs to the Operational Board in collaboration with the chairs of the others committees. GuiCom intends to be the operative support for guidelines in order to guarantee equal quality of care for IBD patients throughout Europe, challenge dogmas, and establish consensus in IBD. The consensus documents are guidelines and not rules. Every ECCO Consensus promotes a European perspective on current dilemmas and management of Crohn's Disease (CD) and Ulcerative Colitis (UC) following a Delphi procedure. This methodology weighs the evidence according to strict criteria (Oxford Centre for Evidence Based Medicine) and measures opinion when the evidence is scarce. Therefore, GuiCom is an instrumental part of a collective network for gastroenterologists, surgeons and all doctors in diverse fields interested in IBD.

A guideline platform was created, which proved to be an excellent tool for guideline work, regarding voting procedure and survey



Axel Dignass



Fernando Magro



Vito Annese



Rami Eliakim

statements. In the future we are planning to implement a reference database, permitting easy access to all references cited in guidelines. This service will then be available for all ECCO Members in a closed members' area on the ECCO website. During the last consensus meeting (UC Guidelines), only the statements that achieved less than 80% of concordance in survey were discussed and re-voted. The UC Consensus meeting held in Dublin included 60 participants. The Governing Board and National Representatives were invited to participate with the working groups, and a fruitful and high quality discussion developed. The final report will be published in JCC at the end of this year.

New consensuses are underway, namely related to nutrition, anaemia, paediatric IBD, surgical aspects of IBD, microscopic and his-

topathological findings in IBD. Paediatric and surgical aspects of IBD will be developed in cooperation with P-ECCO and S-ECCO. Imaging guidelines are ongoing with ESGAR and hot topics approached include: Scores, radiation, safety, upper GI tract, colon, rectum, peritoneum and genital tract imaging, as well as the evaluation of acutely ill patients within 24 hours, and liver and biliary tract examination. GuiCom is also involved with the Swiss IBD Group in developing recommendations on UC treatment (EPATUC).

GuiCom is strongly engaged in constructing a European network with all ECCO Members to equalise and promote knowledge in IBD, including each member in this process.

**AXEL DIGNASS, FERNANDO MAGRO,
VITO ANNESE, RAMI ELIAKIM**

Education Committee (EduCom)

The Education Committee will focus mainly on educational activities in the new ECCO Structure, since the Guidelines Committee will function as a separate entity from now on. Our aims are to innovate and to further develop the successful projects, which were launched in the past years by EduCom.

The advanced course for young physicians has been organised since the early days of ECCO and has always been well attended and highly appreciated. Each year, this course brings a new generation of young colleagues with a keen interest in learning more about the diagnosis and management of IBD. Unfortunately, we still have to turn down many applicants. Therefore, the course will be programmed again next year preceding the main ECCO Congress in Barcelona. Charlie Lees will continue to lead the course and will most likely introduce more tandem talks and booster the content and lay-

out of the syllabus. Together with the surgeons (S-ECCO) we are planning to host a post graduate course for surgeons, physicians and nurses with top level seminars on the current state of the art of surgery for patients with IBD.

Another well-acclaimed asset of Educom are the case based workshops. In 2011 and 2012 we will again host workshops in different regions of Europe. The slide deck has been expanded with cases on pregnancy, imaging, surgery and the management of infections. Outside of 'ECCO territory' workshops have been scheduled in the United Arab Emirates and in Japan. For these workshops the programme will be developed with our colleagues overseas and for each workshop two ECCO Faculty will represent our organisation. Makis Mantzaris will continue to manage these workshops with the master skills he has demonstrated in the past two years.



Gert van Assche



Charlie Lees



Makis Mantzaris

The most innovative project for 2011, however, is the eLearning environment we want to create on the ECCO website. It is too early to reveal all details of this initiative, but it will for sure consist of integrated cases, with different levels and learning environments covering all scientific and clinical aspects of inflammatory bowel disorders. We are looking forward to launching the eLearning environment by the end of 2011.

On behalf of the entire EduCom,
GERT VAN ASSCHE
EduCom Chair

ECCO Educational Workshops 2010 and outlook into 2011

Starting in 2007, the European Crohn's and Colitis Organisation (ECCO) has launched a series of educational workshops in European countries aiming at harmonising the management of IBD patients across Europe and helping local IBD experts being integrated with the help of international faculty through case presentations based on the ECCO Guidelines.

The ultimate goal of these activities is to improve the quality of patient care. On the other hand, these educational activities are a great ambassador of ECCO by making local societies and physicians aware of additional activities of ECCO.

In 2010, the guidelines to host an ECCO Workshop within Europe for the local faculty and the industry were updated to ensure a higher level of transparency and independence by avoiding single sponsorship. There has been a great interest from various European countries to host educational workshops even for the second time; however, the Educational Committee decided that first priority should be given to countries which have never hosted a workshop before. Thus, five European cities respectively hosted the 14th–18th ECCO Educational Workshops,

namely Ukraine (Donetsk; September 17, 2010), Hungary (Budapest; September 18, 2010), Latvia (Riga; October 9, 2010), Ireland (Galway; October 15, 2010) and Bulgaria (Sofia; November 11, 2010). All were very well attended and their scientific content and speakers were rated highly by the participating physicians. In addition, we had the privilege to make a giant step forward by organising the first workshop out of Europe. The 13th ECCO Educational Workshop took place in Brazil (São Paulo; June 19, 2010). At this Workshop, ECCO was represented by Fernando Magro and Rami Eliakim and the meeting was a great success.

In 2011, the following European countries will host an educational workshop: Finland (Helsinki; August 26, 2011), Croatia (Opatija; September 17, 2011), Spain (Cordoba; November 12, 2011) and Italy (Naples; December 1, 2011). Furthermore, two non-European ECCO Educational Workshops will be held: United Arab Emirates (Dubai; April 29, 2011) and Japan (Tokyo; July 17, 2011).

As an indication of the growing strength of and confidence in the Education Committee, the selection of representatives for ECCO Educational Workshops has been widened. As of 2011, not only ECCO Officers can take the official role of ECCO representatives at workshops, but also ECCO Members who feel confident to act

as international faculty are encouraged to apply whenever invitations are advertised on the ECCO website and/or the ECCO News. Note: ECCO Faculty for 2011 has already been elected.

Finally, we have already three applications for non-European ECCO Workshops for 2012: Lebanon (Beirut), South Africa (Johannesburg), and South Korea (Seoul).

Feeling the infectious enthusiasm of IBD experts in European and non-European countries, the Educational Committee has been continuously alert to improve the quality of this educational activity. Thus, case creators have been asked to continuously update older cases whereas ECCO Members are addressed to develop new cases based on the updated ECCO Guidelines for the diagnosis and management of Crohn's Disease and Ulcerative Colitis. So far, a new state of the art lecture and case has been created based on the Pregnancy Guidelines and new cases have been developed on imaging and new diagnostic steps in Crohn's Disease as well as on recurrent complicated ileocaecal Crohn's Disease. We apparently are aware of the increasing demand of this educational activity.

MAKIS MANTZARIS
ECCO Officer, Education Committee

18th ECCO Educational Workshop – Sofia, Bulgaria

The 18th ECCO Workshop took place in Sofia, Bulgaria, on November 11, 2010. It was organised by ECCO with the help of the local IBD Society.

The workshop was held in one of the major congress halls of the National Palace of Culture in the capital of Bulgaria. It was followed by the National Congress of Gastroenterology on the next day, one of its highlights being current problems in IBD diagnostics and treatment.

The faculty included Daan Hommes from the Netherlands, the current ECCO President, and Rami Eliakim from Israel, former member of the ECCO Education Committee, as well as Simeon Stoinov, Iskren Kotzev, Plamen Penchev, Daniela Stoyanova and Milko Mirchev as local chairmen and speakers. The official language of the workshop was English.

The event started in the afternoon of November 11 with an opening speech by Iskren Kotzev, one of the members of the local organisational committee, who introduced the ECCO lecturers. The next speaker, Daan Hommes, explained the goal and structure of ECCO. He continued with the first lecture and his expert comments and friendly attitude drew the attention of the audience. This was followed by five case-presentations and ended with a state-of-the-art lecture given by Rami Eliakim.

The programme covered the topics: Surveillance and chemoprevention; Left-sided Colitis; Pregnancy and IBD; Fulminant Colitis; New-onset Ileocecal Colitis and Opportunistic infections in IBD. After each presentation a sufficient time



Faculty of the 18th Educational Workshop in Sofia.

for discussion was provided and participation of the audience was encouraged by the speakers. Questions like strategies for endoscopic surveillance in Ulcerative Colitis, chromoendoscopy, antibiotic and anti-TNF α treatment in IBD were raised by the participants.

The workshop provided an excellent opportunity for discussion and implementation of the ECCO Guidelines on Crohn's Disease and Ulcerative Colitis. It was attended by approximately 100 gastroenterologists from the whole country. The meeting ended with a dinner in a renowned res-

taurant in a friendly atmosphere. The event was highly appreciated and positive feedback was given by the majority of the participants.

The local IBD committee would like to express their gratitude to Daan Hommes and Rami Eliakim for the nice lectures and discussions they inspired and also to Nicole Eichinger and Barbara Schmid from the ECCO Office for their support and help in organising this event.

**ISKREN KOTZEV, ZOYA SPASSOVA,
MILKO MIRCHEV**

9th IBD Intensive Advance Course

The 9th IBD Intensive Advance Course was held prior to the official start of the 6th Congress of ECCO in Dublin.

The course again ran over 1 ½ days covering all aspects of Inflammatory Bowel Disease: pathogenesis and genetics, diagnostics and therapeutics, inflammatory, structuring and fistulising Crohn's Disease, mild-moderate and acute severe Ulcerative Colitis, surgery, cancer surveillance, pregnancy, nutrition, and early-onset disease. These topics are taught through lectures, case presentations and seminars. Each session was chaired by one experienced person from the course faculty and

one Young-ECCO Member. As in previous years, we strove to keep the course as interactive as possible. In addition, the Y-ECCO team produced an extremely well received workshop on "How to pursue a career in IBD". The session included talks on building IBD cohorts, gaining funding for research, and interacting with pharma.

This year the advanced course was attended by 94 junior gastroenterologists from 30 European countries and 3 non-European centres. Students were selected by their individual countries, each of which sent between 1 and 5 participants (2–3 are invited from each country). The students were made to work very hard, starting

both days at 08:00. The course maintains the tradition of starting and closing with a MCQ test. This way, we once again monitor the students' progress and continue to maintain the highest standards of teaching. Next year in Barcelona we will continue to modify the course, taking into account feedback from students and faculty. We plan a major revamp of the course syllabus and are exploring several ideas to make the course even more interactive.

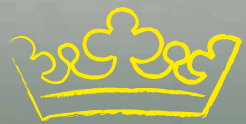
CHARLIE LEES



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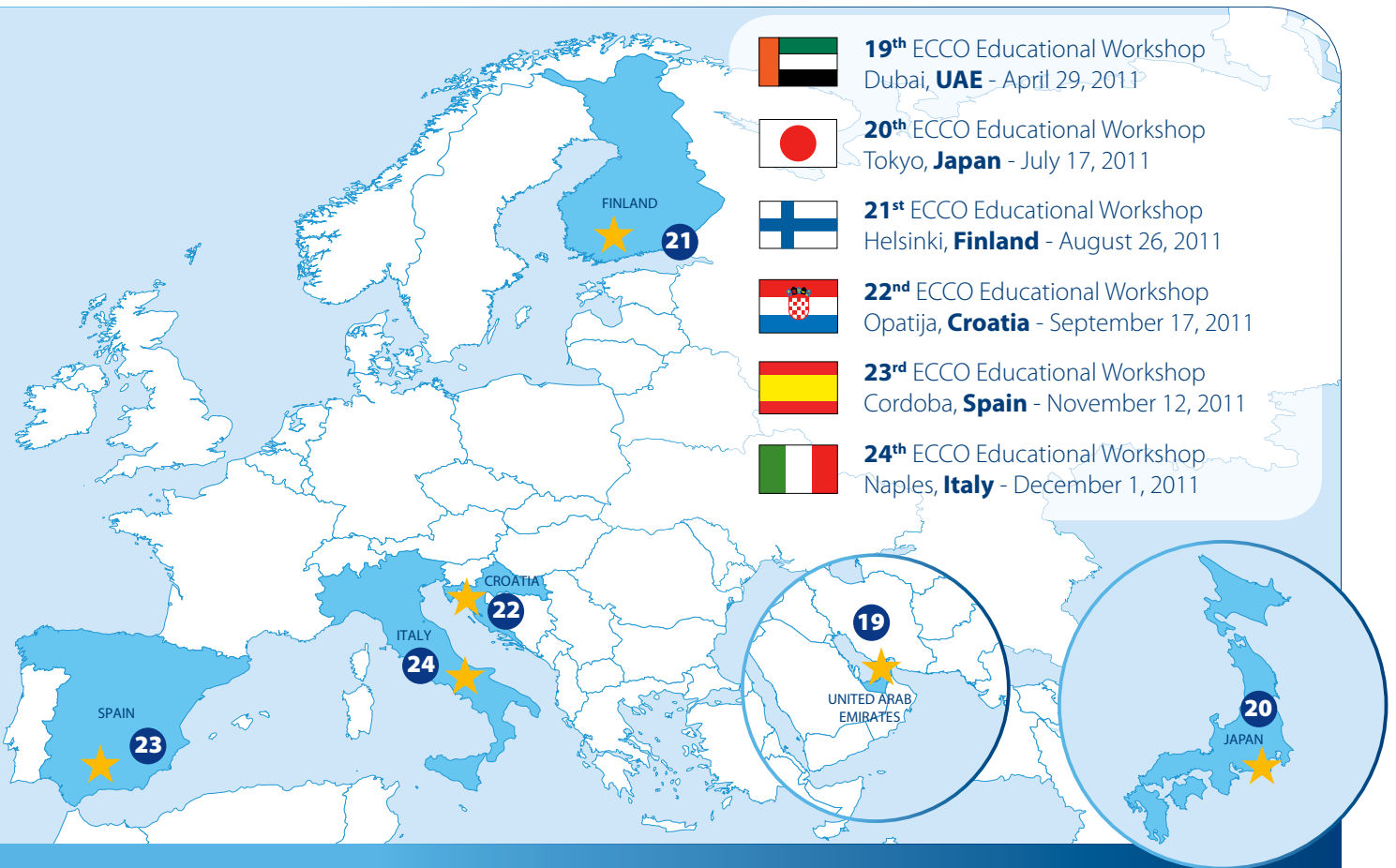
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ECCO Educational Workshops 2011



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Surgical-ECCO (S-ECCO)

Despite significant improvements in medical treatment strategies for IBD, surgery remains an important therapeutic option.

It is therefore our great pleasure to announce the inauguration of S-ECCO, the surgical arm of the European Crohn's and Colitis Organisation. We have an official representation in the operational board of the ECCO. André D'Hoore is the chair of S-ECCO and next year the committee will be reinforced by Emmanuel Tiret (Paris, France) and Gianluca Sampietro (Milano, Italy). The five members of the board will each sit for a period of two years so there will be possibilities for others to engage themselves. Alastair Windsor has agreed to be our secretary and will sit on a five year mandate.

The broad aims of S-ECCO are to foster clinical and research collaboration across Europe to improve the outcomes of patients suffering with IBD. This clearly cannot be done in isolation and S-ECCO are keen to work under the umbrella of both its parent organisation ECCO and other key European surgical groups such as the European Society of Coloproctology (ESCP).



André D'Hoore



Tom Øresland



Willem Bemelman



Alastair Windsor

To encourage involvement from all parts of the European surgical community at this critical time in its evolution, a number of projects are planned for 2011/2012.

1. Masterclass in IBD Surgery (to take place at ECCO Congress 2012 in Barcelona).
2. Surgical session in core ECCO programme (ECCO 2012, Barcelona) Acute colitis: A multidisciplinary approach to care.
3. Development of IBD-surgical guidelines jointly with ESCP.
4. Begin to promote collaborative clinical research.

We hope that involvement in these projects will be of interest to many and would like to invite surgeons at all levels with a keen interest in IBD to join us and be involved. We also hope that these initiatives will bring a visibility and legitimacy to S-ECCO and be the start of something important for the future of IBD care.

Committee:

André D'Hoore, Belgium
Tom Øresland, Norway
Willem Bemelman, The Netherlands

Secretary:

Alastair Windsor, United Kingdom

Paediatric-ECCO (P-ECCO)

The paediatric arm of ECCO (P-ECCO) is now fully active: The committee is chaired by Frank Ruemmele, France, together with Johanna Escher, The Netherlands and Jorge Amil Dias, Portugal. The importance of bringing paediatric IBD specialists to ECCO was clearly visible during the session "The age of innocence: IBD in children" at the very successful meeting in Dublin.

The first action steps of P-ECCO are the development of guidelines on the diagnosis and management of paediatric UC together with the IBD-WG of ESPGHAN. The process has already started and the call for participation is out.

The next steps besides extensive clinical and scientific exchange will be to foster the interaction between paediatric and adult specialists in ECCO teaching programmes and also in the near future the development of clinical trials integrating paediatric and adult IBD patients.



Frank Ruemmele



Johanna Escher

FRANK RUEMMELE
P-ECCO Chair



Jorge Amil Dias

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James Lee,
Franco Scaldaferrri,
Florian Rieder

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New Y-ECCO team starting 2011

After election for the Y-ECCO Committee and the end of Mark Ferrante's term as chair of Y-ECCO (2009–2011) the Y-ECCO is starting with a fresh team of four committee members as well as the former co-chair Jan Wehkamp who will stay in the position of Y-ECCO chair until 2012. Here we introduce the new team and are looking forward to lots of fresh energy for ECCO.



Priv. Doz. Dr. Jan Wehkamp, born 1974,
German national
Clinical pharmacologist, trainee of
Gastroenterology
Robert Bosch Hospital, Dr. Margarethe Fischer
Bosch Institute, Stuttgart, Germany
Y-ECCO Chair 2011-2012
(Y-ECCO Co-chair 2009-2011)

Before ECCO, Jan started his first important "European" experience during his military service which he did at the French-German army which is part of the Eurocorps.

During Medical school at the University of Lübeck in Northern Germany he started to get interested in science. He had a wonderful research exchange summer at the University of Chicago and right after, started to get interested in antimicrobial defensins. He started his work with IBD at the gastrointestinal department but later on, he did choose most of his scientific work places in other fields like dermatology, microbiology and immunology. After joining these different labs in Germany and the United States (Cleveland clinic and University of California, Davis) he went back to his home country in Stuttgart.

Now he also attempts to work half time clinical and half time with research. His main research interests are innate mucosal host defense, antimicrobial peptides including Paneth cell defensins, probiotic bacteria and off course understanding and treatment of Inflammatory Bowel Diseases. He joined the Young-ECCO and worked with Mark Ferrante, the former chair of Y-ECCO.

He hopes to further promote strong and scientifically competitive networking and to motivate young physicians and scientists to spend their time with IBD research.

Contact: jan.wehkamp@ikp-stuttgart.de



Dr. James Lee, born 1980,
British national
BMBS BA (Hons) MRCP
Cambridge University Hospitals, UK
Y-ECCO Committee Member since 2011

James trained at the University of Oxford and completed his general medical rotations in the South West of England.

He then worked for 1 ½ years in Exeter as a gastroenterology trainee before growing tired of the beautiful rolling hills of Devon (!) and electing to leave to pursue a (rather flatter) lifestyle – undertaking a Wellcome Trust-funded PhD at the University of Cambridge.

After taking some time to acclimatise to a lighter shade of blue than to which he had become used (!) James has spent his PhD investigating novel methods of predicting disease behaviour in IBD using gene-expression microarrays and then studying the immunological mechanisms that might underpin his observations.

James got many of his ideas by collaborations with other fields which broadened his spectrum.

At least for the moment his main interest is translational research with a focus on basic science, especially genetics. In summary his specific current research repertoire includes whole transcriptome expression profiling, adaptive immunity, complex disease genetics, functional genetics and off course better understanding and future treatment of Inflammatory Bowel Diseases.

He has been an active member of both the UK and International IBD Genetics Consortia and is keen to help develop ways to integrate Y-ECCO more closely into ECCO as a whole.

Contact: jcl65@cam.ac.uk



Dr. Franco Scaldaferrri, born 1980,
Italian national
Trainee of Gastroenterology
Catholic University – Gemelli Hospital
Rome, Italy
Y-ECCO Committee Member since 2011

Franco Scaldaferrri was born in Maratea (PZ), Italy. He attended the MD degree at Catholic University of Rome, on July 2005 and GI fellowship on October 2009. He is currently in a PhD programme (on human nutrition and metabolism) at Catholic University – Gemelli Hospital – Rome, Italy, as many of us "straggling" daily between clinical work in a new born IBD Unit and love for basic science.

Since he was a medical student, he was interested in research on IBD pathogenesis, achieving interesting publications together with oral and poster communication to national and international meetings.

In May 2007 he started a research fellowship programme at Cleveland Clinic, Cleveland, OHIO, USA. He explored new mechanisms of intestinal chronic inflammation, dealing with intestinal endothelial cells and fibroblasts, their response to inflammatory cytokines and bacterial products and their ability to modulate leukocytes function. He fell in love with mesenchymal stem cells and their application in experimental IBD, for which he received his first money support.

He is member of several scientific societies, including SIGE (Italian Society of Gastroenterology), SIMI (Italian Society of Internal Medicine), Ig-IBD (Italian Group of IBD), AGA (American Gastroenterological Association, since 2007) and more importantly of Y-ECCO. About this last, he likes the idea that Y-ECCO is a great opportunity to bring love for IBD research and European science-networking to young physicians from all Europe, within the nice and fresh adventure of ECCO.

Contact: francoscaldaferrri@libero.it



Dr. Marjolijn Duijvestein, born 1982,
Dutch national

Trainee of Gastroenterology
University of Leiden Hospital, the Netherlands
Y-ECCO Committee Member since 2011

Marjolijn studied Medicine in Leiden, which hosts the oldest university of the Netherlands. During med school she performed clinical rotations and research projects in both Spain and Ghana. Though travelling runs through her veins, she remained in Leiden for another four years for her PhD project at the Leiden University Medical Center (LUMC). The main focus of her research was the development of Mesenchymal Stromal therapy for the treatment of Crohn's Disease.

In March 2011, Marjolijn started her GI specialisation training for which she currently works at the internal medicine department of the Onze Lieve Vrouwe Gasthuis (OLVG), the only large general hospital in the busy city centre of Amsterdam. Marjolijn would like to participate in the expansion of the Y-ECCO network to facilitate interaction and collaboration between future IBD doctors within the platform of ECCO.

Contact: mduijvestein@gmail.com



Dr. Florian Rieder, born 1976,
German national

Trainee of Gastroenterology
Cleveland Clinic Foundation, Cleveland, USA
Y-ECCO Committee Member since 2011

Florian studied medicine in Munich (Germany), USA, South Africa and Switzerland. Early in medical school he got excited about gastroimmunology and finished his doctoral thesis on cAMP-elevating agents as novel therapeutics in experimental colitis.

Florian's passion is to shed light into the prediction and pathogenesis of stricture formation in Crohn's Disease. After first studies at the University of Regensburg with a start-up grant he obtained funding from the German research foundation for a fellowship in Cleveland, USA. There Florian works on origin of fibroblasts in intestinal fibrogenesis as well as mesenchymal cell activation through innate immune mechanisms.

Currently he is working clinically as well as in the laboratory. Florian loves to travel, to play basketball and to dive. He participates in Y-ECCO to help build a support system for junior gastroenterologists through networking and opening opportunities to participate in the scientific community.

Contact: riederf@ccf.org

Y-ECCO Workshop summary

After a long day of lectures and seminars on the "Advanced IBD Course" in Dublin, you could have been forgiven for wanting to head out for a quick pint of Guinness.

It is testament, however, to the enthusiasm and commitment of young ECCO Members that over 80 stayed for what turned out to be an excellent Y-ECCO Workshop.

The workshop theme, "How to pursue a career in IBD?" is a question that many young ECCO Members have asked and the talks at the workshop will have clarified many of the answers for those who attended.

Following the initial introduction, Peter Lakatos (Hungary, and EpiCom Committee Chair) and Walter Reinisch (Austria, and ClinCom Committee Member) gave a tandem talk about how to stimulate networking within European groups. The importance of asking the right research question and the potential strengths that lie within collaborating were highlighted.

A complementary approach was then presented by Tariq Ahmad (UK), who spoke about how to build an IBD cohort for translational research. This talk nicely illustrated the advan-

tage of having a well-phenotyped collection of patients for whom several biological samples are available (DNA, RNA, serum etc.) so that it is possible to answer research questions that arise in the future without having to collect samples again for every potential study.

Pia Munkholm (Denmark) then spoke about how to make a career in IBD more attractive for females. She clearly explained the need for flexibility in training in order to encourage women to consider a career in IBD, and introduced the concept of Jante Law, which elegantly illustrated the problems that many women may face.

Another problem, which faces both men and women alike, is the practical issue of how to get funding for research. Gijs van den Brink (The Netherlands) gave an excellent, insightful talk on how to address this question. It was particularly noteworthy as the temptation – to my mind – would have been to deliver some general guidance, which may not have been directly applicable to many in the audience. However, in contrast to this, the talk was full of specific tips and useful, practical advice, with great examples drawn from the speaker's personal experience – both successful and unsuccessful.

Finally, Eduard Stange (Germany) spoke about the tips, tricks and pitfalls of interacting with pharma. It served as a salutary lesson to an audience, who will go on to experience many opportunities to interact with pharma, regarding the dangers of becoming a glorified spokesperson for the industry. The importance of maintaining scientific integrity was a clear message, which can only benefit the future of gastroenterology.

Overall, the 4th Y-ECCO Workshop was a great success and credit must go to the speakers and organisers (Marjolijn Duijvestein, Charlie Lees and Jan Wehkamp – all current or former Y-ECCO Committee Members) for creating an event that was, for me, one of the highlights of the whole conference.

If any Y-ECCO Members have questions that they would like to see covered in future workshops, please email them to me (jl65@cam.ac.uk).

JAMES LEE,
Cambridge (UK)
Y-ECCO Committee Member



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Personal picks – Literature reviews from Young-ECCO Members

In this issue of the ECCO News we would like to start a new series where we invite young members of ECCO to select and review recent basic science as well as clinical papers. It is important to emphasise that this selection is not an objective ranking and is not intended to cover everything. We would like to create a platform for very personal selections. In the same lines the reviews are also aimed to be personal allowing personal opinions. Over time, with 1–3 discussed papers per issue, we hope to provide a broad and balanced overview reflecting different clinical and scientific views and angles. In this issue we start with two basic science papers. The next issue will cover clinical aspects. In the future we are also planning to open this up and present paper summaries from as many Young-ECCO Members as possible.

Please send your suggestions to jan.wehkamp@ikp-stuttgart.de and ecco@ecco-ibd.eu

The first paper in the series is reviewed and selected by James Lee, United Kingdom.

Induction of Colonic Regulatory T Cells by Indigenous Clostridium Species

Atarashi K, Tanoue T, Shima T, Imaoka A, Kuwahara T, Momose Y, Cheng G, Yamasaki S, Saito T, Ohba Y, Taniguchi T, Takeda K, Hori S, Ivanov II, Umesaki Y, Itoh K, Honda K.
Science. 2011 Jan 21;331(6015):337-41.

For some time it has been recognised that alterations in the gut bacteria are associated with Inflammatory Bowel Disease. However, it is unclear which is the chicken and which is the egg – does this “dysbiosis” arise due to genetic differences in affected individuals or because of the inflammatory conditions present in the intestine, or is it causative and a prerequisite for disease to develop, and if so how?

Recent studies in mice have beautifully highlighted how certain bacterial species can have very specific effects upon the intestinal immune system, with the observation that segmented filamentous bacteria (SFB) specifically drive the development of T-helper-17 (Th17) cells within the gut (Ivanov et al Cell 2009). This report created great excitement as Th17 cells have been implicated in the pathogenesis of IBD both through genetic studies and animal models. However, it soon transpired that the human gut is not colonised by this species and thus this observation is of limited relevance in human IBD.

In a paper in Science, Atarashi and colleagues describe a second specific interaction between bacterial species in the gut and changes that they induce in the mucosal immune system. They report that the spore-forming, gram-positive component of the intestinal microbiota, specifically clusters IV and XIVa of the genus Clostridium, are required to promote regulatory

T-cell (Treg) accumulation in the murine colon. Tregs are a subgroup of CD4+ T-cells which can suppress immune responses and limit inflammation. They have previously been linked to IBD in both human and animal models, and – in several diseases – have been shown to be increased by therapies such as anti-TNF α monoclonal antibodies.

“The findings reported in this paper therefore represent a major advance in our understanding of how bacteria may interact with the gut to modulate subsequent immune responses.”

The findings reported in this paper therefore represent a major advance in our understanding of how bacteria may interact with the gut to modulate subsequent immune responses. Indeed, these authors went on to demonstrate that by supplementing the gut bacteria of mice with more of these species, they could make them resistant to induced colitis. Unlike the SFB story, these findings do have direct implications for human IBD as these species of bacteria do colonise the human gut. Indeed, it is notable that several of the bacterial species that com-

prise these Clostridium clusters have been shown to be underrepresented in patients with CD (Frank et al. PNAS 2007; Joossens et al. Gut 2011) and that one in particular, Faecalibacterium prausnitzii, which is underrepresented in both UC and CD (particularly in CD patients with higher rates of postoperative recurrence) has been previously reported to have anti-inflammatory properties (Sokol et al. PNAS 2007; Sokol et al. Inflamm Bowel Dis 2009).

One notable absence from the paper by Atarashi and colleagues was an explanation of the molecular mechanism by which the metabolites of these Clostridium clusters were able to generate the environment necessary for Treg induction. The future understanding of this mechanism would provide considerable insight into how gut bacteria can regulate immune responses and could reveal novel therapeutic targets, which might ultimately lead to better targeted therapies for our patients. However, despite this mechanism being absent, this remains a landmark paper in terms of elucidating the specific effects that bacterial species can have on the intestinal immune system and has direct relevance for our understanding of the pathogenesis of IBD.

JAMES LEE
United Kingdom

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The second paper in the series is reviewed and selected by Jan Wehkamp, Germany

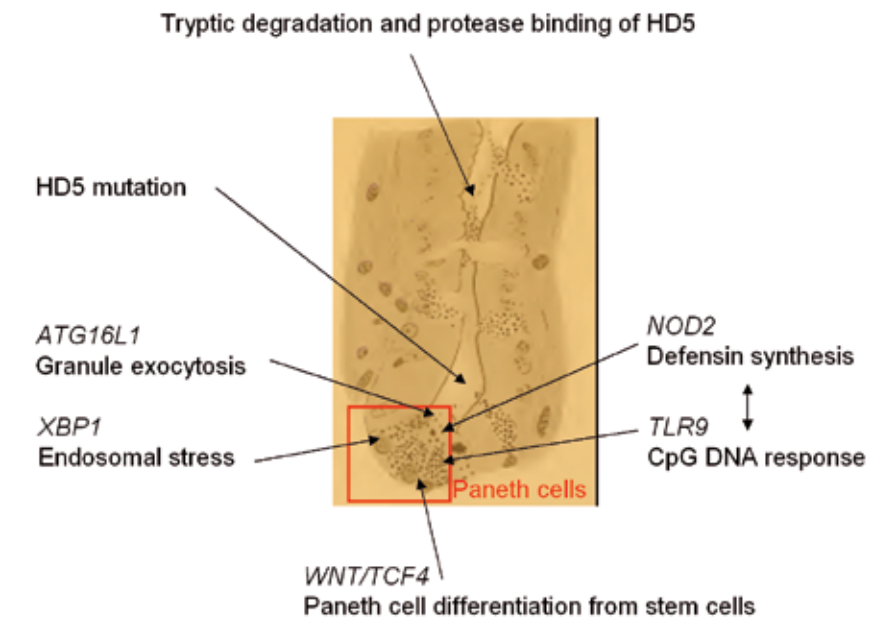
Induction and rescue of Nod2-dependent Th1-driven granulomatous inflammation of the ileum

Biswas A, Liu YJ, Hao L, Mizoguchi A, Salzman NH, Bevins CL, Kobayashi KS.
Proc Natl Acad Sci U S A. 2010; 107(33):14739-44.

Key words: Paneth cell, disease phenotypes, ileal inflammation, microbiota, antimicrobial host defense, defensins, Th1 adaptive immune response

Reflecting the programme of the 2011 ECCO Congress in Dublin there are different lines of current understanding and research. The classical and probably most established investigation line is the **role of the adaptive immune system** including the role of Th-1 driven inflammation. The more recent but already very dominant area of interest is the **role of the microbiota**, which is generally accepted to trigger the inflammation in both Crohn's Disease and Ulcerative Colitis. Another translational research driven achievement of the past years is the **acknowledgment of different clinical phenotypes** and disease locations, most importantly the understanding that ileal inflammation is likely due to different factors than inflammation in the colon. The newest and – by some – still controversially discussed field is the understanding of **host antimicrobial defense** and especially the understanding that – at least – different types of IBD are caused by a barrier problem. In the lines of a barrier problem, different mechanisms including NOD2 mutations, stem cell differentiation WNT signaling defects, Autophagy as well as endosomal stress pinpoint to an important role of the small intestinal crypt – epithelial **Paneth cell**, especially in case of small intestinal disease involvement.

The paper by Biswas et al. elegantly addresses all these different aspects and nicely demonstrates that these different arms of host immunity as well as non host microbiota can not be viewed as separate and independent. As shown before (in patients and rodent models) the authors demonstrate the **link between NOD2 and Paneth cell antimicrobial host defense**. The authors report that *Nod2*-deficient mice treated with an opportunistic pathogenic bacterium, developed granulomatous **inflammation of the ileum**, which was characterised by an **increased expression of Th1-related genes and inflammatory cytokines**. Accordingly, this resulted in an enlargement of Peyer's patches and mesenteric lymph nodes and more specifically **expansion of IFN- γ -producing CD4 and CD8T cells**. *Rip2*-deficient mice exhibited a similar phenotype, suggesting that *Nod2* function likely depends on the *Rip2* kinase in this model. Transferring wild-type bone marrow cells into



Different genetic mechanisms are linked with ileal disease phenotype and pinpoint to an important role of the small intestinal Paneth cell. The authors demonstrate that restoring Paneth cell antimicrobial function can rescue the ileal Th1 inflammation phenotype. (Paneth's disease. Source: reproduced with permission of the authors: J Crohns Colitis. 2010 Nov;4(5):523-31)

"This paper demonstrates a close link between microbiota, adaptive and innate antimicrobial host defense in a disease model of ileal inflammation."

irradiated *Nod2*-deficient mice did not rescue the phenotype.

Key finding:

However, restoring Paneth cell crypt antimicrobial function of *Nod2*-deficient mice by transgenic expression of α -defensin in Paneth cells rescued the Th1 inflammatory phenotype.

Thus the authors demonstrate that through the regulation of intestinal microbes, *Nod2* function in Paneth cells of the small intestinal crypts

is critical for protecting mice from a Th1-driven ileal inflammation.

This could (and hopefully will) be future therapy!

In summary, why clinicians and scientists should be aware of this:

This paper demonstrates a close link between microbiota, adaptive and innate antimicrobial host defense in a disease model of ileal inflammation. Importantly it suggests the therapeutic potential of restoring defective antimicrobial host defense. I am convinced that understanding especially the interplay of these different aspects will open up – hopefully many – therapeutic avenues in the near future.

JAN WEHKAMP
Germany

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*) For Regular Members only

5th N-ECCO Network Meeting

Dublin welcomed 230 nurses to the 5th N-ECCO Network Meeting, which took place on Thursday the February 24, 2011. The meeting was a huge success this year, not least in the significant increase in delegates from last year's meeting in Prague, which was attended by 160 nursing delegates.

The Nurses Network Meeting was run over one day with a blend of both medical and nursing colleagues from across Europe. Daan Hommes, ECCO President and Janneke Van der Woude, Education Officer of the Governing Board, opened the meeting with inspirational words to the delegates, encouraging delegate participation and to share their knowledge with their colleagues in their own countries. The chairs of this session, Lisa Younge (UK) and Yvonne Bailey (Ireland) welcomed the delegates to the meeting, in Irish and English language.

The one-day Nurses Meeting was split into two sessions, entitled "IBD modern day management" and "Taking control of IBD." The session on IBD modern day management, commenced with the new guidelines for vaccinations, an interesting and challenging topic for all caring for patients with IBD. This session was followed by Rina Assulin (Israel), who provided a valuable guide on the issues surrounding patients travelling with IBD. The presentations on anaemia in IBD by Rami Eliakim (Israel) and on managing ileo-anal pouches by Lisa Allison (UK) followed after coffee break, which is the best way of delegates networking. James Lindsay (UK) completed the formal presentation morning, and provided not only a comprehensive talk on novel therapies in the management of IBD, but also spoke about novel ways on managing our patients – such as virtual biological meetings, whereby the patients' cases are reviewed in their absence.

For the 2nd year running, we have had the three best abstracts, present their work orally. There were 10 posters submitted for N-ECCO this year, showing again an increase from last year. These N-ECCO posters are a great opportunity for nurses to present the good work, which they are doing in many countries to help improve IBD patient care.

The 2nd session of the day, chaired by Marian O'Connor (UK) and Rina Assulin (Israel), commenced with Karin Broer-Fienieg (The Netherlands) presenting on the psychosocial issues for patients with IBD, and reminding us of the role of the IBD nurses to do simple

things such as listening and providing information. It was highlighted by the delegates that knowing which local psychological services are available for your patients is also key as many nurses can otherwise feel overwhelmed in dealing with these patients alone. Julie Duncan (UK) presented on continence management in IBD, an issue that many patients feel unable to discuss, mainly because of embarrassment. Julie reminded the delegates that, as nurses, we can ask and also support these patients; and she showed us that there are simple practical steps that we can take to advise these patients to help them in managing their incontinence better. Dr Simon Gabe (UK) provided us with an excellent session on nutrition in IBD, helping to dispel some of the myths attached to food with respect to IBD.

Lisa Younge, as the outgoing N-ECCO Chair, presented the delegates with an update on the work of N-ECCO over the past five years, reminding us of N-ECCO aims and progress in this short time. Lisa Younge then handed over the chairpersonship of N-ECCO to Marian O'Connor (UK). Subsequently, the Nurses Network meeting finished with a fantastic session from Janette Gaarenstroom (The Netherlands), which looked at an audit of nurses' roles in supporting patients. Janette reminded us that as nurses roles advance, we mustn't forget our basics, which is supporting and listening to patients!

The N-ECCO Steering Committee is very grateful to all delegates for completing the evaluation of the N-ECCO Nurses Network Meeting: 51% (119/230) of those that attended the meeting completed the evaluation forms, with the majority 59% respondents being current N-ECCO Members.

The N-ECCO National Representatives have succeeded in their role, with an impressive 51% of respondents stating that they were informed of the meeting by their N-ECCO Nursing Rep – thank you to all the Reps for your hard work!

The feedback on the network meeting was extremely positive with 93% of those who responded stating that the day was relevant to their practice and 93% also rating their overall satisfaction with the meeting, as good/outstanding. ►



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In terms of the content of the speakers' presentations and lecturer clarity, an average of 60% rated these as good and 30% as outstanding.

Some suggested improvement referred to the registration for the meeting and the number of available syllabus copies. (These copies were printed on the basis of the registration number for this meeting – as of the online registration deadline and already included 70 additional copies.)

There were many suggested topics for next years meeting, providing the committee with an excellent proposal for developing a great meeting for 2012 in Barcelona.

As for Barcelona 2012, the N-ECCO Steering Committee is already working on the next Nurses Network Meeting & N-ECCO School...

There are abundant opportunities for nurses to collaborate on work, audit or guidelines for practice. So, I would encourage you to think

about this and to contact your N-ECCO National Rep with your ideas.

To find out more about N-ECCO & the National Reps, please see the ecco web site http://www.ecco-ibd.eu/index.php?option=com_content&view=article&id=20&Itemid=46.

MARIAN O'CONNOR



2nd N-ECCO School

On February 23, 2011, we had our 2nd N-ECCO school in Dublin. In contrast to last year, we decided to make it longer and developed a programme for a whole day. 31 nurses from different European countries attended this N-ECCO School.

We prepared a nice programme with a full overview of IBD history and with expert speakers. Our aim was to teach basic knowledge in a clear way. We wanted to improve nurse education throughout Europe. Last year, after the 1st N-ECCO School, we decided that we wanted to foster more interaction between nurses and teachers with the help of a workshop, and it worked very well. We (Patricia and myself) also learned a lot for next year to

improve further the interaction. The day of the 2nd N-ECCO passed so quickly. The evaluation forms completed by the nurses afterwards not only provided a very positive overall feedback but showed that they appreciated most the fact that it was an interactive course.

I want to thank everyone who helped with realising this course, especially the ECCO Governing Board and all the teachers involved in this course as well as the whole Steering Committee for finalising the programme and Julia for her help. But, I also want to thank especially Patricia Geens for all her involvement in this course as she decided to retire from the N-ECCO Officer role. She was involved in the Steering Committee since the beginning of the N-ECCO history and worked hard over the past years to create

and develop this school. I will try to do as well as she has done and to pursue further all good ideas we had together. But, for sure, I will miss her and will always appreciate our collaboration!!!

Again, we also thank EFCCA for their grant and their wonderful promise to continue helping the nurses.

In conclusion, I would like to point out that we have greatly achieved our mission based on strong cooperation – and it is this achievement which provides the best motivation and inspiration for setting up the N-ECCO School 2012.

PATRICIA DÉTRE

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