

ECCO NEWS

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

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Dear friends,

What is **your ECCO**? Have you tried to answer that question? Please take a moment to think about it, because your answer defines the value of your current ECCO Membership. All of us have a different take on ECCO and on what ECCO can do for us, our patients, our IBD friends and colleagues, our (inter)national collaborations, our careers and much more. I hope that you have had a chance to read earlier issues of ECCO News or that you were able to attend the opening of our congress in Dublin. Our ambition is to greatly *increase* our educational and scientific activities over the coming years:

We need you to consider how you can help to further improve *your* ECCO, and to join us in the many opportunities that we can offer in ensuring that *your* ECCO represents good value. Later this year, we shall inform you about the changes in our 'in-house' technology and IT architecture that will result in a very attractive ECCO platform from which you will be able to further develop *your* ECCO. This can be eLearning for IBD, participating in online IBD guideline development and much more. In addition, we invite you to propose new ideas to our ECCO Office!

Scientific activities**Educational activities****Collaboration**

One more note on our educational activities: although we were fortunate in being able to schedule several **ECCO Workshops** outside the EU this year, I regret to have to announce that our ECCO Workshop that was planned to take place in Tokyo in July has been postponed owing to the devastating events in Japan. Our thoughts are with our Japanese colleagues and their families and friends. We hope to reschedule as soon as possible.

So what's happening in the coming months? Well, everybody is preparing for the **ECCO Summer Meeting in Vienna** in June, where we shall present the progress on all Annual Plans of the Operational Board Officers and their committees. In addition, the Governing Board will thoroughly review the progress of ECCO and define the strategy for 2012. Afterwards, the call for **Annual Plans & Budgets 2012** for each of our committees will go out with an October deadline. You will be presented with the 2012 plans during the General Assembly of our Barcelona Congress in February.

Finally, we would like to thank our newly elected Treasurer, *Milan Lukas*, as well as our newly appointed Chair of EpiCom, *Peter Lakatos*, for the valuable time and effort that they have given as co-editors of **ECCO News**. We are currently inviting our Y-ECCO Members to come on board as new co-editors; please send an email to ecco@ecco-ibd.eu if you are interested!

Please don't hesitate to contact us regarding matters you think are relevant for ECCO, and do visit our **new ECCO website** for an overview of our organisation as well as for great photo and video material from our congress in Dublin! Find your picture at www.ecco-ibd.eu!



Warm regards on behalf of Jean-Fred, Simon,
Séverine, Janneke, Matthieu and Milan!

DAAN HOMMES

Record attendance at the 6th Congress of ECCO in Dublin

The 6th Congress of ECCO – Inflammatory Bowel Diseases 2011, which took place on February 24–26, 2011 in Dublin, Ireland, attracted a record number of **3,509 delegates** from 68 nations. Since the inaugural ECCO Congress in 2006 in Amsterdam, which attracted 350 delegates, participant numbers have steadily increased, as shown in graph 1.

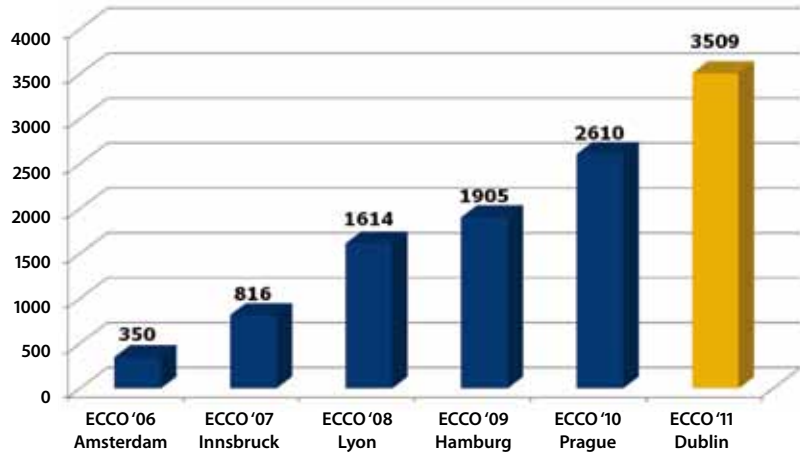
Graph 2 gives an overview of the top ten countries represented at the 6th Congress of ECCO.

A key component of the success of the ECCO Congress is the **rising number of high-quality abstracts** accepted for both oral and poster presentation. An outline of the evolution of abstract submission is displayed in graph 3.

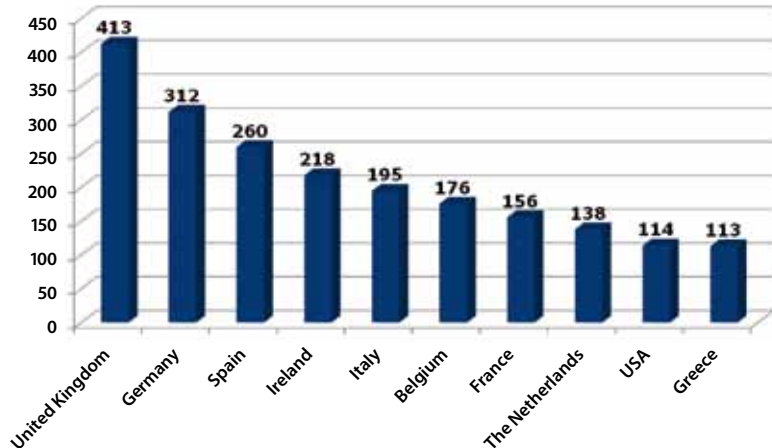
This year's industry exhibition attracted **19 exhibitors** from the pharmaceutical and also the endoscopic, device/instrumentation, nutrition, medical, publishing and non-profit sectors, contributing to a total net **exhibition area of 712 m²** – another record number in the history of ECCO Congresses (as shown in graph 4).

Detailed statistics and impressions of the ECCO Congress can be viewed online at www.ecco-ibd.eu. Furthermore, **video recordings** of scientific talks held at the 6th Congress of ECCO are available for ECCO Members in the closed members' area at www.ecco-ibd.eu.

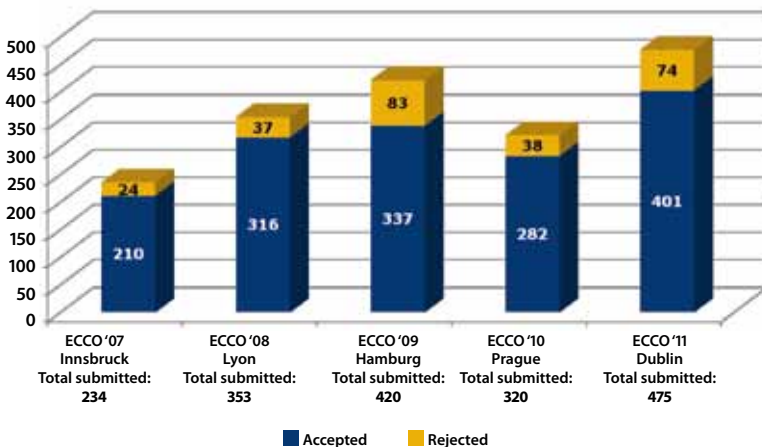
Graph 1: ECCO Congress participants



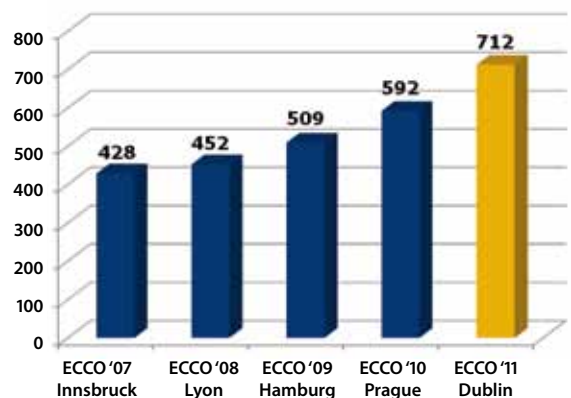
Graph 2: Top 10 countries represented at the 6th Congress of ECCO



Graph 3: ECCO abstract submission



Graph 4: Net exhibition space (m²)



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ECCO congratulates...

... the winners of the best posters at the 6th Congress of ECCO

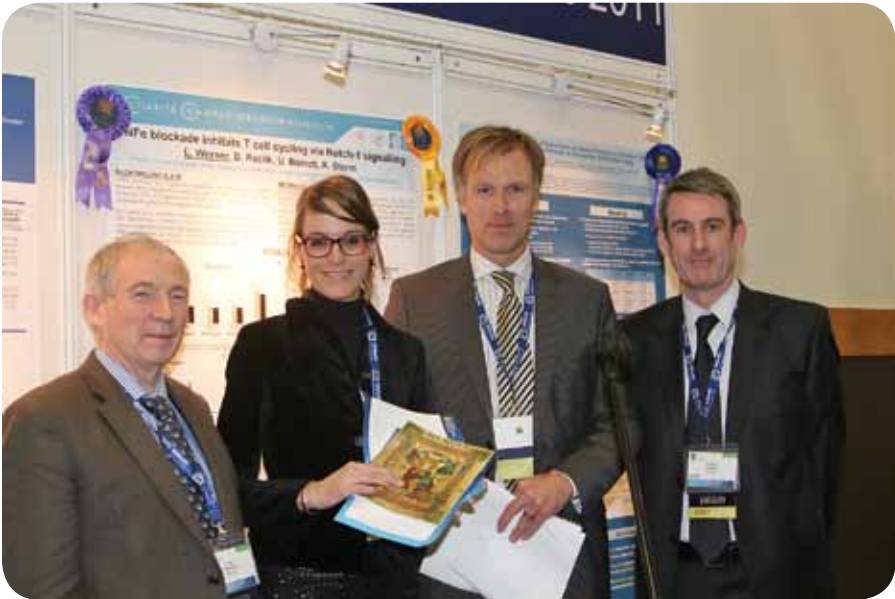
- 1. **Fiona van Schaik** (Thiopurines prevent advanced colorectal neoplasia in patients with inflammatory bowel disease)
- 2. **Lael Werner** (Linking TNF α inhibitors and Notch-1: Novel implications in inflammatory bowel diseases)
- 3. **You Sun Kim** (The prevalence and efficacy of ganciclovir on steroid-refractory ulcerative colitis with cytomegalovirus infection: A prospective multicenter study)

... the winning team of Soccer: You gut to play

The Brazilian Top-Down (Team 3) playing for ABCD (Brazilian Crohn's and Colitis Patients Association)

Players: Idblan de Carvalho Albuquerque, Harry Kleinubing, Paulo Gustavo Kotze, Antonio Carlos Moraes, Carlos Sobrado & Fabio Teixeira

... the winner of the ECCO Treasure Hunt
Nicholas Kennedy!



Colm O'Morain, Fiona van Schaik, Daan W. Hommes and Laurence Egan.

The participating teams in the soccer tournament "You gut to play"



The W-ECCOS



The Brazilian Top-Down (Winners of the tournament)



The Top-Up



The Painful Joints



European
Crohn's and Colitis
Organisation

Barcelona
Spain

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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Exciting upcoming IBD meetings

One of the missions of the ECCO SciCom is to propose topics for the scientific sessions at the ECCO annual meeting, the UEGW postgraduate course and the UEGW core programme. Recent working sessions have been devoted to the programmes of the next ECCO meeting in Barcelona in 2012 and UEGW 2012 in Amsterdam.

The annual ECCO meeting has become the international meeting for clinicians interested in IBD. They are expecting cutting-edge data, perspectives for the future and very practical tools that will permit better management of their patients when they return to their clinic. Among the topics proposed for the meeting in Barcelona in 2012 are highlights in common inflammatory mechanisms in immune-mediated inflammatory disorders, including paradoxical inflammation, a session on metric tools for IBD, a session on surgery and IBD and a very practical session on tips and tricks to manage IBD complications. Patients affected with IBD may also suffer from extra-intestinal manifestations while, under anti-TNF, paradoxical inflammation may appear. It is important for the IBD physician to better understand the mechanisms of all these inflammatory phenomena as a basis for attempting to improve treatment. As new treatment options are appearing in IBD it is becoming important to integrate them within a structured management of these diseases. While in the past we were used to assessing patients simply on qualitative clinical grounds, it is becoming useful to use metric tools to quantify

inflammation, tissue damage and disability. This is particularly important in permitting proper assessment of treatment response and long-term treatment outcome. As European IBD surgeons are currently creating a S-ECCO, it is logical to devote one session to surgical management of IBD. Finally, complications of IBD represent a tough problem in everyday practice, yet are seldom addressed at IBD meetings. We felt that it is time to refresh our knowledge on issues such as anaemia, osteoporosis, chest problems, thromboembolisms and so on.

The UEGW is attended more by general gastroenterologists and trainees. The main aim is to convey important, well-established evidence in the field of inflammatory bowel disease in order to help and structure participants' knowledge. For the postgraduate course in Amsterdam in 2012, two sessions are proposed. The first is on the diagnosis of IBD, including the optimal use of established and some new endoscopic and imaging tools. The second is on individualised therapy for IBD, approaching very important and practical issues such as the optimal use of 5ASA, how to choose and change an immunosuppressant, and how to avoid loss of response to an anti-TNF therapy.

The UEGW core sessions on IBD may be attended by either IBD experts or more general gastroenterologists. Therefore, the scientific content has to be equilibrated and able to respond to the different expectations of these different publics. Among the topics proposed is a session on current management of Ulcerative

Colitis, a session focussing on the patient with IBD and a session on cell-based therapy. Important new data on Ulcerative Colitis (UC) have recently been presented at the ECCO meeting and DDW, including the comparison between cyclosporine and infliximab in the GETAID Cysif trial, the equivalent of SONIC for UC (the SUCCESS trial), and adalimumab maintenance data. It is certainly important now to try and integrate these new data and discuss new treatment algorithms. Recent data have also shown a clear improvement in treatment compliance and disease outcome in UC when management strategies aimed at empowering the patient with UC have been used. Web-based management tools are currently being developed and interest in the role of these tools for improving patient information is increasing. These aspects will be tackled in a session focussing on the patient in IBD.

SciCom is happy to welcome you to the 7th Congress of ECCO in Barcelona in 2012. Secure your place already by registering online at <http://www.ecco-ibd.eu/ecco12/>.



EDOUARD LOUIS
Member of SciCom

Arthur Kaser: Professor of Gastroenterology at the University of Cambridge

On a more personal rather than an ECCO-related note, one of our SciCom Members, Arthur, recently relocated from Innsbruck, Austria, to Cambridge, UK, at the start of 2011, to become Professor of Gastroenterology at the University of Cambridge.

Arthur has already begun moving his research group from Innsbruck to Cambridge, and will commute between Cambridge and Innsbruck over the coming months until the move is complete. Lukas Niederreiter has been the first of his Innsbruck colleagues to join him in Cambridge, where Lukas will now continue his PhD; more colleagues from Innsbruck are expected to follow. Needless to say, moving is always complex and it takes some time to gain full traction again, but with the incredible support that the institution has been offering, the move has



Arthur Kaser

been quite seamless so far. "Most importantly, the warm welcome by my new colleagues here has been a real joy and it is an honour to join this group of distinguished clinicians and scientists here!", says Arthur.

Obviously, the scientific and clinical environment at the University of Cambridge and the Addenbrooke's Hospital campus is spectacular; this is very evidently true in the field of inflammatory bowel disease, where, for example, Miles Parkes' research has contributed vastly to our understanding of the genetic underpinning of the disease, as we all know. Various new and exciting collaborations have already been framed over recent months, including those with the Sanger Centre. As Arthur notes, "it will be a lot of fun to do research in inflammatory bowel disease within this outstanding, challenging, but also awe-inspiring environment that is full of great opportunities, both in basic science as well as in truly translational endeavours!"

SCICOM

Fellowships, Grants and Travel Awards



Bénédicte Brounais-Le Royer and Lael Werner.



Catherine Reenaers, Stefania Vetrano, Franco Scaldaferrri, Arie Levine and Matthieu Allez.

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 in achieving this goal. In 2011, 2 Fellowships, 4 Grants and 1 Travel Award have been given.

ECCO Fellowships

ECCO Fellowships were established to encourage young, academically orientated gastroenterologists in their career and to promote innovative scientific research in IBD in Europe. In 2011, ECCO Fellowships have entered their fifth year. The 2011 ECCO Fellowships have been awarded to Bénédicte Brounais-Le Royer and to Lael Werner.

Bénédicte Brounais-Le Royer is from Geneva University Hospital in Switzerland, and will study the effects of interleukin-15 inhibition on skeletal alterations in inflammatory bowel disease.

Lael Werner is from Charité Campus Virchow-Klinikum in Berlin, Germany, and his project is entitled, "Notch in the pathophysiology of Crohn's Disease and Ulcerative Colitis: a possible link to therapeutic TNF α inhibition".

As in previous years, the results obtained by the recipients of ongoing Fellowships were presented at the ECCO annual meeting, recently held in Dublin. Emanuela Sala and Caterina Strisciuglio, who had been awarded ECCO Fellowships in 2010, brilliantly shared with the ECCO audience their exciting findings obtained while undertaking their Fellowships.

Emanuela Sala is from the Laboratorio de Immunopatologia Gastrointestinale, Istituto Clinico Humanitas, Italy and has been investigating homing mechanisms of stem cells in IBD at the Institut D'Investigacions Biomediques, Barcelona, Spain.

Caterina Strisciuglio is from the University Federico II in Naples, Italy and has been studying autophagy in immune cell-cell interactions in the gut at the Leiden University Medical Centre, Leiden, The Netherlands.

For the next edition, two Fellowships, each worth EUR 30,000 will be available. Fellowships created for young individuals aged <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 published in *JCC* or *Gut*, or, if it is published elsewhere, a synopsis will be 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 will be submitted to *ECCO News*. Guidance and application forms for ECCO Fellowships can be found on the ECCO homepage (www.ecco-ibd.eu).

ECCO Grants

ECCO Grants are designed to support scientific research in the country of origin. While in previous years two had been awarded, the large number of high-quality applications combined with additional funding sources allowed four grants to be awarded this year, each worth EUR 15,000. These awards were aided by external reviews and a transparent process (see the website www.ecco-ibd.eu).

The assessment of ECCO Grant applications is based on external review and ranking by the members of the ECCO Scientific Committee using 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 2011–12, ECCO Grants have been awarded to:

- 1) Arie Levine** (Wolfson Medical Center, Holon, Israel): GROWTH Study: Factors predicting relapse and adverse outcomes early in the disease in newly diagnosed paediatric Crohn's Disease – a prospective, multi-center prognostication study by The ESPGHAN Porto group.
- 2) Catherine Reenaers** (CHU Liege, Belgium): Investigation of autophagy pathway defects in innate immune cells in Crohn's Disease.
- 3) Stefania Vetrano** (Istituto Clinico Humanitas, Milan, Italy): The role of Chemerin /ChemR23 axis in the pathogenesis of IBD.
- 4) Franco Scaldaferrri** (Institute of Internal Medicine, Catholic University of Rome, Italy): The role of adipose tissue-derived mesenchymal stem cells in chronic colitis and colitis driven colon cancer progression.

ECCO Travel Awards

ECCO Travel Awards are designed to enhance the fabric of ECCO by supporting visits for specific purposes between centres. Each is worth EUR 1,500. Up to five are available each year. Applicants and their hosts need to be ECCO Members, but the scheme is not necessarily limited to ECCO Country Members. The scientific purpose of going to a particular ECCO Country Member needs to be stated in detail, and the statement should support the aims of ECCO since this provides a tool for selection. Exceptional circumstances such as an ECCO Member from an ECCO Member state travelling to a non-member state will be considered, but the primary purpose cannot be that of attending a Congress or scientific meeting. A short report is expected to be submitted to SciCom and ECCO News within 12 months of the award. ECCO Committee members are excluded from applying.

Only one application was received in 2011, from **Daniela Petrova Stoyanova**, from Sofia, Bulgaria, to Western General Hospital, Edinburgh, United Kingdom. ECCO strongly encourages its members to apply in the 2012 edition to benefit from this source of financial support!

MIQUEL SANS

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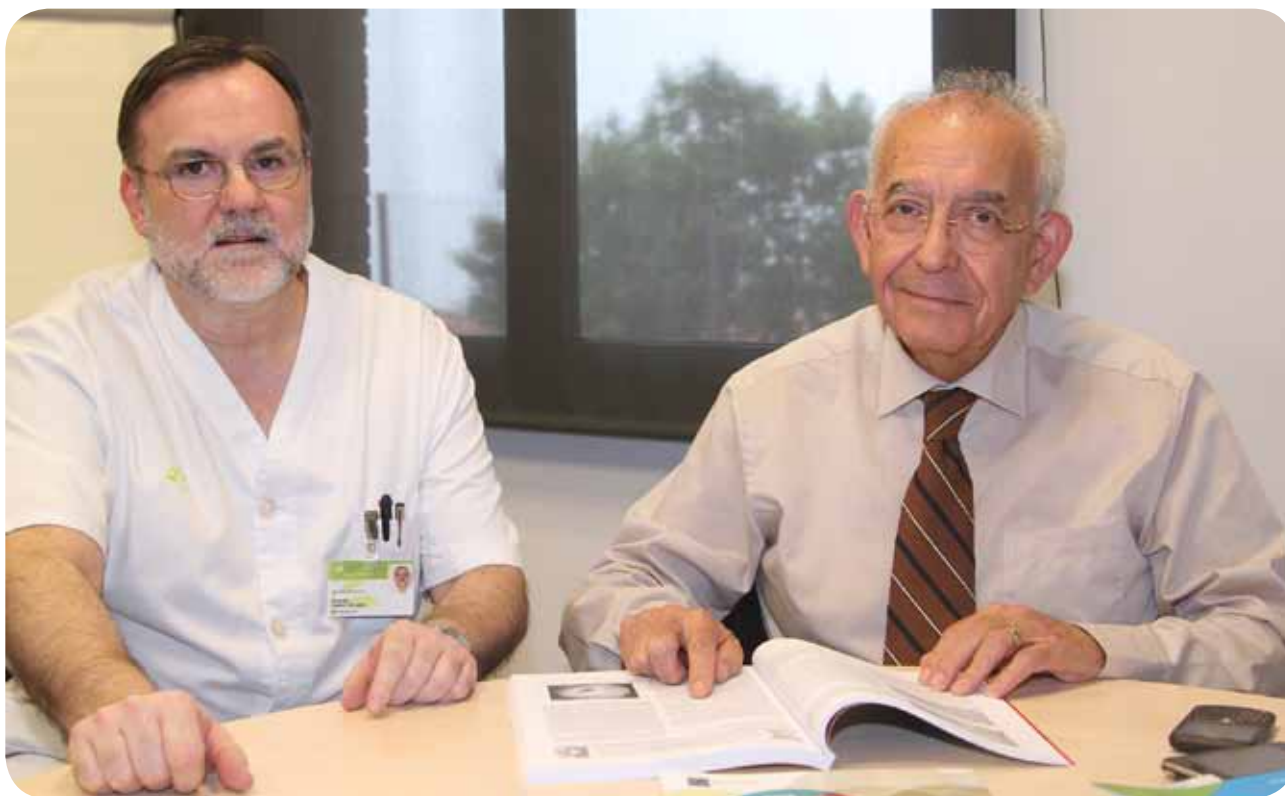
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Eduard Cabré and Miquel Gassull – editors of the JCC (Journal of Crohn's and Colitis).

European Journal for IBD Science

The Journal of Crohn's and Colitis – or the JCC – is the official journal of ECCO. It is concerned with the dissemination of knowledge on clinical, basic science and innovative methods related to inflammatory bowel diseases. The journal publishes original articles, review papers, editorials, leading articles, view points, case reports, innovative methods and letters to the editor. All submitted material is subject to a peer-review process.

Miquel Gassull is the Director of the Health Science Research Institute at the Hospital Germans Trias i Pujol in Badalona, Spain.

Eduard Cabré is a physician working at the Gastroenterology Department at the Hospital Germans Trias i Pujol, but he also carries out research projects at the research institute.

Together they are the Editors of the JCC. Miquel Gassull himself is the Editor-in-Chief, and Eduard Cabré is the Assistant Editor.

ECCO News visited the research institute, which is situated close to the hospital.

Birth of the JCC

Miquel Gassull is the former Head of the Gastroenterology Department, and today he is a Consultant at the hospital.

He arrived there in 1988 from another university hospital, together with Eduard Cabré, who started in the same year.

"We've been working together for more than 30 years", they say.

The first issue of JCC was published at the ECCO Congress in Innsbruck in 2007. The content of that first edition was mainly the abstracts for the Congress.

"I wanted to start it already in 2006", says Miquel Gassull, "but there was reluctance from some ECCO Members about the success of such a project at the time."

The main reason for wanting to start the JCC was that the high-quality research on IBD being done in Europe, mainly by ECCO Members, merited publication in a European journal with wide distribution – instead of being spread among different general gastroenterology publications.

In addition, concentrating good quality information within a single journal would facilitate and expedite its impact on IBD scientists. "There was only one journal concerning IBD at the time,

and that was published in the USA", Miquel Gassull explains.

In order to ensure that there would be support for a second European journal on IBD, Miquel Gassull first discussed the idea with several key European colleagues.

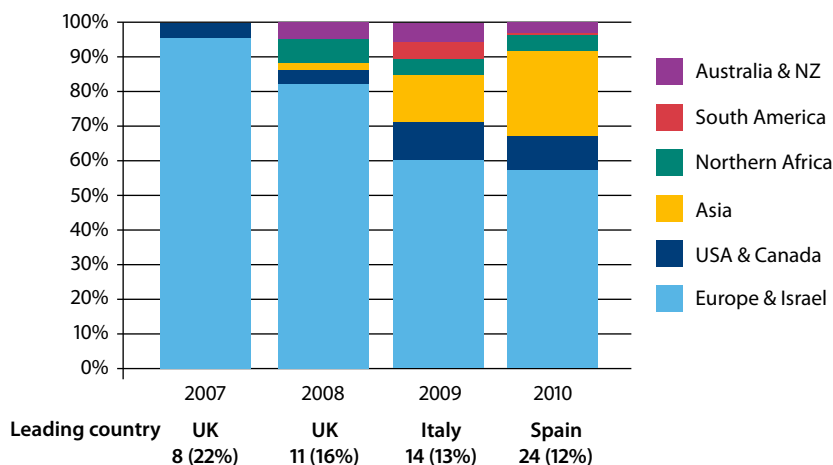
"I listened to their opinions, and accepted their input", he recalls. "In this process I found that a lot of people were supportive of the idea, although there were those who weren't sure about the feasibility of the project."

Three legs for ECCO

But finally, in 2007, the JCC saw the light of day at the Innsbruck Congress. The reason for launching the journal at this Congress was that it was vital to ensure that the members of ECCO would support it – by sending in their research materials.

"The idea was that ECCO should have *three* legs to firmly stand on: the Congress, the Mem-

Origin of submissions (2007–2010)



bers and the Journal", Miquel Gassull explains. It was also decided that *JCC* should be published in four issues per year.

Miquel Gassull continues: "We had some material, so the second issue was published after the Congress. Then we were on our way, and we had three goals: The first of these was that *JCC* should be indexed by PubMed; the second was to increase the number of submissions, and the third was to decrease the rate of acceptance of scientific material."

The first step in achieving these aims was to build up a very prestigious editorial board.

"Everyone we contacted responded well, and agreed to take part", Miquel Gassull recalls.

He points out that this was helpful, because apart from the fact that it supported the project, it also encouraged *other* scientists to send in *their* material.

Keep track with what is going on in IBD

Today *JCC* has six associate editors and sixteen section editors, and there are fifty persons on the international advisory board.

Although it is the official journal of ECCO, the *JCC* is open to everyone in the world who is interested and working in the field of inflammatory bowel diseases.

Submissions come from Japan, Australia and the USA among other countries. "This makes it a very international journal", Miquel Gassull stresses.

For a period of many years, before starting the project, Miquel Gassull says there were a lot of discussions with several publishers:

"One of these companies was Elsevier, a global publisher headquartered in Amsterdam. They are the ones we decided to go with. The reason for their interest was that the project was unique for Europe. There are – now – only two journals on IBD in the world, and the other one is in the USA."



"Before *JCC* was launched, a lot of good material concerning IBD was either not published at all, or published with a long delay. This was due to the fact that the reports were often sent between different journals before publication, and sometimes they were published in local journals with poor distribution."

"This made it difficult for anyone with an interest in IBD to keep track of what was being published – and this again served to illustrate the need for a journal focussing on IBD research."

On PubMed since October 2010

Originally, when the *JCC* was launched, four issues per year were planned. Since 2010 this figure has increased to six.

"The first year we received 69 submissions", says Eduard Cabré. "Last year we received 200", he adds.

Hence there is little doubt that *JCC* is a success.

"We achieved an impact factor (an index of the quality of a journal reflecting its impact on medical literature) of 1.729 in 2009. That is very good for a relatively new journal, not indexed on PubMed", Eduard Cabré points out.

But since October 2010 that latter goal has also been achieved – today *JCC* is indexed by PubMed. The effect of this on the impact factor is still unknown, though. It takes time to observe and then calculate it.

Rise in submissions

"Another consequence of being indexed in PubMed is that we have experienced a sharp rise in submissions", Eduard Cabré continues. The rise has been nearly 50 percent. The acceptance rate of non-invited papers has decreased greatly since 2007 – more proof of the journal's capability to attract distinguished writers.

JCC has published all the ECCO Consensus guidelines.

"They are very often quoted, both in literature and in meetings and lectures", says Miquel Gassull.

"ECCO is becoming a scientific reference society for IBD, and *JCC* has played a crucial part in this", he continues.

"It is important to spread the concepts included in the Consensus guidelines, because their implementation usually leads to a change in clinical practice! This is the reason behind the fact that everyone can access them at the ECCO website."

Hopes for the future

Our final question concerns the plans for the future.

"We have decided to change the structure of the Editorial Board during 2011, in order to make it work more smoothly", Miquel Gassull reveals.

However, there are no immediate plans to expand the number of issues per year any further.

"We have to see how things evolve first – the most important thing is to publish *good* scientific information. So we think it is better to publish six issues per year, with high value content."

But Miquel Gassull adds that he has hopes for the future:

"I hope that in a couple of years, with the help of ECCO members – and the young scientists working with them – enough quality material will be provided to *double* the number of issues!"

That would mean an issue every month. Perhaps this is a goal set *very* high, but bear in mind that Miquel Gassull and Eduard Cabré have certainly managed to meet all *other* goals they initially adopted when they launched Europe's first journal for IBD – the *JCC*.

PER LUNDBLAD
Senior Writer



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2011 (1.1.2011 – 31.12.2011)

(provided by ECCO)

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ADDITIONAL INFORMATION – Y-ECCO

Members under 35 years of age will become Y-ECCO (Young-ECCO) Members automatically.

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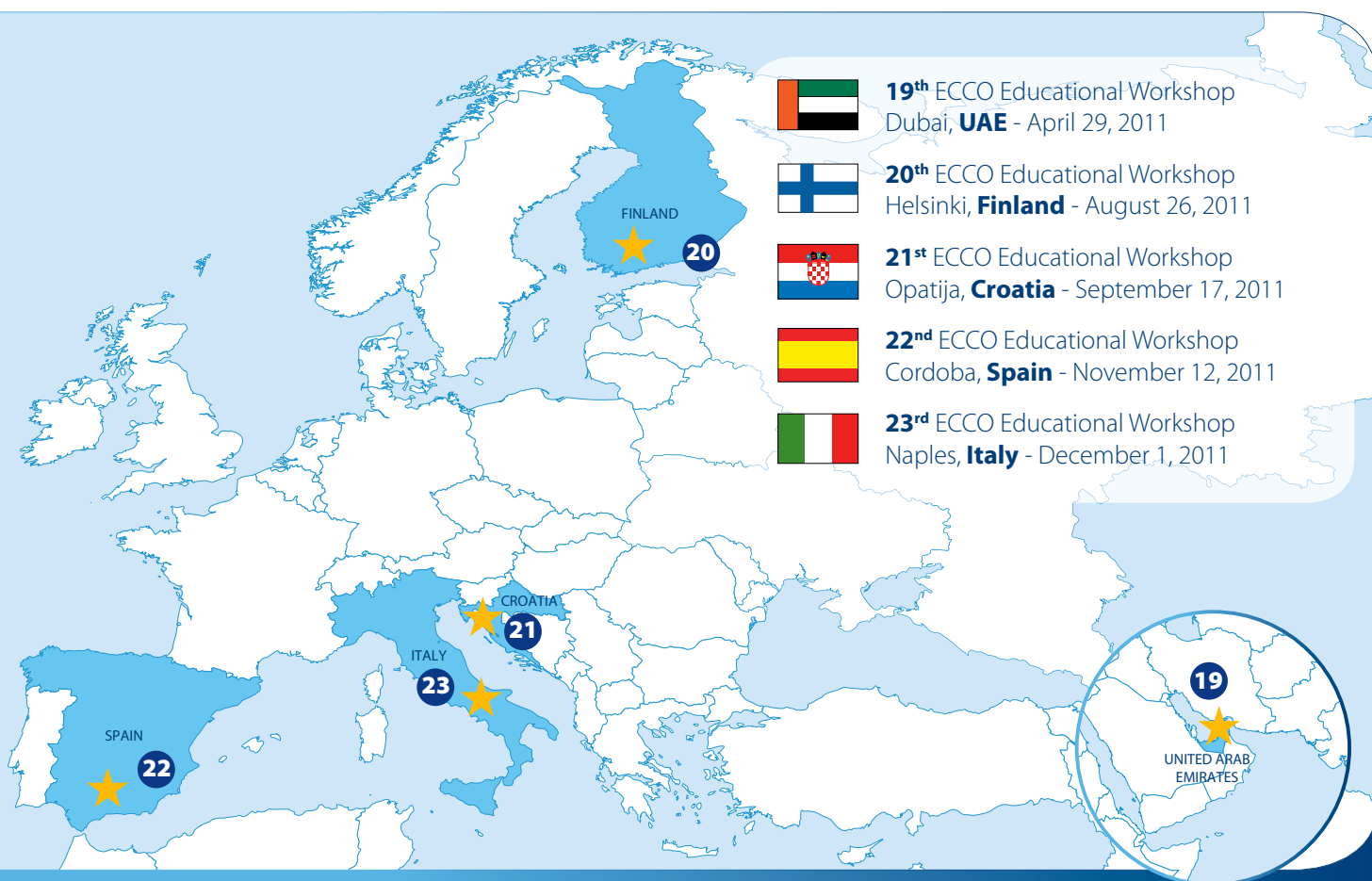
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ECCO Educational Workshops 2011



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ECCO Educational Workshops in 2011

In 2010, five European cities hosted ECCO Educational Workshops. A detailed report of the following workshops was published in the 4th issue of ECCO News 2010:

14th Educational Workshop – Donetsk, Ukraine – September 17.

15th Educational Workshop – Budapest, Hungary – September 18.

16th Educational Workshop – Riga, Latvia – October 9.

17th Educational Workshop – Galway, Ireland – October 15.

18th Educational Workshop – Sofia, Bulgaria – November 11.

At the last of these Educational Workshops, in Sofia, Bulgaria, the local faculty consisted of Iskren Kotzev and Simeon Stoinov as chairs, and Plamen Penchev, Milko Mirchev and Daniela Stoyanova as speakers. ECCO was represented by Daan Hommes, ECCO President, and Rami Eliakim, member of the Guidelines Committee of ECCO. Again, this meeting was very well attended and both local and ECCO speakers were rated highly.

In 2011, four European countries will host ECCO Educational Workshops:

Helsinki, Finland (August 26). The local faculty consists of Martti Färkkilä and Taina Sipponen (chairs and ECCO National Representatives of Finland) and Kaija-Leena Kolho, Jouni Silvennoinen and Clas-Göran af Björkstén. ECCO will be represented by Gert van Assche (Chairman of the Educational Committee) and Willem Bemelman (member of the Surgical-ECCO).

Opatija, Croatia (September 17). The local faculty will consist of Boris Vucelic (chair of the meeting and ex-Chairman of the Educational Committee of ECCO), Sanja Kolacek, Zeljko Krznaric, Sylvija Cukovic Cavka and Brankica Sinic as local speakers. ECCO Faculty includes Rami Eliakim and Fernando Magro (members of the Guidelines Committee of ECCO).

Cordoba, Spain (November 12). The local faculty will be Joaquin Hinojosa (President of GETECCU) and Pilar Nos as chairs, and Miquel Sans, Maria Isabel Vera and Manuel Barreiro as speakers while ECCO will be represented by Peter Lakatos (Chairman of the Epidemiological Committee) and Andre D'Hoore (Chairman of the Surgeons Committee).

Naples, Italy (December 1). Fabiana Castiglione will act as local organiser of this event. Local

faculty will be announced soon. ECCO will be represented by Charlie Lees (member of the Educational Committee) and Andreas Sturm (Chairman of the Scientific Committee).

On June 19, 2010, we had the privilege of expanding the educational activities of ECCO overseas when we held the **first workshop outside of Europe** (13th ECCO Educational Workshop) in São Paulo, Brazil. This one-day workshop proved a great success; it was attended by 150 participants from all over Brazil and was certainly a turning point in the history of ECCO.

In 2011, we initially planned to hold two out of Europe workshops. The first was held as planned in the Shangri-La Hotel, Dubai, United Arab Emirates (April 29). The local faculty consisted of Hassan Siegfried Abou-Rebyeh (chair and speaker), Salem Awad (chair and speaker), and Ajit Tharakan and Peter Barrow (speakers). ECCO was represented by Matthieu Allez (Scientific Officer to the Governing Board) and Tom Øresland (Editor of ECCO News and a member of the surgeons of ECCO). This Educational Workshop was organised by ECCO in co-operation with Al Ain Hospital and UAE Emirates Gastroenterology Society, while funding for the programme was achieved in part through an educational grant from MSD. Thus, as for the Brazil Workshop, it was a precondition that registration fees would not apply for participants and that no money would accrue for ECCO. A detailed report on this workshop will be included in the third issue of ECCO News in 2011.

The second workshop outside of Europe was planned for Japan (Tokyo, July 17) with Toshifumi Hibi as chair of the local faculty and ECCO representatives Daan Homes, ECCO President, and Simon Travis, President-Elect of ECCO. However, following the devastating disasters that have struck Japan recently, this workshop was called off. Toshifumi Hibi is considering re-applying next year for a joint Japan-Korea ECCO workshop. All of us in ECCO share the deep pain of our friends in Japan and pray for the relief of the suffering country. We are confident that the heroic people of Japan will recover and find a way back to normal life and prosperity very soon.

Finally, we have already had another two applications for out of Europe ECCO Workshops for 2012. The EduCom will consider the applications and reach decisions during the summer meeting in Vienna.

As was mentioned in the latest report of the EduCom, we encourage ECCO Members who

feel confident to act as international faculty for European and out of Europe workshops to apply whenever invitations are advertised on the ECCO website and/or in ECCO News. For the 2011 workshops, ECCO representatives have already been elected. However, we do need to secure the success of these workshops by maintaining a list of excellent faculty members as back-up speakers in case someone from the ECCO faculty is unable to participate in a workshop. We do know that many of you are over-committed but it is ECCO's policy that back-up speakers are released from any obligation one month prior to the workshop. So, please, respond positively any time the ECCO Office asks for your help.

Feeling the infectious enthusiasm of ECCO Members in Europe and other non-European countries, the Educational Committee has continuously strived to improve the quality of this educational activity. Thus, we would like to thank cordially all case creators who have updated the old cases and all our Members who have generously contributed to the expansion of the set of IBD cases and 'State of the Art lectures'. In 2010, we launched a new 'State of the Art lecture' based on the 'Pregnancy Guidelines'. This year we are happy to include new cases on 'Imaging and new diagnostic steps in Crohn's Disease', 'Management of infectious complications in IBD' and 'Recurrent complicated ileocecal Crohn's Disease' in our case pool. Furthermore, we have opened up discussions with the newly formed Guidelines Committee led by Axel Dignass, which currently consists of ex-members of the Educational Committee, in order to create new 'State of the Art presentations' based on new and old, updated ECCO Guidelines. However, we are open to any suggestions and/or ideas regarding the need for new IBD cases based on ECCO Guidelines. So, please, send your ideas to Barbara Schmid, Workshop Project Manager at the ECCO Office, b.schmid@ecco-ibd.eu.



GERASSIMOS J MANTZARIS & GERT VAN ASSCHE
EduCom

EpiCom, the new avenue to conduct epidemiological studies in Europe

The new EpiCom Board that was elected during the ECCO Meeting in Dublin:



Peter L. Lakatos



Johan Burisch



Tine Jess



Matteo Martinato



Epameinondas V. Tsianos

The Epidemiological Committee (EpiCom) was formally created in 2006 when Pia Munkholm was announced Head of the Committee, which derived from an idea formulated together with Daan Hommes during their three years working in SciCom.

During the ECCO meeting in Dublin 2011, the relevant change in the ECCO Statutes was announced and EpiCom became an active member of the ECCO Operational Board. As many of you will be aware, however, the Epidemiology Group has already had a long history. As a successor of the former EC-IBD group, the Epidemiology Group became an integrated part of ECCO in 2006. At that time the group was also represented on the Scientific Committee of ECCO by its Head, Pia Munkholm. The EpiCom working party was founded in the old EC-IBD group, where Ebbe Langholz, Johan Burisch, Margarita Elkjaer and Natalia Pedersen were taking the lead. The EpiCom database www.epicom-ecco.eu was created and launched on January 1, 2010. After the call in November 2010 the new EpiCom Board was elected during the ECCO meeting in Dublin earlier this year. Peter L. Lakatos (Hungary) became the Head with Johan Burisch (Denmark) as first EpiCom PhD student and Tine Jess (Denmark), Matteo Martinato (Italy) and Epameinondas V. Tsianos (Greece) serving as committee members for the period 2011–2013.

The EpiCom East-West study

The primary aim of the EpiCom over the next 2–3 years will be to supervise and run the new European epidemiology trial. During recent years it has become obvious that there is a significant change in the epidemiology of

IBD worldwide. Reports from Eastern Europe, including Croatia and Hungary, have shown emerging increases in incidence and prevalence suggesting, that after the change in the North-South gradient, there may also be a change in the East-West gradient in Europe. This has created a unique, exciting opportunity to study the magnitude and underlying causes of this change, and this has become the main goal of the group. After extensive discussions for 2 years, the group decided to start the “New Inception Cohort in Europe: Is there an East-West Gradient in IBD?” trial. The enthusiasm for this trial has been great. The main parts of the protocol were created by Pia Munkholm, Johan Burisch, Ebbe Langholz and Natalia Pedersen with many others contributing. Finally, 23 countries agreed to participate from western and eastern Europe as well as China. The primary aim of the study is to investigate whether there is an East-West gradient in European countries in the incidence of IBD as well as a Europe-China gradient; please refer to the protocol at www.epicom-ecco.eu for details. Furthermore, we intend to study whether any such difference in IBD is being caused by environmental factors. An additional aim is to study whether there are differences throughout Europe with regard to disease severity, prognosis in terms of progression of disease, surgery, mortality and cancer, choice of treatment (including immunosuppressive, biological and surgical therapy), quality of life, quality of care, work productivity, etc.

There have, however, been many obstacles to overcome prior to the commencement of the study. First, a validated, web-based database needed to be created in order to enable collection of data. This was done in collaboration with Birger Dinesen, HD-Support ApS, Denmark (www.hd-support.com). After two rounds

of validation, the manuscript on the process of validated database construction is now in press in *JCC*. A major outcome of the project is that we now have a validated IBD epidemiology database that can be used for further epidemiology projects and uniform data capture in cohort outcome studies (contact available on the web site). Second, although there was some initial financial support that was used for the database construction and validation, the centres have had to self-finance data capture and database running costs.

These obstacles have, however, been overcome, and the inclusion of patients diagnosed with IBD in 2010 started on January 1, 2010 and incidence data for 2010 were locked on April 1, 2011. Follow-up is ongoing. The final number of incident patients included in the inception cohort is 1564. A first analysis of incidence, initial presentation, treatment and environmental factors is currently being done, and results should be available by the end of this year.

Epidemiology workshop

The second main goal of the EpiCom is to increase the knowledge on epidemiology in IBD. Therefore, we aim to set up an EpiCom workshop for the next ECCO meeting, to be supervised by Tine Jess and Matteo Martinato, that will give an in-depth review on how to design and conduct epidemiological trials in IBD. In addition, our aim is to assess and improve the quality of nursing care throughout Europe.

You can get in contact with the EpiCom board members and study their short-form CVs on www.ecco-ibd.eu.

PIA MUNKHOLM & PETER L LAKATOS
EpiCom

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The German IBD Study Group (GISG)

The decision to establish a study platform on inflammatory bowel disease (IBD) in Germany, under the title German Inflammatory Bowel Disease Study Group (GISG), emerged in November 2008 from a joint initiative of the German Working Group on Inflammatory Bowel Diseases (DAGED) and the Competence Network IBD (KN CED).

The goals of the GISG are to optimise the treatment of patients with chronic inflammatory bowel diseases and to promote studies aimed at answering questions relevant to the aetiology, epidemiology, diagnosis and therapy of Crohn's disease and ulcerative colitis. The GISG is an open, transparent forum where study projects can be initiated and developed. The strategic structural goal of the GISG is to integrate all IBD treatment centres within Germany, i.e. medical practices, clinics and universities, into one synergising network.

Within Germany, the GISG co-ordinates research studies in medical practices and clinical departments, allowing all members to actively participate in addressing scientific questions, supports the development and implementation of investigator-initiated trials (IITs), answers practice-related questions, and serves as a point of contact for international co-operation partners. Individual study proposals are jointly developed and implemented to provide sustained support for research and treatment in the field of IBD. While such joint study platforms on chronic inflammatory bowel diseases have a longer tradition in a number of neighbouring European

countries, the GISG leads the way in Germany. Currently, the GISG has 91 members, representing 80 study centres.

Study ideas and advice

Study ideas can be submitted at any time using the GISG study application online form (www.gisg.eu). The GISG, represented by the Board, will discuss the medical and scientific objectives of the study and, if the decision is taken to support the study, the GISG will provide the required support to translate ideas into a detailed study protocol. The GISG administrative office helps the applicant to answer all questions relating to biometry, ethics and insurance as well as further study procedures.

Financing

The GISG promotes clinical trials. Given its role as an intermediary between ideas and implementation, the GISG does not focus on financing studies. However, the GISG is confident that every study idea that is endorsed by the GISG board, from synopsis to trial protocol right through to approval by the Ethics Committee, will subsequently find funding. The long-term objective is, on the one hand, to be able to finance some studies through public funding from the German Federal Ministry of Education and Research and from the German Research Foundation (DFG), and, on the other hand, to develop working models for cooperation with industry partners.

Trial management and monitoring

The GISG follows Standard Operating Procedures (SOPs) and ensures that trials are con-



ducted and documented in compliance with GCP. The GISG can also take on sponsoring tasks. In addition to trial planning, the GISG's range of services covers project development and implementation, including the selection of trial/study centres, trial initiation and study monitoring.

If you are interested in learning more about the GISG or want to contact GISG, you can do so via the GISG website (www.gisg.eu) or by contacting its speakers Christian Maaser (christian.maaser@klinikum-lueneburg.de), Britta Siegmund (britta.siegmund@charite.de) or Andreas Sturm (andreas.sturm@charite.de).



ANDREAS STURM
Chair of SciCom

P-ECCO is working on the elaboration of paediatric specific consensus guidelines on the diagnosis and management of IBD

These consensus guidelines are being prepared in close collaboration with the European Society for Gastroenterology, Hepatology and Nutrition (ESPGHAN), bringing together all European paediatric IBD experts on the same panel.

The aim of the new guidelines is to establish standards for paediatric IBD. P-ECCO expects to provide the first guidelines, for paediatric UC, which will be presented at the 7th Congress of ECCO in Barcelona in 2012. The panel for these

guidelines will be chaired by Dan Turner and Frank Ruemmele. Guidelines for CD will follow, the panel for this purpose being chaired by Arie Levine and Frank Ruemmele. The guidelines will encompass the use of immunosuppressors and biological agents. The adult ECCO recommendations will be referenced for cancer surveillance. In general, when only adult literature exists for a topic or when the paediatric data are in accordance with the adult ECCO 2008 recommendations, the latter will be referenced with a very short discussion.



FRANK RUEMMELE
Chair of P-ECCO

Personal picks – Literature reviews from Young-ECCO Members

After excellent feedback on the first series of Y-ECCO personal literature selections, the focus in this issue is rather more clinical. Two articles published in the *Journal of Crohn's and Colitis* are discussed.

Anja Schirbel from Berlin, Germany summarises the key findings of the first study showing that mesalazine is superior to budesonide in the induction of remission in ulcerative colitis even though budesonide could be an interesting option for patients, especially those refractory to mesalazine.

Catherine Reenaers from Belgium comments on a paper from Hungary describing the risk of intestinal carcinoma in Crohn's disease patients in Hungary. Overall she summarises that there is no increased risk of small bowel adenocarcinoma or colorectal cancer. However,

young age at diagnosis, male gender and stricturing disease at diagnosis were identified as possible risk factors. She highlights that especially young males with CD should be monitored more carefully.

The last paper, reviewed by Christine Breynaert from Belgium, deals with worms as a possible future treatment option. The data support a protective role for IL-22 in maintaining mucosal integrity. As a key finding, she points out that therapy with *T. trichiura* was associated with goblet cell hyperplasia and increased mucus production in the entire colon. We are looking forward to suggestions for the next series.

If you have suggestions or would like to submit a review, please contact: jan.wehkamp@ikp-stuttgart.de

3g mesalazine granules are superior to 9mg budesonide for achieving remission in active ulcerative colitis: A double-blind, double-dummy, randomized trial.

Gross V, Bunganic I, Belousova EA, Mikhailova TL, Kupcinskas L, Kiudelis G, Tulassay Z, Gabalec L, Dorofeyev AE, Derova J, Dilger K, Greinwald R, Mueller R; The International BUC-57 Study Group.
J Crohns Colitis 2011;5:129-38.

Keywords: budesonide, mesalazine, randomized clinical trial, remission, ulcerative colitis

Clinical trials with the objective of direct comparison of two or more different therapeutics for the treatment of IBD are rare. Often medication is used without knowing the exact mode of action or one drug is preferred without having evidence for better efficacy. Although budesonide and mesalazine are both often used in the treatment of ulcerative colitis, only three small studies have compared these medications when administered orally. Usually budesonide is administered rectally in distal colitis with very good success, while mesalazine can be delivered orally or rectally.

This paper by Gross et al. provides a direct comparison of orally administered budesonide 9mg once daily (OD) and mesalazine 3g OD in mild-to-moderate ulcerative colitis with the aim of demonstrating non-inferiority of budesonide for inducing clinical remission. 288 patients completed the study. Physician's Global Assessment and laboratory tests were performed. At baseline and week 8, endoscopy was performed and biopsies were taken to determine endoscopic and histological indices.

Key finding:

Mesalazine granules 3g OD are superior to oral pH-modified release budesonide capsules 9mg OD for achieving clinical remission in mild-to-moderate active ulcerative colitis.

However, both treatments were effective in induction of remission (39.5% in the budesonide group vs. 54.8% in the mesalazine group). The between-group difference exceeded the pre-specified non-inferiority margin of 15% by 0.3% ($p=0.52$) and therefore the primary objective of this study was not met. Mesalazine was superior in terms of remission rate (59.7% vs. 43.8%), reduction of CAI scores and reduction of endoscopic scores (81.9% vs. 68.9%) and these differences held true in all explored subgroups (based on localisation of disease, disease severity and CRP levels). The number of adverse events was similar in both treatment groups.

Since rectal budesonide has been shown to be equivalent to rectal mesalazine, the authors discuss possible reasons for the inferiority of orally administered budesonide compared with mesalazine. One potential reason for the

divergence in efficacy relates to galenic formulation: budesonide is equipped with an enteric coating but not with a matrix polymer, unlike mesalazine.

Differences between budesonide and mesalazine in terms of reduction in the number of bloody stools and median time to first resolution of symptoms were minor. Therefore, budesonide could be an interesting alternative to mesalazine in non-responders or in cases of intolerance.

Why is this paper interesting to physicians?

Even though statistically mesalazine is superior to budesonide in inducing remission in ulcerative colitis, budesonide could be an interesting option for patients, especially those refractory to mesalazine. Importantly, galenics and disease extent and localisation should always be considered when choosing medication and the mode of application.

ANJA SCHIRBEL
Germany

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Risk of colorectal cancer and small bowel adenocarcinoma in Crohn's disease: A population-based study from western Hungary 1977–2008.

Lakatos PL, David G, Pandur T, Erdelyi Z, Mester G, Balogh M, Szipocs I, Molnar C, Komaromi E, Kiss LS, Lakatos L.
J Crohns Colitis 2011;5:122-8.

Key words: small bowel adenocarcinoma, colorectal cancer, Crohn's disease, risk factors, incidence

Colorectal cancer (CRC) and small bowel adenocarcinoma (SBA) are severe complications of inflammatory bowel diseases (IBD) and represent a major concern in the follow-up of these patients. The association between CRC and ulcerative colitis has been well established since the first case was described in 1925, whereas conflicting data about the risk of CRC in Crohn's disease (CD) have been reported in the literature. A strong association between CD and small bowel cancer has been established without any reduction of this risk in recent decades. The risk of CRC in CD is less clear. An increase in risk of about 2.5-fold has been reported in several studies, including two recent meta-analyses, whereas other studies reported no increased risk of CRC in the CD population. The well-established risk factors for CRC in IBD are disease duration, an early age at diagnosis (usually associated with long disease duration), the disease location (colonic location and extensive disease), a familial history of CRC, concomitant primary sclerosing cholangitis and male gender. Environmental, dietary and genetic factors can influence the risk of CRC and small bowel adenocarcinoma. Geographic variations have been reported, with an increased risk in North America and the United Kingdom.

New findings	Findings confirming previous data
No increased risk of SBA in CD	No increased risk of CRC in CD
Stricturing disease at diagnosis = risk factor for CRC in CD	Male gender = risk factor for CRC in CD
CRC during first decade of CD	Early age at diagnosis = risk factor for CRC in CD
Disease duration ≠ risk factor for CRC in CD	
Disease location ≠ risk factor for CRC in CD	

Interest of this work: This is an interesting paper studying a large number of CD patients during a long follow-up and providing data from a part of Europe for which data have been completely missing. The authors establish the risk of CRC and SBA in their CD population, confirm several risk factors previously identified and, interestingly, demonstrate some new ones.

The authors nicely studied more than 500 CD patients from different centres of Hungary with a median follow-up of 10.9 years. Some of the data were collected prospectively. Interestingly, no case of SBA was described. Only five cases of CRC were diagnosed. This corresponded to an annual rate of 0.09%, which is comparable to that in the general population. CRC was usually diagnosed during the first decade of the disease, although disease duration is generally a well-established risk factor. Early age at onset of the disease and male gender were confirmed

as CRC risk factors in this study, whereas disease location was not. Interestingly, all the cases of CRC occurred in patients with stricturing disease at diagnosis. However, the small number of cases of CRC diagnosed in this cohort may have prevented the identification of other important risk factors.

Summary: No increased risk of SBA or CRC was demonstrated in this study despite the long follow-up and the large number of patients. Young age at diagnosis, male gender and stricturing disease at diagnosis were identified as possible risk factors. This suggests that young males with CD should be monitored more carefully from the start, independent of disease location.

CATHERINE REENAERS
Belgium

IL-22+ CD4+ T cells are associated with therapeutic *Trichuris trichiura* infection in an ulcerative colitis patient.

Broadhurst MJ, Leung JM, Kashyap V, McCune JM, Mahadevan U, McKerrrow JH, Loke P.
Sci Transl Med 2010;2:60ra88.

Key words: ulcerative colitis, mucosal immunology, *Trichuris trichiura*, IL-22, IL-17, helminth infection, helminth therapy

IBD is most prevalent in northern Europe and North America and historically rare in regions of endemic helminth infection, such as Asia, Africa and Latin America. This has given rise to the hypothesis that helminths may protect against the pathological inflammation underlying IBD. The helminth infection could act as a bystander effect of the ability to modulate the immune system to enable their own survival within the mammalian hosts by induction of a Th2 cytokine response (IL-4 and IL-13) contributing to wound healing and tissue remodelling.

Studies of colitis in mice as well as clinical trials have suggested that helminth infection can prevent and/or treat IBD.

This article by Broadhurst et al. describes the disease course of a 35-year-old patient diagnosed with severe UC in 2003, refractory to medical treatment. In early 2004, he chose to infect himself with *T. trichiura* eggs, followed by a completely symptom-free period. In 2008, after deterioration of disease, he chose again to infect himself with *T. trichiura* eggs, followed by a progressive improvement of the symptoms and

histopathological findings. During the whole disease course, the cellular and molecular portrait of changes in the intestinal mucosa was followed with special attention to IL-22, which promotes wound healing and proliferation and Th17 cells.

Characterisation of the cytokine profile in the colonic mucosa by flow cytometry performed in 2008 during flare and in 2009 after remission showed reduction of the expression of IL-17⁺ cells and activation of a Th2 response as well as IL-22⁺ Th cells. This was associated with repair of

the colonic epithelium and glands and a marked restoration of mucus production. The same change in cytokine profile was observed in the *peripheral blood*: after re-infection the presence of IL-22⁺ and IL-17⁺ Th cells co-expressing IL-4 in response to *T. trichiura* antigen was observed in association with a lower expression of Th1 cytokines. Carbohydrate metabolism pathways were highly up-regulated in helminth-exposed tissue compared with colitis-associated tissue. Also the expression of mucins 1 and 4 was up-regulated after helminth infection. Foxp3⁺ cells in the colonic mucosa were quantified using

immunohistochemistry and were more abundant in the colitis-affected tissue than in the helminth-colonised tissue at both time points, suggesting that the presence of Tregs in the mucosal tissue is driven predominantly by inflammation rather than by helminth colonisation.

Key finding:

Intestinal tissue of the colon with active colitis contains IL-17⁺ Th cells in the lamina propria, whereas intestinal tissue that is colonised by helminths or has undergone mucosal healing contains IL-22⁺ Th cells, supporting a protective

role for IL-22 in maintaining mucosal integrity. These findings can lead to the hypothesis that the presence of *T. trichiura* in the epithelium activates a Th2 response as well as IL-22⁺ Th cells to expel the parasites through increased epithelial turnover, goblet cell hyperplasia and increased mucus production in the entire colon. **Thus identification of the mechanisms of helminth-induced mucosal responses could provide new therapeutic targets for IBD.**

CHRISTINE BREYNAERT
Belgium

Make sure to visit the new ECCO website at <http://www.ecco-ibd.eu/>

The screenshot shows the ECCO website homepage. At the top left is the ECCO logo (European Crohn's and Colitis Organisation). The main header is "Inflammatory Bowel Diseases". Navigation links include Home, Sitemap, Contact, Imprint, and a search bar. A left sidebar lists menu items: Home, Membership, Who we are, What we do, Our Congress, Publications, Our Partners, and News and Events. The main content area features a "Welcome!" section with a banner for "Experience the ECCO spirit!" and "Get or renew your ECCO membership!" with links for Individual, Corporate, and Country Membership. Below this is the "Our Congress" section, which describes the annual ECCO Congress and provides information about the 7th Congress in Barcelona (Feb 16-18, 2012) and the 19th ECCO Educational Workshop in Dubai, UAE (April 29, 2011). A right sidebar contains sections for "ECCO 2011" (Login), "Congress 2012" (Inflammatory Bowel Diseases), "News" (ECCO'11 video recordings, View ECCO'11 photos), and "Become a member" (Apply for membership).

Advertisement

Marian O'Connor – new chair of N-ECCO

At the ECCO Conference in Dublin, Marian O'Connor was elected chair of N-ECCO.

She replaced Lisa Younge, who remains on the Committee.

Marian is Lead IBD Specialist Nurse at St Marks Hospital in London.

Born and bred in Kerry, in the west of Ireland, Marian came to the British capital in 1999 to do her nurse training. After finishing her training, she soon found that she was interested in patients with IBD: "I worked with these patients prior to my education as a Specialist IBD Nurse", she told ECCO News.

Assessing patients over the telephone

In 2005 Marian started to work with the team at St Marks Hospital.

Marian and her colleagues, Tracey Tyrrell and Hannah Middleton, today run the IBD Specialist Nursing services. They are mainly based within the outpatient department and run various services, which include a telephone advice line, a day unit, an immunosuppressant monitoring service and nurse-led outpatient clinics.

The advice line works on a voicemail system, whereby patients ring and leave a message with their details.

"Mostly the patients contact us when they experience increased symptoms of their disease", Marian explains. "We assess them over the telephone; ask them questions about their disease and current medication."

3,000 calls per year

Marian points out that they can also access the patients' medical records, and with all this info they can advise the patients accordingly:

"The vast majority of calls that we take are dealt with by offering advice alone (80%); this may include altering or adding medication, for example rectal therapy", Marian continues. "We are particularly unique at St Marks, because we have a large number of IBD patients, and the advice line takes an average of 3,000 calls per year!"

There are three IBD nurses at St Marks, who respond to approximately 60 calls a week. About 20% of the patients who call are given an urgent appointment in the clinic.

First nursing book of its kind

In January 2011 a book entitled *Inflammatory Bowel Disease Nursing* was published, and Marian was one of the editors, along with Kathy Whayman and Julie Duncan. The book focuses on the position of nurses within the multidisciplinary



team and outlines their role in the assessment of IBD patients and the planning, implementation and evaluation of care.

This book is the first of its kind. Marian explains, "It was discovered that there was no textbook available on the subject, so there was a need for such a book."

One of the chapters is entitled "Setting up specialist nursing services", and Marian has written that. (She is also the co-author of two more chapters.)

"It's based on my – and my co-editors' – experiences, which naturally are based on UK nursing, but I do think there are many aspects which can be applied by European nurses working in IBD", says Marian.

Doctors, surgeons, nurses, dieticians and patients have contributed to the book.

"One patient in particular wrote a chapter", comments Marian. "We felt it was vital to have a chapter written by a patient, underlining the importance of the team approach to IBD care, with the patient at the centre."

Record number in Dublin

The N-ECCO School and Nurses Network Meeting at the Dublin Conference saw a record number of attendees.

"There were 230 delegates at the Network Meeting. A fantastic attendance! It's good that we got so much interest from the European nurses with an interest in IBD."

Marian underlines that the N-ECCO School participants will remain a small number: "The only way to participate is to be nominated by the national N-ECCO representative."

It was in Dublin that Marian was elected chair of N-ECCO. She will hold this position for two

years. Lisa Younge, who was previously the chair, remains on the Committee for another year.

Marian is currently working on organising the N-ECCO Meeting Programme for 2012.

More international contact

In response to our question about her main challenges as the new chair, Marian replied:

"First, to draft and confirm the agenda for the N-ECCO Meeting and School for 2012. After that I think N-ECCO needs to engage a bit more with the national nursing organisations in each of the European countries. We in N-ECCO need to be linked to them. This will be done in association with, and with the help of, the national representatives."

Marian also expressed the belief that N-ECCO needs to continue to work closely with the Edu-Com and Governing Board of ECCO.

Marathon and Gaelic football

So there is no doubt that Marian has a full agenda. But what does she like to do when she has some time off?

"I'm a keen sports player. I like to run, and I have just finished my first marathon, in Brighton in April. I also like Gaelic football. It's a mixture of rugby and normal soccer. I think it's more fun than ordinary football because it's very much an Irish sport and more close to the Irish spirit", Marian explains.

The characteristics that form a keen player in these sports will also probably do the new N-ECCO Chair a lot of good in her line of duty.

PER LUNDBLAD
Senior Writer

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