ECCO NEWS

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

President:
Daniel Hommes
Division of Digestive Diseases
UCLA
Los Angeles, United States
DHommes@mednet.ucla.edu

Editor:
Tom Øresland
Faculty of medicine, University of Oslo
Akershus University Hospital
Oslo, Norway
tom.oresland@ahus.no

Co-editors:
Peter Lakatos
lakatos.peter_laszlo@
med.semmelweis-univ.hu

Milan Lukas
milan.lukas@email.cz

Advertising:
Mediahuset i Göteborg AB, Sweden
Marieholmsgatan 10C
SE-415 02 Göteborg
Sweden
Olle Lundblad
olle@mediahuset.se

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Contents:

Dear ECCO friends,

Thank you for picking up our third ECCO News issue of 2011! We have so much to update you about, especially the outcomes of our strategic Summer Meeting, our new headquarters in Vienna, our ECCO publications and, of course, our upcoming ECCO Congress in Barcelona. This issue contains a collection of news facts from all of our ECCO Committees.

We have enjoyed our **ECCO Office** space in the Ölzeltgasse for just one year, but already we have had to seek an alternative since our office team is expanding so rapidly. My first visit to our new office, at Seilerstätte 7/3 in Vienna, was on Wednesday August 24. I was welcomed by Nicole, Barbara, Stefanie, Julia and Karoline amidst piles of boxes. Our new office is very spacious, offering both plenty of room for our new staff members as well as meeting rooms. Please stop by if you are in Vienna.

Each year, ECCO uses the summer months to refuel its batteries, reflect on the past year and brainstorm together about our next steps and opportunities. This year, our **annual ECCO Summer Meeting** took place at the end of June. Hosted by our ECCO Office ladies, it was a wonderful gathering of 34 of the brightest minds that make up the Operational Board of ECCO. Each of the nine committees took time to evaluate the past year and brainstorm about 2012. The outcomes of the Summer Meeting will be condensed into the **Annual Plans 2012**, which will be discussed by the Governing Board at the UEGW in Stockholm. The Annual Plans are the roadmaps for each of the ECCO Committees for 2012, all carefully balanced against the available budget. A detailed presentation will be given during the General Assembly at our ECCO Congress in Barcelona: don't miss it! Our activities continue to expand, which means that we are calling upon you to **join one of our committees**. Please visit our website www.ecco-ibd.eu and review the current open positions; I am sure that there is one that will appeal to you!

During our Summer Meeting, the Elsevier team dropped in with news of our astonishing new **Impact Factor for JCC: 2.628!** We knew that all JCC indicators looked good but we did not realise that this performance would result in such a high impact factor after only four years. I hope that this will encourage you to keep submitting your original articles to the JCC. We envision an increase to a monthly issue within the next three years and are certain that our impact factor will flourish further. In addition, our **ECCO News** has been thoroughly restyled and its content improved. We aim to optimise the ECCO News so that it is both very attractive and keeps you constantly informed about all activities and other matters, including the further development of ECCO apps for mobile phones and tablet PCs. As of January, the management and publication of ECCO News will be incorporated into our ECCO Office. We thank Mediahuset for their immense support over the past years.

The leaves are turning colour again, which means that we have started to prepare for our **ECCO Congress in Barcelona**. This promises to become another milestone in ECCO history, with a very beautiful venue, IBD courses and workshops for young gastroenterologists, surgeons, paediatricians and nurses, and the introduction of a Masterclass in IBD Surgery by S-ECCO, a Clinical Trials workshop by ClinCom, an Epidemiology workshop by EpiCom and an IBD refresher course for our Corporate Partners. In addition, we shall organise a Global Forum on the Wednesday night for our sister organisations beyond Europe, and hope to welcome colleagues from Argentina, Australia, Brazil, Canada, China, Japan, Korea, Saudi Arabia and South Africa to share views on IBD and launch collaboration across the globe.

Please enjoy this issue of ECCO News, and hope to see you soon!

Warm regards on behalf of Jean Fréd, Simon, Séverine, Milan, Janneke and Matthieu,

DAAN HOMMES

Symposium on endoscopy and mucosal healing in Berlin

In June, a conference on the topic *Mucosal healing and beyond* was held in Berlin.
Jean-Frédéric Colombel chaired the symposium, and he welcomed 170 delegates from 20 different countries.

In his opening speech, Professor Colombel pointed out that the topic of mucosal healing has a significant importance in daily clinical practice.

The goals of treatment in IBD have changed; now we are focussing not only on treating symptoms but also on healing the mucosa – and even beyond, he said.

All therapeutic decisions in IBD – for instance when to start a treatment and when to stop it – are based on objective criteria, especially endoscopy and biomarkers, Prof. Colombel added.

No international agreement on scoring UC

Dr Ana Ignjatovic was the first speaker, and she talked on how to assess endoscopic activity and mucosal healing in ulcerative colitis (UC).

As a brief reminder, Dr Ignjatovic started her talk on the course of UC, pointing out that it is a chronic inflammatory condition and that the incidence varies between 0.5 and 24.5 per 100 000 per year. From 15% to 30% of patients will see progression in their disease, she said.

A population-based study has reported that if you look at the patients with UC who you see in the clinic, every year only 25% of them are in remission. Dr Ignjatovic said that 18% have persistent activity and more than half have intermittent relapses.

Currently there is no international agreement on scoring UC – clinically, endoscopically or histopathologically. We also know that there is a poor correlation between physician assessments of activity and endoscopy. What we *do* know is that for patients with UC there is a good correlation between endoscopic appearance and the patient's symptoms, Dr Ignjatovic continued.

UCEIS

Various endoscopic scores are currently used for the assessment of UC. Dr Ignjatovic showed nine of them.

All the trials investigating new drugs for UC will use *different* scores, making direct comparison between treatments very difficult. None of them have validated definition of mucosal healing, she pointed out.

It is very important to standardise activity: what is mild activity to one gastroenterologist might be perceived as moderate by another. Therefore Dr Ignjatovic presented a new scoring system, the Ulcerative Colitis Index of Severity (UCEIS). She told the audience how it had been developed:

"I think endoscopic assessment is very important in assessing clinical activity, and also for planning and individualising patients' treatment. I think it is important to define remission – again for planning on how to manage these patients long term."

"I also think endoscopy is important in surveillance for colorectal cancer," Dr Ignjatovic concluded.

Three scores for CD

Professor Geert D'Haens then talked about the *concept* of mucosal healing. ▶


Julian Panes


Geert D'Haens


Ana Ignjatovic


Jean-Frédéric Colombel


Jacques Cosnes

"We speak about it all the time, but do we know what the concept is?" he began his lecture by asking.

He pointed out that no consensus exists on a single definition of mucosal healing. There are different scores; in Crohn's Disease (CD) the absence of ulcers is frequently used as a definition, but the GETAID score does not only look for ulcers but also at other lesions such as erosions.

Prof. D'Haens described three scores for the measurement of endoscopic disease activity in CD: the Crohn's Disease Endoscopic Index of Severity (CDEIS), the Simple Endoscopic Index for Crohn's Disease (SES-CD) and the Rutgeerts score for postoperative recurrence. For CDEIS the scores range from 0 to 44; the higher the score, the more severe is the disease.

The good news is that CDEIS correlates well with SES-CD. "They're probably interchangeable, and we can use them in parallel in studies," Prof. D'Haens said.

The Rutgeerts score has been developed for lesions in the neoterminal ileum and at the ileocolonic anastomosis. It ranges from *i0*, normal, to *i4*, the most severe type. This score has been useful for clinical trials on postoperative recurrence. It is also now being used in the PREVENT trial with infliximab post surgery.

Useful marker

Endoscopies are expensive, there are waiting lists, and patients don't like them. Prof. D'Haens therefore asked whether we can replace the tests with surrogate markers of inflammation in the colon.

There are faecal markers – calprotectin and lactoferrin. Most studies have been performed on calprotectin.

Calprotectin is a protein that originates from granulocytes. Normally granulocytes are not present in the intestines. So if there is an elevated calprotectin in the intestine, it *means* something. It can be IBD, but it can also be an infection or diverticulitis, for example. *Any* inflammatory event in the GI tract gives rise to calprotectin.

Serum markers such as C-reactive protein and radiographic methods such as MRI can also be useful.

"For the small bowel there is today also capsule endoscopy; for the colon it is currently under development," Geert D'Haens continued.

Mucosal healing reduces the risk of relapse

At present, there are a total of five drugs that gastroenterologists can use singly or in combination: aminosalicylates, corticosteroids, thiopurine, methotrexate and anti-TNF antibodies. Prof. D'Haens spoke in more detail of different trials on these.

Mucosal healing predicts the disease course in UC. Prof. D'Haens pointed out that data from the ACT 1 and ACT 2 trials indicate that when mucosal healing is induced early in treatment, the likelihood that the patient will continue to be in remission is *five times* higher.

The risk of colectomy is also significantly reduced. However, healing induced by steroids does not seem to have an impact on further clinical relapse. This is different from observations with the other drugs.

Questions and answers

Do we need to intensify treatment in order to achieve mucosal healing?

In CD this is still a matter of debate. There are no prospective data. The same uncertainty exists over whether we should include mucosal healing – or a certain degree of it – as an endpoint in trials. On the other hand, Prof. D'Haens said, for the question of whether we should introduce potent agents *earlier* in the disease, the answer is clearly 'yes' with regard to mucosal healing.

Do we need to do more frequent endoscopies? Probably yes. But we need further research into surrogate markers and MRI scores, and those efforts are currently ongoing.

Newer drugs and drug combinations induce mucosal healing to a variable extent, and such healing appears to be associated with better outcomes, was Prof. D'Haens' conclusion.

He ended his talk by saying that the exact role of endoscopic assessments in daily practice remains to be established.

Gut feeling for a gut disease

A question from the audience afterwards concerned a patient who is clinically not active and has a normal CRP – but a mucosa that is sick. Should one then change the treatment in order to achieve mucosal healing?

Prof. D'Haens answered that we don't have data to say that you should do that, but a trial is being launched on the subject.

In the meantime, however, we need some guidance, Prof. Colombel pointed out, and a debate followed.

Professor Jacques Cosnes suggested decisions need to be made on a case-by-case basis and that guidelines cannot be provided.

Professor Julian Panes had the following "gut feeling for a gut disease":

"If a patient is doing fine, and I don't have any evidence that would support a decision to intensify treatment, I don't do it. But we need these studies before we can recommend anything."

The Lémann Score

Professor Cosnes then talked about a new score for assessing bowel damage in CD.

"CD is a lifelong disease – and a *destructive* disease," Dr Cosnes underlined. He reported that after 20 years, 80% of CD patients had been operated upon, and there is no evidence that this rate is decreasing.

Dr Cosnes described the PSHI (Post-Surgical Handicap Index) with a score from 0 to 100. The PSHI is the sum of the values attributed to each digestive segment removed. For example, a total proctocolectomy with permanent stoma gives a PSHI value of 42.

Although most CD patients will be operated on one day, assessment of surgical sequelae is too late a marker of disease severity.

Dr. Cosnes said that his friend Marc Lémann had therefore developed a score without the surgeons, namely the Lémann Score – a CD digestive damage score.

The score assesses digestive damage at a given time in a given CD patient. It needs to be borne in mind that damage is *different* from disease activity!

The score is also used to assess damage progression, to identify CD patients with a high risk of rapid damage progression, and to study the effect of early therapeutic intervention on damage progression. ▶

The score is based on assessment of digestive damage including stricturing lesions, penetrating lesions and, of course, surgical resections, Dr Cosnes continued.

Ongoing study

The Lémann Score will have wide applicability, regardless of patients' country of origin. It should also allow patients to be assessed at different clinical stages – in early or advanced CD – and can be used in both patients who have and patients who have not been operated on and in patients with either limited or extensive CDThe Lémann Score is "damage driven" (i.e. based on disease location and type of lesions) and not "method driven". This is because the investigational method may change with time, said Dr Cosnes.

The score will vary from zero to a theoretical maximal value corresponding to the complete resection of the entire digestive tract. For each segment, severity will be scored on a scale ranging from 0 (normal) to 3 (maximal) for stricturing lesions, penetrating lesions and surgical resection or bypass of bowel.

A weighting coefficient will be applied to take into account the relative "importance" of the location of damage. The coefficient will be determined by experts in an on-going study performed by international experts (IPNIC), Dr Cosnes explained.

Clinicians need to interpret cross-sectional imaging

There are still things that need to be discussed and analysed – the process is not complete. The Lémann Score is, however, expected to be fully completed in autumn 2011 and will then be used in prospective randomised controlled trials.

Dr Cosnes underlined that the concept is very different: "Now we are treating lesions! This is completely different – we want to slow down the *progression* of the damage. We want a patient who is asymptomatic – but also to protect the patient from the development of complications."

Prof. Colombel added after Dr Cosnes lecture that we shall see this score in 2012. "What is also very important to realise as a clinician is that we need to learn how to read CT scan and MRI," he said. "Especially in CD, MRI will be a very important tool to assess disease progression and response to treatment. As clinicians we therefore need to learn how to interpret cross-sectional imaging."

Clinical practice

Professor Julian Panes talked about clinical practice, starting from the point when he first sees a patient with suspected IBD:

"First of all we need to establish the diagnosis. For this we need to demonstrate the presence of lesions, obtain samples for histological analysis, check the differential diagnosis and also UC versus CD – at this time we need a complete map of the lesions."

Based on all this, he then establishes a prognosis based on disease extension, severity and the presence or absence of complications.

"For each patient we need to build a treatment plan," he continued. In IBD, therapeutic decisions cannot be based on clinical symptoms *only*:

"We know that significant lesions may be present in the absence of symptoms, and there are other causes of symptoms in patients with IBD. Patients may have diarrhoea and abdominal pain because they develop complications as a consequence of surgical resection, concomitant infections or motility disorders. So we have to base our therapeutic decisions on biomarkers, imaging and endoscopy."

Endoscopy or imaging required

Clinical activity does *not* correlate with mucosal lesions in CD.

This is a very important statement! We have to use objective measures. Imaging techniques are very good for this purpose, Prof. Panes continued.

MRI is not the only cross-sectional technique that is good; CT is, too, and also ultrasound, according to Prof. Panes:

"They also have high sensitivity and specificity for extramural complications such as fistulas and abscesses."

"At first, for a patient with *suspected* IBD, a fecal biomarker could be very useful. But biomarkers have low sensitivity and correlate poorly with severity of lesions. We require endoscopy or imaging to prove activity; we cannot treat patients only on the basis of symptoms. One in five patients *don't* have lesions, and they would be treated unnecessarily!"

Is it necessary to always check for healing of lesions?

"In practice I personally don't do that with *every* patient because there is no proof that management based on mucosal healing leads to better outcomes compared to symptom-based management."

Endoscopic lesions: one of many components

Prof. Panes' final question was the following: Is endoscopic remission the door to an exit strategy?

For his answer, Prof. Panes showed the audience data from the STORI study concerning relapse upon discontinuation of infliximab.

The data showed that endoscopic lesions are only *one* of the components. Prof. Panes pointed out that we have to take into account *other* components, too: gender, whether the patient has had previous surgery, whether the patient has required steroid treatment during the last six months, and whether biomarkers have been used during the last six months.

Prof. Panes concluded that performing endoscopy is just *one* of the components of patient assessment for withdrawal of treatment.

After these four lectures, the clinical aspects were followed up in several case presentations. These were highly interactive, and the delegates were asked to vote and debate – and the debate was often lively.

"I think we have learned a lot," Prof. Colombel said when he thanked all speakers and the audience for their participation.

He extended his thanks to Tillotts Pharma for organising the conference.

PER LUNDBLAD

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ECCO'12 Barcelona Congress – Preliminary scientific programme

Get ready for the 2012 ECCO Congress in Barcelona. Each year the ECCO Congress attracts more participants, and it is now the world's largest IBD meeting, gathering doctors and nurses from around the world. The scientific programme is outlined below. In accordance with ECCO's mission to provide broad and novel scientific information to everyone, all presentations will be held in the main auditorium, a unique approach for an international congress.

The sessions will have a similar format to that used in previous years, starting with the science that underpins the topic, then moving on to clinically relevant subjects and finally addressing clinical management with an eye to current practice and the future. Within the sessions, selected abstracts will be presented to provide a bridge from bench to bedside.

ECCO'12 will specifically focus on patient care. The congress will open with a "tandem talk", an approach excellently received in preceding years. After setting the stage regarding the common ground across inflammatory disorders and their therapeutic options, the second session will focus on the impact of the disease on patients and the tools available to measure success and failure in IBD. A further session on the first day will cover the preliminary results from the 3rd Scientific Workshop, focussing in particular on malignancy in IBD. In addition, the new ECCO-ESPGHAN Paediatric Guidelines on UC will be presented.

The first session on the second day of the congress will consider imaging in IBD and will encompass the ECCO-ESGAR Imaging Guidelines. Further sessions will discuss practical tips and tricks for handling IBD complications and the impact of IBD on daily life, including the perspective of the patient. Related novel topics such as care pathways in IBD, organising care in IBD and E-Health will also be covered in a separate session.

As surgery is an important therapeutic approach in our patients, surgery in IBD, and especially the optimal timing for surgery, will be discussed on the third day of the congress. State of the art lectures will be delivered on genes, stem cell therapy and the microbiome, before the ECCO Lecture on personalised medicine concludes the meeting.

We hope that the diverse programme will appeal to many colleagues and will spread the current IBD-related knowledge far beyond Europe. As ECCO'12 will be a great event, please put the dates in your diary now (February 16–18, 2012) and register online today. More information is available online at http://www.ecco-ibd.eu/ecco12.

ANDREAS STURM
SciCom Chair

Preliminary programme overview (as of September 13, 2011)
7th Congress of ECCO – "Breaking down barriers in IBD"

Thursday, February 16, 2012

10:45-11:15 **Top tips for chairs (Closed session)**
Geert D'Haens, Amsterdam, The Netherlands

11:30-12:30 ***Satellite symposium***

12:45-13:00 ***Opening & welcome***
Miquel Gassull, Barcelona, Spain
Daniel Hommes, Los Angeles, United States

13:00-14:20 ***Scientific session 1: Common ground across inflammatory disorders***
Miquel Sans, Barcelona, Spain
Jan Wehkamp, Stuttgart, Germany

13:00-13:30 ***Tandem talk: Shared pathways in inflammation***
Maria Abreu, Miami, United States
Fiona Powrie, Oxford, United Kingdom

13:30-13:40 ***Oral presentation 1***

13:40-13:50 ***Oral presentation 2***

13:50-14:00 ***Oral presentation 3***

14:00-14:20 ***Inflammatory side-effects of biological therapy***
François Aubin, Besançon, France

14:20-14:50 ***Coffee break***

14:50-16:10 ***Scientific session 2: Measuring success and failure in IBD***
Dana Duricova, Prague, Czech Republic
Pierre Michetti, Lausanne, Switzerland

14:50-15:10 ***Predicting disease outcome***
Siew Ng, Hong Kong, China

15:10-15:20 ***Oral presentation 4***

15:20-15:40 ***Tandem talk: Scoring disease damage and disability***
Benjamin Pariente, Paris, France
Laurent Peyrin-Biroulet, Vandoeuvre-lès-Nancy, France

15:40-15:50 ***Oral presentation 5***

15:50-16:10 ***Assessing endoscopic and disease activity in practice***
Gert van Assche, Leuven, Belgium

16:10-16:30 ***Scientific session 3: Preliminary results from the 3rd Scientific Workshop***
Dana Duricova, Prague, Czech Republic
Pierre Michetti, Lausanne, Switzerland

16:10-16:30 ***Malignancy in IBD***
Silvio Danese, Rozzano, Milan, Italy

16:30-17:00 ***Mini-session 3: ECCO-ESPGHAN Paediatric Guidelines on UC***
Dan Turner, Jerusalem, Israel

17:15-18:15 ***Satellite symposium***

Friday, February 17, 2012

07:15-08:15 ***Satellite symposium***

08:30-09:30 ***Scientific session 4: Imaging in IBD***
André D'Hoore, Leuven, Belgium
Simon Jackson, Plymouth, United Kingdom
Janneke van der Woude, Rotterdam, The Netherlands

08:30-08:35 ***Medical or surgical therapy for obstruction: Is imaging the key?***
Casper Gijsbert Noomen, Amsterdam, The Netherlands

08:35-08:40 ***IBD facing surgery - Are you sure the small bowel is normal?***
Ailsa Hart, London, United Kingdom

08:40-08:50 ***Oral presentation 6***

08:50-09:00 ***Oral presentation 7***

09:00-09:20 ***ECCO-ESGAR Imaging Guidelines***
Julian Panes, Barcelona, Spain

09:20-09:30 ***Case resolution***

09:30-10:30 ***Scientific session 5: Complications carousel: Management tips and tricks***
André D'Hoore, Leuven, Belgium
Simon Jackson, Plymouth, United Kingdom
Janneke van der Woude, Rotterdam, The Netherlands

09:30-09:37 ***Anaemia***
Christoph Gasche, Vienna, Austria

09:37-09:44 ***Osteoporosis***
Ad van Bodegraven, Amsterdam, The Netherlands

09:44-09:51 ***Renal***
Satish Keshav, Oxford, United Kingdom

09:51-09:58 ***Ocular***
Luis Pablo, Zaragoza, Spain

09:58-10:05 ***Pulmonary***
Franck Carbonnel, Besançon, France

10:05-10:12 ***Thromboembolism***
Gerassimos Mantzaris, Athens, Greece

10:12-10:30 ***Discussion***

10:30-11:00 ***Coffee break***

11:00-12:20 ***Scientific session 6: Impact of IBD on daily life***
Fernando Magro, Porto, Portugal
Fermin Mearin, Barcelona, Spain

11:00-11:40 ***Debate: IBD and IBS - Marriage or divorce?***
Michael Kamm, Melbourne, Australia
Giovanni Barbara, Bologna, Italy

11:40-11:50 ***Oral presentation 8***

11:50-12:00 ***Oral presentation 9***

12:00-12:20 ***The patient perspective***
Ben Wilson, Newcastle, United Kingdom

12:20-13:15 ***Lunch and guided poster session in the exhibition hall***

13:15-13:30 ***Poster award ceremony in the exhibition hall***

13:30-14:30 ***Scientific session 7: Organising care in IBD***
Francesc Casellas, Porto, Portugal
Mircea Diculescu, Bucharest, Romania

13:30-13:50 ***E-Health and home-testing: Ready for prime time?***
Pia Munkholm, Copenhagen, Denmark

13:50-14:00 ***Oral presentation 10***

14:00-14:10 ***Oral presentation 11***

14:10-14:30 ***Care pathways in IBD***
Daniel Hommes, Los Angeles, United States

14:30-15:00 ***Coffee break***

15:00-15:50 ***Scientific session 8: ECCO Fellowships and Grants***
Andreas Sturm, Berlin, Germany

15:00-15:10 ***Fellowship 1***
Bénédicte Brounais-Le Royer, Geneva, Switzerland

15:10-15:20 ***Fellowship 2***
Lael Werner, Berlin, Germany

15:20-15:30 ***Announcement of ECCO Fellowships and Grants 2012***
Andreas Sturm, Berlin, Germany

15:30-15:40 ***Oral presentation 12***

15:40-15:50 ***Oral presentation 13***

15:50-17:25 ***Scientific session 9: Challenging Cases***
Jürgen Schölmerich, Frankfurt am Main, Germany
Peter Irving, London, United Kingdom

15:50-16:10 ***Case 1***

16:10-16:30 ***Case 2***

16:30-16:50 ***Case 3***

16:50-17:00 ***Oral presentation 14***

17:00-17:10 ***Oral presentation 15***

17:10-17:25 ***How I manage abnormal LFTs in IBD***
Maria Esteve, Barcelona, Spain

17:40-18:40 ***Satellite symposium***

20:00 ***ECCO Interaction: Hearts and Minds***

Saturday, February 18, 2012

07:15-08:15 ***Satellite symposium***

08:30-10:00 ***Scientific session 10: Surgery in IBD***
Antonio Lopez San Roman, Madrid, Spain
Bjorn Moum, Oslo, Norway

08:30-08:50 ***Perianal CD***
Bruce George, Oxford, United Kingdom

08:50-09:00 ***Oral presentation 16***

09:00-09:20 ***Tandem talk: Find the best timing for surgery***
Sandro Ardizzone, Como, Italy
Antonino Spinelli, Milan, Italy

09:20-09:30 ***Oral presentation 17***

09:30-09:40 ***Oral presentation 18***

09:40-10:00 ***Managing complications***
Emmanuel Tiret, Paris, France

10:00-10:30 ***Coffee break***

10:30-11:50 ***Scientific session 11: Where are we heading?***
Daniel Hommes, Los Angeles, United States
Simon Travis, Oxford, United Kingdom

10:30-10:50 ***Are gene hunting days over?***
Miles Parkes, Cambridge, United Kingdom

10:50-11:00 ***Oral presentation 19***

11:00-11:20 ***Are stem cells ready for clinical practice?***
Gijs van den Brink, Amsterdam, The Netherlands

11:20-11:30 ***Oral presentation 20***

11:30-11:50 ***Are we ready to manage the microbiome?***
Arlette Darfeuille-Michaud, Clermont-Ferrant, France

11:50-12:20 ***Scientific session 12: ECCO Lecture***
Daniel Hommes, Los Angeles, United States
Simon Travis, Oxford, United Kingdom

11:50-12:20 ***Translating evidence from clinical trials into personalised medicine***
Stephen Hanauer, Chicago, United States

12:20-12:30 ***Closing remarks***
Simon Travis, Oxford, United Kingdom

ECCO Fellowships 2011 Synopses

A principal function of SciCom is to promote European research into IBD and scientific integration. ECCO Fellowships are important components in achieving this goal. In 2011, ECCO Fellowships have been awarded to Bénédicte Brounais-Le Royer and Lael Werner.

Bénédicte Brounais-Le Royer and Lael Werner.

Effects of interleukin-15 inhibition on skeletal alterations in inflammatory bowel disease

Bone loss secondary to inflammatory bowel diseases (IBD) causes fragility fractures. This is largely explained by activated T cells producing cytokines that trigger osteoclastogenesis and accelerate bone resorption while inhibiting bone formation by osteoblasts, resulting in osteoporosis. In IBD, abnormal expression of interleukin (IL)-15 plays a central role in T cell activation, pro-inflammatory cytokine production and the development of colitis. Our laboratory reported that osteoclast development by the receptor activator of NF-κB ligand (RANKL) was impaired in bone marrow and/or spleen cell cultures from mice lacking the IL-15 receptor (IL-15Rα$^{-/-}$). In turn, IL-15Rα$^{-/-}$ mice had higher bone mineral density and improved bone microarchitecture compared with wild-type mice. In addition to its effects on osteoclasts, preliminary results indicate that an IL-15 antagonist, CRB-15, significantly increases osteoblast number and bone formation in ovariectomised mice. Whether IL-15 can modulate osteoblastogenesis directly or indirectly through T cells remains to be investigated. Hence, we hypothesise that inhibition of IL-15 signalling may moderate the severity of colitis and prevent bone loss in mouse models of IBD by preventing T cell activation, osteoclast development and/or the inhibition of bone formation. To test this hypothesis, we shall first study the effects of CRB-15 in two mouse models of colitis, namely mice with chemically induced colitis and IL-10 knock-out mice. We shall then investigate the mechanisms by which IL-15 induces colitis-related bone loss. Finally, we shall assess the role of IL-15 on the in vitro differentiation of osteoblasts co-cultured with T cells. Thus we shall use a combined in vivo and in vitro approach to shed further light on the role of IL-15 and activated T cells in bone loss related to colitis.

BÉNÉDICTE BROUNAIS-LE ROYER,
Service of Bone diseases,
Department of Rehabilitation and Geriatrics
Geneva University Hospital, Geneva
Switzerland

TNFα inhibitors restrict T cell activation and cycling via Notch-1 signalling in inflammatory bowel disease

Background and aims: TNFα inhibitors are frequently prescribed for inflammatory bowel disease (IBD). Despite the clinical success of TNFα inhibitors such as infliximab (IFX) and adalimumab (ADA), understanding of their physiological mode of action is still limited. Our study aims to further investigate anti-TNFα's mode of action in IBD. Specifically, we hypothesised that Notch mediates anti-TNFα action and so aspired to identify Notch-1 as a link by which anti-TNFα antibodies mediate their inhibitory functions in IBD.

Methods: Freshly isolated T cells were isolated from normal or IBD patients. The influence of TNFα inhibitors on T cell function was analysed. For Notch studies, we compared mucosal Notch-1 levels in normal vs. IBD and examined the effects of ADA and IFX on Notch-1 expression. The regulatory role of Notch-1 was examined by blocking several Notch-1-mediated pathways.

Results: Both TNFα inhibitors induced T cell apoptosis, inhibited activation, reduced cytokine secretion and restricted cell cycling. TNFα blockade at several levels revealed that TNFα is responsible for inducing apoptosis by anti-TNFα, but not for cell cycle restriction. By linking Notch and TNFα pathways we have shown that (a) Notch-1 mucosal expression differs in inflamed and uninflamed mucosa, (b) Notch-1 function is activated by IFX and ADA, (c) Notch-1 binds to TNFα and (d) Notch-1 inhibition averts anti-TNFα-induced T cell cycle arrest.

Conclusions: IFX and ADA potently inhibited T cell activation, cell cycling and expansion in normal and IBD T cells. By demonstrating that Notch-1 mediates the inhibitory effects of ADA and IFX on T cell cycling, we have revealed not only a new mode of action, but also an underlying signalling pathway by which biological agents act in IBD.

LAEL WERNER
Department of Medicine,
Division of Gastroenterology and Hepatology,
Charité-Campus Virchow Clinic,
Universitätsmedizin Berlin,
Berlin, Germany

A new consensus is emerging…

The main mission of GuiCom is to foster the development and implementation of guidelines.

Through these guidelines we hope to improve the diagnosis and treatment of IBD in all member countries of ECCO. ECCO has previously developed guidelines on the diagnosis and management of CD and UC, opportunistic infections and pregnancy problems in IBD. Due to technical and therapeutic developments in IBD, both new guidelines and updating of the "old" ones are needed. Furthermore, additional work is required to spread the guidelines in our community (ECCO Educational Workshops).

New guidelines		
	Call	**Publication**
Histopathology	2011	2012
Imaging		2012
Paediatric UC	2011	2012
Anaemia	2012	2013
Nutrition	2012	2013
Surgical	2012	2013
Malignancies	2013	2014
Endoscopy	2013	2014

Updates		
	Call	**Publication**
Ulcerative Colitis		2011
Opportunistic infections	2011	2012
Crohn's Disease	2012	2014

We are planning to develop eight new consensus guidelines and three guideline updates. Topics covered in the new guidelines will include imaging modalities, nutrition, IBD-related neoplasia, endoscopy, and histopathology in IBD and microscopic colitis. Interactions with other societies (e.g. paediatricians, surgeons, nutrition experts, radiologists, pathologists and the RAND panel) are being pursued with the intention of developing joint guidelines. With these initiatives we hope to ensure the development of guidelines with high standards of evidence-based medicine.

A database with all references from all guidelines is now under development and a reference manager (EndNote) will be implemented. With this tool all ECCO Members will have easy access to the abstracts. An electronic guideline portal has also been established to enable interaction between guideline and consensus panelists, allowing online voting and discussion. We believe that these projects will assist in achieving the mission of GuiCom.

GuiCom
Axel Dignass, Fernando Magro,
Abraham (Rami) Eliakim, Vito Annese

P-ECCO action plan

The Paediatric Committee of ECCO (P-ECCO) met in Vienna last June along with all other committees to work on the action plan for next year.

The P-ECCO mission is to improve knowledge on paediatric-specific IBD issues; to produce and promote paediatric-specific IBD guidelines; to publish consensus papers and statements; to initiate and coordinate clinical trials involving transitional and combined paediatric/adult aspects of IBD; to interact with the Porto IBD WG of ESPGHAN and to educate on adolescent-specific issues.

Currently we are working on combined ECCO-ESPGHAN Guidelines for the treatment of UC in children, which will be completed by the end of this year. A large group of people from Europe, the United States and Canada have been working enthusiastically on this project.

P-ECCO will actively participate in the scientific and educational activities of the next ECCO Congress in Barcelona in 2012.

P-ECCO will grow from three to five members next year. A call for applications has been made. The deadline for applications is September 19, 2011. This will certainly allow for more activities to be embraced and greater interaction with all those who care for children and adolescents affected by IBD.

JORGE AMIL DIAS
P-ECCO Committee Member

And the Winners are…

Free registration for the ECCO'12 Barcelona Congress

Feedback is highly valuable for ECCO in order to continuously improve our annual congress. As promised, three free registrations for the 7th ECCO Congress – the ECCO'12 Barcelona Congress – were drawn from among all the completed evaluation forms that were submitted at the ECCO'11 Dublin Congress.

We are happy to announce that the following delegates have won a free registration for the ECCO'12 Barcelona Congress:
Norbert Busch (Germany), Marijke Paelinck (Belgium), Peter Barrow (United Arab Emirates)
Congratulations! We kindly ask the winners to contact the ECCO Office at ecco@ecco-ibd.eu.

10th ECCO Intensive Advanced Course in IBD, Barcelona 2012

The 10th ECCO Intensive Advanced Course in IBD for residents, fellows in gastroenterology and junior faculty will take place in Barcelona, Spain on February 15–16, 2012, just prior to the next ECCO Congress.

In great appreciation of the wide popularity that this course has now gained, the ECCO Education Committee is constantly striving to maintain its high standard and to develop further its attractiveness. In this context, the 10th ECCO Intensive Advanced Course will benefit from the following innovations:

- The call for nomination of participation has been advanced (with the deadline of September 15, 2011) so that the selection of participants can be completed before the early registration deadline for the ECCO Congress 2012 (November 9, 2011) – allowing participants to register in time to qualify for the reduced registration fees.
- With this course, ECCO is investing in the education of the IBD experts of tomorrow and at the same time aiming to engage them in the ECCO Family. Reflecting this rationale and fostering the inclusion of course participants in the community beyond the course itself, ECCO Membership has been introduced as an eligibility criterion for course participation.
- In order to enhance the didactic quality of the printed course syllabus, the 2012 edition will include learning objectives, key slides, key references and space for note-taking.
- Interaction is key in so many ECCO initiatives, and it is certainly a top priority in developing the course programme further: the upcoming course will foster active participation by the use of voting pads and considerable time will be dedicated to case-based discussions.

Preliminary Programme Wednesday, February 15, 2012 (as of September 13, 2011)

08:00-08:15	***Welcome*** Daniel Hommes, Los Angeles, United States and Janneke van der Woude, Rotterdam, The Netherlands	
08:15-08:45	***Pre-course test*** Charlie Lees, Edinburgh, United Kingdom	
08:45-10:35	**Session 1: Lecture session** Arthur Kaser, Cambridge, United Kingdom and Peter Lakatos, Budapest, Hungary	
	08:45-09:15	***IBD: Epidemiology and environmental factors*** Pia Munkholm, Copenhagen, Denmark
	09:15-09:45	***The genetics of IBD*** Charlie Lees, Edinburgh, United Kingdom
	09:45-10:35	***Tandem Talk: IBD therapeutics targets and drugs: New and old*** Yehuda Chowers, Haifa, Israel Séverine Vermeire, Leuven, Belgium
10:35-11:00	Coffee break	
11:00-12:25	**Session 2: Seminar session**	
	11:00-11:40	***Seminar I: IBD and pregnancy*** Janneke Van der Woude, Rotterdam, The Netherlands ***Seminar II: Paediatric IBD*** Frank Ruemmele, Paris, France
	11:45-12:25	***Seminar I: IBD and pregnancy*** Janneke Van der Woude, Rotterdam, The Netherlands ***Seminar II: Paediatric IBD*** Frank Ruemmele, Paris, France
12:25-13:15	Lunch break	
13:15-15:35	**Session 3: Ulcerative Colitis session** Gerassimos Mantzaris, Athens, Greece and Andreas Sturm, Berlin, Germany	
	13:15-13:55	***Case based discussion: The patient with bloody diarrhoea differential diagnosis and initial diagnostic work-up*** Case presentation: Marjolijn Duijvestein, Amsterdam, The Netherlands Discussion: Axel Dignass, Frankfurt am Main, Germany
	13:55-14:20	***Cancer surveillance and chemoprevention*** Matt Rutter, Cleveland, United Kingdom
	14:20-15:10	***Tandem Talk: Acute Severe Ulcerative Colitis: Management including medical and surgical rescue therapy*** Willem Bemelman, Amsterdam, The Netherlands and Simon Travis, Oxford, UK
	15:10-15:35	***Pouch, early and late complications*** Fernando Magro, Porto, Portugal
15:35-16:00	Coffee break	
16:00-18:00	**5th Y-ECCO Workshop** *See separate programme on page 29.*	

Preliminary Programme Thursday, February 16, 2012 (as of September 13, 2011)

08:00-10:00	**Session 4: Crohn´s Disease session** Axel Dignass, Frankfurt am Main, Germany and Walter Reinisch, Vienna, Austria	
	08:00-08:40	***Case based discussion:*** ***The patient with watery diarrhoea, abdominal pain and weight loss*** Case presentation: Franco Scaldaferri, Rome, Italy Discussion: Vito Annese, Florence, Italy
	08:40-09:20	***Case based discussion:*** ***The patient with severe Crohn´s Disease*** Case presentation: James Christoph Lee, Cambridge, United Kingdom Discussion: Rami Eliakim, Jerusalem, Israel
	09:20-10:00	***Tandem talk:*** ***Fistulizing & stenosing disease: medical and surgical approaches*** Pierre Michetti, Lausanne, Switzerland Tom Øresland, Lorenskog, Norway
10:00-10:20	Coffee break	
10:20-11:35	**Session 5: Drug therapy session** Charlie Lees, Edinburgh, United Kingdom and Gert van Assche, Leuven, Belgium	
	10:20-10:40	***Understanding clinical trials in IBD*** Geert D´Haens, Amsterdam, The Netherlands
	10:40-11:10	***Monitoring drug therapy with biomarkers,*** ***drug levels and antibody testing*** Edouard Louis, Liège, Belgium
	11:10-11:35	***Vaccinations, immunisations and opportunistic infections in IBD -*** ***A case-based guide*** Jean-Francois Rahier, Yvoir, Belgium
11:35-12:25	**Conclusion**	
	11:35-12:00	***Post-course test*** Charlie Lees, Edinburgh, United Kingdom
	12:00-12:25	***Course test feedback, marking & questions*** Charlie Lees, Edinburgh, United Kingdom
12:25-12:30	**Closing remarks** Janneke van der Woude, Rotterdam, The Netherlands	

Preliminary Announcement of the ECCO IBD Intensive Advanced Course 2013 (as of September 13, 2011):

All potential candidates interested in participating in the 2013 course are highly encouraged to note the following timeline:

– Spring 2012: publication of preliminary programme on congress website.
– June 2012: call for nominations will be sent to National Representatives and published on the ECCO website:

Minimum criteria for nominees:

- *ECCO Member status 2013.*
- *Trainees at* ***least in their third year*** *with preferably one year of GI experience.*
- *Demonstration of a* ***sufficient level of English*** *to follow the course.*

Participants on this course will be selected in their country, by a national system left to the responsibility of the National Representatives of each ECCO Country Member. Two students can be sent by each country each year, leading to the assembly of a multinational class of highly motivated and selected students.
In order to register for the forthcoming IBD Course, please contact the ECCO National Representative of your country (contact details at www.ecco-ibd.eu).

– September 2012: deadline for nominations

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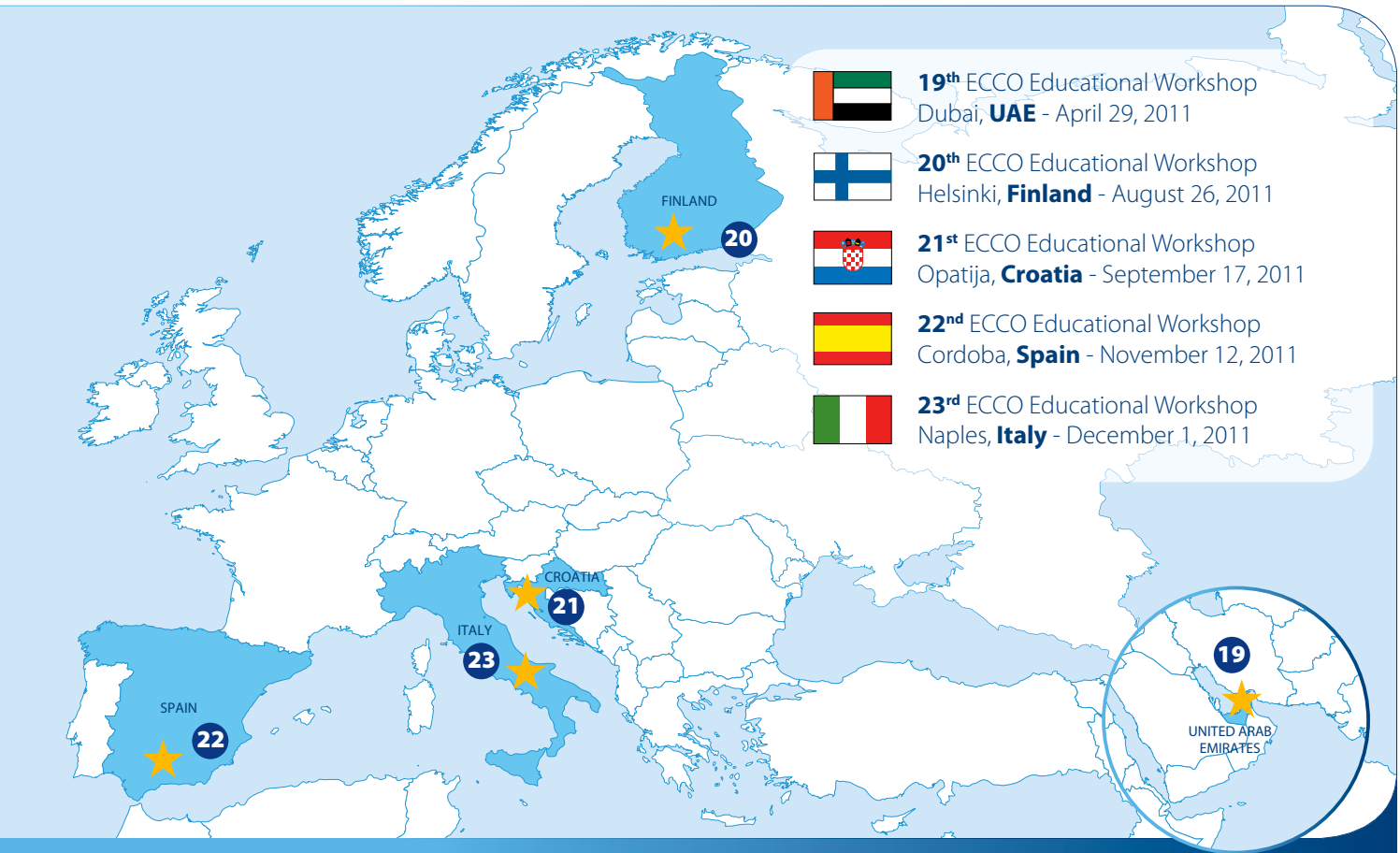
ECCO Educational Workshops 2011



19th ECCO Educational Workshop
Dubai, **UAE** - April 29, 2011

20th ECCO Educational Workshop
Helsinki, **Finland** - August 26, 2011

21st ECCO Educational Workshop
Opatija, **Croatia** - September 17, 2011

22nd ECCO Educational Workshop
Cordoba, **Spain** - November 12, 2011

23rd ECCO Educational Workshop
Naples, **Italy** - December 1, 2011

Spreading standards in IBD – Your presence counts!

For registration please visit **www.ecco-ibd.eu**

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ECCO Educational Workshops – where we have been so far...

1st ECCO Workshop
Zagreb, **Croatia** - November 10, 2007

2nd ECCO Workshop
Vienna, **Austria** - December 15, 2007

3rd ECCO Workshop
Kaunas, **Lithuania** - May 10, 2008

4th ECCO Workshop
Athens, **Greece** - September 13, 2008

5th ECCO Workshop
Warsaw, **Poland** - September 26, 2008

6th ECCO Workshop
Istanbul, **Turkey** - November 8, 2008

7th ECCO Workshop
Oporto, **Portugal** - November 15, 2008

8th ECCO Workshop
Haifa, **Israel** - May 5th, 2009

9th ECCO Workshop
Cluj Napoca, **Romania** - June 17, 2009

10th ECCO Workshop
Oslo, **Norway** - September 4, 2009

11th ECCO Workshop
Moscow, **Russia** - September 17, 2009

12th ECCO Workshop
Belgrade, **Serbia** - October 14, 2009

13th ECCO Workshop
Sao Paulo, **Brazil** - June 19, 2010

14th ECCO Workshop
Donetsk, **Ukraine** - September 17, 2010

15th ECCO Workshop
Budapest, **Hungary** - September 18, 2010

16th ECCO Workshop
Riga, **Latvia** - October 9, 2010

17th ECCO Workshop
Galway, **Ireland** - October 15, 2010

18th ECCO Workshop
Sofia, **Bulgaria** - November 11, 2010

19th ECCO Workshop
Dubai, **UAE** - April 29, 2011

20th ECCO Workshop
Helsinki, **Finland** - August 26, 2011

21st ECCO Workshop
Opatija, **Croatia** - September 17, 2011

22nd ECCO Workshop
Cordoba, **Spain** - November 12, 2011

23rd ECCO Workshop
Naples, **Italy** - December 1, 2011

Your destination could be next!
Find details on how to apply at **www.ecco-ibd.eu**

1st S-ECCO IBD Masterclass

The 1st S-ECCO IBD Masterclass – a pioneering activity at the ECCO Congress – will be organised by the Surgeons of ECCO (S-ECCO). The aim of this Masterclass is to foster an appreciation of the results of a multidisciplinary approach to Crohn's Disease of the terminal ileum. The Masterclass will provide insights into the medical strategy and surgical techniques. Indications for surgery and the importance of timing will be extensively discussed.

Wednesday, February 15, 2012 Preliminary programme overview – 1st S-ECCO IBD Masterclass (as of September 13, 2011)

13:00-13:15	***Welcome*** André D´Hoore, Leuven, Belgium	
13:15-14:00	**Session 1: Introduction** André D´Hoore, Leuven, Belgium	
	13:15-13:37	***Have indications and need for surgery changed in the era of biologicals*** Bjørn Moum, Oslo, Norway
	13:37-14:00	***How to evaluate inflammation and/or fibrosis: Serology, MRI enterography*** Julian Panes, Barcelona, Spain
14:00-15:30	**Session 2: Ileocaecal resection** Eloy Espin-Basany, Barcelona, Spain	
	14:00-14:23	***The open approach: Surgical details - Including complex cases (internal fistulae)*** Tom Øresland, Oslo, Norway
	14:23-14:45	***Laparoscopic ileocaecal resection: A tailored approach*** Hermann Kessler, Erlangen, Germany
	14:45-15:07	***Laparoscopic ileocaecal resection in complex cases and for recurrent disease*** Yves Panis, Clichy, France
	15:07-15:30	***The anastomosis: Types – outcome*** Carla Coimbra, Liège, Belgium
15:30-16:00	Coffee break	
16:00-16.45	**Session 3: Strictureplasties** André D´Hoore, Leuven, Belgium	
	16:00-16:15	***Rationale and outcome of classical types*** Neil Mortensen, Oxford, United Kingdom
	16:15-16:30	***Isoperistaltic strictureplasty*** Fabrizio Michelassi, New York, United States
	16:30-16.45	***Discussion***
16:45-17:45	**Session 4: Outcome** Antonino Spinelli, Milan, Italy	
	16:45-17:00	***Postoperative morbidity: Do we have to blame the drugs ?*** *Johan Soderholm, Linköping, Sweden*
	17:00-17:15	***Outcome after primary ileocaecal resection*** Willem Bemelman, Amsterdam, The Netherlands
	17:15-17:30	***Outcome after conservative surgery*** Gianluca Sampietro, Milan, Italy
	17:30-17:45	**S-ECCO clinical research lecture: Case matched comparison stricturoplasty with ileocolic resection** Anthony de Buck van Overstraeten, Leuven, Belgium
17:45-18:15	**Session 5: Ongoing debate** *Julio Leite, Coimbra, Portugal*	
	17:54-18:00	***Early versus late surgery*** Anders Tottrup, Aarhus, Denmark
	18:00-18:05	***The LIRIC trial (an update)*** Tjibbe Gardenbroek, Amsterdam, The Netherlands
	17:15-17:30	***Discussion***

Thursday, February 16, 2012 Preliminary programme overview – 1st S-ECCO IBD Masterclass (as of September 13, 2011)

09:00-10:00	**Session 6: Follow-up and adjuvant treatment** *Fabrizio Michelassi, New York, United States*	
	09:00-09:30	***Classification of postoperative recurrent disease and intensity of follow-up*** Geert D´Haens, Amsterdam, The Netherlands
	09:30-10.00	***Maintenance (prophylactic) treatment after surgery: Current evidence and ongoing trials*** Séverine Vermeire, Leuven, Belgium
10:00-10:30	**Session 7: Brainstorm session: S-ECCO as a platform for international clinical research** Willem Bemelman, Amsterdam, The Netherlands and Andre D´Hoore, Leuven, Belgium	

Registration – 1st S-ECCO IBD Masterclass

The 1st S-ECCO IBD Masterclass in Barcelona is open to all members of ECCO (paid-up membership fee for 2012).
In this context, the S-ECCO Committee is looking forward to welcoming:

- all current ECCO Members
- new members (you can learn more about joining the ECCO Family or signing up for membership online at www.ecco-ibd.eu).

Registration for the 1st S-ECCO IBD Masterclass is accessible to paid-up ECCO Members 2012 within the online ECCO Congress registration at www.ecco-ibd.eu/ecco12.
The number of participants for the Masterclass is limited. Registration will be on a first-come, first-served basis.
For further information please contact the ECCO Office (ecco@ecco-ibd.eu).

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andre.dhoore@uzleuven.be

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Leuven, Belgium
gert.vanassche@uzleuven.be

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Gert D'Haens
Amsterdam, The Netherlands
g.dhaens@amc.uva.nl

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Frank Ruemmele
Paris, France
frank.ruemmele@nck.aphp.fr

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GuiCom Chair:
Axel Dignass
Frankfurt/Main, Germany
axel.dignass@fdk.info

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Peter Lakatos
Budapest, Hungary
kislakpet@bel1.sote.hu

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N-ECCO Chair:
Marian O'Connor
London, United Kingdom
marian.o'connor@nhs.net

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Jan Wehkamp
Stuttgart, Germany
jan.wehkamp@ikp-stuttgart.de

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For any questions regarding ECCO or ECCO Membership please contact the ECCO Office in Vienna:
Tel: +43-(0)1-710 22 42, E-mail: ecco@ecco-ibd.eu

In the next issue of JCC (Journal of Crohn's & Colitis)

Volume 5, issue 5, October 2011 CONTENTS

Personal picks – **Literature reviews** from Young-ECCO Members

Dear colleagues, we are glad to continue our literature review series of Y-ECCO personal literature selections with one clinical and one basic science article. This selection does not depict an objective ranking and is not intended to be comprehensive. It rather represents individual selections, allowing the statement of personal opinions.
This issue Alexander Eser from the University of Vienna, Austria, discusses a publication by Navaneethan et al. from the Journal of Crohn's and Colitis about bone density and fracture risk in ulcerative colitis patients with ileal pouch anal anastomosis.
Sebastian Zeissig from the University Clinic Schleswig-Holstein, Kiel, Germany summarized a key investigation by Fu et al. about the role of the molecular mucus composition in the pathogenesis of inflammatory bowel disease.
The feedback we received about the Y-ECCO literature review has been outstanding and we are looking forward to suggestions for the next series. If you have ideas or would like to submit a review, please contact: riederf@ccf.org or ecco@ecco-ibd.eu.

Florian Rieder
On behalf of the Y-ECCO Committee

Influence of ileal pouch anal anastomosis on bone loss in ulcerative colitis patients

Navaneethan U, Shen L, Venkatesh PGK, Hammel J, Patel V, Remzi FH, Kiran RP.
J Crohns Colitis; published online 11 May 2011. DOI: 10.1016/j.crohns.2011.04.008

Low bone mineral density (BMD) is both prevalent and frequently unrecognised in patients with inflammatory bowel disease (IBD). With osteoporosis occurring at a rate of 10–14% in the IBD population already at a median age of 33–41 years, low BMD can well be considered an extra intestinal manifestation of IBD. Despite this, and the availability of guidelines from the American Gastroenterological Association and the American College of Gastroenterology, testing rates for osteoporosis have been reported to be low in IBD patients [1, 2].

Navaneethan et al. performed a case control study comparing bone density as measured by dual–energy x-ray absorptiometry (DXA) in patients with ulcerative colitis (UC) with and without proctocolectomy and ileal pouch-anal anastomosis (IPPA). Their aim was to clarify whether IPPA alters the risk of bone loss in UC. Decreased BMD was found in a higher proportion of patients in the IPPA group (31.1%) than in the non-operated UC group (15.1%). Independent risk factors for low BMD were advanced age, low body mass index and IPPA. The IPPA cohort was significantly younger and more likely to have extensive colitis and a family history of osteoporosis. Fragility fractures were detected in 8.1% of patients in the IPPA group versus 2.5% of the control group. This study was cross-sectional and therefore not designed to compare preoperative versus postoperative BMD. However, among those patients for whom preoperative DXA scans were available, colectomy with IPPA had a tendency to improve BMD in 53.8% of cases (not significant). Time from diagnosis of UC to restorative proctocolectomy and IPPA was significantly longer in patients with low BMD than in those with normal BMD.

The study by Navaneethan et al. is in concordance with current knowledge. Kuisma et al. found osteopenia and osteoporosis in 26.1% and 2.3% of 88 UC patients with restorative proctocolectomy, respectively [3]. Shen et al. detected osteoporosis in 32.1% of 327 patients recruited from a pouchitis clinic [4]. The study at hand also reproduces previous results from smaller trials, which found IPPA to increase BMD postoperatively in more than half of the patients studied [5].

By including patients after IPPA, Navaneethan et al. have selected a cohort of UC patients with unfavourable disease course, extensive glucocorticoid exposure and an intense systemic inflammatory response, all established risk factors for bone loss [6]. Therefore unsurprisingly, the yield of diminished BMD was significantly higher in cases versus controls.

In conclusion, osteoporosis and an increased fracture risk were once again demonstrated in UC patients undergoing proctocolectomy and IPPA and should not go overlooked in the management of IBD. Furthermore, incomplete medical disease control in this subset of UC patients and therefore prolonged steroid use and unduly delayed referral to eventual proctocolectomy might contribute to further preventable bone loss with all its unsavoury consequences. This and the reported gradual recovery in bone mineral density after IPPA warrant further research and might add to the increasingly accepted notion that restorative proctocolectomy should not be considered our last resort in UC but is best used in a timely manner as a therapeutic option in patients refractory to medical therapy.

ALEXANDER ESER
University of Vienna,
Div. Gastroenterology & Hepatology Working Party
Inflammatory Bowel Disease (IBD),
Waehringer Guertel 18-20,
1090 Vienna, Austria
alexander.eser@meduniwien.ac.at

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6. Veerappan SG, O'Morain CA, Daly JS, Ryan BM. Review article: the effects of antitumour necrosis factor-alpha on bone metabolism in inflammatory bowel disease. Aliment Pharmacol Ther 33(12):1261-72.

Alterations in mucin glycosylation are associated with spontaneous colitis

Fu J, Wei B, Wen T, Johansson ME, Liu X, Bradford E, Thomsson KA, McGee S, Mansour L, Tong M, McDaniel JM, Sferra TJ, Turner JR, Chen H, Hansson GC, Braun J, Xia L.
J Clin Invest 2011;121(4):1657-66.

Mucus covers the intestinal epithelium along the entire gastrointestinal tract and is a central part of the intestinal barrier. Enteric mucus contains goblet cell-derived mucins, antimicrobial peptides and immunoglobulins and thus forms both a functional and a physical barrier that prevents the translocation of microbial organisms into the intestinal lamina propria [1]. The composition of mucus varies along the intestinal tract and increases in depth towards the distal colon, where an inner, sterile layer adjacent to the epithelium and an outer non-sterile layer can be distinguished [1, 2]. These structural features are dependent on mucins, a family of oligomerising and non-oligomerising heavily *O*-glycosylated glycoproteins [1, 2].

Given the central role of intestinal mucus in the prevention of uncontrolled microbial translocation into the lamina propria, it was hypothesised decades ago that inflammatory bowel diseases (IBD) are associated with alterations in the composition and structure of the intestinal mucus. Indeed, characterisation of the mucus layer in IBD revealed an inflammation-dependent decrease in mucus thickness, particularly in ulcerative colitis [3]. This is consistent with earlier reports on altered molecular mucus composition in IBD [4] and was shown to be in large part due to impaired *O*-glycosylation of mucins [5]. Subsequent mechanistic studies in mice indicated that altered expression of mucins might indeed play a primary, pathogenic role in IBD since genetic defects in mucin expression can lead to spontaneous intestinal inflammation [6, 7].

Fu et al. [8] have now highlighted the role of *O*-glycosylation of intestinal mucins in the pathogenesis of IBD. The authors generated mice with conditional, intestinal epithelial-specific deletion of core 1 β1,3-galactosyltransferase (C1galt1), an enzyme responsible for generation of the predominant form of *O*-glycans. Similar to previous reports on mice with mucin defects, C1galt1-deficient mice developed spontaneous colitis with histological features reminiscent of human ulcerative colitis such as epithelial ulceration and crypt abscesses. Mechanistic studies revealed that intestinal epithelial deletion of C1galt1 leads to a severely impaired mucus structure, reduced expression of mucins and unrestrained, direct contact between the intestinal epithelium and the microbiota that is associated with bacterial translocation into the lamina propria. In addition, Fu et al. demonstrated that spontaneous colitis in C1galt1-deficient mice is driven by myeloid cells in a TNF- but not toll-like receptor-dependent manner and is independent of adaptive immune cells.

Several findings suggest that these observations might be relevant to human IBD. First, the authors demonstrated that intermediates of glycan biosynthesis, normally concealed by further glycosylation, can be detected in the intestinal mucosa of patients with ulcerative colitis (UC) but not controls, which indicates incomplete glycan synthesis in UC. In addition, initial genetic analysis of UC patients exhibiting defective glycosylation of intestinal mucins revealed the presence of missense mutations in a chaperone responsible for proper function of C1galt1 (core 1 β1,3-galactosyltransferase–specific chaperone 1), which suggests that primary genetic alterations in glycan pathways might contribute to the pathogenesis of UC.

Summary: The study by Fu et al. demonstrates that alterations in glycosylation of mucins are associated with impaired mucus production, increased bacterial translocation into the intestinal lamina propria and spontaneous colitis. In addition, the authors' findings suggest that primary genetic alterations in glycan pathways might be associated with human UC. Finally, since defects in glycan biosynthesis similar to those observed in UC can also be detected in colorectal cancer, the study by Fu et al. raises the question of whether glycan alterations in UC might be related to the development of colitis-associated cancers.

SEBASTIAN ZEISSIG
Universitäts-Klinikum Schleswig-Holstein,
Campus Kiel, Klinik für Innere Medizin I,
Arnold-Heller-Straße 3, 24105 Kiel, Germany
szeissig@1med.uni-kiel.de

References:

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Dr. Falk Pharma Benelux B.V. provides ECCO access to GE-trainee.

Dr. Falk Pharma specializes in pharmaceuticals used successfully to treat inflammatory bowel disease and cholestatic liver disease. With a focus on modern formulations and specially designed delivery systems targeted release of the active drug is ensured.

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Dr. Falk Pharma Benelux B.V. decided to strengthen this initiative on a local level by providing an ECCO membership to all about 135 Dutch GE-trainees, the future gastroenterologists. During the course of their training period, with a maximum of 6 years, the GE-trainee will be enabled to join (Young) ECCO and benefit from the advantages of the ECCO membership.

The Dutch GE-trainees will be informed personally, however if your trainee is not yet informed about this unique opportunity to join the ECCO, please have them contact Dr. Falk Pharma Benelux B.V. (+31-(0)76-5244200 or info@drfalkpharma-benelux.eu).

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Claudius Prinsenlaan 136A NL - 4818 CP Breda Tel NL +31 (0)76 524 42 00 Tel. B +32 (0)16 40 40 85
info@drfalkpharma-benelux.eu www.drfalkpharma-benelux.eu

5th Y-ECCO Workshop

The 5th Y-ECCO Workshop is being organised by the Y-ECCO Committee. Y-ECCO Members as well as ECCO Course participants are invited to participate. The workshop is scheduled to take place immediately after the 10th IBD Intensive Advanced Course for junior gastroenterologists on Wednesday, February 15, 2011, 16:00–18:00.

Wednesday, February 15, 2012 Preliminary programme overview – 5th Y-ECCO Workshop (as of September 13, 2011)

"How to pursue a career in IBD"		
16:00-16:10	***Welcome and introduction*** Jan Wehkamp, Stuttgart, Germany	
16:10-16:50	**Session 1** Marjolijn Duijvestein, Amsterdam, The Netherlands Florian Rieder, Ohio, USA	
	16:10-16:25	***Why bother doing research beside my clinical work?*** Gijs van den Brink, Amsterdam, The Netherlands
	16:25-16:50	***How and where to get funding for research?*** Silvio Danese, Rozzano, Milan, Italy
16:50-17:30	**Session 2** James Christopher Lee, Longstanton, Cambridge, United Kingdom Franco Scaldaferri, Rome, Italy	
	16:50-17:05	***How NOT to get your work published – Common mistakes made*** Miquel Gassull, Barcelona, Spain
	17:05-17:30	***Dark and light of industry sponsoring – Chances and pitfalls from both perspectives*** Gerassimos Mantzaris, Athens, Greece Giancarlo Naccari, Lainate, Italy
17:30-18:00	***Discussion & Y-ECCO Members' Meeting***	
Join us for a visit in a nearby bar afterwards...		

Registration – 5th Y-ECCO Workshop

The 5th Y-ECCO Workshop in Barcelona is open to all Y-ECCO Members (paid-up membership fee for 2012).
In this context, the Y-ECCO Committee is looking forward to welcoming:

- all current Y-ECCO Members
- new members (you can learn more about joining the ECCO Family or signing up for membership online at www.ecco-ibd.eu).

Registration for the 5th Y-ECCO Workshop is accessible for paid-up ECCO Members 2012 within the online ECCO Congress registration at www.ecco-ibd.eu/ecco12.
The number of participants is limited. Registration will be on a first-come, first-served basis.
For further information please contact the ECCO Office (ecco@ecco-ibd.eu).

Wonderful news!

Our Journal of Crohn's and Colitis (JCC) just received its 2010 Impact Factor of 2.628! This is a 52% further increase from our 2009 Impact Factor. We are very thankful for all of the hard work by our JCC team headed by Miquel Gassull and Eduard Cabré, all our editors and of course all our authors who entrusted their research outcomes to be published in our Journal. We are seeing a tremendous growth of original manuscripts submitted to the JCC which has led us to decide to increase the number of annual issues from 6 in 2011 to 8 in 2012. We are anticipating having 12 annual issues in 2014. It is very exciting to see that papers are being submitted from all regions in the world. In addition, ECCO has greatly invested in the further development and growth of the number of IBD guidelines and guideline updates which will be submitted to the JCC.

We truly hope that the success of the JCC and the recognition of our journal as an authoritative platform for IBD science will encourage you to keep submitting your scientific work to the JCC. Our very rapid review time of only two weeks, our speedy online publication, our pubmed citation and the publication of the JCC Table of Content in the ECCO News are only some of the attractive features of our journal.

Thank you for your trust and support!
On behalf of the Governing Board of ECCO,
Daan Hommes, ECCO President

6th N-ECCO Network Meeting

The 6th N-ECCO Network Meeting will take place on Thursday February 16, 2012 in Barcelona, Spain as part of the 7th Congress of ECCO.

This will once again be a one-day meeting for nurses from all over Europe with an interest in IBD. Candidates from the N-ECCO School, which will be held on Wednesday 15 February, will also be invited.

The selection of topics for the programme of the 6th N-ECCO Network Meeting is based on frequently requested subjects taken from the evaluations from the last network Meeting in Dublin (February 2011) and updates on new developments in all aspects of IBD. In addition to a number of experienced nurse speakers, invited gastroenterologists and other professionals involved with IBD will be taking part in the meeting. During the sessions and the coffee breaks there will be opportunities to exchange experience and views and for networking with international colleagues.

The N-ECCO Network Meeting is already an established event for nurses working within the specialty of IBD and the number of delegates is increasing each year, with 240 nursing delegates from all over Europe in Dublin.

Thursday, February 16, 2012 Preliminary programme overview – 6th N-ECCO Network Meeting (as of September 13, 2011)

08:00-09:00	*Breakfast satellite symposium*	
09:15-09:30	***Welcome*** Janneke van der Woude, Rotterdam, The Netherlands and Marian O´Connor, London, United Kingdom	
09:30-12:30	**Session 1: Understanding disease management**	
	09:30-09:50	***Managing immunomodulators*** Franck Carbonnel, Besancon, France
	09:50-10:10	***Tandem talk: Treating fistulae*** Yves Panis, Clichy, France and Lisa Younge, London, United Kingdom
	10:10-10:30	***Going through transition (child to adult)*** Mary Hamzawi, Dublin, Ireland
10:30-11:00	Coffee break	
	11:00-11:30	***Diagnostics in IBD: When, what & why*** Julian Panes, Barcelona, Spain
	11:30-12:00	***Management during pregnancy / fertility*** Janneke van der Woude, Rotterdam, The Netherlands
	12:00-12:30	***Abstract session***
12:30-14:00	*Lunch break (including poster round)*	
14:00-15:20	**Session 2: Issues affecting quality of life in people with IBD**	
	14:00-14:20	***Work and IBD*** Tineke Markus, Heverle, The Netherlands
	14:20-14:40	***Fatigue: What can we do?*** Lauran Vogelaar, Rotterdam, The Netherlands
	14:40-15:00	***IBD & smoking*** Andreas Sturm, Berlin, Germany
	15:00-15:20	***Advice on sexuality & body image*** Rina Assulin, Haifa, Israel
15:20-15:40	Coffee break	
15:40-16:45	**Session 3: Comparing & sharing nursing practice**	
	15:40-15:55	***The IBD Nurse in Europe: Finland*** Marika Susanna Huovinen, Joensuu, Finland
	15:55-16:10	***The IBD Nurse in Europe: Spain*** Antonio Torrejon Herrera, Barcelona, Spain
	16:10-16:25	***The IBD Nurse in Europe: Italy*** Matteo Martinato, Padua, Italy
	16:25-16:45	***N-ECCO: Spreading the knowledge*** Janette Gaarenstroom, Utrecht, The Netherlands
16:45-17:00	**Closure** Marian O´Connor, London, United Kingdom	
17:15-18:15	*Afternoon satellite symposium*	

The 6th N-ECCO Network Meeting in Barcelona is open to all nurses who are members of ECCO (paid-up membership fee for 2012).
In this context, the N-ECCO Network is looking forward to welcoming:

- all current IBD nurse members
- new members (to learn more on joining the ECCO Family please go to http://www.ecco-ibd.eu/index.php/membership/individual-membership)

Registration for the N-ECCO Network Meeting is accessible for paid-up IBD nurse members 2012 within the online ECCO Congress registration:
https://www.ecco-ibd.eu/ecco12/index.php/register/registration-fees-and-payment
Early Registration Deadline: November 9, 2011
For further information please contact the ECCO Office (ecco@ecco-ibd.eu).

ECCO GOVERNING BOARD 2011			
President	Daan W. Hommes	United States	DHommes@mednet.ucla.edu
Past President/Liaison Officer	Jean-Frédéric Colombel	United States	Jean-frederic.colombel@wanadoo.fr
President-Elect	Simon Travis	United Kingdom	simon.travis@ndm.ox.ac.uk
Secretary	Séverine Vermeire	Belgium	severine.vermeire@uzleuven.be
Treasurer	Milan Lukas	Czech Republic	milan.lukas@email.cz
Scientific Officer	Matthieu Allez	France	matthieu.allez@gmail.com
Education Officer	Janneke Van der Woude	The Netherlands	c.vanderwoude@erasmusmc.nl

ECCO NATIONAL REPRESENTATIVES 2011		
Austria	Walter Reinisch Gottfried Novacek	walter.reinisch@meduniwien.ac.at gottfried.novacek@meduniwien.ac.at
Belgium	Denis Franchimont Filip Baert	denis.franchimont@erasme.ulb.ac.be fbaert@hhr.be
Bulgaria	Zoya Spassova Iskren Kotzev	zoya_spassova@hotmail.com kotzev@mnet.bg
Croatia	Boris Vucelic Silvija Cukovic Cavka	boris.vucelic@zg.t-com.hr silvija.cukovic@gmail.com
Czech Republic	Martin Bortlík Tomas Douda	mbortlik@hotmail.com douda@fnhk.cz
Denmark	Jens F. Dahlerup Jens F. Kjeldsen	jensdahl@rm.dk jakjeldsen@dadlnet.dk
Finland	Taina Sipponen Martti Färkkilä	taina.sipponen@hus.fi martti.farkkila@hus.fi
France	Franck Carbonnel Laurent Beaugerie	franck.carbonnel@bct.aphp.fr laurent.beaugerie@sat.aphp.fr
Germany	Axel Dignass Andreas Sturm	axel.dignass@fdk.info andreas.sturm@charite.de
Greece	Ioannis Karagiannis Epameinondas Tsianos	jakaragiannis@doctor.com etsianos@cc.uoi.gr
Hungary	Peter Lakatos Tamas Molnar	lakatos.peter_laszlo@med.semmelweis-univ.hu mot@in1st.szote.u-szeged.hu
Ireland	Colm O'Morain Laurence Egan	omorainc@tcd.ie laurence.egan@nuigalway.ie
Israel	Selwyn Odes Iris Dotan	odes@bgu.ac.il irisd@tasmc.health.gov.il
Italy	Mario Cottone Anna Kohn	dickens@tin.it akohn@scamilloforlanini.rm.it
Latvia	Juris Pokrotnieks Jelena Derova	pokrot@latnet.lv jelena.derova@gastroenterologs.lv
Lithuania	Limas Kupcinskas Darius Kriukas	likup@takas.lt dakr@takas.lt
Norway	Ingrid Berset Jørgen Jahnsen	ingrid.berset@helse-sunnmore.no jorgen.jahnsen@medisin.uio.no
Poland	Grayzna Rydzewska Jaroslaw Regula	grazyna.rydzewska@cskmswia.pl jregula@coi.waw.pl
Portugal	Fernando Magro Franciso Portela	fm@med.up.pt fasportela@gmail.com
Romania	Mihai Mircea Diculescu Cristina Prelipcean	mmdiculescu@yahoo.com cristinacijevschi@yahoo.com
Russia	Elena Belousova Alexander Potapov	eabelous@yandex.ru potapov@nczd.ru
Serbia	Njegica Jojic Dino Tarabar	njegica@Eunet.rs dino@tarabar.net
Slovakia	Milos Gregus Martin Huorka	ghugregus@gmail.com huorka@stonline.sk
Slovenia	Ivan Ferkolj Borut Stabuc	ivan.ferkolj@kclj.si borut.stabuc@kclj.si
Spain	Francesc Casellas Jorda Fernando Gomollón Garcia	fcasellas@vhebron.net fgomollon@gmail.com
Sweden	Erik Hertervig Leif Törkvist	erik.hertervig@skane.se leif.torkvist@ki.se
Switzerland	Frank Seibold Pierre Michetti	frank.seibold@spitalnetzbern.ch pmichetti@gesb.ch
The Netherlands	Herma Fidder Rinse Weersma	H.H.Fidder@umcutrecht.nl r.k.weersma@mdl.umcg.nl
Turkey	Murat Törüner Aykut Ferhat Celik	murattoruner@yahoo.com afcelik@superonline.com
Ukraine	Andrey E. Dorofeyev Tatyana D. Zvyagintseva	dorofeyev@med.finfort.com zvyagintseva_t@mail.ru
United Kingdom	Tim Orchard James Lindsay	t.orchard@imperial.ac.uk james.lindsay@bartsandthelondon.nhs.uk

N-ECCO NATIONAL REPRESENTATIVES 2011		
Austria	Anita Beyer	anita.beyer@meduniwien.ac.at
Belgium	Valerie Wambacq	valerie.wambacq@erasme.ulb.ac.be
Croatia	Vesna Oroz	vesna.oroz1@zg.t-com.hr
Czech Republic	Ludmila Prochazkova	Ludmila.Prochazkova@seznam.cz
Denmark	Hanne Scherfig Lotte Julin Hansen	hansc@heh.regionh.dk lkjh@rn.dk
Finland	Marika Susanna Huovinen	marika.huovinen@pkssk.fi
France	Suzanna Ostrec	crepesuzette92@hotmail.fr
Germany	Karin Menzel Petra Hartmann	karin.menzel@prof-foerster.de praxis@gastroenterologie-minden.de
Ireland	Yvonne Bailey	yvonne.bailey@amnch.ie
Italy	Matteo Martinato	matteo.martinato@unipd.it
Latvia	Valentina Lapina	valentinalapina@inbox.lv
Lithuania	Dangira Juozapaviciene	diju33@yahoo.com
Norway	Ellen Vogt	ellen.vogt@diakonsyk.no
Serbia	Svetlana Rakicevic	ceca.rakicevic@gmail.com
Spain	Antonio Torrejón Herrera	tonith@gmail.com
Sweden	Ann Tornberg	Ann.tornberg@skane.se
The Netherlands	Karin Broer-Fienieg	k.e.broer-fienieg@olvg.nl
United Kingdom	Karen Kemp	Karen.kemp@cmmc.nhs.uk

ECCO Office

ECCO – European Crohn's and Colitis Organisation
Seilerstätte 7/3
1010 Vienna, Austria
Phone: +43-(0)1-710 22 42
Fax: +43-(0)1-710 22 42-001
E-Mail: ecco@ecco-ibd.eu
Web: www.ecco-ibd.eu