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News **SPRING**



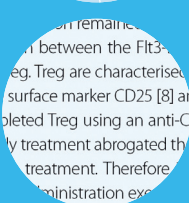
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ECCO NEWS

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European Crohn's & Colitis Organisation

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Dear Friends,

Were you there? I mean Barcelona, of course, where we enjoyed another outstanding ECCO Congress, with 4,281 delegates from 76 countries. There were a series of firsts: the first joint conference with patients, the first S-ECCO Masterclass, the first Global Forum, the first IBD Refresher Course for industry, the first EpiCom and ClinCom Workshop and the first time in Barcelona! ECCO goes from strength to strength. The question is how to maintain that strength, momentum and spirit, which make ECCO such a special organisation. The answer to my mind is simple: consider the congress and consider the much larger reach of ECCO. The two are covalently bonded, since the congress is the show-case of ECCO activities. For the congress, size will be limited by a linear programme constrained by the size of the congress centre, without diversifying into parallel sessions. That ensures high quality – more Prada than High Street. It means, however, that congress destinations are limited, judged not on emotion, but by objective criteria. The ECCO Office staff are experts in the field. Yet ECCO is much larger than the congress. The answer to its future direction has an acronym: **ECCO**, where **E** is for **e-learning**, **C** is for **Care**, another **C** is for **Collaboration** and the **O**, always, is for **Opportunity**.

ECCO is developing its own **e-learning platform (e-CCO)** lead by Janneke van der Woude, Gert van Assche and Laurence Egan. It has always been a principle that, where possible, ECCO should own what it does – and since intellectual property in IBD is ECCO's collective intelligence, it should not seek to do this through third parties. e-Learning modules will start with cases based on ECCO Guidelines and learning packages, making them accessible beyond the reach of regional workshops and congress presentations, Apps for abstracts or articles from JCC will contribute to a Resource Centre for ECCO Members. This illustrates another principle that defines the direction: ECCO's future is in networking, seeking interactions between tasks which strengthen the whole. Yet it is individual contributions that create the network and there will be opportunities to develop these modules, with some early examples ready to go live.

Care is at the core of ECCO - whose mission is to improve the care of patients with IBD. This was wonderfully demonstrated in Barcelona with the Press Conference "Join the Fight Against IBD" in the Olympic Stadium (watch the action at www.efcca.org). Patients led the way, through EFCCA and national patient organisations, then ECCO, supported by more than 50 partners from a wide range of industries, interviewed by 70 journalists from 35 countries. The IMPACT survey on the burden of disease, presented by Ben Wilson at the congress, has catalysed interactions between ECCO and EFCCA to raise public awareness of IBD. Creating a Travel Network of IBD specialists to whom our patients might turn if abroad and a Case Forum for discussing clinical dilemmas are high on the list of goals for the Resource Centre. **Collaboration** between specialties, IBD organisations around the world and multinational organisations such as UEGF or corporate partners, are integral to the network that is the essence of ECCO. For instance, ECCO will welcome five young investigators from the Japanese Society for IBD (JSIBD) to Vienna, where they will interact with Y-ECCO. JSIBD has invited ECCO to hold a workshop later this year, with others planned in South Africa and, hopefully China in 2013. ECCO is not going global – it will always remain European – but it can facilitate interactions within IBD. And so to **Opportunity**: the last letter of ECCO, but the first of its principles. Opportunity as an ECCO Member to meet collaborators or people of like minds, contribute to one of ECCO's energetic committees and to become involved in the largest forum for specialists in IBD in the world.

I am proud to take over as President

of this wonderful organisation, but could not do so without paying tribute to Daan Hommes and the ECCO Office led by Nicole Eichinger, as well as to former Presidents Jean-Frédéric Colombel, Miquel Gassull and Renzo Caprilli, who laid the foundations of ECCO. Its continuing success depends on you and all ECCO Members and your contribution to ECCO's activities. So contribute to success: become a member and engage with the future of IBD.



ECCO Governing Board 2012
(Matthieu Allez, Séverine Vermeire, Daan Hommes, Simon
Travis, Silvio Danese, Janneke van der Woude, Milan Lukás)
© ECCO Photographer

SIMON TRAVIS
ECCO President

7th Congress of ECCO in Barcelona



Opening and welcome at the 7th Congress of ECCO © ECCO Photographer

Bienvenidos a Barcelona! Revealing to us his linguistic talents, Daniel Hommes, President of ECCO, opened the 7th Congress of ECCO in fluent Spanish and welcomed us all to the beautiful city of Barcelona.

Once again, the congress had broken all records - 4,281 delegates, from 76 different countries, with an interest in the field of IBD were attending. Over the years the ECCO Congress has grown into a major educational event – as proven by the ever-rising numbers of participants and submitted abstracts – yet has maintained its traditional atmosphere, with no parallel sessions and a select number of attendees admitted to the workshops and courses on offer.

And the ECCO Congress continues to evolve. Last year a restructuring of ECCO saw many new committees that made their mark on this year's programme, allowing Daniel Hommes to present a number of new educational activities in addition to those already well established.

Educational activities

Prior to the opening of the congress, the 1st Epidemiological Committee (EpiCom)

Workshop had taken place. Through lectures, the participants were taught the basics of the design and methodology of epidemiological studies, and in a group work session they were encouraged to come up with their own ideas for future epidemiological projects.

Similarly, the Surgeons of ECCO (S-ECCO) held the 1st S-ECCO IBD Masterclass on the subject of Crohn's Disease in the terminal ileum. The indications for surgery, the surgical techniques and the importance of the timing of surgery were discussed during the two-day course, as well as the co-operative approach amongst surgeons and medical doctors to this group of patients.

Last among the new activities was the 1st Clinical Research Committee (ClinCom) Workshop, aimed at the successful management of clinical trials and how best to overcome the most common hurdles in the process. As at previous ECCO Congresses, the IBD Intensive Advanced Course for Junior Gastroenterologists also took place, addressing

fundamental issues in diagnosing and treating patients with IBD, followed by the Young ECCO (Y-ECCO) Workshop on how to pursue a career in IBD. The Nurses of ECCO (N-ECCO) School once again gave young nurses a focussed course in IBD and its treatment from a nurse's perspective and the N-ECCO Network Meeting again attracted a high number of attendants.

Scientific programme

The topic of this year's scientific programme was **Breaking down barriers in IBD**, with both clinical and basic science sessions addressing the current hot topics of IBD from this angle. From our seats in the large forum auditorium, we witnessed a variety of professional groups giving state of the art lectures underlining the necessity of a multidisciplinary approach to the IBD patient. Clinical sessions addressed topics such as prediction and assessment of the disease damage and outcome and the management of complications, in IBD. In case sessions, the speakers guided the



ECCO Booth at the 7th Congress of ECCO © ECCO Photographer



Walkway to the auditorium © ECCO Photographer



Julian Panes presenting the outcome of the ECCO-ESGAR imaging consensus meeting
© ECCO Photographer



Maria Abreu during the tandem talk on shared pathway in inflammation
© ECCO Photographer



Siew Ng giving a talk on predicting disease outcome
© ECCO Photographer



Stephen Hanauer closing the ECCO Congress with the ECCO Lecture
© ECCO Photographer

audience through challenging cases in clinical practice and their resolution. Meanwhile, in surgical sessions the best timing for surgery was the topic of discussion, and there was a walk through the literature on the surgical management of complications in IBD.

One session was devoted entirely to the use of imaging in clinical decision-making and diagnostics by using cases to approach the issues. Subsequently, the new ECCO-ESGAR imaging guidelines were presented to the audience. The last session of the congress dealt with future perspectives in IBD, concerning the search for genes, the use of stem cells in clinical practice and the possibility of managing the microbiome in IBD patients.

A further highlight (among many) of the programme was a talk about the patient's perspective, given by Ben Wilson from the European Federation of Crohn's and Ulcerative Colitis Associations (EFCCA). Based on the results from an IMPACT survey of 5,000 patients from 24 countries, he addressed the huge impact of IBD on patients' lives, personal relationships and careers. IBD patients have the same life goals as anyone else, he stressed, but IBD can prove an insurmountable obstacle to reaching these goals without the help of a gastroenterologist. Some of the most common hopes that patients have of their doctors include being given a timely diagnosis without the need for emergency care and consistency of treatment in line with the ECCO Guidelines throughout

Europe. Likewise, effective management of the wider symptomatic impacts of IBD on everyday life and the "big three" – pain, fatigue and urgency – are patient priorities.

In another talk, Pia Munkholm explored the Copenhagen approach to patients who do not adhere to prescribed treatment regimens. Many factors influence the patient's disease course, including poor adherence to treatment. Furthermore, non-compliance of IBD patients is expensive. By using web-based treatment solutions and eHealth, which empower patients and encourage self-management, their compliance can be improved and their disease management optimised, Munkholm reported. She promised that eHealth is here to stay, and in 10 years will be behind the largest export devices from the United States and Denmark.

Business Meetings and General Assembly

As every year, ECCO business meetings took place during the days preceding the congress; at these meetings all the committees worked further on the realisation of their activities and possible improvements to their educational courses for future congresses. Moreover, the General Assembly took place on the Thursday evening, and included the election of the new President-Elect and Secretary. We are happy to announce that Séverine Vermeire has been elected President-Elect and Silvio Danese has been elected as new ECCO Secretary.



Congress delegates in the auditorium © ECCO Photographer



Handing over of presidency at the ECCO General Assembly
Interaction © ECCO Photographer



ECCO Flag © ECCO Photographer



Voting at the ECCO General Assembly
© ECCO Photographer



MNAC - Museu Nacional d'Arts de Catalunya © ECCO Photographer



Best poster award winner Zuzana Zelinkova © ECCO Photographer



Flamenco performance at the ECCO Interaction © ECCO Photographer

Best posters at the 7th Congress of ECCO

At this year's congress, 468 scientific posters were presented. ECCO congratulates the winners of the best posters at the 7th Congress of ECCO:

- 1. **Zuzana Zelinkova** (P275 – Evaluation of the discontinuation of infliximab during pregnancy in inflammatory bowel disease patients)
- 2. **Borut Klopčič** (P029 – Oral iron supplementation promotes inflammation and colorectal carcinogenesis in a mouse model of colitis-associated cancer)
- 3. **Andrea Cassinotti** (P362 - Autologous haematopoietic stem cell transplantation without CD34+ cell selection for refractory Crohn's disease: The Milan experience after 5 years)

ECCO Interaction: Hearts and Minds

The ECCO Interaction: Hearts and Minds took place in the Museu Nacional d'Art de Catalunya,

where about 1,250 attending delegates had an opportunity to enjoy a pleasant evening in beautiful and historic premises after two intensive days at the congress. The evening offered a great selection of local dishes as well as Spanish musical performances and dance; in addition, for those interested, some parts of the exhibition were open for viewing. Later that night, the dance floor was opened to the tunes of Spanish salsa and ECCO's resident DJ, Walter, made the crowd dance the night away. Many past and present ECCO Presidents and Officers were seen giving their interpretation of salsa. During the ECCO interaction, Daniel Hommes welcomed ECCO's new President, Simon Travis, to his office by giving him a prehistoric club for steering ECCO in the Dutch manner. Simon Travis responded by dressing up Daniel Hommes as Professor Dumbledore from Harry Potter and thanking him for all his work in shaping ECCO into a flourishing organisation,

all of which, naturally, prompted a great deal of laughter among the delegates.

And so ended the 7th Congress of ECCO after three days filled with superb sessions and memorable experiences. Simon Travis thanked everyone for coming as well as the organising committee for their hard work. Hopefully everyone who attended took back with them insights to be applied in clinical practice. On a side note, this was certainly true of the Danish delegation, who brought back a memorable gastroenterological present from the ECCO event, having experienced the "Spanish gastroenteritis". But that is a different story.

See you next year in Vienna!

JOHAN BURISCH
Associate Editor ECCO News

Join the Fight Against IBD – Press conference

A global Press Conference kicks off the 7th Congress of ECCO in Barcelona, Spain

Twenty years ago Barcelona hosted the 1992 Olympic Games. The opening ceremony was simply magical and led to Barcelona being considered the city that set new standards for the Olympic opening ceremony. Inspired by this, ECCO, in partnership with the European Federation of Crohn's and Ulcerative Colitis Associations (EFCCA) and along with the European Society of Gastrointestinal and Abdominal Radiology (ESGAR), launched "Join the Fight Against IBD" – an initiative aiming to accelerate recognition of the disease burden and help further disseminate optimised standards of care for patients with IBD.

Everyone gathered in Barcelona to join in our efforts to help change the lives of more than 5 million IBD sufferers worldwide. The idea and event brought together international representatives from more than:

- 30 medical societies
- 30 patient associations/advocacy groups
- 40 service & healthcare companies
- 70 journalists

The event provided a unique opportunity to share the results of the EFCCA IMPACT survey, which is one of the largest IBD patient surveys with nearly 5,000 patient participants from 24 European countries.



Participants at "Join the fight against IBD" press conference
© Event Photographer

"The main findings of the EFCCA-led IMPACT survey show that even with the availability of immunosuppressive and biological therapies for more than a decade and adequate access to care, the impact of IBD on patients' lives is still immense", said Marco Greco, President of EFCCA. "Efforts need to be made by patient associations, healthcare professionals and policy makers to address these issues. This European survey offers new angles on how to further reduce the burden



Press conference © Event Photographer

of disease and important recommendations for treatment and care."

Melissa Selb, Coordinator of the ICF Research Branch (www.icf-research-branch.org), a partner of the World Health Organization Collaborating Centre in Germany, presented the latest developments in the disability index, which is a critical tool to assess functioning and disability associated with the disease.

"The impact of inflammatory bowel disease (IBD) on disability remains poorly understood" said Melissa Selb. "Once its development is completed, the IBD disability index would be the first and only disability index for inflammatory bowel disease based on the International Classification of Functioning, Disability and Health (ICF) – which will help the patient, health professional, medical and health authorities better understand, qualify and quantify the disease impact across many aspects of the patient's life."

Shortly after the press conference, journalists visited the Hospital Clinic of Barcelona, where Dr Julian Panes and his team of experts provided an inside view of the unique offerings and services provided by the centre in order to manage and monitor patients with IBD and to enhance their lives. Dr Panes also arranged for two patients to be onsite and provide testimonials regarding the affects and effects of IBD.

"We aimed to help the journalists to better understand the IBD cycle from a patient's perspective in a real life setting", said Dr Panes. "From diagnosis to close monitoring to the surgeries, we showed them the rooms, the tools, the experts and the criteria. The journalists were truly impressed, so I hope they spread the message and help better establish the burden of the disease and disseminate the optimised standards of care."

The day ended with a dinner, chaired by Simon Travis, ECCO President and Marco Greco, Chairman of EFCCA. The dinner was attended by the media, patient and medical associations, and sponsoring companies' representatives.

The launch of "Join the Fight Against IBD" has been called by many "one of the biggest collaborative efforts the industry has seen in recent years". This is a humbling remark, and a testament to the quality and quantity of work it took to make this launch happen. But the fight has just begun. Improving the outcome for individual patients suffering from inflammatory bowel diseases is still our greatest challenge – together we can, and will, make a difference.

ORGANISERS OF THE PRESS CONFERENCE

ECCO Fellowships and Grants



ECCO Grant winners (Andreas Sturm (SciCom Chair), Marc Ferrante, Johan Burisch, Colin De Haar, Tim Raine, Harry Sokol, Matthieu Allez (Scientific Officer)) © ECCO Photographer



Andreas Sturm, ECCO Fellowship award winner Jessica Claire Wilson, Matthieu Allez © ECCO Photographer



Andreas Sturm, ECCO Travel Award winner Mark Löwenberg, Matthieu Allez © ECCO Photographer

Without doubt, one of the main goals of ECCO is to promote IBD-related basic and clinical research as well as to foster interaction and productive collaboration among European research groups. To meet this aim, ECCO awards Fellowships, Grants and Travel Awards on a yearly basis. Each Fellowship consists of a EUR 30,000 award to facilitate the stay of a young investigator in a different research group to undertake a specific research project. Grants consist of a EUR 15,000 award and each Travel Award is funded with EUR 1,500 to allow the recipient to travel to another country for a scientific purpose.

On this occasion, a total of eight awards have been given: two ECCO Fellowships, five ECCO Grants and one Travel Award. It is important to underline that, once again, all proposals submitted to ECCO were peer reviewed by a panel of expert reviewers. Each proposal was assigned five or six reviewers, two of whom were members of ECCO's Scientific Committee and the other three or four, well-known experts in that particular area of the IBD field.

In the case of **ECCO Fellowships**, seven proposals were received and the two best ranked have been selected for funding: **Timon Eric Adolph**, from Medical University of Innsbruck, Austria will do his Fellowship at the University of Cambridge, United Kingdom, under the supervision of Arthur Kaser, undertaking a project entitled

"Endoplasmic reticulum stress and autophagy converge in the NF- κ B signalling pathway", while **Jessica Claire Wilson**, from Queen's University Belfast, Northern Ireland will do her Fellowship at University Hospital Basel, Switzerland, under the supervision of Christoph Meier, undertaking a project entitled "An epidemiological study on the natural history of patients with inflammatory bowel disease".

These two projects are very different: one addresses some of the hottest topics in IBD basic science, namely endoplasmic reticulum stress and autophagy, and the other, devoted to clinical IBD research, aims at a better understanding IBD epidemiology and natural history.

As far as **ECCO Grants** are concerned, 22 proposals were received and the best five were selected for funding. The winning investigators and proposals are:

- **Marc Ferrante** (University Hospital Gasthuisberg, Leuven, Belgium), with the project: "Influence of microbiota on intestinal stem cell behaviour and differentiation in patients with inflammatory bowel diseases"
- **Tim Raine** (Addenbrooke's Hospital, Cambridge, United Kingdom), with the project: "Immunophenotyping of atypical lymphocytes in human bowel in the context of genetic risk for IBD"
- **Johan Burisch** (Herlev University Hospital, Herlev, Denmark), with the project: "New

inception cohort in Europe: Is there an East-West gradient in IBD?"

- **Colin De Haar** (Erasmus MC, Rotterdam, the Netherlands), with the project: "Is defective resolution of inflammation involved in IBD pathogenesis?"
- **Harry Sokol** (Hôpital Saint-Antoine, Paris, France), with the project: "Role of Card9 in IBD pathogenesis and intestinal homeostasis"

Although the selection process was very simple and unbiased (each of the projects was individually scored by a panel of reviewers and the five top-scored proposals were subsequently selected for funding), it's very interesting to see that these five projects nicely cover very different areas of present IBD research, from more clinical, epidemiological studies, to basic science-oriented projects, including the bowel microbiota, stem cell science, genetics and innate immunity.

Finally, and somewhat surprisingly, only one application for an **ECCO Travel Award** was received by ECCO this year. The Travel Award, with EUR 1,500 funding to support travel to another country for a scientific purpose, was therefore given to **Mark Löwenberg** (Academic Medical Center, Amsterdam, the Netherlands).

MIQUEL SANS
SciCom Member

New SciCom Member: Iris Dotan

Who am I?

My name is Iris Dotan, and I am a gastroenterologist from Tel Aviv, Israel. I am honoured and proud to join SciCom and to dedicate my efforts, together with SciCom Members, to the promotion of IBD related research and scientific interaction in ECCO.

I trained in Gastroenterology at the Department of Gastroenterology and Liver Diseases at the Tel Aviv Sourasky Medical Center in Tel Aviv, Israel. I then proceeded to a postdoctoral research fellowship at the Immunobiology Center, Mount Sinai School of Medicine, New York, United States, under the supervision of Professor Lloyd Mayer, focussing on basic research in mucosal immunology. I have headed the IBD Center at the Tel Aviv Sourasky Medical Center since 2002. Our Center's expertise is translational research, aiming to ask meaningful questions that can be answered by taking advantage of the access to a large patient population and of our ability to perform basic research and apply the knowledge we gain on the bench for the benefit of our patients.

We aspire to provide our patients with compassionate, comprehensive, state of the art care; our research efforts are driven by the ultimate ambition to contribute to the cure of IBD. An example of how these ideas are translated into practice is our comprehensive Pouch Clinic, where patient care and assessment are jointly conducted under the direction of an IBD-oriented gastroenterologist and a colorectal surgeon. Our orientation is that pouch patients are a unique patient population necessitating specific expert care, and that pouchitis is a suitable model for understanding the development of small intestinal inflammation.

Commitment to ECCO and future contribution

I am fully committed to ECCO. I believe that it is the most influential association of its kind to have been established in the field of IBD. Its power to change our way of thinking and the course of patients' health and quality of life has been proven in numerous fronts. As an IBD clinician, I value and directly benefit from these efforts. As an IBD researcher, I consider ECCO's commitment to research inestimable.

I am an enthusiastic ECCO Member who has actively participated in all ECCO Congresses since the 3rd Congress in Lyon and contributed to several SciCom guideline discussion groups, among them "The Postoperative Recurrence of Crohn's Disease" and "Fertility in IBD", and to the Mucosal Healing workshop. I am also the National Representative of Israel to ECCO (together with Professor Shmuel Odes).

I intend to dedicate my skills and efforts to SciCom and to ECCO Members, mainly by:

- Suggesting innovative approaches to the study of IBD and designing strategies and research projects in new directions based on evolving scientific breakthroughs
- Promoting translational research
- Encouraging collaboration: I believe that collaboration is the driving force behind each step of the scientific process, from brain-storming and designing to study performance, data analysis and interpretation
- Bringing new concepts, investigators and funding resources

I am excited to join SciCom and to contribute to its meaningful, goal-oriented and collaborative research efforts, the sole key for unravelling the secrets of IBD. Should any one of you feel that

you have an idea that could contribute to ECCO, specifically in the field of science and research, I would be most grateful if you were to contact me as this would assist me in better promoting the ECCO and SciCom mission

I look forward to interacting with you – in further ECCO and SciCom activities as well as in personal communications. I would like to wish you all continued excellent and productive work for the sake of our patients and of scientific knowledge.

Best regards from sunny Tel Aviv,
Iris Dotan



Iris Dotan
(Source: Tel Aviv Sourasky Medical Center)

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Important dates 2012

Apply for an ECCO Fellowship, Grant or Travel Award for 2013!

Official call for Fellowships, Grants, Travel Award applications to ECCO Members:
ECCO eNewsletter May

Deadline for submission of applications: October 1, 2012

Do not miss out & send your application in time!

For more details please visit the ECCO website at www.ecco-ibd.eu.



European
Crohn's and Colitis
Organisation

Vienna
Austria

8th Congress of ECCO

Austria Center Vienna

February 14-16, 2013



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

www.ecco-ibd.eu

New timelines for Scientific Workshops

The scientific workshop (SWS) is one of the hallmarks of the scientific activities of the SciCom and ECCO in general.

To date, two very successful SWS have been held over the last three years: the first focussed on loss of response to anti-TNF therapy and the second, on tissue healing in IBD. Six papers reporting on these workshops have been published in JCC so far. A third SWS is currently ongoing on cancer and IBD. While developing these SWS, we have made progress in their organisation and our ideas about their desired impact on the IBD community have evolved. It is the general aim of an SWS to identify and address relevant open scientific issues in the field of IBD. To do so, key questions need to be identified and a systematic review of the literature must be performed. However, most importantly, not only does the current knowledge need to be critically discussed, but ideas for further scientific projects should be generated. As it is the aim that in addition to disseminating current knowledge to interested scientists and clinicians, ECCO should set the stage for enhancement of this knowledge, more time needs to be devoted to developing a scientific framework to initiate further experimental but also clinical studies. Thus it seems necessary to have more time to work on the topic of an SWS than has been available

in the past. Given the decreased attendance of European IBD researchers at Digestive Disease Week (DDW), meetings in the context of congresses are only possible at the UEGW and ECCO. On this basis, we have modified the planning to start an SWS only every other year. Timelines will change accordingly. This is illustrated below for the 4th SWS.

Timeline for 4th SWS:

- Call for topics: June 20, 2012; deadline for response: September 15, 2012
- Decision on the topic by SciCom by October 1, 2012, to be followed by selection of a steering committee (three members: one young clinician scientist and one more experienced KOL with the SciCom represented by one member).
- Meeting of SciCom and the steering committee at UEGW 2012: definition of key areas of interest and focus of the SWS.
- Open call to participate after UEGW.
- Decision on participants and group leaders by end of November 2012 by the SciCom and steering committee. Distribution of allocated questions to the participants by the group leaders.

- Meeting organised within groups, at the discretion of the group leaders and depending on the progress and the needs of the group, including possibly at DDW 2013.
 - Meeting at ECCO 2013: discussion within groups on the results of literature reviews and synthetic plenary presentation. Planning of the manuscripts.
 - Meeting at UEGW 2013 in the individual working groups, discussing the outcome and manuscripts.
 - End of January 2014: deadline for submission of the last SWS manuscript. The submission should be made between June 2013 and January 2014.
 - Meeting at ECCO 2014: plenary presentation and working session to select research project.
 - The 5th SWS will follow the same timelines with a call for subjects in June 2014.
- We hope that, while retaining the benefits of the SWS held so far, these new timelines will be even more effective in fostering collaborative IBD research in ECCO and in Europe.

EDOUARD LOUIS
SciCom Member

EpiCom: Report on the UEGW and study progress

The 10th EpiCom group meeting was held on the Sunday morning prior to the official start of the UEGW Stockholm.

The EpiCom study is an epidemiological web-based cohort study currently investigating the East-West gradient in the incidence of IBD in Europe. Since 2006 the EpiCom group has been meeting twice a year at ECCO and UEGW, and this year was no exception. Twenty-five "early birds" participating in the EpiCom inception cohort study gathered on the Sunday morning to discuss the progress of the study and the direction the study should take in the future.

So far, the study has been a success, with nearly 1,700 incident patients from 23 countries included and followed up each 3rd month in outpatient clinics, as Peter Lakatos, EpiCom Chair, pointed out. The project is driven purely by the enthusiasm of the participants, who put an enormous amount of work into entering patient data and including incident I

BD patients in the cohort. In his presentation, Peter Lakatos also stressed the importance of continuing the work of performing audit visits as well as congratulating the centres on their good performances so far. Over 20 of the 33 participating centres have been audited during 2010 and 2011 in order to ensure data validity and quality.

During the meeting, Johan Burisch, who is in charge of the EpiCom study, presented the first preliminary incidence data for the group. The data have now been cleaned up and work will start on analysing incidence, disease phenotype and treatment at diagnosis for the next EpiCom publication. Also, it was agreed to continue the follow-up period until 2015, thereby enabling the group to gather follow-up data on disease course and outcome during the first 5 years after diagnosis.

At each meeting so far, a country participating in the study has presented an introduction to the uptake area, inclusion and data validation methods and experiences from the EpiCom study. This has turned out to be a nice tradition and a good way of getting to know each other in the EpiCom group. On this occasion, Matteo Martinato, EpiCom Member, presented the Northern Italian group, consisting of 5 centres with over 170 patients included.

More information on the EpiCom study can be found on the study website, www.epicom-ecco.eu, or obtained by contacting Johan Burisch (burisch@gmail.com) or Peter Lakatos (kislakpet99@gmail.com). All those interested in participating in a 2012 cohort are very welcome! On behalf of EpiCom,

JOHAN BURISCH
EpiCom Member

The “road map” of the ECCO Guidelines Committee(GuiCom)

Guideline Programme		
New	Call	Publication
Paediatric UC	2011	2012
Imaging	2011	2012
Histopathology	2011	2012
Endoscopy	2012	2013
Paediatric CD	2012	2013
Updates		
Ulcerative Colitis	2010	2012
Opportunistic Infections	2012	2012-2013
Anaemia	2012	2013
Crohn’s Disease	2012	2014
Pregnancy	2013	2014
To be setted		
Surgical	2012	2013-14
Nursing	2012	2013
Nutrition	Tba	Tba
Malignancies	Tba	Tba



GuiCom Members (Fernando Magro, Axel Dignass (Chair), Vito Annese, Rami Eliakim) © ECCO Photographer

Following its main mission, GuiCom is developing, coordinating and finalising new and updated guidelines with relevance for the management of IBD. A significant guideline programme has been developed by GuiCom and is summarised in the table above.

The ECCO-ESP Pathological Consensus has the aim of establishing standards for diagnosis and pathological procedures in IBD and other colitis disorders. After an official call, members of ECCO and the European Society of Pathology have established four working groups on Ulcerative Colitis, Crohn’s Disease, lymphocytic-collagenous colitis and indeterminate-unclassified and infectious colitis. The consensus meeting should be held in Prague in September 2012, with finalisation of the document by the end of 2012.

The P-ECCO-ESPGHAN Paediatric UC Consensus was drafted successfully during 2011 and presented at the ECCO Congress in Barcelona. Together with ESPGHAN, P-ECCO (Paediatric-ECCO) is organising a second project relating to drafting of paediatric CD guidelines in 2012-2013.

The ECCO-ESGE Endoscopic Consensus will aim to establish standards for diagnosis, follow-up and surveillance in IBD, including differential diagnosis of other colitides. A call for ECCO Members has already been launched to provide four different working groups. An agreement has been reached with the European Society of Gastrointestinal Endoscopy for a joint effort. The consensus meeting will be

held in conjunction with the 8th Congress of ECCO in Vienna in 2013. In April 2012 a call for contributors to update the Anaemia Guidelines will be sent out. This consensus will expand the previous guidelines of 2007-2008.

The Opportunistic Infections (OI) Consensus aims to update the previous consensus and establish standards for the prevention, risk evaluation, diagnosis and treatment of OI in IBD. Four different working groups have been created (definition and risk factors, viral infections, TBC and bacteria, special situations). A consensus meeting will be held in Lille, France next November, with the final document expected at the beginning of 2013.

During 2012, N-ECCO (Nurses of ECCO) also plans to develop consensus statements on the role of the nurse in caring for patients with IBD. The specialist nursing role is common only in a few European countries, such as the Netherlands, United Kingdom and Denmark. N-ECCO aims to define the current roles that nurses have in IBD care in Europe, and therefore a survey was completed by the attending nurses from approximately 30 different European countries at the N-ECCO School and N-ECCO Network Meeting during the 7th Congress of ECCO in Barcelona in 2012. This survey will

provide an understanding of the situation and will suggest the critical issues for improvement of IBD nursing.

During the ECCO Congress in Barcelona, S-ECCO (Surgeons of ECCO) announced their plan to establish standards for timing and methodology of IBD surgery. In this context, preliminary contacts have been made with the European Society of Colorectal Surgery.

GUICOM

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

10th IBD Intensive Advanced Course for Junior Gastroenterologists



Opening words by course director Charlie Lees
© ECCO Photographer

This year saw the 10th ECCO Intensive Advanced Course in IBD, which remains the core education activity within the ever-expanding ECCO Family. The course was attended by 82 senior trainees in gastroenterology from 28 European member countries of ECCO and selected participants from outside of Europe, and delivered by an expert faculty drawn from the larger ECCO Family. It is our hope that, as in the past, this year's course delegates will themselves go on to become future leaders in inflammatory bowel disease.

The interactive course saw several innovations which proved very successful with the delegates (the feedback this year was overwhelmingly positive). Electronic voting was introduced. The system was used to deliver a pre-course test, discussion of clinical cases and questions evaluating the learning objectives from each session. The voting pads were tagged to specific delegates, facilitating individual feedback. To further facilitate interactivity, the chairs of each session were given roving microphones, and there were two highly popular seminar sessions on paediatric IBD and pregnancy.

Already further innovations are planned for next year. Full details will follow. As before, ECCO National Representatives will be responsible for selection of only the highest calibre trainees to participate in the course. A few countries again failed to provide any nominees this year. In future, tough sanctions will be applied to ensure that the ECCO spirit of education can reach out to all those in need throughout the ECCO Country Members.



Electronic voting © ECCO Photographer

CHARLIE LEES
Course Director

The course programme was updated this year to include sessions on epidemiology and environment, opportunistic infections and vaccination, clinical trials and biomarkers/therapeutic monitoring. The course syllabus was completely revamped and included key summary slides and references from the entire faculty. All these developments ensure that ECCO remains at the forefront of clinical education, providing the most advanced and intensive course on IBD for gastroenterology trainees available worldwide.



Break out seminars on paediatric IBD and pregnancy at the 10th ECCO IBD Course © ECCO Photographer



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ECCO Educational Workshops 2012



24th ECCO Educational Workshop
Tokyo, **Japan** – June 17, 2012



25th ECCO Educational Workshop
Athens, **Greece** – July 7, 2012



26th ECCO Educational Workshop
Durban, **South Africa** – August 10, 2012



27th ECCO Educational Workshop
Sibiu, **Romania** – September 20, 2012



28th ECCO Educational Workshop
Bratislava, **Slovakia** – November 16, 2012



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22nd ECCO Workshop, Córdoba, Spain

A year ago, GETECCU received a most welcome invitation to organise an ECCO Workshop in Spain. Córdoba, a city of great charm, history and culture in the south of the country, was chosen to host this important event. GETECCU and the Digestive Department of Reina Sofia Hospital were very grateful for and proud of this choice of venue and assisted ECCO with the local organisation. The workshop duly took place on November 12, 2011.

The main objective of this educational activity was to foster awareness of the ECCO Guidelines on Ulcerative Colitis and Crohn's Disease in order to standardise the diagnostic and therapeutic management of patients in clinical practice. This objective was achieved by the presentation of six clinical cases relevant to situations experienced in everyday practice: imaging and new diagnostic steps in Crohn's Disease, recurrent complicated ileocaecal Crohn's Disease, fistulising disease, management of infectious complications in inflammatory bowel disease, fulminant colitis and pouchitis. The State of the Art Lecture was on "Pregnancy and IBD", a topic currently viewed with great interest by patients and physicians alike.

The faculty consisted of two ECCO Chairs, Peter Lakatos and André D'Hoore; two local chairs, Fernando Gomollón and Francesc Casellas; and the following local fellows: Miquel Sans, Isabel Vera, Manuel Barreiro and Valle García. Federico



Audience at the 22nd ECCO Workshop, Spain © ECCO Office

Gómez Camacho, Fernando Gomollón and Peter Lakatos gave the stimulating welcome address. The official language of the event was English.

The number of participants in the workshop was 114. All were from Spain and the majority were physicians. According to the onsite experience of the organisers, as well as the feedback from participants, the workshop

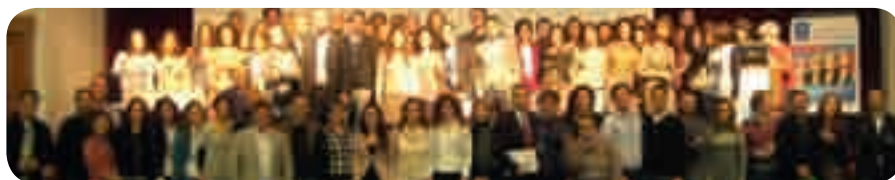
was perceived as remarkably successful. Throughout, the feedback was totally positive and participants especially liked the use of clinical cases and the applicability of the content in daily practice.

The working day was intensive and demanding. However, we shall always remember the excellent dinner and a beautiful walk across the Roman Bridge and through the neighbourhood of "La Judería" in the company of some delightful friends. We are most grateful to Barbara Schmid, Nicole Eichinger and Nina Weynandt, from the ECCO Office, and María de Andrés, from Congressos XXI (GETECCU secretary), for their professionalism and their dedicated contribution to the organisation of this successful workshop.

VALLE GARCÍA
Local Organiser

23rd ECCO Workshop, Naples, Italy

An ECCO Workshop took place in Naples, Italy, on December 1, 2011. There is no better time of the year to enjoy Naples' hospitality.



Participants at the 23rd ECCO Educational Workshop, Italy © ECCO Office



Faculty at the 23rd ECCO Educational Workshop, Italy © ECCO Office

In a warm Christmas atmosphere, a group of 100 colleagues gathered at the Royal Continental Hotel, enjoying the beautiful view of the bay. All the participants came from different Italian cities and most were gastroenterologists.

The ECCO Faculty comprised excellent speakers such as Andreas Sturm (Berlin, Germany) and Charlie Lees (Edinburgh, United Kingdom). Invited as local speakers, the Italian ECCO National Representative, Anna Kohn (Rome), and Paolo Gionchetti (Bologna), Marco Daperno (Turin), Alessandro Armuzzi (Rome) and Fabiana Castiglione (Naples) gave presentations and contributed greatly to the interaction with participants throughout the day.

The workshop programme followed a similar structure to previous meetings: it started with

a short introduction about ECCO presented by Andreas Sturm, who explained that the main goal of the association is to improve the outcome and quality of care for patients affected by inflammatory bowel diseases. Guidelines, educational programmes, scientific publications and all of the current ECCO activities are extremely valuable in daily clinical practice. The regional educational workshops represent a significant opportunity for scientific updating and for sharing and discussing the ECCO Guidelines with regional members. The morning session started with a case of fistulising Crohn's Disease, followed by cases of pouchitis and recurrent complicated ileocaecal CD. The last presentation of the morning focussed on imaging and new diagnostic tools in CD. The afternoon session began with a State of the Art Lecture on pregnancy and IBD presented by Andreas Sturm. Then, a case of paediatric

Crohn's Disease preceded a case focussing on the treatment of infectious complications in inflammatory bowel diseases. All the clinical cases were discussed in depth, and the case dealing with infective complications was the subject of an especially interesting debate. The meeting would not have been possible without the contribution of the Workshop Project Manager, Barbara Schmid, from the ECCO Office. I am sincerely grateful to Barbara for her help and continuous support. The workshop was greatly appreciated by the participants and was perceived to have been successful thanks to the quality of the programme and the variety of issues discussed.

FABIANA CASTIGLIONE
Local Organiser



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

- | | |
|---|--|
|  1st ECCO Workshop
Zagreb, Croatia - November 10, 2007 |  19th ECCO Workshop
Dubai, UAE - April 29, 2011 |
|  2nd ECCO Workshop
Vienna, Austria - December 15, 2007 |  20th ECCO Workshop
Helsinki, Finland - August 26, 2011 |
|  3rd ECCO Workshop
Kaunas, Lithuania - May 10, 2008 |  21st ECCO Workshop
Opatija, Croatia - September 17, 2011 |
|  4th ECCO Workshop
Athens, Greece - September 13, 2008 |  22nd ECCO Workshop
Cordoba, Spain - November 12, 2011 |
|  5th ECCO Workshop
Warsaw, Poland - September 26, 2008 |  23rd ECCO Workshop
Naples, Italy - December 1, 2011 |
|  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 | |



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6th N-ECCO Network Meeting



Audience at the 6th N-ECCO Network Meeting © ECCO Photographer

The Nurses Network Meeting took place on Thursday, February 16 as part of the 7th Congress of ECCO, held in Barcelona.

This was once again a one-day event for nursing colleagues across Europe and even beyond. The programme was based on requests for specific subjects relevant to IBD nursing, which were written on evaluation forms by delegates attending the previous N-ECCO Network Meeting in Dublin. The talks were given by both nursing and medical invited speakers. The programme was divided into three sessions. The first was entitled **“Understanding disease management”**, which was followed after the lunch break by a session entitled **“Issues affecting quality of life in people with IBD”**. The third session, **“Comparing and sharing nursing practice”**, concluded the 6th N-ECCO Network Meeting for this year. This session has become a permanent feature at the meeting due to popular demand.

The meeting was opened with a welcoming word from ECCO Education Officer, Dr Janneke van der Woude, and N-ECCO Chair, Marian O'Connor. The first session, chaired by Marian O'Connor (United Kingdom) and Rina Assulin (Israel), began with an interesting and useful talk by Dr Franck Carbonnel (France) on what every nurse should know about immunomodulators in IBD. This was followed by a tandem talk presented by Dr Yves Panis (France) and Lisa Younge (United Kingdom) during which Lisa reminded us of the psychological impact of having fistulae and Dr Panis explained the medical and surgical treatment options. Mary Hamzawi (Ireland) gave the next talk, which addressed the need to prepare adolescents for the transition to adult services; she discussed the barriers to a successful transition and suggested initiatives to improve the transition. In a presentation on diagnostics in IBD, Dr Julian Panés (Spain) stressed the importance of early diagnosis of IBD and relapse and provided a clear overview of diagnostic strategies used to assess the level of disease activity in Crohn's Disease and Ulcerative Colitis. This was followed by a talk by Dr Janneke

van der Woude (The Netherlands) discussing fertility and the management of IBD during pregnancy. Janneke included detailed information about the safety of medication during pregnancy and lactation, a subject of major importance to our IBD patients. Before the lunch break the three best abstracts were presented, two of which came from Spanish nurses and one from Ireland. In total, 11 abstracts were submitted for the N-ECCO Network Meeting, and the remaining eight were all presented as posters.

The second session, chaired by Patricia Détré and Lisa Younge, consisted of four 20-minute talks, each concerning a matter affecting quality of life in those suffering from IBD. Tineke Markus, chair of the Netherlands IBD patient association, reported on a nationwide survey held in the Netherlands concerning labour participation rates of IBD patients. The results showed that people with IBD worked full-time less often than those without IBD but that the proportion in employment was the same as in the general population. This was followed by a talk on fatigue by Luran Vogelaar, also from the Netherlands. Luran is involved in research into the effect of psychological interventions in the management of fatigue, and he suggested that we aid our patients by providing education, address adherence to maintain remission, provide an exercise programme and instigate solution-focussed therapy. Dr Andreas Sturm (Germany) discussed clearly the effects of smoking in Crohn's Disease and Ulcerative Colitis and encouraged us to support our patients in giving up smoking. He emphasised that anti-TNF therapy is less effective in Crohn's Disease patients who are smokers. The session ended with a talk by Rina Assulin (Israel) on body image and sexuality. She advised us to consider sexuality as an important concern and to use communication skills to bring this issue to the surface when talking to our patients.

In the third and last session, again chaired by Lisa and Patricia, Marika Huovinen from Finland, Antonio Torrejón Herrera from Spain and Matteo Martinato from Italy each presented a 10-minute talk on their experience with IBD telephone advice/help lines. This was followed by a presentation by Marian O'Connor, who summarised the similarities and the differences in nursing practice regarding IBD advice lines. Most communications via the advice lines appeared to be common practice. The main differences were the level of decision making and the method of documentation (electronic or paper). Marian then provided all present with the news that N-ECCO is about to commence on an exciting project to produce consensus statements which will define IBD nursing practice within Europe. More information on this is available via the N-ECCO National Representatives. Before the meeting was closed by Marian, Janette Gaarenstroom (The Netherlands) communicated a short impression of the 1st Post N-ECCO Meeting, which was held in the Netherlands in September 2011 and was aimed at sharing knowledge gained with those unable to attend N-ECCO and at the same time to promote (N)-ECCO activities.

The N-ECCO Committee would like to sincerely thank all who contributed to the 6th N-ECCO Network Meeting and especially the speakers for their interesting and informative presentations. We also thank the 222 nurses from 22 countries who attended the meeting and hope to see all of you again next year. We shall be studying the evaluation forms and utilising your suggestions in our preparations for the 7th N-ECCO Network Meeting in Vienna. We are already looking forward to it!

Do come to (N)-ECCO again... and bring a friend!

JANETTE GAARENSTROOM
N-ECCO Committee Member

Report on the 3rd N-ECCO School



Participants of the 3rd N-ECCO School © ECCO Photographer

On February 15, 2012, the 3rd N-ECCO School was held in Barcelona. The programme ran for the whole day. Thirty nurses nominated by their respective N-ECCO National Representatives from 18 different European countries attended this N-ECCO School, in some cases accompanied by their National Representative.

The day's programme offered a full overview of IBD history. Topics covered were: English terminology for IBD nurses; basics of diagnosis and assessment; and general management in IBD, comprising presentations on "Nutritional aspects in IBD – Children with IBD" and "Nursing roles in IBD management". In addition, two workshops were held, one on Ulcerative Colitis and one on Crohn's Disease.

Our aim was to teach BASIC knowledge in a CLEAR way, with the objective of improving nurse education throughout Europe. This year it seems that our specific goal, "more interaction between nurses and teachers", was achieved. The evaluation forms completed by the nurses afterwards not only provided a very positive overall feedback but showed that they appreciated most the fact that it was an interactive course and the discussions with the speakers. The participants were also highly satisfied with the selection of the speakers, who all presented topics relevant to the nurses' clinical practice.

I want to thank everyone who helped with the realisation of this course. I am especially grateful to the ECCO Governing Board, all the teachers involved in the course, the whole N-ECCO Committee for finalising the programme and Nina Weynandt from the ECCO Office for her help. I also wish to thank EFCCA for their grant and their wonderful promise to continue helping the nurses.

In conclusion, I would say "well done" to everyone involved in the course. We fully achieved our mission based on strong cooperation – and this achievement provides the best motivation and inspiration for setting up the N-ECCO School in 2013 in Vienna.

PATRICIA DETRE
N-ECCO Committee Member

Programme 3rd N-ECCO School: Wednesday, February 15, 2012

09:00 – 09:05	General introduction and opening remarks Janneke van der Woude, Rotterdam, The Netherlands
09:05 – 09:15	Welcome and introduction Patricia Détré, Paris, France
09:15 – 12:30	Session 1: Diagnosis and assessment Patricia Détré, Paris, France Janette Gaarenstroom, Utrecht, The Netherlands
	09:15–09:45 English terminology for IBD Nurses Marian O'Connor, London, United Kingdom
	09:45–10:15 Anatomy and physiology of the GI tract – Pathophysiology of IBD Matti Waterman, Haifa, Israel
	10:15–11:00 Diagnosing IBD and assessing disease activity Pierre Michetti, Lausanne, Switzerland
11:00 – 11:30	Coffee break
	11:30–12:00 Overview medical treatment Ailsa Hart, London, United Kingdom
	12:00–12:30 Surgery in IBD André D'Hoore, Leuven, Belgium
12:30 – 15:15	Session 2: Case studies – Disease management Patricia Détré, Paris, France Janette Gaarenstroom, Utrecht, The Netherlands
	12:30–13:15 Workshop 1 – UC Management (Group A) Charlie Lees, Edinburgh, United Kingdom
	12:30–13:15 Workshop 1 – CD Management (Group B) Jean-Frédéric Colombel, New York, United States
13:15 – 14:30	Lunch break
	14:30–15:15 Workshop 2 - UC Management (Goup B) Charlie Lees, Edinburgh, United Kingdom
	12:30–13:15 Workshop 2 – CD Management (Group A) Jean-Frédéric Colombel, New York, United States
15:15 – 16:30	Session 3: General Management in IBD Patricia Détré, Paris, France Janette Gaarenstroom, Utrecht, The Netherlands
	15:15–16:00 Nutritional aspects in IBD - Children with IBD Jorge Amil Dias, Porto, Portugal
	16:00–16:30 Nursing roles in IBD management Lisa Younge, London, United Kingdom
16:30–16:45	Closing remarks Patricia Détré, Paris, France



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Young ECCO (Y-ECCO)

Dear colleagues,

An intense and stimulating ECCO Congress in Barcelona lies behind us. Our Y-ECCO activities (see the articles on the Y-ECCO Workshop and Members' Meeting in this section) were well attended and very interactive, and for the first time we offered a separate networking event for Y-ECCO Members in a tapas bar! Also a novelty was the Y-ECCO Congress Abstract Award: EUR 750 each for the best five abstracts submitted to the congress by Y-ECCO Members.

We had a few changes on our committee: Jan Wehkamp stepped down as our chair. He deserves all of our thanks for his engagement with and development of Y-ECCO in recent years, first as a co-Chair and then as the Chair. We are sad to see him go. We welcome Pieter Hindryckx as our new committee member, responsible for the Y-ECCO Workshop. He is specially featured in an article in this section. Marjolijn Duijvestein, Franco Scaldaferrri and James Lee remain on our board. I myself became the new Y-ECCO Chair.

We are looking forward to working with all of you in the coming years to promote friendship and collaboration, to increase your participation in the ECCO educational and scientific activities and to be a contact point for you, as young clinicians and scientists interested in ECCO.

Y-ECCO is growing fast: from 225 members in 2011 we now have 329 active Y-ECCO Members (as of March 13, 2012). This is an increase from 17% to 19% of all ECCO Members compared to 2011.

We continue our literature review, representing an individual article selection by our members and allowing the statement of personal opinions and critique. If you would like to submit a review, please contact ecco@ecco-ibd.eu.

An exciting time lies ahead. Please make use of the opportunities that Y-ECCO offers. We are looking forward to hearing from you!

On behalf of the Y-ECCO Committee,

FLORIAN RIEDER
Y-ECCO Committee Chair



Y-ECCO Committee Members (James Lee, Florian Rieder (chair), Marjolijn Duijvestein, Pieter Hindryckx, Franco Scaldaferrri) © ECCO Photographer

Y-ECCO Congress Abstract Awards 2012

EUR 750 was awarded for each of the best five abstracts submitted to the Congress by Y-ECCO Members. These awards were announced at the plenary session and handed out during the poster award ceremony. Recipients are shown below. Congratulations!

Pieter Dewint

Rotterdam, The Netherlands

Adding ciprofloxacin to adalimumab results in a higher fistula closure rate in perianal fistulizing Crohn's disease

Melania Scarpa

Padova, Italy

Induction of mucosal inflammation by Damage-Associated Molecular Patterns (DAMPs): Intestinal Epithelial Cells (IEC)-derived IL-1 α as a new player in the pathogenesis of IBD

Mirthe Van der Valk

Utrecht, The Netherlands

Anti TNF- α therapy is a major cost driver in inflammatory bowel disease: results from the COIN study

Michael Scharl

Zurich, Switzerland

TNF and MDP induce epithelial-to-mesenchymal transition in human intestinal cells: implications for the pathogenesis of Crohn's disease-associated fistulae and the use of anti-TNF antibodies

Cloé Charpentier

Rouen, France

Clinical and phenotypic characteristics of ulcerative colitis at diagnosis according to age: a population-based study.



Y-ECCO Congress Abstract Award winners (Michael Scharl, Daniel Hommes (ECCO President), Cloé Charpentier, Melania Scarpa, Pieter Dewint, Mirthe Van der Valk) © ECCO Photographer

“How to pursue a career in IBD”: Report from the 5th Y-ECCO Workshop

When we chose this title, it was meant not only to be interesting but also to be of practical value for participants. But why this topic? What makes trainees want to pursue such a career and, more importantly, how can this be achieved? Moreover, how can other aspects of medicine, such as research, be incorporated into a career in IBD?



Discussion at the 5th Y-ECCO Workshop
© ECCO Photographer



Discussion at the 5th Y-ECCO Workshop
© ECCO Photographer

Improving research skills can only complement a trainee's clinical development, as Gijs van den Brink (The Netherlands) highlighted in his presentation entitled, “Why should I bother doing research alongside my clinical work?”. The importance of ensuring that our clinical practice is driven by a scientific approach to the available evidence, rather than being based upon single reports or unconfirmed observations, was illustrated by several examples. These included a recent NEJM paper which failed to find any benefit to the use of aminoglycoside sponge in surgery, despite this practice already being accepted in certain centres.

The practical reality of undertaking research was also addressed, and specifically the need to obtain appropriate funding. This can be a large hurdle for trainees, although Silvio Danese's (Italy) presentation on how to obtain funding will have answered many questions. Until a few years ago, Silvio was a Y-ECCO Member,

but he is now a successful researcher in terms of both attracting funding and publishing papers. In his talk he shared his personal secrets on how to obtain funding and emphasised the importance of high-quality ideas and the need for appropriate mentorship. He went on to emphasise the importance of spending time abroad, developing a degree of independence over time, and – above all – maintaining a healthy dose of sane scientific networking and collaborations.

Whilst Silvio addressed the issue of obtaining funding for research from the researcher's perspective, Derek Jewell (United Kingdom) delivered an insightful talk on what funding agencies look for when reviewing grant proposals. He explained that even in the current financial situation, there are several good sources for funding, from national or international organisations through to scientific society grants, such as ECCO Fellowships or Grants. He explained

that grant proposals should always contain clear project outlines and highlight both the novelty and the feasibility of any proposed work – and be supported wherever possible by preliminary data. Miguel Gassull (Spain), the editor of JCC journal, then helpfully explained “How NOT to get your work published”, illustrating the common reasons for rejection of papers. Among several important messages, he highlighted the need to include an explicit statement of the primary aim(s) and to ensure that the statistics and English are clear and that the work is novel and appropriate for the journal. The subsequent discussion highlighted that occasionally replying to the editor in the event of negative reviewers can be beneficial.

The workshop concluded with a tandem talk entitled, “Dark and light of industry sponsoring – chances and pitfalls from both perspectives”. Gerassimos Mantzaris (Greece) and Giancarlo Naccari (Vice President of Cosmo Pharmaceuticals) spoke of the common, as well as the differing, motives of physicians and pharmaceutical companies, and discussed the opportunities for and benefits of interacting with pharma, together with the importance of maintaining scientific integrity throughout these interactions. You are more than welcome to share your thoughts on the workshop and to suggest topics for the next workshop. See you at the next meeting!

**FRANCO SCALDAFERRI,
PIETER HINDRYCKX, JAMES LEE,
MARJOLIJN DUIJVESTIEN**
Y-ECCO Committee Members

Y-ECCO activities: Y-ECCO Survey

The aim of the Y-ECCO survey is very simple and relates to an important question, namely, “What does the future of academic gastroenterology look like?”.

Currently there are concerns that few trainees in any specialty wish to undertake an academic career, and that those who undertake research often do so to augment their CV rather than as a platform for further research. However, these fears may be unfounded, and the reality is that no-one really knows what the future will hold for academic medicine as a whole. To address this, we wish to survey gastroenterology trainees across Europe (and beyond) regarding their intentions and

motives in undertaking a period of research, and also whether that is possible locally. With enough participants, we may well be able to get a snapshot of what the future of academic gastroenterology will look like and also highlight whether imbalances exist between trainees' intentions and their opportunities – imbalances that could be addressed by organisations such as ECCO. We would like to thank those of you who gave us their email addresses during the Members' Meeting. If anyone else is interested in

getting involved (essentially it would involve you and about 10 of your colleagues completing an online questionnaire), please contact James Lee (drjameslee@gmail.com). We are aiming to publish the results (if they are publishable) and are planning to allot author slots to those who have recruited the most colleagues to the survey.

JAMES LEE
Y-ECCO Committee Member

Y-ECCO Members' Meeting and Networking Event



Y-ECCO Networking Event at Spanish tapas bar © ECCO Photographer

After a busy day at the IBD Intensive Advanced Course and then the 5th Y-ECCO Workshop, one would have forgiven Y-ECCO Members for leaving to catch up on a long overdue siesta! However, the fact that over 70 stayed for the Y-ECCO Members Meeting was testament to the enthusiasm of this group. The meeting was kept short and sweet, with the aim of addressing the key points before retiring to enjoy Spanish tapas together.

Jan Wehkamp, the former Y-ECCO Chair, began the meeting by introducing our new chair, Florian Rieder, and our new

Y-ECCO Committee Member, Pieter Hindryckx. The individual responsibilities of all Y-ECCO Committee Members were then summarised:

At the end of the meeting our former chair, Gionata Fiorino, proposed a collaborative study. After the meeting we went to a nearby restaurant for tapas and drinks. We had a lovely evening with Y-ECCO Members from across Europe, Israel and other parts of the world. The company, food, beer and wine (!) were enjoyed by all (they even did a good espresso coffee to keep Franco happy!). At the end of the evening we were joined by the ECCO President, Daniel Hommes (clearly sensing where the party was) and the ladies from the ECCO Office, to whom we are all grateful for organising this event. So thank you ECCO, and thanks to all who participated and a big welcome to everybody who will join us next year!

Task distribution Y-ECCO Committee

Florian Rieder

United States, Chair literature reviews in ECCO News

Pieter Hindryckx

Belgium Y-ECCO Workshop

Marjolijn Duijvestein

The Netherlands Y-ECCO contribution in ECCO News and the future Y-ECCO subpage on the ECCO website

James Lee

United Kingdom Y-ECCO survey on career intentions among young gastroenterologists within Europe (more details below, please participate actively!)

Franco Scaldaferrì

Italy evaluation of Y-ECCO activities and participation of members in Y-ECCO.

**FRANCO SCALDAFERRI,
PIETER HINDRYCKX, JAMES LEE,
MARJOLIJN DUIJVESTEIN**
Y-ECCO Committee Members

New Y-ECCO Committee Member: Pieter Hindryckx

Hi, my name is Pieter Hindryckx. I graduated as a medical doctor at the University of Ghent, Belgium, in 2006. In June 2011, I completed my PhD on the role of hypoxia and angiogenesis in inflammatory bowel disease at the Department of Gastroenterology in Ghent, under the supervision of Prof Martine De Vos. During recent years, I have actively contributed to the major conferences in the field of gastroenterology and IBD. These meetings offered an ideal opportunity to stay up to date concerning both basic science and clinical studies in IBD,

and to establish an international social network within the IBD community. I am both honoured and delighted that I was elected as a Y-ECCO Committee Member this year. I consider Y-ECCO the ideal platform to implement the qualities I have acquired and to further improve my skills and experience within the IBD field. Together with my enthusiastic colleagues, I hope to organise pleasant but high-quality Y-ECCO activities, targeting the needs of young people who are keen to start their career in IBD. See you all soon!



Pieter Hindryckx © ECCO Photographer

PIETER HINDRYCKX
Ghent University
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Belgium

Personal picks - Literature reviews from Young ECCO Members

Cyclosporine or infliximab as rescue therapy in severe refractory ulcerative colitis: Early and long-term data from a retrospective observational study

Mocciaro F, Renna S, Orlando A, Rizzuto G, Sinagra E, Orlando E, Cottone M
Journal of Crohn's and Colitis. 2012, doi:10.1016/j.crohns.2011.11.021.

Introduction

A substantial number of patients with acute severe ulcerative colitis are glucocorticoid resistant. Before cyclosporine (CsA) and infliximab (IFX) were introduced as rescue therapies, colectomy rates were 46% at 3 months and 64% at 10 years [1]. Both CsA and IFX are effective in reducing colectomy rates to around 36% [2,3]. It is not clear whether one of these drugs is superior to the other, although a single infusion of IFX seems less effective than CsA induction therapy [4]. On the other hand, preliminary results of a randomised controlled trial comparing CsA [2 weeks of intravenous (IV) infusion followed by a daily oral formulation] with scheduled IV IFX (weeks 0, 2 and 6, and every 8 weeks thereafter) showed equal clinical response rates and colectomy rates at 1 and 14 weeks [5]. Long-term data, including data on the role of antimetabolite co-treatment, are awaited.

What does this study add to the literature?

This nice retrospective single-centre cohort study compares CsA and IFX as rescue therapies for corticosteroid-refractory acute severe ulcerative colitis. Two historical cohorts with a minimum follow-up of 12 months were compared in regard to colectomy rates and number of relapses requiring hospitalisation; one was treated between 1994 and 2003 with CsA (2 mg/kg IV daily for 14 days followed by 5 mg/kg daily in an oral formulation for a maximum of 3 months) while the other was treated between 2004 and 2011 with IFX (5 mg/kg IV at weeks 0, 2 and 6 and at every 8 weeks thereafter). Provided that patients had not previously been proven intolerant or resistant to azathioprine (AZA), in CsA-treated patients AZA was initiated (2.5 mg/kg) together with the CsA oral formulation, whereas in IFX-treated patients AZA was initiated soon after the last IFX infusion.

A total of 65 patients were included, 35 of whom received CsA and 30, IFX. After 3 months, 28.5% (10/35) and 17% (5/30) had undergone colectomy in the CsA- and the IFX-treated group, respectively (p=0.25). At 12 months the colectomy rate rose to 48% in the CsA group while in the IFX group it remained 17% (p=0.01). The 1-2-3 year cumulative colectomy rates were 48%, 54% and 57% in the CsA group and 17%, 23% and 27% in the IFX group. There was no difference between the groups in the number of relapses requiring hospitalisation. In addition, there were no serious adverse events in either group, nor was there any difference in adverse events. In the overall population, high levels of CRP, no AZA use and extensive disease were related to the risk of colectomy.

The remarkable differences in colectomy rates must be interpreted with some caution. Firstly, 12 out of 25 initial CsA responders did not receive AZA concomitantly or successively due to previous intolerance or resistance. Nine (75%) of them underwent colectomy, suggestive of the importance of co-treatment. Secondly, there seems to be a fair chance of selection bias as none of the seven patients who failed IFX treatment due to adverse events, and were treated only with mesalazine (n=5) or AZA (n=2), underwent colectomy.

Conclusion

This study shows that CsA and IFX as rescue therapy for patients with corticosteroid-refractory acute severe ulcerative colitis seem to be equally effective in avoiding colectomy at 3 months, while at 12 months IFX seems more effective. There are no differences between the treatments as regards adverse events. Concomitant or successive AZA treatment appears to be of major importance for effective CsA treatment. Data from randomised prospective studies are awaited to establish whether CsA or IFX is more effective in avoiding colectomy on the longer term.

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Dirk P. van Asseldonk

Dirk was born in 1982 and lives in Amsterdam. He is currently performing his training in Gastroenterology at the Alkmaar Medical Centre and working on his PhD thesis, which includes clinical and pharmacological studies concerning thiopurine treatment in IBD.

Dirk P. van Asseldonk (Source: Dirk P. Van Asseldonk)

Mesenteric fat as a source of C reactive protein and as a target for bacterial translocation in Crohn's disease

Peyrin-Biroulet L, Gonzalez F, Dubuquoy L, Rousseau C, Dubuquoy C, Decourcelle C, Saudemont A, Tachon M, Beclin E, Odou MF, Neut C, Colombel JF, Desreumaux P
Gut. 2012 Jan;61(1):78-85.

Introduction

The CRP response in Crohn's Disease (CD) is stronger than in Ulcerative Colitis (UC). For current treatment decisions in Crohn's Disease, the level of C-reactive protein (CRP) is a major biochemical guide. However, CRP and endoscopic findings correlate poorly. The mechanism of CRP production is still poorly understood. Recently, adipocytes were identified as an extrahepatic source of CRP. Since CD is characterised by mesenteric fat hyperplasia, the authors focussed on the role of mesenteric fat in CRP production and the inflammatory process in CD.

What did the study examine?

The role of mesenteric fat in the inflammatory reaction was examined in three steps:

First, the authors demonstrated overexpression of CRP at both the mRNA and the protein level in mesenteric fat. This seems to be a specific property of the mesenteric fat in CD since it was not seen in mesenteric fat in UC and control patients, nor in subcutaneous fat or the adjacent inflamed intestinal wall of CD, UC or control patients. The fact that there was a positive correlation between transcription levels and plasma CRP concentration suggests that in CD mesenteric adipose tissue is an important source of CRP.

Second, the authors investigated possible triggers of CRP overexpression. Since CD is a transmural inflammatory process, they stimulated adipose tissue in vitro with pro-inflammatory cytokines, which are associated with CD. They found that this triggered the expression of CRP, dependent on the stage of adipocyte maturation. An additional key feature of CD pathogenesis is bacterial translocation, which the authors tested using Gram-negative bacteria. Indeed, stimulation of mesenteric adipocytes with Gram-negative bacteria induced CRP biogenesis. Combined stimulation of mesenteric fat by both pro-inflammatory cytokines and bacteria had a synergistic effect on CRP production and the inflammatory process.

Third, after unraveling the mechanisms of CRP expression in mesenteric fat, the authors explored whether there is a direct translocation of bacteria to the mesenteric adipose tissue. In experimental animal models of colitis and ileitis, bacterial translocation to mesenteric fat and lymph nodes occurred significantly more than in controls. In humans, a higher rate of bacterial translocation to the mesenteric fat and lymph nodes was seen in CD than in non-CD patients.

What were the key points to emerge?

First of all, this paper highlights the fact that creeping fat is not just an innocent bystander in CD. It demonstrates that adipose tissue is an active player in the inflammatory process. The extent to which mesenteric fat contributes to CD remains to be established, but it is clear that adipose tissue can sense and react to both bacterial and inflammatory

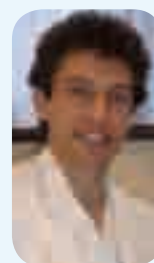
stimuli. Accordingly, it may influence or even drive the inflammatory process in CD. Further research needs to be done to clarify whether this influence may be protective: mesenteric fat may be a first line of defence.

A second important message from this paper is the confirmation that CRP is a poor marker for mucosal lesions. CRP does not originate from the bowel wall but from the mesenteric fat and the liver. In this view CRP is an extraluminal marker of inflammation, not an intraluminal one.

Finally, elucidating the role of adipose tissue in CD can provide new therapeutic targets. By blocking receptors in the mesenteric fat it may be possible to influence the inflammatory cascade.

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Peter Bossuyt

Peter is a gastroenterologist focussing on IBD and is the principal investigator at the Imelda GI clinical research centre in Bonheiden.

Peter Bossuyt © Peter Bossuyt

Local barrier dysfunction identified by confocal laser endomicroscopy predicts relapse in inflammatory bowel disease

Kiesslich R, Duckworth CA, Moussata D, Gloeckner A, Lim LG, Goetz M, Pritchard DM, Galle PR, Neurath MF, Watson AJM
Gut Online First, published on November 24, 2011.

Introduction

Increased intestinal permeability has been reported in inflammatory bowel disease (IBD) patients and is associated with occurrence of relapses [1]. An intestinal barrier function defect is thought to be one of the mechanisms leading to the pathogenesis of IBD development and subsequent flare. Measurement of small-molecular-weight saccharides [1], chromium-EDTA or in vitro techniques (trans-epithelial electrical resistance and 3H-mannitol flux) are the methods currently used to evaluate it, but no in vivo evidence of these defects has so far been available. Whether this suggested tight junction dysfunction has a clinical impact also needs to be demonstrated [2].

What is this paper about?

This interesting prospective study used confocal laser endomicroscopy (CLE) with fluorescein as an intramucosal marker of epithelial defects in order to investigate the in vivo integrity of the intestinal barrier and its impact on disease outcome in 58 IBD patients (47 ulcerative colitis and 11 Crohn's disease) in clinical and mucosal remission.

First, as a proof of principle, CLE enabled the direct visualisation of the plume-like efflux of fluorescein after shedding of epithelial cells in IBD patients which was not present in healthy controls and which could be interpreted as a local barrier defect. Second, a grade, based on the appearance during CLE (Watson grading system), was given to each patient by two blinded investigators and correlated with disease outcome to predict relapse. Increased cell shedding with fluorescein leakage (= indicator of barrier function loss; Watson grade II) and micro-erosion, defined as the loss of more than one adjacent cell from a single site, but not visible under white-light endoscopy (= sign of structural defect; Watson grade III) were associated with a significant 1-year risk of relapse compared with "endomicroscopic healing" (=normal; Watson grade I). Moreover, the grading system was able to predict a flare with a sensitivity of 63% (95% CI: 41-80%) and a specificity of 91% (95% CI: 75-98%).

Conclusion

This innovative technique is highly useful for confirming the concept of a link between the pathogenesis of IBD flares and an intestinal barrier defect. According to the authors, prospective evaluation of the intestinal barrier integrity of IBD patients in remission should help in anticipating relapses. The remaining questions are whether this quite cumbersome and expensive endoscopic technique is really usable in a routine clinical setting. In particular, will this examination be accepted by

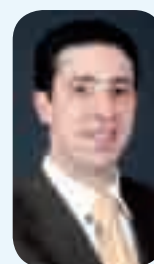
patients in remission in order to predict relapse? Based on these results, should less invasive intestinal permeability measurement techniques be re-evaluated as alternative methods or will "endomicroscopic healing" be the future quest for the Holy Grail?

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Pascal Juillerrat

Pascal has performed his training as a gastroenterologist at Lausanne and Geneva University Hospitals in Switzerland and through an Advanced Fellowship in IBD at the Crohn's and Colitis Center at Massachusetts General Hospital in Boston, United States.

Pascal Juillerrat © MGH Photography Department

Flt3 ligand expands CD103+ dendritic cells and FoxP3+ T regulatory cells, and attenuates Crohn's-like murine ileitis

Collins CB, Aherne CM, McNamee EN, Lebsack MD, Eltzschig H, Jedlicka P, Rivera-Nieves J
Gut. 2011 Nov 7 [Epub ahead of print].

Introduction

Conventional therapeutics cannot prevent complications in Crohn's Disease (CD), and although novel treatment strategies, including TNF-neutralising antibodies, have greatly increased the therapeutic armamentarium, many patients still have to undergo surgery [1]. For this reason, development of new treatments that induce long-term remission is required. Regulatory T cells (Treg) are key players in maintaining peripheral tolerance, preventing autoimmune diseases and limiting chronic inflammation [2]. Therefore, strategies that aim at therapeutic tolerance induction may take advantage of the functions of Treg [3]. Treg can be induced by a distinct subset of dendritic cells (DCs), the tolerogenic CD103+ DCs [4]. Thus, exploring the role of tolerogenic CD103+ DCs in the pathophysiology of colitis and determining the effect of altering their frequency could lead to novel therapeutic agents for the treatment of CD.

What this paper is about

This paper sets out to analyse the effect of inflammation on tolerogenic CD103+ DCs and the therapeutic potential of altering their frequency by administration of Flt3-L in chronic ileitis. For this purpose the authors use TNFΔARE mice, a well-established mouse model of CD [5,6]. Flt3-L is a haemopoietic growth factor that was chosen for its preferential proliferative effect on the tolerogenic CD103+ DCs [7]. First the authors showed that there is a deficiency of tolerogenic CD103+ DCs during chronic ileitis. Thereafter it was demonstrated that Flt3-L administration preferentially expands CD103+ tolerogenic DCs subsets in TNFΔARE mice and significantly decreases active, chronic and total inflammatory indices. The absolute number of Treg significantly increased in Flt3-L-treated mice in the spleen, the mesenteric lymph nodes and the lamina propria compared with controls; there was also an increase in Treg in the thymus of Flt3-L-treated mice. The increase in the thymus is especially

interesting, since this could indicate an effect of Flt3-L treatment during inflammation not only in the peripheral tissues but also on the primary mechanisms involved in T cell maturation and education.

The question remained as to whether there is a direct relation between the Flt3-L treatment and induction of Treg. Treg are characterised by a high expression of the surface marker CD25 [8] and therefore the authors depleted Treg using an anti-CD25 antibody. This antibody treatment abrogated the protective effect of the Flt3-L treatment. Therefore it can be concluded that Flt3-L administration exerts a potent anti-inflammatory effect on chronic ileitis mediated by Treg.

Conclusion

This study demonstrates the therapeutic effect of Flt3-L supplementation in a chronic model of IBD, and since the safety of Flt3-L administration has been demonstrated in healthy human subjects [9], Flt3-L could be further explored as a novel biological therapy for CD. Additionally this study demonstrates that the therapeutic effect of Flt3-L administration is mediated by the preferential expansion of tolerogenic CD103+ DCs and Treg cells.

In this study Flt3-L administration started when mice were 20 weeks old. It would be interesting to know whether earlier initiation of the treatment could prevent the onset of ileitis. Future studies should also be aimed at achieving a better understanding of the origin and biology of the tolerogenic CD103+ DCs [10], and for the induced Treg it is crucial to determine their induction mechanisms and whether they are functionally stable under various conditions [11]. Additionally, since there is an effect of Flt3-L treatment on Treg in the thymus, it is of interest to investigate whether Flt3-L treatment is able both to induce Treg in the periphery and to activate naturally occurring Treg centrally in the thymus.

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Sander van der Marel

Sander is currently working on his PhD thesis at the LUMC (subject: Gene and cell therapy based treatment strategies for inflammatory bowel diseases) and he is interested in both the clinical and the pathophysiological aspects of IBD.

Sander van der Marel (Source: Sander van der Marel)

P-ECCO has grown!

One year has elapsed since the creation of P-ECCO. In the intervening period, the paediatric branch of ECCO has been working on writing Consensus Guidelines on Ulcerative Colitis.

This has been a joint effort between ECCO and ESPGHAN through its IBD Working Group. This manuscript is now almost complete, and a final meeting to be held in April will probably approve the final manuscript. This work has been coordinated by Dan Turner and Frank Ruummele.

We feel that an update of the Guidelines on Crohn's Disease is needed, and a call for contributors will be launched later this year. This project will be chaired by Gabór Veres and Frank Ruummele.

P-ECCO is actively involved in contributing to the next ECCO meeting in Vienna but also in the preparation of the 3rd PIBD meeting, to be held in Rotterdam in September 2014.

The scope of activities of P-ECCO made it logical to enlarge the number of committee members from three to five. A call for candidates was made and a vote was held last October. As a result, Kaija-Leena Kolho (Finland) and Arie Levine (Israel) were welcomed to the Committee in Barcelona. →

Surgeons of ECCO make a flying start

Surgeons of ECCO (S-ECCO) was founded in 2010. Organisational changes within the structure of ECCO allowed S-ECCO to become a full partner in the operational board. One of the key drivers for the inauguration of S-ECCO has been the desire to improve the quality of surgical care of the IBD patient.

We had our baptism of fire during the last ECCO Congress in Barcelona. A first Masterclass in IBD surgery was organised to explore the management of terminal ileum Crohn's Disease. This Masterclass was facilitated through an educational grant offered by Johnson & Johnson Ethicon EndoSurgery. Finally, 158 delegates from 39 countries registered for the Masterclass. The overall feedback from the delegates has been extremely positive. We were fortunate to have involvement from some of the finest gastroenterologists in the field of IBD, Julian Panès, Séverine Vermeire and Gert D'Haens, and the presence of two key surgical opinion leaders, Fabrizio Michelassi from New York and Neil Mortensen from Oxford, certainly added to the value of the meeting. Their knowledge and expertise along with input from S-ECCO Members certainly fuelled the interactivity and discussions. A second Masterclass in IBD surgery will be organised during the next ECCO Congress in Vienna and will be devoted to surgery for Ulcerative Colitis. In addition to its educational commitments, both S-ECCO and ECCO recognise the need to establish standards and guidelines for IBD surgery. The first set of guidelines will focus on Ulcerative Colitis and will aim to address key management areas such as: indications for surgery, preoperative care, surgical technique and early postoperative care. For this process, as with other ECCO guidelines, the template offered by ECCO GuiCom will be used. It is hoped that participants in the recent S-ECCO Masterclass and other interested parties will be co-opted to be involved in the guideline process. It is clear that this process can only end successfully if S-ECCO obtains the official support and endorsement of the European Society of Coloproctology (ESCP). Preliminary



S-ECCO Committee Members (Willem Bemelman, André D'Hoore, Gianluca Sampietro, Tom Øresland, Alastair Windsor (absent))
© ECCO Photographer

contacts have been made to establish such support for this and future projects.

The initial board of S-ECCO, comprising Willem Bemelman, Tom Øresland and André D'Hoore, has now been extended and reinforced by two further founding members: Gianluca Sampietro from Italy and Alastair Windsor from the United Kingdom. With their enthusiasm and expertise, the next phase in the development of S-ECCO is expected: S-ECCO hopes to build an international platform of dedicated IBD surgeons to facilitate clinical and more basic research in IBD. A first such example has been a joint paper from AMC Amsterdam and the University of Leuven, Belgium on fertility after ileo-anal pouch surgery, which compared laparoscopic and open pouches. This paper has now been accepted for publication in the *Annals of Surgery*. One of the projects for the near future is to look in detail at the safety, efficacy and longer term outcomes of long strictureplasties as compared with segmental resections.

We appreciate all your input; please do not hesitate to tell us if you have a project or an idea, either via ECCO or by direct contact with us. We hope that the spirit of S-ECCO will motivate young but also established IBD surgeons to participate actively in this developing process.

ANDRÉ D'HOORE
S-ECCO Committee Chair

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Another area of interest for P-ECCO is to prepare some cases of paediatric IBD that will be available for ECCO educational activities. A few other ideas are in the pipeline.... Soon you will hear more from us!

JORGE AMIL DIAS
P-ECCO Committee Member

P-ECCO Committee Members (Hankje Escher, Frank Rümmele, Kaija-Leena Kolho, Arie Levine and Jorge Amil Dias)
© ECCO Photographer



ECCO Country Member Profiles

The original idea of the founders of ECCO was the constitution of an organisation of the National IBD Study Groups within Europe. After an initial membership of five countries in 2001, most European countries joined ECCO in the following years.

Since its foundation, ECCO has been continuously supported by its national counterparts and ECCO is therefore honoured to embrace 31 Country Members, each of which is represented by two National Representatives – the driving force and ambassadors of ECCO.

The two representatives nominated by each country have a seat in the Strategic Council of

ECCO as well as in the General Assembly, where they represent their country and hence their National IBD Study Group.

In the upcoming issues of ECCO News we therefore want to introduce our ECCO Country Members (National IBD Study Groups) based on a predefined questionnaire which has been answered by their ECCO National Representatives.



(Source: GEDI)

Identity card

- Country: **Portugal**
- Name of group: GEDI (Grupo de Estudos de Doença Inflamatória Intestinal)
- Number of active members: about 130
- Name of president and secretary:
President: Fernando Magro
Secretary: Paula Lago
- Incidence of IBD in the country (if available):
national IBD incidence is 14/100,000



(Source: BIRD)

Identity card

- Country: **Belgium**
- Name of group: BIRD (Belgian IBD Research and Development Group)
- Number of active members: 65
- Number of meetings per year: 4 (one in February during the annual Belgian Week of Gastroenterology, one in June, one in September and one in December)
- Name of president and secretary:
President: Severine Vermeire
Secretary: Denis Franchimont
- Incidence of IBD in the country (if available):
We do not have recent data, but the data from the region of Liège (in the south of Belgium) reported an incidence for CD of 4.5 and for UC of 3.6/100,000 per year (Latour P et al 1998). In the region around Brussels, incidence data were very similar: 4.1 for CD and 3.7 for UC (Van Gossum A et al 1996). Interestingly, the incidence of CD in families who emigrated from Morocco to our country was 6.4/100,000. We currently estimate that 30,000 people suffer from IBD in Belgium



(Source: RCCC)

Identity card

- Country: **Romania**
- Name of group: RCCC (Romanian Crohn's and Colitis Club)
- Number of active members: 123
- Number of meetings per year: 2 (one National Conference and one meeting at the National Congress of Gastroenterology and Hepatology)
- Name of president and secretary:
President: Adrian Goldis
Secretary: Daniela Lazar
- Incidence of IBD in the country (if available):
last acceptable data are from 2003 (1/100,000 inh for UC and 0.5 for CD); current approximate incidence is more than 3/100,000 inh for UC and 2 for CD, with a greater increase for CD

Questionnaire - BELGIUM



How did your national group start?

The Belgian IBD group was founded almost 15 years ago by Paul Rutgeerts. The Board at that time consisted of a dozen enthusiastic IBD colleagues. The aim from the outset was to perform collaborative investigator-initiated clinical trials in IBD. Initially the group consisted of surgeons, pathologists, radiologists, paediatricians and gastroenterologists.

How is your group organised in terms of new members joining the group, meetings, election of president etc.?

If new members want to join, they need to submit an application to the president and/or secretary and need to be supported by at least one active member of BIRD. At the next available meeting, this person needs to present himself/herself briefly and the whole group votes on his/her acceptance into the group. Meetings are held every 3 months at a fixed location in the centre of the country, Brussels, on a Monday evening from 19.30 to 21.30 h. During these meetings, a number of fixed items are discussed: new members, update on current membership, update on ECCO activities, status of ongoing projects and new projects or protocols under development. The terms of the president and secretary are 3 years, after which there is an election process with anonymous voting. The president cannot be re-elected; the secretary can be re-elected. Furthermore the group is governed by a board of five members including a treasurer. Membership is free and the group is funded by unrestricted grants from the pharmaceutical industry.

When did your group join ECCO?

We have been members of ECCO since the very beginning (2001)!!!

What are your main areas of research interest?

Within BIRD, we participate in ECCO projects (e.g. Y-ECCO's C. difficile project). We have more recently started projects on the role of calprotectin in assessing disease activity and risk for relapse in patients under anti-TNF, and we are soon to start the Tailorix study examining the role of trough level guided therapy in infliximab-treated patients

Does your centre or country have a common IBD database or bio bank?

Not entirely, although the universities of Ghent, Brussels, Leuven and Liège have organised themselves into the Belgian IBD Genetics Consortium. This group has a common bio bank of DNA samples of >4,000 IBD patients.

What are your most prestigious/interesting past and ongoing projects?

Ongoing: Tailorix study. Past: Step Up vs Top Down Trial (D'Haens G et al, Lancet); use of budesonide in collagenous colitis (Baert F et al, Gastroenterology); use of calprotectin in IFX-treated UC patients (De Vos M et al, JCC). →

Questionnaire - ROMANIA

How did your national group start?

The idea arose at the ECCO Congress in Innsbruck, from which Prof Diculescu, the former president of RCCC, returned with the decision to build a national structure. He gathered a small group of IBD specialists in Romania and at the beginning of 2009 structured the technical approvals for the Romanian Association. In June 2009 at the National Congress of Gastroenterology and Hepatology in Cluj, Prof Diculescu succeeded in bringing the first ECCO Educational Workshop to Romania, which met with great success. In September 2009 the first meeting of the group attracted some 60 persons to the Fundeni Institute in Bucharest. From then on, annual national conferences with international participation took place in Mamaia in 2010 and Brasov in 2011 (Sibiu is the location for 2012). The group also has meetings at the National Congresses of Gastroenterology.

How is your group organised in terms of new members joining the group, meetings, election of president etc.?

New members sign a joining form. We have an annual congress. The president is elected for 2 years by the RCCC members, and RCCC also has a board (seven members), a secretary and a treasurer. We already have a paediatric group

and are intending to organise nurse and young members groups.

When did your group join ECCO?

We have been members of ECCO since 2007.

What are your main areas of research interest?

Romania is considered to have one of the lowest incidences of IBD in the EU, so epidemiological studies are very important (the IBDPROSPECT study started in 2006, initially gathering some 250 cases in two centres, Bucharest and Cluj, and starting to study the phenotyping, genotyping and immunotyping of the Romanian population). We are continuing this IBDPROSPECT project as a national database in order to establish the real incidence and prevalence of IBD.

Does your centre or country have a common IBD database or bio bank?

IBDPROSPECT is a database started in the most important IBD referral centres and currently includes 780 patients. We are now extending it to smaller centres and trying to transform it into a national register. We don't yet have a bio bank, but we do have some 250 tissue samples from the IBDPROSPECT study and could develop this as a national biobank.

What are your most prestigious/interesting past and ongoing projects?

IBDPROSPECT is planned to become our national IBD register. We are also intending to implement the ECCO guidelines adapted for our own profile.

Which ECCO projects / activities is the group currently involved in?

EpiCom, P-ECCO guidelines

What are your aims for the future?

We are interested in participating more actively in ECCO activities and Working Groups, in IBD clinical trials and in scientific protocols

How do you see ECCO helping you to fulfil these aims?

By including us in more research and scientific activities.

What do you use ECCO for? Network? Congress? How do you use the things/services that ECCO has to offer?

We are now organising a second ECCO Educational Workshop to be held in September 2012 in Sibiu. The first, in Cluj in 2010, attracted over 100 participants and was very interactive and educational. We use ECCO Guidelines to update our national IBD therapeutic guidelines. Our members are also interested in participating in the activities of Y-ECCO, N-ECCO, P-ECCO and S-ECCO. The ECCO Congress is also very interesting for our RCCC members, and the number of Romanian participants is increasing year on year.

ADRIAN GOLDIS, MIRCEA DICULESCU
ECCO National Representatives, Romania

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Which ECCO projects / activities is the group currently involved in?

Our president, Séverine Vermeire, is the President-Elect of ECCO. Gert Van Assche is part of the ECCO EduCom. Edouard Louis is member of SciCom and Pieter Hindryckx recently joined Y-ECCO

What are your aims for the future?

To keep the collaborative spirit alive and maintain an active group of clinicians interested in IBD! Also to participate in and perform clinical trials.

How do you see ECCO helping you to fulfil these aims?

By updating us regularly through ECCO News and the ECCO Congress on current activities and the latest state of the art. We hope ECCO can help to facilitate performance of clinical trials locally and across nations and centres.

What do you use ECCO for? Network? Congress? How do you use the things/services that ECCO has to offer?

Most members of BIRD attend the ECCO Congress each year and virtually 100% are ECCO Members!

FILIP BAERT, DENIS FRANCHIMONT
ECCO National Representatives, Belgium

SÉVERINE VERMEIRE
BIRD President, ECCO President-Elect

Questionnaire - PORTUGAL

How did your national group start?

GEDII was started in December 2002 as a result of the joint efforts of a group of gastroenterologists dedicated to IBD; in April 2006 the group acquired legal status.

How is your group organised in terms of new members joining the group, meetings, election of president etc.?

The GEDII association convenes twice a year (scientific reunions). Elections for the president and governing board are held every 3 years. Admissions are based on personal proposal and recommendation by two active members

When did your group join ECCO?

GEDII joined ECCO in 2004

What are your main areas of research interest?

Our main area of interest is IBD national epidemiology, therapy and clinical outcome.

Does your centre or country have a common IBD database or bio bank?

Our country doesn't have a bio bank, but has a common clinical IBD database.

What are your most prestigious/interesting past and ongoing projects?

Ongoing projects include a national survey of IBD patients and their clinical evolution and the HERICA study (Histological and Endoscopic Evaluation of Remission Induced by Influximab

in Moderately to Severely Active Ulcerative Colitis Patients).

Which ECCO projects / activities is the group currently involved in?

ECCO activities: We wish to host the ECCO Congress in Portugal.

What are your aims for the future?

Aims for the future: to improve IBD research in Portugal.

How do you see ECCO helping you to fulfil these aims?

We see ECCO as helping us to fulfil our aims of involving our members in European research projects and establishing a bio bank.

What do you use ECCO for? Network? Congress? How do you use the things/services that ECCO has to offer?

We use ECCO as a mean of acquiring scientific information and a way of showcasing Portuguese work in the IBD field.

FERNANDO MAGRO, LUIS CORREIA
ECCO National Representatives, Portugal



ECCO MEMBERSHIP APPLICATION FORM

please fill in, legibly

Member ID: _____

2012 (1.1.2012 – 31.12.2012)

(provided by ECCO)

TYPE OF MEMBERSHIP (§ 3 Statutes of the European Crohn's and Colitis Organisation, www.ecco-ibd.eu)

Please check one of the following categories:

Regular Member* (Doctors, scientists interested in IBD, completed university degree) **€ 100.00**

IBD nurse/Affiliate Member (Registered nurse or allied professional interested in the field of IBD) **€ 25.00**

(* includes subscription to the Journal of Crohn's and Colitis - JCC for one year)

PERSONAL DATA

Prof. Dr. Please list your national professional registration number: _____

Other university degree: _____ (please specify subject of degree)

Other title: _____ Gender: female male

Profession: Physician Scientist IBD nurse Surgeon

Paediatrician Industry

Other: _____

First name: _____ Middle name: _____

Family name: _____ Date & Year of birth: _____

Institute: _____

Department: _____

Street: _____ Zip code: _____

City: _____ Country: _____

Phone: _____ Mobile: _____

Fax: _____ E-mail: _____

I acknowledge that ECCO obeys the international data protection guidelines; I agree that the above data may be used and processed by ECCO for the management of membership data as well as other ECCO purposes (e.g. distribution of newsletter and other ECCO information, promotion of ECCO Congress and educational/scientific activities) and may be forwarded to the publisher/distributor of ECCO publications.

ADDITIONAL INFORMATION – Y-ECCO

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

If you do not wish to become a Y-ECCO Member, you have the option to indicate so below:

I am under 35 and **do not** wish to become a Y-ECCO Member

MEMBERSHIP FEE

Fee 2012 = €

Total to be paid €

Credit Card: Visa Master Card

CC number: _____ Exp. date: _____ / _____

Place, date: _____ Card validation code: _____

Name of cardholder: _____ Signature: _____

Please return the completed form to the ECCO Office
by e-mail to ecco@ecco-ibd.eu or by fax: +43-(0)1-710 22 42-001

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