



European
Crohn's and Colitis
Organisation

Volume 7 | Issue 4 | 2012

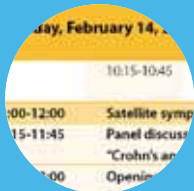
ECCO

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ECCO NEWS

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

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Published by OCEAiN-Organisation, Congress,
Emotion, Association, iNnovation GmbH.

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Printing:

Druckerei Ferdinand Berger
& Söhne GmbH
Horn, Austria

Illustrations:

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ISSN 1653-9214

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Beyond 2013

We are in fact already there – 2054, to be exact, as of November 13, 2012. I speak of ECCO Membership, of course, rather than anno domini. The vitality of an organisation is not reflected in its size as much as in its purpose, growth and ability to deliver. Nevertheless, it is worth reflecting on membership, and its value to individuals and Country and Corporate partners within ECCO, because that affects the ability to deliver the primary purpose of ECCO, which is to improve the care of patients with IBD.

Individual membership brings practical benefits



ECCO Member benefits presented by the
ECCO President at the ECCO booth © ECCO Office

including a substantially reduced registration for the Congress (saving €300-400, not bad for a membership fee of €100!), the ECCO journal J Crohn's & Colitis, free attendance at ECCO Workshops and, from 2013, free access to e-CO, the online IBD learning platform and library. It also brings the more ephemeral benefits of being part of the specialist IBD community, but with substantive opportunities to contribute to ECCO guidelines, participate in scientific workshops, review abstracts, engage in the vital work of committees and chair sessions at the ECCO Congress. The number of individual members has increased year on year, from 817 in 2009 to 845 in 2010, 1321 in 2011 and now 2054. Of these, 19% are young members (Y-ECCO) and 16% are nurses or members of affiliated professions (N-ECCO). But this disguises some country disparities: although the UK has the largest number of individual ECCO Members (241), followed by The Netherlands (177), Croatia, Denmark, Greece and Belgium lead the way with the highest number as a proportion of the population, all at least three times more than the UK, while France lags still further behind. ECCO needs to be relevant to individuals, but individuals are vital to the vigour of ECCO.

Country Membership continues, partly because ECCO was originally constituted with a federal structure in 2001, but also because it supports the Advanced Course for the best young trainees from each country. A federal structure has underpinned ECCO's success, because people work for the benefit of the organisation rather than the pursuit of personal profiles. National Representatives are the voice of Country Members, with key roles in elections and responsibilities to ensure that their best trainees get access to the Advanced Course (www.ecco-ibd.eu/membership/country-members). There are 31 member countries and 62 National Reps, who contribute so much to ECCO and who have established terms to ensure that opportunities within ECCO are open.

Corporate Members – ECCO partners in industry – now number 16, since ECCO is keen to manage the interface between the interests of specialists on behalf of patients and the interests of industry. This interface needs to be managed so that there is synergy and an excellent example of how this happens to the benefit of patients is the public awareness campaign. This year it will be held at the Vienna Hofburg on the Wednesday (February 13, 2013) before the ECCO Congress and will address the burden of disease in young people. Over 50 sponsors and journalists from 35 countries are expected, with ECCO working with EFCCA on behalf of patients.

So let me welcome everyone to ECCO, including colleagues from the many countries beyond Europe who share the ethos of ECCO, and let me congratulate the Asian Organisation of Colitis and Crohn's Disease, which was created just this month (November 2012) in Seoul. I look forward to seeing you at the ECCO Congress 2013 in Vienna (www.ecco-ibd.eu/ecco13/).

Are you a member? See you there!



Simon Travis © Simon Travis

SIMON TRAVIS
ECCO President

The history of Crohn's Disease: from the earliest days (Part 2)

How was Mt Sinai Hospital, New York involved in the history of Crohn's disease?

In the first part of this article (published in the 3rd issue of ECCO News 2012) we discussed the history of Crohn's Disease before Crohn and his associates at the Mount Sinai Hospital, New York were involved in research into this condition. In this part we will present the history of Crohn's Disease after the monumental Mt Sinai article was published in 1932 and will present how and why the term 'Crohn's Disease' was finally universally adopted.

The 1932 JAMA paper did not drop, unannounced and unsuspected, from the Heavens.

The seed had been sown more than a decade earlier when doctors at Mt Sinai Hospital started researching the nature of non-specific granulomatous enteritis where neither acid-fast bacilli nor granulomata with caseating necrosis could be identified. Indeed, in 1923 E. Moschowitz and A.O. Wilensky published a landmark study entitled "Non-specific granulomata of the intestine" (Am J Med Sci 1923;166:48), which described a series of patients who presented with an enteropathy masquerading as 'acute appendicitis' but who had in the course of their disease also developed a mass (named granuloma of the bowel) in the terminal ileum and/or ascending colon, causing intestinal obstruction and, in some cases, perforation and peritonitis. Some patients developed entero-cutaneous fistulae. Histologically, this condition was characterised by non-specific granulomata with numerous giant cells. Dr Paul Klemperer, Chief of the Department of Pathology, was fully aware of this condition. Therefore, it is really curious and unexplained why it took so long for the JAMA paper to be written and published.

The good fortune of the authors, according to Kirsner, was that Leon Ginzburg worked as Assistant Surgeon to Professor A.A. Berg, who "had operated on all these cases", while Gordon Oppenheimer, who was also a surgeon, then the Resident in Surgical Pathology, "collected retrospectively 12 cases characterised by hypertrophic and ulcerative stenosis of the 2-3 feet of the terminal ileum ending rather abruptly at the ileocecal valve" and excluded by the available technology any infectious causes of intestinal obstruction, such as tuberculosis, amoebiasis, syphilis and actinomycosis. Incidentally, according to his Mt Sinai biography, Burrill B. Crohn "...served as Volunteer Assistant



Crohn Burrill 1939 © The Mount Sinai Archives



G. Oppenheimer, B. B. Crohn and L. Ginzburg at the inauguration of the Ileitis Foundation (1965) © The Mount Sinai Archives



L. Ginzburg and B. B. Crohn (seated, 98 years old) at a symposium held at The Mount Sinai Medical Center in honour of the 50th anniversary of their authorship (with G. Oppenheimer, MD) of the original 1932 paper in JAMA (April 3, 1982) © The Mount Sinai Archives

in Pathology and then Physiological Chemistry from 1911 to 1923, when he was named Chief of Gastroenterology Clinic in the Department of Medicine. He joined the in-patient staff in 1926." Dr Crohn used to admit his patients to Mt Sinai Hospital for further investigation and treatment. As Kirsner describes, "in 1932 Crohn had under his care two young patients with a similar process. Crohn's first patient was a

16-year-old boy with diarrhoea, fever, a mass in the lower abdominal quadrant, and pain, requiring ileocecal resection". It should be noted that this patient's sister also developed 'regional' ileitis that required surgical treatment some years later. There was, therefore, an intimate relation between the work of Ginzburg and Oppenheimer on the one hand and Crohn on the other, although it was Oppenheimer who had collected more cases. The intervention of Paul Klemperer, Chief of Pathology, urging the three researchers to unite their cases, was decisive. The outcome is history: the 14 cases with regional ileitis were presented to the American Medical Association in 1932 and published in the JAMA later that year.

What is in a name? Why did Crohn take the honour, when he was neither the most experienced of the three collaborators nor the main contributor to the JAMA paper, nor even the alphabetic first author had A.A. Berg been included?

Purely, due to a series of random but crucial events: the three authors agreed that they should be named in alphabetic order for their combined work, which was then published at the right time after previous case reports and case series had reached a critical mass, generating interest and preparing the medical profession to be receptive to the condition of 'non-specific granulomatous' enteritis. Last but not least, since JAMA was a widely read medical journal, it guaranteed publicity and a high profile. And, as happens, 'the winner takes it all', so the description was credited as the 'first'.

Nevertheless, it took a long time before the term 'Crohn's Disease' was widely accepted. The series published in JAMA by Crohn, Ginzburg and Oppenheimer presented data on patients with terminal (regional) ileitis. Soon, however, it became obvious that this clinical entity could affect in a discontinuous way any part of the gastrointestinal tract and also many extra-intestinal tissues and organs. It is said that Crohn was extremely reluctant to consider that 'his' disease could ever affect the colon in isolation. Thus, Ginzburg and Oppenheimer published (notably without Burrill B. Crohn) in the Annals of Surgery (1933) a paper entitled "Non-specific granulomata of the intestines" that included retrospective data from 52 patients with intestinal inflammatory masses, sealed-off

perforations or strictures with skip lesions that had masqueraded as tuberculosis or tumours, which were not localised exclusively to the terminal ileum. In the same year, Harris and associates described similar cases affecting the duodenal loop. Similar cases affecting the small intestine (Crohn and Rosenak 1936), the stomach (Barstra and Kooreman 1939), the mouth (Croft and Wilkinson 1972) and the duodenum (Fielding et al. 1980) were recognised. As a result, the nomenclature was flooded by different, mostly anatomical or histological eponyms ('chronic cicatrising enteritis', 'granulomatous enteritis', 'transmural enteritis', 'granulomatous gastritis') that created a great deal of confusion. Janovitz (1985) and Kirsner (1988) stated that Americans were not at all keen to accept the eponym 'Crohn's Disease' but preferred 'Mt Sinai disease' or 'CGH disease' as a tribute to the Hospital or the other two investigators, simply because Crohn did not discover the disease. As it happens, the eponym 'Crohn's Disease' was adopted in Great Britain and Scandinavia much earlier than in the States: a report of Armitage and Wilkins from Leeds in

1939 concluded that: *"The name Crohn's Disease has been adhered to in most cases at this hospital."*

Furthermore, although several cases of 'right-sided' Colitis, 'segmental' Colitis or 'granulomatous' Colitis were identified as variants of Crohn's Disease affecting the colon, it was not until 1960 that the eponym 'Crohn's Colitis' was accepted in the States following reports from Basiel Morson, Lynn Lockhart-Mummery and colleagues at St Mark's Hospital in the UK.

John Alexander-Williams wrote as recently as 1997 in an effort to justify the use of the eponym 'Crohn's Disease' as a universal term: *"In the English language we accept what can be termed the law of common usage: whatever a word is commonly used by a body of people communicating in that language and when the word is well understood without ambiguity, then that word becomes accepted. Eventually, after what could be described as a 'decent interval', the word becomes incorporated in the standard dictionaries of the English language. According to the law of common usage, it appears that 50 years have passed since the classical paper was*

published, and after the death of Dr Crohn, it would now seem reasonable to accept the term Crohn's Disease – at last until the time as the aetiology of this disease is known."

And yet, 80 years later, the aetiology of Crohn's Disease remains a mystery.

The author is grateful to Simon Travis, President of ECCO, for thorough review, important additions and linguistic corrections to this article.



GERASSIMOS MANTZARIS

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Evangelismos Hospital Athens
© ECCO Photographer

IBD at UEGW 2012 in Amsterdam

UEG celebrating the 20th anniversary of its foundation

In 1992 the first annual scientific meeting of the UEG (formerly UEGF) took place in Athens. This year's UEG Week at the Amsterdam RAI Congress Centre was therefore not just another congress:

UEG was, in fact, celebrating its 20th anniversary meeting. And it celebrated in style.

Colm O'Morain, President of the UEG and an old friend of the IBD community, gave the birthday lecture during the opening plenary session. A gigantic birthday cake was shared out among the participants, while on the more sober, scientific front there was a host of anniversary symposia on the past and future of gastroenterology. There was also plenty of action in the exhibition hall, and with more than 14,000 delegates from 125 countries (the congress is the largest of its kind for gastroenterology in Europe), the meeting had the best turnout in UEG's history.

The scientific programme once again offered a great variety of state of the art lectures, free paper sessions and clinical case sessions covering the whole field of gastroenterology.

IBD was a "hot topic" in the programme, with many sessions dedicated to new insights into the pathogenesis and clinical care of IBD and novel therapies emerging from its study.

One session dedicated solely to anti-TNF therapy saw many presentations on maximising efficacy

and safety, managing non-responders and loss of response to current biological therapeutics. Other sessions covered new research on novel therapies and therapeutic targets in IBD. Both improvements to and optimisation of known treatments, as well as results from studies of some of the many potentially useful treatments under development, were presented.

Among the many fascinating talks, Professor Jean-Frédéric Colombel gave a state of the art lecture on the best clinical care in IBD, in which he pointed out the need for IBD centres to secure optimal patient care. Diagnosis and treatment of IBD have been significantly improved during recent years; in order to translate these achievements into clinical application, the establishment of IBD centres where specialised gastroenterologists work together with dietitians, psychologists and IBD nurses is essential. "To ensure success, a close networking of the IBD centres and their cooperation with international organisations like ECCO is key", remarked Professor Colombel.

In another talk, Johan Burisch presented the first data (gathered at the time of diagnosis) from the ECCO-initiated EpiCom (Epidemiological Committee) study on the incidence of IBD and phenotype in Europe. Thirty-one ECCO member countries are participating in this large European population-based inception cohort study. While an East-West incident gradient was observed

among the participating countries, patients were found to be surprisingly similar in terms of disease-related and socio-economic characteristics. Based on this framework, the EpiCom group will initiate further epidemiological studies to investigate the effect that treatment choices in Europe exert on disease course, as well as the impact of various environmental factors on the incidence gradient in Europe.

Besides the congress itself, the beautiful city of Amsterdam offered plenty of opportunities for sightseeing along its more than 100 kilometres of canals and districts. All in all, it was an experience not to be missed!

JOHAN BURISCH

Associate Editor of ECCO News and EpiCom Member



ECCO Office Team welcoming UEGW 2012 delegates at the ECCO booth © ECCO Office

8th Congress of ECCO

Final Programme (as of November 9, 2012)

The 8th Congress of ECCO will take place on February 14-16, 2013 in Vienna, Austria, under the title **“New concepts and current challenges in IBD”**. As in previous years, we have aimed to put together a comprehensive programme that ranges from novel scientific insights to primarily educational elements. We have no doubt that this combination will be most attractive to our audience of clinicians, basic and clinical scientists, and trainees.

Each session will comprise two or three invited lectures presented by renowned leaders in the field, and a similar number of shorter scientific presentations that have scored top

among the abstracts submitted and hence will provide a flavour of scientific excellence in the field.

The first two sessions of the meeting on Thursday, February 14, 2013 will be dedicated to the early stage of IBD and to our options for preventing its progression, and will address in particular whether there is a “therapeutic window of opportunity”.

Friday, February 15, 2013 will start with sessions on what is on the horizon scientifically and on specific aspects of clinical trials in Ulcerative Colitis. The following two sessions will deal with clinically very important topics – IBD management in the context of reproduction

and in adolescents – and will logically lead on to the opening sessions on Saturday, February 16, 2013 which will focus on IBD in the elderly and IBD management in the context of past or current malignancy.

As a final highlight of the meeting, Sander van Deventer will present the ECCO Lecture celebrating the 20th anniversary of the very first report on anti-TNF treatment in IBD.

We hope you will be as excited about this meeting as we are, and we look forward to seeing you in Vienna!

MIQUEL SANS AND ARTHUR KASER

SciCom Members
On behalf of SciCom

Thursday, February 14, 2013		
	10:15-10:45	Top tips for chairs (Closed session) Geert D'Haens, Amsterdam, The Netherlands
11:00-12:00	Satellite symposium	
12:15-12:45	Panel discussion - Join the fight against IBD 2013 “Crohn's and Colitis in Europe: The burden of disease in young people”	
12:45-13:00	Opening & welcome Simon Travis, Oxford, United Kingdom; Wolfgang Petritsch, Graz, Austria	
13:00-14:30	Scientific session 1: Early stage IBD Oliver Brain, Oxford, United Kingdom; Silvio Danese, Milan, Italy	
	13:00-13:20	Does the pathogenesis change over the course of the disease? Matthieu Allez, Paris, France
	13:20-13:30	Oral presentation 1
	13:30-13:50	Is there a therapeutic window of opportunity? Gert van Assche, Toronto, Canada / Leuven, Belgium
	13:50-14:00	Oral presentation 2
	14:00-14:10	Oral presentation 3
	14:10-14:30	Acute presentation: New UC or non-IBD Colitis? Peter Irving, London, United Kingdom
14:30-15:00	Coffee break	
15:00-17:00	Scientific session 2: Preventing progression in IBD Arthur Kaser, Cambridge, United Kingdom; Alexander Moschen, Innsbruck, Austria	
	15:00-15:20	Fat and inflammation Britta Siegmund, Berlin, Germany
	15:20-15:30	Oral presentation 4
	15:30-15:50	Inflammation in IBD: Tissue repair or disrepair? Florian Rieder, Cleveland, United States
	15:50-16:00	Oral presentation 5
	16:00-16:10	Oral presentation 6
	16:10-16:20	Oral presentation 7
	16:20-16:40	Preventing cancer Ian Lawrance, Perth, Australia
	16:40-17:00	ECCO Guidelines on pathology Arzu Ensari, Ankara, Turkey Fernando Magro, Porto, Portugal
17:15-18:15	Satellite symposium	

Friday, February 15, 2013		13:30-14:50 Scientific session 6: Adolescents with IBD Kaija-Leena Kolho, Helsinki, Finland; Frank Ruemmele, Paris, France	
07:15-08:15	Satellite symposium	13:30-13:50	The adolescent phenotype Gabor Veres, Budapest, Hungary
08:30-09:30	Scientific Session 3: What is on the horizon? Siew Ng, Hong Kong, China; Herbert Tilg, Innsbruck, Austria	13:50-14:00	Oral presentation 14
08:30-08:50	Genomics in IBD: Who gets what and when? Stefan Schreiber, Kiel, Germany	14:00-14:20	Organising care Hankje Escher, Rotterdam, The Netherlands
08:50-09:00	Oral presentation 8	14:20-14:30	Oral presentation 15
09:00-09:10	Oral presentation 9	14:30-14:50	Therapeutic strategies Richard Russell, Glasgow, United Kingdom
09:10-09:30	Therapeutic targets to hit or miss Jean-Frédéric Colombel, New York, United States	14:50-15:20	Coffee break
09:30-10:30	Scientific session 4: Clinical trials in Ulcerative Colitis Franck Carbonnel, Paris, France; Alexander Eser, Vienna, Austria	15:20-16:05	Scientific session 7: ECCO Fellowships and Grants Marie Joossens, Brussels, Belgium; Andreas Sturm, Berlin, Germany
09:30-09:50	Pitfalls in design and practice Brian Feagan, London, Canada	15:20-15:35	Outcomes from 2011-12 Fellowships Timon Erik Adolph, Innsbruck, Austria; Jessica Claire Wilson, Belfast, Northern Ireland
09:50-10:00	Oral presentation 10	15:35-15:45	Announcement ECCO Fellowships & Grants 2013 Andreas Sturm, Berlin, Germany
10:00-10:10	Oral presentation 11	15:45-15:55	Oral presentation 16
10:10-10:30	Long-term outcomes Sandro Ardizzone, Milan, Italy	15:55-16:05	Oral presentation 17
10:30-11:00	Coffee break	16:05-17:25	Scientific session 8: Challenging Cases Thomas Berger, Innsbruck, Austria; Marilia Cravo, Lisbon, Portugal; Larry Egan, Galway, Ireland; Walter Reinisch, Vienna, Austria; Al Windsor, London, UK
11:00-12:20	Scientific session 5: Reproduction and IBD Monica Cesarini, Rome, Italy; Sanja Kolacek, Zagreb, Croatia	16:05-16:25	Case 1: Brain matters in Crohn's Disease S. Sebastian, Hull, United Kingdom
11:00-11:20	Pharmacokinetics in pregnancy and lactation: Implications for drug efficacy & safety Zuzana Zelinkova, Bratislava, Slovakia	16:25-16:45	Case 2: An 18-year old boy with Crohn's Disease developing nodular skin lesions under adalimumab Marc Ferrante, Leuven, Belgium
11:20-11:30	Oral presentation 12	16:45-17:05	Case 3: A case of severe perianal paediatric Crohn's Disease treated with G-CSF Christos Tzivinikos, Leeds, United Kingdom
11:30-11:50	Care from conception to delivery Janneke van der Woude, Rotterdam, The Netherlands	17:05-17:25	ECCO Guidelines on endoscopy in IBD Vito Annese, Florence, Italy Rami Eliakim, Jerusalem, Israel
11:50-12:00	Oral presentation 13	17:40-18:40	Satellite symposium
12:00-12:20	Neonatal safety Saskia de Wildt, Rotterdam, The Netherlands	20:00	ECCO Interaction: Hearts and Minds
12:20-13:30	Lunch and guided poster session in the exhibition hall		

Saturday, February 16, 2013		11:00-12:20 Scientific session 10: Treating IBD in patients with past or current malignancy Dino Tarabar, Belgrade, Serbia Ricardo Veloso, Gaia, Portugal	
07:15-08:15	Satellite symposium	11:00-11:20	The risk of extra-intestinal cancer in IBD Tine Jess, Copenhagen, Denmark
08:30-10:30	Scientific session 9: Course and treatment of IBD in the elderly Mircea Diculescu, Bucharest, Romania Konstantinos Papadakis, Crete, Greece	11:20-11:30	Oral presentation 21
08:30-08:50	The natural history of IBD in the elderly Corinne Gower-Rousseau, Lille, France	11:30-11:50	Lessons from rheumatology Georg Schett, Erlangen, Germany
08:50-09:00	Oral presentation 18	11:50-12:00	Oral presentation 22
09:00-09:20	Medical management of IBD in the elderly David Binion, Washington, United States	12:00-12:20	Practical management of IBD with past or current malignancy David Laharie, Bordeaux, France Jean-Frédéric Blanc, Bordeaux, France
09:20-09:30	Oral presentation 19	12:20-12:50	Scientific session 11: ECCO Lecture Simon Travis, Oxford, United Kingdom Séverine Vermeire, Leuven, Belgium
09:30-09:40	Oral presentation 20	12:20-12:50	Where it all started and where it's going to: Biological therapy for IBD Sander van Deventer, Leiden, The Netherlands
09:40-10:00	Minimising damage: Single incision surgery and enhanced recovery Tonia Young-Fadok, Phoenix, United States	12:50-13:00	Closing remarks & Poster award ceremony Organising Committee Members Simon Travis, Oxford, United Kingdom
10:00-10:10	First N-ECCO Consensus on caring for patients with IBD Marian O'Connor, London, United Kingdom		
10:10-10:30	Opportunistic Infection Guidelines: The update Jean-François Rahier, Yvoir, Belgium		
10:30-11:00	Coffee break		



Ready for the second round – Join the fight against IBD 2013



Over 70 journalists expected for the second “Join the fight against IBD” in Vienna

At the 7th Congress of ECCO in Barcelona 2012, the European Federation of Crohn’s & Ulcerative Colitis Associations (EFCCA) together with the European Crohn’s and Colitis Organisation (ECCO) initiated the public awareness campaign “Join the fight against IBD” with the aim of enhancing general understanding of the physical and socio-economic burdens of the disease and accelerating the dissemination of new standards of care of Inflammatory Bowel Diseases (IBD) among health institutions, healthcare providers and health authorities. This public awareness campaign started off in a very successful way with high media interest: 71 journalists from 35 countries reported on the latest numbers and facts about IBD and what it means to live everyday life with this hurtful burden. In the course of Join the fight (JTF), a global press conference took place at which the results of the IMPACT Survey were presented by Marco Greco, president of EFCCA, and Daniel Hommes, former president of ECCO.

The media coverage following the event has been enormous. In many countries articles have appeared in influential mainstream national papers such as the Irish Times (Ireland), la Repubblica (IT), Le Soir (Belgium), Sonntagszeitung (Switzerland) and Kleine Zeitung (Austria); in addition, nationally broadcast TV programmes have presented the successful results.

JTF 2013: We are young, we are free... and we are willing to fight against IBD

The overwhelming outcome of this event leaves no doubt that it needs repetition! ECCO and EFCCA decided to join forces again and will fight against IBD at the ECCO Congress 2013 in Vienna. The 2nd Join the fight against IBD campaign will take place on February 13-14, during the course of the 8th Congress of ECCO, and will focus on the topic:

“Chronic Disease in young people. What does it mean to a teenager to have to fight against Crohn’s disease or ulcerative colitis in daily life?”

Your support is needed – don’t miss out

What can I do as an individual?

To make this event even more powerful and successful than last year, we count on support from everyone who is willing to join us. As outlined in the JTF programme (please see page 9), you are kindly invited to join the panel discussion immediately before the opening of the ECCO Congress on February 14, 2012!

What can we do as a company?

The Join the fight team is working hard to make this event happen but we cannot do so without your help. If you are willing to support us with financial donations or in-kind services, then please contact the ECCO Office via phone (+43-1-710 2242 612), email (jtf2013@ecco-ibd.eu) or fax (+43-1-710 2242).

ECCO DigestScience Workshop



ECCO DigestScience Workshop: the 4th Scientific Workshop

ECCO Scientific Workshops examine aspects of the pathogenesis of IBD in depth, establishing working groups that rigorously review the literature and identify the key questions that need to be answered by further research. This year (2013) the topic is intestinal fibrosis and we are delighted to

announce a collaboration with DigestScience, a charity supporting research into intestinal disease (www.digestscience.com). The initial workshop will complement the activities of the working groups by presenting an overview of intestinal fibrosis by some of the world’s leading scientists. This will appeal particularly to

clinical and basic scientists. Understanding the mechanisms of intestinal fibrosis is the key to manipulating the process in the future.

Steering Committee of the 4th Scientific Workshop and the ECCO DigestScience Workshop: Gerhard Rogler, Iris Dotan, Pierre Desreumaux.

Registration – ECCO DigestScience Workshop

The ECCO DigestScience in Vienna is open to everyone.

Registration fee for this course: EUR 150,-

Please register in advance, no onsite registration possible (registration deadline: January 30, 2013). Registration for the ECCO DigestScience Workshop is accessible within the online ECCO Congress registration at www.ecco-ibd.eu/ecco13.

The number of participants is limited. Registration will be on a first come, first served basis. For further information please contact the ECCO Office (ecco@ecco-ibd.eu).

Preliminary scientific programme: “Intestinal fibrosis: mechanisms, imaging modalities and therapeutic perspectives” Saturday, February 16, 2013		
13:30-15:00	Session 1: Mechanisms and imaging modalities	
	13:30-13:55	State of the art overview of basic science related to intestinal fibrosis
	13:55-14:20	Implications of liver fibrosis on IBD pathogenesis
	14:20-14:30	Oral abstract presentation 1
	14:30-14:40	Oral abstract presentation 2
	14:40-15:00	New imaging modalities for evaluating intestinal fibrosis
15:00-15:30	Coffee break	
15:30-17:15	Session 2: Therapeutic perspectives	
	15:30-15:50	Endoscopic and surgical perspectives to relieve intestinal stenosis
	15:50-16:10	New PPAR agonist compounds targeting intestinal fibrosis
	16:10-16:20	Oral abstract presentation 3
	16:20-16:30	Oral abstract presentation 4
	16:30-16:55	Current use and future applications of bone marrow transplantation and cell therapy for the treatment of fibrotic disorders
	16:55-17:15	Where to head in anti-fibrotic therapy

Note: Speakers will be announced in due course.

JOIN THE FIGHT AGAINST IBD



VIENNA

February 13 & 14, 2013

21st century challenge
autoimmune
diseases

PRELIMINARY SCHEDULE

February 13, 2013

- 14:00-15:00 Global press conference – “The burden of disease”
- 15:00-16:20 Country specific press conferences
- 17:00-18:30 Meet a doc – IBD clinic guided tour
- 20:15 Dinner with patient and medical association presidents

February 14, 2013

- 12:15-12:45 Panel discussion “Crohn’s and Colitis in Europe: The burden of disease in young people”
- 12:45-13:00 Opening of the 8th Congress of ECCO – Inflammatory Bowel Diseases



United We Stand

www.efcca.org



European
Crohn's and Colitis
Organisation

www.ecco-ibd.eu



European
Crohn's and Colitis
Organisation



Look out for:

4th ECCO Scientific Workshop in conjunction with DigestScience



Austria Center Vienna
February 16, 2013; 13:30-17:15

www.ecco-ibd.eu/ecco13

ECCO Grant Study Synopsis

Immunophenotyping of atypical lymphocytes in human bowel in the context of genetic risk for IBD

Studies of genetic variation in Inflammatory Bowel Disease have generated the longest list of polymorphisms reliably associated with disease for any complex genetic disorder. In nearly all cases, the biological significance of these polymorphisms remains elusive. Equally unclear are the mechanisms underlying the tight immunoregulation within the human gut, with multiple populations of atypical lymphocytes tightly interspersed amongst the cells of the mucosa. This proposal will first define the transcriptional signature of key populations of these atypical lymphocytes using microarray-based analysis of purified sub-populations of cells. These data will be overlaid onto results

from the large-scale genetic studies, seeking to identify areas of genetic polymorphism that match key transcriptional pathways within these regulated networks of cells. By genotyping individuals undergoing routine colonoscopy, and by using the Cambridge BioResource to recruit volunteers homozygous at loci of interest, the effects of these polymorphisms on the biology of human mucosal lymphocytes will be further defined, both at the transcriptional level and by in vitro assays. In this way, new insight will be gained into the regulation of T cell responses within the human gut mucosa and into the functional relevance of population genetic data in Inflammatory Bowel Disease.



Tim Raine © ECCO Photographer

TIM RAINE

ECCO Grant Awardee 2012

Influence of microbiota on intestinal stem cell behaviour and differentiation in patients with Inflammatory Bowel Diseases

The exact pathogenesis of Crohn's Disease (CD) remains incompletely understood, but a loss of tolerance to normal gut microbiota seems crucial. Interactions between host and microbes take place at the intestinal epithelial surface, which comprises enterocytes, goblet cells, entero-endocrine cells and Paneth cells. All these cells arise from crypt-based intestinal stem cells (ISC) and are constantly renewed. The impact of bacteria on ISC behaviour and differentiation has not yet been explored owing to the lack of good long-term intestinal culture models. The recently developed three-dimensional human intestinal organoid system may serve as an ideal model to study this impact (Sato, Stange, Ferrante, et al. *Gastroenterology* 2011).

We hypothesise that ISC from CD patients and controls behave differently after stimulation with luminal microbiota, leading to an altered differentiation into progeny and altered release

of antimicrobial peptides by Paneth cells.

Intestinal stem cell behaviour will be compared between tissue samples obtained from CD patients (with active or inactive disease) and controls, by evaluating specific markers of ISC and their progeny. Furthermore, these markers will be evaluated in a human intestinal long-term culture. Starting from biopsy samples, crypts will be isolated and plated in a laminin-rich matrigel. Under optimal culture conditions, these crypts undergo multiple crypt fission events, while simultaneously generating villus-like epithelial domains in which all differentiated cell types are present.

Subsequently, human organoids will be challenged with bacterial-derived compounds (e.g. muramyl dipeptide and lipopolysaccharide) as well as complete microbiota such as the pro-inflammatory *Escherichia coli* and the anti-inflammatory *Faecalibacterium prausnitzii*. We

will evaluate the inflammatory response after these challenges, as well the impact on stem cell behaviour and differentiation and organoid barrier function. Findings will be confirmed in co-cultures with dendritic cells and T cells sorted by FACS analysis.



Marc Ferrante © Marc Ferrante

MARC FERRANTE

ECCO Grant Awardee 2012

Is defective resolution of inflammation involved in IBD pathogenesis?

The aetiology of IBD is still not clear; this is probably because there are different subtypes of Crohn's Disease and Ulcerative Colitis that, although they may have a similar disease phenotype, can have a completely different aetiology. A lot of research over the last few decades has focussed on the immune response against intestinal (invading) microbes. This response may be either too weak to keep the microbes at bay, or too strong, causing a lot of collateral damage during the clearance process; both circumstances will lead to chronic intestinal inflammation.

In this project we will investigate yet another important part of the immune response: resolution. Resolution of inflammation is an important anti-inflammatory process, and impairment of this process is suggested to result in persistent inflammation that may lead to autoimmune disease. Accordingly, we will

investigate whether IBD patients have a defect in the resolution process called efferocytosis. This process involves the uptake of apoptotic cells, by phagocytes, and the subsequent induction of a tolerogenic phenotype in these phagocytes. The uptake of the apoptotic cells prevents the potential spreading of pathogens that are able to survive in the apoptotic cells, whereas this tolerogenic phenotype of the phagocytes prevents further activation of the immune response. In this project we will look at the expression of factors on the apoptotic cells (neutrophils) as well as the phagocytes (monocyte-derived macrophages) that ensure the proper uptake of the apoptotic cells. In addition, we will functionally test the efferocytosis by means of the apoptotic cell uptake and the subsequent induction of the tolerogenic phenotype in the phagocytes. This

study will show whether a subset of IBD patients suffers from defective efferocytosis, probably leading to poor resolution of inflammation. Details on where these defects are located will provide interesting new therapeutic targets for this subset of IBD patients.



Colin de Haar © Colin de Haar

COLIN DE HAAR

ECCO Grant Awardee 2012

New Inception cohort in Europe: Is there an east-west-gradient in IBD

Recent studies from Hungary and Croatia have reported sharp increases in the incidence and prevalence of IBD to a level comparable to the rates observed in traditionally high-incidence areas, i.e. Western European countries. In contrast, studies from other Eastern European countries (Czech Republic, Romania and Poland) still report low incidence rates. The reason for these changes remains unknown. They could be due to increased awareness of the disease and differences in diagnostic practices, or they could reflect real differences in environmental factors, lifestyle and genetic susceptibility. It is therefore of great interest to follow the temporal trends for IBD in Eastern Europe in order to better define the burden of illness, explore the mechanism of association with environmental factors and identify new risk factors.

The EpiCom project was initiated on this basis. Thirty-two centres from 14 Western and eight Eastern European countries as well as one Asian country created a new prospective, uniformly diagnosed, population-based inception cohort of patients with IBD within well-described geographical areas. Between January 1, 2010 and December 31, 2010 the centres included 1,683 IBD patients in the EpiCom web database. All patients have been followed every 3rd month from the time of diagnosis for up to 2 years, while registering disease activity, medical and surgical treatment, lab work and quality of life and environmental factors.

Using the data from the EpiCom database, we will analyse the association between environmental factors and the incidence of IBD within geographical regions, differences in phenotype at diagnosis and initial disease activity,

as well as quality of life at diagnosis throughout Europe. Furthermore, the treatment strategies applied in various parts of Europe and the 1-year follow-up of disease course are of the utmost interest in terms of the pattern recognition of disease course and financial aspects.



Johan Burisch © ECCO Photographer

JOHAN BURISCH
ECCO Grant Awardee 2012

Card9 in Inflammatory Bowel Diseases pathogenes

A deviation of the gut microbiota composition called dysbiosis has been pointed out in Inflammatory Bowel Diseases (IBD). Concomitantly, genome-wide association studies have identified several susceptibility loci in genes involved in the interactions with micro-organisms. Polymorphism in the gene encoding Card9 (caspase recruitment domain 9) has been associated with Crohn's Disease (CD) and Ulcerative Colitis (UC). Card9 is an adaptor protein playing a central role in the integration of signals downstream of pattern recognition receptors. However, its role in the gastrointestinal tract, notably regarding the intestinal micro-organisms, has not yet been investigated. Card9 is highly expressed in macrophages and dendritic cells. Card9 plays a major role in the sensing of fungi via several C-type lectins and is also involved in the innate

immunity towards bacteria and viruses. Card9 is thus a key adaptor protein for innate immunity towards a wide range of micro-organisms, including many intestinal commensals and pathogens. We hypothesised that Card9 might play a role in the pathogenesis of IBD and more widely in shaping intestinal immunity.

The aim of the current proposal is to decipher the role of Card9 in the pathogenesis of IBD and in intestinal homeostasis. To address this question, we will use Card9 KO mice. In preliminary data, Card9 KO mice have an impaired intestinal IL17A and IFN γ response at baseline and in the context of dextran sodium sulphate- and Citrobacter rodentium-induced Colitis. These preliminary results, coupled with the association of Card9 polymorphism with CD and UC, confirm the importance of Card9 in intestinal immunity. We hypothesise that Card9-dependent sensing of microbiota, and particularly of fungi, is involved

in shaping the intestinal immunity.

While most studies so far performed on the intestinal microbiota have focussed on bacteria, we will extend the investigation to fungal microbiota using in vitro experiments, in vivo mouse models and samples from IBD patients.



Harry Sokol © Harry Sokol

HARRY SOKOL
ECCO Grant Awardee 2012

Academic excellence award

We are proud to announce that Tine Jess from Denmark, who is part of the ECCO Epidemiological Committee, has been elected as one of eight new members in 2012 of the Young Academy of the Royal Danish Academy of Sciences. The Royal Academy was established in 1742 by King Christian VI and has since adopted only a select subset of highly esteemed Danish researchers within the fields of history–philosophy and natural science–mathematics. Since 1899, the Academy has had its own New Renaissance residency in the heart of Copenhagen, where meetings still take place. In 1968, the first woman was elected as a member of the Academy, and as of today, the Academy is still protected by Her Majesty The Queen of

Denmark. In 2011, the Royal Academy established a Young Academy for the most talented Danish researchers under the age of 40, in order to enhance multidisciplinary basic research, bridging the gap between science and society, and to provide the country's best young researchers with a public voice. Tine Jess is the only person with a medical background to be elected to the Young Academy this year – together with seven top researchers from fields such as archaeology, political science, philosophy and biophysics. The branch of the Academy in which she is involved interacts with the Danish parliament. Tine Jess is also Head of Gastrointestinal Epidemiology Research at Statens Serum Institut under the Danish Ministry of Health.



Tine Jess © Tine Jess



Upcoming ECCO Guideline Publications

Stay tuned with JCC Online!



We proudly announce that the JCC subscription for the year 2013 will feature several new guideline publications and we cordially invite you to secure your JCC online access with ECCO Membership 2013.

ECCO:ESGAR Imaging Consensus

The aim of this new consensus is to establish standards for the use of cross-sectional imaging techniques in IBD. Imaging will include MRI, CT and US but not endoscopy or capsule endoscopy, even though these investigations will be at the background of all discussions.

ECCO:ESP Histopathology Consensus

The aim of this new consensus is to establish standards for diagnosis and pathological procedures in IBD and other colitides, such as lymphocytic and collagenous Colitis and variants, indeterminate, unclassified Colitis and infectious Colitis related to IBD.

ECCO Opportunistic Infections Consensus Update

The aim of this update is to establish up-to-date standards for the prevention, risk evaluation, diagnosis and treatment of opportunistic infections in IBD.

N-ECCO Consensus

This consensus will aim to provide clarity on the different nursing roles in caring for patients with Crohn's Disease and Ulcerative Colitis within Europe. The intention is to identify the position of IBD nurses and provide a consensus on the ideal standard of nursing care that patients with IBD can expect, irrespective of level of training or title.

ECCO:ESPGHAN Paediatric CD Consensus

The aim of this consensus is to establish standards for the management of paediatric CD. All aspects of treatment will be considered, including induction as well as maintenance therapy, nutritional treatment approaches and the use of anti-inflammatory drugs, immunosuppressors and biologics. In addition, decisional algorithms will be developed. In general, the adult ECCO recommendations will be referenced, with brief discussion, for topics for which only adult literature exists or when the paediatric data are in accordance with the adult ECCO recommendations.

ECCO Endoscopic Guidelines

The aim of this new consensus is to establish standards for diagnosis, follow-up and surveillance in IBD, including the differential diagnosis of other colitides.

ECCO is looking forward to your visit to JCC Online - which also provides regularly updated open access publication of the most downloaded articles!

AXEL DIGNASS

GuiCom Chair

MIQUEL GASSULL

JCC Editor-in-Chief

2nd ClinCom Workshop

On behalf of the Clinical Committee members of ECCO, it is my privilege to invite you to the 2nd ClinCom Workshop.

This workshop will be entirely devoted to therapeutic trials in the field of IBD. Is there still a future for academic trials? Are they not just underpowered and underfinanced? And what about the big registration trials led by the pharma industry. What do they teach us for the real world of everyday practice? Should we not try to answer more questions during these huge endeavours? Will the regulatory authorities and the insurers continue to approve and pay for drugs that have just shown superiority over placebo? Are you intrigued by these questions?

If you are considering setting up a clinical IBD trial and wish to debate with colleagues and international experts, this workshop is meant for you. We also welcome people from industry who wish to exchange ideas on the future of clinical trials in IBD and on the funding of and common interest in academic studies.

Eminent speakers and experienced investigators will share experiences from the past and give their views on the future of academic

studies in the field of IBD. After each session there will be ample time for discussion with the participants. Examples of different types of well and suboptimally performed academic studies ("best practice") will be highlighted by ClinCom members to shift the discussion from theory to current practice and to raise ideas on future potential cooperative studies.

We hope that participants at the workshop will return home with new ideas and realistic expectations as to what type of clinical questions can be answered by academic studies and how this can be done in an era of evidence-based medicine and cost constraints.

If you are considering attending the workshop, please don't forget to register in advance since the number of participants will be limited to enable more interaction and productive discussion.

FILIP BAERT

ClinCom Chair

On behalf of ClinCom

Registration – 2nd ClinCom Workshop

The 2nd ClinCom Workshop in Vienna is open to all ECCO Members (paid-up membership fee for 2013).

In this context, the Clinical Committee is looking forward to welcoming:

- all current ECCO Members
- new Members (to learn more on joining the ECCO Family, please refer to page 2 or sign up for membership online at www.ecco-ibd.eu).

Registration fee for this course: EUR 100,-

Please register in advance; no onsite registration possible (registration deadline: January 31, 2013). The number of participants is limited. Registration will be on a first-come, first-served basis.

For further information please contact the ECCO Office (ecco@ecco-ibd.eu).























2nd ClinCom Workshop programme	
Thursday, February 14, 2013	
08:30-08:35	Welcome Introduction of ClinCom and its role in ECCO Filip Baert, Roeselare, Belgium
08:35-10:05	Session 1: Therapeutic trials in IBD at a turning point Franck Carbonnel, Université Paris Sud, France
	08:35-08:55 Strategic studies in IBD: Today and tomorrow Julián Panés, Barcelona, Spain
	08:55-09:15 Tandem Talk: Patient cohort studies versus clinical trials Jean-Yves Mary, Paris, France and Brian Feagan, London, Canada
	09:15-09:35 Regulatory views on studies in IBD Elmer Schabel, Clinical assessor at BfArM, Germany; Member of the Scientific Advice Working Party, EMA, and Chairman of the Gastroenterology Drafting Group, EMA
	09:35-10:05 Practice examples (CysIF, GEMINI (vedolizumab))
10:05-10:35	Coffee break
10:35-11:35	Session 2: Academic trials in IBD: A User's Guide! Laurent Peyrin-Biroulet, Nancy, France
	10:35-10:55 Trial design: From idea to a sound protocol Walter Reinisch, Vienna, Austria
	10:55-11:15 How to avoid bias or mistakes in academic trials Stefan Schreiber, Kiel, Germany
	11:15-11:45 Practice examples (METEOR, Tailorix, CALM)
11:45-12:00	How to submit a study protocol to ClinCom & Closing remarks Filip Baert, Roeselare, Belgium

Note: All talks include a 5 min discussion → 15 min presentation, 5 min discussion



European
Crohn's and Colitis
Organisation

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

-  **1st ECCO Workshop**
Zagreb, **Croatia** - November 10, 2007
-  **2nd ECCO Workshop**
Vienna, **Austria** - December 15, 2007
-  **3rd ECCO Workshop**
Kaunas, **Lithuania** - May 10, 2008
-  **4th ECCO Workshop**
Athens, **Greece** - September 13, 2008
-  **5th ECCO Workshop**
Warsaw, **Poland** - September 26, 2008
-  **6th ECCO Workshop**
Istanbul, **Turkey** - November 8, 2008
-  **7th ECCO Workshop**
Oporto, **Portugal** - November 15, 2008
-  **8th ECCO Workshop**
Haifa, **Israel** - May 5, 2009
-  **9th ECCO Workshop**
Cluj Napoca, **Romania** - June 17, 2009
-  **10th ECCO Workshop**
Oslo, **Norway** - September 4, 2009
-  **11th ECCO Workshop**
Moscow, **Russia** - September 17, 2009
-  **12th ECCO Workshop**
Belgrade, **Serbia** - October 14, 2009
-  **13th ECCO Workshop**
Sao Paulo, **Brazil** - June 19, 2010
-  **14th ECCO Workshop**
Donetsk, **Ukraine** - September 17, 2010
-  **15th ECCO Workshop**
Budapest, **Hungary** - September 18, 2010
-  **16th ECCO Workshop**
Riga, **Latvia** - October 9, 2010
-  **17th ECCO Workshop**
Galway, **Ireland** - October 15, 2010
-  **18th ECCO Workshop**
Sofia, **Bulgaria** - November 11, 2010
-  **19th ECCO Workshop**
Dubai, **UAE** - April 29, 2011
-  **20th ECCO Workshop**
Helsinki, **Finland** - August 26, 2011
-  **21st ECCO Workshop**
Opatija, **Croatia** - September 17, 2011
-  **22nd ECCO Workshop**
Cordoba, **Spain** - November 12, 2011

-  **23rd ECCO Workshop**
Naples, **Italy** - December 1, 2011
-  **24th ECCO Workshop**
Tokyo, **Japan** - June 17, 2012
-  **25th ECCO Workshop**
Athens, **Greece** - July 7, 2012
-  **26th ECCO Workshop**
Durban, **South Africa** - August 10, 2012
-  **27th ECCO Workshop**
Sibiu, **Romania** - September 20, 2012
-  **28th ECCO Workshop**
Bratislava, **Slovakia** - November 16, 2012



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Find details on how to apply at www.ecco-ibd.eu

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In order to become an ECCO Member and have access to eLearning, please use the ECCO Membership form or simply apply online at www.ecco-ibd.eu.

For any questions regarding ECCO or ECCO Membership please contact the ECCO Office in Vienna:

Tel: +43-(0)1-710 22 42, E-mail: ecco@ecco-ibd.eu



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ECCO Educational Workshops 2012



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Bratislava, **Slovakia** – November 16, 2012



Spreading standards in IBD –
Your presence counts!

For registration please visit www.ecco-ibd.eu

26th ECCO Educational Workshop - Durban, South Africa

August 10, 2012

Winter in South Africa: touching down in Johannesburg, after a long trip from Europe, the ECCO representatives were welcomed by snow. This is seldom seen in South Africa, and coming from a place where the sun is more of a problem, it was not what we had really hoped for. However, as we continued to Durban, where the workshop took place during the 50th SAGES congress, the sun appeared to welcome us to this very exciting city, located in KwaZulu-Natal.

For this workshop the local organisers, Keith Newton and Gill Watermeyer, reserved a whole day during the annual South African congress. The faculty further included V.G. Naidoo from Durban, Stephen Grobler (Bloemfontein), Andreas Sturm (Berlin) and Janneke van der Woude (Rotterdam). The local chairmen included T.E. Madiba, Johan Botha and Adam Mahomed. After a warm welcome from Keith Newton and a brief introduction to ECCO from Janneke van der Woude, the first speaker, Andreas Sturm, gave an excellent Mike Moshal Eponymous Lecture on optimising therapy in IBD. This talk proved to be a good introduction and background for the rest of the workshop.

Following this lecture, the concept of interactive case discussion was introduced during the first case, involving a paediatric patient. The related discussion was very interesting and included contributions from well-trained paediatricians, surgeons, nurses and dieticians who joined the gastroenterologists during the first part of this ECCO Workshop. The Acute Severe Colitis case presented by Stephen Grobler and the pouchitis case introduced by Andreas Sturm provoked an interesting debate on the optimal timing of surgery and outcome. After lunch the workshop continued with discussion of imaging and new



Faculty of the 26th ECCO Educational Workshop, Durban, South Africa, 2012 © ECCO Office

diagnostic steps, which were the theme of the presentation by Gill Watermeyer, and a case report on new-onset Ileocaecal Crohn's Disease by V.G. Naidoo. This latter case led to a lively discussion on how to manage these patients in the context of tuberculosis in South Africa. The workshop ended with a state of the art lecture on opportunistic infections in IBD by myself.

Overall, the workshop provided an excellent opportunity for discussion and implementation of the ECCO Guidelines on Crohn's Disease and Ulcerative Colitis against the background of South African physicians' expertise in infectious diseases. It was attended by approximately 100 gastroenterologists, paediatricians, surgeons, nurses and dieticians from the whole country. The meeting ended with a gala dinner celebrating the 50th anniversary of SAGES, with some outstanding African singers. The event was highly appreciated and positive feedback was received from the majority of the

participants. ECCO would like to express their gratitude to Karin Fenton for organising this workshop on behalf of ECCO and we very much look forward to further deepening the relations between South Africa and ECCO.






JANNEKE VAN DER WOUDE
ECCO Education Officer



ECCO Educational Workshops 2013

The primary goal of this educational activity organised by the ECCO Education Committee (EduCom) is the harmonisation of IBD practises within ECCO Country Members by spreading the ECCO Guidelines, and to provide continuous medical education with the ultimate aim to improve the quality of care for patients with IBD.

In 2013, ECCO EduCom will be conducting four one-day workshops within Europe and one one-day workshop outside Europe

-  29th ECCO Educational Workshop:
Mexico City, Mexico, March 7, 2013
-  30th ECCO Educational Workshop:
Istanbul, Turkey, May 3, 2013
-  31st ECCO Educational Workshop:
Emmetten, Switzerland, September 6, 2013
-  32nd ECCO Educational Workshop:
Gothenburg, Sweden, September 20, 2013
-  33rd ECCO Educational Workshop:
Berlin, Germany, November 23, 2013

For the most up to date information check out the ECCO Educational Workshop information on the ECCO website at www.ecco-ibd.eu/education/educational-workshops.

For sponsoring options at the ECCO Educational Workshops in 2013, please contact the ECCO Office at ecco@ecco-ibd.eu.

27th ECCO Educational Workshop - Sibiu, Romania

September 20, 2012

The first ECCO Educational Workshop to be hosted in Romania was the 9th, held on June 17, 2009 in Cluj-Napoca prior to our National Congress of Gastroenterology. That was a very successful meeting, with around 100 participants and two distinguished guests as ECCO speakers: Simon Travis and Matthieu Allez. The high participation rate was attributable to the good advertising and the free entrance. Owing to this success, our national IBD society, the Romanian Crohn's and Colitis Club (RCCC), via its president, Mircea Diculescu, successfully applied in 2011 to hold a second ECCO Educational Workshop.

This second ECCO Educational Workshop was held on September 20, 2012, prior to the National IBD Symposium in Sibiu on September 21-22, 2012. In the local faculty, emotions ran high concerning the number of participants, owing to the fact that according to the new ECCO regulations, only ECCO Members 2012 were eligible to participate and in July 2012 there were only 41 eligible ECCO Members in Romania; we therefore estimated that the number of likely participants would be 20-30, given that they also had to cover an extra day of accommodation.

We began by advertising the workshop to Romanian ECCO Members, with much assistance from Barbara Schmidt on behalf of ECCO. As local organisers we also sent three announcements about the workshop to participants at our National Symposium. Furthermore, on the site of our National IBD Society (www.rccc.ro) we created an "ECCO Corner" for ECCO News and also the ECCO announcement of the workshop to be held in Sibiu.

Just before the start of the workshop, the tasks of Barbara were assumed by Karoline Graf, who also participated personally in the workshop organisation in Sibiu on behalf of ECCO. She was assisted by Phillip Judkins as Education Project Manager. Ultimately, there were 50 Romanian ECCO registrants for the workshop, four of whom were also speakers and chairmen. From all these colleagues, the number of attendees was 41 with 10 onsite registrations. During the afternoon before the workshop, the speakers and chairmen together with Karoline gathered to discuss the six cases to be presented.

The ECCO Faculty was represented by Gerassimos Mantzaris (EduCom Chair) from Athens and Peter Lakatos (EpiCom Chair) from Budapest. The representatives of the local faculty were Mircea Diculescu (RCCC Founder and former President), Adrian Goldis (present RCCC



Faculty of the 27th ECCO Educational Workshop, Sibiu, Romania, 2012 © ECCO Office

Chair), Liana Gheorghe and Daniela Dobru. They coordinated the introduction of the speakers very well, decided upon the style and duration of the presentations and professionally guided the discussion of IBD problems adapted to the Romanian lifestyle. The conclusion reached after all these discussions was that there is no difference between Romanian and other EU members concerning diagnosis and treatment in IBD patients.

The morning session opened with a warm welcome by the National Representatives and Gerassimos Mantzaris on behalf of the Education Committee of ECCO. The session involved the presentation of two cases – one with Acute Severe Colitis, presented by Adrian Goldis, and the other with recurrent complicated ileocaecal Crohn's Disease, presented by Liana Gheorghe – and related discussion. Between lunch and the afternoon coffee break, two more cases (imaging and new diagnostic steps in CD, and management of infectious complications in IBD) were presented by Gerassimos Mantzaris and Peter Lakatos, again followed by much discussion. In the final session, Daniela Dobru and Peter Lakatos presented the last two cases (Fistulising Disease and new-onset ileocaecal CD). Gerassimos Mantzaris then gave a final presentation in the form of a state of the art lecture on pregnancy/reproduction in IBD. The highlights of the 27th ECCO Workshop were given by Adrian Goldis.

The best features of the workshop were the interaction between ECCO Members and speakers and the openness of experts in imparting new information, utilising ideas gained from their clinical practice and thereby improving the approach to IBD cases.

We think that, in view of the comments made by everyone, this workshop achieved the

ECCO Workshop mission of harmonising the practice of IBD among ECCO Members from different ECCO member countries.

Knowing that one of the ECCO Consensus mottoes is "guidelines, not rules" makes us more open-minded and flexible regarding cases we may encounter in the future.

All the participants received an evaluation form so that they could rate every aspect of the workshop, including the information gained from the speakers. Almost all were kind enough to return the completed evaluation form, and on the basis of the responses we concluded that without exception the goals of this workshop had been achieved.

We are grateful to the invited speakers, Gerassimos Mantzaris and Peter Lakatos, for their presentations and for being very open to our questions and comments.

Our goal of spreading the evidence-based ECCO guidelines to Romania was achieved, thanks to the workshop organisers from Romania. We also wish to thank the ECCO Office team from Vienna, whose professionalism in conducting this ECCO Workshop helped to make it a successful event.

ADRIAN GOLDIS

National Representative of Romania and Local Organiser



Update on P-ECCO activities

The European-based consensus on Ulcerative Colitis and Crohn's Disease published in 2008 and 2010 addressed specific features of paediatric patients as part of the general recommendations under „special situations“. It is well known nowadays that paediatric IBD has features of its own that need to be evaluated in detail.

With this in mind, P-ECCO has worked on specific documents with recommendations for this age group. Issues such as growth, the value of enteral nutrition, avoidance of steroids, and specific aetiology and treatment for early-onset IBD have been important topics in documents from P-ECCO. Following the publication of an evidence-based consensus on Ulcerative Colitis by ECCO and ESPGHAN experts (JPGN, 2012), P-ECCO made a call for a new group to work on a similar document for Crohn's Disease. Work has begun and the first draft was extensively discussed during UEGW in Amsterdam. The group will reconvene at the ECCO '13 Vienna Congress and publication is expected to occur in 2013.

P-ECCO is also embracing other projects. Careful planning of the transition of adolescents with IBD to adult care is essential to avoid loss of follow-up and potential deterioration of the disease. A document addressing this important topic is also being worked on.



P-ECCO Committee (Hankje Escher, Frank Ruemmele, Kajja-Leena Kolho, Arie Levine, Jorge Amil Dias) © ECCO Photographer

Renovation within ECCO Committees is also important in maintaining enthusiasm and high standards in projects. P-ECCO was created 2 years ago and it is time to bring new faces into play. A call for applications was made and an election, held. Two new members will join P-ECCO after Vienna, replacing Hankje Escher and Jorge Amil Dias, who will be stepping down. Although they will be leaving their committee

roles, these members will retain ongoing commitments and will join the growing community of paediatric gastroenterologists who work together within ECCO.

JORGE AMIL DIAS
P-ECCO Committee Member
On behalf of P-ECCO

Update on N-ECCO activities

The work of N-ECCO during 2012/2013 has been focussed on the development of N-ECCO Consensus statements on the role of nurses in Europe caring for patients with Crohn's Disease and Ulcerative Colitis.

It has been inspiring to work with 20 nurses from around Europe who have dedicated their time, expertise and knowledge to the statements.

The N-ECCO Consensus statements will be presented at the ECCO'13 Vienna Congress on Saturday, February 16, 2013 and will also be available in JCC. For the first year, the N-ECCO School & the N-ECCO Network Meeting will occur on the same day, on Thursday, February 14, 2013 in Vienna.

As ever, the N-ECCO School will provide a basic course on Inflammatory Bowel Disease (IBD) for nurses who are new to the speciality – the total number of nurses attending the school each year is a maximum of 35, based on one nurse per country (two for larger European countries) being nominated to attend by the N-ECCO National Representatives. Nurses who attend the N-ECCO School receive a certificate of attendance and are encouraged to attend the N-ECCO Network Meeting in the subsequent year(s).

It is with sincere thanks to EFCCA (European Federation of Crohn's and Ulcerative Colitis Associations) that the nurses attending the N-ECCO School are provided with financial support for travel/accommodation – this is vital given that in many European countries nurses are not provided with any support to seek education to develop their roles.



Part of the N-ECCO Committee (Janette Gaarenstroom, Marian O'Connor, Patricia Détre, Rina Assulin) © ECCO Photographer

Once again, the N-ECCO Network Meeting programme has been developed based on delegate suggestions – this provides a diverse and stimulating programme looking at key issues in the management of IBD. This meeting also offers a unique opportunity during the extended coffee and lunch breaks to share ideas, practice and knowledge and to network with the nurse delegates who work in the area of IBD.

With sorrow, N-ECCO is saying goodbye to three committee members in Vienna in 2013, as Lisa Younge (UK), Patricia Detre (FR) and Rina Assulin (IR) are stepping down. I would like to take this opportunity to thank them sincerely for their commitment, hard work, expertise and humour whilst working within N-ECCO. The committee

will then welcome three new members who will continue the work in developing N-ECCO in 2013/2014.

The opportunities continue with the N-ECCO Travel Award available for nurse applicants to visit another European centre/hospital to view their service and consider developments that may be relevant to their own service upon their return. Further information on this and on how to get involved in N-ECCO is available via the website, www.ecco-ibd.eu. I look forward to welcoming you all to N-ECCO in Vienna! With best wishes,

MARIAN O'CONNOR
N-ECCO Chair
On behalf of N-ECCO

7th N-ECCO Network Meeting

N-ECCO invites all nurses with a special interest in IBD to join them in Vienna

The 7th N-ECCO Network Meeting will take place on Thursday, February 14, 2013 in Vienna, Austria as part of the 8th Congress of ECCO.

This annual, one-day event is open to all nurses who are members of ECCO and have a particular interest in Inflammatory Bowel Disease (IBD). As always, the content of the programme is based on popular suggestions and requests from delegates at the last N-ECCO Network Meeting, which in this case was held in Barcelona in February 2012. The focus for the coming Network Meeting is on issues that are important to our patients now and on developments which may become important

to them in the future. The last session on comparing and sharing nursing practice will look at current developments in nurse-led research in IBD.

The invited speakers include nurse specialists, gastroenterologists and other professionals dedicated to the care of patients with IBD.

In addition to the programme, the N-ECCO Network Meeting provides an excellent opportunity to meet and interact with international colleagues. Participants are invited to exchange their experience and ideas with other delegates both during the breaks and at the end of each talk.

N-ECCO invites all nurses with a special interest in IBD to join us in Vienna. With the knowledge to be gained we may be in a better position to answer one of the most popular questions posed by our patients, namely, *"Nurse, is there any news concerning the treatment of IBD or what I can expect in the future?"*

JANETTE GAARENSTROOM

N-ECCO Committee Member
On behalf of N-ECCO

7 th N-ECCO Network Meeting programme		Thursday, February 14, 2013	
08:00 – 09:00	Breakfast satellite symposium	14:00–14:20	Genetics in IBD Charlie Lees, Edinburgh, United Kingdom
09:15 – 09:30	Welcome and introduction Janneke van der Woude, Rotterdam, The Netherlands Marian O'Connor, London, United Kingdom	14:20–14:40	New therapies for IBD management Andreas Sturm, Berlin, Germany
09:30 – 12:30	Session 1 – Current issues in IBD care Rina Assulin, Haifa, Israel Lisa Younge, London, United Kingdom	14:40–15:00	Stem cell therapy for IBD Marjolijn Duijvestein, Amsterdam, The Netherlands
	09:30–09:50 The risk of cancer in IBD Shomron Ben-Horin, Tel Hashomer, Israel	15:00–15:20	The IBD nurse tomorrow Lisa Younge, London, United Kingdom
	09:50–10:10 Treating anaemia effectively Guillaume Savoye, Rouen, France	15:20 – 15:40	Coffee break
	10:10–10:30 Tandem Talk: Which surgery & when in IBD Yves Panis, Clichy, France Bas Oldenburg, Utrecht, The Netherlands	15:40 – 16:45	Session 3 – Comparing & sharing nursing practice: Developing nurse-led research Janette Gaarenstroom, Utrecht, The Netherlands Marian O'Connor, London, United Kingdom
10:30 – 11:00	Coffee break	15:40–16:00	Researching in nursing by nurses: Why & how to start Christine Norton, London, United Kingdom
	11:00–11:30 Psychological impacts of IBD: How can we help? Janette Gaarenstroom, Utrecht, The Netherlands	16:00–16:10	Nursing research in Norway Lars-Petter Jelsness-Jorgensen, Fredrikstad, Norway
	11:30–12:00 Psychological interventions to aid the patient to cope with IBD Julian Stern, London, United Kingdom	16:10–16:20	Nursing research in the Netherlands Maria van Vugt, Nijmegen, The Netherlands
	12:00–12:10 Oral presentation 1	16:20–16:30	Nursing research in Sweden Lena Oxelmark, Gothenburg, Sweden
	12:10–12:20 Oral presentation 2	16:30–16:45	Themes and discussion Janette Gaarenstroom, Utrecht, The Netherlands
	12:20–12:30 Oral presentation 3	16:45 – 17:00	N-ECCO in 2013 & Conclusion Marian O'Connor, London, United Kingdom
12:30 – 14:00	Lunch break (self-guided poster round in the exhibition hall)	17:15 – 18:15	Afternoon satellite symposium
14:00 – 15:20	Session 2 – IBD management: New horizons Janette Gaarenstroom, Utrecht, The Netherlands Marian O'Connor, London, United Kingdom		

2nd S-ECCO IBD Masterclass

The Surgeons of ECCO (S-ECCO) cordially invite surgeons and gastroenterologists to learn more about the surgical treatment of Ulcerative Colitis (UC).

The faculty has been selected from among the most highly esteemed colorectal surgeons worldwide and also includes several leading gastroenterologists. They will give concise updates on the many aspects of UC surgery, followed by intense discussion after each presentation. There will be ample time to confront opinions and to debate all issues related to surgery. The course will be of equal interest to surgeons and gastroenterologists. As most of you will know, the formal level of evidence for surgical treatments is generally low compared with the pharmacological options, and randomised studies are rather scarce. However, surgical techniques and peri-operative routines have evolved over decades; the presentations will aim at giving you today's best knowledge and this will, of course, be backed by the best studies. Surgeons attending will pick up tips almost guaranteed to help in

offering better care to patients. Gastroenterologists will achieve a much better understanding both of what surgery can do for patients and of the "surgical way of thinking", and will thus become better equipped to tackle daily practice (and life in general maybe?). The course will doubtless benefit participants by promoting improvement in the working relationship between surgeons and gastroenterologists in MDT conferences and other discussions over patients with UC. As can be seen from the programme below, most aspects of UC surgery will be covered. The course starts on Wednesday after lunch and ends before lunch on Thursday. The fee is a modest EUR 100. We wish you all heartily welcome.

TOM ØRESLAND
S-ECCO Member
On behalf of S-ECCO

Registration - 2nd S-ECCO IBD Masterclass

The 2nd S-ECCO IBD Masterclass in Vienna is open to all members of ECCO (paid-up membership fee for 2013).

In this context, the S-ECCO Committee is looking forward to welcoming:

- all current ECCO Members
- new ECCO Members (to learn more on joining the ECCO Family - please refer to page 2 or sign up for membership online at www.ecco-ibd.eu).

Registration fee for this course: EUR 100,-

Please register in advance; no onsite registration is possible (registration deadline: January 30, 2013).

The number of participants is limited. Registration will be on a first come, first served basis.

For further information, please contact the ECCO Office (ecco@ecco-ibd.eu).

2nd S-ECCO IBD Masterclass programme	
Wednesday, February 13, 2013	
13:00-13:10 Welcome	
André D'Hoore, Leuven, Belgium	
13:10-14:30 Session 1: The acute setting	
Millan Monica, Barcelona, Spain Odet Zmora, Tel Hashomer, Israel	
13:10-13:30	Rescue medical treatment: which drugs and critical appraisal Julián Panés, Barcelona, Spain
13:30-13:50	Actual medical treatment of Ulcerative Colitis and the new kids on the block: vedolizumab, tofacitinib and stool transplants Séverine Vermeire, Leuven, Belgium
13:50-14:10	Urgent Colectomy: indications and outcome Alastair Windsor, London, United Kingdom
14:10-14:30	Laparoscopic and single site approaches in the acute setting: technical aspects Tonia Young-Fadok, Scottsdale, United States
14:30-15:30 Session 2: The ileoanal pouch	
Antonio Spinelli, Milano, Italy Michael Powar, Cambridge, United Kingdom	
14:30-14:45	Development of pouch surgery R. John Nicholls, London, United Kingdom
14:45-15:00	Who should do the pouch surgery (credentialing, learning curve)? Zane Cohen, Toronto, Canada
15:00-15:15	Alternative techniques: ileorectal anastomosis Francesco Tonelli, Florence, Italy
15:15-15:30	Dysplasia, DALM, flat adenoma in UC Eveline Dekker, Amsterdam, The Netherlands
15:30-16:00 Coffee break	
16:00-17:40 Session 3: Technical aspects of pouch surgery	
Tonia Young Fadok, Scottsdale, United States Zane Cohen, Toronto, Canada	
16:00-16:20	Laparoscopic IA – J pouch: technical aspects Yves Panis, Clichy, France
16:20-16:40	How to gain mesenteric length? Emmanuel Turet, Paris, France
16:40-17:00	Stapled or mucosectomy, dissection plane and design Neil Mortensen, Oxford, United Kingdom
17:00-17:20	Three-, two- or one-stage procedures: evolution Gilberto Poggioli, Bologna, Italy
17:20-17:40	Early rescue for anastomotic dehiscence Willem Bemelman, Amsterdam, The Netherlands
17:40-18:00 Discussion	
Thursday, February 14, 2013	
08:30-10:05 Session 4: Pouch problems	
Fernando Rizzello, Bologna, Italy Gianluca Sampietro, Milano, Italy	
08:30-08:50	How to assess pouch function André D'Hoore, Leuven, Belgium
08:50-09:10	Pouchitis and cuffitis: current understanding and treatment Omar Faiz, London, United Kingdom
09:10-09:30	Scoring functional pouch outcome Alastair Windsor, London, United Kingdom
09:30-09:45	Long-term outcome of pouch surgery Tonia Young-Fadok, Scottsdale, United States
09:45-10:05	Sexual function: fecundity and delivery after pouch surgery Janneke v.d. Woude, Rotterdam, The Netherlands
10:05-10:30 Coffee break	
10:30-11:55 Session 5: Special issues	
R. John Nicholls, London, United Kingdom Emmanuel Turet, Paris, France	
10:30-10:45	Surgery for UC in infancy C.E.J. Sloots, Rotterdam, The Netherlands
10:45-11:00	Surgery for pouch failure Gianluca Sampietro, Milano, Italy
11:00-11:15	Ultimate pouch failure Zane Cohen, Toronto, Canada
11:15-11:55	Clinical case discussion Appendectomy for UC Pouch failure
11:55-12:00 Closing remarks	
Willem Bemelman, Amsterdam, The Netherlands	



European
Crohn's and Colitis
Organisation

Volume 6
Issue 10
December 2012

JCC

JOURNAL of CROHN'S & COLITIS



Contains the 2nd ECCO Consensus on UC
(Parts 1 and 2 of 3)

See articles on page 965 and 991

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International Journal Devoted to Inflammatory Bowel Diseases
Official Journal of the European Crohn's and Colitis Organisation



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Young ECCO (Y-ECCO)

Dear Colleagues,

We have just returned from a great United European Gastroenterology Week in Amsterdam. The Y-ECCO Committee met once again to advance our initiatives on your behalf: to support friendship and collaboration between young clinicians and scientists, to offer a contact point for all young clinicians and scientists who want more information on ECCO and its activities and to support and participate in the educational and scientific activities of ECCO.

We continue to grow. As of October 2012 we have 389 Y-ECCO Members (up from 225 in 2011, an increase of 73%!)). This also represents a relative increase from 17% of all ECCO Members in 2011 to 19% in 2012. We feel this is a confirmation of the success of Y-ECCO in supporting young clinicians and scientists interested in IBD.

You still have the chance to participate in

the Y-ECCO literature review. You can choose a timely and relevant article and on top of that introduce yourself to the ECCO community with a picture and self-description. If you would like to submit a review, please contact ecco@ecco-ibd.eu.

To be able to serve you better, Y-ECCO is building a database of Y-ECCO Members who are interested in acting as a session chair at a future Y-ECCO Workshop. We have already had multiple responses. The invitation to apply remains open. Please let us know if you are interested; you will need to specify your area of expertise and send a CV. Selection will be done by the Y-ECCO Committee on a competitive basis and if chosen, you will have the help of an experienced co-chair. If you would like to submit an application, please contact ecco@ecco-ibd.eu.

We had a total of nine very strong applicants

for two positions on the Y-ECCO Committee elections. The votes are in and the selected candidates will be reported in the next ECCO News, once approved by the Governing Board.

Our educational survey on the future of gastroenterology in Europe is being rolled out. The survey takes just 5 minutes, and all Y-ECCO Members should contribute. The survey can be found at: www.surveymonkey.com/s/YECCOSurvey. All participants will be entered into a draw for free ECCO Membership for one year. As you can see: There are many opportunities to take part in Y-ECCO activities....

As always, thank you for all you do for Y-ECCO.

FLORIAN RIEDER
Y-ECCO Chair,
On behalf of Y-ECCO

6th Y-ECCO Workshop and Y-ECCO Members' meeting

Dear Y-ECCO friends, the ECCO Congress is approaching!

We warmly invite you to the Y-ECCO Workshop, to be held this year for the 6th time, on February 13, 2013 during the ECCO '13 Vienna Congress (programme below). Various topics on IBD career development will be addressed by excellent speakers, who will share their experiences. They will discuss the different career possibilities with you, starting from academia, progressing through industry and finishing with private practice. The importance of choosing a career period abroad will be another important point, as will combining work with family time. Guest of honour this year will be Jean-Frédéric Colombel, who will offer reflections on his eventful and successful life and what led to the decisions he made during his career.

We also hope that you will all join us for the Y-ECCO Members' meeting and networking event to be held at the end of the day. Against the background of a good drink and music, we will be curious to learn more about your suggestions, continuing the listening exercise conducted through the "Y-ECCO questionnaire", which most of you completed last year. We will discuss our ongoing projects, like the "Y-ECCO Educational Survey" and the "Y-ECCO literature review", as well as future ones. And last but not least, the networking event is the ideal opportunity to make new

Y-ECCO friends throughout the world!

This year we will bid farewell to Marjolijn Duijvestein and James Lee, while welcoming two new Y-ECCO representatives. Marjolijn and James have done a really great job and together with former Y-ECCO representatives, they will continue to inspire Y-ECCO activities and vitality.

More information on locations and times will be provided onsite.

Hope to see you all there!

FRANCO SCALDAFERRI
PIETER HINDRYCKX
Y-ECCO Committee Members

6th Y-ECCO Workshop programme: "How to pursue a career in IBD" Wednesday, February 13, 2013

16:00-16:10	Welcome and introduction Florian Rieder, Cleveland, United States
16:10-16:50	Session 1 Franco Scaldaferrri, Rome, Italy Pieter Hindryckx, Gent, Belgium
	16:10-16:30 Podium discussion: Career options as a gastroenterologist: The spectrum from academic clinical science through to private clinical practice Gijs Van den Brink, Amsterdam, The Netherlands Florian Obermeier, Regensburg, Germany Asit Parikh, Cambridge, United States
	16:30-16:50 How to combine an (academic) career in IBD with my family? Ailsa Hart, London, United Kingdom
16:50-17:30	Session 2 Marjolijn Duijvestein, Amsterdam, The Netherlands James Lee, Cambridge, United Kingdom
	16:50-17:10 Training in IBD: Home sweet home or better abroad? Arthur Kaser, Cambridge, United Kingdom Catherine Reenaers, Liège, Belgium
	17:10-17:30 Personal reflections on my curriculum vitae Jean-Frédéric Colombel, New York, United States
17:30	Y-ECCO Members' meeting & networking event in a nearby pub

Tofacitinib, an oral Janus kinases inhibitor, in active Ulcerative Colitis

Sandborn WJ, Ghosh S, Panes J, Vranic I, Su C, Rouseil S, Niezychowski W; Study A3921063 Investigators
N Engl J Med. 2012;367:616-24

Ulcerative Colitis (UC) is a chronic life-long inflammatory disease of the colon that can affect daily life owing to impairment of work and leisure activities. Unfortunately, the aetiology remains unknown and, unlike in Crohn's Disease, few therapies have been shown to be effective in inducing and maintaining long-term remission. Steroids and mesalazine are widely used to treat UC flares, but steroids cannot be used in the long term, and they are not able to change the natural history of the disease. Evidence on the efficacy and safety of thiopurines is weak. Biological therapies, directed against tumour necrosis factor (TNF)- α , are effective in inducing and maintaining remission, healing the colonic mucosa and reducing the risk of colectomy, but, up to now, only infliximab and, very recently, adalimumab have been approved for active moderate-to-severe UC [1-3]. A consistent number of subjects do not respond or are intolerant to anti-TNFs and therefore cannot be treated appropriately without frequent courses of steroids. New effective therapies other than steroids are urgently needed in UC patients, with a different mechanism of action than anti-TNFs.

Sandborn et al. conducted a phase 2 prospective multicentre international randomised controlled trial [4] to investigate the efficacy and safety of tofacitinib, a selective oral inhibitor of Janus kinases (JAK), which can block several pro-inflammatory gamma chain-containing cytokines and therefore interfere with lymphocyte activation, function and proliferation. They enrolled 194 adults with moderately to severely active UC. Subjects were randomly assigned to receive tofacitinib at a dose of 0.5 mg, 3 mg, 10 mg or 15 mg or placebo twice daily for 8 weeks. The primary outcome of this study was a clinical response at week 8, defined as an absolute decrease from baseline in the Mayo Score, with objective reduction of rectal bleeding.

Key findings

The authors found that 78% of subjects receiving the highest dose of tofacitinib (15 mg b.i.d.) had a clinical response, compared with 42% of those receiving placebo ($p < 0.001$). Clinical remission was observed in 48% and 41% of subjects receiving 10 and 15 mg b.i.d. respectively compared with 10% of those receiving placebo ($p < 0.001$). The response and remission rates for the lowest doses were not statistically significantly different from those for placebo. Endoscopic response was found in 78% of subjects receiving 15 mg b.i.d. of tofacitinib vs 46% of those receiving placebo ($p < 0.001$); endoscopic remission was observed in 30% and 27% receiving 10 mg and 15 mg b.i.d. of tofacitinib, respectively, but in only 2% receiving placebo. No differences were found for lower dosages.

The most frequent adverse events were infections and nasopharyngitis. Two patients receiving 10 mg had serious adverse events (abscesses). Three patients had neutropenia ($< 1,500/\text{mm}^3$), and in all patients receiving tofacitinib a reversible dose-dependent increase in lipid profile was observed (both HDL and LDL levels), which remains unexplained. Generally, adverse event rates were not statistically significantly higher than in the placebo group.

Why is this study important?

This study showed the efficacy of tofacitinib at week 8 in inducing clinical and endoscopic response and remission. Such promising results need to be confirmed in large phase 3 trials, but they open further perspectives on new molecules to be used in UC, other than anti-TNF agents. Tofacitinib might be an effective and safe alternative in patients who do not respond or are intolerant to current biological agents, or might even be used as first-line biological therapy after failure of immunosuppressants.

Some comments arise from this paper. First, the increase in lipids should be further investigated. Such an increase could be especially concerning in the maintenance phase, with severe adverse events in the

long term (i.e. cardiovascular thrombosis). Secondly, endoscopic response rates in the placebo group were surprisingly high, similar to findings in recent studies on adalimumab in UC; these results may be due to the natural course of UC or the high inter-observer variability with respect to detection of endoscopic lesions in UC. Third, the efficacy of tofacitinib may warrant further investigation of the role of JAK kinases and similar molecules in the pathogenesis of UC.

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Gionata Fiorino

Gionata Fiorino is a gastroenterologist and clinical researcher at the IBD Center, IRCCS Humanitas, in Rozzano, Milan, Italy. He is currently working as a PhD student on the role of imaging in the natural history of Crohn's Disease. He is mainly interested in non-invasive techniques and new therapies in Inflammatory Bowel Disease.

Low-dose smoking resumption in ex-smokers with refractory Ulcerative Colitis

Calabrese E, Yanai H, Shuster D, Rubin DT, Hanauer SB
Journal of Crohn's and Colitis 2012;6:756-62

Introduction

Cigarette smoke contains hundreds of potentially toxic (or therapeutic) compounds, many of which have an unknown action in the human body [1]. Ulcerative Colitis (UC) shows an inverse association with cigarette smoking exposure, with non- or ex-smokers at higher risk for UC; by contrast smokers are more likely than non- or ex-smokers to suffer from Crohn's Disease (CD). Anecdotal evidence suggests that resumption of smoking may improve the clinical outcome of ex-smokers with refractory UC.

Cigarette smoking has a negative impact on most autoimmune disorders, being associated with a high risk of cardiovascular, lung and digestive diseases; notwithstanding this, cigarette smoking appears to have beneficial effects in UC. Studies have shown that carbon monoxide (CO) is one potential contributor to this helpful effect [2, 3]. Nicotine could also be responsible for most of

the immunoregulatory effects of cigarette smoke. Also, it is worth mentioning that UC has a bimodal distribution [4, 5], and that the second, older-age peak (between 50 and 80 years of age) is characterised by higher rates of former smokers [6-8], suggesting that smoking suspends the onset of the UC rather than fully protecting against it.

What is this paper about?

The authors carried out a descriptive retrospective study on a small cohort of 17 ex-smokers with refractory UC and/or steroid dependency. A moderate resumption of smoking, with three to five cigarettes per day or an equivalent amount of nicotine compound, was recommended. Therapeutic effects were evaluated using the Simple Colitis Clinical Activity Index (SCCAI) [9].

Fifteen out of 17 patients chose to resume smoking and 14 of these 15 patients demonstrated an improvement in clinical outcome, maintaining clinical remission (SCCAI=0) through a median period of 23 months (range 3-120). One out of the 15 patients required oral steroids. Of eight steroid-dependent patients who initiated smoking/nicotine,

all were able to taper off steroids. Eleven of the 17 patients were older than 50 years of age at the time of the study, but developed UC earlier in their life. They therefore do not represent the subgroup of pure late-onset UC.

Among the limitations of this study are the lack of endoscopic criteria to validate the clinical remission, the small series of patients and the lack of a control group. There is a chance that a distinctive feature of this subgroup was omitted and a "dose effect" both prior to and after the intervention was not demonstrated.

Conclusions

Low-dose smoking resumption in selected subgroups of ex-smokers with refractory UC represents an unconventional therapeutic approach that could ameliorate signs and symptoms of disease. Smoking risk factors should be considered and discussed with patients.

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Razvan Zaro © Razvan Zaro

Razvan Zaro

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RAZVAN ZARO

Regional Institute of Gastroenterology and Hepatology "Prof. Dr. O. Fodor"
Cluj Napoca, Romania

Abnormal activation of autophagy-induced crinophagy in Paneth cells from patients with Crohn's Disease

Thachil E, Hugot JP, Arbeille B, Paris R, Grodet A, Peuchmaur M, Codogno P, Barreau F, Ogier-Denis E, Berrebi D, Viala J *Gastroenterology*. 2012;142:1097-9

Introduction

Intestinal epithelial cells (IEC) have the difficult task of protecting the host from potentially harmful luminal content and promoting the uptake of water and nutrients. Specialised IEC, such as Paneth cells, are protective cells located at the small intestine in the crypt base. These cells produce antimicrobial substances such as defensins and lysozymes, but also growth factors that are indispensable for the intestinal stem cell niche. Highly secretory cells, such as Paneth cells, need to be able to cope with high endoplasmic reticulum (ER)-dependent protein production causing chronic ER stress. Accordingly, micro and macro engulfment of intracellular compartments (e.g. autophagy) is part of the ER stress response to protect cells from noxious ER stress levels.

Defects in Paneth cell function, including impeded defensin production and secretion, have been reported in patients with Crohn's Disease (CD). The mechanisms behind this phenomenon are still largely unknown. However, a recent short report by Thachil et al. in *Gastroenterology* from January 2012 elegantly shows that this impeded Paneth cell function in CD patients may be due to increased autophagy-related engulfment of the secretory granules, known as crinophagy. This finding further strengthens the importance of IEC, in particular the Paneth cells, in normal gut homeostasis.

Key findings

Small intestinal biopsies from therapy-naïve paediatric CD patients were histologically analysed for signs of autophagy. The authors showed that LC3 (autophagy marker) was increased specifically in Paneth cells of the CD patients, irrespective of

disease activity or intestinal location. Interestingly, this increase in autophagy was not associated with polymorphisms in autophagy-related genes, such as NOD2, IRGM and ATG16L1. In addition, Paneth cells of UC or coeliac patients did not show increased LC3 expression.

Since reduced granules and enhanced LAMP1 (lysosomal marker) were detected using additional transmission electron microscopy and immunohistochemistry, the authors concluded that the Paneth cells of CD patients have an elevated active autophagic flux. Subsequent analyses showed that the secretory granules in Paneth cells of these young CD patients are the target of autophagolysosomes, which appear to be specific hallmarks for crinophagy.

Overall conclusion

The authors conclude from their data that the protein secretion in Paneth cells, specifically in CD patients, is impeded due to autophagic secretory granule engulfment, known as crinophagy. Accordingly, crinophagy may account for the previously observed granuloma disorganisation in Paneth cells of CD patients.

Pros and cons

The authors of the paper made a great effort to reveal the mechanism underlying the impeded Paneth cell function associated with CD. The fact that they used biopsies from paediatric CD patients who were naïve for any therapy is of great value, since therapies can have an effect on the secretory pathways in Paneth cells. Moreover, it was interesting to see that polymorphisms in the autophagy pathway and the presence of mucosal inflammation were not related to the enhanced autophagy in Paneth cells. This strengthens the hypothesis that there is a continuous existence of (molecular) mucosal activation in CD patients, despite the absence of clinical or histological inflammation.

The authors solely used observational histological

assessments to determine the Paneth cell-specific crinophagy. Although they postulate a possible explanation for the reduced production of antimicrobial peptides, no experimental evidence is provided to show that the 30% reduction in granules indeed reduced the amount of excreted antimicrobial peptides. Furthermore, no clear attempts were made to explore the observed degradation of the granules (crinophagy). So the question remains as to whether there is something wrong with the granules, leading to their degradation. It will be of great interest to investigate further the possible (molecular) trigger, e.g. specific microbes or microbial products, for the initiation of crinophagy. Also, enlarging the patient population will give more definite genetic associations. In order to assess the cellular effect of activated crinophagy, other highly productive cells, e.g. goblet cells, pancreatic cells and gastric epithelial cells, need to be investigated. Moreover, the examination of biopsies from adult CD patients is also missing in this paper. These analyses are important since there are major differences in the appearance of clinical disease between paediatric and adult CD patients.

J. JASPER DEURING

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J. Jasper Deuring © J. Jasper Deuring

J. Jasper Deuring

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European
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Announcement
2014

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ECCO Country Membership



ECCO is honoured to embrace 31 Country Members in 2012 - the driving force and ambassadors of ECCO.

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ECCO Country Profile

Dear ECCO Country Member, Dear ECCO National Representative,

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.

In our 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.

Please get in touch with the ECCO Office (s.essl@ibd-ecco.eu) for contribution in the upcoming issues.



Identity card

- Country: **Turkey**
- Name of group: Inflammatory Bowel Diseases Association (IBHD)
- Number of active members: Approximately 200
- Number of meetings per year: 1
- Name of president and secretary: Murat Toruner (President), Hakan Akin (Secretary)
- Incidence of IBD in the country (if available): N/A



Identity card

- Country: **Poland**
- Name of group: Intestinal Section of Polish Society of Gastroenterology
- Number of active members: 51
- Number of meetings per year: 2
- Name of president and secretary: Jaroslaw Regula (President), Edyta Zagorowicz (Secretary)
- Incidence of IBD in the country (if available): N/A

Questionnaire – TURKEY



- **How did your national group start?**
Our national group was founded in 1996.
- **How is your group organised in terms of new members joining the group, meetings, election of president etc.?**
We hold an IBD symposium every other year and also organise an IBD school, the second of which took place in May 2012. Our members mainly consist of gastroenterologists, with a small number of surgeons and pathologists. Membership is open to all gastroenterologists.
- **When did your national group join ECCO?**
Turkey became a member of ECCO in 2007.
- **What are your main areas of research interest?**
There are several projects in progress, but we think that the most important one is the establishment of a national epidemiological study.
- **Does your centre or country have a common IBD database or bio bank?**
We are currently in the process of establishing a national register. Several local centres are building up a bio bank.



Turkish national IBD group © Murat Toruner

- **What are your most prestigious/interesting past and ongoing projects?**
So far, building a national patient database.
- **Which ECCO projects/activities is the group currently involved in?**
We held the 6th ECCO Educational Workshop in 2008, and we recently learned that Turkey is going to host another ECCO Educational Workshop in 2013.
- **What are your aims for the future?**
We aim to establish multicentre collaborative national studies and to take part in international studies. In addition, we aim to host an ECCO meeting in the future.
- **How do you see ECCO helping you to fulfil these aims?**
ECCO provides a framework for networking with IBD specialists in many other countries.
- **What do you use ECCO for? Network? Congress? How do you use the things/services that ECCO has to offer?**
ECCO Congress; ECCO Guidelines, ECCO Workshops and Journal of Crohn's and Colitis

MURAT TORUNER

AYKUT F. CELIK

ECCO National Representatives, Turkey

Questionnaire – POLAND



- **How did your national group start?**
The Intestinal Section was established in 2007 as a subdivision of the Polish Society of Gastroenterology.
- **How is your group organised in terms of new members joining the group, meetings, election of president etc.?**
New members are welcome to join the Intestinal Section and to get involved as long as they are members of the Polish Society of Gastroenterology in good standing. They can apply for membership via printed or email declaration and usually do so following events co-organised by the Section. The board of the Section is elected according to the statute of the Polish Society of Gastroenterology and has to be replaced by a newly elected board not earlier than two years and not later than four years following its election.
- **When did your national group join ECCO?**
We have been members since 2007.
- **What are your main areas of research interest?**
Currently there is no multicentre IBD project that has been initiated by the Intestinal Section. Research is performed in individual academic centres with leaders and other staff members who are members of the Intestinal Section.

- **Does your centre or country have a common IBD database or bio bank?**
Yes, we have a common IBD database: The National Polish Crohn's Disease Registry.
- **What are your most prestigious/interesting past and ongoing projects?**
These are educational and guideline projects, as follows: In 2008 we hosted the very successful ECCO Educational Workshop in Warsaw. Additionally, every year since 2010 we have organised a postgraduate IBD course in cooperation with the Medical Centre for Postgraduate Education. Furthermore, in 2010 we published the Intestinal Section of the Polish Gastroenterology Association guidelines on aminosalicylate use in Ulcerative Colitis and colorectal cancer chemoprevention.
- **What are your aims for the future?**
We wish to initiate a Polish national multicentre prospective IBD epidemiology study and to support local and national educational projects concerning intestinal diseases.
- **How do you see ECCO helping you to fulfil these aims?**
The ECCO IBD Course and the ECCO Congress are important events for education and stimulation of research in this field, and the invitation of young gastroenterologists to these events is highly appreciated. At the same time, ECCO experts are often invited to

Polish Society of Gastroenterology
© Polish Society of Gastroenterology

educational and training meetings in Poland, where they receive a very warm welcome. Unfortunately, closer co-operation in terms of participation of Poland in multinational ECCO-initiated research projects or participation of Polish ECCO Members in ECCO working groups and the preparation of recommendations has not yet been accomplished.

- **What do you use ECCO for? Network? Congress? How do you use the things/services that ECCO has to offer?**
We hope to remain up to date and to become more actively involved in ECCO educational and scientific initiatives.

EDYTA ZAGOROWICZ

Secretary of the Intestinal Section of the
Polish Society of Gastroenterology



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2013 (1.1.2013 – 31.12.2013)

(provided by ECCO)

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Other title: _____ Gender: female male

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