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

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Content:

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ECCO in Vienna was the Best Congress Ever!

That was the mantra, and also the reality. The Congress was a credit to the ECCO Office team who organised it as well as to the outstanding speakers and the people who came – all 4515 of them, with almost 1000 abstracts submitted. But it is the people who matter to ECCO: this is why the interaction on the Friday evening of the Congress (this year at the Hofburg Palace) matters. Meeting and speaking face to face facilitates discussion, which is why the ECCOmunication strategy does not embrace Facebook, Twitter or other social media. ECCO is no luddite organisation lost in the past, but promotes a personal ethos. The ECCO Office will ensure that emails to members are informative, and henceforth kept to a minimum – and will welcome a visit from members visiting Vienna.

e-CCO is growing. Janneke van der Woude is leading a great team with Charlie Lees and Stephan Vavricka to establish e-learning in IBD for ECCO, which saw its pilot at this year's Congress. Y-ECCO will be contributing actively to develop standard, advanced and cutting-edge levels of content, aided by a facilitating company, with a view to enabling top-flight interactive learning. There will be educational modules approved by EACCME and an e-Library, as well as forthcoming interactive decision-making to assist patient management, based on ECCO guidelines.

Excellence in Care is an evolving concept that is likely to do more to improve the care of patients with IBD (which is ECCO's primary goal) than any single therapeutic agent. The concept is simple: to move away from thinking about two-dimensional therapeutic algorithms and to recognise the three-dimensional structure of care. The context of care matters. This means thinking about what constitutes excellence in care and how the organisation of care can be adapted to deliver this. It concerns every clinic, every hospital and every country. We all encounter and recognise suboptimal practice. Consequently we need to describe excellence. It is incumbent on specialists to have a dialogue with patients and each other on what constitutes that excellence – on advice lines, audit, rapid access and synergy clinics with other specialties, nurse specialists, therapeutic monitoring, scientific interaction, training and education, to name a few. It is most specifically not about centres of excellence. It is about using the experience and expertise of ECCO Members to define excellence and develop toolkits that we can all use to improve care for patients in our own clinics. The dialogue is starting.

Et Valete, to complete the syntactical alliteration. Matthieu Allez and Janneke van der Woude are stepping down from the Governing Board, along with Rina Assulin, Franck Carbonnel, Patricia Détré, Jorge Amil Dias, Mircea Diculescu, Marjolijn Duijvestein, Hankje Escher, Martti Farkkila, Arthur Kaser, James Lee, Charlie Lees, Matteo Martinato, Tom Øresland, Walter Reinisch, Andreas Sturm, Epameinondas Tsianos and Lisa Younge from committee positions. To all of them, thank you for your hard work for ECCO. But it is not goodbye, because there are many opportunities to continue to contribute or to represent ECCO. It is also time to bid welcome to new committee members, especially Axel Dignass (Education Officer) and Pierre Michetti (Scientific Officer).

2013-14 will be a great year. Join us. Join ECCO.

Simon Travis © Simon Travis

SIMON TRAVIS
ECCO President

8th Congress of ECCO in Vienna

Opening and welcome at the 8th Congress of ECCO © ECCO Photographer

The 8th ECCO Congress was a "home game", taking place in Vienna, Austria, where the ECCO Office has been situated for many years. More than 4,500 doctors and nurses from 77 countries, all with an interest in the field of IBD, were attending

Once again, there was a record turnout, with more attendees than at any previous Congress. Indeed, the ECCO Congress has not reached a plateau; rather, as ECCO President, Simon Travis, pointed out in his opening speech, it continues to grow year by year and is now the largest of its kind in the world.

The topic of this year's scientific programme was "New concepts and current challenges in IBD". A variety of relevant issues were discussed in multidisciplinary sessions targeting both basic and clinical science, as well as in state of the art lectures on translational medicine that were interspersed with oral presentations of the best abstracts submitted for the congress. In basic science sessions, the speakers guided the audience through the newest insights into the early pathogenesis of IBD and the therapeutic window of opportunity when treating or trying to prevent intestinal fibrosis. Clinical sessions addressed topics such as pitfalls in the design and practice of clinical trials in Ulcerative Colitis, as well as the long-term outcomes in these trials, and issues around treating IBD patients with past or current malignancies, including an interesting tandem talk between a gastroenterologist and a gastro-oncologist about the interface of these two specialties. In a case session, speakers explored with the audience several challenging cases from clinical practice and their resolution and discussed the cases with the expert panel. Meanwhile, presentations were given on the progress being made in some of the important IBD guidelines to be published this year, including the ECCO-ESP Histopathology guidelines, the ECCO Guidelines on endoscopy in IBD, and the Nurses of ECCO (N-ECCO) Consensus on caring for patients with IBD, and there was also an update on the Opportunistic Infections guidelines.

Among the current challenges addressed during the congress were adolescent and pregnant IBD patients. In a session on reproduction and IBD, state of the art lectures guided the audience through the important issues to be considered when treating IBD patients during pregnancy and lactation and also aspects of neonatal safety. Janneke van der Woude stressed that although not all abnormalities caused by IBD treatment can be prevented, it is essential to address the risks and provide appropriate information to patients, even if they are not pregnant or planning to become so. Doctors dealing with pregnant women with IBD should be aiming to reduce modifiable risk factors, i.e. by re-assessing the medical treatment, as well as to decrease the relapse rate during and after pregnancy.

After this session the focus shifted towards adolescent IBD patients. The differences in IBD phenotype between paediatric and adult IBD patients were discussed, along with the therapeutic strategies for the adolescent patient population as compared to the adult one. In her talk, Hankje Escher stressed the importance of coordinated transfer of care of adolescent patients from the paediatric gastroenterologist to the adult gastroenterologist, or "crossing the bridge", as she called it. She went on to explain the organisation of the transfer clinic for adolescent patients in her own department in Rotterdam, the Netherlands, where paediatric and adult gastroenterologists cooperate during the transition period in order to secure continuity of care as well as to overcome any differences in approach.

ECCO Booth at the 8th Congress of ECCO © ECCO Photographer

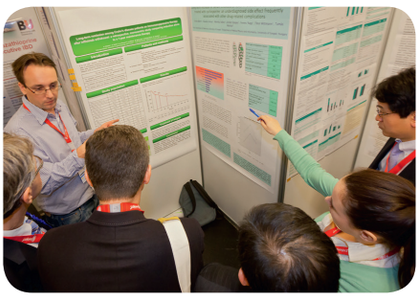
Valentine´s day at the 8th Congress of ECCO © ECCO Photographer

ECCO Members Lounge at the 8th Congress of ECCO © ECCO Photographer

Austria Center Vienna © ECCO Photographer

Congress delegates in the auditorium © ECCO Photographer

Matthieu Allez during his presentation at the scientific session I © ECCO Photographer



Poster exhibition © ECCO Photographer

ECCO Interaction: Hearts and Minds – Hofburg, Vienna © ECCO Photographer

Dance performance at the ECCO Interaction © ECCO Photographer

Prior to the opening of the congress and the start of the scientific programme, attendees had an opportunity to take part in a great variety of educational activities with high-profile speakers at the helm. Among the newer initiatives in the educational programme, introduced at last year's congress in Barcelona, the Surgeons of ECCO (S-ECCO) held the 2nd S-ECCO IBD Masterclass, which focussed on Ulcerative Colitis. Medical and surgical interventions in the acute setting were discussed, as well as technical aspects and complications involving the ileoanal pouch. The 2nd ClinCom Workshop also introduced participants to trial design and ways of avoiding bias or mistakes, examined the types of clinical questions that can be answered by academic studies, and explained how all this can be done in an era of evidence-based medicine and cost constraints.

Amongst the well-established educational activities, the 11th IBD Intensive Advanced Course guided junior gastroenterologists through fundamental issues in diagnosing and treating IBD patients via lectures, case sessions and seminars, with active involvement of the participants. At the 6th Y-ECCO Workshop, participants were mentored on how to pursue a career in IBD and, as a final treat, received advice on career moves regarding medical research from Jean-Frédéric Colombel. Additionally, the 4th N-ECCO School discussed the diagnosis and management of IBD for nurses who have an interest in IBD and wish to further improve their education. And as if all that wasn't enough, after the final session of the scientific programme, those of us with sufficient stamina were able to attend the 4th ECCO Digest Science Workshop on intestinal fibrosis in the pathogenesis of IBD and related therapeutic perspectives. All in all, there was something for everyone, and should you have missed out this year, do make sure to register for next year's educational activities!

For the "ECCO Interaction: Hearts and Minds", the congress organisers once again chose a location with the modesty appropriate for such events. The Hofburg at Heroes' Square in central Vienna was the setting for this year's social event, and what more fitting location could there be than the former residence of the Habsburg dynasty and current official residence of the President of Austria for our own ECCO President, Simon Travis, to welcome more than 1000 congress participants? Under the headline "Imperial gold meets ECCO blue", participants were offered good food, drinks, live disco music and rare insights into classical Austrian music in the form of Falco. Later in the evening the dance floor was opened and supervised by ECCO's more than competent resident DJ Walter (Walter Reinisch).

After three busy days full of cutting-edge science and memorable experiences, the 8th ECCO Congress came to a close. As with last year in Barcelona, Simon Travis and Séverine Vermeire presented the official congress video, summarising the experiences from the previous days with highlights from the sessions, poster walks and the ECCO Interaction. This year, however, the video was created around a classic spy movie theme, with high-ranking ECCO Officers as the actors – all of which resulted in considerable mirth and applause from the audience. Look for it on the ECCO website.

In a year's time you will hopefully all be travelling to Copenhagen, Denmark when the ECCO Congress visits the Little Mermaid, Hans Christian Andersen and me. So do book your ticket, send in your abstract and make sure you are part of next year's ECCO Congress.

På gensyn I København!
(English: See you in Copenhagen!)

JOHAN BURISCH
Associate Editor

8th Congress of ECCO in numbers

ECCO continues to break records – 4,515 delegates attended the 8th Congress of ECCO in Barcelona

The 8th Congress of ECCO – Inflammatory Bowel Diseases 2013 – which took place on February 14-16, 2013 in Vienna, Austria, attracted another record number of 4,515 delegates from 77 different countries. Since the inaugural ECCO Congress in 2006 in Amsterdam, at which there were 350 delegates, participant numbers have steadily increased, as shown in the graph below:

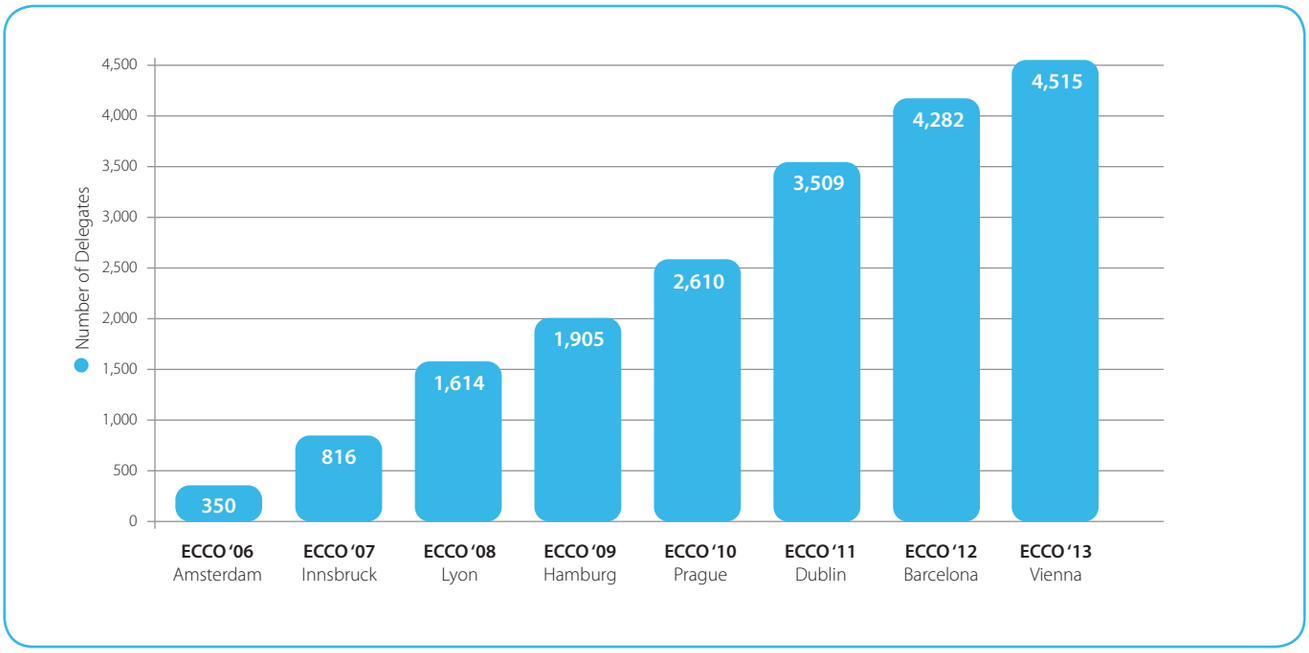


Figure 1: ECCO Congress participation 2006-2013 © ECCO Office

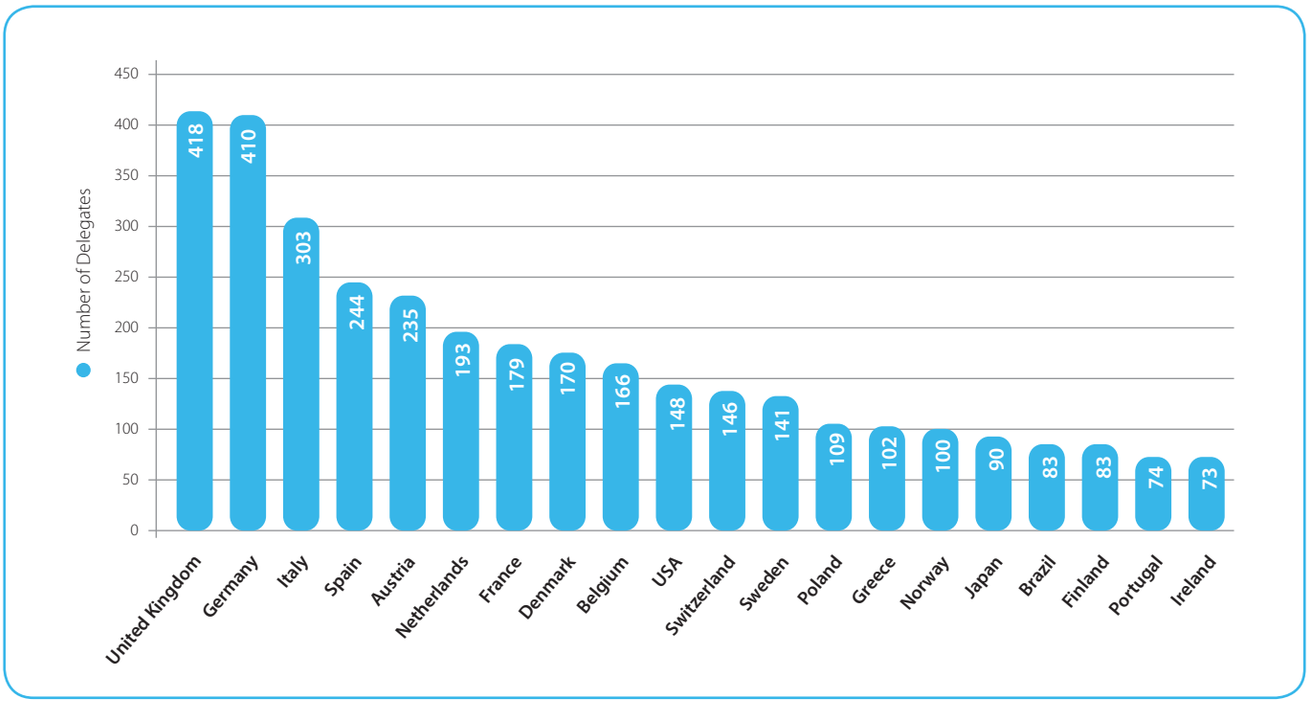


Figure 2: ECCO Congress participation 2013 - top 20 countries © ECCO Office

The following pie chart represents the **attendance at the 8th Congress of ECCO** from a continental perspective. Approximately 83% of all participants came from Europe and about 17% from outside of Europe.

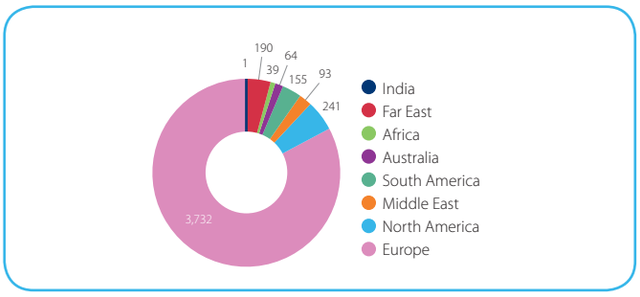


Figure 3: ECCO Congress participation 2013 – continental perspective © ECCO Office

The graph below illustrates the **professions represented at the 8th Congress of ECCO.** The majority of participants were physicians (56%). Other professions represented were from industry (18%), were IBD nurses (5%) and scientists and surgeons (4% each). Students represented 3% and paediatricians represented 2%.

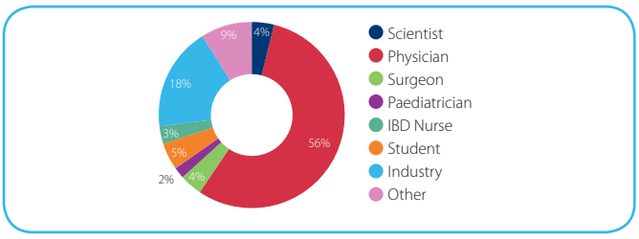


Figure 4: ECCO Congress participation 2013 – professions © ECCO Office

High quality abstracts

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

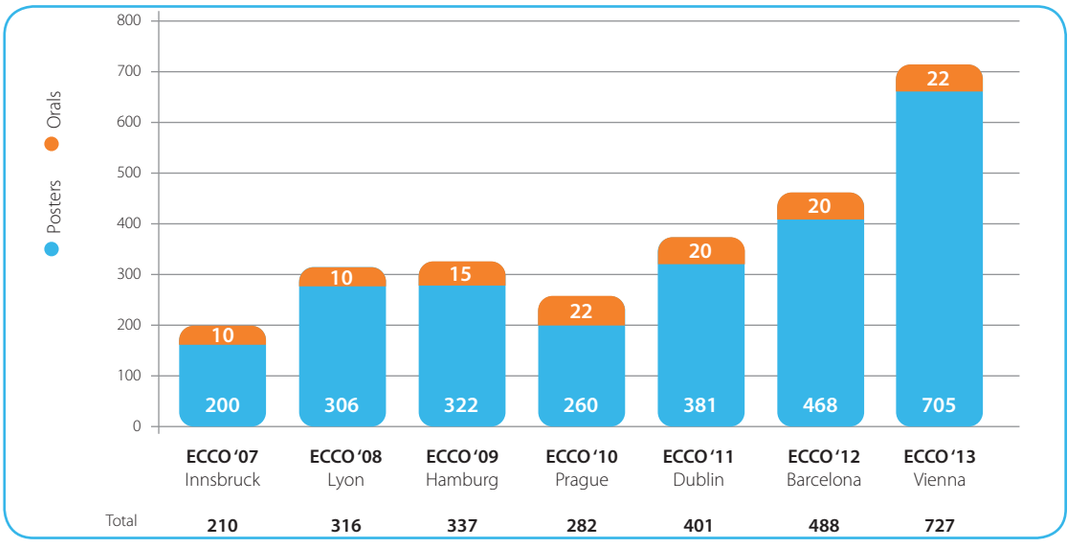


Figure 5: Accepted oral and accepted poster presentations 2007–2013 © ECCO Office

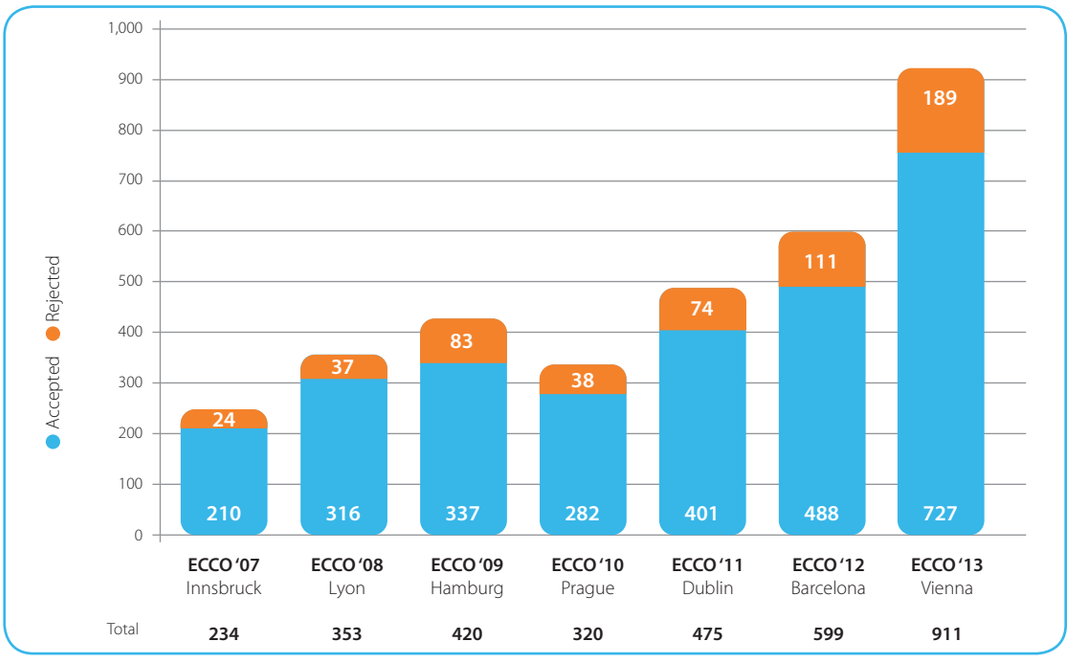


Figure 6: Accepted versus rejected abstracts 2007–2013 © ECCO Office

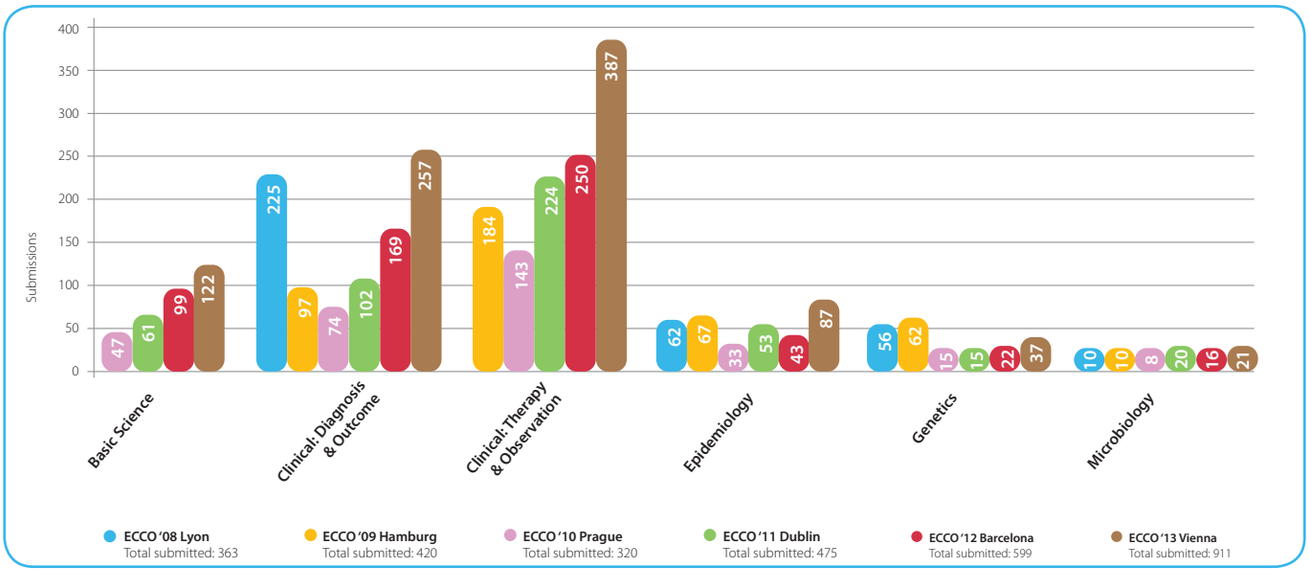


Figure 7: Abstracts 2013 – category split © ECCO Office

Industry Exhibition

This year's industry exhibition attracted 27 exhibitors, mainly from the pharmaceutical but also from the endoscopic, device/instrumentation, medical, publishing and non-profit sectors. The total net exhibition area was 767 m^2.

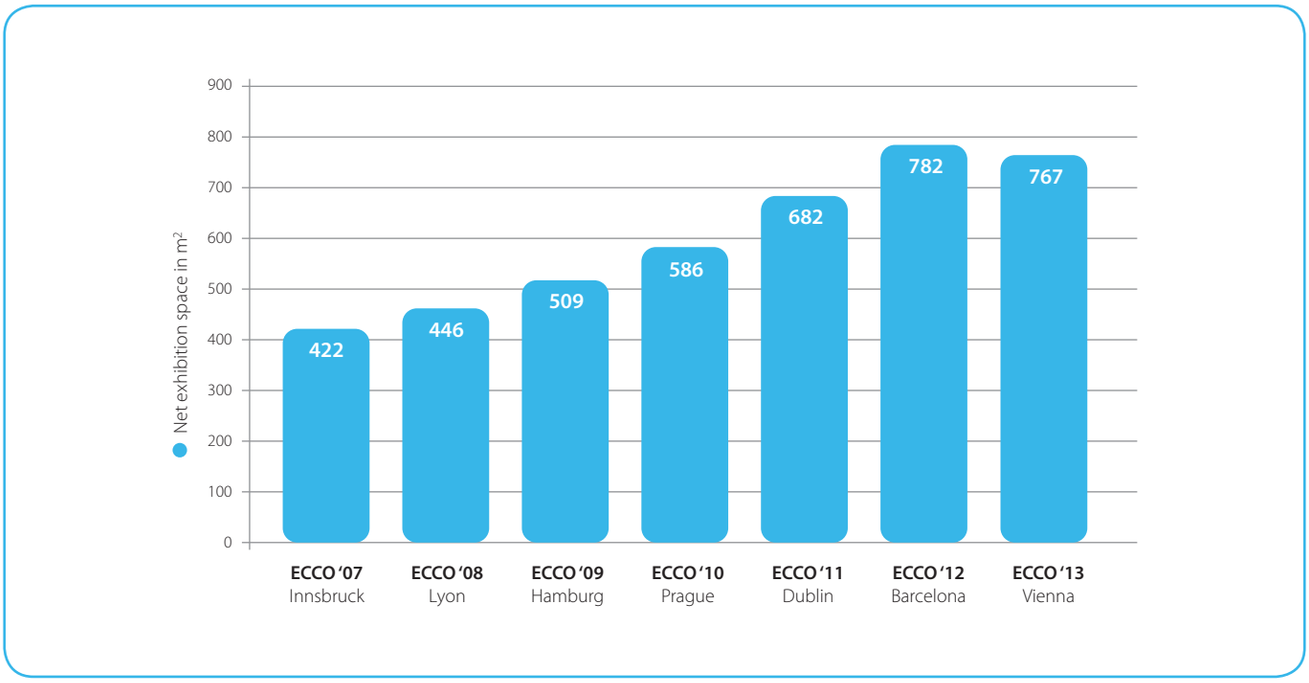


Figure 8: Net exhibition space 2013 in m^2 © ECCO Office

More statistics…

Detailed statistics and impressions of the 8th Congress of ECCO can be viewed online at www.ecco-ibd.eu.
Furthermore, video recordings of scientific talks are available for ECCO Members in the closed members' area at www.ecco-ibd.eu (availability of recordings subject to speaker authorisation).

Donation of EUR 10,000 for EFCCA

After the ECCO Congress, ECCO was able to donate EUR 10,000 to the European Federation of Crohn's and Colitis Associations (EFCCA) for EFCCA´s summer camp in order to improve the quality of life of IBD patients. Marco Greco, President of EFCCA, gratefully accepted this donation on behalf of EFCCA.

Best posters at the 8th Congress of ECCO

Top 10 Posters Awardees © ECCO Photographer

ECCO congratulates the winners of the top 10 posters at the 8th Congress of ECCO!

- "Inflammatory cytokines specifically regulate endoplasmic reticulum stress in colitis" (P028), ***Sumaira Hasnain et al.,*** Mater Medical Research Institute, Australia
- "Micro-RNA expression profiling identifies miR-29b as a relevant pro-fibrogenic factor in Crohn's disease intestinal strictures" (P057), ***Paolo Biancheri et al.,*** Barts and The London School of Medicine and Dentistry London, United Kingdom
- "Use of faecal calprotectin as predictor of relapse in patients under maintenance treatment with infliximab" (P109), ***Rocío Ferreiro et al.,*** University Hospital Santiago, Spain
- "Interleukin-21 exerts pathogenic and host-protective effects in experimental models of colitis" (P001), ***Matthew Shale et al.,*** University of Oxford, United Kingdom
- "Endoscopic remission (Mayo score 0 rather than score 1) predicts long-term clinical remission in ulcerative colitis" (P215), ***Nagamu Inoue et al.,*** Keio University School of Medicine, Tokyo, Japan
- "Assessment of mucosal healing in ulcerative colitis by confocal laser endomicroscopy" (P284), ***Gheorghe Hundorfean et al.,*** University of Erlangen-Nuremberg, Germany
- "Long-term outcome of treatment with infliximab in patients with steroid-dependent ulcerative colitis" (P442), ***Alessandro Armuzzi et al.,*** Catholic University Rome, Italy
- "Does thromboprophylaxis in ulcerative colitis work? Data from the UK IBD audit" (P518), ***Ruairi Lynch et al.,*** NHS Lothian, Edinburgh, United Kingdom
- "Long-term outcome of paediatric-onset ulcerative colitis: Early years are shaping the future" (P632), ***Corinne Gower-Rousseau et al.,*** University Hospital Lille, France
- "Iron supplemented diet protects against chronic immune mediated colitis in mice" (P689), ***Nitsan Maharshak et al.,*** University of North Carolina Chapel Hill, United States

Join the fight against IBD 2013 – The burden of disease in young people

On February 13, 2013 the doors of the auditorium at Hofburg Vienna opened. Journalists, patients, ECCO and EFCCA representatives and many more gathered in Vienna's Imperial Palace, the "Hofburg", to join the fight against IBD. At two o'clock sharp in the afternoon, Séverine Vermeire announced the beginning of the second public awareness campaign, "Join the fight against IBD – 2013", and welcomed 76 media representatives, 55 patients, 47 donor representatives and 52 representatives of the medical associations ECCO and EFCCA as well as representatives from other societies

1st Stop : Global press conference

This year's "Join the fight against IBD" campaign focussed on the theme "Chronic disease in young people. What does it mean for a teenager's daily life to fight with Crohn's Disease or Ulcerative Colitis?"
Following the introductory question, "Why do we want to fight for young people in particular?", Séverine Vermeire explained in detail that the biggest increase in patients with IBD is unfortunately seen among young people and that they need excellent care in order to slow the progression of the disease. Walter Reinisch, chair of the "Join the fight against IBD" steering committee, provided the audience with important figures and statistics on IBD and Tine Jess presented the brand-new, impressive epidemiological study of the Epidemiological Committee of ECCO on "The burden of IBD in Europe". This study had been published only two days earlier in the Journal of Crohn's and Colitis (JCC). Daniel Sundstein, a patient suffering from IBD, gave an imposing report on his experiences of handling the burden of disease as a young man.
Finally, Marco Greco, President of the patients' organisation, EFCCA, provided a profound and eloquent conclusion on how important it is to remain united not only within the patient community but also within the scientific community in order to attain the major goal, which, put simply, is to win the battle against IBD.

2nd Stop: Country-specific press conference

After the global press conference, media representatives, patients and ECCO National Representatives of 31 participating countries had the chance to privately unite in separate break-out rooms where the current situation of IBD within particular countries could be discussed and examined. Two sessions, each lasting 40 minutes, took place, giving rise to intense conversations among the participants. During these break-outs, media representatives had the opportunity to interview patients and doctors.

3rd Stop: Meet a doctor - A guided tour through the General Hospital Vienna

How good are the medical facilities for patients? What are the standards of care in the largest hospital in Europe, the General Hospital Vienna (AKH)? To provide more insight into questions like these, media representatives had the chance to meet doctors who are specialists in the field

1st Stop: Global press conference © ECCO Photographer

2nd Stop: Country-specific press conference © ECCO Photographer

of IBD. Sieglinde Angelberger, Alexander Eser, Gottfried Novacek and Walter Reinisch proudly presented the IBD clinic of the General Hospital Vienna, which is their daily workplace. For 35 participating journalists the doors of the AKH were opened on this Wednesday afternoon, offering them the possibility to experience the character of the work done for patients with IBD. They not only were guided through the treatment rooms but also had the chance to cast a glance into the patients' rooms. After two rounds of guided tours, a question and answer session took place, attended by the specialist doctors and also the head of department, Michael Trauner, who concluded the visit with some farewell words and expressed his gratitude to all visitors who had shown an interest in IBD, an illness that is influencing the daily lives of so many people and especially adolescents.

4th Stop: Get together at a typical Viennese Heurigen Restaurant

After a long and intensive day, journalists and representatives from the patient and medical societies and contributing companies came together to laugh, eat, drink and enjoy an evening among people who care and want to understand. The mayor of the City of Vienna, Michael Häupl, invited the participants of the 2nd public awareness campaign, "Join the fight against IBD – 2013", to a marvellous evening at the Heurigen Restaurant Fuhrgassl-Huber on the outskirts of Vienna. Simon Travis, Marco Greco and the political representative of the City of Vienna, Kurt Wagner, proudly welcomed their guests and helped to create an atmosphere that engaged everyone in valuing the joy of life.

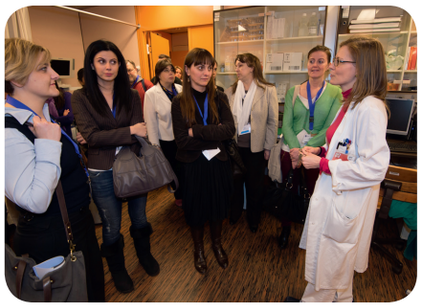
5th Stop: Panel discussion among experts

The panel discussion, which took place on February 14, 2014 formed the end of a highly successful public awareness campaign. Helmut Brand, designated President of the European Health Forum Gastein, welcomed the audience and introduced the participants in the panel discussion: Reinhold Stockbrugger (Chairman of the Public Affairs Committee of United European Gastroenterology), Marco Greco (President of EFCCA), Karin Kadenbach (Member of the European Parliament) and Simon Travis (President of ECCO). Helmut Brand guided the discussion, which in particular focussed on the reasons for the significant increase in IBD patients, the measures already successfully implemented in the fight against IBD, and ways of permanently integrating patients in the work process. This public awareness campaign was a tribute to all who are leading the everyday fight against an increasingly serious illness and those who have to suffer from the daily burdens of the disease.

The paper "The burden of IBD in Europe" by Tine Jess is available for ECCO Members at JCC online.
Don't miss the report on "Burden of Disease in Europe" in the next issue of ECCO News.

The press kit, photographic highlights and the summary trailer of "Join the fight against IBD 2013" are available online at www.ecco-ibd.eu/jtf-2013.

ECCO OFFICE



3rd Stop: Hospital tour through General Hospital Vienna (AKH) © ECCO Photographer

4th Stop: Dinner at Heurigen Restaurant © ECCO Photographer

5th Stop: Panel discussion © ECCO Photographer

Guidelines at ECCO 2013

Although sometimes dry, no one can deny the impact of the ECCO Guidelines during the past decade

They crystallise European (many would say global) best practice and have improved IBD care for thousands of patients. Therefore it was encouraging to hear of three new guidelines and one guideline update in Vienna.

On Thursday, Cord Langner and Fernando Magro summarised the new Histopathology guideline. Five database searches defined the literature, from which provisional statements were created and graded in accordance with the Oxford University Centre for Evidence-Based Medicine. Then, in keeping with a European ethos, the statements were refined by a Delphi process (named after the Oracle). A final face-to-face consensus meeting finalised the text. The pithy statements so produced provide us with standards to which we should adhere. Quick to read, each has a couple of paragraphs of accompanying text if the reader wishes to delve deeper. Reassuringly, I suspect many of the statements concur with our practice; even so, there were still things to learn. For example, how many delegates knew that deep ulceration with pronounced granulation tissue should prompt testing for CMV, or the difference between the histological terms, now widely used, "IBD-unspecified" and "indeterminate colitis"? If you are not sure, go to the ECCO website, where all the guidelines are freely available (www.ecco-ibd.eu).

On Friday, Vito Annese and Rami Eliakim presented the new Endoscopy guideline, produced, we were told, by outstanding ECCO (and Y-ECCO) endoscopists. Remarkably, of the 43 statements, 37 achieved 100% consensus. Despite this, there are still areas of controversy, which Vito illustrated at the meeting. For example, should certain ethnic groups (in addition to children) undergo gastroscopy on being diagnosed with Crohn's Disease? How should faecal biomarkers impact on our use of endoscopy? Should we use scoring systems, such as the SES-CD, in clinical practice to record findings more systematically? Capsule endoscopy was not forgotten, and we were reminded that patients must stop NSAIDs 4 weeks before this procedure, providing a very high negative predictive value for excluding Crohn's Disease. Finally, surveillance guidelines were revealed, which closely resemble those of the British Society of Gastroenterology (BSG). Patients are stratified as being at low, moderate or high risk for neoplasia, with respective surveillance intervals of 5 years, 3 years or annually. This may become controversial, given the emerging population-based studies that report lower than expected risks of IBD-

On the Cover

Supplement

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ECCO Information

The mission of the European Crohn's and Colitis Organisation (ECCO) is to strive for optimized care for patients with Inflammatory Bowel Diseases (IBD) in all aspects. To this end, ECCO will adopt and further all efforts that lead to an improvement in the use of current therapies and procedures, develop guidelines with the highest possible process and content quality, and define better and more valid outcome parameters for the therapy of IBD. In addition, ECCO promotes the specialist, postgraduate education in IBD and scientific projects in IBD.

Upcoming ECCO Guideline Publications

Stay tuned with JCC Online!

JCC subscription for the year 2013:

ECCO: ESGAR Imaging Consensus

ECCO: ESP Histopathology Consensus

ECCO Opportunistic Infections Consensus Update

N-ECCO Consensus

ECCO: ESPGHAN Paediatric CD Consensus

ECCO Endoscopic Consensus

Further Publication Pipeline 2013-2014:

ECCO Anaemia Consensus

ECCO Consensus on Surgery in UC

ECCO Crohn's Disease Consensus Update

ECCO Reproduction Consensus Update

ECCO Malignancy Consensus

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
ECCO GuiCom Chair

Miquel Gassull
JCC Editor-in-Chief

associated neoplasia, but at present this is the ECCO Consensus.

The third new guideline came from N-ECCO. Marian O'Connor told us this will provide clarity for nurses, providing a minimum standard of care that patients can expect. This is important given the variance in specialist IBD nurse numbers and roles across Europe. Hopefully, this consensus will assist centres in persuading healthcare payers to fund more specialist nurses, as well as forming the basis for a curriculum for nurses in training.

Finally, Jean-François Rahier provided a jolly overview of the updated Opportunistic Infection guidelines. This consensus guideline, first issued in 2008, provided an important benchmark for provision of care for rare conditions. So has it had an impact? Probably it has, if judged by the increase in publications concerning vaccine strategies: two in 2000, but 26 in the past year. However, at least a quarter of IBD hospitalisations are related to infections (JCC 2013;7(2):107-12), so we must remain vigilant. The updated guideline will be published soon in JCC and will very helpfully include a proforma to assist implementation in the clinic. This will be especially useful for newly diagnosed patients in whom vaccinations are best administered.

ECCO has delivered practical and realistic guidelines in 2013. These should be read by those training and those practicing in IBD, then shared with patients, to encourage best practice and so better outcomes.

MARCUS HARBORD
GuiCom Member
On behalf of GuiCom

Update on GuiCom activities

The development of ECCO Guidelines was initially one of the responsibilities of the Educational Committee, residing within a Consensus Panel headed by Gert van Assche and Axel Dignass

The development of ECCO Guidelines was initially one of the responsibilities of the Education Committee, residing within a Consensus Panel headed by Gert van Assche and Axel Dignass. Because of increasing activities relating to guidelines, a new stand-alone committee was formed as part of the new ECCO Structure created more than 3 years ago. Headed by Axel Dignass from Germany and with three members aboard (Fernando Magro from Portugal, Vito Annese from Italy and Rami Eliakim from Israel), GuiCom became the operative support for guidelines, proposing new ideas for guidelines and updating old guidelines in a timely manner, all in order to guarantee equal quality of care for IBD patients throughout Europe, challenge dogmas and establish consensus in IBD. Every ECCO Consensus promotes a European perspective on current dilemmas and management of IBD, be it Crohn's Disease or Ulcerative Colitis. Following a Delphi procedure and weighing of the evidence according to the updated Oxford criteria (Oxford Centre for Evidence-Based Medicine 2011), statements are defined and the supporting evidence provided in a supporting text. Therefore GuiCom is an instrumental part of a collective network of gastroenterologists (both adult and paediatric), surgeons and nurses, as well as other doctors in diverse fields connected to IBD such as specialists in infectious diseases, oncologists, haematologists, pathologists, radiologists and many others. The committee has recently changed faces: Rami Eliakim has become the chair and Franck Carbonnel from France and Marcus Harbord from England have joined the committee, while Fernando Magro and Vito Annese are continuing for another year

GuiCom Members (Fernando Magro, Rami Eliakim, Vito Annese, Marcus Harbord; not on the picture: Franck Carbonnel)
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Guideline platform: The committee has developed SOPs to ensure that the process of initiation of new guidelines is clear and standardised; the aim is to select the best people interested in a specific subject and form working groups that will usually include senior ECCO Members, a Y-ECCO representative and specialists in a particular field. A guideline platform has been adopted and used in all consensus projects in recent years, allowing an internet voting procedure on the statements. Usually two rounds of voting of the whole panel, including voting and comments by the National Representatives of ECCO, are done before the statements are discussed in a consensus meeting. In that meeting, each working group presents its final statements, which are approved after another voting round based on >80% agreement. All references are now in an EndNote database, which will make all future updates simpler.

Consensuses that were developed in the last year under the guidance of Axel Dignass and are close to being published are those on Imaging in IBD, together with the European Society of Radiology (ESGAR) and headed by Julián Panés, Yoram Bouhnik and Walter Reinisch, Histopathology, headed by Fernando Magro and Rami Eliakim from ECCO in conjunction with the European Society of Pathology (ESP), and Endoscopy in IBD, headed by Vito Annese and Rami Eliakim, as well as updated Opportunistic Infection guidelines, headed by Jean-Frédéric Colombel, Jean-François Rahier, Fernando Magro and Rami Eliakim. Other guidelines that were recently published include the update of the Ulcerative Colitis guideline.

New guideline projects are on the way, namely updates of the guidelines on Crohn's Disease and on Pregnancy and Reproduction, the 1st ECCO Guidelines on Anaemia in IBD and Malignancy guidelines, all of which will be completed by the end of 2014.

The committee is strongly engaged in constructing a European network involving all relevant sister societies and all ECCO Members in order to produce the best care and spread it equally among all European countries and all ECCO Members.

RAMI ELIAKIM
GuiCom Chair
On behalf of GuiCom

Update on SciCom activities

Scientific platform – A SciCom supported initiative: In the spirit of collaboration and the desire to increase interaction between researchers SciCom is launching a new initiative

Scientific platform - Who does what?

ECCO promotes educational activities, clinical initiatives and standardised guidelines for patient care. However, initiatives fostering collaborative clinical, basic or translational research have to date been less frequent. In most countries, the degree of coordination/interaction between research groups in different centres remains quite low or non-existent. At the international level there is no efficient tool or activity designed to allow "IBDologists"/researchers know what are the available clinical and basic research-related groups, skills and technologies in European centres.

As we all know, performing efficient, meaningful research in IBD depends on various factors, first and foremost asking the right questions and designing an appropriate study that will address them. However, multiple other factors are also involved. For instance, basic research in general, and IBD-related basic research in particular, has become greatly "skills and technology dependent". Some laboratories have skills, experience and tools that may be of use for other researchers. Clinical and translational research require, in addition to specific skills and tools, increasing numbers of patients, sometimes beyond the recruitment feasibility of a specific centre. In parallel, the number of research groups willing to undertake IBD-related research is now much higher than a few years ago.

Thus, the aim of this SciCom initiative is to develop a web-based tool to inform researchers interested in IBD about the interests, technologies and lab skills available in ECCO research groups. SciCom's intention is that this tool will increase interaction, collaboration and visibility of ECCO research groups and facilitate and promote collaborative research.

The scientific platform site will be located within the ECCO website. Information and access will be limited to ECCO Members. The scientific platform process will include two arms. The first, ("IN"), will be aimed at recruiting participating research groups. Each interested group will fill in an electronic form including administrative details and scientific focus, interest and skills. The second arm, ("OUT"), will be aimed at displaying the information, a list of participating research groups, a searchable list of available technologies/lab skills and details for direct contact between the web user and the selected group.

SciCom Members (Gerhard Rogler, Larry Egan, Julián Panés, Iris Dotan; not on the picture: Edouard Louis) © ECCO Photographer

The questions that should be filled in/ addressed are:

- Affiliation: Primary investigator background and details; institution details and address.
- Contact info: e-mail, phone, fax.
- Short description of the group's research activity, main interests and achievements.
- Description of the group's technology/lab skills available. For instance: therapeutic area, major studies performed in the centre, animal models, imaging modalities, bioinformatic expertise and specific patient populations.

Up to five recent key publications are required, as well as up to five key words that will allow efficient search by interested peers.

Queries regarding the scientific platform will be addressed by SciCom members, specifically Iris Dotan and Miquel Sans, who are leading the project, as well as by technical support and ECCO Office staff.

Enthusiasm regarding the scientific platform is shared with ClinCom as well as Y-ECCO. We hope to announce the possibility of using the platform within the coming months. There will naturally be a „run-in" period. Insights and comments from all ECCO Members are welcomed.

We look forward to launching the scientific platform for the benefit of all of us.

IRIS DOTAN, MIQUEL SANS
SciCom Members
On behalf of SciCom

SciCom CONFER Cases

This year ECCO is launching a new project: COllaborative Network For Exceptionally Rare Case Reports (CONFER).

The ECCO CONFER Cases project is designed to be a mechanism for continuously seeking, identifying and jointly reporting rare IBD cases. *"When encountering a rare IBD manifestation or adverse drug effect, it is often frustrating to browse the medical literature and find only a few similar single case reports",* says Shomron Ben-Horin, who conceived the project. *"It is clear that other physicians have encountered such patients, but have not reported them due to the low impact of a single case report."*

The paucity of data, and their single case report format, limits our knowledge about the best diagnostic approach or treatment strategy in these rare and often severe cases. This challenge could be met by the fast-growing number of ECCO Members across the globe, with their common zeal for broadening our knowledge of IBD. *"I believe",* says Shomron Ben-Horin, *"that the power of the ECCO Community provides an opportunity to create an ongoing mechanism for seeking and grouping together*

such rare cases from all ECCO Members and supporters who have encountered similar cases, so as to jointly report them in a large case series format that will enable us to bridge our knowledge gaps about such rare cases."

With the support of the Scientific Committee, the project was set in motion by a founding steering committee, composed of Eugeni Domènech (Spain), Kostas Katsanos (Greece), Jean-François Rahier (Belgium) and Shomron Ben-Horin (Israel). The steering committee defined four main themes of interest for proposed cases:

- Rare infections
- Uncommon drug beneficial effects or side-effects
- Rare IBD manifestations
- Infrequent disease associations (neoplastic, infectious etc.)

An annual call to all ECCO Members to suggest rare cases for the CONFER project will be made, with the first call distributed in March 2013 (refer to the ECCO website at www.ecco-ibd.eu/science/ecco-confer-cases; deadline: April 19, 2013). Each year, two to four cases will be chosen for further development into a CONFER Case project. This will be done together with the investigator who proposed the case, who will serve as the principal investigator for his/her case. After a specific case has been chosen and defined, a call will be made to all ECCO Members and affiliates who have encountered a similar case, inviting them to contribute their case data. All the contributed similar cases will then be brought together to form a case series by the principal investigator with the help of the steering committee, and will be transformed into a manuscript. All contributors will be acknowledged as co-authors or collaborating authors in this manuscript. In this manner, it is hoped that the ECCO CONFER Cases can continuously generate medically valuable case series of otherwise seldom reported cases. ECCO CONFER Cases is yet another step in nurturing scientific cooperation between ECCO Members and may enhance our knowledge about rare cases which are difficult to manage in the presence of scant anecdotal data.

SHOMRON BEN-HORIN
ECCO CONFER Cases task force
On behalf of SciCom

SciCom Scientific Workshop

Timeline for Scientific Workshop (SWS) in 2013 and 2014

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

To date, three very successful SWS have been held over the last 4 years: The first focussed on loss of response to anti-TNF therapy and the second, on tissue healing in IBD. The third workshop focussed on cancer and IBD. Nine papers reporting on these workshops have been published in JCC so far.
At present, the fourth SWS is ongoing and is focussing on a major neglected problem in IBD care, the formation of fibrosis. Fibrosis is the main reason for surgery in Crohn's Disease patients and causes organ dysfunction in patients with Ulcerative Colitis. While developing these SWS, progress has been made in their organisation, and ideas about their desired impact on the IBD community have evolved.

It is the general aim of an ECCO SWS to identify and address relevant open scientific issues in the field of IBD. To do so, key questions need to be identified and a systematic review of the literature must be performed. However, most importantly, not only does the current knowledge need to be critically discussed, but ideas for further scientific projects should be generated. For this purpose the SWS 4 on fibrosis will also invite experts from other fields of organ fibrosis such as dermatology (scleroderma), nephrology (kidney fibrosis), pulmonology (lung fibrosis) and hepatology (liver fibrosis). Their experience will be integrated to generate new perspectives and ideas.
We have identified several key questions and aims relevant to the SWS 4, on which the subgroups are now working.

The SWS 4 is divided into three subgroups focussing on (a) pathophysiology of intestinal fibrosis, (b) markers of intestinal fibrosis as endpoints for clinical studies and (c) new therapies for intestinal fibrosis. Subgroup leaders are Giovanni Latelli, Florian Rieder and Miquel Sans.

Timeline for SWS 4:

- Call for topics was June 20, 2012; deadline for response was September 15, 2012.
- Decision on the topic by SciCom was made on October 1, 2012.
- Meeting of SciCom and the steering committee was held at UEGW 2012.
- Decision on participants and group leaders was made by the end of November 2012 by the SciCom and the steering committee.
- Kick-off meeting and start of subgroups successfully took place during ECCO 2013 in Vienna.
- Meeting organised within groups, at the discretion of the group leaders and depending on the progress and needs of the group, will be held at DDW 2013.
- Meeting at UEGW 2013: discussion within groups on the results of literature reviews and synthetic plenary presentation. Planning of the manuscripts.
- End of January 2014: deadline for submission of the last SWS manuscript. The submission will be made between September 2013 and January 2014.
- Meeting at ECCO 2014: plenary presentation and working session to select research project.
- SWS 5 will follow the same timelines, with a call for subjects in June 2014.

In collaboration with DigestScience, based in France and founded by Pierre Desreumaux, the "ECCO DigestScience Workshop" was held at the recent ECCO Congress in Vienna. It is planned to stimulate new experimental concepts, also by providing grant support.

IRIS DOTAN, GERHARD ROGLER
SciCom Members
On behalf of SciCom

ECCO Fellowships and Grants 2013

One of the main goals of ECCO is to promote IBD-related basic and clinical research as well as to foster interaction and productive collaboration among European research groups

To meet this aim, ECCO awards Fellowships, Grants and Travel Awards on a yearly basis. Each Fellowship consists of a EUR 40,000 award to facilitate the stay of a young investigator in a different research group to undertake a specific research project. Grants consist of a EUR 20,000 award and each Travel Award is funded with EUR 1,500 to allow the recipient to travel to another country for a scientific purpose.

On this occasion, a total of ten awards have been given: Two ECCO Fellowships, five ECCO Grants and three ECCO Travel Awards. It is important to underline that, once again, all proposals submitted to ECCO were peer reviewed by a panel of expert reviewers. Each proposal was assigned five or six reviewers, two of whom were members of ECCO's Scientific Committee and the other three or four, well-known experts in that particular area of the IBD field. Furthermore, to boost and favour less-experienced and younger researchers, a second tour of submission was organised after first reviewing for the 5th ECCO Grant, allowing less-experienced researchers to adapt their project and application according to reviewers' comments and suggestions.

In the case of ECCO Fellowships, seven proposals were received and the two best ranked have been selected for funding: Nathalie G. Aoun, from the Middle East Institute of Health in Metn, Lebanon, will do her Fellowship at the University of Liège, Belgium, under the supervision of Michel Georges and Edouard Louis, undertaking a project entitled, "A systematic comparison of gene expression in the small intestine, the colon and immune cells of healthy smokers and non-smokers, with a focus on genes associated with IBD: a throughout study of the role of smoking in the pathogenesis of these diseases", while Markus Tschurtschenthaler, from the Medical University of Innsbruck, Austria, will do his Fellowship at the University of Cambridge, United Kingdom, under the supervision of Arthur Kaser, undertaking a project entitled "Deciphering a paternal transmission of epigenetic marks to the aetiopathogenesis of Inflammatory Bowel Diseases".
These two projects are focussing on the genetic and environmental factors leading to IBD, looking at the interaction between these two major players in IBD pathogenesis.

As far as ECCO Grants are concerned, 38 proposals were received: This represents a 60% increase as compared to 2012 and certainly encourages ECCO and its SciCom to continue to promote the ECCO Grants and collaborative IBD research across Europe. The best five were selected for funding. The winning investigators and proposals are:

1. Marie-Alice Meuwis (University Hospital CHU, Liège, Belgium), with the project: "Proteomics biomarkers discovery for the prediction of mucosal healing and risk of relapse in Crohn's Disease"
2. Maikel Petrus Peppelenbosch (Erasmus University Medical Center, Rotterdam, The Netherlands), with the project: "Transgenic nematodes (Trichuris suis) as a novel therapeutic avenue for treating intestinal inflammatory disease"
3. Silvia D'Alessio (Instituto Clinico Humanitas IBD Center, Milan, Italy), with the project: "The role of Prep-1 in IBD pathogenesis: implications for novel therapeutic approaches"
4. Sheena Margaret Cruickshank (Department of Immunology, University of Manchester, United Kingdom), with the project: "Controlling the balance of immunity in Colitis: investigating the roles of intestinal microbiota and dendritic cell migration"
5. Isabelle Cleynen (Targid, Department of clinical and experimental medicine, University of Leuven, Belgium), with the project: "Functional characterization of Zonulin, a positive regulator of intestinal epithelial permeability, in Inflammatory Bowel Disease (IBD)"

Selected after a strict review process (selection rate of 5/38, around 10-15%), these five projects illustrate high-level and promising European research in the field of IBD. They encompass new pathophysiological, diagnostic and therapeutic avenues for Crohn's Disease and Ulcerative Colitis.

Finally, we also received 4 Travel Award applications, which is almost equal to the number received over the last 3 years put together. Three out of these four were selected and will favour experience sharing and trigger new European collaborative studies: Francesco Colombo, from Milan in Italy, for a stay at the Abdominal Surgery Department of the Academic Medical Center in Amsterdam, The Netherlands; Iago Rodriguez Lago, from Pamplona in Spain, for a stay at the Gastroenterology Department of John Radcliffe Hospital in Oxford, United Kingdom; and Krisztina Gecse from Szeged in Hungary, for a stay at the Gastroenterology Department of the Academic Medical Center in Amsterdam, The Netherlands.

EDOUARD LOUIS
SciCom Chair
On behalf of SciCom

ECCO Fellowship Award winners (Markus Tschurtschenthaler, Andreas Sturm (SciCom Chair), Nathalie G. Aoun) © ECCO Photographer

ECCO Grant Award winners (Maikel Petrus Peppelenbosch, Marie-Alice Meuwis represented by Catherine Reenaers, Silvia D'Alessio, Andreas Sturm (SciCom Chair), Isabelle Cleynen; not present: Sheena Margaret Cruickshank © ECCO Photographer

ECCO Travel Award winners (Andreas Sturm (SciCom Chair), Krisztina Gecse; not present: Francesco Colombo, Iago Rodriguez Lago) © ECCO Photographer

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

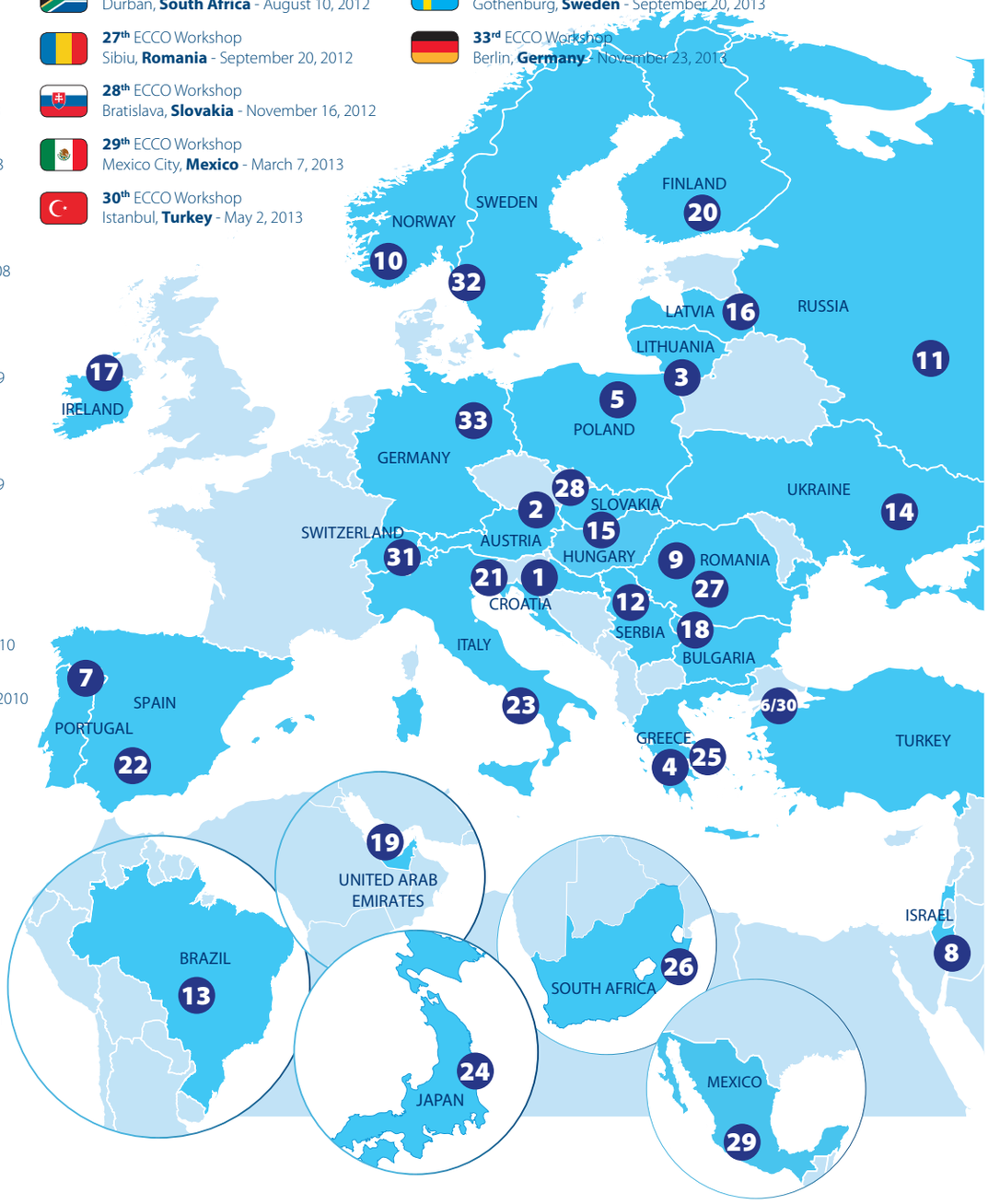
29th ECCO Workshop
Mexico City, **Mexico** - March 7, 2013

30th ECCO Workshop
Istanbul, **Turkey** - May 2, 2013

31st ECCO Workshop
Emmetten, **Switzerland** - September 6, 2013

32nd ECCO Workshop
Gothenburg, **Sweden** - September 20, 2013

33rd ECCO Workshop
Berlin, **Germany** - November 23, 2013



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28th ECCO Educational Workshop - Bratislava, Slovakia

November 16, 2012

The 28th ECCO Educational Workshop took place in Bratislava, the capital of Slovakia, on November 16, 2012. The workshop was a great success and attracted more than 66 participants from three countries (Slovakia, Czech Republic and Hungary). It was an excellent educational opportunity to discuss and implement the latest ECCO Guidelines on Crohn's Disease and Ulcerative Colitis in a friendly atmosphere.

Faculty of the 28th ECCO Educational Workshop, Bratislava, Slovakia © ECCO Photographer

The symposium was organised by ECCO in collaboration with Martin Huorka and Milos Gregus and the Slovakian IBD Group. The faculty included Milan Lukáš from the Czech Republic (ECCO Treasurer), Peter Lakatos from Hungary (ECCO EpiCom Chair) and Miloš Greguš (head of the Slovak IBD Group), Laura Gombošová, Martin Huorka, Tibor Hlavaty and Zuzana Zelinkova representing the Slovak IBD Group.

The workshop started with welcome speeches and an introduction to ECCO by Miloš Greguš and Peter Lakatos. These were followed by six cases covering challenging aspects of IBD management (including Acute Severe and treatment-refractory Ulcerative Colitis, surveillance and chemoprevention, Fistulising Disease, complicated Ileocecal Crohn's Disease and management of infectious complications) and a state of the art lecture by Milan Lukáš on pregnancy in IBD.

The workshop followed the successful format of previous workshops, focussing on case-based discussions and how the new ECCO Guidelines can be implemented from the national perspective, overcoming local barriers. The meeting was highly appreciated, and positive feedback was received at the end of and after the meeting. The interaction among participants and faculty was intense and well balanced. Our primary aims of spreading knowledge of up-to-date, evidence-based, harmonised patient management throughout Europe and of discussing how this can be implemented locally to further improve the quality of everyday practice were accomplished in Slovakia.

PETER L. LAKATOS, TIBOR HLAVATY AND MILAN LUKÁŠ
ECCO Educational Workshop Faculty

11th Intensive Advanced Course in Inflammatory Bowel Disease

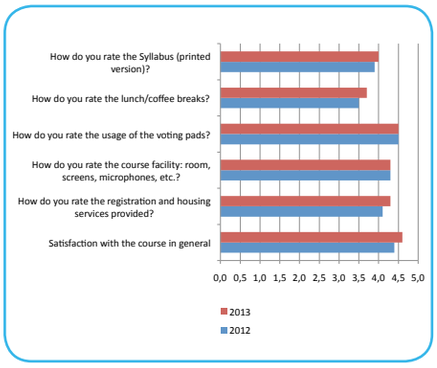
The 11th Intensive Advanced Course in Inflammatory Bowel Disease took place on February 13-14, 2013 at the 8th Congress of ECCO in Vienna

The course is the original ECCO educational event and remains the highlight of the pre-congress activities. There is huge demand from trainees both from within and, increasingly, from outside the European Country Members of ECCO. Despite this, we continue to cap the course at around 80 delegates, selected by the national societies in each country, in order to maintain the high levels of engagement and interactivity critical to its success. This year there were 74 candidates from 28 European countries, plus 8 from outside Europe and 2 observers from China (ahead of the 1st joint CIMF-ECCO summer school in Guangzhou, China, in April 2013).

The course covers a broad syllabus across IBD, ranging from epidemiology and genetics to pathogenesis/mechanisms of drug action, diagnostics, therapeutics and disease monitoring. Y-ECCO Members are pre-selected to present clinical cases that provide a framework for discussion of the pertinent data and ECCO Guidelines where relevant. Two hugely popular seminars on pregnancy and paediatric IBD saw the group split into two. To further encourage interactivity, the electronic keypad system introduced to widespread acclaim in 2012 was again used to conduct a pre- and a post-course test and to allow voting on the various clinical scenarios presented during the course.

In accordance with the current vision of EduCom that the reach of the ECCO educational programme should be extended to encompass all Europe (and beyond), the 11th Intensive Advanced Course in IBD was recorded in its entirety for the first time. Selected presentations (audio, video and pdf files of the slide sets) will be made available to all ECCO Members through the recently launched e-CCO Learning platform.

CHARLIE LEES
On behalf of EduCom



Update on EduCom activities

Introduction of new members and the "road map" of the ECCO Education Committee

The Education Committee (EduCom) of ECCO would like to thank cordially Janneke van der Woude, ECCO Education Officer, for her great contribution to the realisation of the EduCom missions. Having served very successfully as a member, Chair of EduCom, and Education Officer Janneke has served the committee and the Organisation with devotion, inspiration, vision, relentless activity and infectious enthusiasm. She has been the ideal link between the Governing Board and EduCom and has guided us in the best possible way in our endeavours to create innovative educational formats in order to eliminate inequalities in education across ECCO member countries and to help young physicians to enrich their knowledge on IBD. The EduCom welcomes Axel Dignass from Frankfurt, Germany, as the new Education Officer. Axel did pioneering work in organising and coordinating teamwork to create and formalise new guidelines for Crohn's Disease and Ulcerative Colitis as a member of EduCom before he was elected chair of the newly formed Guidelines Committee. Therefore, he is both aware of and familiar with the difficult tasks and challenges facing EduCom, and we are sure that he will guide us in any new activities that the committee may undertake.

In February 2013, Charlie Lees, Edinburgh, completed his term as a member of EduCom. Charlie chaired Y-ECCO before he joined our committee. His experience as leader of the young members of ECCO and his academic background helped him greatly in exercising in a professional way, the crucial responsibility for organising, with the help of the committee, the Intensive Advanced IBD Course for young physicians interested in IBD. This course is one of the oldest activities of EduCom. Attendees are selected in a competitive way and their number does not exceed 90 to ensure creative interaction. The course is now supported entirely through ECCO funding. In addition, the Governing Board has generously covered the cost for a series of changes in the format that aim at raising its standards and enhancing interaction between attendees and speakers, such as voting pads, a new syllabus and upload of live recording in the e-CCO Learning platform. This platform will help applicants who were not selected for this year's course as well as other young members of ECCO to visit the website of ECCO and enjoy the presentations. Charlie ran the IBD Intensive Advanced Course for 3 years, during which time he made a tremendous, indeed immeasurable, contribution to its continuous improvement and success through his enormous enthusiasm, visionary ideas, careful selection of innovative and 'hot' topics, informed choice of accomplished speakers and chairmen, lectures and case and tandem presentations, and development of a utilitarian and stylish syllabus. This is mirrored by the fact that this year the young participants awarded the highest scores to date to all parameters of the course. While Charlie will continue to serve the educational activities as a member of the e-CCO Learning platform taskforce, we are sure that James Lindsay, this year's co-chair on the Intensive Advanced Course, will prove himself not only a worthy successor to Charlie but also a visionary who will further improve the quality of the course.

EduCom Members (James Lee, Thorsten Kucharzik, Stephan Vavricka, Gerassimos Mantzaris, Charlie Lees) © ECCO Photographer

The EduCom again regrets having to turn down many applicants for the course owing to limited space. On the other hand, we would like to express our sadness that we did not receive applications from several member countries. We would again like to alert National Representatives to the need to inform and motivate young physicians in their countries, especially those who would greatly benefit from the Intensive Advanced Course.

We welcome Torsten Kucharzik as a new member of EduCom. Torsten is currently chair in the Department of Gastroenterology and General Medicine at Lüneburg Clinic, University of Göttingen. He replaces Charlie and will work on the EduCom together with Gerassimos Mantzaris (Chair of EduCom), James Lindsay, Sandro Ardizzone and Stephan Vavricka. Torsten studied Medicine at the Universities of Cologne and Münster and was awarded his PhD in mucosal immunology from the Institute of Immunology at the University of Münster. He is also National Representative of the German IBD Society. Torsten has proved himself a highly effective organiser of educational activities for the German IBD Society, especially regarding bowel ultrasonography. He is expected to play a leading role in organizing the next Intensive Advanced Course and the European workshops.

Although the Intensive IBD Advanced Course is a leading priority of EduCom, an equally important educational asset is the provision of four or five Educational Workshops in European Country Members of ECCO as well as one or two non-European workshops each year. These workshops are built around interactive cases based on the ECCO Guidelines. The slide desk of old cases is being continuously updated and enriched with new cases and lectures in order to keep up with the feverish activity of ECCO in incorporating the accumulated evidence in the field of IBD into new and updated guidelines. Sandro Ardizzone will be managing the workshops in the best possible way during the coming year as Stephan Vavricka has a crucial role to play in jointly organising the e-CCO Learning platform and acting as a crucial link between the e-CCO taskforce and EduCom.

This year we have scheduled four European workshops, in Turkey, Sweden, Switzerland and Germany. Most of them will be tied to national IBD meetings, but the German workshop will take place just after the Berlin UEGW. Attendance is open only to ECCO Members and to physicians, who may register prior to the workshop or onsite. Local faculty and invited ECCO Speakers have been already selected.

EduCom provides educational material for workshops in overseas countries that seek close educational co-operation and any other sort of affiliation with ECCO. Consequently, it was thought that the Governing Board, acting as the ambassador of ECCO, should have a central and more decisive role in organising these workshops, which have a "dimension beyond the educational event itself". In this year's overseas workshop in Mexico City ECCO was represented by our President, Simon Travis, and Miquel Sans.

The new Educational Committee is confronted with old and new tasks. As we wrote in last year's report, our goals remain the same: "to strengthen the evidence-based knowledge about IBD in ECCO member countries and beyond and to develop and implement a panel of educational formats intended for the different stakeholders and interest groups within ECCO that will aid in harmonising the practice of IBD within ECCO member countries and beyond". We believe that the pleasant environment, the 'bee' teamwork and the ECCO spirit will assist us in achieving these goals.

GERASSIMOS J MANTZARIS
EduCom Chair
On behalf of EduCom

Update on ClinCom activities

Learn about ClinCom's current projects and how you can add to these activities

ClinCom is a new committee within ECCO. It is specifically designed to stimulate, endorse and improve clinical trials in IBD with a special focus on multicentre investigator-initiated research. Both standard pharma industry-sponsored randomised controlled trials and investigator-initiated trials (I.I.S.) increasingly struggle with a variety of specific problems. Setting up a clinical trial is very complex. It involves many aspects including but not limited to methodological (trial design), legal (insurance, local regulations), ethical (IRB approval), logistic (patient recruitment, quality of data) and financial (funding and conflict of interest) issues.

ClinCom Members (Alessandro Armuzzi, Filip Baert, Ailsa Hart; not on picture: Laurent Peyrin-Biroulet, Jean-Yves Mary)

Nevertheless, in the era of evidence-based medicine and time and cost constraints, we all rely more and more on clinical trials to improve day-to-day patient care. However, many questions remain to be answered. ClinCom wants to stimulate collaboration between investigators and study groups, regulators (e.g. EMA, FDA, national reimbursement agencies, health insurance providers) and sponsors to facilitate clinical research by ECCO countries and members. Among our activities we would particularly highlight: Organisation of a yearly workshop during the ECCO Congress, review of investigator-initiated trials, provision of advice to the EMA and the pharma industry, setting up a map of IBD centres performing research, and facilitation of collaboration with different national study groups. The current members, Filip Baert (Belgium), Jean-Yves Mary (biostatistician, Paris, France) and Laurent Peyrin-Biroulet (Nancy, France), warmly welcome two enthusiastic new members this year: Ailsa Hart (London, UK) and Alessandro Armuzzi (Rome, Italy).

Together we invite you to join us in our activities, whether it is by registering your centre on our map, urging colleagues to submit their protocol to us for review, collaborating with multicentre trials in your country or registering for our yearly ClinCom Workshop. We need you to improve patient care through better clinical research.

FILIP BAERT
ClinCom Chair
On behalf of ClinCom

Submit your Clinical Trial Study Protocol

Interview with Filip Baert, Chair of ClinCom

Why did ClinCom take this initiative for their members?
Designing a clinical trial is a specific science that is not at all related to our clinical practice or, for that matter, basic science interest. Clinicians often raise ideas about clinically relevant questions and think somewhat naively that they will be able to obtain answers by starting a study. Unfortunately, many good ideas and initiatives on clinical trials never make it to an actual trial or suffer from a variety of problems such as bad trial design, being underpowered, inadequate finance, methodological problems and logistical problems. The few trials that are finally finished often fail to get published in higher ranked journals because the study design is flawed by important bias and systematic errors that could have been avoided using another trial design. In addition, interventional trials are very hard to perform for legal (no insurance), ethical (no IRB approval) and financial reasons (underestimation of costs). Although investigators learn a lot from these experiences, they are very time consuming and not cost-effective and may cause a great deal of frustration. We believe that by submitting their protocol to ClinCom, ECCO Members will benefit from the extensive experience of IBD clinical trial experts in designing, conducting, publishing and reviewing clinical trials.

How does the review procedure work exactly?
The evaluation is a two-step procedure. We strongly advise that the protocol is submitted early, namely at the moment of conception after an initial discussion among the investigators. To avoid excessive work on both sides, we ask first for a preliminary protocol. This should be a synopsis of a maximum of 4 pages and should contain the essentials of the study: the question to be answered, trial design, primary (and secondary) end points, data collection (what and how) and estimates regarding power calculation. If a preliminary design is approved with or without revisions, a full proposal regarding the protocol can be submitted in a second stage.

What about the confidentiality of the reviewers?
We agree that sharing a protocol in a preliminary phase may raise concerns among the investigators. However, as is common practice with other peer review procedures, ECCO and ClinCom guarantee that the protocols will be handled strictly confidentially.

Does the review process imply any other obligations or threats?
In order to submit a protocol one must be an individual ECCO Member. As a return, we ask investigators to provide an annual one-page update until the publication of the study results and to write a short summary for ECCO News. Applicants will be expected to present their results to the yearly ECCO Congress. Although we encourage submission of an article to JCC, publication policy is at the discretion of the investigators. We do, however, ask that ECCO and the ClinCom review process is mentioned in the acknowledgements of the publication.

How can ECCO Members benefit from this procedure?
We hope that ECCO Members will use this review possibility to obtain an expert opinion upfront on the trial design, validity and feasibility of their protocol. We believe that the quality of academic clinical research will thereby be improved. We have no doubt that this procedure will help investigators to get their research published in higher ranked journals.

Are there other indirect benefits?
In addition to improvement in protocol design, endorsement of a protocol by ECCO may facilitate IRB or ethical approval and can potentially be of assistance in finding grants for projects.
On top of this, ClinCom is setting up an inventory of all IBD research centres and networking with all the National IBD Study Groups. If a project is underpowered and investigators are seeking collaboration, ClinCom can refer investigators to other centres or study groups from other countries that may wish to participate.

What does ECCO endorsement mean legally?
It is important to realise that this service to ECCO Members does not entail any sponsorship or indemnity or other medicolegal responsibility on the part of ECCO in respect of the protocol.

What practical steps do members need to take if they want to submit a protocol?
Full details can be obtained upon request by sending a simple e-mail to the ECCO Office *(ecco@ecco-ibd.eu)*. We have finalised a S.O.P. and will try to stick to strict timelines in our responses. Young ECCO Members can, if they wish, send their protocol to the Y-ECCO Commitee. A Y-ECCO Member will then be involved in the review procedure and in providing feedback to the investigators.

CLINCOM

Update on P-ECCO activities

Paediatrics was well represented at another great ECCO Congress in Vienna

Some of the dedicated paediatric activities included discussions about the pathogenic mechanisms in early-onset IBD, the adolescent phenotype, how to organise care for adolescents with IBD and suggestions on how to transfer these patients appropriately to adult gastroenterologists.

P-ECCO Committee Members (Dan Turner, Kaija-Leena Kolho, Frank Ruemmele, Arie Levine, Gábor Veres) © ECCO Photographer

In parallel with the scientific and postgraduate sessions, the Paediatric Committee (P-ECCO) discussed ongoing plans. There is an urgent need to understand the specific phenomena of Paediatric-onset IBD and to develop strategies to face the increasing number of patients, often with a particularly severe disease evolution. P-ECCO is the ideal platform to form international research and surveillance networks. Diagnosis of IBD in paediatric patients and, to a certain extent, its clinical management differ somewhat from strategies employed in adult IBD patients. Besides the clinical and more fundamental research dedicated to Paediatric IBD, there is a need for education in this field. These considerations should also interest our adult peers, who eventually assume responsibility for the care of these patients. Thus, specific paediatric-related issues are of major interest for more than just a subgroup of ECCO Members.

A consensus paper with guidelines on Paediatric Crohn's Disease is being prepared and is now in the final stages, awaiting approval by the international team. Another group is working on the identification of outcome parameters to assess the efficacy of pharmacological trials in Paediatric IBD. This work will be submitted for publication later this year.

Despite inclusion of the subject in the annual meetings of ECCO, there are specific issues in basic and clinical research into Paediatric IBD that justify occasional separate Paediatric IBD meetings such as those held in Rome and Paris. It was felt that it is time to plan another Paediatric IBD meeting, and this will take place in Rotterdam on September 10-13, 2014, organised by Hankje Escher. Adult and paediatric gastroenterologists are very welcome to participate and review recent advances in diagnosing and treating Paediatric IBD. ECCO and ESPGHAN have expressed their scientific endorsement of this initiative.

Stay tuned and mark your calendars!

P-ECCO underwent some changes this year in the process of regular turnover. Two members of this enthusiastic group, Hankje Escher and Jorge Amil Dias, have completed their terms and stepped down, giving way to Dan Turner and Gábor Veres. Ongoing initiatives will still engage departing members, and other interested colleagues are welcome to participate in new upcoming projects.

FRANK RUEMMELE
P-ECCO Chair
On behalf of P-ECCO

Update on S-ECCO activities

S-ECCO Committee changes and report on the 2nd S-ECCO IBD Masterclass

First of all, the S-ECCO Committee would like to thank Tom Øresland, who is leaving the Committee, for his exceptional contribution.

S-ECCO Committee Members (Gianluca Sampietro, Willem Bemelman, André D´Hoore, Alastair Windsor, Zuzana Serclova) © ECCO Photographer

Tom was one of the founders of S-ECCO and participated in all the preparatory meetings. He has consistently trusted in the importance of the presence of surgeons within ECCO, and has actively worked to ensure strong collaboration between S-ECCO and the European Society of Coloproctology (ESCP). Tom is one of the most experienced surgeons in IBD in Europe. In addition to his outstanding clinical practice and scientific commitment, Tom has spent his career in promoting within the academic world the importance of having highly specialised colorectal and IBD surgeons in order to ensure that patients receive the best quality of treatment. Tom will remain the coordinator for the ECCO Surgical Guidelines for Ulcerative Colitis.

Zuzana Serclova, from the Prague University and Central Military Hospital, who has also been involved in ECCO from the outset, will replace Tom Øresland. She has wide international

experience in the IBD field, having attended two fellowships at the Cleveland Clinic Foundation and several ECCO Workshops, and she is very active in the Czech IBD Working Group. Zuzana is expected to be the S-ECCO ambassador among the Western European countries, with the mission of involving as many surgeons as possible in the activities of S-ECCO and ECCO.

This is also an appropriate time to offer some information on the 2nd S-ECCO Masterclass on IBD Surgery. This year, the Masterclass focussed on the treatment of Ulcerative Colitis. A panel of internationally recognised experts from both Europe and North America were involved, the star guest being R. John Nicholls, inventor of the ileo-anal pouch procedure. Despite the lack of an official sponsor, due to problems with the main industry partner, the number of participants reached 119 from 35 countries. Unfortunately very few gastroenterologists, pathologists and paediatricians attended the course despite the multidisciplinary approach of the lectures, their relevance for daily clinical practice and the presence of a panel of experts able to cover every single aspect of ileo-pouch surgery, postoperative complications and long-term results. Much effort will have to be made in the future to promote better integration among specialists also in the Surgical Masterclass, since multidisciplinary discussion is what everyone does during daily clinical practice and the main theme of the ECCO mission.

The 2nd IBD Masterclass started on the afternoon of February 13, following André D'Hoore's (S-ECCO Chair, Leuven, Belgium) welcome on behalf of the whole S-ECCO Committee. Monica Millan (Barcelona, Spain) and Odet Zmora (Tel Hashomer, Israel) moderated a multidisciplinary discussion on the acute setting. Julián Panés (Barcelona, Spain) lectured about rescue medical treatment and the importance of joint management by the gastroenterologist and the surgeon of the acute, critical patient from the very beginning. Marc Ferrante (Leuven, Belgium), on behalf of Gert van Assche and Séverine Vermeire (Leuven, Belgium), talked about the current and future pharmacological repertoire for Ulcerative Colitis (UC), with particular attention to vedolizumab, tofacitinib and stool transplantation. Alastair Windsor (S-ECCO Member, London, UK) discussed the indications and outcomes for urgent colectomy, while Tonia Young-Fadok (Scottsdale, USA) showed the advantages of laparoscopic and single-port device access for performance of total colectomy in the acute setting. The efforts to reduce surgical stress through new minimally invasive devices are continuously evolving. Antonino Spinelli (Milan, Italy) and Michael Powar (Cambridge, UK) had the great privilege of moderating R. John Nicholls, who described the pathway by which he arrived, together with Alan Parks, at the development of "an operation that permits total removal of all disease-prone mucosa in Ulcerative Colitis but avoids the need for a permanent ileostomy" [Parks AG, Nicholls AJ. Proctocolectomy without ileostomy for ulcerative colitis. Br Med J 1978;8:85-8].

Session II, on the ileo-anal pouch, continued with a presentation by Zane Cohen, one of the most famous IBD surgeons in the world and Director of the Zane Cohen Centre for Digestive Diseases at the Mount Sinai Hospital in Toronto (Canada), on the current topic of the learning curve needed to perform pouch surgery and the problem of credentialing. Francesco Tonelli's (Florence, Italy) talk was on the indications for performance of an ileo-rectal anastomosis instead of a pouch in the restorative proctocolectomy era, a procedure that is already performed in selected cases. Session II ended with Evelien Dekker's presentation on the risk of development of colorectal cancer in UC patients and how to manage flat adenoma and DALM.

Session III was co-chaired by Tonia Young-Fadok and Zane Cohen. Most of the technical aspects, such as the surgical approach (laparoscopic vs open), intraoperative problem solving, the decision to perform the procedure in one, two or three steps, and early postoperative complications were highlighted. A number of technical innovations have profoundly improved the results of pouch surgery since its first description by Parks and Nicholls. The essential concept of the procedure remains unchanged, but all the experts agreed with Yves Panis (Clichy, France) that, in 2013, the whole procedure has to be performed laparoscopically. Emmanuel Tiret (Paris, France), Gilberto Poggioli (Bologna, Italia) and Willem Bemelman (S-ECCO Member, Amsterdam, The Netherlands) discussed technical aspects and early complications of the IPAA procedure, from the lengthening of the mesentery to the rescue of anastomotic dehiscence. Particular attention was devoted to whether the procedure should be performed in one, two or three steps, taking into account not only the clinical setting (acute vs chronic) but also, especially, pharmacological interactions and the risk related to combined preoperative rescue therapies for postoperative septic complications. An interesting confrontation among experts took place on the possibility of performing pouch surgery also in patients with Crohn's Disease. Unfortunately, Neil Mortensen (Oxford, UK) could not participate in the discussion for personal reasons and André D'Hoore made his the presentation on the anastomosis technique and design.

On Thursday morning I started Session IV, chairing with Fernando Rizzello (Bologna, Italy) an interesting group of presentations on the postoperative problems related to pouch function, pouch inflammation, quality of life, and sexual function, fecundity and delivery in women. André D'Hoore showed how to accurately assess pouch function, while Omar Faiz (London, UK) discussed the classification and treatment of pouchitis and cuffitis. The long-term outcome in terms of function and failure was discussed by Alistair Windsor and Tonia Young-Fadok. The very important topic of fecundity and delivery after pouch surgery was masterfully treated by Janneke van der Woude (Rotterdam, The Netherlands).

The last session, concerning special issues, was chaired by R. John Nicholls and Emmanuel Tiret. After a lecture by Cornelius Sloots on paediatric surgery for UC, the two chairs shared their 30 years' experience in pouch surgery with Zane Cohen and myself on the surgical options for pouch dysfunction and ultimate pouch failure. These practical topics were then interactively discussed during the Case Report session, in which Paulo Kotze (Curitiba, Brazil), Francesco Colombo (Milan, Italy) and Michel Adamina (St. Gallen, Switzerland) presented three cases of anastomosis dehiscence, pouch outlet obstruction and UC-related colorectal cancer respectively.

Willem Bemelman, during the closing remarks, expressed the great satisfaction of the S-ECCO Committee with the success of the Masterclass, and in particular the high level of the scientific contributions and usefulness of the practical learning. He also expressed the hope that there would in the future be wider multidisciplinary participation of other specialists and better integration of the Masterclass into the ECCO programme.

The S-ECCO Committee would like to thank all the ECCO staff, and Karoline Graf in particular, for their ever-present assistance and contribution to the delivery of the Masterclass.

GIANLUCA M. SAMPIETRO
S-ECCO Committee Member
On behalf of S-ECCO

Update on N-ECCO activities

7th N-ECCO Network Meeting

In order to share current practice and research in the management of IBD, approximately 210 nurses attended a one-day meeting packed with international speakers comprising medics, surgeons and a psychiatrist as well as nurses with both clinical and research roles.

The morning session, focussing on current issues, opened with a clear and thorough review of cancer risk by Shomron Ben-Horin (Israel) prior to discussion of the challenge of the often undertreated anaemia in IBD by Guillaume Savoye (France). A lively tandem presentation by a surgeon and a medic (Yves Panis, France, and Bas Oldenburg, The Netherlands) addressing the timing and types of surgery for IBD took us to the coffee break.

Time was then devoted to the issue of psychological care of IBD patients (as overwhelmingly requested by feedback at the N-ECCO Network Meeting 2012). A talk by Janette Gaarenstroom (The Netherlands) included practical strategies and included a poignant clip of a patient's account of her struggle to live with Ulcerative Colitis. This set the scene well for Julian Stern's (UK) insightful explorations of some complex cases. There was simply not enough time for people wishing to discuss this critical area of care!

We next heard from three nurses about their own work: Kathleen Sugrue (Ireland) on patient perception of stress, Denise Keegan (Ireland) on the development and use of a tool to gauge stress and Yasmine Houston (Hull) on the impressive nine-site audit on telephone help-lines. Nursing interventions to be proud of that generated ideas for all the delegates!

Charlie Lees (UK) opened the post-lunch session on new horizons by making IBD genetics remarkably understandable. This was followed by discussion of new therapies and their mechanistic links to the inflammatory process (Andreas Sturm, Germany) and novel therapy using stem cells in specific Crohn's cases (Marjolijn Duijvestein, The Netherlands).

N-ECCO Committee Members (Nienke Ipenburg, Marian O´Connor, Janette Gaarenstroom, Lydia White; not on the picture: Karen Kemp) © ECCO Photographer

The second half of the afternoon was dedicated to research. It was begun (and ended) by Christine Norton's characteristically enthusiastic call for nursing research. Nurses from three countries then detailed their respective research and country context (Lars-Petter Jelsness-Jorgensen, Norway; Maria van Vugt, The Netherlands; Lena Oxelmark, Sweden). The central message was clear: Nursing research is essential, interesting and, above all, possible.

Finally, it is essential to mention the two talks by our previous and current N-ECCO Chairs (Lisa Younge and Marian O'Connor, respectively), who celebrated the journey of IBD nursing generally as well as the growth, aims and vision of N-ECCO. A very fond farewell was given to Lisa Younge (UK), who was N-ECCO's first chair and founder and completes her time on the committee this year. Grateful thanks were also extended to Rina Assulin (Israel) and Patricia Détre (France) at the end of their terms for all their hard work. A welcome is extended to new members: Nienke Ipenburg (The Netherlands), Karen Kemp (UK) and Lydia White (UK).

N-ECCO's vision remains to improve the care of IBD patients throughout Europe by networking and facilitating accessible, practical and relevant education.

Towards this aim, N-ECCO history has been made this year with Marian O'Connor presenting the work done on the first nursing consensus statements about the role itself during the scientific programme of the ECCO Congress. Look out for publication this year in the Journal of Crohn's and Colitis!

We are so grateful to every speaker and delegate for their input this year, which made it such an excellent meeting all round. We look forward to seeing you again next year and you can rest assured that we'll be going through your feedback in detail in order to design a programme that's topical, practical and relevant. We couldn't do it without you!

The next Network Meeting will be in Copenhagen. There WILL be lunch! There will be N-ECCO….

LYDIA WHITE
N-ECCO Committee Member
On behalf of N-ECCO

4th N-ECCO School

On February 14, 2013, the 4th N-ECCO School took place in Vienna. This was once again a one-day event for nurses new to the specialty of IBD. The School was attended by 23 nurses from 17 ECCO member countries, some of whom were accompanied by their N-ECCO National Representative. For the first time nurses from outside of Europe were also invited to participate and we were happy to welcome nurses from Canada and the United States.

The day's programme offered a full overview of IBD in order to give nurses a basic introduction to the specialty. Covered topics included: English terminology for IBD nurses, basics of diagnosis and assessment, and general management in IBD, comprising presentations on "Nutritional aspects in IBD – Children with IBD" and "Nursing roles in IBD management". In addition, two workshops were held, one on Ulcerative Colitis and one on Crohn's Disease.

Our aim was to teach basic knowledge in a clear way for nurses, with the objective of improving nurse education throughout Europe. The evaluation forms completed by the nurses afterwards provided us with valuable feedback for the future, particularly regarding the desire for more interaction and discussion with the speakers, which we shall aim to improve next year. The other feedback received was very positive, and participants were also very satisfied with the selection of the speakers, who all presented topics relevant to the nurses' clinical practice.

I would like to thank everyone who helped with the realisation of this course. I am especially grateful to the ECCO Governing Board, all the speakers involved in the School, the entire N-ECCO Committee for finalising the programme and Nina Weynandt from the ECCO Office for her help. I also wish to thank EFCCA for their grant and their continuing support of the N-ECCO School.

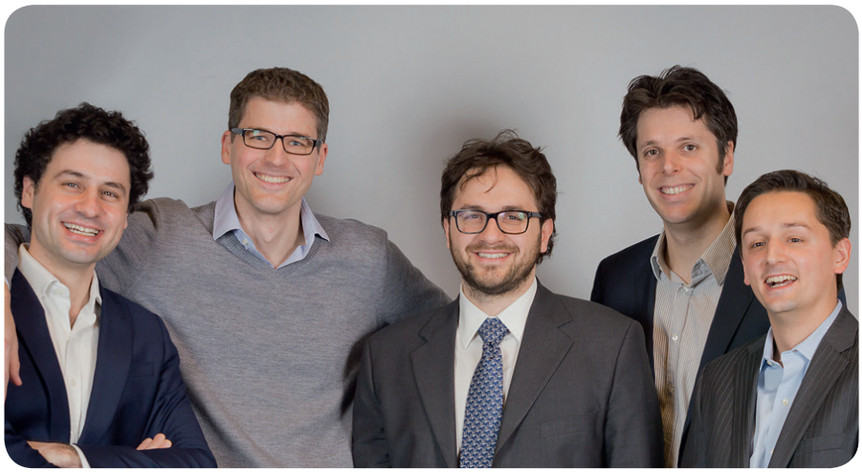
In conclusion, I would say "well done" to everyone involved in this course. We are aiming at achieving our mission based on strong cooperation, and we are motivated and looking forward to setting up the 5th N-ECCO School at the ECCO'14 Congress in Copenhagen.

Unfortunately it is now time for me to say goodbye to the N-ECCO Committee and I would like to thank ECCO and everyone involved in ECCO for this wonderful collaboration during the last six years.

PATRICIA DÉTRÉ
Former N-ECCO Committee Member
On behalf of N-ECCO

Update on Y-ECCO activities

Y-ECCO is launching several new formats in 2013



Y-ECCO Members (Timothy Raine, Florian Rieder, Franco Scaldaferri, Peter Hindryckx, Sebastian Zeissig)
© ECCO Photographer

Y-ECCO has left a positive mark at the recent ECCO Congress in Vienna, yet again. The engagement of our members (<35 years of age or in training) greatly contributed to the success of the congress. We offered the 6th Y-ECCO Workshop (please see the article by Pieter Hindryckx on page 25), which attracted a large audience and was very well received. Our 2nd Y-ECCO Networking Event and member's meeting in a bar in the city centre of Vienna was a great success and brought together Y-ECCO Members in an informal atmosphere with typical Austrian finger food. Even most of the speakers from the workshop joined us there. We handed out our five Y-ECCO Abstract Awards for the best abstracts submitted by our members (EUR 750 each). Please join us in congratulating the winners (you can find a list of their names below). All of them presented their work as selected oral presentations in the plenary session. The Y-ECCO Members Antonina Mikocka-Walus and Dirk van Asseldonk helped launch the e-CCO Learning platform by interviewing for the educational podcasts and Pieter Hindryckx produced our first Y-ECCO podcast. Multiple Y-ECCO Members were chosen from our conference co-chairing programme and served as session chairs at the main plenary programme, paired with an experienced co-chair: a fantastic way to gain experience and visibility and become established in the area of IBD. Finally, guess who stayed the longest at the ECCO Interaction in the Hofburg….

We are launching several new formats: Our member Monica Cesarini initiated a new section on the Y-ECCO news pages: The Y-ECCO interview. She is consulting ECCO Officers to share their experience and career advice. This issue carries the first interview: with Simon Travis (please see page 24). Franco Scaldaferri together with ClinCom developed a SOP that allows you to submit your Clinical Study Protocol through Y-ECCO (please see also page 19). You will receive constructive feedback from experienced clinical investigators and in addition you could qualify for Y-ECCO endorsement (website, e-mail lists etc.). Due to space constraints in this issue of ECCO News, Franco will introduce the concept in detail in the next issue.

Our Y-ECCO literature review continues. This has been tremendously well received in the past. 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 are interested in acting as a session co-chair at ECCO Congresses, please let us know. We need a letter of intent, to identify your area of expertise, and a CV. The selection will be done by the Congress Organising Committee on a competitive basis and, if chosen, you will have the help of an experienced co-chair.

We continue to feed into the developing e-CCO Learning platform. You can participate by, for example, submitting an interesting picture of the month, developing an interactive online clinical case and much more. Our educational survey about the future of Gastroenterology in Europe continues to be open. We still need your participation. It just takes 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 drawing for free ECCO Memberships for one year.

There has been a change in the Y-ECCO Committee. James Lee and Marjolijn Duijvestein have left us. We thank both of them for their contribution in making Y-ECCO a success. Sebastian Zeissig and Timothy Raine are the newcomers and have already taken on their projects. You will find an interview with the new and the former committee members in an upcoming issue of ECCO News.

All of us will continue to work hard to support collaboration among our members, to be the contact point for you within ECCO and to help you to be a part of ECCO and its educational and scientific activities. But we also need your help: Please spread the word about Y-ECCO and its activities. We would love to welcome new members.
If you are interested in any of the above formats, please contact *ecco@ecco-ibd.eu*. We are looking forward to hearing from you.

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

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

Y-ECCO Abstract Award Winners 2013

- **Lukas Niederreiter (Cambridge, United Kingdom)**
- **Casper Steenholdt (Herlev, Denmark)**
- **Johan Burisch (Herlev, Denmark)**
- **Guru Iyngkaran (Parkville, Australia)**
- **Silvia D'Alessio (Rozzano, Italy)**

Congratulations!

Y-ECCO Interview corner

Dear ECCO Family,

It is with great pleasure that I introduce to you the first "Y-ECCO Interview corner" interview.

The idea is to perform a short interview with a senior ECCO Member on how to pursue a career in IBD, thereby providing advice to Y-ECCO Members. The interview should offer Y-ECCO Members insights into the professional life and attitudes of the interviewee.

Each interview will be composed of four or five questions. The next interview will be conducted with Silvio Danese. Please feel free to suggest questions of interest and send them to the ECCO Office under ecco@ecco-ibd.eu. We can't wait to hear your no doubt brilliant suggestions.

Yours sincerely,

MONICA CESARINI
Sapienza University of Rome, Italy
Currently working at the John Radcliffe Hospital, Oxford, UK

Monica Cesarini

Monica interviews Simon Travis

1. How important is the centre that you work in for the development of your career in IBD?

"This does matter, but it's the people in the centre as much as the name that matters. It's best to be in a place that combines basic science and clinical practice, because that's where the frontiers of care exist. It is rare to be able to spend the whole training in such a place and, paradoxically, I think this inappropriate in any case. People need to move and see how things are done differently in other places. So just a year in a major centre can change one's whole approach to practice and also help a clinician decide whether to pursue some time in research. Developing a career in IBD ultimately depends on the person and not the centre. It is the individual who takes advantage of the opportunities created, and when they leave the centre, they can't keep harking back to 'When I was at St X'. Good individuals create their own opportunities; of course, the centre and mentor help that happen, but that can't (or shouldn't!) supercede individual ability."

2. Is it mandatory to spend some time on research abroad and, if so, how long do you think is the minimum period?

"I love travelling and the diversity it brings, but research abroad is an advantage, not essential. The reason that people who go abroad appear to have an advantage is that the process is in part self-selecting. People who are self-propelled and have the gumption to get up and go are also those most likely to make the most of opportunities offered. If not abroad, then working in different institutions in one's own country helps, since new places challenge preconceived ideas. Doing your own research gives an insight into the challenges of creating new knowledge. It is difficult for a worthwhile project leading to publication to take less than a year, but not everyone is minded to or has the opportunity to spend 3 years doing a PhD. It is often the initial year that helps make the decision whether to commit to a PhD: It generates data and that helps access grant funding – and also gives time for the person (and family!) to reflect on whether that is what they want to do."

3. What do you like the most/least about your job?

"That's easy: The diversity of colleagues from many different countries and the stimulus of working in a unit that is at the cutting edge of science and clinical practice. It's the people that matter. I am very privileged to work with wonderful colleagues and as a consequence there is a collective sense of innovation in clinical practice. Speaking now as a pure clinician, scientist, the co-location of the basic science labs run by Professor Fiona Powrie FRS is exceptional. It stimulates lateral thinking and interaction at all levels. About 70% of our trainees now do a higher degree. The admin that goes with the job is perhaps the most wearisome – that and the fact that there are only 24 hours in the working day!"

4. Please give five tips on how to develop a career in IBD (from the most to the least important)

1. Care and concern for patients: This may sound trite, but it is central to developing respect among colleagues and (of course) patients who are affected by a condition causing miserable symptoms, often at a young age.
2. Work for the benefit of the unit or organisation, not your personal profile (it gets noticed by those who matter).
3. Knowledge – only gained in depth by writing and critical analysis of research – which can then be applied to patient management. A higher degree is a bonus and essential for a university appointment in some countries.
4. Visit different centres (that's what ECCO Travel Awards are for!), to observe different ways of doing things.
5. Be interested, committed and collegiate: IBD, more than most specialties, demands consideration for the person as a whole. Interaction with colleagues is crucial in multidisciplinary management and building those relationships (with surgeons, pathologists, radiologists, nurses, patient associations etc.) matters to patient care.

Yours sincerely,

MONICA CESARINI
Y-ECCO Interview corner Admin

6th Y-ECCO Workshop & the Y-ECCO Networking Event

This year, the 6th edition of the Y-ECCO Workshop took place in Vienna

The workshop was launched with a spicy podium discussion. Gijs van den Brink, Florian Obermeier and Asit Parikh were challenged by the chairs with some provocative statements, for example, „It is not essential to do research during your GI training in order to become a good clinician". This led to a lively exchange of different points of view, thoughts and ideas.

A second topic covered a concern raised by many young gastroenterologists: Is it possible to combine an (academic) career in IBD with your family life? Ailsa Hart gave a clear and honest answer: It's not.... However, she listed several pitfalls that should be avoided in order to prevent oneself from becoming overburdened and also provided practical trips on how to manage both work and private life.

The next speakers were Catherine Reenaers and Arthur Kaser. They tackled the dilemma of whether we should go abroad or stay at home in order to boost our career. Both speakers underscored the importance of a fellowship abroad, from both a personal and a professional point of view.

Lastly, Jean-Frédéric Colombel recounted the story of his life, highlighting the most important events that have shaped his career. In response to the question of what, in his opinion, had been the greatest victory and the biggest mistake in his career thus far, he answered „setting up GETAID" and „that I could have been rich several times" respectively (to laughter).

After the workshop, we moved to the restaurant Martinjak. We said goodbye and thanks to Marjolijn and James as Y-ECCO Committee Members, and we welcomed Sebastian and Tim as the new additions to our team. Against a background of music, fingerfood and drinks, there was plenty of time to make new friends and share ideas with Y-ECCO Members from all over the world. The warm Y-ECCO spirit was present all the time!

Thanks to all speakers and thanks to all participating Y-ECCO friends for this great edition. We hope to see you all back next year in Copenhagen!

PIETER HINDRYCKX
Y-ECCO Committee Member

Ustekinumab induction and maintenance therapy in refractory Crohn's Disease

Sandborn WJ, Gasink C, Gao L-L, Blank MA, Johanns J, Guzzo C, Sands BE, Hanauer SB, Targan S, Rutgeerts P, Ghosh S, de Villiers WJS, Panaccione R, Greenberg G, Schreiber S, Lichtiger S, Feagan BG, for the CERTIFI Study Group
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Introduction

The treatment of Crohn's Disease (CD) remains a clinical challenge. On the one hand we are faced with a chronic relapsing disease with a rising incidence all over the world, affecting the entire digestive tract and resulting in stenosis and increased risk of operations, while on the other hand our medical options are limited. Despite guideline-adapted therapy consisting of glucocorticoids, immunosuppressants (azathioprine, 6-mercaptopurine, methotrexate) and/or anti-TNF blockers (infliximab, adalimumab), a significant proportion of our treated patients are not achieving clinical response or remission. Focussing on anti-TNF blockers, to date the most potent drug class in the treatment of CD, only one-fifth of all initially treated patients are in remission after one year and secondary non-response or intolerance affects one-third of all primary responders. Therefore, we are in urgent need of novel medical treatment options, particularly for patients who have failed anti-TNF agents.

The presence of interleukin-12 and interleukin-23 seems to play a major role in gut-driven inflammation, resulting in proper T cell differentiation to mediate cellular immunity. Our understanding of a significant linkage between CD and the IL12/23 pathway has increased in recent years owing to the findings of genome-wide association studies, which have described multiple susceptibility genes linked to IL12/23 signalling (IL12B, JAK2, STAT3, CCR6, IL18R1, IL12RB1 and TYK2) [1].

Ustekinumab, which has shown efficacy in a previous phase 2a study [2], is a fully human IgG1 monoclonal antibody targeting the interleukin 12/23 shared p40 subunit.

Key findings

In the presented, placebo-controlled and industry-sponsored, phase 2b study, ustekinumab was evaluated in three different dose regimens (1, 3 or 6 mg ustekinumab i.v. induction at week 0) in 526 patients with moderate to severe (CDAI ≥220 – ≤450 points) CD, who had failed anti-TNF blockers. Patients who responded at week 6 underwent a secondary randomisation (90 mg ustekinumab vs placebo s.c. at weeks 8 and 16). The primary study endpoint was clinical response (≥100-point CDAI decrease from baseline) at week 6 and major secondary endpoints were clinical remission (CDAI <150) at week 6 and clinical remission (for patients responding at week 6) at week 22. Overall, 63.9% of patients (n=337) completed the study through week 36.

Statistical significance for clinical response was achieved for the primary endpoint only in the 6 mg dosing group (39.7% vs 23.05%, p=0.005), whereas highly significant differences were observed between maintenance therapy with ustekinumab and placebo for the secondary endpoints of clinical remission and response at week 22 (41.7% vs 27.4%, p=0.03 and 69.4% vs 42.4%, p<0.001). Remission rates at week 6 were numerically but not statistically higher with ustekinumab vs placebo. No exceptional safety signals were reported during 36-week observation period. During the induction phase, overall rates of infections were similar and infusion reactions were uncommon and occurred at similar rates in the ustekinumab and the placebo group. In the maintenance phase (25 weeks), differences in adverse events and serious adverse events were not observed between the ustekinumab and the placebo group. No deaths, major adverse cardiovascular events, opportunistic infections or tuberculosis occurred. One basal cell carcinoma in an ustekinumab-treated patient was described.

Conclusion

There is an urgent need for new drugs to enter the market that are of value in patients with primary or secondary failure on anti-TNF blockers. One such promising drug on the horizon could be ustekinumab. This study exclusively addressed patients with failure on anti-TNF therapy; of this population, which is the hardest to treat, about 40% showed a clinical response at week 6 which lasted until week 22 in one-third of the overall treatment group. Whether these data could be extrapolated to a broader Crohn's Disease population (beyond patients with failure of anti-TNF therapy) is unclear and will have to be shown in subsequent trials.

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Safety and efficacy of antigen-specific regulatory T-cell therapy for patients with refractory Crohn's Disease

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Introduction

Crohn's Disease (CD) and Ulcerative Colitis (UC) are the two main subtypes of Inflammatory Bowel Disease (IBD). Although the aetiology of both diseases remains unsolved, there has been significant progress concerning new therapies for both diseases within recent years [1,2]. Especially novel therapeutics, such as anti-TNF agents, hold promise in the therapy of IBD. Unfortunately, only about two-thirds of the patients show an initial response to the new therapies. A cross-analysis indicates that the mean percentage of patients with loss of infliximab response is 37%, with an annual risk for loss of response of about 13% per patient-year [3]. For this reason, further new therapeutic strategies are still needed.

In refractory cases of IBD, haematopoietic stem cell transplantation has been successfully used in a small number of patients. However, only a limited subgroup of patients seems eligible for this therapy so far since it is quite risky, with potential huge side-effects [4,5].

It is well established that a dysregulated immune system in the gut is one of the key players in IBD, with a failure to balance an excessive immune response leading to chronic inflammation. The T cells are the leading cells responsible for this process. Naïve T cells differentiate into effector T cells such as Th1 and Th17 in CD or Th2 in UC. In IBD, these cells predominate over regulatory T cells (Tregs), leading to a release of pro-inflammatory cytokines and perpetuation of inflammation. The Tregs, consisting of different subtypes, play an important role in immune responses to self-antigens and maintenance of self-tolerance [6-8].

In this study, type 1 Tregs were used. In general, these cells are peripherally differentiated and simultaneously activated by antigens. The protective effect of type 1 Tregs is mediated by IL-10. These cells can be generated from T cells in vitro. In particular, ovalbumin-specific type 1 Tregs (ova-Tregs) were able to show a modulatory and protective effect in a chronic model of mouse colitis [9].

In detail, the study described here investigated the therapeutic role of antigen-specific T regulatory (ova-Treg) cells – a cell type with a wide range of therapeutic, mainly protective, properties in different chronic inflammatory animal models and gut inflammation [10,11] – in patients with CD.

What this paper is about

This French phase 1/2a exploratory uncontrolled and open label clinical trial was performed at six centres between 2008 and 2011. In the end, a total of 20 patients were enrolled.

Patients were 18 to 65 years old and had a CD history of more than 12 months. A Crohn's Disease Activity Index (CDAI) was 220 within 6 months before screening, C-reactive protein (CRP) level was 2 times upper normal values or signs of inflammation were present on endoscopy, ultrasonography or computed tomography. A history of inadequate response to conventional treatment (steroids, anti-TNF-α or immunosuppressants) was required. Other inclusion criteria were total white cell count >4x109/L, CD4+ T cell count >300/mm3, total platelet count >150x109/L, haemoglobin >10.5 g/L, serum creatinine/electrolyte/ bilirubin levels within normal reference ranges, normal chest X-ray and normal electrocardiography. A stable steroid dose of 20 mg prednisolone or less was possible.

Exclusion criteria were active infections, malignancies, previous therapy with murine monoclonal antibody anti-CD3, vaccination with live attenuated vaccines or concomitant therapy with immunosuppressants, anti–TNF-α agents or agents known to affect T cell functions.

The primary objective of the study was to determine the safety and tolerability of a single injection of ova-Tregs in patients with refractory CD. A secondary objective was to assess efficacy through clinical and biological parameters.

A wash-out period of 2-3 months for both immunosuppressants and anti-TNF medication was required. At day 0, patients were hospitalised for 24 h to be injected with autologous ova-Tregs (a single intravenous injection of 106, n=8 patients; 107, n=3; 108, n=3; and 109, n=6 ova-Tregs per patient). In brief, ova-Tregs were generated from peripheral blood mononuclear cells (PBMCs) from each patient. Cells were cultured in the presence of ovalbumin. Ova-Treg clones were finally isolated by IL-10 production and type 1 Treg lymphocyte cytokine production profile. During six follow-up visits, patients were monitored with CDAI, Inflammatory Bowel Disease Questionnaire (IBDQ), CRP and faecal calprotectin. Simultaneously, immune reactions were monitored in the blood (reactions to product impurities, impact of ova-Tregs on relative numbers of the blood immune cell population, serum cytokines and antigen-specific PBMC proliferative ability ex vivo 8, and 12). Proliferation of PBMCs was measured in vitro in the presence or absence of ovalbumin, tetanus toxoid (TT) and purified protein derivative from Mycobacterium bovis tuberculin (PPD). Tweny-six cytokines in the serum of patients were measured with Luminex, and the immune cell phenotype was assessed by flow cytometry.

The treatment with ova-Tregs was well tolerated in all patients. Adverse events included mainly gastrointestinal disorders (e.g. CD flare, obstipation), infections or nervous system disorders (e.g. headache). Seven patients presented with serious adverse events (SAEs). Unfortunately, one patient was lost due to suicide unrelated to the treatment. All other patients with SAEs (e.g. thrombosis, CD flare) recovered completely.

Of the 20 patients, 8 (40%) reached a CDAI response at week 5 and week 8. The group treated with 106 ova-Tregs included most patients with a CDAI response (75%, six of eight patients) and was the only group having patients in remission at both week 5 and week 8. A decrease in CDAI from baseline of ≥100 points was regarded as indicative of response; remission was defined as an absolute value ≤150 points. IBDQ values ≥170 points were also regarded as indicative of remission.

Simultaneously, there was a statistically significant improvement in IBDQ at week 5 in all groups, with a trend towards significance at week 8. Again, the patients treated with 106 ova-Tregs presented with the greatest mean improvement in IBDQ (statistically significant at week 5, trend towards significance at week 8).

A decrease in CRP levels was seen after one week. However, the mean CRP level at week 1 for CDAI responders at week 5 was statistically significantly different from that observed in non-responders. Due to the small number of patients treated and inhomogeneous results, no conclusion could be drawn from faecal calprotectin levels.

Concerning immunomonitoring, the pro-inflammatory CD14+CD16+ monocytes and CD4+Foxp3+ T lymphocytes were reduced in the responders, predominantly in the 106 group. Additionally, the ova-specific proliferative responses to PBMCs from responders were significantly lower than those for non-responders. Again, the 106 group had the main decrease in proliferative response.

Conclusion

This is the first in vivo study to investigate antigen-specific Tregs in patients with refractory CD. Overall, the therapy was well tolerated in all treatment groups. The safety profile was acceptable. The patients had a reduction in CDAI and clinical signs of remission, depending on the dose of ova-Tregs received. Surprisingly, the lowest amount of Tregs injected (106) showed the best effects. The study seems to indicate that ova-Tregs reduce pro-inflammatory T lymphocyctes and reduce proliferative response in PBMCs. Although the study included only 20 patients, it may be concluded that treatment with Tregs is a promising new therapeutic option for patients with refractory CD. However, long-term observation and evaluation of patient outcome after treatment with Tregs remain necessary. Furthermore, patients were injected with ova-Tregs only once. It is possible that repeated injections with Tregs might improve and extend the duration of remission. Further investigations in a larger placebo-controlled, multicentre study cohort are warranted to confirm these findings and answer our questions.

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Bacterial sensor triggering receptor expressed on myeloid cells-2 regulates the mucosal inflammatory response

Correale C, Genua M, Vetrano S, Mazzini E, Martinoli C, Spinelli A, Arena V, Biroulet LP, Caprioli F, Passini N, Panina-Bordignon P, Repici A, Malesci A, Rutella S, Rescigno M, Danese S
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Introduction

Although a role for the innate immune system in Inflammatory Bowel Disease (IBD) is actively speculated upon, the exact mechanisms remain elusive. Genome-wide association studies have identified single nucleotide polymorphisms in several genes involved in innate immunity, which confer risk of developing IBD. Arguably the best-known example is the bacterial sensor protein NOD2. Defective bacterial handling by the innate immune system has thus been proposed as one of the contributing factors in IBD pathology [1]. On the other hand, it has also been suggested that activation of Toll-like receptors (TLRs) and NOD-like receptors (NLRs) by pathogen-associated molecules triggers an overexaggerated response in IBD, leading to acute and chronic inflammation [2,3].

Recently, a new family of bacterial peptide receptor proteins has been identified: the triggering receptor expressed on myeloid cells (TREM) family, which in humans consists of at least six members [4]. First characterised in 2000, the two most studied members of this family are TREM-1 and TREM-2. These receptors are predominantly expressed on innate immune cells such as granulocytes and dendritic cells (DCs). The main functions of TREM-1 include augmentation of TLR responses and amplification of inflammatory processes. A role for TREM-1 in IBD has been suggested, as increased numbers of TREM-1+ macrophages have been identified in the mucosa of IBD patients, and TREM-1 signalling in these cells results in IL-6, IL-8 and TNF-α production. In contrast, in vitro experimentation so far has suggested a negative regulatory role for TREM-2 in inflammation, although its involvement in IBD remains unknown. Correale et al. now provide evidence for a functional role of TREM-2 in IBD.

Important findings in this article

The authors first investigated the expression pattern of TREM-2 in the colonic mucosa from patients with Crohn's Disease or Ulcerative Colitis. They show that TREM-2+ cells are present in IBD, but not healthy mucosa, and that expression is limited to myeloid-derived DCs. In mouse models, induction of colitis by both DSS and TNBS treatments is accompanied by an increase in TREM-2 mRNA and protein levels in colonic tissues. In agreement with these data, TREM-2 knock-out (KO) mice were less susceptible to DSS or TNBS-induced acute and chronic colitis.

Having established a role for TREM-2 in augmentation of inflammation, the authors set out to investigate its mode of action, by investigating TREM-2 modulation of cytokine patterns. Colonic mucosa from TREM-2 KO mice showed significantly reduced protein expression of the pro-inflammatory cytokines IL-1β and TNF-α. To confirm the involvement of the innate immune system, DCs were generated from lamina propria mononuclear cells from TREM-2 KO and wild-type mice. Production of IL-6, IL-1β and IL12p70 by bacterial TLR ligands CpG and LPS was drastically reduced in TREM-2 KO cells, as was induction of TNF-α production in response to the NOD2 ligand MDP.

In a set of elegant experiments, the authors next investigated bacterial handling by TREM-2 negative DCs. Whereas uptake of bacteria (S. typhimurium) was normal, bacterial killing was decreased in TREM-2 KO mice. Furthermore, the capacity of DCs to activate T cells through presentation of bacterial antigens and expression of co-stimulatory molecules was affected in TREM-2 KO cells. This was not a result of intrinsic defects in the antigen-presenting machinery, as TREM-2 negative DCs readily presented non-bacterial peptides to T cells.

Conclusions

The study by Correale et al. clearly demonstrates that absence of the bacterial sensor TREM-2 in mice reduces the inflammatory responses that contribute to the development of IBD in these models. Thus, TLR and NLR-triggered cytokine responses, as well as bacterial killing, antigen presentation and T cell activation, may well be enhanced in the IBD mucosa, where TREM-2 is upregulated upon inflammation. However, the cause of TREM-2 upregulation remains elusive, and evidence of enhanced human mucosal DC function upon TREM-2 expression would be needed to formally prove this hypothesis.

Current opinion suggests that defective bacterial handling plays a role in IBD. For instance, DCs from patients with NOD2 mutations show reduced secretion of pro-inflammatory cytokines and bacterial killing [5]. TREM-2 may thus either serve to compensate for NOD2 mutations or play a role only in patients with wild-type NOD2 alleles. It would be interesting to know whether TREM-2 augments or inhibits inflammation in patients carrying NOD2 and other IBD-associated TLR risk alleles. Clearly, a role for both enhanced and reduced innate immune function can be envisioned in the destruction of mucosal health, and host genetic factors may well influence the direction of innate immune cell handling of bacterial invasion.

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Ciclosporin versus infliximab in patients with severe Ulcerative Colitis refractory to intravenous steroids: a parallel, open-label randomised controlled trial

Laharie D, Bourreille A, Branche J, Allez M, Bouhnik Y, Filippi J, Zerbib F, Savoye G, Nachury M, Moreau J, Delchier JC, Cosnes J, Ricart E, Dewit O, Lopez-Sanroman A, Dupas JL, Carbonnel F, Bommelaer G, Coffin B, Roblin X, Van Assche G, Esteve M, Färkkilä M, Gisbert JP, Marteau P, Nahon S, de Vos M,Franchimont D, Mary JY, Colombel JF, Lémann M; Groupe d'Etudes Thérapeutiques des Affections Inflammatoires Digestives
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Introduction

Acute Severe Colitis (ASC) is a potentially life-threatening condition with estimated rates of colectomy of up to 40% [1]. Patients presenting with ASC should be admitted to hospital and started on intravenous (i.v.) corticosteroids [2]. However, around 15–57% of patients will be refractory to this therapy [3]; in those who fail to respond within 3–5 days, or who present with frank deterioration at any earlier point, rescue therapy with either ciclosporin 2 mg/kg or infliximab (IFX) 5 mg/kg is generally considered as an alternative to surgery.

The efficacy of ciclosporin in the treatment of ASC was demonstrated more than 15 years ago. In a small randomised placebo-controlled trial, 9 out of 11 patients treated with 4 mg/kg ciclosporin had a response compared with none of the nine placebo-treated patients [4]. Later, in a dose-finding trial, ciclosporin doses of 2 mg/kg and 4 mg/kg per day were found to be equivalent [5]. IFX was shown to be an effective salvage therapy in patients with steroid-refractory ASC in a pivotal randomised controlled study conducted by Jarnerot et al. In this trial, 67% (14/21) of patients in the placebo-treated group required colectomy by 3 months as compared to 29% (7/24) of those treated with a single dose of IFX 5 mg/kg [6].

The decision on whether to select ciclosporin or IFX in the setting of steroid-refractory ASC, in the absence of a specific contraindication to each particular drug, usually depends on the centre, the physician's personal experience and the patient's preference. Arguments supporting IFX are its ease of use and better safety profile. Besides that, because patients previously failing azathioprine are more prone to colectomy following initial response to ciclosporin [7], those with previous thiopurine failures may be considered better candidates for IFX. On the other hand, arguments favouring ciclosporin are its reported high and rapid response rates and its short half-life. Ciclosporin clears more rapidly from the circulation than IFX, and therefore some physicians may prefer its use in patients in whom colectomy is felt to be more imminent, to prevent septic complications.

So far no clear guidance on the choice between the two agents has been possible owing to the lack of comparative trials. In this recently published manuscript, Laharie et al. present the results of the first trial comparing ciclosporin and IFX for ASC.

What is this paper about?

Laharie and colleagues conducted a randomised open-label trial with the goal of comparing the efficacy and safety of ciclosporin and infliximab in ASC (defined as a Lichtiger score of >10) refractory to steroids.

This was a non-inferiority trial where ciclosporin was assumed to be superior to infliximab in this specific clinical setting. Patients who had failed a 5-day course of i.v. steroids were candidates for rescue therapy, and therefore were enrolled and followed for 98 days. Patients with infectious colitis, Crohn's disease, ulcerative proctitis, a history of colorectal dysplasia or any contraindication for the study drugs were excluded.

After enrolment, patients were randomly assigned (1:1) to receive ciclosporin or infliximab at the normally recommended dosages. Ciclosporin doses were optimised to obtain a ciclosporin blood concentration of 150–250 ng/mL, and patients responding at day 7 were switched to oral ciclosporin. Patients responding to IFX at day 7 received two additional infusions of 5 mg/kg. Thiopurines were maintained if they had been started less than 4 weeks before randomisation, otherwise patients responding to therapy were started on a thiopurine at day 7.

The primary outcome was treatment failure at any time, defined as the presence of any of the following criteria during follow-up: absence of clinical response at day 7, relapse between days 7 and 98, absence of steroid-free remission at day 98, a severe adverse event leading to treatment interruption, colectomy or death. Overall, 115 patients were enrolled, of whom 58 received ciclosporin and 57, IFX. Patients were well balanced between groups in terms of age, gender, disease extent, previous use of thiopurines and laboratory markers of severity. Patients in the IFX group had a shorter median disease duration (1.0 vs 2.4 years) and a slightly higher Lichtiger score (37% in the IFX group vs 21% in the ciclosporin group had Lichtiger scores ≥14).

The primary endpoint (treatment failure) occurred in 60% of ciclosporin-treated patients and in 54% of IFX-treated patients (OR 1.3, 95% CI 0.6–2.7; p=0.52). There were no significant differences in secondary outcomes, namely in clinical response at day 7, median time to response, changes in Lichtiger score, mucosal healing at day 98, quality of life changes, colectomy-free survival and time to colectomy. Regarding safety, 16% of the patients in the ciclosporin versus 25% in the infliximab group experienced severe adverse events (p value not reported); worsening of Ulcerative Colitis was the most frequent serious adverse event in the IFX group. No deaths occurred and severe infection rates were similar between groups.

Conclusions

In this landmark study, Laharie et al. showed that ciclosporin and IFX are effective as rescue treatments in ASC, with efficacy rates ranging from 40% to 46% at 98 days. It is fair to conclude that in hospitalised patients with ASC, both drugs are at least equally effective and that IFX is not inferior to ciclosporin in achieving short-term remission and avoiding urgent colectomy.

The study by Laharie et al. presents some limitations. Due to the need for frequent blood monitoring and dose adjustment, ciclosporin masking is not possible and therefore this was not a blinded study. Furthermore, results need to be interpreted taking into account the low statistical power (80% power to detect a 30% difference between the drugs) and sample size. Finally, there was no role for IFX dose optimisation. Patients with ASC have been shown to have accelerated clearance of IFX, associated with undetectable serum levels and failure to achieve remission [8], which may indicate that higher doses of drug are necessary to induce remission.

In light of the current evidence, there seems to be no clear advantage of one strategy over the other and selection may therefore be guided by centre and physician experience. However, the high rate of adverse effects associated with ciclosporin (blood hypertension, paraesthesias, seizures, nephrotoxicity, opportunistic infections, including Pneumocystis jirovecii pneumonia, and a 1-2% mortality) and the need to frequently monitor its blood levels, as opposed to the relative ease of use in handling IFX and its better safety profile, will likely favour the use of the latter by physicians.

A large randomised, multicentre, clinical trial ("COmparison of iNfliximab and ciclosporin in STeroid Resistant Ulcerative Colitis: a Trial", the CONSTRUCT trial) is currently ongoing. Compared to the trial conducted by Laharie et al., the CONSTRUCT trial is expected to recruit more patients (240 participants in each arm) and to provide cost-effectiveness assessments and a longer-term comparison between IFX and ciclosporin (patients will be followed up at intervals of 3, 6, 12 and 24 months and after initial treatment). While awaiting its results, we must bear in mind that selection between ciclosporin and IFX in the treatment of ASC is less important than timely recognition of steroid refractoriness and switching to a rescue strategy, avoiding unnecessary delays that might worsen the prognosis of this severe condition.

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Maternal Inflammatory Bowel Disease has short and long-term effects on the health of their offspring: A multicenter study in Israel

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Introduction

Inflammatory Bowel Diseases (IBD) are mainly diagnosed during the second and third decades of life. Therefore, female patients may develop active disease before or during pregnancy. As yet, large-scale studies have reported negative effects of IBD on pregnancy, including spontaneous abortions, preterm deliveries and small-for-gestational-age babies. No long-term data are available. In a subgroup of female IBD patients, the fear of potential harm to their offspring is leading them to voluntarily remain childless.

What is this paper about?

The authors of this multicenter study analysed the offspring of an Israeli cohort of mothers with IBD during pregnancy, with the aim of investigating the short- and long-term outcomes among these newborns within the period between 2004-2009.

Patients were enrolled from seven major IBD centres in Israel. Inclusion criteria were female IBD patients who had given birth. Participants were offered a medical interview performed by a physician, a questionnaire on their disease and a separate questionnaire for each child, to be filled in during the clinic visit. The control group of the study included healthy non-IBD females who had given birth, who did not need any chronic medications during pregnancy.

Key findings

In total, 159 IBD mothers and their 412 offspring were compared to 175 healthy mothers and their 417 children. The following results emerged from this comparison:

1. Peculiarities of IBD mothers

At the time of inclusion in the study, IBD mothers were slightly older (p=0.02) and more often married (p=0.018) than control mothers. Nearly 30% of them had an exacerbation of their IBD during pregnancy. Immunomodulators, steroids and 5-ASA preparations were used during pregnancy by 10.9%, 19% and 39% of IBD mothers respectively, mainly prior to pregnancy (71%); no biologic agents (e.g. infliximab, adalimumab) were administered.

IBD mothers had higher numbers of spontaneous conceptions and singleton pregnancies than control mothers (p=0.001 and p=0.028, respectively). The number of spontaneous abortions was significantly higher in IBD versus control mothers (p=0.03). Only 61% of IBD mothers breast-fed their infants compared to 80% of the control mothers (p<0.001). There was no difference in need for hospitalisation or hyperemesis gravidarum.

2. Peculiarities of IBD mothers' offspring

Offspring from IBD mothers had a significantly lower average birth weight compared to control offspring (p=0.007). They carried more congenital anomalies than control offspring (p=0.035), the most common ones including limb deformities and CNS abnormalities. IBD offspring had a higher risk for IBD diagnosis (p=0.005).

No difference was observed in regard to either the offspring's average body mass index (BMI) or the long-term BMI within the two compared groups. There was no significant difference between the two groups in respect of prevalence of asthma, coeliac disease, diabetes mellitus, severe infections, attention deficit hyperactivity disorder (ADHD) or achievement of developmental milestones. Interestingly, atopic dermatitis was significantly more prevalent among the control offspring than among IBD mothers' offspring (p=0.004).

A significant effect of timing of IBD diagnosis on the offspring's birth outcomes was found: children of women with IBD diagnosis before the onset of pregnancy were born significantly earlier than offspring born before diagnosis of IBD in the mother (p= 0.0001). Moreover, in comparison to offspring born prior to maternal IBD diagnosis, the offspring of women diagnosed as having IBD before they had given birth had a higher prevalence of congenital anomalies (p=0.03) and various neurodevelopmental conditions, including gross motor delay problems (p=0.03) and a trend towards more motor disabilities and neurological problems, such as epilepsy and cerebral palsy.

What is of interest in this study?

This study documents the long-term morbidity of IBD mothers' offspring and also focusses on the comparison of offspring of mothers who had IBD diagnosed before pregnancy and of mothers whose diagnosis was made after they had given birth. Lower birth weights and increased risk of congenital anomalies in the offspring of IBD mothers diagnosed before pregnancy represent two relevant long-term prognostic factors.

This is an interesting study on an important topic. It was well conducted, with a valid design and statistical analysis. The methodology is precisely described. A limitation of the present study is the small number of congenital anomalies, which made it impossible to demonstrate any independent correlation with clinical factors, such as medication type or disease activity. Methodological limitations of the study are its questionnaire design and the possibility of a maternal recall, a risk minimised by the fact that the main questions referred to hard data.

In the cohort enrolled by the present study, breast-feeding was significantly less frequent among IBD-mothers, whose choice may have been influenced by the medications they were taking. In contrast, Moffatt et al. found, within a Canadian cohort [1], that breast-feeding rates were comparable between IBD mothers and controls. Since breast-feeding is a relevant factor for prevention of IBD in offspring, IBD mothers should be made aware of this finding and be motivated to consider breast-feeding.

The observation of delayed neurodevelopment in the offspring of IBD mothers represents brand new evidence in comparison with previous reports in the literature. However, it could not be assessed by this study whether these findings reflect the effects of medication or maternal disease severity. Hypotheses on factors modulating foetal cognition and neurodevelopment in women affected by IBD in pregnancy may relate to nutritional balance and availability, nutrient interactions and energy balance, as well as inflammatory cytokines' effects on development.

In conclusion, the study evaluated the short-term effects of maternal IBD on their offspring and provided new information on the long-term effects on offspring morbidity. Maternal IBD influenced several important factors, such as birth weight, gestational week at delivery and, importantly, long-term morbidity in terms of congenital anomalies and specific neurodevelopmental problems.

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Marco Gasparetto
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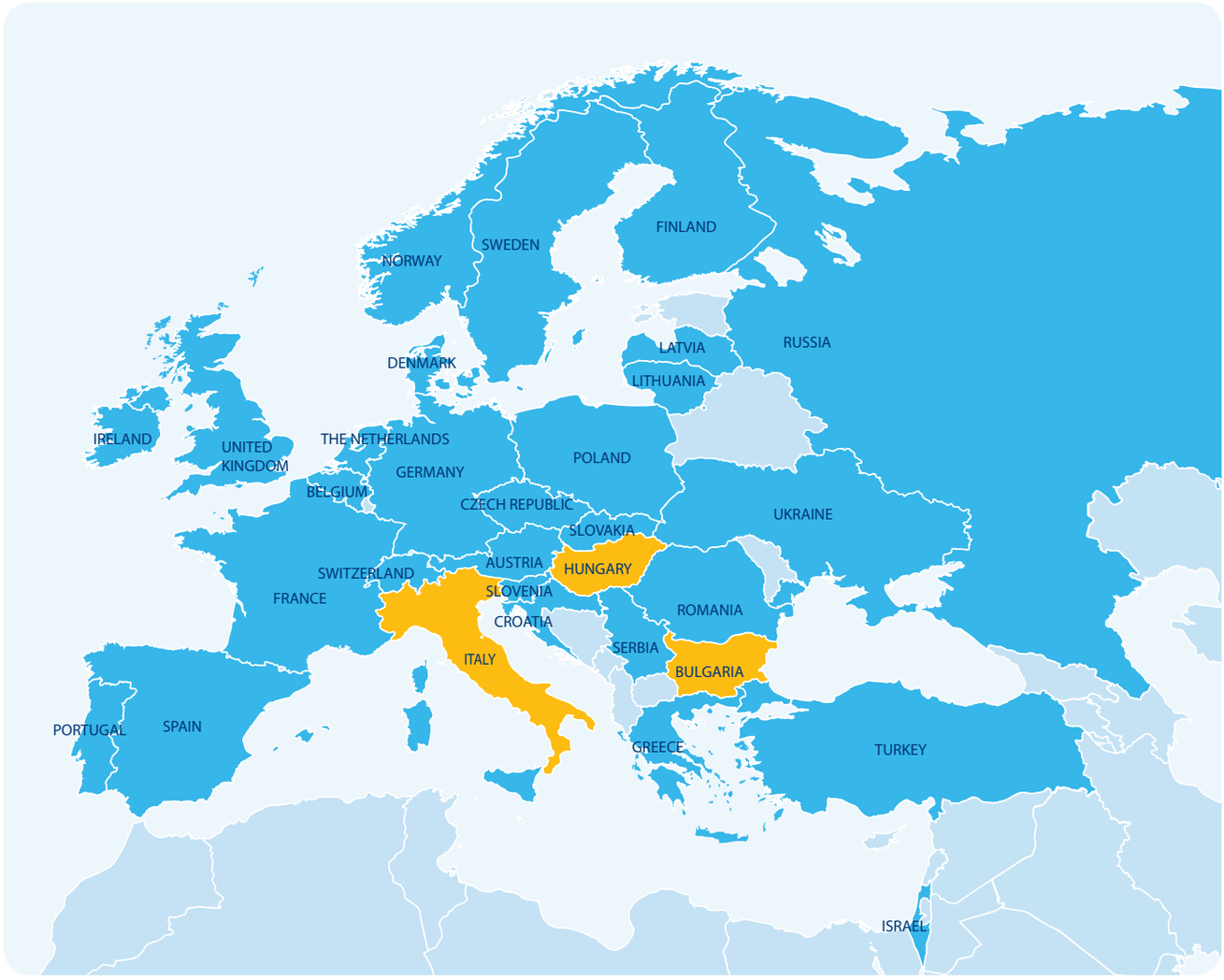
Marco Gasparetto

Marco Gasparetto was born in 1983 and is currently performing the Residency School at Padua University in Italy, from where he graduated in Medicine and Surgery in 2008 with a thesis entitled "Inflammatory bowel disease: a study on its evolution from childhood to adulthood". This research was further developed and led to the publication of an original scientific paper in 2010. He has been dedicated to clinical research in the field of paediatric gastroenterology, focussing especially on the epidemiological, clinical and endoscopic aspects of Inflammatory Bowel Disease.

ECCO Country Member Profiles



Identity card

- Country: **Bulgaria**
- Name of group: Bulgarian Association of Inflammatory Bowel Disease
- Number of active members: 40
- Number of meetings per year: 1
- Name of president and secretary: Simeon Stoinov (President), Plamen Penchev (Secretary)
- Incidence of IBD in the country: 0.05%

Identity card

- Country: **Hungary**
- Name of group: Hungarian IBD Study Group is the research interest group and part of the Colon Section of the Hungarian Society of Gastroenterology (HSGE)
- Number of active members: 45 and 180 respectively
- Number of meetings per year: 1
- Name of president and secretary: Tamas Molnar (President), Peter Lakatos (Secretary for the Colon Section of the Hungarian Society of Gastroenterology
- Incidence of IBD in the country: 22/100,000 based on the Veszprem cohort data (IBD 2011 and EpiCom study DDW 2012)

Identity card

- Country: **Italy**
- Name of group: Italian Group for Inflammatory Bowel Disease (IG-IBD)
- Number of active members: 370
- Number of meetings per year: National conference every 2 years, educational workshop every 2 years, conference on specific IBD topic every year, nurse workshop
- Name of president and secretary: Ambrogio Orlando (Secretary)
- Incidence of IBD in the country: N/A An Italian IBD registry has been created and currently all the centres are involved in recruitment and registration of patients to identify the incidence and prevalence of IBD in Italy.

Questionnaire - Bulgaria

How did your national group start?
In 2006 we started as the National Medical and Patient's IBD Association. In 2012 the Bulgarian Crohn's and Ulcerative Colitis Association (only for patients!) was formed.

When did your national group join ECCO?
We joined ECCO in 2007.

What are your main areas of research interest?
Quality of life of IBD patients, new therapeutic options, IBD in the elderly population and new biomarkers in IBD.

Does your centre or country have a common IBD database or bio bank?
In our centre (University Hospital "St. Ivan Rilsky", Clinic of Gastroenterology) we have a database of IBD patients. A database of CD patients is being created by the National Society of Gastroenterology.

What are your most prestigious/interesting past and ongoing projects?
In our centre: research into the field of neuropeptides in IBD patients.

Which ECCO projects / activities is the group currently involved in?
None.

What are your aims for the future?
To organise and better disseminate knowledge in the field of IBD diagnosis and treatment.

How do you see ECCO helping you to fulfil these aims?
More frequent communication with the ECCO Scientific Committee or visits by the Committee members to the country, plus some financial support.

What do you use ECCO for? Network? Congress? How do you use the things/ services that ECCO has to offer?
For education and for extending knowledge of IBD strategy. We also use the ECCO Consensus documents and rules and attend the Congress.

Bulgarian Society of Gastroenterology, Gastrointestinal Endoscopy and Abdominal Ultrasound © IBD-BG.com

ZOYA SPASSOVA
ECCO National Representative, Bulgaria

Questionnaire - Hungary

How did your national group start?
The Hungarian IBD Study Group was started in 2002 to initiate nationwide translational and outcome research including epidemiology, population-based and referral cohort studies, serology and genetic translational studies.

How is your group organised in terms of new members joining the group, meetings, election of president etc.?
We organise the symposium of the Colon Section of the HSGE every year in January. Our members mainly consist of gastroenterologists, with a small number of surgeons and pathologists. Membership is open to all gastroenterologists. The Hungarian IBD Study Group centres include the four university departments in Budapest, Debrecen, Pecs and Szeged as well as additional centres in Budapest and Veszprem.

When did your national group join ECCO?
The Hungarian Group joined ECCO in 2004.

What are your main areas of research interest?
The main areas of research interest include epidemiology, outcome and translational research, including in population-based and referral cohorts, serology and genetic translational studies.

Does your centre or country have a common IBD database or bio bank?
We have established an epidemiology clinical data bank as well as an IBD registry. We have also established a clinical database and biobank for genetic and serology projects.

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

ECCO Educational Workshop faculty in Hungary © Peter Lakatos

The epidemiology study from Veszprem Province has led to high-impact long-term outcome projects investigating, for example, the disease course predictors and risk of cancers. We also succeeded in undertaking nationwide cohort studies investigating the treatment outcomes and accuracy of serology and genetic markers in defining the disease phenotype and course.

Which ECCO projects / activities is the group currently involved in?
Currently Peter Lakatos is Chair of the ECCO Epidemiological Committee (EpiCom) and is part of the East-West Epidemiology study. We have also contributed to the IBDase project.

What are your aims for the future?
Our aim is to continue with both nationwide and European collaborations, under the umbrella of ECCO, in outcome and translational projects.

How do you see ECCO helping you to fulfil these aims?
ECCO provides the most important framework for networking with IBD specialists within Europe. In addition, ECCO Fellowships and Grants as well as other forms of ECCO research support are crucial in achieving our aims.

What do you use ECCO for? Network? Congress? How do you use the things/ services that ECCO has to offer?
ECCO Congress, guidelines and workshops are important, as are ECCO News and the Journal of Crohn's and Colitis. They help in disseminating up-to-date knowledge in IBD and optimising patient care, including in everyday clinical practice. In addition, we are grateful to ECCO for organising an Educational Workshop in Hungary. We hope to continue our active participation in the current and future educational and scientific activities of ECCO.

PETER L. LAKATOS
ECCO National Representative, Hungary

Questionnaire - Italy

Italian Group for Inflammatory Bowel Disease © Italian Group for Inflammatory Bowel Disease

How did your national group start?
The IG-IBD was founded on June 21, 2005.

How is your group organised in terms of new members joining the group, meetings, election of president etc.?
The members of IG-IBD are healthcare professionals and scientists interested in IBD. To become a member of the association, a person must be proposed by an active member. Members elect the Governing Committee. The Governing Committee elects a Secretary and Educational and Scientific Committees. The Governing Committee in association with the Scientific and Educational Committees organise conferences, meetings and the educational activities of the association.

When did your national group join ECCO?
IG-IBD has been an ECCO partner since 2005.

What are your main areas of research interest?
The IG-IBD acts as a forum for developing scientific ideas related to IBD. This includes:
- Clinical and therapeutic multicentre trials
- Clinical studies on the natural history of IBD
- Investigation of novel therapeutic strategies
- Translational science

Does your centre or country have a common IBD database or bio bank?
All Italian IBD centres are involved in creating a patient database

What are your most prestigious/interesting past and ongoing projects?
Ongoing projects and principal investigator:
- Quality of care in IBD (SOLUTION) (Aurora Bortoli)
- Prevalence of microscopic colitis (Giovanni Latella)
- Risk factor for neoplasia in IBD patients treated with immunosuppressive therapy (Livia Biancone)
- Early postoperative complications in patients treated with biologics (Francesco Selvaggi)
- Monitoring and optimising biological treatment in patients with ileal or ileo-colonic Crohn's Disease (Francesco Costa)
- IG-IBD registry (Vito Annese)
- Thiopurine therapy (Simone Saibeni)
- Azathioprine and postoperative recurrence (Ambrogio Orlando)
- Biological therapy and elderly patients (Ambrogio Orlando)
- Role of infliximab in CD postoperative recurrence (Piero Vernia)
- Italian guidelines on immunosuppressives and corticosteroids, safety, and surgery

Ongoing multidisciplinary educational projects:
- IG-IBDEndo VIDEO
- IG-Imaging
- Training of nurses dedicated to IBDs

Grants are provided for innovative start-up projects and are given to young scientists who are involved in IBD.

Which ECCO projects / activities is the group currently involved in?
Various members of IG-IBD are involved in the activities of ECCO (Guidelines: Mario Cottone and Alessandro Armuzzi; Opportunistic Infections: Livia Biancone; Imaging and Surgical UC: Marco Daperno Endoscopy; Y-ECCO Member: Franco Scaldaferri)

What are your aims for the future?
The mission of the IG-IBD is and will be to promote the health of people with IBD in Italy by setting the direction for patient care, education and research.

How do you see ECCO helping you to fulfil these aims?
By maintaining collaboration between clinicians and scientists and by encouraging scientific and clinical development with grants to support clinical and basic research.

What do you use ECCO for? Network? Congress? How do you use the things/services that ECCO has to offer?
IG-IBD uses ECCO for updates, conventions and guidelines and to keep alive the interest in scientific research in IBD.

ANNA KOHN, PAOLO GIONCHETTI
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