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Organisation

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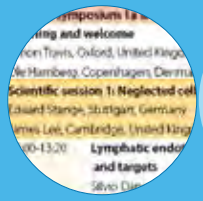

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European
Crohn's and Colitis
Organisation

Become a member!

Be a bee in our hive to experience the ECCO Spirit

To reach our objectives, our members can access the following ECCO Initiatives:

- Reduced Congress fee
- JCC – Journal of Crohn's and Colitis (12 online issues/year)*
- e-CCO Learning EACCME accredited
- Monthly eNewsletter
- Quarterly ECCO News – The society's magazine
- Access to online members' area
- Educational and networking activities
- Guidelines, ECCO Fellowships, Grants and Travel Awards

Scan and contact the ECCO Office

www.ecco-ibd.eu

*For Regular Members (incl. Y-ECCO) only; online access only

ECCO NEWS
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European Crohn's & Colitis Organisation

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ECCO at large

Summer has been and now gone, but what a summer: Sunshine and sporting success, both such remarkable events in the UK that they merit mention. So too with ECCO. Summer 2013 brought success, if not on the sports field. The impact factor of Journal of Crohn's & Colitis increased by 32% in 2012-13, ECCO has established real interaction with Asia and every committee in ECCO is delivering on their ideas, with ECCO'14 Copenhagen just round the corner.

The Journal of Crohn's & Colitis (JCC) is ECCO's journal. Started just 6 years ago, its Impact Factor has increased from 2.566 to 3.385. This is a measure of the achievement of Miquel Gassull, Editor in Chief since the start, supported by Eduard Cabré in Barcelona. Almost every edition will now have new guidelines or highly cited papers from scientific workshops, with open access publication, together with original papers. The acceptance rate is now <30%, but competition improves the quality. It is a pleasure to welcome the new Editor in Chief, Laurence Egan from Cork, Ireland, who will work alongside Miquel Gassull and take over from the ECCO'14 Copenhagen Congress. It is also an opportunity to revisit our publishers, so in July a call for proposals was circulated among publishing companies. July also saw the first publication of Chinese JCC, with selected articles from JCC translated into Mandarin. There will be four issues each year, including the ECCO Guidelines on Ulcerative Colitis.

Beyond Chinese JCC, ECCO's interaction with East Asia was established at Easter with the first International Summer School in Guangzhou. This was organised through the Chinese International Medical Foundation, who have also supported the ECCO@WCOG East meets West symposium in Shanghai at the World Congress in September (www.gastro2013.org). The next Summer School will be in Beijing in 2014, after which it is expected that the newly established Asian Organisation for Crohn's & Colitis (AOCC) will take on the mantle. ECCO welcomed the establishment of AOCC this year at its inaugural Congress in Tokyo (www.jsibd.jp/1staocc), since it will provide international leadership for IBD in China, Korea and Japan. ECCO will always remain a European organisation, but with strong international links with Asia, the Gulf, Latin America and Africa, since ECCO's focus on improving the care of patients with IBD has a resonance.

The Causes, Consequences and Quality of Care for IBD are the theme for the ECCO'14 Copenhagen Congress. The programme is outstanding, maintaining the linear style unique to a congress of this size. More than 4,500 people are expected. The Global Forum will address Quality of Care Indicators for IBD that might be applied globally. There are specialist events around the main meeting, including the Nurses' Network Forum and, for the first time, a symposium with the International Primary Sclerosing Cholangitis (PSC) Working Group, intestinal ultrasound workshops, a P-ECCO symposium on transitional care and oral posters. Oral posters will give an opportunity for 100 people to present their work, in addition to the 24 oral presentations of abstracts during the main programme. There will also be an art exhibition – ArtIMiD – portraying life with immune-mediated inflammatory diseases, with original work supported by some of the leading art institutions in Europe and beyond. It promises to be another great Congress – so sign up, be there and discover the spirit of ECCO at the Interaction (www.ecco-ibd.eu/ecco14).

Simon Travis © Simon Travis

SIMON TRAVIS
ECCO President

Interview: ECCO Education and Scientific Officers

During the ECCO Congress in Vienna, the General Assembly confirmed Axel Dignass as Education Officer and Pierre Michetti as Scientific Officer

Pierre Michetti, Silvio Danese, Johan Burisch, Axel Dignass © ECCO Office

In order to introduce them to the ECCO Community, Silvio Danese, ECCO News Editor, and Johan Burisch, ECCO News Associate Editor, have interviewed both Axel and Pierre about their new roles and objectives.

For readers who do not know the ECCO Structure that well, could you describe the tasks and most important objectives of the ECCO Education and Scientific Officers?

AD: The ECCO Education Officer supervises the various educational activities within ECCO and acts as a link between the Governing Board and the various committees that drive educational activities within ECCO, especially EduCom, GuiCom and N-ECCO. However, as P-ECCO, S-ECCO and also SciCom have specific educational projects, e.g. guidelines and interactive case presentations, there is close interaction with almost all stakeholders within ECCO. An important task currently is support of the e-CCO Learning Task Force, which aims to develop e-learning material for ECCO Members and the IBD community.

PM: I agree with Axel. In a similar way, the Scientific Officer works closely with the various committees that develop scientific projects in ECCO, namely SciCom, EpiCom and ClinCom. The role also encompasses representation of ECCO and the Governing Board in external meetings with scientific groups working with ECCO. Most importantly, the link is two-way, to ensure that projects deriving from the committees are promoted within the Board and vice versa.

How do the Scientific and Education Officers interact with the ECCO Committees, the Governing Board and the Operational Board?

PM: By participating in all the various meetings, taking advice and notes, and recording remarks to be forwarded back and forth. Some ECCO meeting days, this means literally running from one room to the next, listening to the discussion, trying to best define where the issues and wishes are, and then taking these observations to the Governing Board and Operational Board.

AD: The interaction is manifold. There is almost daily email communication with various people at the ECCO Office, with the chairs and members of the involved committees and Governing Board representatives. In addition, joint meetings of committees are organised if appropriate. There are also Operational Board meetings at ECCO meetings, where all ECCO Committees come together to update each other and to streamline the various activities. This input is ultimately raised in the Governing Board meetings, where projects and ideas need to be prioritised according to overall relevance and the requirement for financial support must be assessed.

What was your motivation for taking up the position?

AD: Since I first attended an ECCO Congress in 2006, I have recognised ECCO as a truly European endeavour that has developed into a globally accepted IBD society covering the full spectrum of IBD. In the past 6 years I have been actively involved in various tasks within ECCO. In 2012 I decided to step down as chair of GuiCom to get new people involved. However, I felt that it would be hard to live without ECCO and that I had started so many projects as GuiCom Chair that I could follow and even further enhance the interaction with the other ECCO Committees in which I had been involved.

PM: I have been involved in the ECCO Structure since the beginning and participated in organising the first IBD Advanced Course, then as a member and later as chair of EduCom. After a break of 2 years, Simon Travis and Séverine Vermeire asked me to put myself forward for the position of Scientific Officer. It was hard to reject such a nice demand and I was thrilled to work again for ECCO in its new and more mature structure.

As the new Scientific and Education Officers, what will be your main objectives during your periods of office?

PM: I will try to promote collaborative scientific endeavours that take advantage of the fantastic network of IBD expertise that ECCO now represents. This potential should translate into scientific projects, studies and data that should contribute to the goal of ECCO, to improve quality of care throughout Europe for IBD patients.

AD: A key aim of my work at ECCO was and is the improvement of medical education for physicians and the development of diagnostic and treatment guidelines aiming at providing the best care for patients according to the local medical situation.

Pierre Michetti
ECCO Scientific Officer
Nationality: Swiss
Born: 1958
Civil status: In couple
Current position: Associate Professor of Gastroenterology, Lausanne Medical School, Switzerland, and independent gastroenterologist
Previous positions in ECCO:
2004-2008: EduCom Member
2008-2010: EduCom Chair
2010: Consensus Panel Member

What actions/activities will you carry out in order to achieve these main objectives?

AD: I will try to identify the best projects and foster interaction and collaboration within the various committees. I will also try to increase the involvement of Y-ECCO Members, as they may help us to explore hitherto neglected pathways. I will also try to increase the cross-talk between the Governing Board and the various bodies of ECCO and all its committees to better serve the needs of our members.

PM: I will try to identify the best projects and the means by which ECCO can contribute to their success, and then use my powers of persuasion to promote them within the Governing Board. In return, I will always try to preserve the interests of the larger part of ECCO, to avoid any feeling that some may be taking personal advantage of ECCO.

How do you see your roles in ECCO? What types of Officer will we be seeing?

PM: I hope you will see me networking and contributing in ECCO meetings. However, I hope you will not see too much of me personally, but rather that you will notice my contribution in making things happen. Promoting my image is certainly not my intention.

AD: My aim is to serve all the different interests within ECCO, knowing well that unpopular decisions sometimes may be necessary in order to really serve ECCO as a body and not only certain individuals within ECCO. This will need extensive networking and balancing of the various interests. I hope to shorten the distance between the Governing Board and the ECCO Committees but also the individual members and to serve as a point of exchange between ECCO Members, ECCO Committees, the Governing Board and the ECCO Office.

What are the things in your opinion that make ECCO special / distinguish it from other associations?

AD: The friendship and the specific ECCO Spirit. For me it is not only a scientific organisation but also a family of my best friends. It is hard work and also a lot of fun and entertainment, not only during ECCO events but also in regular life. It is an organisation that transcends the limits of nationality and age and offers extensive friendship.

PM: I could not agree more! Such a forward-looking attitude and such a feeling of belonging are not commonly felt in other organisations I know of. For instance, look at the IBD course alumni. So many of them hold faculty positions in Europe or elsewhere but still contribute to the ECCO Structure, Congresses and activities. This is just amazing.

What is your vision for ECCO in the long term and what are the next steps in the evolution of ECCO?

PM: ECCO, just like Europe in general, is a place where diversity can be accommodated to become a creative force. ECCO should build on this ability to reach out further as new scientific countries emerge. ECCO may no longer be only European, but the essence of the ECCO Spirit should prevail and be transmitted to the next generation. The rest will follow.

AD: I absolutely agree!

Axel Dignass
ECCO Education Officer
Nationality: German
Born: 1962
Civil status: Married, 3 children
Current position: Head, Department of Medicine I – Gastroenterology, Hepatology, Oncology and Metabolism, Agaplesion Markus Hospital, Professor of Gastroenterology and Medicine, Goethe University Frankfurt
Previous positions in ECCO:
2007-2011: National Representative for Germany
2009-2011: EduCom Member
2011-2013: GuiCom Chair
2008-2013: Consensus Panel Member

Where do you see the greatest needs in ECCO and how are you going to pursue these needs during your terms of office?

AD: ECCO needs to further stabilise and develop the work within multinational and multilingual peer groups and use their diversity, creativity and effectiveness at the same time. We need to further train and recruit young researchers and physicians and get even more young people involved in ECCO, as they represent the future and ECCO's backbone.

PM: ECCO should stabilise its most important base, which is its individual membership. It is great to see the enormous growth of participation at the ECCO Congress; this tells us we are doing a good job. However, individual membership, in contrast to congress participation, is a deeper vote of confidence and a source of financing that is far less dependent on external factors. The future impact and strength of ECCO depend on it.

On a personal note and to help our readers get to know you, tell us a bit about yourself and about how your background has prepared you for your new role.

PM: Since my medical school graduation, I have been involved in science and in mucosal immunity. Initially I participated in very basic studies on antigen presentation and IgA transport; subsequently my orientation turned towards vaccines against Salmonella and Helicobacter and then IBD, just at the time when the first anti-TNF appeared on the market. In 2000, I was back in Switzerland after a prolonged stay in Boston trying to promote IBD care, when I had the opportunity to get involved in ECCO. I thus feel I have sufficient knowledge of the needs of basic scientists and scientific clinicians in the field to try to help ECCO to respond to these needs.

AD: Since my time at the Department of Chemistry and Medical School I have been involved in science and in mucosal repair and immunity. My previous and ongoing tasks for ECCO and the German GI society as its Education Officer and Treasurer have allowed me to achieve detailed insights into both a national GI society and a real European endeavour. These positions have required a lot of balance, which may provide a good background for the position of ECCO Education Officer given that balance in an international European organisation like ECCO seems essential in order to integrate basic scientists and clinicians and accommodate the interests of different parts of Europe and diverse identities and agendas. My training and work at various GI departments in Germany and the United States have allowed me to learn from mentors with different clinical and research perspectives and also different national backgrounds.

Who was the person who most influenced you in your career, and how?

AD: My mentor and first chief, Harald Goebell, who decided that I should work on IBD and not in hepatology, as I had planned initially, and Daniel Podolsky at MGH in Boston, who further developed my scientific interests.

PM: My MD thesis director, Jean-Pierre Berger, opened my eyes to the fact that anybody can contribute to science. Jean-Pierre Kraehenbuhl introduced me to molecular immunology, giving me the tools to perform modern science. Mark Peppercorn, my mentor in clinical IBD, taught me the complexity of the care of IBD patients. I still try to reach his level of excellence.

What do you do for recreation and fun?

AD: I like to go jogging or to have a good meal and a good glass of wine, and above all I enjoy my spare time together with my three kids and my wife, which is a good way back to normal life with all its problems and funny sides.

PM: I have sailed since childhood and I still love the feeling of accelerating silently on water after setting sails correctly in the wind. As you leave the dock, even on a small piece of water, the rest of the world disappears.

SILVIO DANESE, JOHAN BURISCH
ECCO News Editor, ECCO News Associate Editor

Scientific Programme at the 9th Congress of ECCO

"The Causes, Consequences and Quality of Care for IBD"

Preliminary programme as of September 12, 2013

Preliminary programme: Thursday, February 20, 2014		
	10:45-11:15	**Top tips for chairs (Closed session)** Geert D'Haens, Amsterdam, The Netherlands
11:30-12:30	**Satellite symposium 1a & 1b**	
12:45-13:00	**Opening & welcome** Simon Travis, Oxford, United Kingdom Ole Hamberg, Copenhagen, Denmark	
13:00-14:30	**Scientific session 1: Neglected cells as potential targets** Eduard Stange, Stuttgart, Germany James Lee, Cambridge, United Kingdom	
	13:00-13:20	**Lymphatic endothelial cells as mediators and targets** Silvio Danese, Milan, Italy
	13:20-13:30	**Oral presentation 1**
	13:30-13:50	**Mast cells at the leading edge** Guy Boeckxstaens, Leuven, Belgium
	13:50-14:00	**Oral presentation 2**
	14:00-14:10	**Oral presentation 3**
	14:10-14:30	**Stromatic cells: Innocent bystanders or regulators?** Ben Owens, Oxford, United Kingdom
14:30-15:00	**Coffee break**	
15:00-17:00	**Scientific session 2: Optimisation of therapy** Jean-Frédéric Colombel, New York, United States Dirk van Asseldonk, Amsterdam, The Netherlands	
	15:00-15:20	**Defining quality** Gil Melmed, Los Angeles, United States
	15:20-15:30	**Oral presentation 4**
	15:30-15:50	**Maintaining quality when choice is limited** tba
	15:50-16:00	**Oral presentation 5**
	16:00-16:10	**Oral presentation 6**
	16:10-16:30	**Biologic drug levels in practice** Shomron Ben-Horin, Tel Hashomer, Israel
	16:30-16:40	**Oral presentation 7**
	16:40-17:00	**Travel with IBD: Climb high, dive deep** Stephan Vavricka, Zurich, Switzerland
17:15-18:15	**Satellite symposium 2a & 2b**	

Preliminary programme: Friday, February 21, 2014		
07:15-08:15	**Satellite symposium 3a & 3b**	
08:30-09:30	**Scientific session 3: Cost of therapy, burden of care** Pia Munkholm, Copenhagen, Denmark Iril Monstad, Oslo, Norway	
	08:30-08:50	**Biosimilars - Straight ahead or off at a tangent?** Pierre Michetti, Lausanne, Switzerland
	08:50-09:00	**Oral presentation 8**
	09:00-09:10	**Oral presentation 9**
	09:10-09:30	**Exit strategies** James Lindsay, London, United Kingdom
09:30-10:30	**Scientific session 4: Tomorrow's therapy** Herbert Tilg, Innsbruck, Austria Pär Myrelid, Linköping, Sweden	
	09:30-09:50	**It's decision time: Anti-TNF vs. anti-integrin therapy** Julian Panés, Barcelona, Spain
	09:50-10:00	**Oral presentation 10**
	10:00-10:10	**Oral presentation 11**
	10:10-10:30	**Tomorrow's surgery** Antonino Spinelli, Milan, Italy
10:30-11:00	**Coffee break**	
11:00-12:20	**Scientific session 5: Fibrosis as a complication** Gerhard Rogler, Zurich, Switzerland Silvia D'Alessio, Milan, Italy	
	11:00-11:20	**Intestinal fibrogenesis** Claudio Fiocchi, Cleveland, United States
	11:20-11:30	**Oral presentation 12**
	11:30-11:50	**Imaging: Inflammation vs. fibrosis** Andrea Laghi, Rome, Italy
	11:50-12:00	**Oral presentation 13**
	12:00-12:20	**Tandem talk:** **Stricturelysis: Potential and practice** Iris Dotan, Tel Aviv, Israel Willem Bemelman, Amsterdam, The Netherlands
12:20-13:30	**Lunch and digital oral poster presentations in the exhibition hall**	
13:30-14:50	**Scientific session 6: Intestinal failure** Laurence Egan, Galway, Ireland Aurelien Amiot, Clichy, France	
	13:30-13:50	**Physiology and consequences of a short bowel syndrome** Palle Jeppesen, Copenhagen, Denmark
	13:50-14:00	**Oral presentation 14**
	14:00-14:20	**Surgical quality: Timing of decision-making** Alastair Windsor, London, United Kingdom
	14:20-14:30	**Oral presentation 15**
	14:30-14:50	**Intestinal transplantation: Just the end, or the end of the beginning?** Peter Friend, Oxford, United Kingdom

Preliminary programme: Friday, February 21, 2014

14:50-15:20	**Coffee break**		
15:20-16:00	**Scientific session 7: ECCO Fellowships and Grants** Michael Kamm, Melbourne, Australia Pierre Michetti, Lausanne, Switzerland		
	15:20-15:35	**Outcomes from the 2012-13 Fellowships** Nathalie Aoun, Beirut, Lebanon Markus Tschurtschenthaler, Innsbruck, Austria	
	15:35-15:40	**Announcement of ECCO Fellowships and Grants 2014** Edouard Louis, Liège, Belgium	
	15:40-15:50	**Oral presentation 16**	
	15:50-16:00	**Oral presentation 17**	
16:00-17:00	**Scientific session 8: Challenging cases** Michael Kamm, Melbourne, Australia Pierre Michetti, Lausanne, Switzerland		
	16:00-16:20	**Case 1: Ileal Crohn's Disease (is therapeutic choice making decisions more complex?)**	
	16:20-16:40	**Case 2: Acute Severe Colitis (the stakes are high!)**	
	16:40-17:00	**Case 3: Recurrent pouch dysfunction (pouches behaving badly)**	
17:00-17:45	**Scientific session 9: What's new on the guideline front** Axel Dignass, Frankfurt, Germany Rami Eliakim, Jerusalem, Israel		
	17:00-17:15	**ECCO Guidelines: Reproduction and IBD** Janneke van der Woude, Rotterdam, The Netherlands	
	17:15-17:30	**ECCO Guidelines: ECCO-ESGPHAN Guidelines in Paediatric CD** Frank Ruemmele, Paris, France	
	17:30-17:45	**ECCO Guidelines: The Crohn's Disease Consensus** Axel Dignass, Frankfurt, Germany	
18:00-19:00	**Satellite symposium 4a & 4b**		
20:00	**ECCO Interaction: Hearts and Minds**		

Preliminary programme: Saturday, February 22, 2014

07:15-08:15	**Satellite symposium 5a & 5b**		
08:30-10:20	**Scientific session 10: Colitis under the microscope** Gerassimos Mantzaris, Athens, Greece Signe Wildt, Koege, Denmark		
	08:30-08:50	**Is microscopic colitis IBD?** Cord Langner, Graz, Austria	
	08:50-09:00	**Oral presentation 18**	
	09:00-09:10	**Oral presentation 19**	
	09:10-09:20	**Oral presentation 20**	
	09:20-09:40	**Treatment-refractory microscopic colitis** Andreas Munch, Linköping, Sweden	
	09:40-09:50	**ECCO Guidelines on Anaemia in IBD** Kostas Katsanos, Ioannina, Greece	
	09:50-10:00	**Oral presentation 21**	
	10:00-10:20	**ECCO Guidelines on Surgery in Ulcerative Colitis** André D'Hoore, Leuven, Belgium	
10:20-10:50	**Coffee break**		
10:50-12:20	**Scientific session 11: Challenging current practice: Value-based healthcare for IBD** Zuzana Serclova, Prague, Czech Republic Marilia Cravo, Lisbon, Portugal		
	10:50-11:10	**What triggers relapse?** Charles Bernstein, Winnipeg, Canada	
	11:10-11:20	**Oral presentation 22**	
	11:20-11:40	**Post-operative prevention - Offence or defence?** Paul Rutgeerts, Leuven, Belgium	
	11:40-11:50	**Oral presentation 23**	
	11:50-12:00	**Oral presentation 24**	
	12:00-12:20	**Challenging conventional pathways of care** Daan Hommes, Los Angeles, United States	
12:20-12:50	**Scientific session 12: ECCO Lecture** Séverine Vermeire, Leuven, Belgium Simon Travis, Oxford, United Kingdom		
	12:20-12:50	**The causes of Crohn's Disease?** Tony Segal FRS, London, United Kingdom	
12:50-12:55	**Awards & closing remarks** Séverine Vermeire, Leuven, Belgium		
12:55-13:00	**The ECCO Film 2014**		

Call for Abstracts for the 9th Congress of ECCO

To submit an abstract for the 9th Congress of ECCO, please use our online abstract submission system (www.conference.smart-abstract.com/ecco2014/submission/en/start).

Please also view important information on the submission process (www.ecco-ibd.eu/submit-abstract.html) and the guidelines for abstract submission (www.ecco-ibd.eu/submit-abstract/guidelines-for-abstract-submission.html).

New in 2014: Digital oral poster presentations

The 24 best abstracts (up from 22 in 2013) will receive an **oral** presentation slot in the scientific programme of the 9th Congress of ECCO. The next best ~100 abstracts will be **digital oral** posters, with a 5-minute oral presentation in a booth close to the poster exhibition area on Friday, February 21, 2014 during lunchtime. The remaining accepted abstracts will be displayed as **hard copy posters** throughout the Congress. Please find further details in the guidelines for presentation (www.ecco-ibd.eu/submit-abstract/poster-exhibition.html).

Important note

There will be NO late-breaking abstracts, so please aim to get your abstract in on time!
We look forward to welcoming you to the ECCO Congress in Copenhagen, Denmark on February 20-22, 2014!
Kind regards,

SILVIO DANESE, IRIS DOTAN, STEPHAN VAVRICKA, SÉVERINE VERMEIRE
On behalf of the ECCO'14 Copenhagen Organising Committee

SIMON TRAVIS
ECCO President and Chair of the Organising Committee

Key dates

August 21, 2013 Opening of abstract submission
November 5, 2013 Deadline for early registration
November 30, 2013 Deadline for abstract submission (midnight, CET)
December 23, 2013 Notification of abstract acceptance/rejection
February 3, 2014 Deadline for late registration (after that date onsite registration only)
February 20-22, 2014 9th Congress of ECCO, Copenhagen, Denmark

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2015

Inflammatory Bowel Diseases

10th Congress of ECCO
February 19-21, 2015

- CCIB – Centro de Convenciones Internacional de Barcelona
- EACCME applied
- Register at the 9th Congress of ECCO in Copenhagen

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www.ecco-ibd.eu

Educational Programme at ECCO'14

Preliminary programme as of September 12, 2013

The educational programme of the 9th Congress of ECCO is scheduled prior to the official start of the ECCO Congress and covers activities for ECCO's different interest groups, including young gastroenterologists, surgeons, paediatricians, IBD nurses and allied health professionals and scientists. An overview of these activities can be found below. Please note that some of these courses/workshops will run in parallel and that some will have a limited capacity – please do register early. We look forward to seeing you in Copenhagen!

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February 19, 2014</th><th>Thursday
February 20, 2014</th><th>Friday
February 21, 2014</th><th>Saturday
February 22, 2014</th></tr>
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Poster exhibition</td></tr>
<tr><td colspan="2">ECCO: EduCational COurse for Industry</td><td colspan="2">Industry exhibition</td></tr>
<tr><td>5th N-ECCO School</td><td>N-ECCO Research Networking Forum</td><td>8th N-ECCO Network Meeting</td><td>ECCO Interaction: Hearts & Minds</td></tr>
<tr><td colspan="4">3rd S-ECCO IBD Masterclass</td></tr>
<tr><td>Ultrasound Workshop (Basic level)</td><td>Update on Paediatric IBD</td><td>Ultrasound Workshop (Advanced level)</td><td></td></tr>
<tr><td>PSC Update Forum</td><td>7th Y-ECCO Workshop</td><td>3rd ClinCom Workshop</td><td></td></tr>
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Educational programme Scientific programme

Preliminary programme: 12th IBD Intensive Advanced Course

Wednesday, February 19, 2014

07:30–08:00	**Arrival & distribution of voting pads**	
08:00–08:15	**Welcome** Simon Travis, Oxford, United Kingdom Axel Dignass, Frankfurt am Main, Germany	
08:15–08:40	**Pre-course test** James Lindsay, London, United Kingdom	
08:40–11:30	**Session 1: Pathogenesis** Lead discussant: Peter Lakatos, Budapest, Hungary	
	08:40–09:00	**IBD: Epidemiology and environmental factors** Tine Jess, Copenhagen, Denmark
	09:00–09:20	**The genetics of IBD** Miles Parkes, Cambridge, United Kingdom
	09:20–09:40	**The microbiome and IBD** Philippe Marteau, Paris, France
	09:40–10:00	**Discussion**
10:00–10:30	**Coffee break**	
	10:30–11:30	**Tandem talk: IBD therapeutics targets and drugs: New and old** Yehuda Chowers, Haifa, Israel James Lindsay, London, United Kingdom
11:30–12:30	**Session 2: Seminar session – Part I: Practical skills**	
	11:30-12:30	**EITHER: I.a. Role of bowel ultrasonography in intestinal diseases** Stephan Vavricka, Zurich, Switzerland Torsten Kucharzik, Lueneburg, Germany **OR: I.b. Practical guide to interpreting MRI** Julian Panés, Barcelona, Spain **OR: I.c. Practical guide to Chromo-endoscopy** James East, Oxford, United Kingdom Sandro Ardizzone, Milan, Italy
12:30–13:00	**Lunch break**	
13:00–13:45	**Session 2: Seminar session – Part II: Specialist subject IBD and pregnancy**	
	13:00-13:45	**EITHER: II.a. Specialist subject IBD and pregnancy** Janneke van der Woude, Rotterdam, The Netherlands **OR: II.b. Specialist subject IBD and pregnancy** Zuzana Zelinkova, Bratislava, Slovakia
13:45–15:30	**Session 3: Interactive case discussion and lecture session** Lead discussant: Gerassimos Mantzaris, Athens, Greece	
	13:45–14:30	**Case-based discussion: Investigation and management of mild IBD** Case presentation: Tim Raine, Cambridge, United Kingdom Discussion: Ailsa Hart, London, United Kingdom
	14:30-14:45	**Discussion**
	14:45–15:30	**Tandem talk: Acute Severe Ulcerative Colitis: Management including medical and surgical rescue therapy** Pär Myrelid, Linköping, Sweden Charlie Lees, Edinburgh, United Kingdom

Thursday, February 20, 2014

08:00–10:20	**Session 4: Interactive case discussion and lecture session** Lead discussant: Peter Irving, London, United Kingdom	
	08:00–09:00	**Tandem talk: Fistulising & stenosing disease: Medical and surgical approaches** Gerassimos Mantzaris, Athens, Greece Willem Bemelman, Amsterdam, The Netherlands
	09:00–10:00	**Case-based discussion: The patient with severe inflammatory Crohn's Disease** Case presentation: Pieter Hindryckx, Ghent, Belgium Discussion: Marc Ferrante, Leuven, Belgium
	10:00–10:20	**Discussion**
10:20–10:45	**Coffee break**	
10:45–12:15	**Session 5: Special scenarios** Lead discussant: Marc Ferrante, Leuven, Belgium	
	10:45–11:15	**Vaccinations, immunisations and opportunistic infections in IBD - A case-based guide** Jean-Francois Rahier, Yvoir, Belgium
	11:15–11:45	**Monitoring drug therapy with biomarkers, drug levels and antibody testing** Peter Irving, London, United Kingdom
	11:45–12:15	**Endoscopy for Inflammatory Bowel Disease** Stephan Vavricka, Zurich, Switzerland
12:15–12:30	**Feedback & closing remarks** James Lindsay, London, United Kingdom	

Organisation: EduCom | **Target audience:** Junior Gastroenterologists **Registration:** Upon invitation | **ECCO Membership 2014 required:** Regular/Y-ECCO Member | **Registration fee:** n.a.

Preliminary programme: 5th N-ECCO School
Wednesday, February 19, 2014

07:15–08:15	**Breakfast satellite symposium**	
08:30–09:15	**Welcome & introduction** Marian O'Connor, London, United Kingdom Karen Kemp, Manchester, United Kingdom	
09:15–12:00	**Session 1: Diagnosis and assessment** Karen Kemp, Manchester, United Kingdom Lydia White, Oxford, United Kingdom	
	09:15–10:00	**Diagnosing IBD and assessing disease activity** Pierre Michetti, Lausanne, Switzerland
	10:00–10:30	**Anatomy and physiology of the GI tract – Pathophysiology of IBD** Marian O'Connor, London, United Kingdom
10:30–11:00	**Coffee break**	
	11:00–11:30	**Overview medical treatment** Ailsa Hart, London, United Kingdom
	11:30–12:00	**Surgery in IBD** Alastair Windsor, London, United Kingdom
12:00–14:30	**Session 2: Case studies - Disease management** Karen Kemp, Manchester, United Kingdom Nienke Ipenburg, Leiden, The Netherlands	
	12:00–12:45	**Workshop 1 – UC management** Andreas Sturm, Berlin, Germany
12:45–13:45	**Lunch break**	
	13:45–14:30	**Workshop 2 – CD management** Pia Munkholm, Copenhagen, Denmark
14:30–15:30	**Session 3: General management in IBD** Karen Kemp, Manchester, United Kingdom Janette Gaarenstroom, Utrecht, The Netherlands	
	14:30–15:10	**Nutritional aspects in IBD** Simon Gabe, London, United Kingdom
	15:10–15:30	**Nursing roles in IBD management** Lisa Younge, London, United Kingdom
15:30–15:35	**Closing remarks** Karen Kemp, Manchester, United Kingdom	
18:55-19:30	**N-ECCO National Representatives meeting (N-ECCO Representatives only)**	

Organisation: N-ECCO
Target audience: IBD nurses – new to the specialty
Registration: Upon invitation
ECCO Membership 2014 required: IBD nurse Member
Registration fee: n.a.

Preliminary programme: Ultrasound Workshop (Basic level)
Wednesday, February 14, 2014

13:00-13:05	**Welcome & introduction** Florian Rieder, Cleveland, United States
13:05-13:30	**How to use bowel ultrasonography in IBD patients** Torsten Kucharzik, Lueneburg, Germany Stephan Vavricka, Zurich, Switzerland
13:30-15:30	**Hands-on course** Norbert Börner, Mainz, Germany Antony Higginson, Portsmouth, United Kingdom Torsten Kucharzik, Lueneburg, Germany Christian Maaser, Lueneburg, Germany Giovanni Maconi, Milan, Italy Gerhard Rogler, Zurich, Switzerland Merel Scheurkogel, The Hague, The Netherlands Stephan Vavricka, Zurich, Switzerland
15:30	**Closing remarks** Franco Scaldaferri, Rome, Italy

Organisation: Y-ECCO in collaboration with EduCom and ESGAR
Target audience: Young ECCO
Registration: Online registration (max. 40 participants)
ECCO Membership 2014 required: Exclusive to Y-ECCO Members
Registration fee: EUR 40.- – incl. 25% Danish VAT

Preliminary programme:
Primary Sclerosing Cholangitis (PSC) Update Forum
Wednesday, February 14, 2014

13:00-15:30	**PSC Update Forum** Martti Färkkilä, Helsinki, Finland Tom Hemming Karlsen, Oslo, Norway	
	13:00-13:05	**Welcome & introduction** Martti Färkkilä, Helsinki, Finland
	13:05-13:30	**Liver disease in IBD - Update on diagnosis, therapies and follow-up** Gideon Hirschfield, Birmingham, United Kingdom
	13:30-14:00	**PSC-associated malignancies - Pre- and post-transplant implications for patient management** Cyriel Ponsioen, Amsterdam, The Netherlands
	14:00-14:30	**Immune regulation in PSC - Where are the potential treatment targets?** Espen Melum, Oslo, Norway
	14:30-15:00	**Bile acid therapy in PSC – Relevance and opportunities for novel treatment options** Michael Trauner, Vienna, Austria
	15:00-15:25	**The gut-liver axis in PSC – More than a "leaky gut"?** Herbert Tilg, Innsbruck, Austria
15:25-15:30	**Closing remarks** Tom Hemming Karlsen, Oslo, Norway	

Organisation: SciCom in collaboration with IPSCG
Target audience: Physicians, Surgeons, Paediatricians, Scientists
Registration: Online registration
ECCO Membership 2014 required: Regular/Y-ECCO/IBD nurse Member
Registration fee: EUR 80.- (half price for Y-ECCO and IBD nurse Members) – incl. 25% Danish VAT

Preliminary programme: 3rd S-ECCO IBD Masterclass
Wednesday, February 19, 2014

13:00-13:10	**Welcome** André D´Hoore, Leuven, Belgium	
13:10-14:30	**Session 1: Pathophysiology - Basic science of penetrating Crohn's Disease** André D'Hoore, Leuven, Belgium Paulo Kotze, Curitiba, Brazil	
	13:10-13:30	**Epidemiology** Laurent Peyrin-Biroulet, Nancy, France
	13:30-13:50	**Pathophysiology – What happens in the bowel?** Gijs van den Brink, Amsterdam, The Netherlands
	13:50-14:10	**Key principles of pharmacodynamics in biologicals** Shomron Ben-Horin, Tel Hashomer, Israel
	14:10-14:30	**Discussion**
14:30-15:50	**Session 2: Peri-anal disease** Bruce George, Oxford, United Kingdom Gianluca Sampietro, Milan, Italy	
	14:30-14:50	**Classification, scoring and outcome** Krisztina Gecse, Szeged, Hungary
	14:50-15:10	**Imaging** Jordi Rimola, Barcelona, Spain
	15:10-15:30	**Cryptoglandular fistulae: When is it Crohn's?** Andrew Williams, London, United Kingdom
	15:30-15:50	**Classifying clinical cases** Gilberto Poggioli, Bologna, Italy
15:50-16:20	**Coffee break**	
16:20-18:00	**Session 3: Multidisciplinary management** Willem Bemelman, Amsterdam, The Netherlands Alastair Windsor, London, United Kingdom	
	16:20-16:40	**Medical evidence – A surgeon's view** Christianne Buskens, Amsterdam, The Netherlands
	16:40-17:00	**Surgical evidence – A physician's view** Michael Kamm, Melbourne, Australia
	17:00-17:20	**Building your management algorithm** Léon Maggiori, Clichy, France
	17:20-18:00	**Challenging cases – The real world** Ondrej Ryska, Prague, Czech Republic Thomas Golda, Barcelona, Spain

Thursday, February 20, 2014

08:30-10:05	**Session 4: Intestinal fistulae - Primary Crohn's** Zuzana Serclova, Prague, Czech Republic Omar Faiz, London, United Kingdom	
	08:30-08:50	**An update on medical management** Séverine Vermeire, Leuven, Belgium
	08:50-09:10	**Effect of medical therapy on surgical outcome** Igors Iesalnieks, Gelsenkirchen, Germany
	09:10-09:30	**Imaging and radiological intervention** Julian Panés, Barcelona, Spain
	09:30-09:45	**Surgical approach** Antonino Spinelli, Milan, Italy
	09:45-10:05	**Case presentation** Pierpaolo Sileri, Rome, Italy
10:05-10:30	**Coffee break**	
10:30-11:55	**Session 5: Surgical misadventure and fistulae** Petr Tsarkov, Moscow, Russia Yves Panis, Clichy, France	
	10:30-10:45	**Prevention is better than cure** Zuzana Serclova, Prague, Czech Republic
	10:45-11:00	**Timing of surgery and optimisation** Alastair Windsor, London, United Kingdom

Preliminary programme: 3rd S-ECCO IBD Masterclass
Thursday, February 20, 2014

	11:00-11:15	**Surgical strategy** Janindra Warusavitarne, London, United Kingdom
	11:15-11:55	**Surgical case presentations** Anthony de Buck van Overstraeten, Leuven, Belgium
11:55-12:00	**Closing remarks** Willem Bemelman, Amsterdam, The Netherlands	

Organisation: S-ECCO (endorsed by ESCP)
Target audience: Surgeons, Physicians, IBD nurses
Registration: Online registration
ECCO Membership 2014 required: Regular/Y-ECCO/IBD nurse Member
Registration fee: EUR 150.- (half price for Y-ECCO and IBD nurse Members) – incl. 25% Danish VAT

Preliminary programme: 7th Y-ECCO Workshop: Practical skills to succeed in academic medicine
Wednesday, February 19, 2014

16:00-16:10	**Welcome & introduction** Florian Rieder, Cleveland, United States	
16:10-17:00	**Session 1** Tim Raine, Cambridge, United Kingdom Sebastian Zeissig, Kiel, Germany	
	16:10-17:00	**Learning styles, networking, and negotiation. Tips for daily practice.** Tony Lingham, Cleveland, United States
17:00-17:50	**Session 2** Franco Scaldaferri, Rome, Italy Pieter Hindryckx, Ghent, Belgium	
	17:00-17:50	**Presentation skills: How to deliver a clear message?** Eric Dixon, London, United Kingdom
17:50-18:00	**Y-ECCO Abstract Award ceremony**	
18:00	**Y-ECCO Networking event**	

Organisation: Y-ECCO
Target audience: Paediatricians, Physicians, Surgeons, IBD nurses
Registration: Online registration
ECCO Membership 2014 required: Regular/Y-ECCO/IBD nurse Member
Registration fee: EUR 80.- (half price for Y-ECCO and IBD nurse Members) – incl. 25% Danish VAT

Preliminary programme: Update on Paediatric IBD
Wednesday, February 19, 2014

16:00–16:05	**Welcome & introduction** Frank Ruemmele, Paris, France
16:05–16:25	**How children with IBD differ from adults: Phenotype and natural history** Arie Levine, Tel Aviv, Israel
16:25–16:50	**Why are paediatric GI doctors obsessed with nutrition?** Frank Ruemmele, Paris, France
16:50–17:15	**To combo or not to combo: Treatment strategies for kids with CD** Dan Turner, Jerusalem, Israel
17:15–17:40	**Challenges in treating paediatric UC** Kaija-Leena Kolho, Helsinki, Finland
17:40–18:00	**Growth and bones matter – Treatment strategies for IBD** Gábor Veres, Budapest, Hungary

Organisation: P-ECCO
Target audience: Paediatricians, Physicians, Surgeons, IBD nurses
Registration: Online registration
ECCO Membership 2014 required: Regular/Y-ECCO/IBD nurse Member
Registration fee: EUR 80.- (half price for Y-ECCO and IBD nurse Members) – incl. 25% Danish VAT

N-ECCO Research Networking Forum
Wednesday, February 19, 2014, 16:00-18:00

Highlights: During the ECCO'14 Congress in Copenhagen, N-ECCO is hosting the first meeting of the new N-ECCO Research Forum for nurses. The first meeting will comprise a presentation as an introduction to the forum, identification of aims and objectives and a discussion / network to identify the nurses' needs regarding research. It is hoped that this new group, under the N-ECCO Committee, will create a forum for IBD nurses undertaking research across Europe that will help them to gain support and direction and perhaps in time develop collaboration on similar research issues.

Organisation: N-ECCO | **Target audience:** IBD nurses and Allied Health Professionals
Registration: To register please contact the ECCO Office at ecco@ecco-ibd.eu
ECCO Membership 2014 required: IBD nurse Member | **Registration fee:** n.a.

Global IBD Forum
Wednesday, February 19, 2014, 18:15-19:15

Highlights: The focus in 2014 is on **Quality of Care Indicators in IBD.** Ten indicators will be circulated among invited delegates before the congress. These will be discussed at the Global IBD Forum and delegates will rank the top three indicators that have a global reach. The Global IBD Forum will be chaired by Yehuda Chowers, aided and abetted by Simon Travis and Daan Hommes.

Organisation: Governing Board
Target audience: IBD Organisation representatives, ECCO Officers, Corporate Members
Registration: Upon invitation | **ECCO Membership 2014 required:** n.a.
Registration fee: n.a.

Preliminary programme: 2nd EpiCom Workshop
Thursday, February 20, 2014

08:00-08:10	**Welcome & introduction** Peter Lakatos, Budapest, Hungary	
08:10-09:50	**Session 1** Tine Jess, Copenhagen, Denmark Johan Burisch, Copenhagen, Denmark	
	08:10-08:30	**Is IBD associated with intestinal cancer: What is the baseline risk?** Tine Jess, Copenhagen, Denmark
	08:30-08:50	**Influence of age and gender on the risk of intestinal cancer** Corinne Gower-Rousseau, Lille, France
	08:50-09:10	**Extra-intestinal cancer with a focus on skin cancer** Ebbe Langholz, Hellerup, Denmark
	09:10-09:30	**Extra-intestinal cancer with focus on lymphomas** Peter Lakatos, Budapest, Hungary
	09:30-09:50	**How to manage patients with previous cancer** Dana Duricova, Prague, Czech Republic
09:50-10:10	**Coffee break**	
10:10-11:30	**Session 2** Lead discussant: Corinne Gower-Rousseau, Lille, France	
	10:10-10:35	**Case 1: Patient with a previous cancer history** Dana Duricova, Prague, Czech Republic
	10:35-11:00	**Case 2: Colonic CD with a stricture: What is the cancer risk?** Johan Burisch, Copenhagen, Denmark
	11:00-11:30	**Case 3: Young CD patient with a stoma and disease progression. What are we anxious about: The disease or the cancer risk?** Peter Lakatos, Budapest, Hungary
11:30	**Closing remarks & farewell** Peter Lakatos, Budapest, Hungary	

Organisation: EpiCom
Target audience: Physicians, Surgeons, Paediatricians, IBD nurses
Registration: Online registration
ECCO Membership 2014 required: Regular/Y-ECCO/IBD nurse Member
Registration fee: EUR 80.- (half price for members of the EpiCom cohort study, for Y-ECCO and IBD nurse Members) – incl. 25% Danish VAT

Preliminary programme: ECCO: EduCational COurse for Industry
Wednesday, February 19, 2014

10:30-10:35	**Welcome** Simon Travis, Oxford, United Kingdom	
10:35-13:00	**Session 1** Pierre Michetti, Lausanne, Switzerland	
	10:35-10:50	**What is IBD?** Marcus Harbord, London, United Kingdom
	10:50-11:05	**What is the difference between Ulcerative Colitis and Crohn's Disease?** Stephan Vavricka, Zurich, Switzerland
	11:05-11:20	**Who does it affect?** Tine Jess, Copenhagen, Denmark
	11:20-11:30	**Question time (Q cards)**
	11:30-11:45	**What causes IBD?** Andreas Sturm, Berlin, Germany
	11:45-12:00	**How is IBD diagnosed?** Tim Raine, Cambridge, United Kingdom
	12:00-12:15	**What do patients think?** Johan Burisch, Copenhagen, Denmark
	12:15-12:30	**How is care organised?** Ailsa Hart, London, United Kingdom
	12:30-12:45	**What do IBD nurses do?** Lydia White, Oxford, United Kingdom
	12:45-13:00	**Question time (Q cards)**
13:00-14:00	**Lunch break**	
14:00-15:30	**Session 2** Rami Eliakim, Jerusalem, Israel	
	14:00-14:15	**What are conventional treatment options?** Edouard Louis, Liège, Belgium
	14:15-14:30	**What is the role of 5-ASA?** Sandro Ardizzone, Milan, Italy
	14:30-14:45	**Where do steroids fit in?** Fernando Magro, Porto, Portugal
	14:45-15:00	**Who gets immunomodulators?** James Lindsay, London, United Kingdom
	15:00-15:15	**What about biological therapy?** Laurent Peyrin-Biroulet, Nancy, France
	15:15-15:30	**Is there a role for dietary treatment?** Arie Levine, Tel Aviv, Israel
15:30-16:00	**Coffee break**	
16:00-17:15	**Session 3** Peter Lakatos, Budapest, Hungary	
	16:00-16:15	**When do patients need surgery?** Bruce George, Oxford, United Kingdom
	16:15-16:30	**What does surgery mean?** Gianluca Sampietro, Milan, Italy
	16:30-16:45	**Is surgery a cure?** Pär Myrelid, Linköping, Sweden
	16:45-17:00	**Can postoperative treatment prevent recurrence?** Franck Carbonnel, Paris, France
	17:00-17:15	**What happens after a pouch operation?** Zuzana Serclova, Prague, Czech Republic
17:15-18:00	**Session 4** Simon Travis, Oxford, United Kingdom	
	17:15-17:30	**What is the risk of cancer?** Alessandro Armuzzi, Rome, Italy
	17:30-17:45	**What are the other complications of IBD?** Filip Baert, Roeselare, Belgium
	17:45-18:00	**Where is the unmet need for patients with IBD?** Charlie Lees, Edinburgh, United Kingdom

Organisation: Governing Board
Target audience: Corporate & Non-Corporate Members
Registration: Upon invitation
ECCO Membership 2014 required: n.a.
Registration fee:
Corporate Members: EUR 500.- – incl. 25% Danish VAT
Non-Corporate Members: EUR 750.- – incl. 25% Danish VAT

Preliminary programme: 3rd ClinCom Workshop
Clinical trials in IBD: The road ahead
Thursday, February 20, 2014

08:30-08:35	**Welcome & introduction** Filip Baert, Roeselare, Belgium	
08:35-09:55	**Session 1: Biosimilars: Are we ready to change?** Alessandro Armuzzi, Rome, Italy	
	08:35-08:55	**Approval pathways (differences between EMA and FDA, extrapolating data across indications)** Elmer Schabel, Bonn, Germany
	08:55-09:15	**What is the best study design: Non-inferiority or equivalence trials?** Gary Collins, Oxford, United Kingdom
	09:15-09:35	**Is similar the same?** Paul Declerck, Leuven, Belgium
	09:35-09:55	**Practical example – How to interpret data from biosimilar trials?** Alessandro Armuzzi, Rome, Italy
09:55-10:30	**Coffee break**	
10:30-12:00	**Session 2: How can we bridge the gap to real-life clinical practice?** Ailsa Hart, London, United Kingdom	
	10:30-10:50	**Can we improve or should we abandon open label trials?** Laurent Peyrin-Biroulet, Nancy, France
	10:50-11:10	**New outcome measures in IBD trials (deep remission, disability, bowel damage index): The emperor's new clothes?** Jean-Frédéric Colombel, New York, United States
	11:10-11:30	**How to address special situations (pouchitis, peri-anal fistulae, kids, elderly): Mini versus mega trials** Ailsa Hart, London, United Kingdom
	11:30-12:00	**Clinical trials in IBD - Historical perspective** Geert D'Haens, Amsterdam, The Netherlands
12:00-12:10	**Summary & closing remarks** Filip Baert, Roeselare, Belgium Laurent Peyrin-Biroulet, Nancy, France	

Organisation: ClinCom | **Target audience:** Physicians, Surgeons, Paediatricians, Clinical researchers, Industry | **Registration:** Online registration
ECCO Membership 2014 required: Regular/Y-ECCO/IBD nurse Member
Registration fee: EUR 80.- (half price for Y-ECCO and IBD nurse Members) – incl. 25% Danish VAT

Preliminary programme: Ultrasound Workshop (Advanced level)
Thursday, February 20, 2014

08:30-08:40	**Welcome & introduction** Simon Travis, Oxford, United Kingdom
08:40-09:05	**How to use bowel ultrasonography in IBD patients** Torsten Kucharzik, Lueneburg, Germany
09:05-09:30	**Bowel ultrasonography in clinical practice – Case presentations** Stephan Vavricka, Zurich, Switzerland
09:30-11:30	**Hands-on course** Norbert Börner, Mainz, Germany Antony Higginson, Portsmouth, United Kingdom Torsten Kucharzik, Lueneburg, Germany Christian Maaser, Lueneburg, Germany Giovanni Maconi, Milan, Italy Gerhard Rogler, Zurich, Switzerland Merel Scheurkogel, The Hague, The Netherlands Stephan Vavricka, Zurich, Switzerland

Organisation: EduCom in collaboration with ESGAR
Target audience: Physicians, Surgeons, Paediatricians
Registration: Online registration (max. 40 participants)
ECCO Membership 2014 required: Regular/Y-ECCO Member
Registration fee: EUR 80.- (half price for Y-ECCO Members and Junior ESGAR Members) – incl. 25% Danish VAT

Preliminary programme: 8th N-ECCO Network Meeting
Thursday, February 20, 2014

09:00-09:15	**Welcome & introduction** Marian O'Connor, London, United Kingdom	
09:15-10:45	**Session 1: Sexual and reproductive issues in IBD** Marian O'Connor, London, United Kingdom Nienke Ipenburg, Leiden, The Netherlands	
	09:15-09:45	**Sex and IBD** Andrea van der Meulen, Leiden, The Netherlands
	09:45-10:15	**Fertility, conception and pregnancy – An update** Janneke van der Woude, Rotterdam, The Netherlands
	10:15-10:45	**Case study** Janneke van der Woude, Rotterdam, The Netherlands Janette Gaarenstroom, Utrecht, The Netherlands
10:45-11:15	**Coffee break**	
11:15-12:30	**Session 2: IBD through the years** Nienke Ipenburg, Leiden, The Netherlands Lydia White, Oxford, United Kingdom	
	11:15-11:45	**IBD in the growing child** Sanja Kolacek, Zagreb, Croatia
	11:45-12:10	**Transition and transfer** Joan Hetherington, Calgary, Canada Kay Crook, Liverpool, United Kingdom
	12:10-12:30	**Abstract session**
12:30-14:00	**Lunch break** (self-guided poster round in the exhibition hall)	
14:00-15:15	**Session 3: Clinical assessment** Lydia White, Oxford, United Kingdom Janette Gaarenstroom, Utrecht, The Netherlands	
	14:00-14:25	**Clinical history and physical examination** Resi Olde Olthof, Hengelo, The Netherlands
	14:25-14:50	**Radiology interpretation, options & exposure** Arun Gupta, London, United Kingdom
	14:50-15:15	**Endoscopy & Histopathology** Cord Langner, Graz, Austria Rami Eliakim, Jerusalem, Israel
15:15-15:40	**Coffee break**	
15:40-16:40	**Session 4: Addressing the patients' priorities** Janette Gaarenstroom, Utrecht, The Netherlands Karen Kemp, Manchester, United Kingdom	
	15:40-16:00	**Fatigue** Palle Bager, Aarhus, Denmark
	16:00-16:20	**Pain** Charles Bernstein, Winnipeg, Canada
	16:20-16:40	**Urgency** Julie Duncan, London, United Kingdom
16:40-17:00	**N-ECCO in 2014 & conclusion** Marian O'Connor, London, United Kingdom Janette Gaarenstroom, Utrecht, The Netherlands	
17:15–18:15	**Afternoon satellite symposium**	

Organisation: N-ECCO
Target audience: IBD nurses – advanced level
Registration: Online registration
ECCO Membership 2014 required: IBD nurse Member
Registration fee: EUR 25.- – incl. 25% Danish VAT

European Crohn's and Colitis Organisation

Volume 7
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JCC

JOURNAL of CROHN'S & COLITIS

European Consensus on Histopathology of IBD

See article on page 827

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

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REVIEW PAPER

REGULAR PAPERS

ECCO Fellowship Study Synopses

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 thorough study of the role of smoking in the pathogenesis of these diseases

Markus Tschurtschenthaler, Andreas Sturm, Nathalie Aoun © ECCO Photographer

Fellowship Awardee: Nathalie Aoun
Supervisors: Michel Georges and Edouard Louis
Institution: GIGA Research Unit – CHU Sart Tilman, Liège, Belgium

Aim of the research project

The aim of the project is to compare gene expression levels between healthy smokers and non-smokers of both sexes in a variety of tissues and cells that are relevant to IBD. A specific focus will be the genes associated with IBD and their expression, with a view to improving understanding of the role of smoking in the pathogenesis of IBD and its potential interaction with the genetic background.

Methodology

A. Technical analysis:

1. DNA extraction from 6 cell types (B lymphocytes, CD4 and CD8 T lymphocytes, granulocytes, monocytes and platelets) and three tissue types (rectum, transverse colon and ileum) taken from blood and biopsy samples in ~400 healthy individuals.
2. Self-reported information on gender, smoking status, ethnicity, age, etc.
3. Measurement of cotinine levels in plasma to evaluate smoking status according to a certain cut-off level.
4. SNP genotyping: Of all individuals for >700K SNPs using the Illumina HumanOmniExpress array.
5. Genome-wide transcriptome: Will be determined for 3,600 samples (=400 individuals x 9 tissue types) using the Illumina HT12 expression arrays.

B. Data analysis:

Statistical R software will be used for quality control and data analysis.

1. Gene expression analysis: T test and ANOVA statistical tests will be used to test the effects of smoking and gender on gene expression in different cells and tissue types.
2. Gene set enrichment analysis will be done to group sets of genes that are significantly overexpressed according to their gene ontology and to define their biological function and the corresponding pathways. The focus will be on genes previously linked to IBD.
3. eQTL analysis will be performed to detect cis and trans eQTL and we will study the relation between smoking and eQTL, and specifically those previously associated with IBD.

Proposed timing

Genotyping data and some of the transcriptome data have been generated and the rest will be done in September 2013. Quality control on the data is being done in parallel.
Data analysis will start after quality control and should be finished by the end of December 2013. The results should be finalised in January 2014.

NATALIE AOUN
ECCO Fellowship Awardee 2013

Deciphering a paternal transmission of epigenetic marks to the aetiopathogenesis of Inflammatory Bowel Diseases

Fellowship Awardee:
Markus Tschurtschenthaler
Supervisor: Arthur Kaser
Institution: University of Cambridge, Addenbrooke's Hospital

Aim of the research project

Inflammatory Bowel Disease (IBD) is a chronic gastrointestinal disorder with unknown aetiology and with strikingly increased familial risk. However, studies with monozygotic twins indicate a discordant disease development, implying that genetic risk may account for only 20% of IBD cases. This suggests that factors other than the genetic contribution may be inherited in IBD, pointing at epigenetic reprogramming (change of DNA methylation). Indeed, intestinal tissues of IBD patients display aberrant DNA methylation profiles compared to healthy individuals. In addition, it is well known that methylation patterns can be transmitted from parents to their offspring. Our study emphasises the epigenetic alteration by chronic inflammation and aims to identify epigenetic marks conferring risk for IBD, which are influenced environmentally and which are stably transmitted to offspring.

Methodology

To establish a genome-wide map of the inflammation methylome in mice, chronic colitis is induced by the application of dextran sulphate sodium (DSS) in the drinking water, followed by the isolation of intestinal epithelial cells (IECs), intestinal epithelial lymphocytes (IELs) and lamina propria lymphocytes (LPLs), which are located at the internal/external interface. Moreover, sperm cells are isolated to identify potential transgenerational inheritance of epigenetic marks. Reduced representation bisulphite sequencing (RRBS) and RNA sequencing are used to assess global DNA methylation pattern and overall gene expression in these cells.

Proposed timing

After successful RNA sequencing of IECs and sperm cells, we are currently generating RRBS libraries of respective cell types. Moreover, we are in the process of further establishing the methodologies to improve the data yield for samples with small cell numbers. After having a closer look at the data for the F0 generation, the same procedure will be followed in the F1 generation.

MARKUS TSCHURTSCHENTHALER
ECCO Fellowship Awardee 2013

ECCO CONFER Cases – Call for similar cases

Dear ECCO Members and Friends,

At the beginning of this year, we introduced a new SciCom project to you, called ECCO CONFER Cases (COllaborative Network For Exceptionally Rare Case Reports):

What is ECCO CONFER Cases?

ECCO CONFER Cases is an initiative to continuously identify, assemble and report together rare IBD cases of clinical relevance. By uniting the forces of the many members and supporters of ECCO, a joint report of all similar such cases can result in a large case series that will advance our knowledge about these uncommon patients.

Please refer to ECCO News Issue 1/2013, p. 13f. to read the full article on ECCO CONFER Cases or please visit www.ecco-ibd.eu/science/ecco-confer-cases

ECCO CONFER Cases launched – 4 case projects selected

The ECCO CONFER Cases project has now been launched. The following four case projects have been chosen for the first round:

- Case 1: Optic neuritis in patients treated or not with anti-TNF
- Case 2: Topical tacrolimus for the treatment of pouchitis
- Case 3: Cogan syndrome in patients with IBD
- Case 4: Cerebral vascular events (CVA/TIA) during anti-TNF treatment

Currently there are no more than 2-3 single case reports in the literature describing each of these topics. This makes it hard to truly characterise disease complications (neuritis, CVA) and disease associations (Cogan syndrome) or to evaluate a potentially beneficial intervention (topical tacrolimus). Hence, ECCO is reaching out to all of you with the question: Have you or anyone in your team encountered similar cases?

If you have, you can become a part of this project! All you need to do at this stage is contact the ECCO Office at ecco@ecco-ibd.eu, indicating your name/institution, the case project to which you can contribute and how many such cases you can report.

Case series including all identified patients will subsequently be formed. All contributors will be acknowledged as co-authors or as collaborating authors on the eventual manuscript.

For more details please visit the ECCO CONFER website at www.ecco-ibd.eu/science/ecco-confer-cases

We look forward to your responses!

SHOMRON BEN-HORIN (ISRAEL)
EUGENI DOMENECH (SPAIN)
KOSTAS KATSANOS (GREECE)
JEAN-FRANÇOIS RAHIER (BELGIUM)
ECCO CONFER Cases Task Force

Update on SciCom activities

Report on the 3rd ECCO Scientific Workshop on malignancies in IBD

The members of the 3rd ECCO Scientific Workshop on malignancies in IBD recently completed their work. Three sub-groups of the workshop were established to address separate but interrelated issues surrounding cancer in IBD patients. One sub-group focussed on extra-intestinal malignancies in Inflammatory Bowel Disease (IBD). This group examined lymphoproliferative disorders, uterine cervix abnormalities and skin cancers. Specific risk factors for the development of these malignancies in IBD patients were noted, including the use of immunosuppressant drugs such as thiopurines. The factors relevant to the prevention and risk reduction related to these cancers, including surveillance, were reviewed and key areas for future research were identified for the three groups of disorders.

A second sub-group addressed colorectal cancer in IBD patients. This group reviewed the epidemiology of colorectal cancer in IBD, noting the existence of established risk factors including extent of disease, age at diagnosis, family history of colon cancer, co-existing primary sclerosing cholangitis and persistent colon inflammation. They went on to summarise current knowledge on the pathogenesis of colorectal cancer in IBD, with particular emphasis on overlap with and distinction from sporadic colorectal cancer. Chemo-preventive strategies, including the use of medications for IBD, and other measures were also reviewed. Finally, areas for future research priorities were noted.

A third sub-group looked at non-colorectal intestinal tract carcinomas in IBD. This group reviewed the current state of knowledge on small bowel adenocarcinoma, ileo-anal pouch and rectal cuff cancers as well as anal and peri-anal fistula cancers in IBD patients. Similar to the other groups, the epidemiology, pathogenesis, risk factors, prevention and treatment options were reviewed. This group noted key steps that can be taken to address current gaps in knowledge regarding these diseases, including the establishment of disease registries, testing of new diagnostic modalities and determination of optimum surveillance methods in IBD patients.

The output of the 3rd Scientific Workshop includes three review articles currently in press in the Journal of Crohn's & Colitis.

LAURENCE EGAN
LAURENT BEAUGERIE
SILVIO DANESE
On behalf of the Scientific Workshop 3 Steering Committee

ECCO-Digest Scientific Research Funding "Intestinal Fibrosis"

The DigestScience Foundation and the European Crohn's and Colitis Organisation (ECCO) have offered exceptional research funding of EUR 100,000 to promote innovative scientific, translational or clinical research in the area of **"Intestinal Fibrosis"** across Europe. The deadline for applications was October 1, 2013. Each research funding application will be reviewed and scored by the members of the ECCO Scientific Committee, with external review requested and expected. Research for the ECCO-DigestScience research funding project will be undertaken within the institution of the applicant. The successful applicant will be awarded with a **prize to the value of EUR 100,000**, which will be awarded during the annual ECCO Congress on February 20-22, 2014 in Copenhagen, Denmark. Further details on ECCO-DigestScience research funding may be found on the ECCO website (www.ecco-ibd.eu).

DigestScience Foundation

DigestScience, chaired by Pierre Desreumaux, was founded by scientists and doctors, is supported by large food processing and pharmacy companies, and is the first recognised public research foundation in France dedicated to digestive diseases and nutrition. Supported by patients' associations, DigestScience directly finances programmes from the world's most innovative research in order to improve the health of patients with digestive diseases. DigestScience relies entirely on donations from the general public and businesses and the funds raised by the events that it organises.

Website: www.digestscience.com

SIMON TRAVIS, PIERRE DESREUMAUX
ECCO President , President of DigestScience Foundation

European
Crohn's and Colitis
Organisation

ECCO Educational Workshops 2013

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

Spreading standards in IBD - Your presence counts!

Scan and contact the ECCO Office

www.ecco-ibd.eu

30th ECCO Educational Workshop in Istanbul, Turkey

The 30th ECCO Educational Workshop was held in Istanbul, the capital of Turkey, on May 2, 2013. The workshop was a great success, with about 40 participants from Turkey, Hungary and Italy. It represented an excellent occasion to present, discuss and implement the latest ECCO Guidelines on Crohn's Disease (CD) and Ulcerative Colitis (UC) in a friendly and interactive environment. The meeting was organised by ECCO in collaboration with Murat Törüner and Aykut F. Celik and the Turkish IBD Group.

The faculty included Vito Annese from Italy, a member of ECCO GuiCom, Peter Lakatos from Hungary, chair of ECCO EpiCom, and Murat Törüner, Aykut F. Celik, Hülya Over Hamzaoğlu and Hale Akpınar of the Turkish IBD Group.

The workshop started with welcome speeches and an introduction to ECCO by Murat Törüner and Peter Lakatos. This was followed by five cases covering challenging aspects of IBD management (new-onset ileocaecal Crohn's Disease, recurrent complicated ileocaecal Crohn's Disease, pregnancy and IBD, pouchitis and Acute Severe Colitis) and a state of the art lecture by Peter Lakatos on pregnancy in IBD. Following each case, a stimulating and interactive discussion took place.

Faculty of the 30th ECCO Educational Workshop in Istanbul (Murat Törüner, Vito Annese, Aykut F. Celik, Hale Akpınar, Hülya Over-Hamzaoğlu, Peter Lakatos) © ECCO Office

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. The primary aims of spreading know-how regarding up-to-date, evidence-based, harmonised patient management throughout Europe and of discussing how such patient management can be implemented locally to further improve the quality of everyday practice were certainly accomplished.

VITO ANNESE, AYKUT F. CELIK, PETER LAKATOS AND MURAT TÖRÜNER
Faculty members of the 30th ECCO Educational Workshop

ECCO-ESGAR Educational Workshops on Bowel Ultrasonography during the ECCO'14 Copenhagen Congress

Basic level (for Y-ECCO Members only): February 19, 2014, Copenhagen, Denmark. Advanced level: February 20, 2014, Copenhagen, Denmark

Ultrasonography has become an important diagnostic tool in monitoring patients with Crohn's Disease in recent years. A variety of trials have shown that ultrasound of the large and small bowel in patients with Crohn's Disease has at least the same diagnostic significance as other imaging tools such as MRI. The advantage of ultrasonography over other imaging modalities is its quick and inexpensive availability and the assessment of real time movement of the bowel. Bowel ultrasonography has recently been implemented into the ECCO Imaging guidelines as an important diagnostic tool during initial diagnosis as well as during disease monitoring in patients with Crohn's Disease. However, up to now ultrasound has been practiced by gastroenterologists themselves in only a very few European countries.

ECCO strongly supports the development of bowel ultrasonography in IBD in European countries. During the upcoming ECCO Congress in Copenhagen, two workshops on bowel ultrasonography are being offered to gastroenterologists, surgeons or paediatricians. These practical hands-on workshops are being organised by EduCom in conjunction with colleagues from ESGAR, the European Society for Gastrointestinal and Abdominal Radiology.

The goal of the workshops is to introduce IBD specialists to the technique of bowel ultrasound. Employing different models of recently established educational tools, participants will learn how to localise and characterise inflammatory activity within the small and large bowel of IBD patients. Two different hands-on workshops are scheduled during the meeting. During the basic level US workshop, young IBD specialists from Y-ECCO with different levels of knowledge in ultrasound will have the opportunity to join a workshop to acquire insights into the technique of bowel ultrasonography. Anatomy and pathological findings will be demonstrated during this hands-on training by experts in bowel ultrasonography from all over Europe. The second "advanced level" workshop is targeted at all non-Y-ECCO IBD specialists with different levels of education in ultrasonography. By the end of the workshop, participants will be able to transfer the parameters of ultrasound into clinical practice and to localise IBD pathology. Participants will be convinced that bowel ultrasound is an easy and cheap method that is highly sensitive and reproducible and represents a suitable modality for the evaluation and monitoring of disease activity in IBD patients.

We look forward to seeing you at our workshops.

TORSTEN KUCHARZIK, STEPHAN VAVRICKA
EduCom Members

12th IBD Intensive Advanced Course

February 19-20, 2014, Copenhagen, Denmark

The 12th IBD Intensive Advanced Course is a 1.5-day programme for junior gastroenterologists scheduled prior to the official start of the ECCO Congress. The core curriculum of the course will consist of lectures, case-based discussions and seminars encouraging the audience to participate actively and to interact with each other and the expert faculty. As in previous years, we will also invite Y-ECCO Members to join the course faculty and participate in the clinical case discussions.

Over the last few years the course has remained extremely popular, with excellent feedback. However, the ECCO Education Committee aims not only to maintain this high standard but also to continue to develop the content. Therefore, in response to the feedback from previous years, the 12th ECCO Intensive Advanced Course will benefit from the following modifications:

- A "Practical Skills in Imaging Session" will be introduced: This will provide an introduction to physician-based ultrasound and Chromo-endoscopy
- There will be more dedicated time for discussion and interaction between each section

JAMES LINDSAY
EduCom Member
On behalf of EduCom

Preliminary Announcement of the 13th ECCO IBD Intensive Advanced Course 2015 (as of September 1, 2013)

All potential candidates interested in participating in the 2015 course are highly encouraged to note the following timeline:

Spring 2014: Call for nominations will be sent to National Representatives and published on the ECCO website

September 2014: Deadline for nominations

September 2014: Selection of waiting list candidates for left-over spaces

Minimum criteria for nominees:

- ECCO Member status 2015.
- Trainees at least in their third year, preferably with one year of GI experience (NOT for established gastroenterologists).
- Demonstration of a sufficient standard of English to follow the course.

Participants on this course will be selected in their own country using a national system left to the discretion of the National Representatives of each ECCO Country Member. Two students can be sent by each country each year, leading to the assembly of a multinational class of highly motivated and selected students.

In order to register for the forthcoming IBD Course, please contact the ECCO National Representative of your country (contact details at www.ecco-ibd.eu).

JAMES LINDSAY
EduCom Member
On behalf of EduCom

Anaemia Consensus

ECCO Anaemia Consensus participants © Fernando Gomollón García

Anaemia impacts substantially on the quality of life of Inflammatory Bowel Disease (IBD) patients. Additionally, anaemia in IBD may reflect disease activity that needs specific diagnostic and therapeutic approaches. Iron deficiency (ID) is the main cause of IBD-associated anaemia and has been reported in 36-90% of patients. Remarkably, even without anaemia, ID can impair physical performance and quality of life. ID in IBD is multifactorial and includes depletion of iron stores due to dietary restrictions or malabsorption and/or intestinal bleeding. Additionally, inflammation affects the availability of iron for effective haematopoiesis via hepcidin-mediated sequestration of iron. Poor absorption, gastrointestinal adverse events and potential exacerbation of IBD limit the usefulness of oral iron supplementation in IBD patients. Intravenous iron is very effective, more rapidly acting and better tolerated.

The ECCO Anaemia Consensus endeavours to address the different aspects of anaemia in IBD, the focus being on the following issues: (i) diagnosis of anaemia (Axel Dignass, Ioannis Koutroubakis, Stephan Vavricka), (ii) treatment of iron deficiency anaemia (Fernando Gomollón, Tariq Iqbal, Guillaume Savoye, Jürgen Stein), (iii) prevention of iron deficiency (Christoph Gasche, Javier Gisbert, Fernando Magro) and (iv) management of non-iron deficiency anaemia (Gunnar Birgegard, Silvio Danese, Konstantinos Katsanos). Questions addressed include: What is the minimal workup for a diagnosis of ID anaemia? What is the recommended interval between iron measurements? Which goals should be pursued for iron supplementation? How does one assess iron status in a non-anaemic patient?

The aim of the consensus is to propose European guidelines for the diagnosis and treatment of anaemia. The strategy to reach consensus has involved fourteen participants from different countries (see photo), mostly gastroenterologists specialised in IBD and anaemia, plus one haematologist. Two chairs (Axel Dignass and Christoph Gasche) coordinated four working groups (WG) and one Y-ECCO Member was invited to be present as an observer at the final consensus meeting. Participants were asked to answer the questions based on their experience as well as evidence from the literature (the Delphi procedure). In parallel, the WG members performed a systematic literature search of their topic with the appropriate key words using Medline/Pubmed/ISI/Scopus and the Cochrane database, as well as their own files. The evidence level was graded according to the Oxford Centre for Evidence-Based Medicine (2011). Provisional guideline statements (with supporting text) were then written by the WG chairs based upon answers to the questionnaire and were circulated among the WG members. On June 28, 2013 all participants met in Frankfurt to vote and agree on the final version of the statements. Consensus was considered to have been achieved when agreement was reached by more than 80% of participants. All participants highly valued this open exchange of expertise, which enabled friendly and fruitful discussions.

The consensus emphasises that: (i) the WHO definitions of anaemia have to be used also for IBD patients, (ii) all IBD patients should be assessed for ID anaemia, (iii) laboratory screening using complete blood count, serum ferritin and C-reactive protein should be used, (iv) parenteral (intravenous) iron should be considered first line in patients with severe anaemia (Hb ≤10 mg/dl), in those with previous intolerance to oral iron and in those with active IBD and (v) the goal of preventive treatment is to maintain haemoglobin and serum ferritin levels within the normal range. The publication is being finalised and is expected to be submitted by the fourth quarter of 2013.

FERNANDO MAGRO
GuiCom Member
On behalf of the ECCO Anaemia Consensus Panel

How to develop an Inflammatory Bowel Disease Centre

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

The management of chronic diseases, such as Inflammatory Bowel Disease (IBD), is complex. Crohn's Disease and Ulcerative Colitis may have a disabling course despite current therapeutic strategies. From a public health perspective, they are prevalent conditions with high costs and resource utilisation. Many IBD patients have multiple conditions and are at risk of suffering from management inadequacies, resulting in significant impairment of quality of life. This risk also arises because the current health care system often does not allow a continuous, coordinated and multidisciplinary approach to the chronic patient instead tending to respond "on demand" to patients' needs. On the other hand, the correct management of chronic patients should be based on a proactive health system focussed on keeping a person as healthy as possible. Therefore, the first critical point should be to direct IBD patients to specialised and structured centres through provision of comprehensive information. The main characteristics of an IBD centre should be a focus on multidisciplinary and specialised best patient care, innovative research and teaching/educational programmes, with the ultimate mission of improving the quality of life for patients with IBD.

Multidisciplinary and specialised best patient care: The IBD team

An IBD team should guarantee specialised and multidisciplinary management of every aspect of disease and should be patient focussed. IBD-specialised gastroenterologists and surgeons represent, in particular, the central nucleus of the team. They should work side by side to provide comprehensive diagnostic and treatment services for patients with IBD. IBD specialist nurses have a very important role in the support of patients inside and outside ("walk-in services") of clinic hours, and in the management of hospitalised patients, stoma care, infusion therapies, blood work follow-up and preparation for endoscopic procedures. IBD nurses and physicians should work together to ensure continuous treatment and monitoring of the disease – a strategy which is more effective and is associated with fewer side-effects than on-demand intervention when acute episodes occur. Although medical therapy remains the mainstay of treatment for IBD patients, in some cases a time-bound surgical approach can achieve greater success in managing the disease. When necessary, collaboration with surgeons who are specialists in complex IBD surgery is therefore mandatory, with potential use of minimally invasive techniques and advanced peri-anal procedures.

One of the questions most frequently asked by IBD patients concerns diet, and malnutrition or vitamin deficiency may be common especially in Crohn's Disease patients. For these reasons, a comprehensive nutritional evaluation by an IBD-trained nutritionist should always be included in the clinical assessment.

The diagnostic work-up offered by an IBD centre requires further facilities and the involvement of other IBD-trained specialists. IBD-dedicated endoscopic sessions should offer basic and advanced endoscopic techniques (e.g. upper and lower GI endoscopy, wireless capsule endoscopy, traditional and double-balloon enteroscopy, endoscopic ultrasound, endoscopic retrograde cholangiopancreatography, interventional procedures, colorectal cancer surveillance programmes). IBD-dedicated radiological sessions should provide for conventional and advanced imaging techniques (e.g. small bowel ultrasound, small bowel radiography, CT/MR enterography, pelvic MR). Finally, the IBD-dedicated pathologist is useful in clarifying specific diagnostic issues.

Other members of the team may be required in particular clinical situations. Because of the possible negative impacts of disease on various aspects of the patient's life, psychological support may be necessary, with provision of counselling and behavioural therapy to both patients and their families. Integrated collaboration with IBD-specialised paediatricians may help in handling the transition to adult care, while support from IBD-trained gynaecologists is of crucial importance in the management of pregnancy and fertility issues. Finally, a correct approach to IBD-related extra-intestinal manifestations often requires strict collaboration with other specialists, such as rheumatologists, ophthalmologists and dermatologists.

In conclusion, the components of the team in an IBD centre should work as a coordinated group of experts in all aspects of clinical care of every single IBD patient.

Basic and clinical research

Innovative research in the IBD field is a further requisite of an IBD centre. Many questions regarding the causes and mechanisms of IBD still await answers. Moreover, a definitive cure for IBD still does not exist, and the study of different therapeutic strategies and/or new drugs is thus crucial in improving clinical management of this complex disease. An ideal research group should include or have close networking/collaboration with a multidisciplinary board of experts in epidemiology, genetics, biology, immunology, pathology and clinical management who can initiate and undertake advanced translational research programmes. An IBD centre should also be able to offer the possibility of participation in clinical trials (single- or multicentre, investigator initiated or industry sponsored) to all patients who fail conventional treatments or strategies. The principal requirements for advanced basic and clinical research are the availability of solid funding support and access to adequate facilities, including a comprehensive database of patients' data and biological samples and laboratories with technologically advanced instrumentation.

Training and educational programmes

Continuing training and education activities are essential in maintaining a high level of up-to-date knowledge among all members of the IBD team. Educational initiatives delivered by IBD experts should be offered to physicians and nurses who would like to learn more about specific issues concerning the management of IBD patients. Medical students, residents and fellows should be actively involved, and the participation of national and international visiting clinical observers should be encouraged. Finally, every IBD centre should recognise and respond to the need of patients and their families for various types of detailed information; such educational resources include brochures and IBD-related websites and promote proactive involvement of IBD patients in their individual healthcare.

ALESSANDRO ARMUZZI
ClinCom Member

The European West-East Gradient in IBD Incidence – Findings from the EpiCom Study

The EpiCom study is a pan-European cohort study investigating the epidemiology of IBD in Europe. Here we report the recent findings on the incidence in Europe

Compared to the number of investigations relating to Western Europe, only a small number of studies have addressed the epidemiology of IBD in Eastern Europe, and very few of these are population-based inception cohort studies – the gold standard in epidemiological research. In light of the current developments in the occurrence of IBD and the emergence of IBD in areas previously showing a low incidence, such as Eastern Europe, physicians from 31 IBD centres in 14 Western and 8 Eastern European countries set out to create a prospective, uniformly diagnosed, population-based inception cohort of patients with IBD within well-described geographical areas in Eastern and Western Europe. The aim was to describe the occurrence and disease course in Europe and to investigate possible differences between Eastern and Western Europe.

Data on incidence and initial presentation of disease were recently published [1]. During the inclusion period from January 1 to December 31, 2010, the centres included 1,515 IBD patients aged 15 years or older at diagnosis from a background population of 10 million people. This success is thanks to the efforts of all the involved physicians and IBD nurses, who have spent many hours on including patients and entering data, as well as to the support offered by ECCO and EpiCom. Although we observed a great variation in incidence rates in Europe, overall the incidence of Crohn's Disease (CD) and Ulcerative Colitis (UC) was twice as high in Western Europe compared to Eastern Europe. The median incidence rates per 100,000 in Western Europe were CD 6.5 (range 0–10.7), UC 10.8 (range 2.9–31.5) and IBD unclassified (IBDU) 1.9 (range 0–39.4), while in Eastern Europe they were CD 3.1 (range 0.4–11.5), UC 4.1 (range 2.4–10.3) and IBDU 0 (range 0–1.2).

Now, what is responsible for this 2:1 West-East gradient? Because we unified case ascertainment methods, diagnostic criteria and the inclusion period in the EpiCom study, we were able to perform a direct comparison of incidence rates in Europe. Diagnostic procedures used in the participating centres were overall not significantly different. In fact more patients in Eastern Europe than in Western Europe had a colonoscopy performed as part of the diagnostic work-up. Also, since the diagnostic delay was short (approx. 3 months) and comparable in Eastern and Western Europe, it seems unlikely that the observed incidence rates were biased by an accumulation of undetected cases. It is therefore more likely that the observed variation in IBD incidence reflects variation in environmental and dietary risk factors for the diseases than differences in diagnostic practices or methodology in the previous studies. Also, the observed incidences correlated with the gross domestic product (GDP) of each country. The analysis suggests that lifestyle variations, expressed by geographical lifestyle differences combined with GDP, influence IBD incidence and that the risk of IBD is linked to the developmental status of the geographical region/country.

The next steps in the EpiCom study are the 5-year follow-up of the cohort in order to describe differences in treatment strategies and their potential impact on disease course and outcome in Eastern and Western Europe. All patients have been followed every 3rd month from the time of diagnosis, while registering disease activity, medical and surgical treatment, disease activity and lab work. Currently data on quality of life during the initial year of disease, exposure to environmental factors, early disease course and treatment strategies in Europe are being finalised and the related publications are underway.

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JOHAN BURISCH
EpiCom Member
On behalf of the EpiCom Study Group

Pia Munkholm is New Professor in e-Health

It is with great pleasure that we can announce that Pia Munkholm from Denmark (honorary member of ECCO) has been awarded the first professorship in e-Health in Europe at the University of Copenhagen and Herlev University Hospital. Pia Munkholm, well known for her work in IBD epidemiology, has for more than ten years studied and worked with pattern recognition in IBD disease course, leading her to develop the "Constant Care" e-Health platform for disease monitoring and patient self-initiated treatment and empowerment. This work has now been recognised by a professorship whereby Pia Munkholm will continue developing and optimising the e-Health solution. The focus has so far been on IBD, where results have recently been published (Elkjaer, Gut 2010; Pedersen, APT 2012); however, the professorship will provide her with the opportunity to use the e-Health approach in chronic diseases from other fields of gastroenterology and hepatology as well as other medical and surgical specialties. Currently, Pia Munkholm is leading a Danish national project aimed at the implementation of web-based clinical disease monitoring in all adult and paediatric gastroenterology departments in Denmark. Pia Munkholm has been part of the ECCO Family for many years, working especially in SciCom and EpiCom and acting as the driving force behind the establishment of the EpiCom inception cohort. We wish her the best of luck!

Pia Munkholm © Pia Munkholm

JOHAN BURISCH
ECCO News Associate Editor

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Pouch Surgery in the Elderly: Revolution or Natural Evolution?

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

Ileal pouch-anal anastomosis (IPAA), first described by Parks and Nicholls in 1978, is the surgical approach of choice in medically refractory Ulcerative Colitis (UC), indeterminate colitis, familial adenomatous polyposis and a select subset of patients with Crohn's Disease. In the past, the complexity of the surgical procedure and the high complication rate, together with the potential for a poor functional outcome, have induced surgeons to perform pouch surgery very rarely in the older population. Although there is no defined age cut-off for patients undergoing IPAA, most surgeons would suggest 60 or 65 years as the upper limit. The low frequency of IPAA in older patients has probably been more influenced by prudence than by real evidence, given the feeling that older patients have higher co-morbidity and lower sphincter function. However, even considering the major series reported worldwide in the literature, the number of patients who have undergone a restorative proctocolectomy above the age of 65 years is very small.

IPAA is a very complex procedure, based on extended colorectal resection and autologous transplantation to create a new rectum using the small bowel, but it is also a "quality of life" surgery. After the 1990s, well past the "learning curve", IPAA remains a highly demanding operation, with a low mortality in elective settings (0.2-1%) but with considerable morbidity (28%-58%). However, the creation of high-volume referral centres and the technical improvements in minimally invasive approach have significantly reduced the morbidity, while use of the double-stapling technique instead of hand-sewn anastomosis has enhanced functional results.

Some recent papers from two of the North American referral centres, the Mayo Clinic and the Cleveland Clinic, have suggested that morbidity and mortality after IPAA are not influenced by patient age. However, UC surgery is performed in different settings, with different techniques and in single or multiple stages – All aspects that make it difficult to compare the series and data analyses. As is known, elderly patients have a higher incidence of co-morbid conditions, a higher ASA score and a longer disease duration, but most of the largest series have underlined that the incidence of postoperative medical complications is similar in the young and the old population, suggesting that the high morbidity rates are more likely to be related to the procedure rather than to pre-existing co-morbidities. These preliminary results seem to show that the incidence of anastomotic leaks and pouch-related septic complications and the IPAA failure rate do not differ between younger and older patients receiving surgery for UC. Also, the quality of life perceived after restorative proctocolectomy by the elderly is so good that this should help to overcome some hesitancy in performing IPAA surgery in patients older than 60-65 years.

Elderly patients constitute an increasing proportion of patients with IBD. In order to better understand surgical results in this subset of patients, S-ECCO is starting a multicentre study between the IBD centres of Milan (L.Sacco Hospital), Amsterdam (AMC) and Leuven (University Hospital). The aim of the study will be to evaluate the safety, efficacy and long-term outcomes of restorative proctocolectomy in patients older than 65 years. The following variables will be considered: preoperative therapy, surgical technique (laparoscopic vs. open surgery), number of operative stages (one vs. two steps), frequency of loop ileostomy, perioperative complications and functional outcome. The minimum follow-up will be 12 months from the time of ileostomy closure (or pouch activation).

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

3rd S-ECCO IBD Masterclass

February 19-20, 2014, Copenhagen, Denmark

The S-ECCO Committee is organising the 3rd IBD Surgical Masterclass on fistulising Crohn's Disease. Both peri-anal and abdominal perforating complications will be discussed by a panel of experts from different points of view. Particular attention has been paid to ensure recreation of the multidisciplinary approach that characterises daily clinical practice. On every topic, the medical and the surgical point of view will be actively discussed with the aid of clinical case presentations. The Masterclass will begin on the afternoon of Wednesday, February 19, 2014 with the first three sessions on the pathophysiology of penetrating Crohn's Disease, peri-anal disease and multidisciplinary approach to peri-anal Crohn's Disease. The fourth and fifth sessions will be on the morning of Thursday, February 20, 2014. In these sessions, intestinal fistulae as a primary consequence of complicated Crohn's Disease or surgical misadventure will be discussed.

The Masterclass has been designed to be of interest to both surgeons and gastroenterologists, and will be interactive and open to any contribution from the audience. I hope that every surgeon participating in the Masterclass will bring along a gastroenterologist from the same centre (or vice versa) in order to ensure a team-building experience.

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

8th N-ECCO Network Meeting

February 20, 2014, Copenhagen, Denmark

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

Copenhagen will host the 8th N-ECCO Network Meeting, inviting nurses with an interest in Inflammatory Bowel Disease (IBD) from all around Europe, on February 20, 2014. The N-ECCO Network Meeting aims to provide nurses with practical information and education on the daily life issues pertinent to patients with IBD, including sex and conception, the transition to adulthood and the management of fatigue, pain and urgency, which are often experienced but are not well addressed. The importance of these issues to patients will hopefully translate to interest for IBD nurses. The aim is to equip attendees with up-to-date theory and management options, with reference to and discussion of the recently published N-ECCO Consensus statements on the European nursing role in caring for patients with Crohn's Disease and Ulcerative Colitis.

The other opportunities not to be missed, include: The 5th N-ECCO School, which will take place on Wednesday, February 19, 2014 and will provide a basic course in IBD for any nurses who may be new to the field of IBD.

The first N-ECCO Research Forum, which will be held on Wednesday, February 19, 2014 and will aim to provide a forum for IBD nurses undertaking research across Europe, enabling them to gain support and direction and perhaps in time to collaborate on similar research issues.

Delegates are also invited to consider other workshops, such as the Young ECCO (Y-ECCO) Workshop, and the course Update in Paediatric IBD may be of interest.

N-ECCO is delighted to be continuing to grow and develop further opportunities for nurses and we would like to encourage you to take advantage of as many of these opportunities as possible! With such a range of activities, the education and invaluable networking should make Copenhagen the place to be next February. It would be lovely to see you there!

N-ECCO COMMITTEE

Update on ECCO-ESPGHAN Paediatric CD Guidelines

Participants of the ECCO-ESPGHAN Paediatric CD Consensus Meeting © ECCO Office

One priority for the Paediatric Committee of ECCO is the production of guidelines on the diagnosis and management of specific paediatric aspects of Inflammatory Bowel Disease (IBD). Up to now, the particular and often very challenging issues in children and adolescents with IBD have been only partially covered and there is a great need for consensus guidelines that will help and guide gastroenterologists and paediatricians who care for children with IBD.

The first step in producing paediatric guidelines was accomplished in summer 2012 with the publication of the combined ECCO-ESPGHAN Guidelines on the management of paediatric Ulcerative Colitis in the Journal of Paediatric Gastroenterology and Nutrition.

The process of producing guidelines on the management of paediatric Crohn's Disease (CD) was started in October 2012 (once more, this is a combined ECCO-ESPGHAN effort). The scientific committee for the CD guidelines generated a total of 25 items that were analysed by two or three members of the consensus panel using a thorough and systematic literature research. Once the items had been analysed and the first drafts with recommendations and practice points produced, they were discussed in two face-to-face meetings, allowing extensive weighting and balancing of the different aspects, always based on the evidence in the literature. After covering general aspects, specific items on the induction of remission and on maintenance therapy for paediatric forms of CD were generated and voted on by the expert committee as well as the National Representatives of ECCO. The final evaluation is underway and delivery of the final version is planned for late autumn 2013. In addition, specific algorithms have been generated, allowing in a very practical way the adaptation of management of a patient according to these guidelines; frequent and practical questions, e.g. concerning adaptation of treatment according to the presence or severity of growth retardation, can be easily addressed using these management algorithms. Publication of the combined ECCO-ESPGHAN Guidelines in the Journal of Crohn's & Colitis is scheduled for early spring 2014.

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

Dear Colleagues,

We hope you have had a great summer. The ECCO Officers had their administrative meeting in Vienna in June, at which they discussed current and future initiatives, and the Y-ECCO Committee is working hard to provide you with opportunities to connect with each other and to participate in ECCO activities. ECCO is not exempt from the pressures of the difficult financial times across Europe and the Y-ECCO Committee has had to make a few changes to the programme to accommodate this. Please find the updates on our activities below.

Y-ECCO Members continue to be a major contributor to the development of the e-CCO Learning programme. You can apply to participate in the ECCO Guidelines and in the development of e-CCO Learning cases that are part of the e-CCO Learning platform. Tim is managing this project. Pieter and Tim are currently developing a mentoring programme that will help you get in contact with senior ECCO Members for career advice.

Our Y-ECCO Workshop programme for the ECCO Congress in Copenhagen in 2014 has been finalised: "Presentation, networking and negotiation skills". This is a unique opportunity to acquire skills that are critical for your career in an informal atmosphere. This workshop is preceded on the same day by our novel Y-ECCO Ultrasound Workshop (in collaboration with EduCom and ESGAR). You will be able to learn the theory and practice of bowel ultrasound and its relevance for the management of IBD. Please note the articles by EduCom (p. 19) and Sebastian on these topics. You only have to come one day in advance and you will have two Y-ECCO events in a row! Please join us and sign up today! Unfortunately this year we will not be able to provide an organised and sponsored networking event. We are working on an alternative that will help you to get together in the evening after our two workshops.

Three Y-ECCO Members were chosen as co-Chairs for the ECCO Congress 2014! You can continue to apply for the Y-ECCO co-chairing programme for future ECCO activities, which offers an opportunity to chair a session alongside an experienced ECCO expert. Selections will be made on a competitive basis.

We are retaining the Y-ECCO Travel Awards, but have had to change them from a financial award to free registration for the Congress of the current year.

Please note the Y-ECCO Literature reviews. Pieter has worked with you to select relevant articles for publication in recent months. You can voice your opinion on landmark IBD papers and be featured in ECCO News with a picture of yourself!

Monica continues her Y-ECCO Interview corner. This time she talks to Séverine Vermeire, the future ECCO President. The Y-ECCO Interview was based on Monica's initiative.

A group of PhDs from the AMC in Amsterdam, The Netherlands is sharing their DDW experience with you. You can do the same! If you are visiting the ESCP (September 25-27, 2013, Belgrade) or ESGE (November 15-16, 2013, Budapest), just send us a note.

If you are interested in any Y-ECCO-related activities or if you have ideas for new projects, please let us know (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

Y-ECCO Report on Digestive Disease Week

May 18-21, 2013, Orlando, USA

The Digestive Disease Week 2013 was an exciting congress for clinicians and researchers with an interest in Inflammatory Bowel Disease (IBD). We attended several interesting presentations in dedicated IBD sessions. One of the topics extensively covered at this congress was vitamin D.

Of particular interest was the first talk at the AGA's Presidential Plenary. In this talk, Ananthakrishnan et al. presented their data on the risk of hospitalisation and surgery related to vitamin D status in IBD patients. They showed that both Crohn's Disease (CD) and Ulcerative Colitis patients with reduced plasma 25(OH)D had an increased CRP and a higher risk of surgery and hospitalisation. Furthermore, normalisation of vitamin D status was associated with reduced risk of surgery and IBD-related hospitalisations in CD.

Another hot topic was the novel drug vedolizumab, a monoclonal α4β7 integrin antibody that selectively blocks lymphocyte trafficking to the gut. The eagerly awaited results of the sustained effect of vedolizumab drew special attention, with three speeches in packed lecture halls. Rutgeerts et al. presented the sustained therapeutic benefit of vedolizumab over 52 weeks of therapy in patients with moderate to severe active CD who had failed on prior therapies. In those patients who responded well at week 6, vedolizumab treatment was associated with continuously declining CDAI scores and stable clinical remission rates during maintenance therapy. In addition, continued dosing with vedolizumab induced clinical remission among a proportion of patients who did not respond at week 6. Colombel et al. showed in an integrated safety analysis that vedolizumab has an acceptable safety profile.

Hanke Brandse, Jessica de Bruyn, Alon Levin
© Jessica de Bruyn

Together with 40 other PhD students from the Academic Medical Center Amsterdam, The Netherlands, we had rented four spacious houses in nearby Orlando, accommodated with comfortable (crocodile free) Orlando swimming pools. And of course, after long congress days, the scientific hunger had to be satisfied with PhD student menus consisting of classic American burgers and a significant amount of drink. Further social activities included a Dutch evening, a Florida barbeque and finally a cooling down at the IBD party in the local Ice Bar. It's tough living the research life!

JESSICA DE BRUYN, HANKE BRANDSE, ALON LEVIN
Department of Gastroenterology and Tytgat Institute for Liver and Intestinal Research, Academic Medical Center Amsterdam, The Netherlands

Update on Y-ECCO activities

Y-ECCO Congress Award

Y-ECCO proudly offers the Y-ECCO Congress Awards for Copenhagen 2014. The best 5 abstracts submitted by Y-ECCO will be chosen and the first authors will receive free registration for the conference and special recognition at an award ceremony. All you need to do is submit an abstract to the ECCO Congress! Good luck!

FLORIAN RIEDER
Y-ECCO Chair

Congratulations!

Our Y-ECCO Committee Member Timothy Raine has received a Letter of Recognition from the ECCO President, Simon Travis. Tim was distinguished for his substantive contributions to the e-CCO Learning initiative, managing the Y-ECCO efforts to help build a high-quality educational programme. Please join me in congratulating Tim.

FLORIAN RIEDER
Y-ECCO Chair

Participate in the Y-ECCO trainee survey

The Y-ECCO trainee survey is nearing its end ... but still desperately needs your help! We set out to study whether current gastroenterology trainees intend to follow an academic career path (or not), what their motivations were (either way) and whether they had the necessary opportunities to fulfil their goals. So far we have received more than 500 responses, making this the largest ever study of its kind. We are closing the data collection soon but if you haven't completed the survey, PLEASE DO!! It's at www.surveymonkey.com/s/YECCOsurvey.

It only takes 5 minutes and all participants will be entered into a draw to win one of three free memberships to ECCO for one year. Please make your voice heard and help us ensure that the IBD community allocates appropriate funds and opportunities to secure the future of IBD research.

JAMES LEE
Y-ECCO Committee Member

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

Timothy Raine © ECCO Photographer

Call for Y-ECCO Members to participate in e-CCO Learning

ECCO is currently undertaking a major effort to expand the provision of e-CCO Learning materials through its website across a range of IBD-related topics. In particular, Y-ECCO Members are being sought to participate in a range of writing topics, under the guidance of senior experts in the field, in order to generate case-based learning material. Full writing support will be provided. Where relevant, work will also involve full participation in related clinical guideline development teams. Y-ECCO Members interested in participating in this exciting new project should contact Tim Raine (timraine@doctors.net.uk).

TIMOTHY RAINE
Y-ECCO Committee Member

Invitation to the 7th Y-ECCO Workshop – February 19, 2014, Copenhagen, Denmark

Dear Members and Friends of Y-ECCO,

We cordially invite you to join us for the 7th Y-ECCO Workshop in Copenhagen. The programme will focus on soft skills in academic medicine and will feature two outstanding speakers (Tony Lingham and Eric Dixon) who are internationally renowned experts in the fields of management and communication. In two interactive and entertaining sessions, you will get to practice your negotiation and networking skills and will learn invaluable tips and tricks for presentation and communication. Afterwards, we invite you to join us for an informal networking event with snacks and drinks.

We proudly announce that the 7th Y-ECCO Workshop will, for the first time, be open to everyone. Y-ECCO Members will receive preference and 10 tickets will be reserved for N-ECCO. The workshop will be limited to the first 100 applicants, so we strongly encourage you to register today.

We look forward to seeing you in Copenhagen in 2014!

SEBASTIAN ZEISSIG
Y-ECCO Committee Member

Y-ECCO Interview corner

Dear Y-ECCO Members,

It's a pleasure to introduce the third interview in the "Y-ECCO Interview corner", with Séverine Vermeire.

The rationale of the "Interview corner" is to perform a short interview with a senior ECCO Member, in order to provide advice to young doctors on how to pursue a career in IBD.

The next interview will be with Renzo Caprilli. We would really appreciate your contribution in suggesting questions of interest to the ECCO Office under ecco@ecco-ibd.eu. Looking forward to hearing from you.

Yours sincerely,

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

Monica Cesarini © Monica Cesarini

Monica interviews Séverine Vermeire

Séverine Vermeire © ECCO Photographer

Which was the most important professional experience in improving your career?

I do not think that any ONE single experience made the difference, but rather a series of events that took place during and after my PhD. I believe my stays abroad (in Oxford during my PhD and in Montreal after my PhD) were certainly very important in encouraging me to get out of my comfort zone, to go and see (and compare!) how things are done elsewhere, to learn, of course, and to meet and interact with various people within but also beyond my direct field of work and research. I think it is very important to have an open mind, to look beyond one's own niche and to seek the people with expertise in a specific field.

Second, one should always maintain the link with patients. Patients are central to all the research we are doing in Leuven, not only because they often drive new research questions, but also because our scientific work gains greatly in validity and importance (and satisfaction!) when we can use our results to improve knowledge or management of patients.

Finally (and I have had long evening discussions on this with IBD experts who don't always agree!), I think that holding a number of positions has had a substantial impact. Examples include becoming Associate Editor of GUT, a member of the UEGF Scientific Committee, a member of ECCO SciCom, and later ECCO Secretary and currently President-elect of ECCO.

Is it possible to be a good clinician and researcher at the same time?

I believe you can if you balance both and it is often here that the difficulty lies as we are all so sucked in by the clinic. I do believe this is more of a problem in Europe than maybe in the United States, but before you ask, "So why don't you move then?", I want to stress that there are also many good aspects of medicine in Europe: I think we offer an excellent quality of care, most of us are OURSELVES involved in the complete care of our patients (= we do the clinics, we follow patients when they become hospitalised, we do their endoscopies, we take samples from them, we perform research on those samples, and we report back to the patients!). So we participate in the complete circle.

There are some caveats: First, learn to say NO! Not all invitations are worth accepting (but some are!) and please ask yourself, "What is in it for me? Will I learn from this meeting? Are there key opinion leaders attending whom I want to meet?" etc.

Second, be organised! Concentrate clinical work (I do two clinics per week, of which one is the famous IBD clinic on Thursday where the whole team sees 100 patients. I have one fixed day of endoscopy per week, I have my fixed lab meeting per week, etc. (This seems so ideal when I say this….! I wish it could always be like this! Haha!)

What's your advice for young doctors?

It is a cliché but you don't get anything for free in life, so if you want to achieve something, you have to work hard. Move abroad while you still can (I realise that once there is a family and kids this often becomes more of a challenge), explore the rest of the IBD world, but also "be patient" and don't expect "gifts": Respect needs to be earned and this you do by publishing and by active participation in meetings (I am so astonished about the lack of young people approaching microphones during meetings!). I am also a very big "anti-fan" of moving to other means of interaction during meetings, such as smart phones. I think there needs to be a 'live' interaction and standing up in public is part of the training of a young upcoming expert!

Finally, if you want to get organised and build a team, look first of all at whether there is the patient potential. Second, start an electronic database and biobank! This is important for (clinical and basic) research, easy access to samples and numbers of patients to be studied and is also a great resource for case presentations to teach and pictures (keep a list!). Advertise (website, newsletters) and invest in one study nurse and in a PhD student and lab technician: In this way you will have your own mini-team which can start to grow!

What's the future in the IBD field?

The future is Y-ECCO, with all the young bright and ambitious minds!

Seriously, we'll need to focus more on early life events (foods, infections, etc., during childhood) and on developing countries: We should not wait until the disease also becomes prevalent in these countries before we embark on studies – This should happen now and the necessary funds should be made available to do it.

Another important aspect of the future is medicine at home, with more responsibilities for patients and home monitoring.

MONICA CESARINI
Y-ECCO Interview corner Admin

Dear Y-ECCO Members,

During the last few years, the Y-ECCO Literature reviews have become a fixed and well-received part of ECCO News and we are happy to continue with them. The purpose of the literature reviews is to highlight the most recent landmark articles within the field of IBD.

We offer every Y-ECCO Member the opportunity to participate in this Y-ECCO initiative. After choosing a timely and relevant article, you summarise the key findings and relevance of the paper in one page. Your review will then be published together with a personal picture and a short self-description. This means it is the ideal way to introduce yourself to the ECCO Community!

If you are interested in writing a literature review or if you have any questions, please send an email to pieter.hindryckx@ugent.be.

PIETER HINDRYCKX
Y-ECCO Committee Member
On behalf of Y-ECCO

Incidence and phenotype of Inflammatory Bowel Disease based on results From the Asia-Pacific Crohn's and Colitis Epidemiology Study

Ng SC, Tang W, Ching JY, Wong M, Chow CM, Hui AJ, Wong TC, Leung VK, Tsang SW, Yu HH, Li MF, Ng KK, Kamm MA, Studd C, Bell S, Leong R, de Silva HJ,Kasturiratne A, Mufeena MN, Ling KL, Ooi CJ, Tan PS, Ong D, Goh KL, Hilmi I, Pisespongsa P, Manatsathit S, Rerknimitr R, Aniwan S, Wang YF, Ouyang Q,Zeng Z, Zhu Z, Chen MH, Hu PJ, Wu K, Wang X, Simadibrata M, Abdullah M, Wu JC, Sung JJ, Chan FK; Asia-Pacific Crohn's and Colitis Epidemiologic Study(ACCESS) Study Group.
Gastroenterology 2013;145:158–65.

Introduction

High geographical variability of Inflammatory Bowel Disease (IBD) has been observed [1, 2]. In developed countries, the incidence of IBD has increased markedly over the past 50 years, suggesting an influence of environmental factors associated with the industrialisation and urbanisation of societies [3, 4]. In developing countries, information on trends in the incidence of IBD is lacking. It seems, however, that IBD is going to emerge in countries in which the disease has previously had a low or extremely low incidence. Correspondingly, in Asia hospital-based studies have shown an increased number of treated patients. It is therefore important to perform further epidemiological studies in countries where IBD is emerging. The emergence of IBD in developing countries or regions where IBD prevalence was previously low or non-existent suggests that the development of IBD may be influenced by changing environmental risk factors. Collecting prospective information on environmental and "modern" lifestyle exposure factors over time in developing countries undergoing rapid socio-economic changes and westernisation would provide a unique opportunity to study the role of such risk factors on the aetiology of IBD. The potential increase in IBD in developing countries also has repercussions in terms of planning and organisation of healthcare resources.

What this paper is about

This paper reports results from a prospective population-based study conducted by the Asia–Pacific Crohn's and Colitis Epidemiology Study (ACCESS) in nine countries across Asia-Pacific. The study was performed during 1 year in 12 cities in eight Asian countries (mainland China, Hong Kong, Indonesia, Macau, Malaysia, Singapore, Sri Lanka and Thailand) and Australia. The aims were to obtain up-to-date incidence rates for IBD and to describe differences in clinical, demographic and therapeutic characteristics of patients with Crohn's Disease (CD) and Ulcerative Colitis (UC).

The main challenges of the present study were the ability to conduct it in Asia-Pacific countries that do not have universal health systems or registries with accurate and uniform coding for diagnostic and therapeutic procedures. Much attention had to be given to definition of the catchment area, the identification of a sufficiently large at-risk population against the background of the low expected incidence, and dissemination of information during the study.

Key findings

A total of 419 new IBD cases were identified (232 UC, 166 CD and 21 indeterminate colitis). The crude IBD overall incidence rate per 100,000 was 1.37 (95% CI 1.25-1.51); this rate was 1.15 (95% CI 1.03-1.28) in Asia compared to 23.67 (95% CI 18.46-29.85) in Australia. In Asia, incidence rates of UC were higher than those of CD, except in Bangkok, whereas the opposite was observable in Australia. IBD incidence rates varied across countries in Asia, from 0.54 to 3.44 per 100,000 people, with the highest rates reported in the most urbanised areas. Disease location was similar between Asian and Australian patients, both for CD (31% ileum, 24% colonic, 45% ileocolonic and 5% including upper gastrointestinal tract) and for UC (37% vs. 32% proctitis, 32% vs. 37% left sided and 31% vs. 41% extensive colitis). Complicated disease behaviour (stricturing, penetrating or peri-anal disease) was more frequent in Asia than in Australia (52% vs. 24%; $p<0.001$). Smoking habits were not significantly different between Asian and Australian patients. Mesalazine and corticosteroids were more frequently prescribed at diagnosis in Australia compared to Asia, as were topical therapeutics for UC.

Conclusion

This study highlights several points. The most important is the confirmation that IBD has started to emerge in Asian countries. Although IBD incidence rates were lower in Asia than in the West, they had increased as compared to observations made in previous studies, especially in East Asia [5-8]. It is also of interest that the highest rates were reported in the most urbanised area. Results confirmed the high incidence of IBD in Australia [9], where environmental risk factors and genetic background might be shared with other industrialised countries in Europe or the United States. Smoking history did not significantly differ between Asian and Australian patients; therefore this known risk factor could not explain the observed geographical variability. CD phenotypes appeared to be more complex for Asian patients, but, as stated by the authors, this may be partly explained by underreporting of mildly affected IBD subjects, who might first choose to search for alternative or complementary therapy. Other hindrances in capturing mild cases might be the limited or non-uniform access to healthcare facilities, patient awareness of the disease and diagnostic challenges due to overlap of symptoms with infectious diseases. The emergence of IBD in Asia indicates that environmental factors seem to play an important role in the pathogenesis of the diseases. Further prospective studies exploring the impact of Western lifestyle exposure factors are needed in Asian countries. CD patients seem to have more complicated disease behaviour than expected. IBD has become a public health problem, for which future consideration is urgently required.

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© Valérie Pittet

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Valérie Pittet is a senior scientist working at the Institute of Social & Preventive Medicine in Lausanne. She actively participated in the development of the Swiss IBD cohort study. Her main interests are epidemiology of IBD, appropriateness of care and patient-centered research.

Risk of colorectal high-grade dysplasia and cancer in a prospective observational cohort of patients with Inflammatory Bowel Disease.

Beaugerie L, Svrcek M, Seksik P, Bouvier AM, Simon T, Allez M, Brixi H, Gornet JM, Altwegg R, Beau P, Duclos B, Bourreille A, Faivre J, Peyrin-Biroulet L, Fléjou JF, Carrat F; CESAME Study Group.
Gastroenterology. 2013 Mar 27. Epub ahead of print

Introduction

Patients with longstanding Ulcerative Colitis (UC) and Crohn's Disease (CD) are at increased risk of developing colorectal cancer (CRC) [1]. It is commonly accepted that CRC develops along the inflammation–dysplasia–carcinoma sequence, as is reflected by the fact that extent, severity and duration of colitis are the main risk factors for developing CRC.

Although numerous studies have investigated the risk of CRC in Inflammatory Bowel Disease (IBD) patients, their results show wide heterogeneity and therefore there is still debate on whether and to what extent the risk of CRC is increased in patients with IBD [2]. An interesting observation from recently published cohorts is that the risk of CRC seems to be declining [3]. A popular hypothesis is that this decline is due to chemopreventive effects of mesalamine and immunosuppressive agents, although there is no strong evidence to support this [4,5].

Key findings

In the current prospective cohort study, the authors used data from the CESAME cohort to investigate the risk of high-grade dysplasia (HGD) and CRC in patients with IBD and to assess whether thiopurine exposure reduces this risk. The CESAME cohort is a large observational cohort of almost 20,000 IBD patients specifically created with the aim of investigating the occurrence of malignancies among IBD patients. In total, 680 French gastroenterologists were asked to include all IBD patients during a 1-year period and to report all cases of malignancy in these patients during a 3-year follow-up period. Furthermore, they were asked to record all changes in immunosuppressive treatment during interim visits. Data on the incidence of CRC in the background population were obtained from the Network of French Cancer Registries to compare the observed incidence of CRC in the IBD population with the expected number of CRCs and to calculate standardised incidence ratios (SIRs).

During follow-up, a total of 20 patients (0.1%) were diagnosed with HGD and 37 (0.2%) with CRC. For the total cohort this resulted in a significant increase as compared to the background population (SIR 2.2, 95% CI 1.5–3.0). Upon closer inspection, the risk of HGD and CRC was especially increased in the subgroup of patients with longstanding (>8 years' disease duration) and extensive (>50% of colonic mucosa previously inflamed) colitis, with an SIR of 7.0 (95% CI 4.4–10.5). Patients without longstanding extensive colitis had a similar risk to the background population of developing HGD or CRC (SIR 1.1, 95% CI 0.6–1.8). Interestingly, only 2,841 patients (15%) among the study population had extensive longstanding colitis.

The authors also reported that patients (30%) on thiopurine maintenance therapy had a reduced risk of developing HGD or CRC, with a hazard ratio of 0.62, although this was not statistically significant (95% CI 0.31–1.26). Among patients with longstanding extensive colitis, however, they found a 72% reduction in risk of HGD and CRC, which was statistically significant. This protective effect remained when only CRC was included as a primary end point and also after multivariate analysis to correct for confounders such as age, gender, IBD type and duration.

Unfortunately, the authors were unable to investigate the influence of co-medication with potential chemopreventive effects such as mesalamine and anti-TNF on the risk of CRC. Furthermore, the authors were unable to correct for the amount of (surveillance) colonoscopies as a possible confounder.

Conclusion

This large, prospective cohort study by Beaugerie et al. once again underscores that the risk of CRC is increased among IBD patients in general, but that this is mainly driven by a small percentage of patients with extensive and longstanding inflammation. This underscores the need to allocate interventions to reduce the risk of CRC, such as endoscopic surveillance, to high-risk patients only.

Secondly, the authors show that thiopurine maintenance therapy reduces the incidence of HGD and CRC among patients with longstanding extensive colitis. These results provide an extra incentive to prescribe thiopurines, although it is probably not enough to prescribe thiopurines solely for chemopreventive purposes, especially considering the increased risk of other malignancies such as skin cancer and lymphoma. Since there are now two large observational cohort studies showing a reduced risk of CRC among IBD patients using thiopurines, future studies should focus on unravelling the precise mechanism behind this reduced risk of CRC.

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Early administration of azathioprine versus conventional management of Crohn's Disease: A randomised controlled trial

Cosnes J, Bourrier A, Laharie D, Nahon S, Bouhnik Y, Carbonnel F, Allez M, Dupas JL, Reimund JM, Savoye G, Jouet P, Moreau J, Mary JY, Colombel JF; Groupe d'Etude Thérapeutique des Affections Inflammatoires du Tube Digestif (GETAID).
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Introduction

Therapy with immunomodulators has no clear effect on disease progression and rate of surgery in Crohn's Disease (CD), although efficiency was demonstrated long ago [1,2]. In children, early treatment with azathioprine has been found to result in a reduced need for prednisolone and lower relapse rates [3,4]. The reason for this lack of effect on disease progression might be delayed prescription of the drug. The aim of the presented study was therefore to evaluate the concept of early azathioprine therapy in adult patients with CD.

What this paper is about

Between 2005 and 2010, 147 CD patients were randomised in this 3-year, multicentre, parallel, open-label trial (ClinicalTrials.gov number: NCT00546546), the selection criteria being diagnosis of CD within the preceding 6 months and high risk of disabling disease (age <40 years, active peri-anal disease or administration of corticosteroids within 3 months of diagnosis). Of the 132 patients who completed the study, 65 were assigned to the early azathioprine group and immediately received azathioprine, while 67 were allocated to the conventional group in which azathioprine was introduced only when chronic active disease, dependency or poor response to steroids occurred. Disease activity was measured by CDAI at weeks 6 and 12 and then every 3 months. In addition, physical examination and laboratory tests (CRP, blood count, liver tests) were performed. Patients filled out questionnaires (IBDQ) at months 12, 24 and 36.

The primary endpoint was the proportion of trimesters spent in steroid-free and anti-tumour necrosis factor-free remission without active peri-anal disease or need for hospitalisation or surgery related to CD during the first 3 years after inclusion. Secondary endpoints were proportions of trimesters with flare (CDAI>150), CD-related hospitalisation, active peri-anal disease, surgery, steroid use or anti-TNF use, and values of CDAI, CRP and IBDQ.

Interestingly, there was no significant difference in remission rate between the early azathioprine group and the conventional group (67% vs. 56%, p=0.69). Although the proportion of trimesters with flare, hospitalisation, intestinal surgery and use of anti-TNF was similar in both groups, the early azathioprine group had fewer active peri-anal lesions (14% vs. 27%, p=0.049) and reduced need for peri-anal surgery (3% vs. 13%, p=0.04). Additionally, there was no significant difference between the groups regarding CDAI or CRP levels at any time point. Values for IBDQ were lower in the early azathioprine group at 24 months (168 vs. 188, p=0.03) but not at 12 or 36 months. Safety evaluation revealed frequent intolerance to azathioprine in both groups, including pancreatitis, flu-like illness and hepatotoxicity.

Conclusion

Although this study failed to demonstrate superiority of early treatment with azathioprine in high-risk CD patients regarding the duration of remission, this "accelerated step-care" concept reduced peri-anal complications and surgical interventions. The SONIC and AZTEC trials demonstrated only modest efficacy of azathioprine monotherapy in the early phase of CD [5,6]. The different results between adult and paediatric CD patients regarding the impact of accelerated treatment on disease course could be due to the more aggressive disease course in children, with extensive and rapid disease progression and increased activity [7,8].

It is of note that in the presented study, the difference in the median delay of first azathioprine prescription between the groups was only 11 months, which could be one reason for the lack of a clear difference in treatment efficacy. Interestingly, a proportion of patients in the conventional group did not require any immunomodulators or biologics although they have been considered at a high risk of disabling disease.

Since the first 3 years are the most important in shaping CD progression [9], this study clearly reinforces the need for better predictors and biologic markers of disease course, enabling us to decide on the best individual therapeutic management.

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JCC Impact Factor 2012: 3.385

In June, the Journal of Crohn's & Colitis (JCC) received its excellent 2012 Impact Factor of 3.385

JCC has performed extremely well over recent years and has doubled the total number of citations compared to 2011. The Impact Factor has increased from 2.566 in 2011 to 3.385 in 2012 (an increase of 32%) and the number of submitted papers has increased significantly. These achievements indicate that JCC has become the rising star among the journals in the IBD field.

The journal publishes original articles, review papers, editorials, leading articles, viewpoints, case reports, innovative methods, abstracts and letters to the editor. JCC is published every month (12 issues per year) and covers the knowledge and science related to Inflammatory Bowel Diseases: The aims are to update, innovate and challenge.

We have witnessed tremendous growth in the number of original manuscripts submitted to the JCC, leading us to increase the number of annual issues from 6 in 2011 to 10 in 2012 and finally to 12 in 2013.

The current acceptance rate for original articles is 20.8% and it is very exciting to see that papers are being submitted from all regions of the world. In 2012, the majority of papers were still submitted from Europe and Israel (around 60%), followed by papers from Asia in second place and from the United States and Canada in third place. In total, 542 papers were submitted to JCC in 2012 compared to 358 in 2011.

In addition, ECCO has invested greatly in further developing and increasing the number of IBD guidelines and guideline updates which will be submitted to the JCC.

Upcoming ECCO Guideline Publications

Upcoming ECCO Guidelines to be published in JCC will comprise the ECCO-ESPGHAN Paediatric CD Consensus, ECCO Opportunistic Infections Consensus Update and ECCO Endoscopic Consensus; further ECCO Guidelines will include the ECCO Anaemia Consensus, ECCO Consensus on Surgery in UC, ECCO Crohn's Disease Consensus Update, ECCO Reproduction Consensus Update and ECCO Malignancy Consensus.

We truly hope that the success of the JCC and the recognition of our journal as an authoritative platform for IBD science will encourage you to keep submitting your scientific work to the JCC, and we look forward to receiving it!

MIQUEL GASSULL
Editor-in-Chief of JCC

Miquel Gassull © ECCO Photographer

Results of the 2013 ECCO National Representative Survey

Involving ECCO Country Members and ECCO National Representatives is pivotal to the development of ECCO. ECCO National Representatives can be considered as the driving force and ambassadors of ECCO – A role which brings recognition, but also tasks and responsibilities

From the inception of ECCO in 2001 there have been National Representatives from each Member Country, providing insights into their national IBD issues and contributing to the development of ECCO. ECCO would like to take this opportunity to thank all current and past National Representatives for their efforts and willingness to commit themselves to ECCO's mission, which is to improve the care for patients with IBD across Europe.

The vigour of ECCO derives from its ethos of providing opportunities for new members and young people. National Representatives are a key component of ECCO's interaction with its members and their societies in different countries in order to help ECCO to achieve its goal of improving care by means of education of advanced trainees, dissemination of practice guidelines through workshops, facilitation of research through ECCO Fellowships and Grants and interaction with national patient-based organisations.

In order to develop and improve ECCO's relationships with its Country Members and to gain an insight into the current IBD situation in each country, the ECCO National Representatives were asked for their feedback via a survey conducted in the first half of 2013. Out of 31 ECCO Country Members, 24 participated in the survey and answers came from 42 out of 60 National Reps (Ireland and Slovakia only had 1 National Rep each at that time).

The survey included two main topics:

1. Current relationship between ECCO and the Member Country
2. Information about IBD in the Member Country

The ECCO Governing Board has carefully reviewed all responses and will take them into consideration when decisions are made.

Current relationship between ECCO and the Country Members

Results of the 2013 ECCO National Representative Survey showed that two-thirds rate the support of ECCO for their country as good or outstanding. 80% stated that the performance of the ECCO Governing Board is good or outstanding (thank you!). In the ECCO National Representatives' Survey 2012, the National Representatives were asked about their opinion on the roles and responsibilities of ECCO National Representatives. This year, they were asked whether they agreed with their roles and responsibilities, which was confirmed by 100%. Furthermore, the National Representatives were asked whether ECCO could do anything else to improve the interaction with the National Representatives apart from the General Assembly, Strategic Council Meeting and face to face meetings. Results showed that most are content with the current interaction.

Information about IBD in the Member Country

Most countries have between 50 and 300 hospitals (Figure 1), with the majority in public rather than private practice (around 75% vs. 25%, Figure 2). In most countries, IBD nursing is not a recognised specialty and only a small number of nurses are specialised in IBD (many countries have less than 20 IBD nurses). In contrast, all countries but one have surgeons with a particular interest in IBD and all countries have paediatricians with such a particular interest. 95% responded that a registry of IBD patients was in place at their hospital, yet only 40% of the ECCO Country Members who responded also have a national registry for IBD patients. Furthermore, results showed that several drugs for IBD are unavailable for public sector patients in the 24 ECCO Member Countries who responded: Certolizumab (71%), Adalimumab (46%), Budesonide (42%) and Infliximab (33%). Four of the 24 (17%) said that all the drugs were available in their country. Finally, National Representatives were asked about the existence of an IBD specialist society in their country, which was confirmed by 80%.

The Governing Board wants to thank all the National Representatives who replied to the survey. The feedback has been very helpful in gaining a better view of the current IBD situation in ECCO Member Countries as well as in obtaining the National Representatives' opinions on the current and future relationship between ECCO and their country. I also want to add my personal thanks and appreciation for the work which has been done by our National Representatives on ECCO's behalf, even though there is more to come!

SIMON TRAVIS
ECCO President
On behalf of the ECCO Governing Board

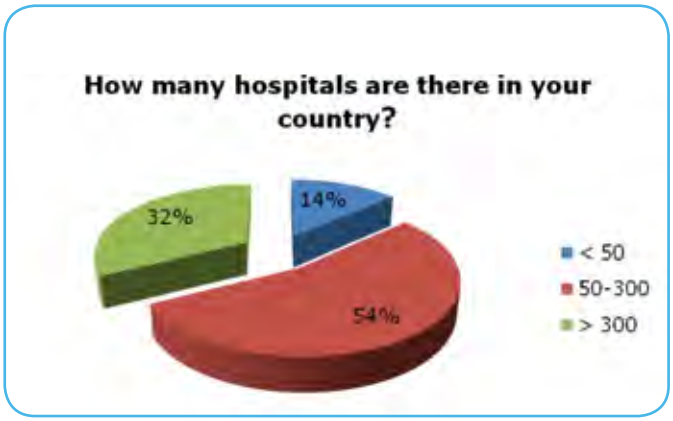


Figure 1 © ECCO Office

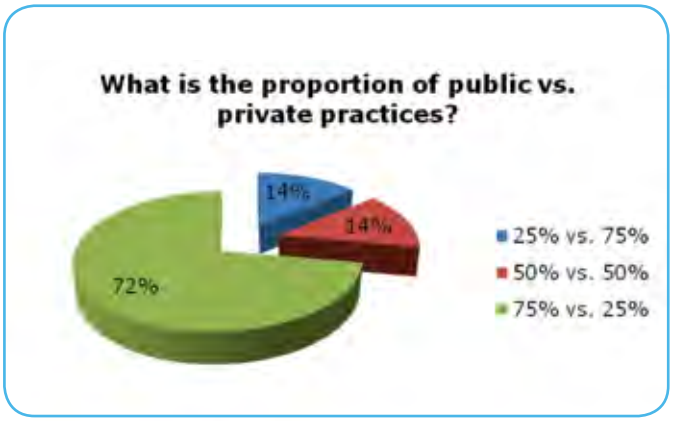
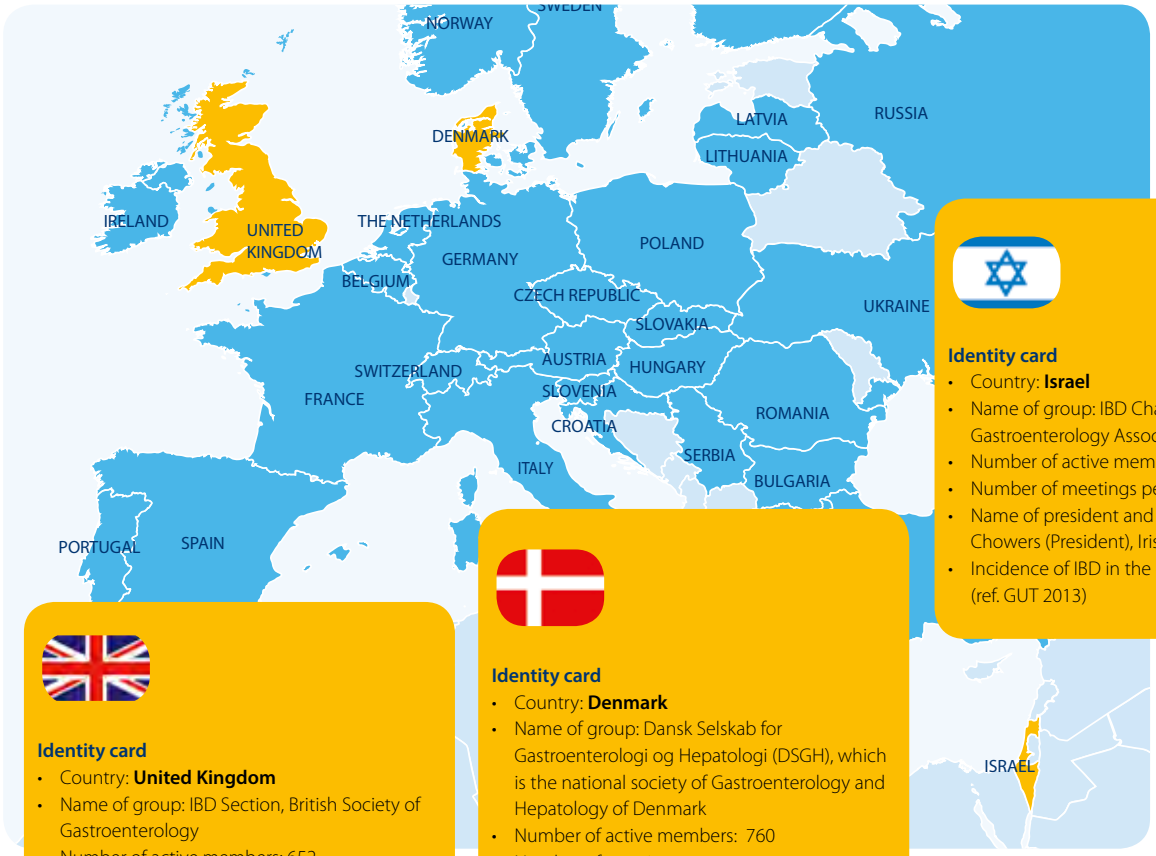


Figure 2 © ECCO Office

Unfortunately, no response was received from the following countries: Belgium, France, Ireland, Russia, Slovakia, Slovenia, Turkey

ECCO Country Member Profiles



Identity card

- Country: **United Kingdom**
- Name of group: IBD Section, British Society of Gastroenterology
- Number of active members: 652
- Number of meetings per year: Two-monthly teleconferences plus meeting at annual BSG meeting
- Name of president and secretary: Chris Probert (President), Jayne Eaden (Secretary)
- Incidence of IBD in the country: ~2:10,000/year

Identity card

- Country: **Denmark**
- Name of group: Dansk Selskab for Gastroenterologi og Hepatologi (DSGH), which is the national society of Gastroenterology and Hepatology of Denmark
- Number of active members: 760
- Number of meetings per year: 4
- Name of president and secretary: Flemming Bendtsen (President), Niels Kristian Aagard (Secretary)
- Incidence of IBD in the country: Ulcerative Colitis 13/100,000; Crohn's Disease 8/100,000

Identity card

- Country: **Israel**
- Name of group: IBD Chapter of the Israel Gastroenterology Association
- Number of active members: 40
- Number of meetings per year: 4
- Name of president and secretary: Yehuda Chowers (President), Iris Dotan (Secretary)
- Incidence of IBD in the country: CD 8.4, UC 4.2 (ref. GUT 2013)

Questionnaire – DENMARK

How did your national group start?

There is no specialised national IBD group in Denmark, since IBD traditionally has been covered by the general national society (DSGH).

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

The society is open to all Danish doctors and others with an interest in gastroenterology or hepatology following written application. It is managed by a board of seven members who are elected, including the president, at the Annual General Meeting.

When did your national group join ECCO?

DSGH has long been an ECCO Country Member (since 2004).

What are your main areas of research interest?

Denmark has a long tradition in epidemiological research into IBD as well as clinical trials and basic studies in cell biology and immune pathogenesis.

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

No. There are only local databases and bio banks, but a current DSGH project aims to establish a nationwide database for biological treatment.

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

There have been numerous individual contributions in various areas of research, including epidemiology, basic science and optimisation of anti-TNF alpha treatment, among others.

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

Individually organised activities have mainly been in the fields of epidemiology, reproduction and loss of response to anti-TNF-alpha treatment.

What are your aims for the future?

Continued research with a broad focus on nationwide studies, including biological treatment.

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

By continued focus on annual congresses and high-quality guidelines as points of reference.

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

Many individual members of DSGH are actively involved in research and the annual ECCO Congress is useful for scientific update and networking. Likewise ECCO Guidelines are useful points of reference.

JØRN BRYNSKOV, TORBEN KNUDSEN
ECCO National Representatives, Denmark

Questionnaire – ISRAEL

Shomron Ben-Horin © Shomron Ben-Horin

Shmuel Odes © Shmuel Odes

How did your national group start?
Some 25 years ago the Israel Gastroenterology Association decided to form "interest groups" in specific gastroenterological and liver topics. The IBD group was among the first such groups.

How is your group organised in terms of new members joining the group, meetings, election of president etc.?
Any gastroenterologist with an interest in IBD may join. Elections are held periodically for the positions of president, secretary and two committee members.

When did your national group join ECCO?
At the very inception of ECCO, when Yehuda Chowers was instrumental "in setting the ball rolling" together with the other "founding fathers".

What are your main areas of research interest?
Epidemiology, immunopathogenesis of IBD, drug mechanisms and treatment efficacy, mechanisms of disease causation and progression.

Does your centre or country have a common IBD database or bio bank?
Both are under construction.

What are your most prestigious/interesting past and ongoing projects?
Past achievements are listed above. Current national projects include the setting of the national registry and the bio bank in addition to a multicentre Israeli consortium supported by the Helmsley fund to investigate various aspects of CD.

Which ECCO projects/activities is the group currently involved in?
Epidemiology (adult and paediatric IBD), biological markers, paediatric IBD, opportunistic infections, CONFER project.

What are your aims for the future?
National database, with bio bank, country-wide research into epidemiology, patient concerns, aetiology and early detection of progression of disease, role of the video-capsule, health economics, improving biological and conventional drug efficacy.

How do you see ECCO helping you to fulfil these aims?
ECCO is very helpful in promoting collaborative research between our centres and ECCO centres in other countries.

What do you use ECCO for? Network? Congress? How do you use the things/services that ECCO has to offer?
Interactions with colleagues at meetings, exchange of knowledge and planning of joint research. ECCO is a tremendous organisation that facilitates networking and collaborations, provides educational resources for IBD physicians and promotes joint research opportunities, to name just a few of its great benefits and merits.

SHOMRON BEN-HORIN, SHMUEL ODES
ECCO National Representatives, Israel

Questionnaire – UNITED KINGDOM

Peter Irving © Peter Irving

Chris Probert © Chris Probert

How did your national group start?
The British Society of Gastroenterology was formed in 1937 and currently has more than 3,500 members. All members are entitled to join sections of subspecialty interest, of which IBD is one. Nearly 20% of the BSG membership are part of the IBD section.

How is your group organised in terms of new members joining the group, meetings, election of president etc.?
All members of the British Society of Gastroenterology are permitted to join the IBD section. The section committee is elected for 3-year terms by the membership of the IBD section and the Chairman and Secretary are decided by the committee. There are elected section members, an elected trainee member as well as representation from the nurses' section, the adolescent section and the surgical section and from Crohn's and Colitis UK, the national patient organisation.

When did your national group join ECCO?
The UK group joined ECCO in 2003.

What are your main areas of research interest?
Within the UK there is a wide variety of basic science, translational and clinical research. Recently, there has been an increase in the number of collaborative projects including, for example, pharmacogenetic studies aimed at identifying genetic markers of side-effects of commonly used drugs in IBD as well as studies investigating the efficacy of azathioprine postoperatively, comparing cyclosporine with infliximab in Acute Severe Ulcerative Colitis and exploring the role of stem cell transplantation in refractory Crohn's Disease.

Does your centre or country have a common IBD database or bio bank?
The IBD registry was launched this year at the British Society of Gastroenterology meeting in Glasgow. The IBD registry will provide the first ever UK-wide repository of anonymised IBD adult and paediatric patient data for prospective audit and research purposes.

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

Which ECCO projects/activities is the group currently involved in?
The UK is widely represented throughout ECCO Committees. The current President of ECCO, Simon Travis, is from the UK and there are representatives from the UK on EduCom, ClinCom, GuiCom, S-ECCO, Y-ECCO and N-ECCO.

What are your aims for the future?
The IBD section of the BSG aims to continue to drive up the quality of care for IBD patients and to support the patient organisation in representing the needs of people with IBD. In addition we will continue to support and encourage collaborative research both within and outside the UK in order to advance our understanding of the key scientific and clinical questions that face us.

How do you see ECCO helping you to fulfil these aims?
ECCO facilitates interaction across countries at both individual and national level. It enables us to learn from the experiences of others and allows us to use examples of clinical, service and research excellence from outside the UK to guide our own development. The educational opportunities provided by ECCO contribute to this substantially and we hope that the UK's contribution to ECCO is similarly valuable to other member countries.

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

PETER IRVING, CHRIS PROBERT
ECCO National Representatives, United Kingdom

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