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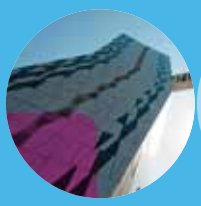
ECCO News WINTER



www.ecco-ibd.eu

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

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ECCO Quality

ECCO'14 Copenhagen Congress is round the corner and will be a quality event: Quality in care for IBD, quality in science and quality interaction between physicians, surgeons, nurses, allied professionals, the biomedical industry and patient associations. Patients are the raison d'être for ECCO: Our mission is to improve the quality of care for patients with IBD. Consequently the ECCO'14 Copenhagen Congress will start with a press conference on "Perspectives on Quality of Care in IBD" that will present the 6,000-patient survey, the IBD2020 Forum for global initiatives on quality of care, patient associations, national representatives and the scientific highlights of ECCO. This will continue in 2014-16, with the ECCO-UEG Public Awareness Campaign for IBD.

In parallel to the press conference at the ECCO'14 Copenhagen Congress the ECCO Advanced Course in IBD will run for the brightest trainees from member countries and several from further afield. Involving young clinicians is the key to ECCO's success and training is the key to the future. Y-ECCO is flourishing, contributing to e-CCO Learning, guidelines, CONFER cases (launched this year by SciCom, collating cases on a selected topic that will supersede individual case reports) and the science of ECCO. Nurses, who contribute so substantially to the quality of care, have the N-ECCO School and a Research Networking Forum, with 2013 seeing the first guidelines for nursing in IBD, ably driven by Marion O'Connor. There is a P-ECCO Workshop on transitional care, the Primary Sclerosing Cholangitis Forum, S-ECCO MasterClass (open to physicians as well!), Ultrasound Workshop and, for the first time, a whole-day EduCational COurse for Industry. 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. Contributing to the weft and the weave that strengthens ECCO will be ArtIMiD – portraying life with immune-mediated inflammatory diseases, with original work supported by some of the leading art institutions in Europe and beyond. Do sign up to these events at the Congress, to get the greatest value from the world's premier IBD Congress.

Much thought is being given to the future of ECCO and how to maintain its spirit while promoting science and ensuring that it acts as a catalyst for improving care. ECCO's strength comes from its members, who contribute to the work of its nine committees, each with a short 2-year term. This means that members immerse themselves immediately in work that produces guidelines (anaemia, surgery, paediatric UC, endoscopy, histopathology and opportunistic infection guidelines have all been published or are in press in 2013/14), creates e-CCO Learning modules (check out the interactive guideline tool to be launched in Copenhagen), the Scientific Platform being launched in 2014/2015, the seminal work of EpiCom and other activities. I would like to thank and pay tribute to colleagues, friends and the ECCO Office for this amazing work. All come together at the Congress and the ECCO Interaction. ECCO remains European, but acts as an interface between countries and organisations for IBD in many parts of the world. ECCO will be holding workshops in Bulgaria, Czech Republic and France a s well as Colombia and Malaysia in 2014. Come and join us! (www.ecco-ibd.eu/ecco14).

Simon Travis © Simon Travis

SIMON TRAVIS
ECCO President

ECCO'14 – Come to Copenhagen for IBD!

The 9th Congress of ECCO in Copenhagen is coming closer and so is the late registration deadline. Benefit from the late registration opportunity and register by February 3, 2014 (after this date the onsite registration fees apply).

Educational programme at ECCO'14

The educational programme of the 9th Congress of ECCO is scheduled to take place prior to the official start of the ECCO Congress and will cover 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 in the table. For the detailed final programmes, please refer to www.ecco-ibd.eu/ecco14.

Please note that some of these courses/workshops will run in parallel and that some will have a limited capacity – please register by February 3, 2014.

Wednesday February 19, 2014			Thursday February 20, 2014		Friday February 21, 2014	Saturday February 22, 2014
12th IBD Intensive Advanced Course			12th IBD Intensive Advanced Course	Scientific programme Poster exhibition		
ECCO: EduCational COurse for Industry				Industry exhibition		
5th N-ECCO School		N-ECCO Research Networking Forum	8th N-ECCO Network Meeting		ECCO Interaction: Hearts & Minds	
	3rd S-ECCO IBD Masterclass					
		Update on Paediatric IBD	Ultrasound Workshop			
	PSC Update Forum	7th Y-ECCO Workshop	3rd ClinCom Workshop			
		Global IBD Forum	2nd EpiCom Workshop			
ECCO Business meetings						

Educational programme Scientific programme

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.

For further information, please refer to www.ecco-ibd.eu/ecco14.

New in 2014: Lunchtime symposia

We are pleased to announce that the core congress programme of the ECCO'14 Congress in Copenhagen has been enhanced with educational lunchtime satellite symposia.

Instead of sandwich stations in the exhibition hall, the symposium organisers will be looking forward to welcoming congress delegates at four parallel educational lunchtime satellite symposia on Friday, February 21, 2014 (12:30-13:10) taking place in Hall A, Auditorium 10, Auditorium 11 & Auditorium 12. Further details can be found on www.ecco-ibd.eu/ecco14.

What's in store for ECCO Members at the ECCO Congress?

ECCO Members attending the 9th Congress of ECCO will enjoy a number of highly valuable privileges:

Special registration privileges:

- Payment of reduced registration fees, with a saving of EUR 300-400
- Access to the educational programme (only for members)
- An opportunity to bring their multidisciplinary team and save as a group

Onsite privileges:

- The funky ECCO Member Congress Bag

ECCO has worked on its portfolio of membership benefits and has added a stylish goodie for its ECCO Members: A messenger-style congress bag coloured in the 2014 ECCO Congress colour, purple, branded with a groovy font. This bag is stylish enough to be worn beyond the ECCO Congress and has the potential to become a collector's item for delegates (sneak preview: Next year's member bag will be in bright orange!)

Attention: Members, please make sure you arrive early at the congress bag distribution point - limited edition only. The first 1,500 Members who pick up their congress bags will receive our ECCO Member Bag!

- General Assembly of ECCO Members
  Thursday, February 20, 2014, 18:30-19:30, Room 180 & 181 (Hotel Bella Sky)

  The Annual General Assembly of ECCO Members is ECCO's highest deliberative body and the embodiment of one of the association's most elementary member privileges: The right to vote and help form ECCO's future.

ECCO Press Conference 2014

The ECCO Press Conference 2014 will focus on **"Perspectives on IBD Quality of Care"** and will be held on Wednesday, February 19, 2014 prior to the start of the ECCO Congress.

Preliminary schedule:
Wednesday, February 19, 2014:

15:00-16:00	Global press conference "Perspectives on IBD Quality of Care"
16:00-16:30	Opening of art gallery "Perspectives-Art, Inflammation and Me"
16:30-18:00	National country press conferences

Preliminary programme:
"Perspectives on Quality of Care in IBD"

- Today's press conference in perspective
- Current situation and unmet needs
- The patient's perspective
- Aspirations for better Quality of Care
- Newest research on IBD at ECCO
- Next steps and commitments
- Questions

Note on attendance:
Attendance at the global press conference and the country-specific press conferences is by invitation only. Representatives from media and patient associations, as well as ECCO National Representatives, will be invited to join the programme.
The art gallery will be open to all Congress delegates for the entire duration of the Congress.

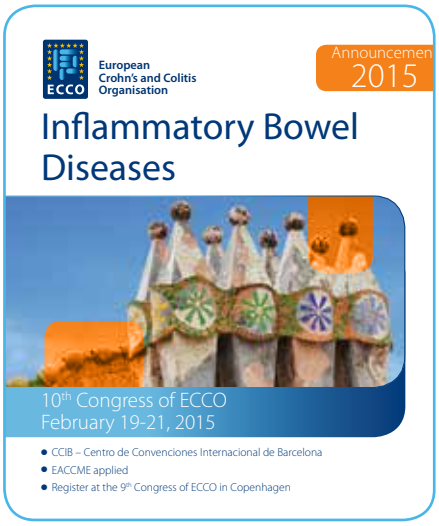
ECCO Interaction: Hearts and Minds

"ECCO Interaction: Hearts and Minds" is THE event at ECCO to see and be seen, to network and engage. Anyone who has been to a previous ECCO Congress knows that it is a must and everyone is welcome, but places are limited.

Date: Friday, February 21, 2014
Start time: 20:00
Venue: Lokomotivværkstedet,
Otto Busses Vej 5A,
2450 Copenhagen, Denmark

This event is open to all Congress delegates. The price of an entrance ticket purchased in advance is EUR 50.- for ECCO Members and EUR 95.- for Non-Members. Tickets can be purchased during the online Congress registration at www.ecco-ibd.eu/ecco14.
Access to the event is strictly limited to those with ECCO Interaction tickets.

Preview: ECCO Congress 2015 – We look forward to welcoming you again in Barcelona!



ECCO Activities at UEG Week 2013 in Berlin, Germany

October 12-16, 2013: Once again, many ECCO Activities took place at the UEG Week this year. Some of the more relevant initiatives and activities are summarised below.

CD Consensus Meeting © ECCO Office

CD Guidelines

The CD Consensus Meeting was held on Saturday, October 12. As a key initiative, some of our Young ECCO Members were actively involved in the Consensus. The respective Y-ECCO Members, Joana Torres, Elisabeth Schnoy, Tiago Nunes and Monica Cesarini, will use these new guidelines to prepare e-CCO Learning content on Fistulising CD and Maintenance of Remission in CD.

The Young ECCO Members also prepared a personal experience report providing a unique insight into a Consensus Meeting, which you can read on page 24.

e-CCO Learning Meetings

As the e-CCO Task Force works on several projects to develop new e-Courses together with Young ECCO Members, a number of e-CCO Learning meetings were held in line with the regular meetings around the UEG Week. The end products of these very constructive meetings will soon be available on our e-CCO Learning platform in the form of e-Courses. To find out about the e-Courses in the pipeline, please check our website (www.ecco-ibd.eu). We are proud to see our Young ECCO Members ambitiously involved in these developments – Way to go!

ECCO Booth at UEG Week 2013

A great success! Again, the ECCO Booth was busy and offered a great atmosphere for several productive meetings hosted by ECCO Office Team Members and Simon Travis. Many ECCO Members stopped by to say hello and, as every year, JCC including the newest ECCO Guidelines was in high demand. ECCO News was also displayed and a number of visitors showed interest in our society magazine.

Podcasts

The chairs of the ECCO Committees successfully recorded podcasts about their current and future projects. These podcasts will be made available to all ECCO Members in the Members' Area on the ECCO Website in preparation for the General Assembly meeting at the 9th Congress of ECCO. A video with the highlights will be presented at the General Assembly in Copenhagen on Thursday, February 20, 2014.

ECCO Dinner at Restaurant Alpenstück

As every year, the ECCO Dinner was a great opportunity to enjoy a relaxed evening among the ECCO Family. Even though it was not planned as an Austrian evening, the cuisine was highly valued and everybody thought the ECCO Office Team could not live without an Austrian meal for a single day. Unfortunately, some of those invited were unable to join us and missed out on this unique networking event. Hopefully we will be able to catch up with everyone at the ECCO Interaction: Hearts and Minds during the ECCO Congress in Copenhagen.

Andreas Sturm presenting the ECCO Guidelines at UEGW 2013 © ECCO Office

ECCO Committee Meetings

The Sunday before the UEG Week was packed with committee meetings and the ECCO Officers had a busy schedule going from one constructive meeting to the next. As expected, the meetings were productive and will keep everyone busy with follow-up work for a while.

ECCO Guideline Presentation at UEGW

On Wednesday, October 16, Andreas Sturm presented the current and future ECCO Guidelines during the scientific programme of the UEG Week. Highlights were the new guidelines, which have been or soon will be published in 2013:

- N-ECCO Consensus Statements on the European nursing roles in caring for patients with CD or UC
- ECCO Consensus for Endoscopy in IBD
- ECCO-ESP Consensus on Histopathology in IBD
- ECCO Consensus on Opportunistic Infections in IBD – UPDATE (published shortly)

Andreas Sturm highlighted the most important statements of each of the above ECCO Guidelines to give the audience an update on treatment standards in IBD.

Overall, the numerous activities of ECCO continue to expand in a climate of friendship and networking in accordance with the ECCO Spirit.

SILVIO DANESE
ECCO News Editor

ECCO Grant Study Synopses

The Role of Prep1 in IBD Pathogenesis: Implications for Novel Therapeutic Approaches

Aim of research

The inflamed tissue in patients with IBD with active disease is characterised by an increased production of pro-inflammatory cytokines, which represent the principal target of treatment strategies. Many transcription factors play a significant role in immunity and most of them are involved in maintaining epithelial barrier functions. Prep1, a homeodomain transcription factor that is essential in embryonic development, has been found to be involved in inflammation through regulation of CCL2 and IL-10 expression. Currently there are no studies describing the link between this transcription factor and IBD. Our aim is to investigate the involvement of Prep1 in the pathogenesis of IBD. Its manipulation could indeed represent a novel therapeutic approach for the treatment of IBD.

Methodology

Prep1 expression and function will be characterised in healthy subjects and IBD patients. This will include: (a) Identification of human intestinal Prep1-expressing cells and (b) Investigation of Prep1 modulation from healthy and IBD patients. The next step will be to evaluate Prep1 expression in different mouse models of experimental colitis and analyse its functional role in the pathogenesis of experimental IBD. This will include: (a) Quantification of Prep1 expression in normal and colitic specimens, (b) Identification of murine intestinal Prep1-expressing cells, (c) Assessment of the susceptibility of Prep1 hypomorphic mice in other models of acute and chronic colitis, and (d) Investigation of the therapeutic effect of Prep1 siRNA lentiviral particles in experimental IBD. The functional role of Prep1 in the pathogenesis of experimental IBD will then be evaluated by isolation of murine Prep1-expressing cells and analyses of their biological functions.

Proposed timing

After successful identification and isolation of human intestinal Prep1-expressing cells, we are currently investigating the effects of Prep1 modulation on these primary cell lines. The functional role of Prep1 in mouse models of acute and chronic colitis is being done in parallel, while isolation and characterisation of murine Prep1-expressing cells and analyses of their biological functions will start in December 2013 and should be finished by the end of March 2014.

SILVIA D'ALESSIO
ECCO Grant Awardee 2013

Functional Characterisation of Zonulin, a Positive Regulator of Intestinal Epithelial Permeability, in Inflammatory Bowel Disease

Aim of research

We (the Leuven IBD Research Group) have previously shown a genetic association of haptoglobin (HP) with Inflammatory Bowel Disease (IBD): The HP2 allele was more prevalent in IBD patients, similar to what has been described in other immune-based diseases like rheumatoid arthritis and systemic lupus erythematosus. Pre-HP2, belived to be the inactive precursor of HP2, has recently been identified as Zonulin, the only known physiological mediator of paracellular intestinal permeability. An increased intestinal permeability plays a central role in the pathogenesis of IBD, but whether it is a primary event or a consequence of the mucosal inflammation is not clear.

We hypothesise that carriers of the Zonulin gene (HP21 or HP22 genotype) have an increased risk of developing IBD, because of the permeating effect of Zonulin on the intestinal barrier. The general aim of this project is therefore to study whether and how Zonulin expression is correlated with intestinal

permeability, and whether we can target it for treatment of IBD.

Methodology

We will first characterise the relationship between Zonulin levels and intestinal permeability in the context of IBD (WP1), and second perform a detailed analysis of Zonulin expression in a large IBD cohort (CD and UC patients, their first-degree relatives, and healthy controls) (WP2). Third, we will define the temporal relationship between Zonulin upregulation and inflammation before and after inflammation occurs (WP3). Fourth, we will define the spatial relationship between the location of impaired mucosal permeability and the specific disease location (WP4). Last, we will investigate the reversibility of Zonulin-induced impairment of intestinal permeability and the possible therapeutic usability of a Zonulin antagonist (WP5).

Proposed timing

WP1-4 are currently ongoing, and where needed patients and controls are being recruited. It is planned that WP2 will be finished by January 2014, WP1 by February 2014, and WP3 by April 2014. We plan to have included at least five patients for WP4 by March 2014, and at least ten by June 2014. WP5 will start in March 2014, when we will also have the first results for WP4.

Isabelle Cleynen
© Jeff Barrett (Wellcome Trust Sanger Institute)

ISABELLE CLEYNEN
ECCO Grant Awardee 2013

Transgenic Nematodes (Trichuris suis) as a Novel Therapeutic Avenue for Treating Intestinal Inflammatory Disease

Aim of research

A multitude of possible therapeutic proteins for the treatment of IBD (especially cytokines and signalling molecules) have been identified. The use of these potentially clinically relevant proteins is hampered by practical and economic considerations, especially regarding production and delivery. We have been working to harness the power of transgenetics for the treatment of Inflammatory Bowel Disease (IBD) through local delivery of therapeutic proteins.

Methodology

The mucosal character of IBD has led to the hope that local application of immunologically active proteins will permit effective immunosuppression at acceptable cost without severe concomitant systemic side-effects. Once created, such organisms are cheap to propagate and can thus contribute to better cost-efficiency. Previously we conducted a successful phase I clinical trial with interleukin 10-producing Lactococcus lactis for the treatment of Crohn's Disease (CD), which illustrated the promise of such strategies. The use of transgenic prokaryotic organisms, however, entails substantial ecological risks, and in particular the danger that the transgene will spread to harmful bacteria; intron-containing transgenes introduced into eukaryotic organisms are much safer in this respect. Importantly for the therapy of IBD, helminthic nematodes (immunosuppressive worms whose natural habitat includes the intestine) have gained acceptance and hence these organisms are attractive as a eukaryotic vector for local delivery of therapeutic proteins (safe and easily containable within the human intestine). With our ECCO Grant we are creating a genetically modified Trichuris suis that expresses an intron-containing interleukin 10 gene and we are hoping to characterise the effects of this transgenic helminth in rodent models of IBD and to perform a phase I trial.

Proposed timing

Testing the effects of work on immunology and (intestinal) ecology should take place next year.

Maikel Peppelenbosch © Erasmus MC

If results are encouraging, we hope to perform a phase I trial in patients to establish safety and obtain early indications of possible efficacy. If successful, the project will open up an entirely new form of gene therapy for mucosal diseases.

MAIKEL PEPPELENBOSCH
ECCO Grant Awardee 2013

Discovery of Proteomic Biomarkers for the Prediction of Mucosal Healing and Risk of Relapse in Crohn's Disease

Aims of research

This study, done on the prospective STORI trial cohort of patient serum samples, aimed at identifying, by a proteomic label-free differential analysis followed by a targeted approach, some significant serum biomarkers associated with risk of relapse after infliximab withdrawal and/or mucosal healing. The correlations of the newly discovered biomarkers with the classically used ones (haemoglobin, CRP, faecal calprotectin) and their evaluation during a longitudinal 1-year follow-up will also be pursued and should improve relapse prediction and understanding of relapse pathophysiology.

Methodology

We used sera collected at inclusion for the discovery study, using a differential shotgun proteomic analysis addressing the comparisons "relapsers versus non-relapsers" and "patients showing mucosal healing (CDEIS ≤3)" versus "patients without mucosal healing (CDEIS >3)". Several candidate biomarkers identified appear to be associated with mucosal healing and/or disease relapse. The development and application of an experimental method targeting potential biomarker quantitation using the multiple reaction monitoring (MRM) technique will be done to test each patient at baseline and during follow-up after anti-TNF withdrawal. These data will be analysed using univariate statistics and multivariate data mining approaches, including clinical parameters and biological marker data available for these patients.

Proposed timing

The discovery phase has been performed and we are currently performing tests for MRM method development to quantify the targeted candidate markers. This method will further be used on samples collected at baseline and at one time point during patient follow-up. Global raw results should be obtained in March 2014. Complete statistical analysis including evaluation of these biomarkers' prognostic accuracy and correlation studies with clinical parameters and known markers such as CRP and faecal calprotectin will be completed by September 2014.

MARIE-ALICE MEUWIS
ECCO Grant Awardee 2013

Controlling the Balance of Immunity in Colitis: Investigating the Roles of Intestinal Microbiota and Dendritic Cell Migration

Aims of research

1. Define colonic dendritic cell (DC) phenotypes and their migratory behaviour in normal and colitic mice.
2. Investigate the effect of bacterial components and whole bacteria on DC activation and migratory ability in vitro.
3. Define the role of the CD11b (integrin αM) in the migration of CD11b intestinal dendritic cells in vitro and in vivo.

Methodology

Aim 1: We will use mouse models of colitis (Trichuris muris-induced and spontaneous (MDR1a-/-)) to characterise the major DC subsets in the colon, activation status and localisation in the gut during the progression of colitis by flow cytometry and immunohistochemistry. Gut pathology will be analysed by histology. Faecal and mucosal samples will be analysed by DGGE and eubacterial specific PCR to assess the levels of potentially colitogenic bacteria.

Aim 2: We will compare the effect of bacterial lipopolysaccharide and the microbiota components Escherichia coli and Bacteroides fragilis on DC phenotype and migration by flow cytometry and time lapse microscopy. We will also develop mathematical tools to better define the migration behaviour in order to better predict DC behaviour.

Aim 3: To address the role of DC subsets in colitis we will analyse DCs from mice that lack functional CD11b (αM integrin) DCs. Fluorescently tagged β2 integrin knockout BMDCs will be used for migration assays with and without bacterial stimulation as described in Aim 2. Colitis will be induced (using Trichuris muris) in ITGB2-/- mice and DC profiles, microbiome and histology analysed as described in Aim 1.

Sheena Cruickshank © Mark Waugn, University of Manchester

Proposed Timing

Months	1 - 4	5 - 8	9 - 12
	Buy ITGB2 mice → Aim1 →	Aim 2 →	Aim 3 →

SHEENA CRUICKSHANK
ECCO Grant Awardee 2013

What can a National Co-operative Study Group Establish?

Many clinical questions regarding Inflammatory Bowel Disease (IBD) cannot be resolved by single IBD centres and only a limited cohort of IBD patients.

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

Larger cohorts of patients and multiple investigators are required to address numerous clinical research issues and this has been the driver behind the establishment of national co-operative study groups.

Some examples of national study groups will be given here, with explanation of their establishment, structure and management, and output. The most well established national group is the „Groupe d'Etude Thérapeutique des Affections Inflammatoires du Tube Digestif" (GETAID), founded in 1983 to conduct high-quality and industry-independent clinical research in IBD. The primary objective of GETAID was to conduct multicentre studies to optimise therapeutic management of IBD. Over the years, GETAID has grown to involve 47 centres in France, Belgium and the Netherlands. It is led by a president and has a committee, including a vice-president, secretary and treasurer, all of whom are elected by the general assembly for three years. The committee meets up to four times a year and orchestrates the management and scientific activity of the group. Funding has included support from the hospitals involved in the group, pharmaceutical companies and benefactors. The group operates with scientific independence and the more than 40 articles that it has published in peer-reviewed journals have contributed greatly to the clinical management of IBD. The group also organises educational meetings and seminars.

In the UK, the IBD Genetics Consortium, led by Miles Parkes, has a long history in genetics research in IBD and has delivered landmark genetic studies in Crohn's Disease and Ulcerative Colitis, reported in Nature and Nature Genetics. Its members are based in around 15 teaching hospitals UK-wide and more recently this national co-operative study group has expanded its work to more clinically focussed research work.

Tariq Ahmad, in Exeter, is coordinating research looking at side-effects of the major therapies used to treat IBD and has 140 UK hospitals recruiting patients. The infrastructure of research in the UK enables funded research nurse time for studies which are part of the National Institute for Health Research Clinical Research Network (NIHR CRN) portfolio. Three dedicated full-time research coordinators are employed at the base hospital and negotiate ethics and approvals on behalf of the principal investigators at the sites around the UK. All principal investigators are invited to participate in adjudication sessions and a monthly newsletter keeps the group informed of progress.

In Italy, the Italian Group for the Study of IBD (IG-IBD) involves 68 hospitals and has around 390 members, including physicians, surgeons and nurses. This national group has a governing board, a scientific committee and an education committee and meets formally three times a year. The group has a congress biennially and educational activities each year.

There are many other examples of national study groups, but an important aim is to form links between such study groups to facilitate clinical research across Europe.

AILSA HART
ClinCom Member

CD Consensus Update

The ECCO Guidelines on Crohn's Disease (CD) were published for the first time in 2006 in Gut. The Second ECCO CD Guidelines were published in three different articles in the Journal of Crohn's & Colitis (JCC) in 2010.

Due to ongoing progress in the field, as reflected in the updated guidelines on Ulcerative Colitis (UC) published in 2012, ECCO's Guideline Committee, GuiCom, initiated plans to update the previous CD Guidelines. According to the Standard Operating Procedures, an online call was made to ECCO Members for chairs and participants. Three chairs, Axel Dignass, Fernando Gomollon and Paolo Gionchetti, were selected and are coordinating six different working groups on: (1) diagnosis and classification, (2) medical management of active disease (including alternative therapies), (3) maintenance of remission, (4) surgery, (5) fistulising CD and (6) extra-intestinal manifestations. After an extensive literature search, two chairs for each working group have revised and updated the old statements and proposed new ones. In total, 39 members and 8 additional reviewers have revised and voted upon all the statements – twice on a web-based platform and then in a final face-to-face Consensus Meeting in Berlin during the UEGW. Over 70 statements have been discussed and finally approved with at least 80% agreement, and these statements will be included in two different manuscripts to be published in 2014 in JCC. In addition a summary of the updated guidelines will be presented by Axel Dignass at the 9th ECCO Congress in Copenhagen.

The main changes with respect to the 2010 version, beside the adoption of the 2011 version of the Evidence Levels of the Oxford Centre for EBM, are: (a) acknowledgement of the established role of abdominal ultrasonography in diagnosis and follow-up; (b) referral to the high negative predictive value of capsule endoscopy for small bowel CD; (c) reduction in the length of the section about histology and referral to the new ECCO-ESP Histopathology guidelines; (d) more information on the utility of calprotectin in predicting response to therapy and clinical relapse; (e) recognition of the importance of obtaining objective evidence of active inflammation beside the symptom evaluation; (f) recommendation of early therapy with anti-TNF agents in extensive small bowel disease; (g) recognition that drug monitoring (serum levels and antibodies) can help decision making; (h) more information on the use of anti-TNF agents as maintenance therapy; (i) more information on risk for malignancies with thiopurines and anti-TNF agents; (j) acknowledgement of the efficacy of anti-TNF therapy in preventing early post-surgical recurrence; (k) referral to the clear role of anti-TNF in recurrent and refractory simple fistula and, especially, in complex fistula, following adequate surgical drainage; (l) removal of the section about children and adolescents, replaced by coverage in specific paediatric guidelines; (m) removal of the section about fertility and pregnancy, replaced by reference to specific guidelines; and (n) emphasis on the need for anti-thrombotic prophylaxis in outpatients with severe disease.

VITO ANNESE
GuiCom Member

Make sure to follow progress in the Plenary Hall at ECCO'14 Copenhagen:

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-ESPGHAN Guidelines in Paediatric CD** Frank Ruemmele, Paris, France
	17:30-17:45	**ECCO Guidelines: The Crohn's Disease Consensus** Axel Dignass, Frankfurt, Germany

ECCO CD Consensus participants © ECCO Office

32nd ECCO Educational Workshop in Gothenburg, Sweden

On September 20, 2013 the 32nd ECCO Educational Workshop was held in Gothenburg on the west coast of Sweden.

Faculty of the 32nd ECCO Educational Workshop in Gothenburg (Jonas Halfvarson, Hans Strid, Rami Eliakim, Filip Baert, Lina Vigren, Lars Börjesson) © ECCO Office

Pleasant summer weather welcomed the 25 participants at the workshop. The goal of the workshop was to present, discuss and implement the latest ECCO Guidelines on Crohn's Disease (CD) and Ulcerative Colitis (UC) in a friendly and interactive environment. Even though the number of participants was low, the meeting was very interesting and interactive. There were gastroenterologists, IBD nurses and colorectal surgeons among the attendees. The workshop was organised by ECCO in collaboration with Hans Strid and Leif Törkvist (the Swedish National Representatives) and the Swedish IBD Group (SOIBD).

The faculty included Rami Eliakim from Israel, chair of ECCO GuiCom, Filip Baert from Belgium, chair of ECCO ClinCom and Jonas Halfvarson, Lina Vigren and Lars Börjesson from SOIBD. Chairman of the workshop was Hans Strid together with Rami Eliakim and Filip Baert.

The workshop started with a welcome speech and an introduction to ECCO by Hans Strid. Before lunch the topic was Ulcerative Colitis. Three challenging cases were presented, covering Acute Severe Colitis (ASC), management of treatment-refractory UC and pouchitis. After lunch the theme was Crohn's Disease; three cases demonstrating imaging and new diagnostic steps, new onset of ileocaecal CD and fistulising disease were presented by the faculty. The day ended with a state-of-the-art lecture by Rami Eliakim on opportunistic infections in IBD, with a presentation of some of the new data in the forthcoming ECCO Guidelines. After each case, a stimulating and interactive discussion took place.

The focus on case-based discussions was greatly appreciated by the participants. The workshop led to interesting and intensive discussions on how to handle patients with IBD according to evidence-based medicine in the form of ECCO Guidelines. The workshop was an excellent opportunity to implement these guidelines into the Swedish management of IBD patients.

The primary aim of the ECCO Educational Workshops, namely to harmonise the care of IBD patients in Europe according to evidence-based medicine, was achieved in Gothenburg.

HANS STRID
ECCO National Representative, Sweden

31st ECCO Educational Workshop in Emmetten, Switzerland

The 31st ECCO Educational Workshop was held in Emmetten, a scenic mountain village in the heart of Switzerland.

The vast majority of Swiss IBD specialists and a couple of international experts took part in the workshop, and the total attendance of 45 physicians exceeded expectations. The workshop was organised by the Swiss Association for Inflammatory Bowel Disease, IBDnet (www.ibdnet.ch).

Faculty of the 31st ECCO Educational Workshop in Emmetten (Torsten Kucharzik, Frank Seibold, Stephan Vavricka, Marc Girardin, Alessandro Armuzzi, Pascal Frei, Mariam Seirafi, Gerhard Rogler; not in the picture: Christian Mottet, Bernhard Sauter) © ECCO Office

The faculty included Alessandro Armuzzi from Italy, Torsten Kucharzik from Germany and the national speakers Christian Mottet, Marc Girardin and Frank Seibold.

The Swiss Group decided to use the round-table setup very interactively, with speakers being invited to use the question slides to animate table discussions on a particular aspect of a question. One participant per table then fed back the outcome of the discussion to the plenum, and the speaker and chairmen commented on what was said. This approach resulted in very in-depth discussions on important detailed clinical questions, as is rarely the case during such meetings.

The chosen cases were on Acute Severe Colitis (ASC), surveillance and chemoprevention, management of refractory moderate Ulcerative Colitis, fistulising disease, and pregnancy and IBD, and a state-of-the-art lecture was presented on mucosal healing by Torsten Kucharzik.

The scenic mountain view and the beautiful weather certainly contributed to the excellent atmosphere and positive attitude of the participants. The feedback on the case discussion was excellent and we can look back on an overall highly successful meeting.

STEPHAN VAVRICKA, CELESTINA KUHL
EduCom Member, Project Coordinator IBDnet

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

24th ECCO Workshop
Tokyo, **Japan** - June 17, 2012

25th ECCO Workshop
Athens, **Greece** - July 7, 2012

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Durban, **South Africa** - August 10, 2012

27th ECCO Workshop
Sibiu, **Romania** - September 20, 2012

28th ECCO Workshop
Bratislava, **Slovakia** - November 16, 2012

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

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

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

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Gothenburg, **Sweden** - September 20, 2013

33rd ECCO Workshop
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2013 EFCCA labelled Summer Camps

After the ECCO Congress 2013, ECCO was able to donate EUR 10,000 to the European Federation of Crohn's and Colitis Associations (EFCCA) for EFCCA's Summer Camps in order to improve the quality of life of IBD patients. Below you can now read about the 2013 EFCCA Summer Camps, which were supported by ECCO.

During 2013, EFCCA supported seven summer camps in Europe and the Middle East (Poland, Switzerland, United Kingdom, France, Spain, Portugal and Israel). In total the summer camps served almost 400 children, teenagers, young adults and parents. Children with Ulcerative Colitis (UC) and Crohn's Disease (CD) were very well represented, with a higher percentage of Crohn's patients. Twenty-five percent more girls and young women attended compared with boys and young men.

A variety of activities were organised at the camps, such as Q&A sessions with gastroenterologists and dietitians, arts and crafts, wall climbing, sporting activities, swimming and many more.

Altogether, we had over 45 days of fun and education. Together with the organisation's volunteers, camp managers, activity counsellors, medical staff and parents, we created a safe and healthy environment for people with IBD.

Camp #1 Baltic, Poland
J-Elita: June 29–July 13, 2013

Participants: 90 participants, including parents and children from 3 to 18 years old

Camp #1 Baltic, Poland © EFCCA

The Polish summer camp for children with IBD took place at the holiday, training and rehabilitation centre "Baltic Resort", located in the village of Stegna. Workshops for both younger children and teenagers were conducted by counsellors. The youngest children were followed by a psychologist. Physical activities like playing tag, hide and seek, racket games and water volleyball in the swimming pool enabled the children to release excess energy. The weather was very sunny, and the majority of activities therefore took place in the open air. To cope with emotional problems, the children listened to fairy tales; this "fairy-tale therapy" provided them with an imaginary basis against which to test real-life problems. Such therapy helps children to cope with fears, teaches responsibility and develops competencies.

Camp #2 Montargil, Abrantes, Portugal
A.P.D.I.: July 5–7, 2013

Participants: 54 young adults (plus 61 friends/family, doctors, press, medical staff)

Camp #2 Montargil, Abrantes, Portugal © EFCCA

The main objectives of the camp were to break down isolation, to enable participants to learn with others about different ways of dealing with the disease, to demystify the pathology and to establish a network of friends with similar problems. Activities such as dancing, Hawaiian Kempo and live music contributed in creating a positive environment.

Camp #3 Rock, UK
Crohn's & Colitis UK: July 26–28, 2013

Participants: 8 teenagers

Camp #3 Rock, UK © EFCCA

For the first time these teenagers were able to participate in diverse activities that allowed them to overcome isolation. According to the feedback regarding the weekend, almost all the participants stated that this was the first time they had spent any time with other patients of their own age. All stated that the experience of meeting others had given them confidence and helped them to feel less isolated and alone. A number of them also said that the weekend had given them a sense of independence and freedom.

Camp #4 Dinard, Brittany, France
AFA: August 3–11, 2013

Participants: 31 young adults

Camp #4 Dinard, Brittany, France © EFCCA

This summer camp helped participants to become better prepared for the future. Many felt that there had been improvements in their self-image and that they had regained motivation for all kinds of activities, such as exercising, eating more healthily, going out more or even embracing a new career. The summer camp was centred around the therapeutic education for the patients. Many subjects were tackled, including overcoming fatigue, communication and improving self-esteem.

Camp #5 Magglingen, Switzerland
SMCCV: August 6–8, 2013

Participants: Young adults

This was the first Swiss camp for young people with IBD to have been hosted in the National Sport Centre in Magglingen. The aim of this camp was to enable young people with IBD to get together for more than just one day and to have the opportunity to discuss different issues that young people with IBD have to cope with in their everyday life and learn from each other.

Camp #6 Jordan River Camp, Israel
CCFI: August 8–14, 2013

Participants: 60 children

Camp #6 Jordan River Camp, Israel © EFCCA

Jordan River Village is part of the SeriousFun Children's Network founded by Paul Newman, the great American actor. The goal and vision is to create opportunities for children to reach beyond serious illness and discover joy, confidence and a new world of possibilities, always free of charge. The aim is to enrich the lives of children from Jewish, Muslim and Christian backgrounds. From the healthcare point of view, in addition to the permanent medical staff, there are medical professionals specialised in the particular condition that the campers suffer from.

Camp #7 Villanueva de Villaescusa, Spain
ACCU: September 25–29, 2013

Participants: 50 young adults

Camp #7 Villanueva de Villaescusa, Spain © EFCCA

Leisure and educational activities were the backbone of this initiative. Again, the goal of breaking down isolation and overcoming stereotypes and stigma was fully achieved. Participants were able to share experiences and have fun together in a safe and stimulating environment.

CHAYIM BELL
EFCCA Camp Director

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ECCO Consensus on Endoscopy in IBD

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International Journal Devoted to Inflammatory Bowel Diseases
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Introduction to the EPIMAD Database

From the Somme Area, France

Inflammatory Bowel Diseases (IBD) include Crohn's Disease (CD) and Ulcerative Colitis (UC). They are chronic inflammatory diseases occurring mostly in young adulthood, but the number of paediatric and elderly patients is increasing [1-3]. Although many advances have been made in the knowledge of these diseases, their aetiology remains unknown. Their pathophysiology remains poorly understood but it is currently accepted that both environmental and genetic factors interact in the occurrence of these diseases [4-7]. In this regard it is important to detect geographical variations in the incidence of IBD as this can help to identify some of the factors leading to an increased or decreased incidence. The incidence of IBD is increasing worldwide [2, 8]. Population-based incidence studies better reflect what occurs in „real life" than studies performed on patients from referral centres. Administrative health databases may represent unselected patient populations; however, such databases typically do not include phenotype data and may not benefit from accurate medical expertise to ascertain diagnosis. Only population-based epidemiological studies are able to offer a better understanding of IBD and their aetiology.

Epidemiological data arose from 1950 to 1970 as a result of Scandinavian registries and population-based studies from Olmsted County in Minnesota (USA) and from Manitoba (Canada) [9-12]. These studies provided a better knowledge of the frequency, natural history and prognosis of IBD. Recently a prospective, population-based, web-based inception cohort from 31 European centres covering a background population of 10.1 million people has been built [13]. Burisch et al. reported in this study a West-East gradient of 2 in the incidence of IBD in Europe. The highest incidence in the world is found in the Faroe Islands. The patient populations in eastern and western Europe are identical in terms of patient characteristics, disease extent, phenotype, smoking habits and time between onset of symptoms and IBD diagnosis [13]. This population-based European study did not include any centre from France.

France is a transition country between two parts of Europe. Northern France is close to Belgium, the Netherlands, Luxembourg, Germany and England. Based on its location one would anticipate high incidences of IBD comparable to the figures reported in northern Europe. Therefore, to find out how France compares with respect to IBD incidence, we undertook the first population-based study in northern France (Nord-Pas de Calais, Somme and Seine-Maritime administrative departments) in 1988. Indeed, in France no population-based IBD data were available before 1988, when the EPIMAD Registry was initiated. The EPIMAD Registry records all incident cases of IBD in a large area (5,790,526 inhabitants) from northern France, representing 9.3% of the whole French population (Figure 1). Through all adult and paediatric gastroenterologists (n=262) practising in a private or public sector from the defined area, data collection is performed by eight interviewer practitioners and a final diagnosis of CD or UC is established by two independent expert gastroenterologists according to previously published criteria [1,14,15]. From 1988 to 2008, CD incidence rates increased from 5.3 to 7.6 cases/105 persons (+33%), stabilising after a peak at 7.1 in 1997–1999 (Figure 2). CD incidence rates in the 10- to 19-year age group increased by 100%, from 6.5 to 12.9/105 inhabitants of the same age (Figure 3). The frequency of initial ileo-colonic localisation increased from 52.9% to 68.6% (P<0.0001) [1]. UC incidence rates were stable at 4.4/105 inhabitants during the same period. In EPIMAD's area, the highest CD incidence has been observed in rural clusters in the Somme department [16].

For more than 25 years the EPIMAD Registry has offered a precise knowledge of CD and UC incidences and provided a better understanding of their natural histories in this area. Moreover, through specific IBD cohorts arising from the registry, i.e. paediatric-onset [17-20] and elderly-onset cohorts [21] as well as IBD families with multiplex cases [22-26], important new advances have been achieved in the field of IBD.

In 1996 a section of EPIMAD's population (Somme area) participated in a first European population-based study that was started in 1991, comparing the incidence of IBD in countries of northern and southern Europe (EC-IBD Study). The EC-IBD population-based study reported a higher incidence of UC (11.8/105 compared with 8.7/105) and CD (7.0/105 and 3.9/105, respectively) in northern compared with southern Europe [27].

The geographical location of the Somme area, its previous participation in the European EC-IBD study (1991-1993), the existence of a validated population-based registry for more than 25 years and its particularity, with a CD to UC ratio of >1, show that it could be very interesting for this geographical area to participate in descriptive and analytical epidemiological studies on IBD, including European ECCO EpiCom studies.

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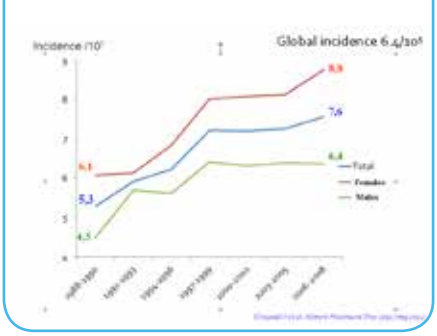
Figure 1

Geographical situation in Europe of the EPIMAD Registry area, including the Somme area © Corinne Gower-Rousseau

Figure 2



Trends in standardised incidence of CD in northern France from 1988 to 2008
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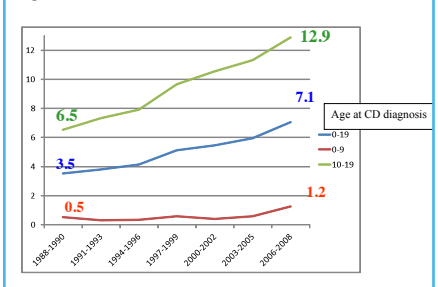
Figure 3



Evolution of the incidence of CD in northern France from 1988 to 2008 in patients less than 20 years old at diagnosis
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CORINNE GOWER-ROUSSEAU
EpiCom Member

A P-ECCO-initiated Consensus Paper

The Preferred Outcome Measures in Paediatric IBD Clinical Trials

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

Although paediatric-onset IBD is more often extensive and aggressive than in adults, very few medications are registered for paediatric indications. For instance, only three drugs (sulphasalazine, balsalazide and infliximab) are FDA approved for paediatric Ulcerative Colitis (UC), largely due to paucity of adequate clinical trials. There are multiple hurdles to the performance of clinical trials in children. To start with, the number of IBD children available for recruitment is in general less than one-tenth of the number of adult IBD patients. Parents may be reluctant to enrol their beloved children in clinical trials; the sacrifice a person is willing to make for his/her child is usually smaller than for him/herself. Invasive tests, even as minor as repeated bloodletting, deter children from participating in trials. Therefore, choosing an appropriate and least invasive outcome measure in paediatric trials can facilitate enrolment and thereby also research. A measure that enjoys high reliability and responsiveness to change can allow performance of the same study with a smaller sample size and a shorter enrolment period.

The Paediatricians of ECCO (P-ECCO) Committee has established a large international expert panel to determine the best outcomes in paediatric IBD, following a literature search and a modified Delphi process. Both EMA and FDA were invited to participate in the process and representatives from EMA formed part of the discussion group. All recommendations were endorsed by at least 80% in an open vote.

Endoscopic evaluation has been accepted as a very important outcome, especially in Crohn's Disease (CD), where clinical indices are much less correlated with endoscopic appearance than in UC. However, the importance of endoscopic evaluation, which in children is performed under general anaesthesia, should be balanced against the fact that repeated evaluations are a significant barrier to recruitment, and that paediatric trials are typically only confirmatory of preceding larger adult trials. Therefore, the panel determined that no more than one or two endoscopic evaluations should be performed in each trial – possibly at baseline and at either 10-12 weeks for an induction trial or 1 year for an induction and maintenance trial. However, endoscopic evaluation could be waived in studies that test therapies that have already been shown to induce mucosal healing in adults and/or children and do not represent a new drug category. In these trials, disease activity indices (PUCAI in UC and the wPCDAI in CD) can be considered as the primary endpoint, with PUCAI <10 points and wPCDAI≤10 points reflecting complete remission. This should be more liberal in UC, in which symptoms closely correlate with mucosal inflammation. The lack of steroid use should be included in any outcome after 12 weeks of therapy (i.e. steroid-free remission), whether endoscopy or a disease activity index is used. The evaluation of mucosal in a subgroup of patients as secondary outcome measure or as co-primary outcome measure can be included in some clinical trials.

Since no endoscopic indices have been validated in children, the adult tools should be used (CDEIS or SES-CD in CD and UCEIS or UCCIS in UC). In UC, limited sigmoidoscopy should suffice although a full colonoscopy more closely reflects the inflammatory burden. In CD, the use of MRE-based scores should be encouraged as they assess the entire bowel wall and the entire length of the small bowel, especially in children, who more often have extensive disease. An MRE-based damage score should also be included as a secondary outcome. Other important secondary outcomes should include a faecal marker of inflammation as a surrogate marker for mucosal healing, quality of life (using the IMPACT-III questionnaire), a patient-reported outcome and disability.

IBD experts and academic organisations such as ECCO should collaborate with the regulatory agencies to achieve standardisation of outcome measures in paediatric IBD in order to facilitate research and augment drug approval in this vulnerable population.

FRANK RUEMMELE, DAN TURNER
P-ECCO Chair, P-ECCO Member

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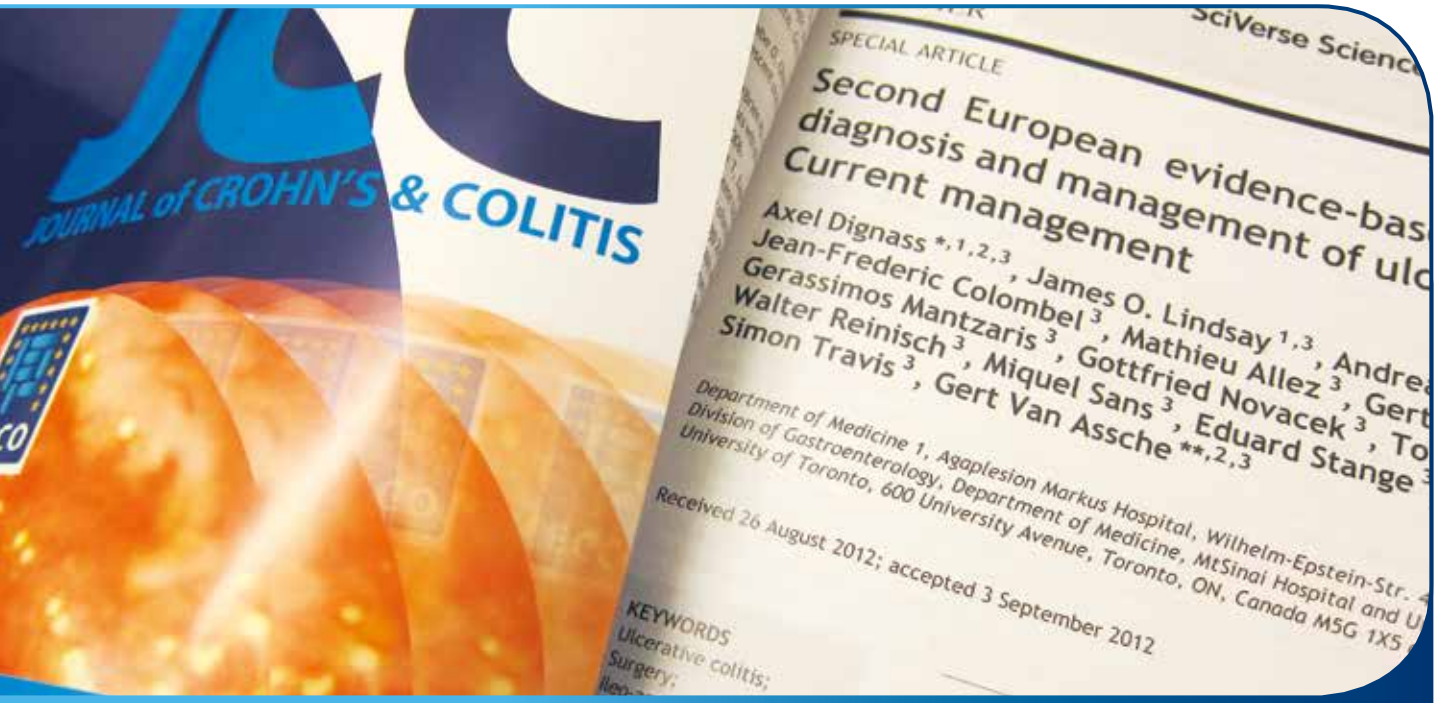

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- ECCO-ESPGHAN Paediatric CD Consensus
- ECCO Endoscopic Consensus

Pipeline 2013-2014

- ECCO Anaemia Consensus
- ECCO Consensus on Surgery in UC
- ECCO Crohn's Disease Consensus Update
- ECCO Reproduction Consensus Update
- ECCO Malignancy Consensus

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

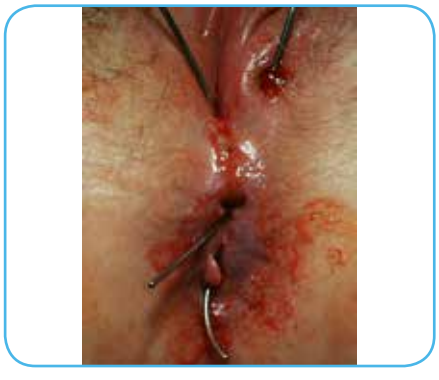
Rami Eliakim
ECCO GuiCom Chair

Miquel Gassull
JCC Editor-in-Chief

Crohn's Anal Fistula

A Challenging Problem

Crohn's anal fistula occurs in 15–25% of patients and represents a significant burden in terms of suffering and impact on quality of life. The majority of patients will have concomitant rectal luminal disease, and the abscess and fistula formation is the result of penetrating ulceration in the anal canal.



Pathognomonic appearance of peri-anal Crohn's Disease (CD) in the acute phase with abscess formation © University Hospital Gasthuisberg Leuven

The advent of biologicals has significantly altered treatment algorithms for Crohn's patients and significantly improved their prospects. As more patients can expect mucosal healing of the rectum and deep remission of the disease, fistula surgery should be re-appraised.

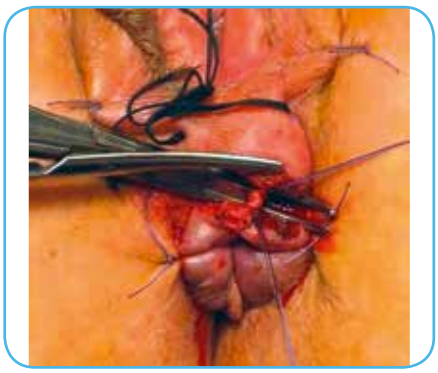
Surgeons continue to debate the surgical treatment of peri-anal CD, with strategies ranging from an ultra-conservative attitude (surgery should be limited to adequate abscess drainage and prolonged seton drainage of the fistulous tracts) to a more radical approach including reconstructive surgical techniques.

Sceptics will argue that aggressive surgical drainage and failure of surgical procedures to obtain fistula eradication will lead to further structural damage to the anal sphincter and subsequent faecal incontinence. This eventually could lead to an increased rate of colo-proctectomy and end-ileostomy formation. Therefore, more conservative techniques should be embraced and lead to further surgical research.

Any decision to propose surgery for Crohn's anal fistula treatment should be taken in concert with the treating gastroenterologist. Again, timing of surgery after optimisation of the medical treatment is of importance in achieving the best possible results.

An intersphincteric approach involving the LIFT technique (ligation of the intersphincteric fistula tract) has recently been re-appraised and deserves further interest. In a systematic review (although most patients were treated for cryptoglandular fistula), LIFT appeared to be an effective sphincter-conserving approach with a pooled healing rate of 71% [1]. This technique offers a unique opportunity of avoiding any endo-anal manoeuvres. No endo-anal flaps are raised and no internal anal fistula orifice is closed.

Via a small intersphincteric incision the tract is visualised and ligated. Recurrences most often result in a more superficial intersphincteric fistula, which can easily be laid open.



Intersphincteric ligation and transection of the fistula © University Hospital Gasthuisberg Leuven

Local injection therapy with a monoclonal antibody against TNF-α [2] also deserves further attention: In a pilot study of 12 patients, this outpatient procedure resulted in a 75% healing rate after a median of seven injections.

Similarly, further phase II and III trials are needed to assess the efficacy and safety of expanded autologous adipose-derived stem cells for the treatment of complex peri-anal fistulas in CD. A multicentre international study is currently being performed.

Any patient with peri-anal CD should receive appropriate and specialised medical and surgical treatment. Once the luminal disease is under control, a step-up surgical treatment plan should be offered. More invasive surgical techniques (e.g. sleeve advancement, gracilis interposition, colo-anal anastomosis) should be reserved for patients in whom minimally invasive techniques have failed. In selected patients these techniques could be the last attempt at rescue to avoid definitive proctectomy.

The treatment of this pathology remains a medical and surgical challenge and deserves our full attention. More appropriate well-designed trials are needed to assess the safety and efficacy of these new techniques. The Surgeons of ECCO (S-ECCO) should provide the platform to facilitate this research.

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ANDRÉ D'HOORE
S-ECCO Chair
On behalf of S-ECCO

1st S-ECCO International IBD Workshop

October 25–26, 2013, Rio de Janeiro, Brazil

On October 25 and 26, the 1st S-ECCO International IBD Workshop was held in the beautiful city of Rio de Janeiro, Brazil. This was the first meeting of the Surgical ECCO Group outside of Europe, and it came about as a result of a partnership between S-ECCO and the Brazilian IBD Study Group (GEDIIB).

During the 2-day meeting, many aspects of both medical and surgical therapy for Crohn's Disease (CD) and Ulcerative Colitis (UC) were discussed in a focussed multidisciplinary approach.

The international ECCO Faculty was composed of Willem Bemelman (The Netherlands) and André D'Hoore (Belgium) as surgeons and Séverine Vermeire (Belgium), Geert D'Haens (Belgium) and Daniel Hommes (USA) as gastroenterologists. Together with 26 Brazilian physicians, they presented keynote lectures and discussed case scenarios and videos in very interactive presentations.

I had the opportunity to organise the meeting together with André D'Hoore and Willem Bemelman (S-ECCO) and Sender Miszputen (president of GEDIIB), and the feedback was outstanding. We had 202 attendees, 28 coming from other Latin American

1st S-ECCO International IBD Workshop © Paulo Gustavo Kotze

countries including Argentina, Colombia and Chile. This was the first time that some of the Brazilian and Latin American physicians had had the opportunity to interact both scientifically and personally with key opinion leaders in ECCO, and the results could not have been any better.

During the first day (dedicated to CD), the stand-out moments were the presentations on the importance of serum levels of anti-TNF agents and their impact on clinical practice, by Séverine Vermeire, and on the new concept of deep remission and its consequences, by Geert D'Haens. Other important presentations included those on surgical techniques for small bowel CD, by Willem Bemelman, and the approach to recto-vaginal fistulas, by André D'Hoore. Many Brazilian physicians also delivered great lectures with a high scientific level.

Before dinner, a soccer game on the beach was proposed, and the European team won by 4-3 (of course, the Brazilian team let them win, as part of our well-known hospitality). The role of Séverine Vermeire as goalkeeper was remarkable. The faculty for the meeting met over an informal dinner, where European and Brazilian physicians were able to interact very well and discuss future plans regarding joint research and common personal interests.

S-ECCO Soccer Team © Paulo Gustavo Kotze

On the second day, dedicated to UC, various clinical scenarios were presented, followed by interesting discussion with the panel and chairs. Surgical and medical therapy for both acute and chronic UC was discussed in several sessions. The meeting closed with an outstanding lecture by Daniel Hommes, who previewed how the treatment of IBD will look in 2020.

This meeting was definitely a landmark for Latin American IBD physicians, as it provided a golden opportunity to host five of the most important IBD specialists in the world, as well as several important Brazilian professors. GEDIIB and S-ECCO also detailed plans for a second meeting in Foz do Iguaçu, Brazil, in 2015. We thank our sponsors for making it possible to organise the event, as well as the ECCO European Faculty for their patience and willingness to endure the long flight hours to Brazil. Meetings like this will certainly keep the spirits of ECCO in Latin America at a high level. ECCO is really spreading in importance as a global IBD organisation among the surgical and gastroenterological community.

PAULO GUSTAVO KOTZE
On behalf of the 1st S-ECCO International IBD Workshop Organising Committee

The Growing Opportunities for Nurses

The N-ECCO School, Network Meeting, Research Networking Forum & Consensus Statements

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

The 5th N-ECCO School will take place on Wednesday, February 19, 2014, aimed at nurses who are new to the specialty of Inflammatory Bowel Disease (IBD). This will be a one-day course aimed at providing an understanding of the basics in managing IBD, and delegates have been nominated by the N-ECCO National Representatives.

The 8th N-ECCO Network Meeting will take place on Thursday, February 20, 2014 and will be aimed at all nurses working in the field of IBD. This course will provide an excellent opportunity to gain an update on developments in managing IBD and, most importantly, in the practical nursing management of the disease. Please refer to the ECCO'14 Congress website (www.ecco-ibd.eu/ecco14) for the full programme and for details on how to register for this meeting.

The N-ECCO Research Networking Forum will take place on Wednesday, February 19, 2014. This is the first meeting for any nurse interested in or carrying out research in the field of IBD. This group aims to provide support and a networking platform for nurses. For further information and to register for this forum please contact the ECCO Office at ecco@ecco-ibd.eu.

Finally, the N-ECCO Consensus Statements on the European nursing roles in caring for patients with Crohn's Disease or Ulcerative Colitis have been published online and in Issue 9 of JCC Volume 7. These statements provide the first guidelines for IBD nursing practice.

MARIAN O'CONNOR
N-ECCO Chair

European
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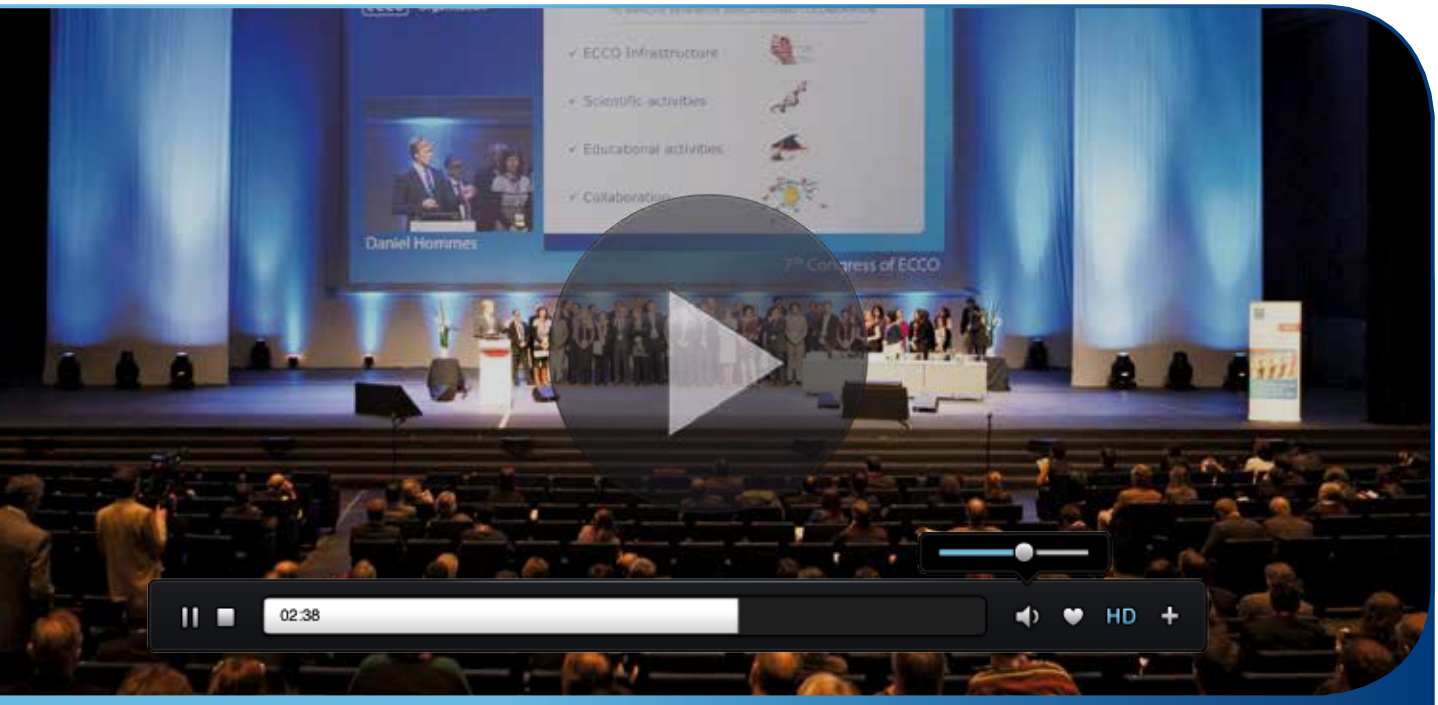
Video recordings of the ECCO Congress



Missed an excellent presentation at the ECCO Congress? No time to attend?

- Watch video recordings of past ECCO Congresses on the e-CCO Learning Platform
- Accessible for all ECCO Members
- Presentation availability is subject to speaker authorisation

Scan and contact the ECCO Office

www.ecco-ibd.eu

Dear Colleagues,

Thank you for visiting the Y-ECCO pages! I shall update you on what is going on in our group and describe your options for participating in Y-ECCO.

The election of the new Y-ECCO Chair and the two new Y-ECCO Committee Members has been completed. We had a record number of 21 applicants for only two seats, which represents a new high for committee elections within ECCO. This shows the tremendous energy and motivation that exist among our group. The results will be announced at the General Assembly at the 9th Congress of ECCO in Copenhagen in 2014. We are confident that all the applicants for positions will remain in close contact and will help Y-ECCO to continue to develop and grow.

The last Y-ECCO Committee Meeting was in Berlin at the UEGW. We continue to work on opportunities to connect you with each other and to enable you to participate in ECCO Activities.

Y-ECCO involvement in ECCO Guidelines

In Berlin the pilot programme for the involvement of Y-ECCO Members in the development of ECCO Guidelines took place. Four Y-ECCO Members were able to observe discussions on a Consensus Update – the third Consensus Update for Crohn's Disease. The Y-ECCO Members will develop e-CCO Learning cases that incorporate all the latest developments in the diagnosis and management of this disease. Please find their report in this issue of ECCO News. The goal is to refine the programme and to enable Y-ECCO Members to participate in each guideline project as full members or full authors in conjunction with the e-CCO Learning development. This is a tremendous opportunity! You can apply at any time and spaces will be allocated on a competitive basis.

Development of e-CCO Learning

In addition to the new guideline project, Y-ECCO Members continue to make a major contribution to the development of e-CCO Learning. You can write an e-CCO Learning case together with a senior ECCO Member or record a podcast or video podcast. Tim Raine is managing this project. Put your name and expertise out there! Just let us know if you are interested….

Y-ECCO Literature reviews

You can also write an article for ECCO News! Please note our excellent Y-ECCO Literature reviews, edited by Pieter Hindryckx. You can voice your opinion on landmark IBD papers and get featured in ECCO News with an accompanying photo of yourself!

Y-ECCO Interview corner

In this issue of ECCO News, Monica Cesarini interviews Renzo Caprilli, the first ECCO President. The Y-ECCO Interview was introduced upon Monica's initiative.

Y-ECCO Activities at the ECCO'14 Copenhagen Congress Joining forces the two Ultrasound Workshops have been combined into one (Thursday, February 20, 2014 at 08:30 – 11:30) allowing reinforced exchange on the topic. Y-ECCO Members are invited to apply and will be admitted at a reduced admission fee.

Please sign up for our Y-ECCO Workshop at the ECCO Congress in Copenhagen in 2014: "Practical skills to succeed in academic medicine". This is a unique opportunity to acquire skills that are critical for your career in an informal atmosphere. Sebastian Zeissig is hosting this event. Outstanding experts from the non-medical arena will teach you the latest and greatest techniques for succeeding in academic medicine!

Our members' meeting will follow the Y-ECCO Workshop. Unfortunately this year we will not be able to provide an organised and sponsored networking event. We are working on an alternative to facilitate you in getting together in the evening after the Workshop.

Clinical study protocol submission to Y-ECCO

You can submit your clinical study protocol through Y-ECCO, have it reviewed by the ClinCom Experts and get the chance to obtain Y-ECCO endorsement of your study. You then have access to various tools, such as our website and e-mail listings. Franco Scaldaferri developed this opportunity for you. Y-ECCO continues to work on the mentoring platform. This is planned to be a part of the Scientific Platform to be launched in 2014/2015 – an additional way to connect with your IBD friends.

Y-ECCO educational survey

Y-ECCO has closed the educational survey. Thanks to all participants. More than 700 young gastroenterologists across Europe and worldwide filled out the online questionnaire. The results will be published in due course.

Y-ECCO co-chairing programme

You can continue to apply for the Y-ECCO co-chairing programme for future ECCO Activities. This programme provides the opportunity to chair a session alongside an experienced ECCO Expert. Selections will be made on a competitive basis.

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 © ECCO Photographer

FLORIAN RIEDER
Y-ECCO Chair

Y-ECCO Report on CD Consensus Meeting Participation

It was a busy and long weekend for us Y-ECCO Members not very familiar with the behind the scenes of an ECCO Consensus Meeting.

We found ourselves in Berlin prior to the United European Gastroenterology Week (UEGW) to attend, as Y-ECCO observers, the final round of discussion regarding the upcoming third European evidence-based Consensus on Crohn's Disease (CD). It all started when Florian Rieder, the chair of Y-ECCO, together with EduCom, the ECCO Committee responsible for educational activities, challenged us to get involved with the e-CCO Learning platform by developing an interactive consensus-based clinical case. For that purpose we will be working together with senior IBD experts to put together a complex case focussing on different topics in the updated CD Consensus. By launching these interactive clinical cases, EduCom aims not only to create a useful learning experience, but also to disseminate the CD Consensus to all ECCO Members and clinicians with an interest in IBD.

After a short pre-CD Consensus Meeting with Axel Dignass, Janneke van der Woude, Stephan Vavricka and Florian Rieder, as well as Julia Gabriel and Conny Schmutzer, the ECCO Staff involved with the e-Learning development, at which we discussed in detail the format of the interactive e-Course, everyone was ready for the CD Consensus Meeting to begin! We were told that every statement would be read to the experts and that they would then have to vote

using remote controls. We were sitting together with the Consensus Group; we even had our own remote controls for voting! (Don't worry! We had been previously instructed not to touch them and just to observe the results!)

This was a very long and interesting meeting. The senior IBD experts participating in the CD Consensus were very determined to make sure that all statements were clear and based on the best available evidence. We were very impressed by the level of discussion and the meticulous methodology used in evaluating and combining the evidence behind each statement. There was a lot of debating, pressing buttons, voting and voting again, and of course also a little socialising, eating and drinking (after all these IBD experts are also human!).

Being at the CD Consensus Meeting was a once in a lifetime experience for us young gastroenterologists. The opportunity to see in loco how the Consensus is developed and how new scientific evidence can lead to changes in clinical practice was priceless. Additionally, we could see that, even among senior IBD experts with a lot of clinical experience, a consensus is sometimes hard to achieve. Ultimately, however, after carefully discussing all the topics, IBD clinicians and surgeons coming from very different places in Europe were able to fully approve every single statement of the new CD Consensus. The resulting document will be published in the second or third quarter of 2014 in the Journal of Crohn's and Colitis (JCC) and we will develop interactive clinical cases based on the new statements. Therefore, we invite all ECCO Members to read the updated CD Consensus once it has been published and to take the interactive e-Courses (look out for the announcements in the eNewsletter).

e-CCO Learning pre-CD Consensus Meeting participants © ECCO Office

JOANA TORRES, TIAGO NUNES, ELISABETH SCHNOY, MONICA CESARINI
Y-ECCO Members

Invitation to the 7th Y-ECCO Workshop

Wednesday, 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 our members' meeting! 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
© ECCO Photographer

SEBASTIAN ZEISSIG
Y-ECCO Committee Member

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**	

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

Y-ECCO Interview corner

Dear Y-ECCO Members,

It's a pleasure to introduce the fourth "Y-ECCO Interview corner" interview, with Renzo Caprilli, who was also recently acknowledged as honorary and founding member of the Italian group of IBD (Ig-IBD).

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 and to reflect upon important past developments in the history of ECCO.

The next interview will be with Jean-Fréderic Colombel. We would really appreciate your contribution in suggesting questions of interest to the ECCO Office under ecco@ecco-ibd.eu. We look 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 Renzo Caprilli

Renzo Caprilli © ECCO Photographer

How did you develop the idea of founding a European society dedicated to IBD?

The early days of ECCO go back to January 1999, when Geert D'Haens and I met in Padua at the University Hospital during a meeting on IBD. Sitting in the hospital cafeteria, Geert and I agreed that there were a number of qualified scientific groups in Europe very actively engaged in IBD. We therefore discussed the idea of organising a meeting of all the European IBD groups, just to inform each other about current projects and explore possible cooperation between the groups.

I organised the first meeting of the European national IBD groups at the Rome 1999 UEGW. The initiative was very successful as representatives of seven European countries attended [Belgium, Denmark, France (GETAID), Italy (IG-IBD), Norway, Spain (GETECCU) and the Netherlands].

Encouraged by the enthusiasm of these friends, we spent a couple of years contacting people from other countries with the idea of creating an IBD voice in Europe and promoting education and research in the field of IBD. After several preparatory reunions, the foundation of the European Crohn's and Colitis Organisation (ECCO) was widely shared and became official in Vienna on March 24, 2001. I was elected the first President and Geert D'Haens, the Secretary.

How did ECCO change the IBD landscape?

The growth and expansion of ECCO were tremendously fast. The number of delegates attending the first ECCO Congress in Amsterdam was 350, while the most recent Vienna Congress (2013) had a record number of attendees, 4,515, from 77 different countries. Almost 1,000 abstracts were also submitted.

The continuously updated ECCO Guidelines, published in JCC, are widely followed in Europe and have had a great impact on the standardisation of treatment of patients with IBD.

Each year junior gastroenterologists may attend the ECCO IBD Intensive Advanced Course and receive up-to-date fundamental information on diagnosis and treatment of IBD patients.

Many Educational Workshops have been organised within most European countries, providing excellent educational opportunities to improve the management of patients with IBD.

The ECCO iournal, the Journal of Crohn's and Colitis (JCC), in the expert hands of Miguel Gassul, achieved an excellent 2012 impact factor of 3.385 and is now considered to be one of the leading journals in the field of IBD. The growth in the number of original manuscripts submitted to JCC has led the editor to decide to increase the number of annual issues to 12.

Lastly, many other specialists (paediatricians, radiologists, surgeons, nurses) have joined ECCO, which has become the reference international association for all interested in IBD.

I can conclude that ECCO definitively affected the landscape of both the IBD patients and the doctors interested in IBD.

What was the secret of the success of ECCO?

Many factors played a role in the success of ECCO, such as the increased prevalence of IBD and the advent of biological therapies at the end of the last century and the beginning of the 2000s. However, in my opinion, the primary reasons for the success were the selection of smart, young and enthusiastic people to take part in the Governing Board and Committees, the rapid turnover of presidents and the involvement of many people from different countries in the numerous activities of ECCO. All these ingredients contributed in creating the so-called ECCO Spirit, a feeling of belonging to a community of friends sharing a common scientific interest. These are the reasons why ECCO has become so popular.

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

Pieter Hindryckx © ECCO Photographer

Validation of Endoscopic Activity Scores in Patients With Crohn's Disease Based on a Post Hoc Analysis of Data From SONIC.

Ferrante M, Colombel JF, Sandborn WJ, Reinisch W, Mantzaris GJ, Kornbluth A, Rachmilewitz D, Lichtiger S, D'Haens GR, van der Woude CJ, Danese S, Diamond RH, Oortwijn AF, Tang KL, Miller M, Cornillie F, Rutgeerts PJ; International Organization for the Study of Inflammatory Bowel Diseases.
Gastroenterology. 2013;145:978-86

Introduction

Efficacious treatment of Crohn's Disease (CD) is associated with a reduction in endoscopic lesions or even complete mucosal healing in the small intestine and the colon [1], and studies have shown that mucosal healing may change the natural course of the disease by decreasing clinical relapse rates, hospitalisation rates and the need for surgery [2, 3]. However, it is not known to what degree mucosal healing is required to achieve this beneficial clinical effect. Furthermore, no clear cut-off values have been identified that represent the minimal clinically important improvement in endoscopic disease activity and could be used to define endoscopic response.

The study by Ferrante et al. aimed to answer this question through a subgroup analysis of patients from the SONIC trial, a landmark study on the use of immunomodulators and biologics in CD [4]. The authors investigated the minimal improvement in endoscopic disease activity at week 26 that reliably predicted corticosteroid-free clinical remission at week 50. Both the Simple Endoscopic Score for CD (SES-CD) and the CD Endoscopic Index of Severity (CDEIS) were evaluated to determine the most appropriate cut-off level for endoscopic response.

What does the study show?

Ferrante et al. analysed data from 172 patients who participated in the SONIC trial, were found to have endoscopic lesions at baseline and underwent a second endoscopic examination at week 26 of treatment with infliximab, azathioprine or both. Based on analyses of ROC curves, positive likelihood ratio (PLR) and negative likelihood ratio (NLR) of different cut-off values for endoscopic response, it was found that a decrease of at least 50% from baseline in SES-CD could best define endoscopic response. At week 26, mucosal healing (defined as absence of ulcers) and endoscopic response were achieved in 48% and 65% of patients, respectively. In this study, corticosteroid-free clinical remission (CFREM) was used as the clinical endpoint (binary classifier) and mucosal healing at week 26 was associated with CFREM at week 50, with 56% sensitivity, 65% specificity, a PLR of 1.60 and an NLR of 0.67. Endoscopic response at week 26 was associated with CFREM at week 50, with 74% sensitivity, 48% specificity, a PLR of 1.42 and an NLR of 0.54. Endoscopic response, defined as a decrease from baseline CDEIS of at least 50%, yielded similar results.

Conclusion

The study has shown that, in patients with CD, mucosal healing and endoscopic response (a reduction of at least 50% from baseline in SES-CD and CDEIS) at week 26 of treatment are associated with CFREM at week 50. It should be noted, however, that the subgroup analysis of patients from the SONIC trial excluded patients who dropped out and did not have colonoscopy at week 26. Consequently, the analysis could be biased towards patients who responded to treatment. The analysis also did not stratify patients according to the treatment modalities in the SONIC trial. Still, the study proved that endoscopic response at week 26 could serve as a reliable and valuable predictor of short-term outcome of therapies, allowing for adjustment in pharmacological or treatment strategy. To what extent endoscopic response at week 26 and CFREM at week 50 are predictive of other desired disease modification benefits, such as prevention of bowel damage, need for surgery and progression of disability, remains unknown. To answer this question and to validate the usefulness of endoscopic response and mucosal healing at week 26 as predictors of short-term outcome in patients with CD, further long-term independent and prospective cohort studies are warranted.

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East-West gradient in the incidence of Inflammatory Bowel Disease in Europe: the ECCO-EpiCom inception cohort

Burisch J, Pedersen N, Cukovic-Cavka S, Brinar M, Kaimakliotis I, Duricova D, Shonová O, Vind I, Avnstrøm S, Thorsgaard N, Andersen V, Krabbe S, Dahlerup JF, Salupere R, Nielsen KR, Olsen J, Manninen P, Collin P, Tsianos EV, Katsanos KH, Ladefoged K, Lakatos L, Björnsson E, Ragnarsson G, Bailey Y, Odes S, Schwartz D, Martinato M, Lupinacci G, Milla M, De Padova A, D'Incà R, Beltrami M, Kupcinskas L, Kiudelis G, Turcan S, Tighineanu O, Mihu I, Magro F, Barros LF, Goldis A, Lazar D, Belousova E, Nikulina I, Hernandez V, Martinez-Ares D, Almer S, Zhulina Y, Halfvarson J, Arebi N, Sebastian S, Lakatos PL, Langholz E, Munkholm P; for the EpiCom-group.
Gut. 2013 Apr 20. [Epub ahead of print]

Introduction

The aetiology of Inflammatory Bowel Disease (IBD) is still incompletely understood. Epidemiological observations may be helpful in identifying the true causative factors of this disease. Historically, the prevalence and incidence of IBD have been higher in developed countries, with a decreasing gradient from North to South gradient and, to a lesser degree, from West to East [1]. However, more recent data demonstrate changes in demography as countries become more developed and immigration increases [2]. Several hypotheses have been put forward to explain these changing demographics, but direct experimental evidence is lacking in most cases [2, 3]. Racial and ethnic relations in different populations and immigration studies offer interesting data which reflect a complex interplay between genetic, environmental and behavioural factors [1–3]. Diet, alterations in the bowel microflora, smoking habits and the influence of hormonal status and drugs are viewed as contributing factors in the manifestation of the disease [1, 3]. However, these factors may differ for Western and Eastern European countries. In fact, some articles report that the Western-Eastern discrepancy can be merely attributed to a difference in life styles [1].

Understanding the discrepancies between data from populations with different genetic backgrounds and environmental factors may reveal fundamental aspects of IBD pathogenesis [3].

Recent studies from Eastern Europe have reported acute increases in the incidence of IBD in some countries, comparable with Western European incidence rates, whereas in other Eastern European centres, IBD incidence has not been investigated [4, 5]. It remains unknown whether these changes represent true increases in IBD incidence, rising awareness of the disease or differences in diagnostic practices.

What is this paper about?

This paper presents the first multicentre web-based inception cohort study of the incidence of IBD in Europe, the aim of which was to investigate whether there is a real East-West gradient. Data on phenotype and initial treatment are also presented.

Burisch and colleagues created a prospective, population-based inception cohort of IBD patients in 31 European centres (14 Western and 8 Eastern European countries) covering a background population of 10.1 million people. The classification of centres as being situated in either Western or Eastern European countries was based on the geographic position and the socioeconomic status of that country before 1990. Patients were entered into a low-cost, web-based epidemiological database, making participation possible regardless of socioeconomic status and prior experience. A total of 1,515 patients aged 15 years or older were included, of whom 535 (35%) were diagnosed with Crohn's Disease (CD), 813 (54%) with Ulcerative Colitis (UC) and 167 (11%) with Inflammatory Bowel Disease unclassified (IBDU). The patient populations in Eastern and Western Europe were identical in terms of sociodemographic characteristics, disease extent and phenotype, smoking habits and diagnostic delay.

What are the results?

The overall incidence rate ratios in all Western European centres were 1.9 for CD and 2.1 for UC compared with Eastern European centres. Thus, a West-East gradient of 2 in IBD incidence exists in Europe. The median annual incidence rates per 100,000 in 2010 for CD were 6.5 in Western European centres and 3.1 in Eastern European centres; for UC they were 10.8 and 4.1, respectively; and for IBDU, 1.9 and 0, respectively. The highest incidence reported (81.5 per 100,000 per year) was found on the Faroe Islands (a Danish island group situated between Norway and Iceland). Another interesting finding was the Hungarian incidence of IBD, which was the highest Eastern European incidence and equalled Western European incidences.

In Western Europe, 92% of CD, 78% of UC and 74% of IBDU patients had a colonoscopy performed as the diagnostic procedure, compared with 90%, 100% and 96%, respectively, in Eastern Europe. Surgery within the first 3 months of the onset of the disease was performed in 8% of CD and 1% of UC patients in both regions and these rates seemed unchanged despite the introduction of biological therapy. 7% of CD patients and 3% of UC patients from Western Europe received biological treatment and 17% of these patients were treated "top down", while the remaining patients were treated "step up". Only 2% of CD patients from Eastern Europe received infliximab. Of all European CD patients, 20% received 5-aminosalicylates (5-ASA) as induction therapy.

Why is this paper of importance?

In this large epidemiological landmark study, the annual incidence rates for CD and UC in Western European centres were twice as high as those in Eastern European centres. This gradient was smaller than originally expected compared with the North-South gradient previously observed; this might be explained by methodological bias in previous Eastern European studies.

The reported high incidence of IBD on the Faroe Islands could have been caused by environmental factors (e.g. special dietary habits) in combination with a genetic burden. Moreover, the sharp increase in the Hungarian IBD incidence, in accordance with previous reports, may be related to the strong development and economic growth experienced by Hungary in recent decades and a more Westernised way of life, suggesting that geographical variations in lifestyle combined with purchasing power parity may influence IBD incidence. In fact, this study shows that populations appear to be susceptible to IBD under certain environmental influences.

The general diagnostic and therapeutic approach for CD and UC seemed similar in Eastern and Western Europe and in accordance with current international guidelines. However, in particular cases, those guidelines were not being followed. For example, 21% of CD patients were treated with 5-ASA monotherapy for induction, which is not recommended [6]. Nevertheless, recent studies have shown that some patients are responders to 5-ASA treatment and that budesonide has not shown superiority to 5-ASA as the first choice for mild ileocaecal disease [6].

In our opinion, socioeconomic considerations regarding treatment options and patient preferences influence the choice of treatment. Furthermore, differences in disease management are strongly linked to differences between health systems across Europe.

More epidemiological studies are needed to further analyse the impact of environmental factors and treatment choices on disease course during follow-up observation of the EpiCom cohort.

Considering these epidemiological data, we can conclude that UC and CD are heterogeneous disorders of multifactorial aetiology in which genetic and environmental (behaviour, diet) factors interact to produce the disease, and suggest that risk of IBD is linked to the developmental status of the geographical region/country.

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A prospective study of long-term intake of dietary fibre and risk of Crohn's disease and ulcerative colitis

Ananthakrishnan A, Khalili H, Konijeti GG, Higuchi LM, de Silva P, Korzenik JR, Fuchs CS, Willett WC, Richter JM, Chan AT
Gastroenterology 2013;145:970-7

Introduction

The aetiopathogenesis of Inflammatory Bowel Disease (IBD) remains poorly understood. However, recent advances through genome-wide association studies implicate both the immune response to the intestinal microbiome and disruption of intestinal epithelial barrier function as factors likely to influence disease development [1]. In addition to host composition, environmental factors can influence the microbiome or alter epithelial barrier function; hence pre-morbid diet is an obvious candidate for study in understanding factors which may predispose to, or protect from, disease [2, 3].

Dietary fibre is a plausible area for study given in vitro evidence that fermentable fibre can play a role in maintaining epithelial barrier function [4]. However, the complexity of diet, which, in addition to composition of both macro- and mirconutrients, is also influenced by socioeconomic and health behaviours, makes study difficult. This study aimed to use a large prospective cohort of patients to examine the role of dietary fibre in the development of IBD.

What this paper is about

Nurses' Health Study I & II are large prospective cohorts of female registered nurses in the United States, recruited in 1976 and 1989 respectively, in which environmental exposures are investigated using detailed questionnaires twice yearly and self-administered semi-quantitative food frequency questionnaires (FFQ) on a 4 yearly basis, with follow-up in ~90%. Estimation and quantification of dietary fibre from FFQ has been previously validated, and as there was no heterogeneity between the two cohorts, they were pooled. In this way, 170,776 patients were included in the analysis and fibre intake was divided into quintiles.

Patients self-reported incident cases of IBD on a questionnaire from 2009-10 and cases were confirmed by case note review. In total, 269 incident cases of Crohn's Disease (CD) and 338 of Ulcerative Colitis (UC) were included at an (expected) incidence of 8 per 100,000 in CD and 10 per 100,000 in UC over 26 years of follow-up. Median age at diagnosis was 54 years (range 29-82) in CD and 52 years (29-85) in UC. Median fibre intake was 11 g/day in the lowest quintile and 25 g/day in the highest. Women in the highest quintile were less likely to be obese or regularly take aspirin; they also had a lower consumption of total fat and higher carbohydrate and protein intake.

Covariates including cigarette smoking, menopausal status, use of oral contraceptives or hormone therapies, aspirin, non-steroidal drugs and weight were adjusted for using a Cox proportional hazards model with multivariate hazard ratios (HR) and 95% confidence intervals (CI) calculated.

High cumulative average intake of dietary fibre was associated with a lower incidence of CD in women when compared with the lowest quintile (HR 0.59, 95% CI 0.39-0.90); however, the association was not linear, and there hence appears to be a threshold of fibre above which the association with reduced incidence of CD is seen. There was no association between fibre and risk of developing UC. Furthermore, source of fibre was found to impact findings, with the strongest protective association noted for fibre sources from fruits (HR 0.57, 95% CI 0.38-0.85) for women in the highest quintile compared with those in the lowest quintile. There were statistically non-significant, but numerical associations for all vegetables or cruciferous vegetables; in contrast, fibre from whole grain, bran or legumes was not associated with reduced risk of CD. Small numbers essentially precluded sub-group analysis, but the strongest effect on fibre intake was observed in ileocolonic disease (HR 0.47, 95% CI 0.2-1.00).

Symptoms from CD can precede diagnosis. A lag analysis of diet at least 4 years prior to a 2-year follow-up was therefore performed, which demonstrated some reduction in the association of total fibre intake and CD (HR 0.75, 95% CI 0.50-1.11); however, fibre intake from fruits (HR 0.62 95% CI 0.42-0.92) remained associated with a lower incidence of CD, in the period prior to diagnosis.

Conclusion

This study demonstrates an inverse association between dietary fibre, particularly derived from fruit, and CD, but not UC, suggesting that dietary fibre from certain sources may protect against development of CD. The study population includes women only, and enrolment occurred between ages 25 and 50, thus eliminating a significant number of patients who develop IBD prior to this. However, there are many positive aspects, including the fact that prospective data collection eliminates recall bias and using FFQ from several time points increases accuracy. Hence this study provides a substantial platform for investigation of dietary fibre in gut homeostasis and its putative protective role in CD.

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Subcutaneus Golimumab Maintains Clinical Response in Patients with Moderate-To-Severe Ulcerative Colitis

Sandborn WJ, Feagan BG, Marano C, Zhang H, Strauss R, Johanns J, Adedokun OJ, Guzzo C, Colombel JF, Reinisch W, Gibson PR, Collins J, Järnerot G,Rutgeerts P.
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Introduction

Ulcerative Colitis (UC) is one of the main types of Inflammatory Bowel Disease (IBD), characterised by chronic colonic mucosal damage associated with an abnormal immune response against food or bacterial antigens in genetically predisposed individuals [1, 2]. In the injured intestinal mucosa, chronic inflammation is sustained by activation of mast cells/macrophages, neutrophils and dendritic cells, followed by the activation of leucocytes, T cells and especially Th2 cells [3]. Among the pro-inflammatory cytokines, tumour necrosis factor-α (TNF-α) is mainly produced by activated immune cells. It induces several immune reactions, such as an increase in intestinal permeability, endothelium expression of adhesion molecules to recruit immune cells and matrix metalloproteinase cleavage [4]. Anti-TNF-α agents are engineered molecules produced using living "biological systems" and not just synthesised in vitro. New anti-TNF-α agents, like golimumab, will therefore exert similar but not identical biological functions. Golimumab is a fully humanised IgG1κ monoclonal antibody directed against human TNF-α [5], with potentially low risk of allergic reaction for humans. It was already approved by the U.S. Food and Drug Administration (FDA) in April 2009 for the treatment of moderately to severely active rheumatoid arthritis (in combination with methotrexate), active psoriatic arthritis and active ankylosing spondylitis [6].

Key findings

The PURSUIT program (Program of Ulcerative Colitis Research Studies Utilizing an Investigational Treatment) included a multicentre, randomised, double-blind, placebo-controlled phase 3 trial designed to evaluate the safety and efficacy of a subcutaneous monthly treatment regimen with golimumab for the induction and maintenance of remission in adults with moderate-to-severe UC. All patients recruited responded poorly to or did not tolerate treatment with 6-mercaptopurine, azathioprine, corticosteroids and/or 5-aminosalicylates, or were corticosteroid dependent. Study participants were naïve to treatment with TNF inhibitors and had a Mayo Score at baseline between 6 and 12 as well as an endoscopy sub-score equal to or greater than 2.

Responders to induction treatment with golimumab were eligible to be randomised in the phase 3 study

of maintenance PURSUIT (PURSUIT-M), which was conducted in 251 centres. The primary endpoint of this study was the maintenance of clinical response through week 54, while secondary endpoints included clinical remission and mucosal healing (Mayo Endoscopy Score of 0 or 1) at both week 30 and week 54. Patients were randomised into three groups given placebo or 50 mg or 100 mg of golimumab. The proportion of golimumab induction responders who maintained clinical response through week 54 was significantly greater in both the 100-mg and 50-mg groups (respectively 50.6% and 47.1%) as compared to the placebo group (31.4%). The same trend was observed for the proportion of patients in clinical remission at both weeks 30 and 54 (with percentages equal to 28.6%, 23.5% and 15.4% respectively) and in the proportion with mucosal healing at both weeks 30 and 54 (43.5%, 41.8% and 26.9%). In the course of the PURSUIT-M study, antibody levels against golimumab were also evaluated and their incidence through week 54 was only 2.9%. Accordingly, golimumab concentrations remained stable in serum from week 8 through week 44, with higher serum golimumab concentrations at week 54 in the 100-mg group. Sandborn et al. showed that safety results were consistent with the known safety profile of the drug in rheumatological indications and with that reported for other anti-TNF-α agents. Among patients in the placebo and the 50- and 100-mg golimumab groups, injection site reactions occurred in 1.9%, 1.9% and 7.1% respectively; infections occurred in 28.2%, 39.0% and 39.0%, serious adverse events in 7.7%, 8.4% and 14.3% and serious infections in 1.9%, 3.2% and 3.2%. No injection site reaction was serious and no anaphylactic reactions were reported.

Through week 54, three deaths and three malignancies were reported in the 100-mg golimumab maintenance group, in patients with a previous history of disease. One case of breast cancer was reported in a patient who had received only placebo during induction and maintenance.

Conclusion

Golimumab represents a new anti-TNF-α agent for the management of RCU and a new opportunity for UC patients to ameliorate their quality of life. After the results of the PURSUIT programs, the FDA approved golimumab (Simponi®, Janssen Biotech, Inc., Harsham, PA) to treat UC via a press release, issued on May 15, 2013.

It would be interesting to evaluate whether the low rate of antibody development against golimumab effectively leads to fewer allergic reactions and fewer secondary treatment failures with golimumab as compared to the other anti-TNF agents.

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Acknowledgements

ECCO would like to thank all of its dedicated members for their contributions to the organisation's regular and unique activities and projects, which take place all year round. Until now recognition for this work has fallen short in that the visibility of individual contributors has been limited. But this will now change! ECCO has introduced an "Acknowledgements" page on its website (www.ecco-ibd.eu/about-ecco/ecco-acknowledgements), and contributing ECCO Members will be displayed with a picture on the home screen of the ECCO Website. The focus will in particular be on those who have until now received insufficient recognition. Therefore, the ECCO Members acknowledged will include contributors to the Congress (including speakers and chairs), ECCO Educational Workshops, case development and updates, e-CCO Learning content, JCC, ECCO News and ECCO Guidelines, and the list goes on….

The ECCO Office is still in the process of developing this "Acknowledgements" page, and many pictures are still missing. Please be patient: This is an ongoing project, just like your contributions. And it is your continuous support and your generous contribution in terms of time and effort that are making ECCO such a success – way to go ECCO Members!

Conflicts of Interest

Standard Wording for ECCO Publications

It is crucial for ECCO to be absolutely transparent about potential conflicts of interest (CoI). ECCO Experts are increasingly involved in various activities such as the ECCO Congress, ECCO Workshops, ECCO Guidelines and other projects, including publications of papers in the Journal of Crohn's & Colitis (JCC) throughout the year. Therefore ECCO has established a standard wording for ECCO Publications for CoI which should apply to all ECCO Open Access Publications. These include not only every Guideline, but also Scientific Workshop papers, Position Statements and any official scientific communications of ECCO Speakers, Chairs, Officers, etc.

It is important that this standard wording is included in manuscripts submitted to JCC. We would also like to remind all ECCO Members that almost everyone will have some form of potential conflict, but that the most important concern is transparency, not that there should be no CoI at all. Please ensure that your form is kept up to date: You are required to submit a form if you are an ECCO Officer, on an ECCO Guideline or Working Group, or an author of an article in JCC. This will be audited before publication and the ultimate sanction is no form, no authorship.

Thank you for your support in helping ECCO to maintain transparency.

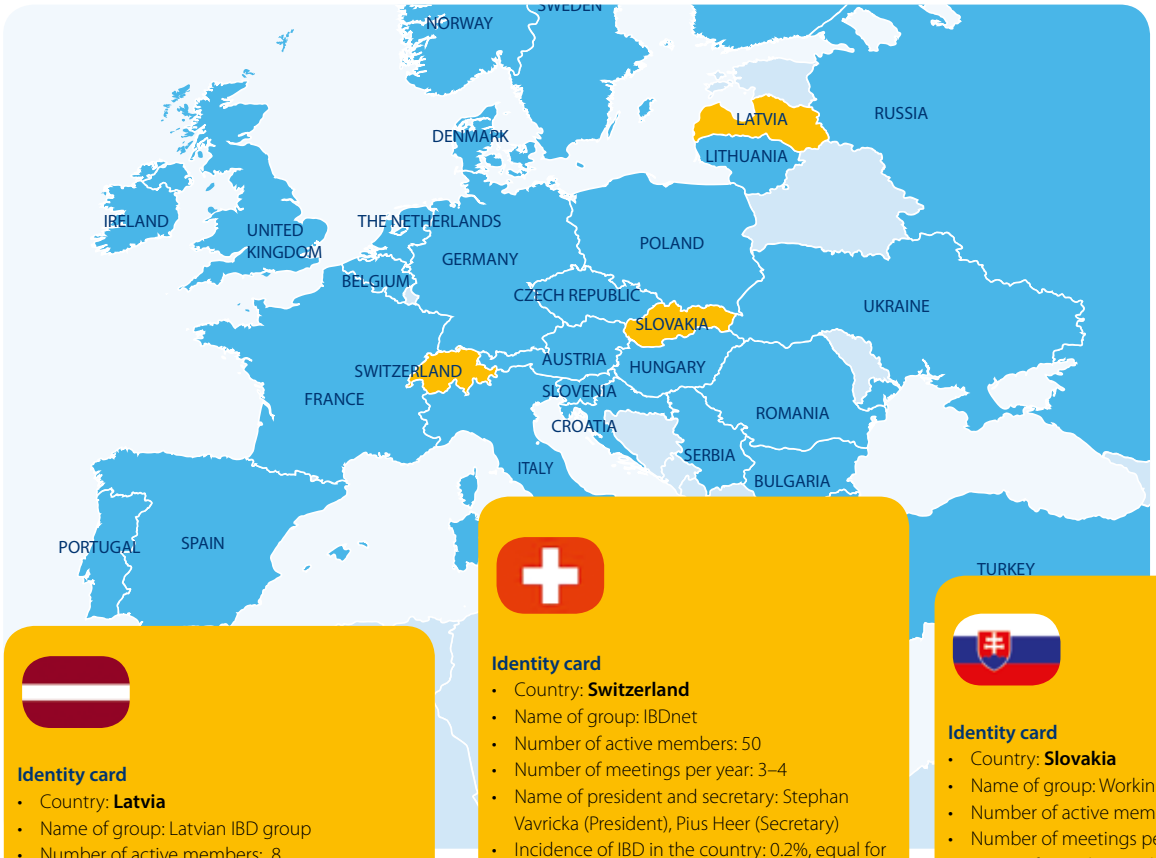
MIQUEL GASSULL
JCC Editor-in-Chief

SIMON TRAVIS
ECCO President

Standard wording

Conflict of Interest Statement: ECCO has diligently maintained a disclosure policy regarding potential conflicts of interest (CoI). The CoI declaration is based on a form used by the International Committee of Medical Journal Editors (ICMJE). The CoI statement is not only stored at the ECCO Office and the editorial office of JCC, but is also open to public scrutiny on the ECCO Website (www.ecco-ibd.eu/about-ecco/ecco-disclosures), providing a comprehensive overview of potential CoI of authors.

ECCO Country Member Profiles



Identity card
- Country: **Latvia**
- Name of group: Latvian IBD group
- Number of active members: 8
- Number of meetings per year: 4
- Name of president: Juris Pokrotnieks

Identity card
- Country: **Switzerland**
- Name of group: IBDnet
- Number of active members: 50
- Number of meetings per year: 3–4
- Name of president and secretary: Stephan Vavricka (President), Pius Heer (Secretary)
- Incidence of IBD in the country: 0.2%, equal for Crohn's Disease and Ulcerative Colitis, based on a population-based study of 2004 in Canton de Vaud.

Identity card
- Country: **Slovakia**
- Name of group: Working group of IBD
- Number of active members: 30
- Number of meetings per year: 2
- Name of president and secretary: Martin Huorka (President), Milos Gregus (Secretary)
- Incidence of IBD in the country: Similar to that in Western Europe

Questionnaire – LATVIA

How did your national group start?
It was founded in 2004 due to the need to develop guidelines for general practitioners.

How is your group organised in terms of new members joining the group, meetings, election of president etc.?
On a voluntary basis due to the small number of active members

When did your national group join ECCO?
2004

What are your main areas of research interest?
Small bowel involvement in Crohn's Disease; iron deficiency anaemia in patients with IBD

Does your centre or country have a common IBD database or bio bank?
No

What are your most prestigious/interesting past and ongoing projects?
Excavating lesions of the small bowel in patients with Crohn's Disease

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

What are your aims for the future?
Participate in ECCO Grants with certain international projects

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

ALEKSEJS DEROVS, JELENA DEROVA
ECCO National Representatives, Latvia

Questionnaire – SWITZERLAND

Frank Seibold © Frank Seibold

Pierre Michetti © Pierre Michetti

How did your national group start?
The group was founded in 2000 by A. Straumann.

How is your group organised in terms of new members joining the group, meetings, election of president etc.?
It is a registered private association, recognised as the IBD group of the Swiss Society of Gastroenterology. As part of this recognition, IBDnet changed its statutes to become an open scientific society with an elected committee.

When did your national group join ECCO?
Switzerland was among the first countries to join ECCO, within 1 year of its creation.

What are your main areas of research interest?
The Swiss IBD cohort, which is a nationwide registry and biobank with extensive scientific collaborations.

Does your centre or country have a common IBD database or bio bank?
Yes, the Swiss IBD cohort.

What are your most prestigious/interesting past and ongoing projects?
Participation in several genetics and microbiome projects. Studies on clinical use of biological therapies.

Which ECCO projects/activities is the group currently involved in?
There are Swiss members in ECCO EduCom and SciCom, and a Swiss Scientific Officer on the ECCO Governing Board.

What are your aims for the future?
To work in a European IBD network.

How do you see ECCO helping you to fulfil these aims?
ECCO should foster more pan-European initiatives and help the various European cohorts to find common working platforms and projects.

What do you use ECCO for? Network? Congress? How do you use the things/services that ECCO has to offer?
Intense networking, establishing collaborations for scientific projects, use of educational activities for juniors and established specialists, participation in Congresses, and oral and poster presentations to raise the visibility of our national cohort.

PIERRE MICHETTI, FRANK SEIBOLD
ECCO National Representatives, Switzerland

Questionnaire – SLOVAKIA

How did your national group start?
It was founded in about 2002.

How is your group organised in terms of new members joining the group, meetings, election of president etc.?
The steering committee consists of about five members, and the president is elected for 3 years.

When did your national group join ECCO?
In 2004

What are your main areas of research interest?
Complications of biological therapy, special situations in biological therapy – pregnancy, epidemiological data

Does your centre or country have a common IBD database or bio bank?
Centre yes, but the country database is only now being prepared; we hope to finish it by the end of 2014.

What are your most prestigious/interesting past and ongoing projects?
Problems with TBC complications, pregnancy and IBD, and failure of biological therapy

What are your aims for the future?
To obtain exact data on the incidence and prevalence of IBD in our country, to build an IBD database, and to organise learning activities for gastroenterologists, internists and general practitioners

How do you see ECCO helping you to fulfil these aims?
Closer cooperation on the basis of workshops, and greater possibilities for our experts to present findings at symposia and ECCO Workshops and Congresses

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What do you use ECCO for? Network? Congress? How do you use the things/services that ECCO has to offer?
We use ECCO for both networking and the ECCO Congress.

MARTIN HUORKA, MARIKA ZAKUCIOVÁ
ECCO National Representatives, Slovakia

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