



European  
Crohn's and Colitis  
Organisation

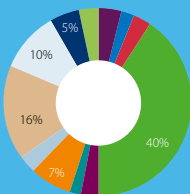
Volume 9 | Issue 1 | 2014

# ECCO

## News **SPRING**



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# ECCO NEWS

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European Crohn's and Colitis Organisation

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## President:

Séverine Vermeire  
Department of Gastroenterology  
UZ Leuven, Campus Gasthuisberg  
Leuven, Belgium  
severine.vermeire@uz.kuleuven.ac.be

## Editor:

Silvio Danese  
Head of IBD Center  
Istituto Clinico Humanitas  
Rozzano, Milan, Italy  
sdanese@hotmail.com

## Associate Editor:

Johan Burisch  
Herlev University Hospital  
Copenhagen, Denmark  
burisch@gmail.com

## Production and Advertising:

OCEAiN GmbH (ECCO Office)  
Seilerstätte 7/3  
1010 Vienna, Austria  
ecco@ecco-ibd.eu

## Graphic Design:

Motmot Design, Anna Breitenberger  
Vienna, Austria

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## Illustrations:

Rainer Mirau (ECCO Photographer)

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# Dear ECCO Friends,

**A very satisfied and proud person is writing to you!**

**Satisfied** because I think we can in all honesty say that the ECCO Congress in Copenhagen was a genuine success! More than 5,000 (5,175, to be precise) delegates attended the Congress or one of its satellite meetings or symposia. The hall was packed from the first day until the superb closing ECCO Lecture on the Saturday; this was due to the excellence of the presentations and discussions, for which the speakers and chairs are to be congratulated! The quality of original research seems to improve with each passing year, showing that Europe is producing excellent researchers and clinicians!

**Proud** of what ECCO has achieved and accomplished in recent years. But above all proud of the many Committee Members who have worked intensively and harmoniously during the past year to give ECCO and its Congress this quality label. Thank you all for giving up your free time and weekends. This gives me, as President, a very safe feeling for the future years!

**Proud** also of the 'fuel' of ECCO, Nicole and the ECCO girls (and guy!). Those who have ever visited the ECCO Office in Vienna will have immediately recognised that it is their friendly and familial atmosphere which sets the tone for the whole ECCO Community!

I should have started with a very big **THANK YOU** to my friend **Simon Travis**, who will now have to call himself "Past-President" after two years of devotion and hard work as President of ECCO. Under his leadership, ECCO expanded further and welcomed several new Corporate Sponsors. It was a pleasure to witness Simon's leadership and organisational skills, and I am glad that he will still be around for a while! Hopefully he will spend some of the air miles he has collected on a trip with the family!

And now, what can you expect over the next two years?

I have many hopes and dreams but I promise you that in the coming years **the ECCO Spirit will not change!** We are above all one close European group working towards the shared goal of improving quality and standards of care for our patients, and it is only by collaborating and aligning forces that we will attain this. The growing number of ECCO Members reassures me that everyone is thinking along the same lines.

At the same time, I am conscious that colleagues and societies from around the globe who have appreciated ECCO from its early days would like to become more actively involved. We should talk to each other and seek common ground for collaboration. At the end of the day, it does not matter to patients where the new treatment for their disease comes from – but forgive me if I wish it could be from Europe!

We also have some challenges ahead of us: The growing number of Congress delegates makes it difficult to select congress centres which can accommodate ECCO's unique "one-programme one-room" concept. In addition, the expansion of ECCO Activities is making the Congress programme very dense, with little flexibility, and financial constraints are limiting the ability of doctors and pharma representatives to travel. In this context I should, of course, also mention the promise of providing more than just pizza at next year's ECCO Interaction!

And now, I shall let you enjoy this new issue of ECCO News.... I have always liked ECCO News a lot – I find it relaxing to read and it always gives me the proud feeling of being part of the family!

Thank you for the trust that you have shown me. I shall do my best to serve you well!



**SÉVERINE VERMEIRE**  
ECCO President

Séverine Vermeire © ECCO

## Valete.

I always prefer looking forward to the future than back to the past and for ECCO that is easy: Séverine Vermeire will be an outstanding President, who will lead ECCO to new heights. It has been a privilege to serve ECCO and to see it not only grow in Europe, but also make an impact in East Asia, the Gulf, Latin America and elsewhere. ECCO's success has everything to do with teamwork – the Office is exceptional – commitment from Committee Members, change through encouraging young people with innovative ideas and the concept of putting work for the organisation before personal profile, in accordance with the aim of benefitting patients.

**ECCO is in safe hands.** The e-Learning project, multiple guidelines, an interactive guideline e-tool, Scientific platform, CONFER cases, podcasts, ClinCom and P-ECCO Forum are all a tribute to the ideas and vigour of ECCO Members in the past two years. ECCO now owns its own offices in central Vienna which provide financial security for the organisation in the event of a meltdown. The increasing impact of JCC, which has a new Editor in

Chief and new publishers, will explore fresh horizons in IBD information management through the semantic web. Joining ECCO are new Member States, new Corporate Partners and new Members from all disciplines. They are most welcome and are a testament to the vigour of the organisation. ECCO's well-established initiatives continue to flourish: These include the IBD Intensive Advanced Course, Scientific Workshops (one now linked to a project grant), IBD science itself through high-value Fellowships and Grants (now with two Nature papers to their credit), Educational Workshops (including a very successful S-ECCO international workshop), S-ECCO Masterclass, N-ECCO Network and interactions with other European societies (ESCP, ESGAR, ESGE, ESP and ESPGHAN). And I almost forgot the Congress! That is because ECCO is much more than the Congress, although it is now the largest IBD meeting in the world, with – without doubt – the best interaction of any. Nevertheless, I want to pay particular tribute to Nicole and the Office, who are the glue that hold ECCO together, to Y-ECCO, who contribute so much to every initiative by working with more senior mentors, and to EpiCom, who have delivered new data on IBD not only in Europe, but also beyond. On this has been based the public awareness campaign for IBD, now leading ECCO to work

with UEG, EFCCA and EULAR to focus political attention on immune-mediated diseases. IBD may be our world and a consuming one at that for our patients, but influence on national policy needs leverage. We are stronger together: But ECCO has understood that from the start.

Most of all, however, I want to thank you, the members of ECCO, for contributing to this great organisation and giving me, during my time as President, so much support, friendship and fun. It's the start of a new term. There's work to do.



Simon Travis © Simon Travis

**SIMON TRAVIS**  
Past-President of ECCO

## Congress report, ECCO '14 Copenhagen



Scientific Session – ECCO'14 Copenhagen Congress © ECCO

**Believe it or not, the 9<sup>th</sup> Congress of ECCO – which this year took place in wonderful Copenhagen – once again broke all records.**

During the last few years the ECCO Congress has established itself as the leading educational event in the field of Inflammatory Bowel Disease (IBD) worldwide, but it did not seem possible that last year's incredible success in Vienna would be beaten. And yet, with more than 5,100 physicians, nurses and researchers from 80 countries gathering at the Bella Center, the turnout this year was the

largest in the history of the ECCO Congress. Among those present were participants from the two newest members of the ECCO Family, Estonia and Bosnia and Herzegovina, who were officially welcomed during the event.

**The ECCO Congress seeks to maintain its familiar atmosphere**, despite the year-on-year expansion, with no parallel sessions and a small

number of attendees at the workshops and courses (all of this in contrast to other congresses). But in terms of content it continues to evolve. As a new initiative, from the almost 800 abstracts presented (another record!) the top 99 abstracts after the 24 selected for oral presentation were chosen for digital oral presentation. Sessions took place during the lunch break parallel to the lunchtime satellite symposia and regular





Opening Ceremony – ECCO'14 Copenhagen Congress © ECCO



Congress Bag – ECCO'14 Copenhagen Congress © ECCO



Simon Travis and Daniel Hommes – ECCO'14 Copenhagen Congress © ECCO



ECCO Interaction: Hearts and Minds © ECCO



ECCO Interaction: Hearts and Minds – Séverine Vermeire and Simon Travis © ECCO



ECCO Office Team at the ECCO Booth – ECCO'14 Copenhagen Congress © ECCO

poster walks, with prizes awarded for the best presentations within each session.

**Furthermore, the rota of multidisciplinary workshops and courses was extended**, with new initiatives including the 1<sup>st</sup> Ultrasound Workshop in collaboration with ESGAR that offered hands-on training for physicians, surgeons and paediatricians a session dedicated to current knowledge in paediatric-onset IBD, and a PSC Update Forum offering the latest news on the pathogenesis of PSC and impact on disease course. Along with this, and following recognition of the need for adequate nurse research in order to demonstrate the value of specialist nursing in IBD care, the N-ECCO Research Networking Forum was organised in order to create and sustain a Europe-wide forum for IBD nurses undertaking research. Additionally, a one-day course for ECCO's Corporate Members – the ECCO: EduCational COurse for Industry – offered a practical introduction to a broad spectrum of topics in IBD for colleagues in the industry.

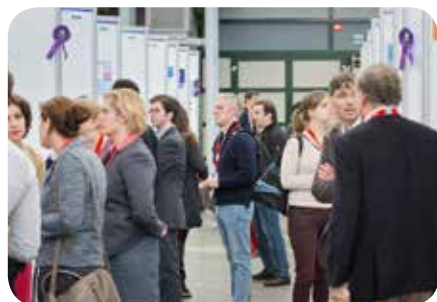
**Among the educational activities established in years past**, the Surgeons of ECCO (S-ECCO) held the 3<sup>rd</sup> S-ECCO IBD Master Class focusing on penetrating CD and peri-anal disease, where discussions covered epidemiology and pathophysiology as well as multidisciplinary management involving collaboration between surgeons and physicians. The Epidemiological Committee (EpiCom) organised their 2<sup>nd</sup> workshop on intestinal and extra-intestinal cancer in IBD, with both state of the art lectures and case sessions, while the well-recognised IBD Intensive Advanced Course offered junior

gastroenterologists knowledge on fundamental issues in the diagnosis and treatment of IBD patients via lectures, case sessions and seminars. The 3<sup>rd</sup> Clinical Committee (ClinCom) Workshop introduced participants to one of the hot topics in IBD treatment right now: Biosimilars and questions about non-inferiority trials and equivalence trials. The Nurses of ECCO (N-ECCO) School discussed the diagnosis and management of IBD for nurses with an interest in IBD who wish to further improve their education. And, finally, the Young ECCO Committee (Y-ECCO) changed the format of their workshop from previous years and this time around delivered advice about the art of presentation and different styles of learning, with a focus on the needs of physicians.

**The topics of the scientific programme were based around the causes, consequences and quality of care for IBD.** As always, this main theme was addressed from different angles in multidisciplinary sessions targeting both basic and clinical science, as well as state of the art lectures on translational medicine. These were interspersed with oral presentations of the best abstracts submitted for the Congress. For instance, in a session devoted to optimisation of therapy in IBD, Gil Melmed introduced the audience to the importance of quality measurement, for quality must be defined and measured before it can be improved. In a memorable and entertaining talk, Vineet Ahuja presented his experiences with IBD treatment in areas where the access to biologicals is limited and where physicians must maintain quality when choices are limited. Shomron Ben-Horin discussed biological drug levels in practice,

underlining the need to integrate an array of other biochemical and clinical clues in addition to drug levels in order to achieve a successful personalised approach to biological treatment. In a session entitled „Cost of therapy, burden of care“, Pierre Michetti gave an overview of the emerging biosimilars and the current evidence available in the literature regarding their effects, and James Lindsay discussed the clinical problems of when and how to stop biological treatment.

**In basic science sessions the speakers guided the audience through some of the more neglected cells in intestinal inflammation**, namely the lymphatic endothelial cells, the mast cells and the stromal cells. In a case session, speakers explored with the audience several challenging cases in clinical practice and their resolution and discussed these with the expert panel. Furthermore, throughout the Congress the audience was updated on the ECCO Guideline activities during the preceding year. The clinical ECCO Guidelines represent one of the most important tasks for ECCO in order to increase and standardise IBD care in Europe, and the new guidelines on anaemia, reproduction, surgery in IBD and paediatric CD were presented, as well as an update on the CD Consensus. Also, and for the first time at an ECCO Congress, an entire session was devoted to intestinal failure, with lectures on the physiology and consequences of short bowel syndrome, the surgical treatment of this condition, and the causes of and treatment strategies for microscopic colitis. The final talk of the Congress was the ECCO Lecture: Each year a distinguished researcher within the field



Poster Exhibition – ECCO'14 Copenhagen Congress © ECCO



Digital Oral Poster Presentations – ECCO'14 Copenhagen Congress © ECCO



Coffee break – ECCO'14 Copenhagen Congress © ECCO

of IBD is invited to speak on his or her field of expertise, and this year's lecture was delivered by Tony Segal, who explained to the audience his somewhat provocative views on the causes of CD.

*Between the scientific sessions, delegates had the opportunity to visit a special art exhibition,* Perspectives – Art, Inflammation and Me, in the ECCO Art Gallery. The exhibition is a worldwide art initiative where artists and patients with immune-mediated inflammatory diseases such as IBD, rheumatoid arthritis and psoriasis have worked together on sculptures, paintings and photographs expressing the burden of these conditions.

*To bring the Congress to its close,* the legendary ECCO Interaction was this year arranged as a homage to James Bond, "007, License to Heal". At "Lokomotivværkstedet" in central Copenhagen, which for more than 100 years was used by the Danish railway company as a locomotive workshop, delegates were welcomed into historical industrial premises decorated according to the spy theme. The networking evening was kicked off by Simon Travis, who officially handed over the ECCO Presidency to Séverine Vermeire, who arrived in an Aston Martin – an enthusiastic endorsement of the 007 theme. After this the dance floor was opened to the tunes of The Shakers playing a variety of hits from the 60s and 70s, after which the new ECCO DJ Richard took control of the floor.

Next year the ECCO Congress returns to Barcelona. See you all there!

**JOHAN BURISCH**  
Associate Editor



## 9th Congress of ECCO in Copenhagen

### Report from the point of view of a medical student

The 9th Congress of ECCO in Copenhagen 2014 was our first congress as medical students. It was overwhelming arriving on Thursday morning at the Bella Center and entering the entrance hall knowing that more than 5,000 people would be attending. As we have never been to a scientific congress before, we didn't know what to expect. Registration went smoothly, and after receiving our bags and programme we were ready to explore the Congress.

*Starting at the 2<sup>nd</sup> EpiCom Workshop,* we heard about different cases of Crohn's Disease and the associated risk of cancer and received a lot of take home messages. Even though we are not gastroenterologists ourselves (yet) and we could not answer most of the questions asked, we still found the presentations interesting and we learned a lot. It was fascinating, sitting in a room full of talented gastroenterologists, to learn that individual doctors often treat patients in different ways, and we were impressed by their curiosity and eagerness to learn from each other.

*In addition to workshops and case presentations,* we also found the satellite symposia and the scientific sessions very educational. We were amazed by the number of different aspects of IBD covered in only a few days and by all the experienced and talented presenters. The young presenters inspired us especially because they demonstrated that it is possible to present results of scientific research early on in your career – hopefully it will soon be us.

*During the Congress we took some time out to look at all the different posters.* While talking to the presenters of the posters and abstracts we were inspired by the wide variety of research and thankful to be able to bring home important knowledge from more experienced colleagues. Additionally we were able to extend our network worldwide, an opportunity arising from participation in the Congress.

*We are grateful to have had the opportunity to participate in the ECCO Congress.* Hopefully other medical students will get the same opportunity. This will definitely not be the last time



Tine Thorkilgaard and Henriette Elsborg © Johan Burisch

that we attend the ECCO Congress and hopefully we will see you all in Barcelona next year.

**TINE THORKILGAARD, HENRIETTE ELSBORG**  
Medical students at Copenhagen University,  
Herlev Hospital

## ECCO Abstract Awards at the 9<sup>th</sup> Congress of ECCO

### Top 11 Posters

- „The absence of the triggering receptor expressed on myeloid cells type-2 (TREM-2) induces a transmissible and protective intestinal microbiota for Colitis and Colitis associated cancer“ (DOP008), Marco Genua et al, Humanitas Research Hospital, Rozzano, Milan, Italy
- „The role of optineurin in macrophage cytokine secretion and Crohn's Disease“ (DOP014), Thean Soon Chew et al, University College London, London, United Kingdom
- „Familial risk of Inflammatory Bowel Disease: A population-based cohort study 1977–2011“ (DOP021), Frederik Trier Moller et al, Southern University of Denmark, Odense, Denmark
- „Lémann Index assessment over time in Crohn's Disease patients treated with anti TNFs: A pilot observational cohort study“ (DOP036), Gionata Fiorino et al, Humanitas Research Hospital, Rozzano, Milan, Italy
- „Intra-uterine exposure to anti-TNF-alpha therapy (ERA study): Infliximab and adalimumab cord blood levels correlate with maternal levels at birth“ (DOP041), Mette Julsgaard et al, Aarhus University Hospital, Aarhus, Denmark
- „Predicting the individual risk of Acute Severe Colitis at diagnosis“ (DOP049), Monica Cesarini et al, University of Oxford, Oxford, United Kingdom
- „Predictors of formation of antibodies to infliximab (ATI) and secondary loss of response in IBD patients treated with infliximab“ (DOP062), Bella Ungar et al, Chaim Sheba Medical Center, Ramat Gan, Israel
- „Autoimmune sclerosing cholangitis is associated with small bowel ulceration on capsule enteroscopy“ (DOP065), Bu'Hussain Hayee et al, King's College Hospital NHS Foundation Trust, London, United Kingdom
- „Long-term natural history of postoperative recurrence in patients on preventive treatment with azathioprine“ (DOP081), Eugeni Domènech et al, Hospital Universitari Germans Trias i Pujol and CIBERehd, Badalona, Spain
- „Defunctioning ileostomy does not prevent anastomotic leaks after restorative procto-colectomy with ileal pouch-anal anastomosis in patients treated with anti-TNF and steroids“ (DOP088), Salomeh Sahami et al, Academic Medical Center, Amsterdam, the Netherlands
- „Risk of dysplasia and cancer complicating colonic strictures in Inflammatory Bowel Disease: A GETAID study“ (DOP095), Mathurin Fumery et al, CHU Amiens, Amiens, France



11 Top Posters © ECCO

### Y-ECCO Abstract Awards

- „Innate lymphoid cells accumulate in IBD“ (OP001), Alessandra Geremia et al, University of Oxford, Oxford, United Kingdom
- „Is elderly-onset Ulcerative Colitis a different entity? - Natural disease course and treatment response compared to adult-onset disease in the population-based IBD-SL cohort“ (OP005), Steven Jeuring et al, Maastricht University Medical Center, Maastricht, the Netherlands
- „The cost of investigations and medical treatment including biological therapy in a European inception cohort from the biological era - An ECCO EpiCom study“ (OP008), Johan Burisch et al, Herlev University Hospital, Herlev, Denmark
- „Gut homing markers in perianal Crohn's fistulae“ (OP015), Nuha A. Yassin et al, St Mark's Hospital and Academic Institute, London, United Kingdom
- „Smoking cessation alters intestinal microbiota - further insights from quantitative investigations on human faecal samples using FISH and qPCR“ (DOP016), Luc Biedermann et al, University Hospital Zurich, Zurich, Switzerland

### IIS Abstract Award

- „Optimising post-operative Crohn's Disease management: Best drug therapy alone versus endoscopic monitoring, disease evolution, and faecal calprotectin monitoring. The POCER study“ (OP023), Michael Kamm et al, St Vincent's Hospital & University of Melbourne, Melbourne, Australia

Please find the report on the IIS Winner ECCO 2014 in this ECCO News Issue on page 12

**Congratulations!**

# The 9<sup>th</sup> Congress of ECCO in numbers

## ECCO continues to break records – 5,175 delegates attended the 9<sup>th</sup> Congress of ECCO in Copenhagen

The 9<sup>th</sup> Congress of ECCO – Inflammatory Bowel Diseases 2014 – which took place on February 20-22, 2014 in Copenhagen, Denmark, attracted another record number of **5,175 delegates** from 78 different countries. Since the inaugural ECCO Congress in 2006 in Amsterdam, at which there were 350 delegates, participant numbers have steadily increased, as shown in the graph below:

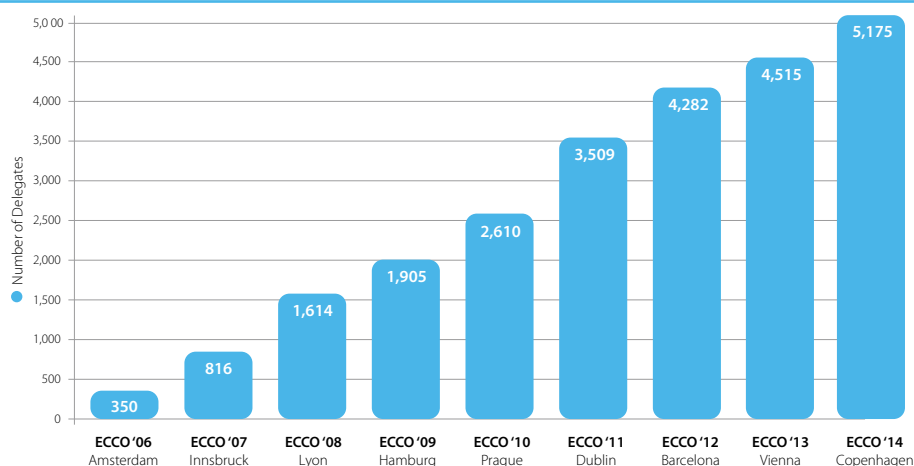


Figure 1: ECCO Congress participation 2006-2014 © ECCO

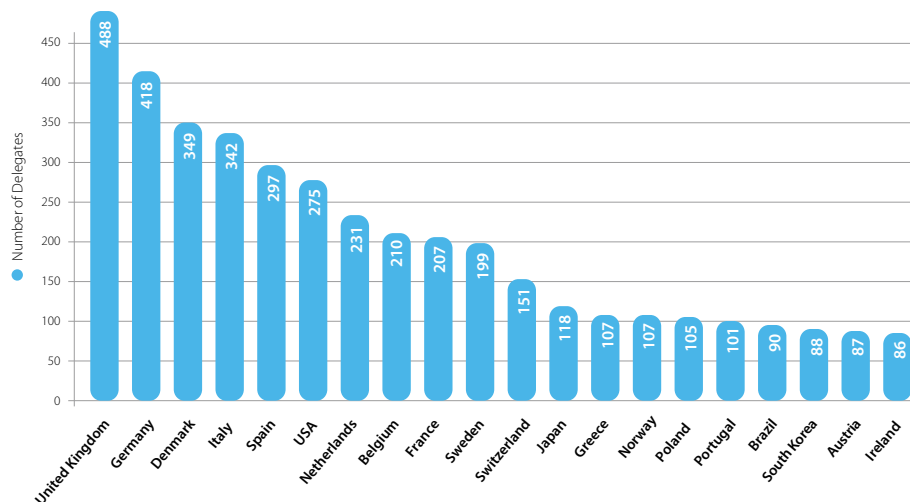


Figure 2: ECCO Congress participation 2014 - top 20 countries © ECCO

The following pie chart represents the **attendance at the 9th Congress of ECCO from a continental perspective**. Approximately 80% of all participants came from Europe and about 20% from outside of Europe.

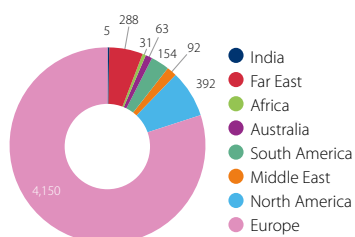


Figure 3: ECCO Congress participation 2014 – continental perspective © ECCO

The pie chart below illustrates the **professions represented at the 9th Congress of ECCO**. The majority of participants were physicians (40%), followed by representatives from industry (16%). Other attendees included IBD nurses (7%), clinical researchers (5%) and fellows/trainees (4%), followed by endoscopists, scientists, surgeons, students (3% each) and paediatricians (2%).

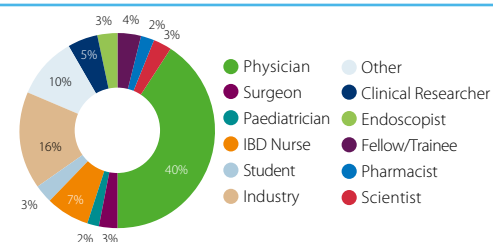


Figure 4: ECCO Congress participation 2014 – professions © ECCO

### High-quality abstracts

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

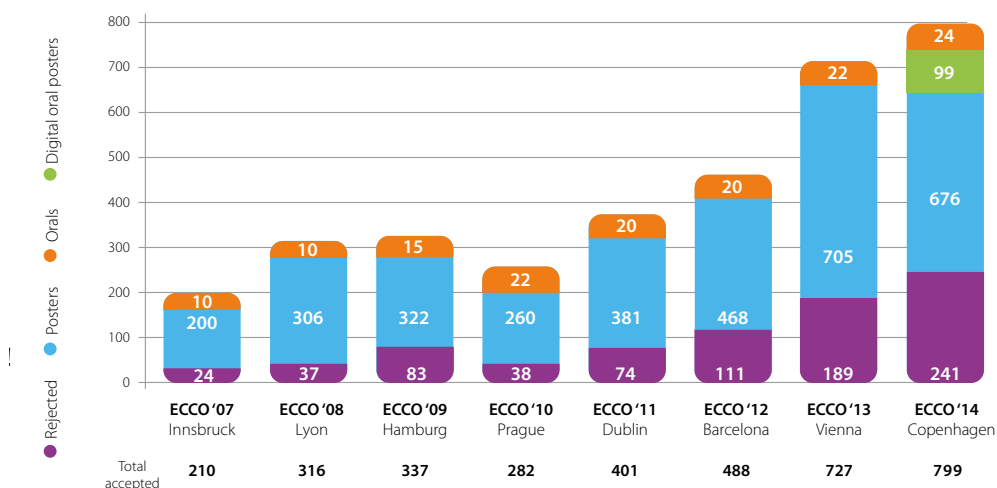


Figure 5: Accepted versus rejected abstracts 2007–2014 © ECCO



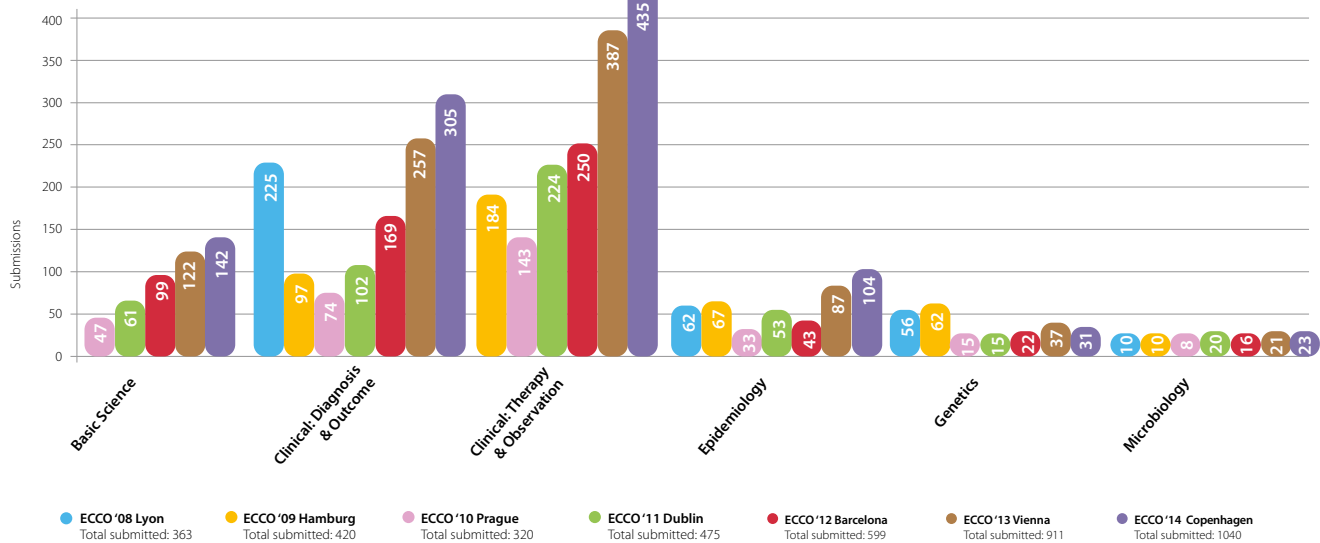
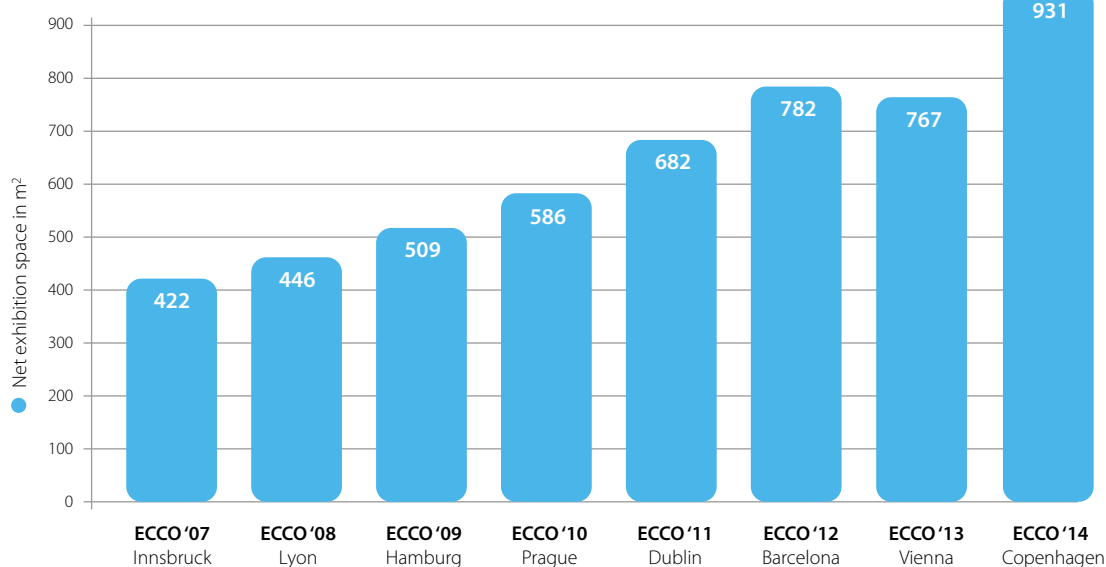


Figure 6: Abstracts 2014 – category split © ECCO

### Industry exhibition

This year's industry exhibition attracted 27 exhibitors, mainly from the pharmaceutical but also from the device/instrumentation, medical, publishing and non-profit sectors. The total net exhibition area was 931 m<sup>2</sup> – yet another record number in ECCO's history.

Figure 7: Net exhibition space 2014 in m<sup>2</sup> © ECCO

### More statistics...

Detailed statistics and impressions of the 9th Congress of ECCO can be viewed online at [www.ecco-ibd.eu](http://www.ecco-ibd.eu).

Furthermore, video recordings of scientific talks are available for ECCO Members in the e-Library under Webcasts on the e-CCO Learning platform: [www.e-cco-ibd.eu](http://www.e-cco-ibd.eu) (available as of April 2014).

All presentations of the ECCO Congress can also be found in the e-Library under Documents on the e-CCO Learning platform at: [www.e-cco-ibd.eu](http://www.e-cco-ibd.eu) (available as of April 2014).

Availability of recordings and presentations is subject to the authorisation of the speakers.

# ECCO Press Conference 2014 – Perspectives on IBD Quality of Care

**At 15:00 on February 19, eight experts from the field of IBD were waiting on stage of the auditorium in Bella Center ready to welcome the audience to the global press conference and an hour of presentations of interesting research and discussions. This year the press conference and public awareness campaign “Perspectives on IBD Quality of Care” attracted 70 media representatives and 48 patients and representatives from patient associations.**

The theme of this year's campaign was “Improving quality of care for IBD”, and Séverine Vermeire, the incoming ECCO President, opened the press conference with an analysis of the current situation regarding IBD care and discussed the impact of the economy on this care. The European economy is being strongly impacted by financial challenges as well as the current economic crisis. Patients suffering from chronic diseases such as IBD are often in need of expensive therapies and are therefore increasingly exposed to cuts in the healthcare budget. Daniel Hommes, Past-President of ECCO, continued on the same subject and pointed out that, viewed from a global perspective, health expenditure is uncontrolled. A major part of the expenditure is on treatment, and the part spent on prevention is vanishingly low. Gerald Nash, an Irish IBD patient diagnosed with Crohn's Disease at the age of 14, was the next speaker. He gave the audience a view of his daily life, how he has learned to live with the disease and how, despite the disease, he manages to lead a busy life as a parliamentarian. He also contributed to a very important theme: A patient's view on how quality of care is perceived and how this quality can be improved.

## Patient surveys and self-management of the disease

The aims of the IBD2020 Forum in Oxford in 2013 were to promote improvement in the quality of IBD care and to share ideas and experiences across countries. Richard Driscoll, a UK-based healthcare consultant, provided the audience with the outcome of a patient survey conducted for IBD2020, in which over 5,000 patients from six countries participated. The findings of the survey indicated that patients are only rarely involved in the management of their disease. There has been improvement over time in IBD care but it varies between countries and progress is slow. Michael Kamm from St. Vincent's Hospital and the University of Melbourne entered the stage after Richard Driscoll and discussed a current example of improvement in patient involvement. Biomarkers have gained a prominent role in identifying active disease; patients can now self-monitor and manage their disease at home. The results are collected by a physician or nurse and can serve as an early indication that a change in therapy is necessary. The next speaker, Brian Feagan from the University of Western Ontario



Global press conference © ECCO



National country press conferences © ECCO



Art gallery: Perspectives – Art, Inflammation and Me © ECCO

and Roberts Clinical Trials, provided a more scientific point of view by presenting the REACT study for which 40 different practices were recruited. The primary objective of the study was to compare the outcome of conventional management with an accelerated step-care treatment algorithm combined with therapy. During the global press conference many different views and opinions were shared, and Simon Travis, outgoing ECCO President, summarised the most important next steps for the quality of care for IBD.

## Art as a provider of perspectives

Many relevant and interesting questions rounded off the global press conference, which was

followed by country-specific press conferences where media representatives, patients, ECCO National Representatives and press conference speakers from 30 different countries gathered for country-specific breakout sessions of 45 minutes where they had the possibility to discuss further questions in smaller groups and in their native language. Media representatives were presented with a unique opportunity to learn more about IBD by interviewing patients about their views on the quality of care that they receive. After one and a half hours of country-specific press conferences, attention was drawn to the opening of the art gallery “Perspectives – Art, Inflammation and Me”. Only a couple of hours earlier the last picture had been mounted on the wall and the last piece of artwork installed on its pedestal. The dust had been wiped from the floor, the red ribbon was ready to be cut and the glasses had been filled with sparkling wine. Before the ribbon was cut and the art gallery declared open, Julie Bolvig Hansen, a Danish patient, gave a touching speech about what this cooperation with an artist meant to her personally. Within this project there has been cooperation among around 200 patients and artists from over 40 countries. “Perspectives – Art, Inflammation and Me” provided patients suffering from chronic diseases with a way of expressing their feelings and deepest thoughts about their disease. It also gave a voice to patients and enabled them to express things that words alone cannot express. Each artwork and story carries a message of hope along with a passionate desire to improve understanding and foster change. The initiative has also given medical doctors another perspective on how a patient is experiencing his/her situation and provided patients with the strength to carry on, making them realise that they are not alone with their experiences. Visiting the art gallery provided each and every one of us with a perspective on what life with a chronic disease is like and opened doors to a deeper understanding of life with chronic diseases. The art gallery was open throughout the ECCO Congress and can best be described with two words: Big success! Photographic highlights from Perspectives on IBD Quality of Care can be found online at [www.ecco-ibd.eu/qoc-2014](http://www.ecco-ibd.eu/qoc-2014)

ECCO OFFICE

# Guidelines at ECCO 2014

ECCO Consensus Guideline Updates are used by many gastroenterologists across Europe.

The 2014 updates were therefore eagerly awaited by the audience at the 9<sup>th</sup> Congress of ECCO, in Copenhagen. Dozens of IBD experts have contributed to these guidelines, which were developed in accordance with GuiCom's standard procedures. For each guideline, participants were selected and included in working groups. The literature was studied systematically and a first draft of the text was written. Provisional statements were created and graded in accordance with the Oxford University Centre for Evidence-Based Medicine. Online voting and a final face-to-face meeting refined the statements. The texts were finalised at the beginning of 2014.

At the ECCO Congress on Friday a whole session was dedicated to ECCO Guidelines: "What's new on the guideline front?" Janneke van der Woude started the session by summarising the update of the ECCO Guidelines on Reproduction and IBD. The presentation focussed on pre-conception counselling, which may prevent non-adherence to treatment (due to fear of potential harm to the unborn child), reassure the patient that a healthy pregnancy is possible with IBD and provide adequate guidance on such matters as the need for cessation of smoking and for folate supplementation. Frank Ruemmele then summarised the P-ECCO/ESPGHAN Guidelines on Paediatric CD, the first of its kind. 96% of the participants agreed that the first-line therapy should be enteral nutrition and that thiopurines should be prescribed for maintenance of steroid-free remission, and ultimately mucosal



Axel Dignass © ECCO

healing, in children at risk for adverse outcome. The next talk was given by Axel Dignass and was soberly entitled "The Crohn's Disease Consensus". The most important changes, as compared with the 2010 Consensus, were:

- One must obtain objective evidence of active inflammation before deciding on a change in therapy.
- Early therapy with anti-TNF agents is recommended in extensive small bowel disease.
- Drug monitoring can help decision making.
- Anti-TNF therapy is efficient in preventing early post-surgical recurrence.

The fourth ECCO Consensus Guideline was presented on the Saturday by Konstantinos Katsanos, who summarised the 1<sup>st</sup> ECCO Consensus on Anaemia. It stated that intravenous iron should be considered as first-line treatment in patients with clinically active IBD, previous intolerance to oral iron

and haemoglobin below 10 g/dl, as well as in patients treated with an erythropoiesis-stimulating agent. It was said that patients with anaemia of chronic disease and with an insufficient response to intravenous iron despite optimised IBD therapy may be considered for treatment with erythropoiesis-stimulating agents. Finally, André D'Hoore summarised the main conclusions drawn by the S-ECCO Guidelines on Surgery for UC. Pre-operative workup, indications for surgery, details of surgical procedure and postoperative care were covered by these Consensus Guidelines, the first produced by the young S-ECCO Committee (founded in 2011).

It is fair to say that guidelines are not rules. They are not the holy Bible for care of patients with IBD. They rather resemble useful travel guides for IBD physicians who wish to improve their practice. The updated Guidelines will be published soon in JCC. For ECCO Members, they will also be available with one click on tablet or smartphones. The application conceived by Marcus Harbord and collaborators consists in a series of algorithms that cover many clinical situations encountered in patients with IBD. Each clinical situation leads to the corresponding statement(s) of ECCO Guidelines. This will assist physicians in everyday practice. However, careful reading of the whole texts of ECCO Consensus Guidelines is recommended, as it is the best way to learn ECCO Guidelines.

**FRANCK CARBONNEL**  
GuiCom Member

## Guidelines Committee

### A summary of achievements in 2013 and plans for 2014

#### Mission

- Foster development and implementation of guidelines
- Improve the management of IBD in all Member Countries of ECCO
- Interact with other ECCO Committees to join forces in the creation and implementation of relevant guidelines

#### What do we do?

- Regular updating of current ECCO Guidelines
- Development of new guidelines
- Online guideline portal for the development and updating of guidelines
- Continuing interaction with other ECCO Committees
- Development of strategies to implement guidelines in clinical practice and into national IBD guidelines



GuiCom Members (Marcus Harbord, Rami Eliakim, Franck Carbonnel, Andreas Sturm, Paolo Gionchetti with GB Education Officer Axel Dignass) © ECCO

In accordance with this mission, numerous projects were started in 2012-2013 – with some having already been submitted to JCC in 2013: New guidelines on Histopathology in IBD (in conjunction with the European Society of Pathology – ESP) have been published in JCC and a complementary paper with a practical guide was accepted and placed online in

Virchows Archiv this February (Fernando Magro and Rami Eliakim led from the ECCO side and Cord Langner and Karl Geboes from the ESP side). A second new guideline that has been completed last year was on endoscopy in IBD (led by Vito Annesse and Rami Eliakim). An update of the guidelines on opportunistic infections in IBD has been accepted for publication in JCC

(led by Jean-Françoise Rahier, Jean-Frédéric Colombel, Fernando Magro and Rami Eliakim), while guidelines on Paediatric UC on behalf of ESPGHAN and ECCO (Frank Ruemmele and Don Turner), were published in JPGN with an accompanying article in JCC.

In addition, various projects were started in 2013 and will be published this coming year. These include the update of the 2009 JCC edition of the guidelines on Crohn's Disease (led by Axel Dignass, Fernando Gomollon and Paolo Gionchetti), the update of the 2010 JCC edition of the guidelines on reproduction and pregnancy (led by Janneke van der Woude and Fernando Magro), and a new guideline on anaemia in IBD (led by Axel Dignass and Christoph Gasche), all of which were presented in Copenhagen during the ECCO Congress. Two other projects, Paediatric guidelines on

Crohn's Disease (led by Frank Ruemmele and Gabor Veres) and guidelines on Surgery in UC (led by Tom Oresland), have been practically completed by P-ECCO and S-ECCO in accordance with the GuiCom/ECCO SOPs; they were presented during the ECCO Congress and will be published in 2014 in JCC.

GuiCom is initiating three new projects that will start this year and will be completed by the end of 2014, presented at the next ECCO Congress in Barcelona and published in JCC. These include new guidelines on extra-intestinal manifestations in IBD (led by Franck Carbonnel and Marcus Harbord) with a long list of external contributors, new guidelines on malignancies in IBD (led by Vito Annesse and Rami Eliakim) and the update of the 2012 JCC edition of the guidelines on UC, for which the call is scheduled for the end of 2014.

The fact that so many important projects are going on is due to the hard work of the Committee Members, two of whom have just stepped down: Vito Annesse and Fernando Magro. This is an excellent opportunity to thank them for their hard work and to welcome the two newly elected members, Paolo Gionchetti from Italy and Andreas Sturm from Germany. We wish them a productive and joyful experience. This is also an opportunity to thank all those who were elected to and participated in the working groups for all the guidelines as well as the National Representatives from countries that participated in the voting processes: It is their hard work that makes these projects so successful.

**RAMI ELIAKIM**

GuiCom Chair  
On behalf of GuiCom

## Post-Operative Crohn's Endoscopic Recurrence (POCER) Study

IIS Winner ECCO 2014

While new drugs and discoveries about disease pathogenesis are important, care for patients with Inflammatory Bowel Disease (IBD) can be improved now by testing and adopting proven beneficial management strategies.

A key example concerns the management of Crohn's Disease (CD) patients in relation to surgery. Most patients with CD require an intestinal resection at some stage in their life, but in most the disease will recur. Current peri-operative management is often haphazard, involves a variety of drug regimens, and lacks a proven protocol for preventing and monitoring for disease recurrence.

The Post-Operative Crohn's Endoscopic Recurrence (POCER) study was a treat-to-target study aimed at maintaining mucosal healing after surgical resection. It evaluated the value of endoscopic monitoring after surgery, the timing and best use of drug therapies, the identification of risks for recurrence, and whether biomarker measurement (calprotectin) can substitute for endoscopic monitoring. After resection of all macroscopic disease, all patients received metronidazole for 3 months, and high-risk patients received either thiopurine or adalimumab if thiopurine intolerant. Patients were randomised to either standardised drug therapy alone or drug therapy combined with colonoscopy at 6 months and treatment intensification for recurrent disease. The primary endpoint was the presence and severity of endoscopic recurrence 18 months after surgery.



Michael Kamm and Filip Baert © ECCO

The study included 174 patients in 17 centres in Australia and New Zealand. It demonstrated that treatment according to a patient's risk of recurrence, with early colonoscopy and treatment intensification for recurrence, is superior to standard drug therapy alone in preventing post-operative disease recurrence. It demonstrated that selective use of potent immune suppression, rather than its routine use in all patients, prevented disease recurrence in a majority of patients. Adalimumab was more effective than thiopurines at preventing disease recurrence. Smoking more than doubled the risk of recurrence, as did the presence of any two or more of three risk factors (smoking, perforating disease and  $\geq 2^{\text{nd}}$  operation).

Faecal calprotectin testing was evaluated with respect to its potential to replace colonoscopy for post-operative monitoring. A faecal calprotectin concentration threshold of 100  $\mu\text{g/g}$  stool was sufficiently sensitive and specific, with a high enough negative

predictive value, to be suitable for post-operative monitoring. Such an approach would avoid colonoscopy in about 40% of patients in the early post-operative period. Calprotectin was superior to serum biochemical markers and clinical indices.

The POCER study has established a management paradigm for CD patients undergoing surgical resection. There are more clinical and scientific data yet to come from the POCER study – stay tuned.

**MICHAEL A. KAMM**

**PETER P. DE CRUZ**

**EMILY K. WRIGHT**

**AMY L. HAMILTON**

**KATHRYN J. RITCHIE**

St Vincent's Hospital & University of Melbourne, Australia  
Imperial College, London, UK

With this POCER study, Michael Kamm and co-workers won the first award for the best investigator-initiated study (IIS) report submitted. ClinCom selected the POCER study first among all 255 abstracts submitted to the ECCO Congress in Copenhagen 2014. With this initiative ClinCom wants to promote and support high-quality academic studies. We congratulate Michael Kamm and the co-investigators of this study for generating a very nice piece of new scientific evidence in this important field of IBD patient care.

**FILIP BAERT**

ClinCom Chair



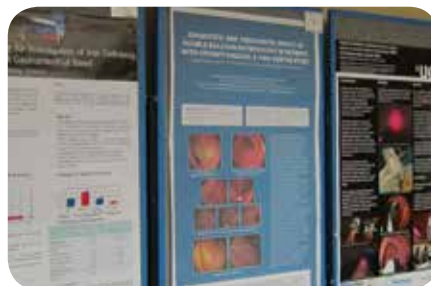
# Joint ECCO-ESGE Symposium on Quality in Endoscopy: IBD & Small Bowel Diseases

Budapest, November 15-16, 2013

The joint ECCO-ESGE Symposium on Quality in Endoscopy, focusing on IBD and small bowel diseases, was held in Budapest in November 2013. This symposium was part of the Quality in Endoscopy series initiated by ESGE, each of which concentrating on a different subject in collaboration with a partner organisation.

The curriculum was prepared by a joint committee from ESGE and ECCO (Klaus Monkemuller, Evelien Dekker, Rami Eliakim and Charlie Lees) and was composed of short overview lectures, six pro and con debates, and case presentations, all with questions, online voting and participation of the audience.

The subjects included coeliac disease, IBD of the small intestine (with a debate on the role of upper GI endoscopy), obscure GI bleeding (with a debate on what exam to do first), small bowel tumours, controversies and future



Poster presentations at the symposium © ECCO



Joint ECCO-ESGE Symposium on Quality in Endoscopy: IBD & Small Bowel Diseases © ESGE

directions for Crohn's Disease, IBD of the colon (with a debate on the use of endoscopic scoring systems), dysplasia and IBD and new paradigms in IBD (including a debate on mucosal healing).

Altogether, 232 people attended the meeting from 41 countries. Thirty-four abstracts were submitted, of which 15 were orally presented as developing cases with online voting and lively discussions with the

moderators and audience.

A questionnaire completed by the participants at the end of the meeting showed overall very good satisfaction of the attendees with the structure, agenda and lecturers.

**RAMI ELIAKIM**  
GuiCom Chair

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Volume 8  
Issue 5  
May 1, 2014

# JCC

JOURNAL of CROHN'S & COLITIS



## Pouch Polyps

*See article on page 363*



# JOURNAL OF CROHN'S & COLITIS

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



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# ECCO Fellowships and Grants 2014

One of the main goals of ECCO is to promote IBD-related basic and clinical research as well as to foster interaction and productive collaboration among European research groups. To meet this aim, ECCO awards Fellowships, Grants and Travel Awards on a yearly basis. Each Fellowship consists of a EUR 40,000 award to facilitate the stay of a young investigator in a different research group to undertake a specific research project. Grants consist of a EUR 20,000 award and each Travel Award is funded with EUR 1,500 to allow the recipient to travel to another country for a scientific purpose.

This year, a total of eleven awards have been given: Two ECCO Fellowships, four ECCO Grants and five Travel Awards, including two N-ECCO Travel Awards. For the first time, one of the two ECCO Fellowships was awarded thanks to the support of an industry partner, Cosmo Pharmaceuticals. On top of this and thanks to a collaboration with DigestScience, an extraordinary research grant was awarded following the 4<sup>th</sup> ECCO Scientific Workshop on fibrosis. This award of EUR 100,000 was dedicated to a research project in the field of fibrosis and IBD. It is important to underline that, once again, all proposals submitted to ECCO were peer reviewed by a panel of expert reviewers. Each proposal was assigned three or four reviewers, one of whom was a member of ECCO's Scientific Committee and the other two or three, well-known experts in that particular area of the IBD field. Furthermore, to boost and favour less-experienced and younger researchers, a second tour of submission was organised after the first review for the 4<sup>th</sup> ECCO Grant, allowing less-experienced researchers to adapt their project and application according to reviewers' comments and suggestions.



ECCO Fellowships and Grants 2014 © ECCO

In the case of ECCO Fellowships, three proposals were received and the two best ranked have been selected for funding: Mayur Garg, from Boxhill, Australia will do his Fellowship at St. Marks Hospital in London, undertaking a project entitled "The effect of vitamin D on intestinal microbiome in Inflammatory Bowel Disease", while Konstantinos Papamichail, from Athens, Greece will do his Fellowship at the University of Leuven, in Belgium, undertaking a project entitled "Investigating mechanisms underlying primary non-response to anti-TNF $\alpha$  therapy in patients with Inflammatory Bowel Disease".

As far as ECCO Grants are concerned, 26 proposals were received. The best four were selected for funding. The winning investigators and proposals are:

- Colin Adrain (Oeiras, Portugal) for work on the "Role of rhomboid-like proteins in intestinal damage and repair"
- Katrine Carlsen (Copenhagen, Denmark) for work on "Patient empowerment in young patients with Inflammatory Bowel Disease by eHealth"
- Marcus Claesson (Cork, Ireland) for a work on "Gut microbiota, diet and drug usage in Inflammatory Bowel Diseases"

- Philippe Seksik (Paris, France) for work on the "Impact of acyl homoserine lactones driven quorum sensing from gut microbiota in Inflammatory Bowel Diseases (IMAGIN)"

Selected after a strict review process (selection rate of 4/26, around 15%), these four projects illustrate high-level and promising European research in the field of IBD. They encompass new pathophysiologic, diagnostic and therapeutic avenues for Crohn's Disease and Ulcerative Colitis.

We also received six Travel Award applications. Five out of these six were selected and will favour experience sharing and trigger new European collaborative studies. We are particularly happy to include two N-ECCO Awards among these. The role of the IBD nurses in IBD patient management is increasingly recognised across Europe. Hence, promoting their training and allowing them to share their experience is a priority.

Finally, this year was a bit exceptional for grants because we had the opportunity to offer a specific research grant, representing a rather high amount of money – EUR 100,000. This was made possible thanks to a collaboration with DigestScience. After the usual selection process for the topic of the ECCO Scientific Workshop, DigestScience was directly involved in the process of the 4<sup>th</sup> Scientific Workshop devoted to fibrosis in IBD. We received 16 applications for this exceptional research grant offered by DigestScience on fibrosis, and the project proposed by Claudio Fiocchi and Florian Rieder from Cleveland, United States, on gut microbiome induced intestinal fibrosis was selected.

**EDOUARD LOUIS**  
SciCom Chair

## Call for a new topic for Scientific Workshop 5

Dear ECCO Friend

SciCom is launching a fifth Scientific Workshop, and a new topic needs to be identified. If you are interested, please **send a proposal for a new topic, including a title and a 100-word supporting statement, to the ECCO Office ([ecco@ecco-ibd.eu](mailto:ecco@ecco-ibd.eu)) before May 30, 2014**. One topic will be selected. The organisation of the workshop will follow the same principles as previously:

1. Call for topics: March 12, 2014.
2. Deadline for response: May 30, 2014.
3. Decision on the topic by SciCom by June 22, 2014, followed by selection of a steering committee (three members: One young clinician scientist and one more experienced KOL plus one member representing

the SciCom).

4. Meeting of the SciCom and the steering committee at UEGW 2014: Definition of key areas of interest and focus of the Scientific Workshop.
5. Open call to participate after UEGW.
6. Decision on participants and group leaders by end of November 2014 by the SciCom and the steering committee. Distribution of allocated questions to the participants by the group leaders.
7. Meeting at ECCO 2015: Discussion within groups on the results of literature reviews and synthetic plenary presentation. Planning of the manuscripts.
8. Meetings organised within groups, at the discretion of the group leaders and

depending on the progress and needs of the group, including possibly at DDW 2015.

9. Meeting at UEGW 2015 in the individual working groups, discussing the outcome and manuscripts.
10. End of January 2016: Deadline for submission of the last Scientific Workshop manuscript. The submission should be made between June 2014 and January 2016.
11. Meeting at ECCO 2016: Plenary presentation and working session to select research project.

Kind regards,

**EDOUARD LOUIS**  
SciCom Chair



# 2<sup>nd</sup> EpiCom Workshop at the 9<sup>th</sup> Congress of ECCO in Copenhagen

The 2<sup>nd</sup> Epidemiological Committee (EpiCom) Workshop was held during the 9<sup>th</sup> Congress of ECCO in Copenhagen in February 2014.

It followed up on the successful workshop providing an introduction to the basic methodology of epidemiological studies which took place during the 7<sup>th</sup> Congress of ECCO in Barcelona in 2012. The topic of this year's workshop was "Cancer and Inflammatory Bowel Diseases (IBD)". The programme was divided into two parts. During the first part, five overview presentations were given covering the topics of intestinal cancer, influence of age on occurrence of intestinal cancer, risk of skin cancer and lymphoma and the management of IBD patients with cancer. The second part was dedicated to three clinical case reports which were discussed with the audience.

Tine Jess was the first presenter and gave a talk on intestinal cancer in IBD. She stressed the importance of population-based studies (PBS) in epidemiological research. Her presentation included data from a recent meta-analysis of PBS relating to intestinal cancer in IBD, which showed an approximately twofold increased risk of colorectal cancer in patients with Crohn's Disease (CD) or Ulcerative Colitis (UC) and an up to 27-fold increased risk of small bowel cancer in CD compared to the background population. It is of note that the recent studies from Denmark suggest that overall the risk of cancer is decreasing compared to previous studies. It was speculated that this favourable trend might to some extent be a consequence of improved medical treatment and better control of inflammation.

Corinne Gower-Rousseau then continued with a presentation on the impact of age on risk of intestinal cancer. She provided an overview of relevant studies which have consistently shown the highest relative risk of colorectal cancer to be in young patients. This age-related difference in cancer risk was also confirmed by the results of a recent PBS of the EPIMAD cohort focussing on paediatric and elderly-onset IBD, which showed an increased risk of cancer (mostly colorectal) in children but no increase in elderly patients.

Ebbe Langholz covered the topic of skin cancer in IBD, presenting up-to-date data on the positive association between non-melanoma skin cancer and thiopurines and the potential association with anti-TNFs. He mentioned that an increased risk associated with thiopurine therapy not only exists during the treatment but also persists after discontinuation of immunosuppressants. Regarding melanoma,



EpiCom Members (Johan Burisch, Tine Jess, Corinne Gower-Rousseau, Dana Duricova, Peter Lakatos) © ECCO

recent studies suggest that anti-TNF $\alpha$  therapy carries an increased risk of melanoma while no such impact of thiopurines has been observed. An important message from the lecture was that patients with IBD per se seem to have an increased baseline risk of non-melanoma skin cancer as well as melanoma, which is further increased by medication, and thus should use adequate sun protection and undergo dermatological screening irrespective of the treatment.

Peter Lakatos gave a comprehensive overview on lymphoma in IBD, drawing attention to the increased risk associated with thiopurine treatment and potentially also with anti-TNF $\alpha$  therapy. This risk is age related, with older patients bearing the highest risk. He emphasised that although the relative risk of lymphoma associated with the treatment is increased, the absolute risk is low (especially in young patients) and the benefit of the therapy outweighs this risk.

Dana Duricova concluded the first part of the session with her presentation on the management of patients with IBD and cancer. She started with an overview on cancer in post-transplant patients and continued by summarising the existing evidence on IBD and rheumatologic patients with prior or current malignancy. Although the results of the presented studies seemed favourable with respect to immunomodulator use and prognosis, the conclusion was that the evidence is currently very limited, with selection bias, and that there is a need for further research.

During the second part of the workshop, three case reports were presented and discussed with the participants. Dana Duricova described the first case of a CD patient with metachronous cancer. Johan Burisch continued with an interesting case of stenotic colonic CD which was later discovered to be a malignant complication. He demonstrated the diagnostic pitfalls and difficulties of the malignancy in this localisation and provided evidence on risk of cancer in colonic strictures. Peter Lakatos then continued with a complicated case of a young CD patient with stoma and disease progression. He discussed the protective function of stoma in CD recurrence and the need for prophylactic therapy in these situations.

The 2<sup>nd</sup> EpiCom Workshop clearly demonstrated the importance of epidemiological research for everyday clinical practice. The expert speakers, who had extensive experience in epidemiological research, summarised the evidence on relevant clinical issues concerning cancer in IBD and provided participants with practical information based on this evidence.

**DANA DURICOVA**  
EpiCom Member



European  
Crohn's and Colitis  
Organisation

# ECCO Educational Workshops 2014



**34<sup>th</sup> ECCO Workshop**  
Prague, **Czech Republic** – March 27, 2014



**35<sup>th</sup> ECCO Workshop**  
Sofia, **Bulgaria** – June 13, 2014



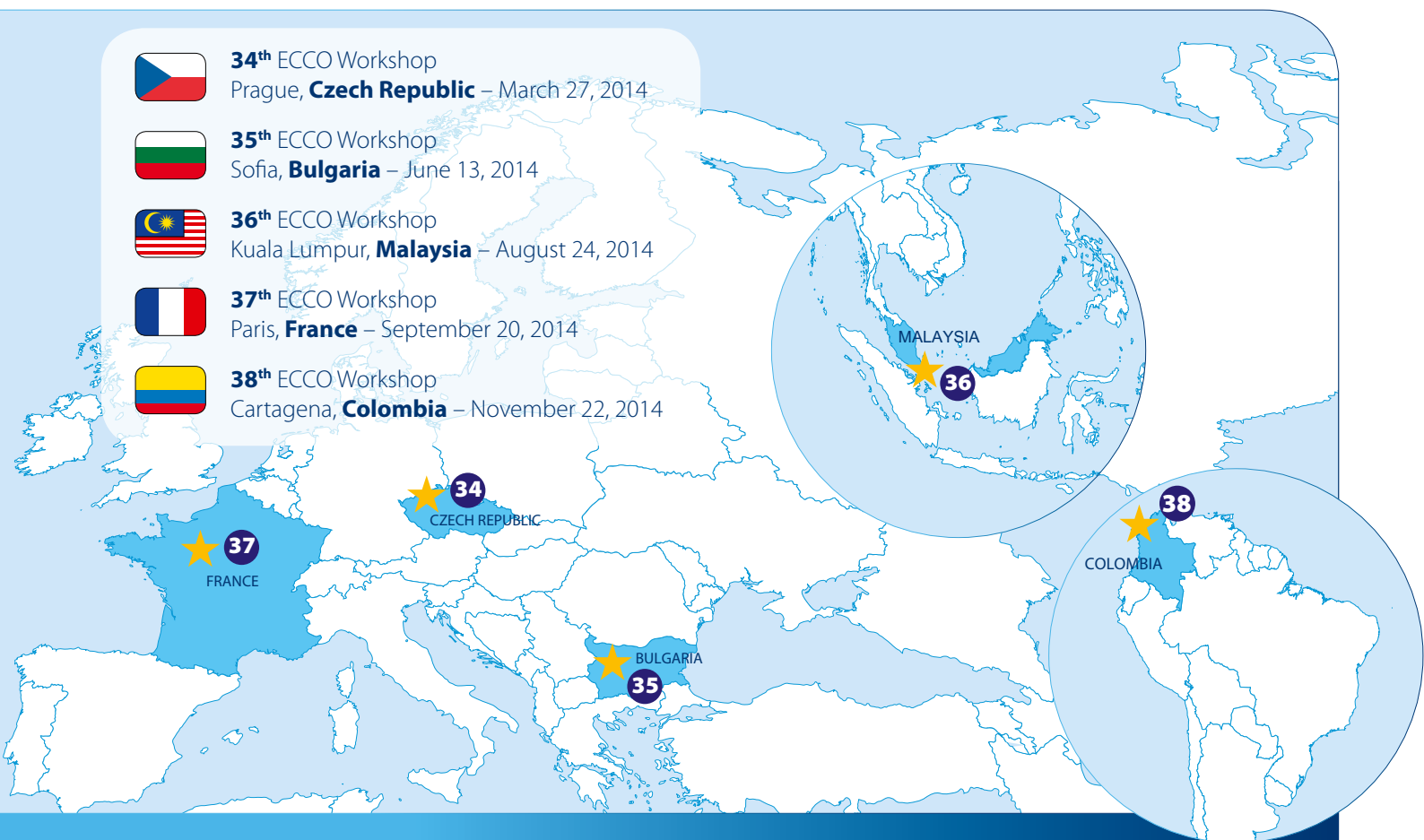
**36<sup>th</sup> ECCO Workshop**  
Kuala Lumpur, **Malaysia** – August 24, 2014



**37<sup>th</sup> ECCO Workshop**  
Paris, **France** – September 20, 2014



**38<sup>th</sup> ECCO Workshop**  
Cartagena, **Colombia** – November 22, 2014



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# 33<sup>rd</sup> ECCO Educational Workshop

**Berlin, Germany, November 22, 2013 – participating speakers: Axel Dignass, Klaus Herrlinger, Torsten Kucharzik, Christian Maaser, Gerhard Rogler, Britta Siegmund, Andreas Sturm, Janneke van der Woude**

The 33<sup>rd</sup> ECCO Educational Workshop in Berlin was the first ECCO Workshop to be held in Germany. The workshop was attended by about 40 participants from Germany and various other countries, including Poland, Bulgaria, Czech Republic, Iran and Austria.

The faculty included Janneke van der Woude from Rotterdam, the Netherlands, and Gerhard Rogler from Zurich, Switzerland, as well as national speakers including Britta Siegmund (Berlin), Klaus Herrlinger (Hamburg), Christian Maaser (Lüneburg) and Axel Dignass (Frankfurt).

The workshop started with welcome speeches and an introduction to ECCO by Andreas Sturm and Torsten Kucharzik, followed by the presentation of six cases covering challenging aspects of IBD management (imaging and new diagnostic steps in Crohn's Disease, fistulising disease, recurrent complicated ileocaecal Crohn's Disease, pregnancy and IBD, pouchitis and management of treatment-refractory moderate Ulcerative Colitis) and a state of the art lecture by Gerhard Rogler on mucosal healing. The workshop followed the successful format of previous workshops, focussing on case-based discussions and how the new ECCO Guidelines can be implemented in clinical practice.

During each case presentation, a

stimulating and highly interactive discussion took place, initially within the small groups around the tables and afterwards involving the whole plenum. We decided to divide the participants into small groups and to use a "round-table" set-up to promote intensive interaction among group members. The feedback on the case discussion in small groups and on the presentations by the speakers was excellent.

During the 2-hour lunch break, we offered an attached interactive workshop to provide insights into bowel ultrasonography for all participants. Groups with five participants rotated at 20-min intervals from one model to the other to get an idea of how ultrasound may be used for diagnosis and follow-up of IBD patients. Expert groups were provided with higher-level information and deeper insights into bowel ultrasound. We used a porcine biomodel (TRUST model) and an ultrasound simulator (Schallware model) for the workshop, but in addition an emergency patient with Crohn's Disease and an abscess participated. Insights into anatomy and pathological findings could be provided. The ultrasound workshop turned out to be a great success and the participants were highly enthusiastic.

The ECCO Educational Workshop in Berlin was greatly appreciated, and positive



Faculty of the 33<sup>rd</sup> ECCO Educational Workshop in Berlin, Germany © ECCO



33<sup>rd</sup> ECCO Educational Workshop in Berlin – integrated Ultrasound Workshop © ECCO

feedback was received at the end of and after the meeting. Overall, we are looking back at a highly successful event.

**TORSTEN KUCHARZIK, ANDREAS STURM**  
EduCom Members

# 12<sup>th</sup> IBD Intensive Advanced Course

**The 12<sup>th</sup> IBD Intensive Advanced Course took place on February 18–19, 2014 at the ECCO Congress in Copenhagen.**

The course is the original ECCO educational event and remains the highlight of a wide range of educational activities that take place before the main Congress programme. It is designed to provide a comprehensive review of both the clinical and the basic science advances in Inflammatory Bowel Disease (IBD). Delegates comprise the most promising trainees in the area of IBD and there is a huge demand both from within and, increasingly, from outside the European Country Members of ECCO. Despite this, we continue to cap the course at around 80 delegates in order to maintain the high levels of engagement and interactivity critical to its success.

This year there were 74 candidates from 28 European countries, in addition to 15 from 7 countries outside Europe. The course covers a broad syllabus across IBD, ranging from epidemiology, microbiology and genetics to pathogenesis/mechanisms of drug action, diagnostics, therapeutics and disease

monitoring. The faculty members are selected for their expertise as well as their ability to educate. In addition, we ask selected Y-ECCO Members to present clinical cases that provide a framework for discussion of the pertinent data and ECCO Guidelines where relevant. This year we introduced a new series of workshops on practical areas of IBD management, including ultrasound, interpretation of MRI and performance of chromoendoscopy. The delegates split themselves into small groups so that each workshop could deliver focussed interactive learning. We also continued the popular workshops on managing IBD in pregnancy. The course uses an electronic keypad system to conduct a pre- and post-course test as well as to allow voting on the various clinical scenarios presented during the course.

In accordance with the current vision of EduCom that the reach of the ECCO educational program should be extended to encompass Europe and beyond, the 12<sup>th</sup> IBD Intensive

Advanced Course included a larger number of delegates from outside Europe and was recorded in its entirety. Selected presentations (audio, video and pdf files of the slide sets) will be made available to all ECCO Members through the recently launched e-CCO Learning platform.

It will soon be time to select delegates for the 13<sup>th</sup> IBD Intensive Advanced Course in 2015! Applications from European ECCO Member Countries should be made via the National Representatives, who are tasked to nominate the most promising IBD trainees. Applications from trainees outside of Europe should be sent to the ECCO Office, and include a CV and covering letter.

I am very grateful to all the faculty members who dedicated their time to teaching on this course and to the ECCO Office for their excellent organisation!

**JAMES LINDSAY**  
EduCom Chair  
On behalf of EduCom

# Report on the 1<sup>st</sup> Ultrasound Workshop during the 9<sup>th</sup> Congress of ECCO in Copenhagen

**Participating tutors: Antony Higginson (UK), Luc Biedermann (Switzerland), Torsten Kucharzik (Germany), Christian Maaser (Germany), Giovanni Maconi (Italy), Gerhard Rogler (Switzerland), Stephan Vavricka (Switzerland), Merel Scheuerkogel (Netherlands)**

During the 9<sup>th</sup> Congress of ECCO in Copenhagen, the first workshop on bowel ultrasonography was held. This practical hands-on workshop had been organised by EduCom in conjunction with colleagues from ESGAR, the European Society for Gastrointestinal and Abdominal Radiology.

Ultrasonography has become an important diagnostic tool in monitoring patients with Inflammatory Bowel Disease in recent years. Several trials have shown that ultrasound of the large and small bowel in patients with Crohn's Disease has at least the same diagnostic significance as other imaging tools such as MRI. In particular, bowel ultrasonography has been shown to be extremely useful for patient follow-up and for detection of complications such as stenoses, abscesses and fistulas. The technique has also become more and more popular for follow-up of patients with Ulcerative Colitis. The advantages over other imaging modalities are its quick and inexpensive availability and the high reproducibility of the results. Recent Imaging Guidelines that have been developed by ECCO in collaboration with ESGAR have emphasised the important role of bowel ultrasonography in patients with inflammatory bowel syndrome. Unfortunately, up to now there are only a very few European countries where ultrasound is practiced by gastroenterologists themselves.

The goal of the workshops was to introduce

European IBD specialists to the technique of bowel ultrasonography. Two different models of recently established educational tools were employed to enable hands-on training for about 40 participants. Tutors from five European countries were involved and participants were taught how to localise and characterise inflammatory activity within the small and large bowel of IBD patients. By employing a Bio-Teacher as well as an ultrasound simulator, participants with different educational experience could be trained simultaneously. During the hands-on training, every participant rotated between eight different workstations to learn ultrasound pathologies in eight different cases. In particular the hands-on part of the workshop was very well received and experienced as rewarding by all participants.

The workshop was supported by generous educational grants from AbbVie and Hitachi.

Because of the excellent feedback from all participants, ECCO is going to continue with the educational workshop activities in the field of bowel ultrasonography. An upcoming workshop next year will extend the educational activities on MRI and endoscopy. We hope to see you during our imaging workshop at the ECCO Congress in Barcelona in 2015.

**TORSTEN KUCHARZIK, STEPHAN VAVRICKA**  
EduCom Members



Faculty of the 1<sup>st</sup> Ultrasound Workshop (Antony Higginson, Torsten Kucharzik, Christian Maaser, Gerhard Rogler, Merel Scheuerkogel, Luc Biedermann, Stephan Vavricka, Giovanni Maconi) © ECCO



1<sup>st</sup> Ultrasound Workshop – hands-on session © ECCO



1<sup>st</sup> Ultrasound Workshop – hands-on session © ECCO

## Update on EduCom Activities

**The Education Committee (EduCom) of ECCO continues in its core role of providing high-quality and innovative education in the field of IBD throughout Europe and beyond.**

We have launched the successful e-CCO Learning platform, extended the popular ECCO Educational Workshops to countries outside Europe, continued the IBD Intensive Advanced Course and created a programme of 'hands on' intestinal ultrasound training with the Ultrasound Workshop. This has required the imagination and hard work of the dedicated Committee Members with the welcome support of Axel Dignass, the ECCO Education Officer. Each ECCO Committee refreshes its members every 2-3 years, saying goodbye to some old friends and welcoming new colleagues onto EduCom.



EduCom Members (Torsten Kucharzik, Peter Irving, James Lindsay, André D'Hoore, Stephan Vavricka) © ECCO



*This year it is with great sadness that we say goodbye to two of our excellent colleagues:*

**Gerassimos Mantzaris:** Makis has been at the centre of the educational work of ECCO since its foundation. He joined EduCom in 2009 and dedicated his time to creating the hugely successful ECCO Educational Workshops around Europe. These have allowed the changes in IBD management contained within the ECCO Consensus statements to be disseminated throughout Europe. He was elected as Chair of the Committee from 2012 to 2014, and has overseen the expansion of the Educational Workshops throughout the world as well as the introduction of the e-CCO Learning project. He has been involved in several guidelines projects and is an enthusiastic faculty member on both the IBD Intensive Advanced Course and individual ECCO Educational Workshops. In 2012 Makis wrote a two-part article on the history of Crohn's Disease for ECCO News. He has worked tirelessly to promote the educational goals of ECCO, always with his characteristic wit, charm and humour. He is a great friend and support to us all on EduCom.

**Sandro Ardizzone:** Sandro joined EduCom in 2012; along with his colleagues he has worked hard over the last 2 years organising and modernising the ECCO Educational Workshops. He has updated the format of these popular one-day educational events to ensure they are more flexible and can be adapted to the particular needs of the delegates in each country, whilst maintaining their core principles of high-quality IBD education and interactivity. He has been an enthusiastic faculty member of the IBD Intensive Advanced Course and has participated in several ECCO Consensus statements. In 2014, Sandro was integral to the launch of practical workshops within the IBD Intensive Advanced Course and the module on Chromo-endoscopy. We are very grateful for his enthusiasm and support over the last two years.

*We are delighted to welcome two new Committee Members this year:*

**André D'Hoore:** André is Chair of the Department of Abdominal Surgery, University Hospitals Leuven, Belgium and has been a loyal and dedicated supporter of ECCO for many years. He co-founded the Surgeons of ECCO Committee (S-ECCO) and served as chair until February 2014. In this role, he was responsible for organising the hugely successful S-ECCO Masterclass, which now forms an integral part of the ECCO educational programme. He is an inspiring educator and has an international reputation in his clinical field. We are delighted to welcome him to the Education Committee, where he will provide insights from a surgical perspective. André will also participate in the

organisation of our programme of European and international ECCO Educational Workshops.

**Peter Irving:** Peter is a Consultant Gastroenterologist at Guy's and St Thomas' Foundation NHS Trust in London and joins the Education Committee after having been the UK National Representative to ECCO for the last two years. He has contributed to ECCO through speaking on the IBD Intensive Advanced Course as well as the scientific programme. He has wide experience of developing successful educational programmes in the UK and an international reputation as an excellent lecturer. This is based on his extensive clinical experience of managing complex IBD in a tertiary IBD referral centre. We are delighted that he has agreed to take over the organisation of the IBD Intensive Advanced Course and look forward to his innovative approach to education.

*Plans for the year ahead*

**IBD Intensive Advanced Course:** The next course in 2015 will be organised by Peter Irving and will once again provide a state of the art update on IBD for the very best trainees from Europe and around the world. The international faculty will be selected for their experience and knowledge as well as their ability to deliver excellent interactive lectures and clinical case discussions. We aim to repeat the practical workshops in which small groups learn about ultrasound, MRI and endoscopy from experts from around the world. The EduCom again regrets having to turn down many applicants for the course. We aim to cap the numbers at around 80 to ensure that it continues to provide an interactive forum. As before, delegates from within Europe are nominated by the individual country's National Representatives after a competitive selection process. For several years we have not received nominations from all eligible countries. We would again like to alert National Representatives to the need to inform and motivate young physicians in their countries to apply! Delegates from outside Europe should apply directly to the ECCO Office when the call is advertised in ECCO News later this year.

**ECCO Educational Workshops:** Over the last year we have held successful workshops in Turkey, Sweden, Switzerland, Germany and Mexico. In total, 250 people have participated and, as ever, we are very grateful to the ECCO Committee Members and local experts who have given their time to provide the faculty for these events. The new format has increased the flexibility and interactivity of the workshops and allowed the international expert faculty to tailor the content to the specific local needs, whilst promoting the management guidelines encompassed by the ECCO Consensus

statements. Over the next year, André D'Hoore and Torsten Kucharzik will be organising workshops in Prague, Sophia, Kuala Lumpur, Paris and Cartagena. The current slide deck has been updated and they are working on new cases to expand the portfolio of clinical scenarios that will be discussed.

**Ultrasound Workshop:** This innovative and popular course was launched at ECCO 2014 in Copenhagen. Torsten Kucharzik and Stephan Vavricka devised a practical training course using simulators and animal models to allow a group of 39 gastroenterologists to hone their skills in intestinal ultrasound. The course includes lectures on the principles of ultrasound as well as plenty of time in small groups being tutored on models. The feedback has been excellent and EduCom is making plans for an enhanced programme in 2015!

**e-CCO Learning:** The e-CCO Learning platform was formally launched at ECCO 2014 in Copenhagen and we are proud of the high number of interaction in the months of February and March on the platform – **more than 1,500 visits**. The content has been devised together by Stephan Vavricka and Janneke van der Woude. Janneke has been co-opted onto EduCom for the next year to support Stephan in maintaining this valuable resource and expanding its scope. Considerable effort has enhanced its design, content and user friendliness so that it is easy to navigate. There are clinical cases to work through, podcasts of the lectures and educational symposia from ECCO 2014, and podcasts of the 'IBD Boot Camp' covering many aspects of the management of IBD. We are very grateful for the help of the members of Y-ECCO for their support in putting these together. Copenhagen also saw the launch of the e-CCO e-Guide to managing IBD. This interactive platform, designed by Marcus Harbord, brings the ECCO Consensus statements to life in a user-friendly algorithm.

*In 2015, the goals of EduCom will remain the same:*

"To strengthen the evidence-based knowledge about IBD in ECCO Member Countries and beyond and to develop and implement a panel of educational formats intended for the different stakeholders and interest groups within ECCO that will aid in harmonising the practice of IBD". With the help of friends and colleagues, we will continue to strive to deliver this ambition!

**JAMES LINDSAY**  
Chair EduCom  
On behalf of EduCom

# 3<sup>RD</sup> INTERNATIONAL SYMPOSIUM ON PEDIATRIC INFLAMMATORY BOWEL DISEASE

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# The Revised Porto Criteria for Diagnosis of Paediatric IBD

**Differentiating Crohn's Disease (CD) and Ulcerative Colitis (UC) from other causes of gastrointestinal inflammatory disorders, such as infectious or allergic diseases or primary immunodeficiency disorders, may be challenging.**

Another challenge is the correct classification of Inflammatory Bowel Diseases (IBD) into UC or CD, especially since the current diagnostic criteria are insufficient. Paediatric CD often involves the small intestine or upper GI tract, and thus ileocolonoscopy alone may be insufficient to visualise the entire extent of the disease. A significant proportion of affected children present with a form of Colitis whose features make it impossible to define as either CD or UC at diagnosis based on current criteria; this phenotype has been labelled "IBD unclassified" (IBD-U). More recent data from paediatric-onset IBD patients have highlighted several atypical phenotypes of all three forms (i.e. CD, UC and IBD-U) which have led to frequent mislabelling of patients.

The shortcomings of the previous criteria are not limited to diagnosis and classification. Previous recommendations for small bowel imaging are now obsolete, and newer diagnostic techniques such as magnetic resonance enterography (MRE), capsule endoscopy and novel screening tests need to be incorporated into diagnostic algorithms.

An international group of experts from the Porto Paediatric IBD Working Group of ESPGHAN and the Paediatricians of ECCO (P-ECCO) established a task force to suggest new criteria for the diagnosis and classification of paediatric IBD. The new criteria, termed the revised "Porto criteria", are a radical departure from previous guidelines for diagnosis in children and adults. The goals they set forth are to improve diagnosis and classification, to identify disease extent and complicated behaviour at onset, and to minimise radiation exposure.

The revised Porto criteria for the diagnosis and classification of paediatric IBD define and classify four sub-types of the condition: Typical UC, atypical UC, CD and IBD-U. Patients with atypical UC should have a complete diagnostic work-up similar to that for patients with CD, but should be treated as having UC. A diagnosis of



P-ECCO Committee Members (Richard Russell, Arie Levine, Dan Turner, Gábor Veres; not in the picture: Kaija-Leena Kolho) © ECCO

atypical UC should be triggered by the presence of no more than one atypical feature still consistent with UC, such as macroscopic rectal-sparing UC, a simple gastric ulcer, a caecal patch or focality in biopsies in children with a short duration of disease. In addition, novel and clear criteria for the diagnosis of IBD-U are proposed.

According to the revised criteria, a diagnosis of IBD in children requires a full diagnostic work-up, including complete imaging of the small bowel using MRE and gastroscopy. The recommendation to use MRE as the preferred standard of care is a first step towards capturing key information about disease location and complications such as strictures and fistulae at an early time point while reducing radiation exposure in the vulnerable paediatric population.

The new diagnostic criteria should help reduce ambiguity about the classification of IBD as well as improve our ability to identify complications such as stricturing or penetrating disease from the outset. This should lead to improvement in therapeutic algorithms in paediatric IBD.

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**ARIE LEVINE**  
P-ECCO Chair



# Patients and IBD surgery: Rightful fears and preconceptions

**While people with IBD have a normal life expectancy when adequately treated, quality of life (QoL) may be significantly poorer than among the general population, in terms of both physical and psychological well-being.**

Common IBD symptoms like diarrhoea, constipation, bloating, abdominal and peri-anal discomfort or pain, ulcers and bleeding may lead to significant psychosocial impairment. Ulcerative Colitis (UC) and Crohn's Disease (CD) share symptoms, but people who suffer from CD report more disease-related concerns and psychological distress and lower levels of QoL.

Surgery may provide a permanent cure in the case of UC and a way to effectively induce remission in CD. The intervention can reduce or eliminate the need for ongoing medication and intensive medical follow-up in most UC patients, while patients affected by CD can experience a significant improvement in their QoL. However, despite generally positive outcomes of surgery, people with IBD often perceive surgical intervention as the end of the road, the failure of their therapy. For various reasons, surgery is sometimes regarded with extreme discomfort by patients, convinced that their goal is to try to avoid it at all costs. Most people focus their attention on the potential risk of complications or side effects of surgery, but appear to be much less concerned by the side effects of medications, even when they are not negligible. This attitude may prevent or delay the achievement of long-term symptom relief. People's attitudes may also play an important role during postoperative recovery.

From both the clinical and the psychological perspective, the decision to proceed with surgery is highly important for IBD patients as it will impact on their overall QoL. Decision making should ideally be a collaborative effort between the patient and their managing gastroenterologist and surgeon. Except in



Antonino Spinelli  
© Humanitas Research Hospital, Rozzano Milan

emergency conditions, caused by complications of the disease, there is often enough time to take an aware and mindful decision. This decision-making process may sometimes benefit from the assistance of a psychologist, who may help the patient in exploring possible psychological issues and fears around surgery. Positive outcomes in patient well-being are often associated with mindful decisions preceding surgery that are sensitive to patient's attitudes and the information received, which are themselves influenced by the relationship with the physician. Effective interpersonal and communication competencies on the part of the physician, such as the ability to perceive, use, understand and manage emotions, are often underestimated as predictive factors in a positive clinical outcome after surgery and mastering them should be promoted. Sometimes it is not easy for the physician to completely understand the subjective experience of their patients.

One of the main fears related to surgery is lack of control over what will happen during the operation. While under anaesthesia, patients are not aware of what is being done to them. Many



Francesco Pagnini © Francesco Pagnini

people become nervous just imagining this situation. Even if control during the intervention is in most cases not obtainable, a common way to cope with this issue is improvement of knowledge about the intervention and its implications. Previous findings indicate that patients' concerns are strongly correlated with their information level regarding the illness and its treatment.

Promotion of the patient's engagement and cultivation of a positive relationship between the patient and the physician are important for the experience and outcomes of surgery. For that reason, physicians and surgeons should be aware of the possible psychological issues related to every intervention. The healthcare team should be ready to provide adequate support that is not limited to biomedical issues.

## ANTONINO SPINELLI

Head, IBD Surgery Unit (Humanitas Research Hospital, Rozzano Milan, Italy),

## FRANCESCO PAGNINI

Department of Psychology, Catholic University of Milan, Italy



Falk Symposium

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# IBD 2014: Thinking Out of the Box

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# 2014

# 8<sup>th</sup> N-ECCO Network Meeting 2014

**The Bella Center in Copenhagen, an architect's dream, hosted this year's successful N-ECCO Network Meeting. Approximately 240 IBD nurses from Europe and beyond met to engage in a variety of crucial aspects of IBD patient care.**

The morning session was a walk through early life, with sessions on sex, fertility and pregnancy. Andrea van der Meulen (the Netherlands) was followed by Janneke van der Woude (the Netherlands), with both sessions allowing sensitive discussion with a realistic and open approach. A tandem presentation by Janneke van der Woude and Janette Gaarenstroom (the Netherlands) brought these issues home through the detailed and poignant journey of a single patient.

The theme of development through life continued through childhood with an interesting and thorough talk by Sanja Kolacek (Croatia) on the growing child. From here the challenges of transition into adult care formed a natural theme for Joan Hetherington (Canada) and Kay Crook (UK), who were able to offer some practical advice and insight into the struggles of the adolescent negotiating a complex disease at a complex time.

Just prior to lunch we were privileged to witness the presentation of three interesting study abstracts: Ulricka Wickman on self-care among patients with Inflammatory Bowel Disease, Dawn Farrell on symptom burden in individuals with Inflammatory Bowel Disease and Aki Kawakami on developing an assessment



N-ECCO Network Meeting 2014 © ECCO

method based on a health belief model to identify patients at high-risk of non-adherence to aminosaliclates.

Assessment of IBD followed lunch. Resi Olde Olthof (the Netherlands) gave such a thorough overview of clinical assessment that it would be welcome in a textbook! Arun Gupta (UK) then spoke on radiological assessment with a helpful focus on the patient experience. This was followed by an excellently choreographed tandem talk about endoscopy and Histopathology by Cord Langner (Austria) and Rami Eliakim (Israel).

The final focus of the day was three major patient concerns: Fatigue, pain and urgency. Palle Bager (Denmark) shared his interesting research on fatigue, followed by Charles Bernstein (Canada) and his work on pain. The often overlooked problem of urgency and

incontinence was then approached with passion and compassion by Julie Duncan (UK), who left us with a 'can do' approach to this difficult topic.

Our outgoing chair, Marian O'Connor (UK), closed the day with an overview of N-ECCO: Where it's been and where it's going. It's clear that our vision remains the same and continues to grow with the N-ECCO Consensus statements published and new initiatives such as the nursing research group. Our new chair, Janette Gaarenstroom (the Netherlands), gave a well-deserved and unreserved 'thank you' to Marian. Marian has certainly been involved and committed to N-ECCO for a record-breaking amount of time and will be greatly missed.

N-ECCO remains committed to improving the care of IBD patients throughout Europe by networking and facilitating accessible, practical and relevant education. We are extremely grateful to every speaker and delegate for their engagement with this year's programme. Next year we will be in sunny (we hope) Barcelona, with another programme designed specifically from delegate feedback. We look forward to seeing you there!

**LYDIA WHITE**

N-ECCO Committee Member

## 1<sup>st</sup> N-ECCO Research Forum 2014

**The ECCO'14 Congress hosted the successful inaugural N-ECCO Research Forum.**

Stemming from the N-ECCO Consensus statements identifying the need for more research to be undertaken by IBD nurses, and the 2013 N-ECCO Networking Meeting, the Research Forum was attended by approximately 60 nurses from Europe, Canada and the United States. Of these, seven held PhDs and many more held Masters degrees. A large cohort wished to learn about research, how to undertake a research project and how to get started practically.

This first Research Forum was designed to identify the aims and objectives of the forum and how to take the forum forward whilst complying with the strategic overview of ECCO. The N-ECCO Research Forum is not restricted to active researchers; it is also open to those new to research and those wishing to embark upon a study.

The meeting was opened by the outgoing Chair of N-ECCO, Marian O'Connor, who outlined the aims of N-ECCO and gave an overview of the N-ECCO Consensus nurse guidance and its growing impact on IBD nursing across Europe.

This was followed by a presentation by Karen Kemp outlining the need for the forum and providing an impression of how the forum

will operate and how it will benefit nurses and patients across Europe. Built into this was how the proposed Scientific Platform will support this new nursing venture.

Group feedback identified the needs of research nurses across Europe. The forum will:

- Support nursing research in IBD
- Generate new knowledge and evidence
- Encourage Europe-wide/international networking
- Provide inspiration, collaboration and opportunities
- Enhance awareness of IBD nursing within ECCO
- Narrow the gap between academic and clinical IBD care

It will:

- Offer linkage between those doing research and those wishing to do so
- Provide special expertise
- Enable exchange of ideas
- Facilitate sharing of experience and expertise
- Permit comparison studies across Europe
- Provide an IBD nurse research resource bank
- Ensure that research knowledge produced is valid for use in other countries

- Identify research priorities
- Develop a cadre of academic clinical IBD nurses

A number of research themes were identified during the forum, including fatigue in IBD, e-health, quality of life, symptom burden, living with IBD, sexuality in IBD – all areas of IBD research which nurses often excel in. In addition, the forum will offer practical guidance on qualitative and quantitative research methodology, how to design a research proposal, abstract writing and poster presentations.

The N-ECCO Research Forum will not deter the presentation of research findings at the main ECCO Congress: Such presentation will still be encouraged. The forum will concentrate on methodology and the practical aspects of undertaking nursing research within IBD.

It is hoped that the forum will become a shared learning experience of research into IBD, led by IBD nurses experienced in a range of methodologies and outcomes research related to IBD care.

**KAREN KEMP**

N-ECCO Committee Member

# 5<sup>th</sup> N-ECCO School, Copenhagen 2014

Once again we celebrate the success of another N-ECCO School!

Attended by 32 nurses from 16 countries, the School covered a range of IBD topics. The aim of the School is to enhance basic knowledge in a clear and precise manner in order to equip nurses new to IBD, or those with an interest in the subject, with the knowledge to better support IBD patients throughout Europe.

In addition, the N-ECCO School has come to serve as a great networking opportunity for this group of nurses, enabling them to share experience and plans for furthering their careers.

Opened by outgoing N-ECCO Committee Chair, Marian O'Connor, the School continued with vibrant presentations from international clinicians and nurses. The School opened with an impressive presentation by Pierre Michetti, highlighting the practical use of calprotectin in IBD care. The session "Diagnosis and assessment" featured excellent presentations by the eminent clinicians Ailsa Hart, who covered the need to use the "right drug at the right time",

and André D'Hoore, who managed to explain the complexities of IBD surgery simply – no mean feat!

Interactive case studies were presented and facilitated by Andreas Sturm and Pia Munkholm. These sessions covered the goals of treatment, practical tips for adherence and, to quote Andreas Sturm, whether "we have something better in the drawer" for the complex patient!

The School drew to a close with an exceptional presentation from Simon Gabe, lead for the centre of excellence for the treatment of intestinal failure, St Mark's Hospital, UK, and Lydia White, IBD Nurse Practitioner, Oxford, who proposed that the IBD nurse is capable of going to "infinity and beyond".

As always, we shall use the evaluation forms articulating your thoughts and needs to plan next year's N-ECCO School. This feedback is invaluable in order to build upon the School's success and continue to ensure that it makes an outstanding contribution to IBD nurse knowledge and IBD patient care across Europe.



5<sup>th</sup> N-ECCO School © ECCO

N-ECCO would like to thank the participants and N-ECCO National Representatives for their contributions in making the School such a success once again. We look forward to nominations for the 6<sup>th</sup> N-ECCO School to be held in Barcelona in 2015.

**KAREN KEMP**

N-ECCO Committee Member

## Dear Y-ECCO Friends

These are busy times for Y-ECCO. The number of members has quadrupled from 2010 to 2012 and we are continuing to grow. Furthermore, the number of our activities doubled from 2011 to 2013, with an increasing number of collaborations between Y-ECCO and other ECCO Committees. And I'm happy to say that we are a very active group as well: More than a third of Y-ECCO Members each year actively participate in one of our activities! It doesn't need stating that we had an excellent chair during the past two years, Florian Rieder, who can be proud of what he has achieved. Thank you very much, Flo! I am honoured to replace you, and it will certainly be tough to maintain the same level of excellence. We also say goodbye to Franco, who has been on the Committee for three years. Thank you Franco, for your Italian warmth and all the hard work that you have done for Y-ECCO!

On the other hand, we welcome two new talented and motivated Y-ECCO Committee Members: Tiago Nunes and Isabelle Cleynen. Both work as post-docs, in Munich and Cambridge respectively. You can read short interviews with them in this issue of ECCO News.

Y-ECCO ACTIVITY	SELECTION PROCEDURE	BENEFIT FOR Y-ECCO MEMBERS
ECCO News Literature reviews	All Y-ECCO Members	Publication in ECCO News, along with your picture + affiliations
Participation in ECCO Consensus Guidelines, development of an e-learning case	CV	Full co-authorship of the Consensus paper; your e-learning case will be made available online.
Y-ECCO co-chairing programme	CV, area of expertise	Chair a session of the ECCO Congress
IBD podcast participation	CV, fluency in English	Your podcast will be made available online and at the ECCO Congress
Y-ECCO Workshop and Networking Event	All Y-ECCO Members	Career development support; interaction with other Y-ECCO Members
Y-ECCO Abstract Awards	Top 5 abstracts submitted to the annual ECCO Congress by Y-ECCO Members	Free registration for the ECCO Congress; honourable mention during the ECCO Congress
Y-ECCO Committee Membership	CV, letter of intent	Membership of an ECCO Committee



This year's Y-ECCO Workshop, organised by Sebastian Zeissig, was once again a success despite a registration fee. The workshop was no longer part of the IBD Intensive Advanced Course, and about 50 Y-ECCO Members signed in. And how right they were! We had two outstanding speakers this year – Tony Lingham and Eric Dixon – internationally renowned experts in the fields of management and communication. In two interactive and entertaining sessions, the participants received both guidance on how to create a perfect presentation and a personal analysis of their learning style/behaviour, with tips on how to improve their negotiation and networking skills.

The table on page 27 shows all current Y-ECCO Activities in which you can participate,

with the criteria for selection and the resulting benefit. You will see that every Y-ECCO Member is able to participate in one or more of our activities. Active participation in any of the Y-ECCO Activities will improve your visibility within ECCO, so don't hesitate and send an email to me ([pieter.hindryckx@ugent.be](mailto:pieter.hindryckx@ugent.be)) and/or the ECCO Office ([ecco@ecco-ibd.eu](mailto:ecco@ecco-ibd.eu)) and we will bring you into contact with the right person. New Y-ECCO Activities on the agenda are (1) the organisation of a basic science workshop for next year, a platform where basic scientists can present and discuss their work, and (2) participation in the development and evaluation of an e-Learning guide founded by Marcus Harbord (GuiCom).

Lastly, I would like to invite every Y-ECCO Member to come up with new proposals for Y-ECCO Activities. I'm happy to discuss your ideas within the Y-ECCO Committee!



Pieter Hindryckx © ECCO

**PIETER HINDRYCKX**  
Y-ECCO Chair

## Update on the Y-ECCO Committee

### Interview with Florian Rieder (Y-ECCO Chair, 2012-2014)

#### 1) If you look back at your chairship within Y-ECCO, what were the main highlights for you?

Working with Y-ECCOs! The young members of ECCO have a tremendous amount of potential, motivation and energy. It is very satisfying being able to represent them, connect them with each other and include them in ECCO Activities. The number of programmes that Y-ECCO can offer members has increased four-fold, as has the number of Y-ECCOs participating in ECCO Activities. This was only possible due to the Y-ECCO Committee Members. In my opinion our team officers, consisting of Sebastian Zeissig, Tim Raine, Pieter Hindryckx and Franco Scaldaferri, are among the most gifted rising stars in Europe and just being part of this group was an opportunity for me to learn from them. Individual highlights in the last two years were (1) the creation of the e-Learning platform,

with Tim Raine being a critical driver of this project together with the EduCom; (2) the high-quality literature reviews in ECCO News, edited by Pieter Hindryckx; (3) the excellent Y-ECCO Workshop organised by Sebastian Zeissig, followed by our traditional pub visit, and (4) the close relationship with our members, managed by Franco Scaldaferri.

#### 2) What will you be doing in the next 2 years?

I will watch Y-ECCO continue to grow and prosper under the leadership of one of the best Y-ECCO Committees ever! I have a lot of respect for the senior leaders who founded the concept of Y-ECCO and the ECCO Officers who have supported the group over the years. An independent committee for young members was a very visionary concept that other societies are only now starting to implement – many years after the first Y-ECCO Meeting!

#### 3) Do you have any wishes and/or advice for the new Committee?

All the best for your term! Have fun and enjoy Y-ECCO! Under the new Committee, Y-ECCO will continue to be a constructive voice and to represent ECCO Members below the age of 35 years or in training. But I have a wish for our members as well: Continue to engage with Y-ECCO! The Y-ECCO Team has outstanding opportunities waiting for you! I would like to thank the ECCO Office for their tremendous support in making our projects happen. It would not have worked without you! Furthermore I am grateful to all ECCO Officers for their collaboration and for strengthening our activities. Lastly, thank you to Pieter, Franco, Sebastian and Tim. You are a great team and it was an honour working with you!

### Interview with Pieter Hindryckx (new Y-ECCO Chair 2014-2016)

#### 1) Tell me how you got to where you are today

I started my medical training in 1999. During this training, I spent 2 months in Kenya and 3 months in Freiburg (Germany). I worked on my PhD between 2008 and 2012, investigating the role of mucosal hypoxia and angiogenesis in IBD. I'm currently finishing my training in gastroenterology in Brussels. Starting from 2014, I'll work as a resident at the Department of Gastroenterology of Ghent University Hospital. I hope to be able to combine clinics with my basic science work.

#### 2) What drives you as a physician, scientist and member of Y-ECCO?

I would summarise it like this: Being a physician is my profession, being a scientist, my hobby, and being a Y-ECCO Member, the ideal combination of both.

As a physician: What drives me is to help patients in the fight against their disease.

As a scientist: In my opinion, formulating a clear hypothesis and performing consecutive experiments to prove you are right are among the most exciting things you can do. And every time I see a difficult-to-treat IBD patient with a poor quality of life, I realise again how important it is to continue to perform research.

As a Y-ECCO Member: I just aim to be part of and to become connected with an international group of motivated young people with a special interest in IBD.

#### 3) What is your vision for Y-ECCO in the next two years?

Y-ECCO stands for a group of young, enthusiastic and motivated people who want to show their interest in IBD. Every Y-ECCO Member

should have the feeling that he/she is able to participate in our activities. I hope to bring together as many Y-ECCOs as possible to attend all of our Y-ECCO Events, as they offer the opportunity for everyone to make new connections with young colleagues from all over Europe. Finally, I aim to promote close collaboration between Y-ECCO and other ECCO Committees, as I think this results in a mutual benefit.

#### 4) Let us know a fact about yourself that very few other people know...

I play electric guitar, I used to have long hair and I was a metal fan during high-school.

**FLORIAN RIEDER AND PIETER HINDRYCKX**  
**INTERVIEWING EACH OTHER**  
Former and new Y-ECCO Chair



### Interview with Franco Scaldaferri (Y-ECCO Member 2011–2014)

#### 1) What were your most memorable moments from your time as a Y-ECCO Committee Member?

Learning to accept that projects need to coincide with other ongoing ECCO Initiatives and may not always be taken up immediately. The Y-ECCO Member Meeting followed by a networking event which was again a great success, attracting colleagues and friends from all across Europe.

I also remember some fun moments while promoting Y-ECCO Initiatives like a committed marketing and sales person – for instance when collecting the Y-ECCO Questionnaires in exchange for the USB sticks to Y-ECCO Friends.

#### 2) What are your plans for the future?

To step “aside” for some time and then to be ready for new European adventures!

#### 3) What would be your one wish for the next generation of Y-ECCOs?

That the “voices” and needs of all our young colleagues from around Europe are heard! Y-ECCO is about friendship, networking, strength and vitality, and I hope that this group will always be a good engine for ECCO and the IBD community.

**ISABELLE CLEYNEN INTERVIEWING  
FRANCO SCALDAFERRI**  
New and former Y-ECCO Member

### Interview with Tiago Nunes and Isabelle Cleynen (Y-ECCO Member 2014–2016)

#### 1) Could you tell us a little bit more about yourselves?

**TN:** I am a 33-year-old Portuguese-Brazilian Gastroenterologist, currently working as a basic science post-doc in the Nutrition and Immunology Department at the Technical University of Munich, in Freising, Germany. Since 2009, when I completed my GI training at the Federal University of Rio de Janeiro, my only topic of interest has been IBD. From 2009 to 2012 I did my clinical research fellowship in Barcelona, Spain, at the Hospital Clinic’s IBD unit headed by Julián Panés, working under the guidance of Miquel Sans. During this period I was awarded a Master’s degree in Biomedicine and a PhD in Medicine by the University of Barcelona. My research covers the relationship between IBD and the environmental factors that can influence disease development and disease outcomes, most importantly tobacco smoking.

**IC:** Unlike the other Y-ECCO Committee Members I am a basic scientist and not a clinician. I studied biomedical sciences at KU Leuven (1999-2003) and did my PhD in the Molecular Oncology lab at the KU Leuven Center of Human Genetics (2003-2007). In 2007, I joined the Leuven IBD lab as a postdoctoral fellow. In 2012, I moved to Cambridge (UK) to spend 15 months at the Wellcome Trust Sanger Institute, where I worked as one of the lead analysts on one of the many projects of the international IBD genetics consortium.

On a personal level I am spending most of my time with my baby girl, who was born in December 2013.



Former and new Y-ECCO Committee Members (Pieter Hindryckx, Sebastian Zeissig, Tim Raine, Isabelle Cleynen, Tiago Nunes, Florian Rieder; not in the picture: Franco Scaldaferri) © ECCO

#### 2) Why did you apply for a Y-ECCO Committee position?

**TN:** I applied for the Y-ECCO Committee because I wanted to be an active part of the world-wide collaborative network which ECCO represents. I wanted to help maximise the collaboration and interaction uniting young “IBDologists” in Europe and the rest of the world.

**IC:** Many of the basic scientists working in the IBD field felt that (Y-)ECCO is mostly for clinicians and much less for basic scientists. Having talked with several (Y-)ECCO Committee Members, it was clear that ECCO is ready for and welcomes the basic scientists as well.

As a basic scientist working in a research group where clinics and research are tightly linked, and as a member of international multidisciplinary consortia, I found myself in a good position to facilitate the interaction between basic and clinical researchers and to advertise basic research further within Y-ECCO, ECCO and the IBD field as a whole.

#### 3) What will be your main task(s) within Y-ECCO for the next year?

**TN:** Putting together next year’s Y-ECCO Workshop in Barcelona is going to be my main task for 2014.

**IC:** I will be responsible for the literature reviews for ECCO News. In addition I will be the main contact for the new basic science workshop that we want to organise at the end of the yearly ECCO Congress.

All Y-ECCOs – both basic scientists and clinicians – who want to become involved in either the literature reviews or the basic science workshop or any other Y-ECCO projects, please contact us!

**PIETER HINDRYCKX INTERVIEWING  
ISABELLE CLEYNEN AND TIAGO NUNES**  
Y-ECCO Chair and Y-ECCO Members

# Y-ECCO Interview corner

*Dear Y-ECCO Members,*

It's a pleasure to introduce the fifth Y-ECCO Interview corner interview, with Jean-Frédéric Colombel.

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.

We would appreciate your contribution in suggesting questions of interest to the ECCO Office under [ecco@ecco-ibd.eu](mailto:ecco@ecco-ibd.eu). Looking forward to hearing from you.

Yours sincerely,

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**MONICA CESARINI**

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



Monica Cesarini © ECCO

## Monica interviews Jean-Frédéric Colombel

*What was your most important step in your career?*

There have been many important points in my career, but it is all about meeting people.

As a matter of fact, I guess one of the most important steps was when I met my mentor, Professor Cortot, in Lille at the hospital while I was a fellow. At that time, when he became head of the GI department, there was almost no research going on; so we had to start from scratch and in 20 years we created what I believe is a very advanced IBD Clinical and Research Centre.

This is an important message for young people: Find a mentor who you can trust and who can support you in finding your way in this competitive world. Don't be afraid when you realise that you are more at the cutting edge than your mentor. This is the most rewarding thing that could happen to him (or her)!

*Why did you decide to accept a new challenge to create a new IBD Unit in the USA?*

This is a good question and I must say that I am still asking myself this question every day (laughs). I believe that there is no plateau in

your career: Either you rise or you go down. When I was in Lille, the research was going very well but I thought that if I wanted to make a new step forward I had to take on a new challenge. This is when I received the offer from Mount Sinai Hospital in New York to become head of the new IBD centre. I was particularly interested in the strong scientific environment at Mount Sinai since my passion has always been in translational research. After careful reflection (and some sleepless nights) I decided to "kick my ass" and to take on the challenge.

I knew from the beginning that it would be tough since I was not moving within my country or even within Europe but to a place where the culture and environment are so different. I must say that I was also influenced by Alicia Keys' song "New York: If you can make it here you can make it anywhere..."

*How important is the chance of networking (GETAID, CESAME...)?*

Research is all about networking! A good example when I was in France was the collaboration between all GE doctors in northern France within the EPIMAD registry,

GETAID, CESAME and, of course, ECCO. Such networking may be more difficult in the USA than in Europe but I am willing to try! As an example we have just launched the New York City IBD Research Group involving collaboration of all the major IBD centres in the city.

*Have you any suggestions for young doctors?*

As already mentioned, find a good mentor who you can trust. Develop networking inside your hospital, your country and all over the world. Don't hesitate to take risks and to move. Explore new tracks and hypotheses outside the box. Don't be a follower. Finally, keep in mind that the most important thing is to try and combine your career with your personal life.



Jean-Frédéric  
Colombel © ECCO

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**MONICA CESARINI**

Y-ECCO Interview corner Admin

# Y-ECCO Literature review

## Dear Y-ECCO Members,

During the past 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 should 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 makes it the ideal way to introduce yourself to the ECCO Community!

As the Y-ECCO Committee changed in February 2014, I shall be handing over the organisation of the Y-ECCO Literature reviews

to our new Committee Member, **Isabelle Cleynen**. Therefore, if you are interested in writing a literature review or if you have any questions, please send an email to [isabelle.cleynen@med.kuleuven.be](mailto:isabelle.cleynen@med.kuleuven.be).

**PIETER HINDRYCKX**  
Y-ECCO Committee Chair

## Vedolizumab as induction and maintenance therapy for Ulcerative Colitis

Feagan BG, Rutgeerts P, Sands BE, Hanauer S, Colombel JF, Sandborn WJ, Van Assche G, Axler J, Kim HJ, Danese S, Fox I, Milch C, Sankoh S, Wyant T, Xu J, Parikh A; GEMINI 1 Study Group. *N Engl J Med* 2013;369:699-710.

### Introduction

Promising times lie ahead for physicians who are treating IBD patients, and some patients are already as excited as their physicians. This excitement is the result of a new class of biologicals that will become available for the treatment of IBD patients more than 15 years after the introduction of the TNF antagonists. The latter have proven to be very efficacious in both Crohn's Disease and Ulcerative Colitis but the long-term benefit is hampered by loss of response in almost half of the patients, the formation of antibodies and the increased risk of infections [1]. Hence, an alternative therapeutic option is more than welcome.

Vedolizumab, a humanised monoclonal antibody directed against  $\alpha 4\beta 7$  integrin, is a member of this new class of biologicals, which are called the leucocyte trafficking inhibitors. These antibodies inhibit the interaction between leucocytes and the intestinal vasculature, thereby decreasing the influx of inflammatory cells into inflamed gastrointestinal mucosa. This class of drugs is not entirely new as a less gut-selective integrin inhibitor, natalizumab, had already been approved by the U.S. Food and Drug Administration (FDA) for both induction of remission and maintenance of remission for moderate to severe Crohn's Disease. However, natalizumab has been linked with progressive multifocal leukoencephalopathy (PML), a lethal complication resulting from the reactivation of the JC virus [2], which hampered its registration in Europe. The GEMINI 1 trial is the first randomised, double-blind, placebo-controlled trial to investigate the use of vedolizumab as induction and maintenance therapy in UC patients. This trial and the GEMINI 2 trial [3] are among the largest clinical studies ever performed in patients with IBD.

### Key findings

All patients recruited had previously failed conventional therapy and had a Mayo score at baseline between 6 and 12 and a sigmoidoscopy subscore of at least 2. The primary outcome for induction therapy (clinical response at week 6) and maintenance therapy (clinical remission at week 52) were both met in this RCT. Of the 374 patients who were randomised in the induction trial, of whom 40% had previously failed TNF antagonists, 47.1% of the active group (i.v. vedolizumab 300 mg at days 1 and 15) demonstrated a clinical response at week 6 compared to 25.5% in the placebo group. Another 521 patients were treated with open label induction therapy, of whom 44.3% demonstrated clinical response. All clinical responders were entered in the maintenance phase and received either vedolizumab every 4 weeks or every 8 weeks or placebo. This resulted in clinical remission rates at week 52 of 44.8%, 41.8% and 15.9% respectively. Secondary outcomes such as mucosal healing and glucocorticoid-free remission at week 52 were also met. Mucosal healing was seen in 51.6% of the 8-weekly group vs 19.8% of the placebo group. Concurrent treatment with glucocorticoids, immunosuppressants or previous TNF antagonists did not substantially affect the efficacy of vedolizumab. In a post hoc analysis, no clear differences in efficacy between the two vedolizumab regimens were apparent. Rates of serious infections were similar between vedolizumab and placebo-treated patients and only 1% of patients had blood samples that were persistently positive for anti-vedolizumab antibodies through week 52. No cases of PML occurred.

### Conclusion

Intravenous infusions of vedolizumab were effective for inducing and maintaining response and remission in patients with Ulcerative Colitis in this well-designed RCT. All the prespecified primary and secondary outcomes were met. Interestingly, this is the first RCT with a biological in IBD patients where the rates of remission and mucosal healing have been higher at week 52 than after induction therapy. This implies that the inhibition of leucocyte migration to the gut

has a more gradual effect than, for example, inhibition of the pro-inflammatory cytokine TNF- $\alpha$ . Additional long-term follow-up studies will be required to determine whether this effect is durable. With a never before seen 52% rate of mucosal healing at 52 weeks and similar effects in both anti-TNF-naïve and previous anti-TNF failures, this new treatment surely looks promising for UC patients. Furthermore, vedolizumab seems to be safe, and no cases of PML have been reported in approximately 3,000 patients exposed to vedolizumab for a median duration of 18.8 months. Of course, long-term clinical experience is required to more fully assess the risk of adverse events and the impact of anti-vedolizumab antibodies.

Vedolizumab has the potential to become a valid member of the therapeutic arsenal for IBD. An important challenge will be to determine its position in the treatment algorithm and to avoid simply prescribing drugs in the same sequence in which they were developed. Ideally, head-to-head trials will bring closure.

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3. Sandborn WJ, Feagan BG, Rutgeerts P, et al. Vedolizumab as induction and maintenance therapy for Crohn's disease. *N Engl J Med*. 2013;369:711-21.

**THOMAS BILLIET**  
IBD Group  
KU Leuven  
Leuven, Belgium



Thomas Billiet  
© Thomas Billiet

### Thomas Billiet

*Thomas Billiet is currently working as a PhD student at the IBD group, KU Leuven, Belgium. He is combining this with his gastroenterologist training. His main research interests are genetics and pharmacogenetics in Inflammatory Bowel Disease. Prediction of response to TNF antagonists is the main subject of his PhD project.*

## Combination therapy with infliximab and azathioprine is superior to monotherapy with either agent in Ulcerative Colitis

Panaccione R, Ghosh S, Middleton S, Márquez JR, Scott BB, Flint L, van Hoogstraten HJ, Chen AC, Zheng H, Danese S, Rutgeerts P. *Gastroenterology*. 2014 Feb;146(2):392-400.

### Introduction

Ulcerative Colitis (UC) is an idiopathic chronic inflammatory disease of the colon with

episodes of relapse between remissions. Conventional pharmacological treatment relies on aminosalicylates and immunomodulators (thiopurines), with or without corticosteroids. However, up to 16% of patients do not respond to optimal treatment with thiopurines [1]. The ACT-1 and ACT-2 have demonstrated efficacy of infliximab (IFX) for both induction and maintenance of remission in corticosteroid- and/or thiopurine-

refractory moderate to severe UC. However, respectively 51% and 42% of patients who received IFX in the ACT-1 and ACT-2 trials also received thiopurines. It remains unclear whether the efficacy of thiopurine and IFX in combination is superior to either alone in the treatment of moderate to severe UC [2].

### What are the key findings?

The multicentre double-blind, double-dummy UC SUCCESS trial by Panaccione and colleagues examined this question by randomising patients with moderate to severe UC in a 1:1:1 ratio to treatment with azathioprine (AZA) in monotherapy, IFX in monotherapy or AZA/IFX in combination therapy. Patients in the AZA group were given AZA oral capsules at 2.5 mg/kg with placebo intravenous infusions at 0, 2, 6 and 14 weeks. Patients in the IFX group were given the same regimen with IFX and placebo oral capsules.

A total of 239 patients were enrolled despite early termination of the study, with 80 patients in the AZA/IFX combination treatment group, 79 in the IFX monotherapy group and 80 in the AZA monotherapy group.

The primary endpoint, defined as the proportion of patients in corticosteroid-free remission at week 16, was achieved in 39.7% in the AZA/IFX arm compared to 22.1% in the IFX ( $p=0.017$ ) and 23.7% in the AZA monotherapy arm ( $p=0.032$ ). No differences were seen between the AZA and IFX monotherapy treatment groups.

Because the study was underpowered due to early termination, only comparisons between AZA/

IFX and AZA groups were considered statistically significant in regard to secondary outcomes.

Major secondary endpoints were mucosal healing at week 16 (Mayo endoscopy subscore of 0 or 1), partial (improvement of 2 or above) and total (decrease in total Mayo score  $\geq 3$  and  $\geq 30\%$  decrease from baseline) Mayo response, and mean change in partial (week 8) and total (week 16) Mayo score. Mucosal healing was achieved in 62.8% in the AZA/IFX group compared to 36.8% in the AZA group ( $p=0.001$ ), with no differences noted between the AZA/IFX and the IFX group (54.6%). Partial Mayo response was also greater in the AZA/IFX (85.9%) than in the AZA group (65.8%;  $p=0.003$ ), as was the total Mayo response at week 16 (76.92% versus 50%;  $p=0.001$ ). Likewise, mean changes in partial and total Mayo score from baseline were greater in the AZA/IFX group compared to the AZA treatment group.

### Why is this study of importance?

This is the first randomised trial comparing combination treatment of AZA/IFX to AZA or IFX alone in the treatment of UC, and it clearly demonstrates that IFX/AZA has better treatment efficacy than AZA alone (assessed at week 16). These

results are in line with those observed in the similar SONIC trial for Crohn's Disease. Longer term studies are required to investigate whether combination therapy is also superior to monotherapy for maintenance of remission in UC.

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### JEFF CHANG

University of New South Wales  
New South Wales, Australia



### Jeff Chang

*Jeff Chang is a research fellow completing his PhD at the University of New South Wales, Australia. His main interests involve methods of measuring small intestinal permeability in IBD and its potential clinical use for*

*prediction of disease relapse.*  
© Jeff Chang

## Vedolizumab as induction and maintenance therapy for Crohn's Disease

Sandborn WJ, Feagan BG, Rutgeerts P, Hanauer S, Colombel JF, Sands BE, Lukas M, Fedorak RN, Lee S, Bressler B, Fox I, Rosario M, Sankoh S, Xu J, Stephens K, Milch C, Parikh A; GEMINI 2 Study Group. *N Engl J Med* 2013;369:711-21.

### Introduction

Crohn's Disease (CD) is a chronic, systemic inflammatory disorder that affects mainly the gastrointestinal tract and has an increasing incidence in all ethnic and age groups [1]. The primary aim of its treatment is to achieve a sustained clinical and endoscopic remission in order to delay associated complications [1]. Although different biological therapies have been developed and tested in the last decade, anti-TNF remains the only available registered biological agent for the treatment of CD in Europe [1].

The infiltration of lymphocytes in the intestinal mucosa has previously been described as an important pathogenic pathway in CD. Adhesion of the  $\alpha 4 \beta 7$  integrin on lymphocytes to MAdCAM-1 on endothelial cells is followed by the infiltration of these lymphocytes from the circulation into the gastrointestinal tract (GI) [2]. Vedolizumab is a humanised monoclonal IgG1 antibody that targets  $\alpha 4 \beta 7$  integrin, thereby inhibiting the adhesion of lymphocytes to MAdCAM-1 [3]. Natalizumab, a non-gut selective humanised monoclonal antibody against the cell adhesion molecule  $\alpha 4$  integrin, has proven efficacy in the induction and maintenance of remission in active CD, but is associated with systemic side effects, including a life-threatening progressive multifocal leukoencephalopathy (PML) [4].

### What is this paper about?

The authors conducted a large phase 3, randomised, parallel-group, double-blind, placebo-controlled study with a separate induction and maintenance trial of IV vedolizumab (300 mg) in patients with moderate to severe active CD [Crohn's Disease Activity Index (CDAI) score of 220-450]. They enrolled 1,115 adult patients, with a diagnosis of CD for at least 3 months. For the induction

trial, 368 patients were randomised to receive vedolizumab or placebo at weeks 0 and 2.

To meet the required sample size for the maintenance trial, a second cohort received open label vedolizumab at weeks 0 and 2. The maintenance trial finally enrolled 461 patients who showed a primary response ( $>70$  point decrease in CDAI) to vedolizumab. They were randomised to receive placebo or vedolizumab every 4 or 8 weeks until week 52.

The primary endpoints for the induction trial were clinical remission (CDAI score  $\leq 150$ ) and a decrease of 100 points in the CDAI score (CDAI-100 response) at week 6. For the maintenance trial, the primary endpoint was clinical remission at week 52.

### Key findings

The baseline characteristics of the patients were similar between the placebo and the vedolizumab group, and approximately 50% of the patients had previously received anti-TNF agents.

The patients who received an induction treatment with vedolizumab after failure of the conventional treatment were more likely to be in remission at week 6 (CDAI score  $\leq 150$ ), as compared to the placebo group ( $p=0.02$ ). However, the induction trial failed to achieve the other primary endpoint, as no statistically significant difference was found with regard to the CDAI-100 response (31% and 26% in the vedolizumab and the placebo group respectively;  $p=0.23$ ).

In the maintenance trial, the rates of clinical remission, CDAI-100 response and glucocorticoid-free remission at week 52 were higher in the vedolizumab group, independent of the treatment interval (response rate of 36%–39% in the vedolizumab group and 22% in the placebo group;  $p=0.004$ ). Regarding safety issues, no cases of PML were reported in this trial.

### Conclusions

This phase 3 study showed the efficacy of vedolizumab in maintenance of remission of CD patients with moderate to severe disease. The authors failed to explain the modest response in the induction trial but consider the possibility of

confounding factors, such as the disease severity of the study population, with a high rate of previous failure to respond to TNF antagonist agents. They also hypothesised that the transmural nature of CD could require a longer period of action to inhibit lymphocyte trafficking and consequently induce remission.

Taking these findings in conjunction with the results of the GEMINI 2 study, it is clear that vedolizumab will become the first alternative biological to TNF antagonists for the treatment of IBD in Europe.

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### MARTA VALENTE PINTO

Honorary Clinical Fellow at the Department of  
Paediatric Gastroenterology  
Addenbrookes Hospital  
Cambridge, UK



### Marta Valente Pinto

*Marta Valente Pinto graduated as a medical doctor from the University of Lisbon in 2007. She is finishing her residency in paediatrics at Hospital de Santa Maria, Lisbon, Portugal. Marta has focussed her training in the area of paediatric gastroenterology and is currently working as an honorary clinical fellow at the Department of Paediatric Gastroenterology at Addenbrookes Hospital, Cambridge, UK. She is interested in epigenetics and mucosal immunology of IBD.*

Marta Valente Pinto  
© Marta Valente Pinto



# ECCO Country Member Profiles



## Identity card

- Country: **Bosnia and Herzegovina**
- Name of group: Asocijacija gastroenterologa i hepatologa Bosne i Hercegovine (Association of Gastroenterologists and Hepatologists of Bosnia and Herzegovina)
- Number of active members: 97
- Number of meetings per year: 3-4
- Name of president and secretary: Milenko Bevanda (President), Aida Pilav (Secretary)
- Incidence of IBD in the country: N/A



## Identity card

- Country: **Spain**
- Name of group: GETECCU (Grupo Español de Trabajo en Enfermedad de Crohn y Colitis Ulcerosa)
- Number of active members: 500
- Number of meetings per year: 1
- Name of president and secretary: Eugeni Domènech (President), Javier P. Gisbert (President Elect), Daniel Ceballos (Secretary)
- Incidence of IBD in the country: 10/100,000 (UC) and 7/100,000 (CD)



## Identity card

- Country: **Estonia**
- Name of group: Estonian Society of Gastroenterology (ESG)
- Number of active members: 76
- Number of meetings per year: 2-3
- Name of president and secretary: Riina Salupere (President), Benno Margus (Secretary)
- Incidence of IBD in the country: ~10 per 100,000 for IBD; 4.35 for Ulcerative Colitis; 5.22 for Crohn's Disease (EpiCom data, 2010)

## Questionnaire – ESTONIA



### How did your national group start?

The ESG was founded in 1969.

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

Meetings are arranged 2-3 times a year. The president is elected for 4 years by the board and the board is elected by the general assembly every 4 years. Residents and postgraduate students are always encouraged to join the ESG, and other physicians interested in gastroenterology are also invited. After an application has been submitted, those who have applied for membership are introduced at the next meeting of ESG and a vote is taken on their acceptance.



Benno Margus, Karin Kull @ Benno Margus

### When did your national group join ECCO?

In 2013

### What are your main areas of research interest?

IBD – epidemiological and immunological studies

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

No

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

EpiCom

### Which ECCO Projects/Activities is the group currently involved in?

EpiCom

### What are your aims for the future?

Close cooperation with ECCO

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

We plan to apply for the 13<sup>th</sup> IBD Intensive Advanced Course in 2015; for a small country like Estonia it's very important to have ECCO Guidelines available.

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

Congresses, IBD Intensive Advanced Course, guidelines

**KARIN KULL, BENNO MARGUS**  
ECCO National Representatives, Estonia

## Questionnaire – BOSNIA AND HERZEGOVINA



### How did your national group start?

The Association of Gastroenterologists and Hepatologists of Bosnia and Herzegovina started in 2008 as the first united medical organisation in Bosnia and Herzegovina. It was designed to allow us to better articulate our needs and the needs of our patients. All divisions (national, religious etc.) have been overcome, and the association is functioning excellently. A lot of good things have happened since its inception, and we are ready for many more.

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

Our association is accepting new members at our meetings, and interested doctors can contact our secretary at any time. The association has sections for liver diseases, pancreatico-biliary diseases and, of course, Inflammatory Bowel Diseases. We have meetings 3 or 4 times annually. There is the traditional school of Gastroenterology in Sarajevo every April (this year we are celebrating its 10<sup>th</sup> anniversary) and we have meetings in our other centres (usually Mostar in May or June, Tuzla in September and Banja Luka in December). At each

meeting we have a half-day session dedicated to Inflammatory Bowel Diseases. Our association elects its president every 4 years, usually during the national Conference of Gastroenterology. Candidates apply and the president is elected by majority vote.

### When did your national group join ECCO?

2014

### What are your main areas of research interest?

IBD, hepatitis and colorectal carcinoma.

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

Unfortunately we don't have a common IBD database or bio bank.

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

Past projects have focussed on colorectal cancer screening and the diagnosis and treatment of chronic viral hepatitis B and C. There is an ongoing project on gastroprotection.

### Which ECCO Projects/Activities is the group currently involved in?

Currently we are not involved in ECCO Projects, but we are open to future cooperation.

### What are your aims for the future?

Build a central IBD database, implement new diagnostic procedures and make therapy (especially biological agents) more widely



Ante Bogut, Milenko Bevanda, Emil Babić © Ante Bogut

available to our patients.

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

We hope that ECCO as an organisation and ECCO Members will help us with the huge experience they have.

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

We are using ECCO to connect with other professionals in order to exchange experiences. As a new ECCO Member we have been cautious, using the opportunities offered by ECCO. In future we expect to participate in ECCO Projects and take the opportunity to educate our young doctors in European centres of excellence.

## ANTE BOGUT, EMIL BABIĆ

ECCO National Representatives, Bosnia and Herzegovina

## Questionnaire – SPAIN



### How did your national group start?

Founded and led by Miquel Angel Gassull more than 20 years ago, it was initially devoted to education in IBD.

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

Everyone can become a GETECCU Member through our website. The group holds a yearly meeting on the first Friday and Saturday of October, in Madrid. The meeting offers an educational programme with conferences and information about our future and ongoing studies, and also allows discussion of new projects.

The president and the remaining members of the Governing Board are elected by the GETECCU Members. Every two years half of the Governing Board is newly elected and changed. As in the ECCO Structure, the President Elect remains Vice-President for 2 years and spends 2 years as President and 2 years as Past-President in order to provide some continuity in the group's policy.

### When did your national group join ECCO?

GETECCU was present in ECCO from the moment ECCO was founded. In fact, Miquel Angel Gassull, the first president and founder of GETECCU, was the second president and also founder of ECCO.

### What are your main areas of research interest?

GETECCU has been interested in several research fields such as therapeutic trials (e.g. the Attica



Eugeni Domènech © Eugeni Domènech

Study on granulocyte apheresis for steroid-dependent UC and the Apprecia Study on azathioprine vs adalimumab for the prevention of postoperative recurrence), diagnostic tools (e.g. the Precucal Study on the use of rapid semiquantitative faecal calprotectin for the control of UC in remission), epidemiological studies (e.g. the REPENTINA Project on viral hepatitis infection and the impact of IBD therapies on its course) and even standards of quality in IBD.

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

Almost 8 years ago GETECCU developed the ENEIDA registry. The ENEIDA registry now holds clinical and epidemiological data for more than 20,000 IBD patients throughout Spain. Moreover, the registry holds in excess of 4,000 DNA samples in a bio bank. In fact, the ENEIDA registry has been the most productive tool for scientific publications of GETECCU during the last 4 years.

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

The above-mentioned ENEIDA registry is the most ambitious and perhaps the most successful project of GETECCU.



Javier P. Gisbert © Javier P. Gisbert

### Which ECCO Projects/Activities is the group currently involved in?

GETECCU Members have been regularly involved in the development of ECCO Consensus Statements as well as in ECCO Projects such as the European IBD Pregnancy Register. Eugeni Domènech is also involved in the ECCO-CONFER Project, recently launched by ECCO.

### What are your aims for the future?

GETECCU wants to become a world-leading scientific society in the field of IBD, but also a quality reference for Spanish IBD patients.

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

Collaboration between countries and scientific societies seems to be the only way to achieve scientific excellence.

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

ECCO must be the reference for educational programmes and clinical practice in Europe (and even beyond). ECCO should take advantage of public health systems in Europe to show the world that clinical practice must be evidence based.

## EUGENI DOMÈNECH, JAVIER P. GISBERT

ECCO National Representatives, Spain

# ECCO Governing Board 2014



## President

Séverine Vermeire  
Leuven, Belgium  
severine.vermeire@uzleuven.be



## Past President/Liaison Officer

Simon Travis  
Oxford, United Kingdom  
simon.travis@ndm.ox.ac.uk



## President-Elect

Julián Panés  
Barcelona, Spain  
jpanes@clinic.ub.es



## Secretary

Silvio Danese  
Milan, Italy  
sdanese@hotmail.com



## Treasurer

Tibor Hlavaty  
Bratislava, Slovakia  
tibor.hlavaty2@gmail.com



## Education Officer

Axel Dignass  
Frankfurt am Main, Germany  
axel.dignass@fdk.info



## Scientific Officer

Pierre Michetti  
Lausanne, Switzerland  
pmichetti@gesb.ch

# ECCO Committees 2014



## SciCom

Iris Dotan, Israel  
Gerhard Rogler, Switzerland  
Britta Siegmund, Germany  
Gijs van den Brink, The Netherlands

## SciCom Chair

Edouard Louis  
Liège, Belgium  
edouard.louis@ulg.ac.be



## ClinCom

Alessandro Armuzzi, Italy  
Ailsa Hart, United Kingdom  
Fernando Magro, Portugal  
Laurent Peyrin-Biroulet, France

## ClinCom Chair

Filip Baert  
Roeselare, Belgium  
filip.baert@azdelta.be



## EpiCom

Vito Annese, Italy  
Dana Duricova, Czech Republic  
Corinne Gower-Rousseau, France  
Ebbe Langholz, Denmark

## EpiCom Chair

Tine Jess  
Copenhagen, Denmark  
tjs@ssi.dk



## EduCom

André D'Hoore, Belgium  
Peter Irving, United Kingdom  
Torsten Kucharzik, Germany  
Stephan Vavricka, Switzerland

## EduCom Chair

James Lindsay  
London, United Kingdom  
james.lindsay@bartshealth.nhs.uk



## GuiCom

Franck Carbone, France  
Paolo Gionchetti, Italy  
Marcus Harbord, United Kingdom  
Andreas Sturm, Germany

## GuiCom Chair

Rami Eliakim  
Tel Hashomer, Israel  
Abraham.Eliakim@sheba.health.gov.il



## N-ECCO

Palle Bager, Denmark  
Nienke Ipenburg, The Netherlands  
Karen Kemp, United Kingdom  
Lydia White, United Kingdom

## N-ECCO Chair

Janette Gaarenstroom  
Utrecht, The Netherlands  
j.c.gaarenstroom-lunt@umcutrecht.nl



## Y-ECCO

Isabelle Cleynen, Belgium  
Tiago Nunes, Germany  
Tim Raine, United Kingdom  
Sebastian Zeissig, Germany

## Y-ECCO Chair

Pieter Hindryckx  
Ghent, Belgium  
pieter.hindryckx@ugent.be



## S-ECCO

Gianluca Sampietro, Italy  
Zuzana Serclova, Czech Republic  
Janindra Warusavitarne, United Kingdom  
Oded Zmora, Israel

## S-ECCO Chair

Willem Bemelman  
Amsterdam, The Netherlands  
w.a.bemelman@amc.uva.nl



## P-ECCO

Kajja-Leena Kolho, Finland  
Richard Russell, United Kingdom  
Dan Turner, Israel  
Gábor Veres, Hungary

## P-ECCO Chair

Arie Levine  
Holon, Israel  
alevine@wolfson.health.gov.il

Further contacts of ECCO Officers can be found online at [www.ecco-ibd.eu](http://www.ecco-ibd.eu).

## Corporate Members 2014



## ECCO Office

European Crohn's and Colitis Organisation  
Seilerstätte 7/3  
1010 Vienna, Austria  
Phone: +43-(0)1-710 22 42  
Fax: +43-(0)1-710 22 42-001  
E-Mail: [ecco@ecco-ibd.eu](mailto:ecco@ecco-ibd.eu)  
Web: [www.ecco-ibd.eu](http://www.ecco-ibd.eu)





European  
Crohn's and Colitis  
Organisation

2015

# Inflammatory Bowel Diseases



10<sup>th</sup> Congress of ECCO  
February 18-21, 2015

- CCIB Barcelona, Spain
- EACCME applied
- Register at [www.ecco-ibd.eu/ecco15](http://www.ecco-ibd.eu/ecco15)

Scan and contact the ECCO Office

[www.ecco-ibd.eu](http://www.ecco-ibd.eu)

