



European
Crohn's and Colitis
Organisation

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ECCO

News SUMMER



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ECCO NEWS

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European Crohn's and Colitis Organisation

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Dear ECCO Friends,

It is already time for the next ECCO News! Spring is in the air as I write this and we are approaching summer ... let's hope it will be a long and warm one!

As always, I hope you will enjoy reading this issue at the end of a busy working day, or perhaps during your (probably too short) lunch break or – who knows – on the plane to a sunny destination.

In this ECCO News, it is all about the women in (and not yet in) ECCO! We report on a survey conducted by ECCO among our female members to explore gender imbalances in ECCO Activities.

If I am allowed to address the females here and give you a personal critical reflection, then I would have to say: we can do better! The female representation on the various ECCO Committees and also on the Governing Board is approximately 20% (an exception being N-ECCO, where the opposite is true!), and hence females are still greatly underrepresented. Nevertheless, 44.5% of attendees at this year's ECCO Congress were females!

What might be the underlying reasons why females adopt this – let's say – “passive role” in our society? I am confident that females are excellent at combining their jobs as physicians or researchers, or even both, with that of motherhood, taking care of the kids and running the daily business at home. They are excellent organisers, planners and compromisers...and these are exactly the ingredients we need and expect from ECCO Committee Members!

The survey on gender balance further showed that the main reason why females do not apply is lack of time. Most report that they are too busy with family and work. Surprising? No, but what is surprising is that 30% feel they are insufficiently supported by their university or colleagues. I wonder if these colleagues are males and/or sit on committees themselves?

The survey also revealed that many women would like more information on what would be expected from them on an ECCO Committee and how much time they would need to devote to the job. Let me tell you that you enter a team and are never alone! Furthermore, the ECCO Office will help you in every way they can!

Am I a feminist in the widest sense? No, not at all. However, it is my genuine belief that more diversity will lead to improved creativity and that creativity leads to innovation.

Also in this ECCO News, you will find a perfect example of a female who grew up as she says “in a men's world” but who nevertheless stood strong and built a very powerful and productive department!

Or to say it with the words of Albert Einstein (a man, I admit!): “The woman who follows the crowd will usually go no further than the crowd. The woman who walks alone is likely to find herself in places no one has ever been before.”

Therefore a big support to all women to step out of their comfort zone and join us!

There is already much diversity within ECCO with regard to nationalities. We can also be proud to have such a wide diversity in terms of age, as I know of no other society where the future generation is already so well represented on a well-functioning committee like Y-ECCO.

Well, it is now time also to create more diversity in gender! **This is a strong call to all females to apply for positions in SciCom, EduCom, P-ECCO, S-ECCO etc.**

And finally, I wish you all (males and females!) a very good summer with the necessary rest!



SÉVERINE VERMEIRE
ECCO President

Séverine Vermeire © ECCO

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Interview with the new ECCO President-Elect and Treasurer

At the ECCO Congress in Copenhagen, the General Assembly elected Julián Panés as President-Elect and Tibor Hlavaty as Treasurer

In order to introduce them to the ECCO Community, Johan Burisch, ECCO News Associate Editor, interviewed both Julián (JP) and Tibor (TH) about their new roles and objectives.

For readers who do not know the ECCO Structure that well, could you describe the tasks and most important objectives for the ECCO President-Elect and Treasurer?

JP: Briefly explained, the President-Elect is the successor to the current ECCO President. As President-Elect one serves a term of 6 years on the Governing Board: 2 years as President-Elect, 2 years as President and 2 years as Past-President. As a member of the Governing Board of ECCO the President-Elect will contribute to the good governance of ECCO, participate in strategy development and innovation, supervise the operational activities of all ECCO Organs, and uphold the ECCO Statutes according to the highest moral and ethical standards.

The 2 years spent serving as President-Elect are essential to appreciate and become cognisant with the overall lines of policy and directions of ECCO, and offer the opportunity to assist the President in conducting all the functions related to ECCO Governance. The President-Elect co-chairs the Strategic Council, which is an essential element of communication between the ECCO Members and the Governing Board. This period is also an opportunity to capture needs, requests and suggestions from the committees, and to integrate these into the design of the strategy of the organisation.

TH: Practically, the Treasurer works closely with the ECCO Office to ensure the adequate and smooth financing of all ECCO Activities. ECCO Statutes define the role of Treasurer as "to carry out the financial dispositions decided by the Governing Board, to keep proper books of account, to report these to the Governing Board and the General Assembly and to propose a budget for the following year and to supervise the ECCO Office in financial matters."

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

JP: The mission of ECCO is to improve research, education and collaboration in the area of IBD for the purpose of improving the care of patients. ECCO has developed evidence-based consensus documents for a large number of aspects of IBD practice, helping HCPs to



Johan Burisch, Julián Panés, Tibor Hlavaty © ECCO

improve the management and treatment of IBD patients in Europe and around the world. ECCO Workshops on focussed topics are key for the identification and prioritisation of areas in which research is needed to answer clinically relevant questions. A special characteristic of ECCO is the fostering of collaboration among IBD groups in the areas of research, education and quality of care. The readiness to compromise, generosity and excellence of the members of the organisation form the basis for the achievements of ECCO.

TH: It's much younger and more sexy!

Tibor Hlavaty

ECCO Treasurer

Nationality: Slovak

Born: 1973

Civil status: Married, 3 children

Current position: Associate Professor, Faculty of Medicine, Comenius University, Bratislava (Slovakia)

What was your motivation for taking up the position?

JP: I wish to serve ECCO as President-Elect to consolidate the prestigious achievements of the organisation and to open up new opportunities for improving the quality of IBD care in the context of public health systems. Access to health is a basic human right, and ECCO is the most powerful European organisation from which to work to improve and homogenise health care provision to IBD patients.

TH: Given my financial education I thought I could be useful. My aims and priorities will be:

- 1) To responsibly execute the duties and responsibilities of Treasurer as stated in the ECCO Statutes
- 2) To suggest new ways of generating income that can help ECCO to fulfil its mission
- 3) To support the smooth and simple execution of activities offered to ECCO Members, partners and clients

As the new President-Elect and Treasurer, what will be your main objectives during your terms of office?

JP: My main objective is to contribute in enhancing quality of care by fostering education and research initiatives and integrating the efforts of all players: Clinicians, patients, basic scientists, pharmaceutical industry, regulators and providers. I wish particularly to emphasise that ECCO needs to strengthen the work in common with patients at all levels: At the individual level by promoting education and involvement of the patient in decision making and disease management and at the national and international levels by collaborating closely with patient organisations to raise public awareness and promote the compromise of patients in developing research in IBD. ECCO has to establish a constructive collaboration with the European Medicines Agency (EMA) in producing and updating guidelines for programmes of drug development in IBD.

TH: It is a strategic decision how to allocate ECCO's income and how to manage ECCO's expenses. I believe we should aim at two things. First, to define a long term road map for the next 3-5 years and which activities we would like to advance. I like the idea of supporting more research projects and network building for extra-large grants. Once we get the long term strategy in place, it will be possible to propose an "investment plan" to foster the realisation of our priorities. Second, we should find a safe and liquid investment vehicle for our cash that will provide reasonable interest.

What actions/activities will both of you carry out in order to achieve the main objectives during your terms of office?

JP: It has become evident that despite the availability of consensus documents, the quality of care provided is heterogeneous within and between countries where ECCO Members

practice. ECCO needs to identify the matters that affect the delivery of care to patients with IBD across Europe, and to develop tools and training programmes for Members to help them implement evidence-based guidelines and measure and report adherence to quality indicators. In the field of education, ECCO is being very efficient in developing programmes for gastroenterologists and surgeons, but other specialists such as radiologists or pathologists have received little attention in the current educational programmes. ECCO should contemplate the possibility of working closely with the respective European societies to provide their members with specific education in the area of IBD. ECCO has to promote research in areas that are not of primary interest to the pharmaceutical industry. These may include the development of cell therapies and the study of particular populations such as the paediatric population, the elderly and pregnant women. It also has to foster studies on optimal treatment strategies that maximise use of the available resources. ECCO has to promote specifically research designed and led by nurses that relates to their specific area of knowledge.

TH: Together with the ECCO Office I would like to optimise costs, suggest new ways of generating income and, as suggested above, find a reasonably safe investment harbour for our financial assets.

Julián, do you see any major risks that might have an impact on your chances of achieving the objectives and carrying out the foreseen activities?

JP: We are facing a period of economic turmoil and uncertainty, which is widening social differences and having a negative impact on health care provision. In this context, ECCO has a role to play in support of the maintenance of public health systems which guarantee accessibility, quality and equity in the care of patients with IBD, by leading changes in the roles of HCPs, patients, payers, regulators and providers. Academic medical centres across Europe face major challenges in recruitment and support for promising young investigators, protecting dedicated research time and expanding research funding to cover actual costs. All of these aspects are essential to ensure a thriving and productive ECCO Academic Community. ECCO has accepted responsibility for developing programmes that address some of these challenges through the provision of research grants and fellowships, and for promoting workshops to discuss and establish research collaborations among ECCO Members. These initiatives are to be continued, but there are opportunities for further actions. Europe has world-leading groups in translational research in IBD, and there is an opportunity for ECCO to promote translational and clinical research

in IBD by lobbying for IBD to be considered one of the priority areas in the EU framework programmes and other EU research initiatives. ECCO also has to promote collaborations with the pharmaceutical industry, particularly in early drug development and in proof of concept and proof of mechanism studies.

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

JP: ECCO will be the international organisation leading standards of clinical care, education and research initiatives in IBD. To make this possible it is essential to establish the proper alliances within ECCO and with other stakeholders. The most important next steps are to work in collaboration with external organisations, including patients' advocacy groups and organisations, other scientific societies, regulatory agencies and industry.

TH: ECCO is big and strong. I would see the next step as providing support for focus research groups, i.e. networking and advocacy for financial support in relation to the EU, large foundations etc. – especially in research areas where there is a lack of it. It would be nice if ECCO were to be the home of avant-garde thinking. As Séverine says, old roads don't lead to new destinations.

Julián Panés

ECCO President-Elect

Nationality: Spanish

Born: 1957

Civil status: Married, two children

Current position: Chief of Department of Gastroenterology, Head of the Inflammatory Bowel Disease Unit, Hospital Clínic, Barcelona (Spain); Associate Professor, Gastroenterology Department, Faculty of Medicine, University of Barcelona, Barcelona (Spain)

Previous positions in ECCO:

2006-2009: National Representative of GETECCU in ECCO

2008, 2010, 2013: Consensus Panel Member

2010-present: Representative of ECCO on the UEG Scientific Committee

2013-2014: SciCom Member

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

JP: I graduated in medicine from the University of Barcelona in 1980 and completed my residency in Gastroenterology in 1985. I obtained my PhD in 1989, and since 1990 I have been a staff member of the Gastroenterology Department in Hospital Clínic de Barcelona, Spain, where I have been chief of the Department for the last 4 years. I have always had a special interest in basic aspects of research, and took a 2-year sabbatical (1993–1995) to work in the Laboratory of Physiology at Louisiana State

University, under the direction of Professor Neil Granger, studying the role of different adhesion molecules in intestinal inflammation. I have been on the boards of various national and international societies, including Grupo Español de Trabajo de Enfermedad de Crohn y Colitis Ulcerosa (GETECCU), Asociación Española de Gastroenterología, (AEG) and IOIBD. I have also been a member of the ECCO Scientific Committee.

TH: I graduated in general medicine in 1999 at the Comenius University in Bratislava and in financial management at the same university in 1998. During my "wandering years" I spent 4 years at the oldest internal clinic in Bratislava, a wonderful 18 months in Leuven and another 2 years in Germany at a private regional hospital. After collecting experience I returned to Bratislava 7 years ago and established a new IBD centre in Ruzinov University Hospital, where we currently take care of approximately 500 patients. I now work as an associate professor at the University of Bratislava, have PhD students, lecture and do all the usual academic stuff. I have published on pharmacogenetics, quality of life in IBD and screening of dysplasia in IBD, and my current focus is on environmental risk factors and the impact of lifestyle on IBD.

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

JP: Professor Juan Rodés showed me that research is an integral part of the best clinical care, because our mission is to improve the life of our patients, and we always need better tools. Professor Neil Granger taught me always to foresee ambitious and relevant objectives for research programmes.

TH: It was definitely Professor Paul Rutgeerts. He does things in a very smart way with a structured approach and long-term vision. He is also very magnanimous, which enabled the building of a great team with a great spirit in Leuven.

If you had not become a doctor, what might you have done today instead?

JP: No doubt, I would have been a basic scientist. I retain my love for basic science even if I am deeply involved in clinical care and administrative tasks.

TH: A banker, like the rest of my family.

What do you do for recreation and fun?

JP: Cycling with friends and hiking with my wife. Fortunately weekends have two days!

TH: With a busy job and three kids I do sleeping for recreation. If there is any extra time left, I spend it in my garden or in the mountains.

JOHAN BURISCH
ECCO News Associate Editor

Preliminary Scientific Programme at the 10th Congress of ECCO

"Bringing science, therapy & quality to patients"

Preliminary programme as of May 6, 2014

The ECCO Congress has become the largest meeting for IBD specialists in the world. In 2014 it was attended by almost 5,200 people. The ECCO'15 Barcelona Congress (February 18-21, 2015) will be even better. Make sure these dates are in your diary. It will be wonderful to be in Barcelona!

The theme for the ECCO'15 Barcelona Congress is **"Bringing science, therapy & quality to patients"**. Improving the care of patients with IBD is at the core of ECCO, but quality of care is rarely addressed at academic meetings. Next year's ECCO Congress will rise to the challenge, placing quality at the forefront of care within the context of the latest advances in understanding the pathogenesis of Ulcerative Colitis and Crohn's Disease. All patients and their physicians live with the consequences of IBD, so the ECCO'15 Barcelona Congress will also focus on the management of daily clinical dilemmas, the prevention of complications and the strategic management of such complications should they occur. The ECCO'15 Barcelona Congress is a world class meeting that will appeal to clinicians in all disciplines caring for people with IBD, scientists, surgeons, trainees,

nursing specialists and industry.

Uniquely for such a large international meeting, the programme is linear, with no parallel sessions. This means that delegates can go to everything. Each session has two or three state of the art lectures by renowned leaders in the field, interspersed by short presentations of the very best abstracts, selected from the thousand submitted. ECCO is now favoured as the prime meeting to present the newest research in IBD.

The meeting starts with the role of the exposome in the pathogenesis of the disease: We will review and discuss the increasing understanding of epigenetics and of the role the environment and the diet play in shaping the disease.

Pharmacokinetics is the next topic, with a focus on how to deal with this in daily practice. There will be sessions on optimal use of resources, costs and quality of care and related to this updates on the place biosimilars will have in the future management of IBD. The latest Guidelines from ECCO, including the long-expected Malignancy Guidelines and Guidelines on how to manage extra-intestinal manifestation will be previewed at the ECCO'15

Barcelona Congress, before publication in the *Journal of Crohn's & Colitis*. There will also be more oral presentations of the latest research than ever before, a completely new digital poster session and all the educational events to sign up to. The academic part of the ECCO'15 Barcelona Congress concludes with a look into the future of new drugs and surgical techniques, and some challenging conventional care. We are extremely honoured to also announce the ECCO Lecture on "The Science which will impact on our IBD clinic".

ECCO is a family and the Congress is a window on the world of IBD. The "ECCO Interaction: Hearts & Minds" is a key part of that family atmosphere, so join us in Barcelona!

The Organising Committee for the ECCO'15 Barcelona Congress:

Séverine Vermeire
Silvio Danese
James Lindsay
Julián Panés
Gerhard Rogler

SÉVERINE VERMEIRE
ECCO President

Inflammatory Bowel Diseases

Barcelona

10th Congress of ECCO
February 18-21, 2015

Preliminary programme: Thursday, February 19, 2015

	10:45 – 11:15	Top tips for chairs (closed session)
11:30 – 12:30		Satellite symposium 1a & 1b
12:45 – 13:00		Welcome and opening
13:00 – 14:30		Scientific session 1: The exposome in the pathogenesis of IBD
	13:00 – 13:20	How food triggers inflammation
	13:20 – 13:30	Oral presentation 1
	13:30 – 13:50	Impact of lifestyle changes on disease course
	13:50 – 14:00	Oral presentation 2
	14:00 – 14:10	Oral presentation 3
	14:10 – 14:30	Epigenetics of IBD
14:30 – 15:00		Coffee break
15:00 – 17:00		Scientific session 2: Pharmacokinetics in clinical practice: Does it matter?
	15:00 – 15:20	Influence of the inflammatory burden on pharmacokinetics of biologicals
	15:20 – 15:30	Oral presentation 4
	15:30 – 15:50	Understanding pharmacokinetics and immunogenicity of anti-TNFs
	15:50 – 16:00	Oral presentation 5
	16:00 – 16:10	Oral presentation 6
	16:10 – 16:30	Applying pharmacokinetics in the daily care of patients: From combination therapy to therapeutic drug monitoring
	16:30 – 16:40	Oral presentation 7
	16:40 – 17:00	Applying the lessons learnt from anti-TNF strategies to novel biologics
17:15 – 18:15		Digital oral presentations
17:15 – 18:15		Satellite symposium 2a & 2b

Preliminary programme: Friday, February 20, 2015 (continued)

12:30 – 13:10		Educational lunchtime satellite symposia
13:30 – 15:00		Scientific session 6: Biosimilars
	13:30 – 13:50	The science behind biosimilars
	13:50 – 14:00	Oral presentation 14
	14:00 – 14:20	Experience with biosimilars from rheumatology
	14:20 – 14:30	Oral presentation 15
	14:30 – 14:40	Oral presentation 16
	14:40 – 15:00	Unanswered questions on biosimilars in IBD
15:00 – 15:30		Coffee break
15:30 – 16:10		Scientific session 7: ECCO Fellowships & Grants
	15:30 – 15:44	Outcomes from the 2013-14 Fellowships
	15:44 – 15:50	Announcement of ECCO Fellowships & Grants 2015
	15:50 – 16:00	Oral presentation 17
	16:00 – 16:10	Oral presentation 18
16:10 – 17:10		Scientific session 8: Challenging Cases
	16:10 – 16:30	Case 1
	16:30 – 16:50	Case 2
	16:50 – 17:10	Case 3
17:10 – 17:50		Scientific session 9: What's new on the guideline front?
	17:10 – 17:20	Malignancy
	17:20 – 17:30	Oral presentation 19
	17:30 – 17:40	Oral presentation 20
	17:40 – 17:50	Extra-intestinal manifestations
18:05 – 19:05		Satellite symposium 4a & 4b
20:00		ECCO Interaction: Hearts & Minds

Preliminary programme: Friday, February 20, 2015

07:15 – 08:15		Satellite symposium 3a & 3b
08:30 – 09:30		Scientific session 3: Optimal use of resources
	08:30 – 08:50	The true cost of IBD care
	08:50 – 09:00	Oral presentation 8
	09:00 – 09:10	Oral presentation 9
	09:10 – 09:30	Surgical alternatives to biological therapy
09:30 – 10:30		Scientific session 4: The gut barrier under attack: Therapeutic implications
	09:30 – 09:50	Mechanisms of damage and repair
	09:50 – 10:00	Oral presentation 10
	10:00 – 10:10	Oral presentation 11
	10:10 – 10:30	The microbiome in the pathogenesis and therapy of IBD
10:30 – 11:00		Coffee break
11:00 – 12:20		Scientific session 5: Delivering quality to the patients
	11:00 – 11:20	The central role of the IBD nurse in the multidisciplinary management
	11:20 – 11:30	Oral presentation 12
	11:30 – 11:50	Measuring the quality performance of your centre
	11:50 – 12:00	Oral presentation 13
	12:00 – 12:20	Panel discussion <ul style="list-style-type: none"> • Role of the IBD nurse in continued patient care? • Value of a transition clinic? • Follow-up of the pregnant IBD patient • Who should operate on the IBD patient?
12:20 – 13:30		Lunch break and guided poster session in the exhibition hall

Preliminary programme: Saturday, February 21, 2015

07:15 – 08:15		Satellite symposium 5a & 5b
08:30 – 10:20		Scientific session 10: New therapies and strategies
	08:30 – 08:50	New algorithms for treating IBD
	08:50 – 09:00	Oral presentation 21
	09:00 – 09:10	Oral presentation 22
	09:10 – 09:20	Oral presentation 23
	09:20 – 09:40	Positioning of the new molecules in practice
	09:40 – 09:50	Oral presentation 24
	09:50 – 10:00	Oral presentation 25
	10:00 – 10:20	New surgical techniques
10:20 – 10:50		Coffee break
10:50 – 12:20		Scientific session 11: Managing the manageable: Chronic pain and fatigue
	10:50 – 11:10	Managing the manageable: Algorithm for management of musculoskeletal pain
	11:10 – 11:20	Oral presentation 26
	11:20 – 11:40	Algorithm for abdominal pain management
	11:40 – 11:50	Oral presentation 27
	11:50 – 12:00	Oral presentation 28
	12:00 – 12:20	Algorithm for the management of fatigue
12:20 – 12:50		Scientific session 12: ECCO Lecture
	12:20 – 12:50	The science which will impact our IBD clinic
12:50 – 13:00		Awards, closing remarks and the ECCO Film 2015

Preliminary Educational Programme at ECCO'15

The educational programme of the 10th Congress of ECCO is scheduled prior to the official start of the ECCO Congress and covers activities for ECCO's different interest groups, including young gastroenterologists, surgeons, paediatricians, IBD nurses and allied health professionals and scientists.

An overview of these activities can be found to the right. Please note that some of these courses/workshops run in parallel and that some have a limited capacity – please do register at your earliest convenience.

We look forward to seeing you in Barcelona!

Wednesday February 18, 2015		Thursday February 19, 2015		Friday February 20, 2015	Saturday February 21, 2015
13 th IBD Intensive Advanced Course	8 th Y-ECCO Workshop	13 th IBD Intensive Advanced Course	Scientific programme Poster exhibition		
2 nd ECCO: EduCational Course for Industry		Cell-based therapy in IBD	Industry exhibition		
6 th N-ECCO School		9 th N-ECCO Network Meeting		ECCO Interaction: Hearts & Minds	
	2 nd N-ECCO Research Networking Forum	4 th ClinCom Workshop			
PIBD Update 2015		4 th S-ECCO IBD Masterclass			
	ECCO-ESGAR IBD Imaging Workshop				
Global IBD Forum					
ECCO Business meetings					

○ Educational programme ● Scientific programme

Call for Nominations of Participants at the 13th IBD Intensive Advanced Course

The **13th ECCO Intensive Advanced Course in IBD** for residents, fellows in gastroenterology and junior faculty will take place on **February 18–19, 2015**, just prior to our next Congress. We are pleased to inform you that the preliminary programme of this course is already available (see page 9).

Since ECCO wants to make this course as attractive as possible for participants, we limit the general number of participants for each ECCO Member Country to 2 in order to ensure a more interactive atmosphere. Three seats will be open for countries with a population of over 50 million (this includes: Italy, France, Germany, Russia, UK and Turkey).

Minimum criteria for nominees:

- ECCO Member status (2015)
- Trainees at least in their third year with preferably one year's GI experience
- Sufficient level of English to follow the course

Nomination process for candidates from ECCO Country Member states:

Candidates who are interested should contact their respective National Representatives ([www.ecco-ibd.eu / membership / country members / Downloads](http://www.ecco-ibd.eu/membership/countrymembers/Downloads) → List of National Representatives) well in time.

The participants are selected in their country, by a national system left to the responsibility of the national representatives of each ECCO Member Country.

The National Representatives submit their nominations with a **CV** (containing full contact details, position and information about their hospital affiliation) and a letter of intent from each candidate.

Deadline for receipt of nominations from ECCO National Representatives:

September 5, 2014

Nominated candidates will be informed of their application status by the **beginning of October**.

Nomination process for candidates from outside of Europe:

Candidates who are interested should contact the ECCO Office (p.judkins@ecco-ibd.eu) well in time.

In acknowledgement of the highly appreciated cooperation with ECCO Global Friends, a certain number of course seats are reserved for candidates from outside of Europe.

Preliminary programme: 13 th IBD Intensive Advanced Course Wednesday, February 18, 2015		
07:30 – 08:00	Arrival & distribution of voting pads	
08:00 – 08:15	Welcome	
08:15 – 08:45	Pre-course test	
08:45 – 10:00	Session 1: Pathogenesis	
	08:45 – 09:05	IBD: The role of the exposome
	09:05 – 09:25	The genetics of IBD
	09:25 – 09:45	The microbiome and IBD
	09:45 – 10:00	Discussion
10:00 – 10:30	Coffee break	
10:30 – 12:15	Session 2: Interactive case discussion	
	10:30 – 11:15	Case-based discussion: Investigation and management of mild Crohn's Disease
	11:15 – 12:15	Tandem talk: IBD therapeutic targets and drugs: New and old
12:15 – 12:45	Lunch break	
12:45 – 14:45	Session 3: Seminar session - Part I: Practical skills	
	12:45 – 13:45	EITHER I.a. Role of bowel ultrasonography in intestinal diseases OR I.b. Practical guide to interpreting MRI OR I.c. Practical guide to chromo-endoscopy
	13:45 – 14:45	EITHER I.a. Role of bowel ultrasonography in intestinal diseases OR I.b. Practical guide to interpreting MRI OR I.c. Practical guide to chromo-endoscopy
14:45 – 15:30	Session 4: Seminar session – Part II: Specialist topic in IBD	
	14:45 – 15:30	EITHER II.a. Managing IBD and pregnancy OR: II.b. Managing complications associated with anti-TNF therapy
Note: Optional participation in other educational programme 2015 sessions (16:00 – 18:00) Separate programme → separate registration needed (Y-ECCO Members get a 50% reduction on registration fees)		

Preliminary programme: 13 th IBD Intensive Advanced Course Thursday, February 19, 2015		
08:00 – 10:20 Session 4: Interactive case discussion and lecture session		
	08:00 – 09:00	Case-based discussion: Fistulising & stenosing disease: Medical and surgical approaches
	09:00 – 10:00	Case-based discussion: The patient with severe inflammatory Crohn's Disease
	10:00 – 10:20	Discussion
10:20 – 10:45 Coffee break		
10:45 – 12:15 Session 5: Special scenarios		
	10:45 – 11:15	Vaccinations, immunisations and opportunistic infections in IBD - A case-based guide
	11:15 – 11:45	Monitoring therapy with drug levels and antibody testing
	11:45 – 12:15	The medical management of Acute Severe Ulcerative Colitis: Case-based discussion
12:15 – 12:30 Feedback & closing remarks		
Responsible Committee: EduCom Target audience: Junior gastroenterologists Registration: Upon invitation, please see official call on page 8 ECCO Membership 2015 required: Regular/Y-ECCO Member Registration fee: n.a.		

Call for Nominations of Participants at the 6th N-ECCO School in Barcelona

At the 10th Congress of ECCO in Barcelona, the N-ECCO Committee will host the educational activity for IBD nurses, N-ECCO School, for the sixth time. ECCO intends to give nurses, who might still be in training and have an interest in IBD, the possibility of attending an IBD-focussed course. The aim of this programme ultimately is to improve nurse education throughout Europe.

Nomination process for candidates from ECCO Country Members:

The call for nomination of participants is being sent out to all N-ECCO National Representatives in June 2014.

Interested candidates are encouraged to apply for nomination via the N-ECCO National Representative of their country (see page 34). Places are limited to one nurse per country. If there is no N-ECCO National Representative in your country, please do not hesitate to contact Nienke Ipenburg from the N-ECCO Committee (n.ipenburg@lumc.nl).

Some financial support will be available to cover nurses' costs incurred in attending the School. For further information, please visit www.ecco-ibd.eu.

Nomination process for candidates from outside of Europe:

As in previous years, N-ECCO is delighted to announce that a certain number of course places will be reserved for IBD nurses from outside of Europe. Candidates who are interested should contact the ECCO Office (n.weynandt@ecco-ibd.eu) well in advance.

Deadline for nominations: September 5, 2014

See page 10 for the preliminary programme of the 6th N-ECCO School

Preliminary programme: 6th N-ECCO School
Wednesday, February 18, 2015

07:15 – 08:15	Breakfast satellite symposium (TBC)
08:30 – 09:15	Welcome & introduction
09:15 – 12:20	Session 1: Diagnosis and assessment
09:15 – 10:00	Diagnosis, anatomy and physiology in IBD
10:00 – 10:30	Assessment of disease activity
10:30 – 11:00	Coffee break
11:00 – 11:30	Surgery in IBD
11:30 – 12:00	Medical treatment
12:00 – 12:20	Adherence
12:20 – 13:20	Lunch break
13:20 – 14:50	Session 2: Case studies - Disease Management
13:20 – 14:05	Workshop 1 – UC Management (Group A)
	Workshop 2 – CD Management (Group B)
14:05 – 14:50	Workshop 1 – UC Management (Group B)
	Workshop 2 – CD Management (Group A)
14:50 – 15:10	Coffee break
15:10 – 16:10	Session 3: General Management in IBD
15:10 – 15:50	Nutritional aspects in IBD
15:50 – 16:10	Nursing roles in IBD management
16:10 – 16:15	Closing remarks
16:30 – 17:30	Afternoon satellite symposium (TBC)

Responsible Committee: N-ECCO

Target audience: IBD nurses – new to the specialty

Registration: Upon invitation, please see official call on page 9

ECCO Membership 2015 required: IBD nurse Member

Registration fee: n.a.

Preliminary Programme: ECCO-ESGAR IBD Imaging Workshop
PART I: MRI Workshop
Wednesday, February 18, 2015

13:00 – 13:15	Welcome & introduction
13:15 – 14:15	Session 1 – Imaging protocol in MRI
14:15 – 15:15	Session 2 – Assessment of disease activity
15:15 – 15:45	Coffee break
15:45 – 16:45	Session 3 – Complications
16:45 – 17:45	Session 4 – Peri-anal disease
17:45 – 18:00	Concluding remarks

Preliminary Programme: ECCO-ESGAR IBD Imaging Workshop
PART II: Ultrasound Workshop
Thursday, February 19, 2015

07:30 – 07:40	Welcome & introduction
07:40 – 08:40	Introductory lecture
08:40 – 11:40	Hands-on open space in bowel ultrasonography
11:40 – 12:00	Question & answer session
12:00 – 12:15	Concluding remarks

Responsible Committee: EduCom in collaboration with ESGAR

Target audience: Physicians, Surgeons, Paediatricians

Registration: Online registration (max. 50 participants)

ECCO Membership 2015 required: Regular/Y-ECCO Member or ESGAR Membership

Registration fee: EUR 150.- (half price for Y-ECCO Members and Junior ESGAR Members) incl. 21% Spanish VAT

Preliminary programme:
2nd ECCO: EduCational Course for Industry
Wednesday, February 18, 2015

10:30 – 10:35	Welcome
10:35 – 13:00	Session 1
10:35 – 10:50	What is IBD?
10:50 – 11:05	What is the difference between Ulcerative Colitis and Crohn's Disease?
11:05 – 11:20	Who does it affect?
11:20 – 11:30	Question time (Q cards)
11:30 – 11:45	What causes IBD?
11:45 – 12:00	How is IBD diagnosed?
12:00 – 12:15	What do patients think?
12:15 – 12:30	How is care organised?
12:30 – 12:45	What do IBD nurses do?
12:45 – 13:00	Question time (Q cards)
13:00 – 14:00	Lunch
14:00 – 15:30	Session 2
14:00 – 14:15	What are the conventional treatment options?
14:15 – 14:30	What is the role of 5-ASA?
14:30 – 14:45	Where do steroids fit in?
14:45 – 15:00	Who gets immunomodulators?
15:00 – 15:15	What about biological therapy?
15:15 – 15:30	Is there a role for dietary treatment?
15:30 – 16:00	Coffee break
16:00 – 17:15	Session 3
16:00 – 16:15	When do patients need surgery?
16:15 – 16:30	What does surgery mean?
16:30 – 16:45	Is surgery a cure?
16:45 – 17:00	Can post-operative treatment prevent recurrence?
17:00 – 17:15	What happens after a pouch operation?
17:15 – 18:00	Session 4
17:15 – 17:30	What is the risk of cancer?
17:30 – 17:45	What are the other complications of IBD?
17:45 – 18:00	Where is the unmet need for patients with IBD?

Responsible Committee: Governing Board

Target audience: Corporate Members & Non-Corporate Members

Registration: Upon invitation

ECCO Membership 2015 required: n.a.

Registration fee:

Non-Corporate Members: EUR 750.- incl. 21% Spanish VAT

Corporate Members: EUR 500.- incl. 21% Spanish VAT

Preliminary programme: 2nd N-ECCO Research Networking Forum
Wednesday, February 18, 2015

13:00 – 13:20	Welcome & introduction	
13:20 – 14:25	Session 1	
	13:20 – 13:45	How to frame nurses' research in IBD
	13:45 – 14:05	Considerations in qualitative research
	14:05 – 14:25	Considerations in quantitative research
14:25 – 15:00	Coffee break	
15:00 – 17:00	Session 2	
	15:00 – 15:15	How to get started? Story 1
	15:15 – 15:30	How to get started? Story 2
	15:30 – 15:45	How to get started? Story 3
	15:45 – 16:00	Introduction to the Horizon 2020 programme. What is there for nursing research?
	16:00 – 16:55	Discussion and networking
16:55 – 17:00	Closing remarks	

Responsible Committee: N-ECCO

Target audience: IBD nurses and allied health professionals

Registration: Online registration

ECCO Membership 2015 required: IBD nurse Member

Registration fee: EUR 15.- incl. 21% Spanish VAT

Preliminary Programme: 8th Y-ECCO Workshop
Career and job interview workshop – How to sell yourself
Wednesday, February 18, 2015

16:00 – 16:10	Welcome to Y-ECCO & Course Introduction	
16:15 – 17:00	Session 1	
	16:15 – 17:00	Application and CV – Do's and Don'ts
17:05 – 17:50	Session 2	
	17:05 – 17:50	Job interview skills: How to maximize your potential at interviews
17:50 – 18:00	Y-ECCO Abstract Awards	
18:00 – End	Y-ECCO Networking	

Responsible Committee: Y-ECCO

Target audience: Paediatricians, Physicians, Surgeons, IBD nurses

Registration: Online registration

ECCO Membership 2015 required: Regular/Y-ECCO/IBD nurse Member

Registration fee: EUR 80.- (half price for Y-ECCO and IBD nurse Members) incl. 21% Spanish VAT

Preliminary programme: Global IBD Forum
Wednesday, February 18, 2015

Time: 18:15 – 19:15

Responsible Committee: Governing Board

Target audience: IBD Organisation representatives, ECCO Officers, Corporate Members

Registration: Upon invitation

ECCO Membership 2015 required: n.a.

Registration fee: n.a.

Preliminary programme: Will be announced on the ECCO Website shortly

Preliminary Programme: PIBD Update 2015
Wednesday, February 18, 2015

16:00 – 18:00	PIBD Update 2015	
	16:00 – 16:05	Welcome & introduction
	16:05 – 16:25	Assessment and reassessment of paediatric IBD
	16:25 – 16:50	MRI for diagnosis and assessment of mucosal healing and damage in Crohn's Disease
	16:50 – 17:15	Challenges in the diagnosis and management of paediatric IBD - Illustrative cases
	17:15 – 17:40	Strategies for loss of response to biologicals in paediatric IBD
	17:40 – 18:00	Surgery in paediatric IBD - What you need to know

Responsible Committee: P-ECCO

Target audience: Paediatricians, Physicians, Surgeons, IBD nurses

Registration: Online registration

ECCO Membership 2015 required: Regular/Y-ECCO/IBD nurse Member

Registration fee: EUR 80.- (half price for Y-ECCO and IBD nurse Members) incl. 21% Spanish VAT

Preliminary programme: 4th ClinCom Workshop
Thursday, February 19, 2015

08:30 – 08:35	Welcome & introduction	
08:35 – 09:55	Session 1: What's next in IBD drug development?	
	08:35 – 08:55	Are pre-clinical data useful?
	08:55 – 09:15	Which questions can be addressed by proof of concept studies?
	09:15 – 09:35	Active comparators – End of placebo?
	09:35 – 09:55	IBD drug development: A business model?
09:55 – 10:30	Coffee break	
10:30 – 12:00	Session 2: Registries – How reliable are they?	
	10:30 – 10:50	Regulatory Agency's point of view
	10:50 – 11:10	How to build a registry – From CESAME to ICARE
	11:10 – 11:30	Experience nationwide
	11:30 – 12:00	What have we learned? / Critical appraisal from regulator-imposed registries
12:00 – 12:10	Summary & closing remarks	

Responsible Committee: ClinCom

Target audience: Physicians, Surgeons, Paediatricians, Clinical researchers, Industry

Registration: Online registration

ECCO Membership 2015 required: Regular/Y-ECCO/IBD nurse Member

Registration fee: EUR 80.- (half price for Y-ECCO and IBD nurse Members) incl. 21% Spanish VAT

Preliminary programme: 4th S-ECCO IBD Masterclass**Novel strategies around IBD surgery****Thursday, February 19, 2015****07:15-08:15 Satellite symposium (TBC)****08:30 – 08:40 Welcome****08:40 – 10:05 Session 1: Preoperative work-up and optimisation of the IBD patient**

08:40 – 09:00	The microbiome: How can it affect surgery?
09:00 – 09:20	Strictures: Inflammatory or fibrotic
09:20 – 09:40	How does modern medical treatment affect surgical strategy?
09:40 – 10:05	Challenging case

10:05 – 10:30 Coffee break**10:30 – 12:00 Session 2: "The technique"**

10:30 – 10:50	Early salvage of the leaking ileo-anal anastomosis
10:50 – 11:10	Single port surgery in IBD
11:10 – 11:30	Laparoscopy in complex cases
11:30 – 12:00	LIRIC (Ileocolic resection vs anti-TNF) ACCURE/PASSION (Appendectomy for UC)

12:00 – 13:00 Lunch break**13:00 – 14:30 Session 3: Controversies in IBD surgery**

13:00 – 13:30	Resection vs strictureplasties for several short strictures
13:30 – 14:00	Two stage vs three (or modified two) stage?
14:00 – 14:30	IRA vs pouch surgery for medically refractory UC in young women

14:30 – 15:50 Session 4: Modern medico-surgical approach

14:30 – 14:40	Tissue healing and current biological therapy
14:40 – 14:50	Medication and postoperative complications in UC
14:50 – 15:00	Medication and postoperative complications in Crohn's
15:00 – 15:15	Discussion
15:15 – 15:25	Postoperative follow up for Crohn's
15:25 – 15:35	Postoperative follow up after colectomy for UC
15:35 – 15:50	Discussion

15:50 – 16:20 Coffee break**16:20 – 17:55 Session 5: IBD surgery in children and adolescents**

16:20 – 16:55	Nutritional and medical treatment of IBD in children Case 1: Ileocecal disease Case 2: Pancolitis Panel Discussion
16:55 – 17:15	Type and timing of surgery in paediatric IBD
17:15 – 17:35	Outcomes of surgical management in childhood IBD
17:35 – 17:55	When does a child with IBD become an adult?

17:55 – 18:00 Closing remarks**Responsible Committee:** S-ECCO**Target audience:** Surgeons, Physicians, IBD nurses**Registration:** Online registration**ECCO Membership 2015 required:** Regular/Y-ECCO/IBD nurse Member**Registration fee:** EUR 150,- (half price for Y-ECCO and IBD nurse Members) incl. 21% Spanish VAT**Preliminary programme: 9th N-ECCO Network Meeting****Thursday, February 19, 2015****07:30 – 08:30 N-ECCO Network Meeting Satellite symposium TBC****09:00 – 09:15 Welcome & introduction****09:15 – 10:35 Session 1: How well can we do it? Quality of Care**

09:15 – 09:45	IBD quality standards: Delphi consensus
09:45 – 10:15	Tailored communication in compliance
10:15 – 10:35	N-ECCO Travel Awards 2014 - Presentations

10:35 – 11:15 Coffee break**11:15 – 12:30 Session 2: Is it obvious? Using diet and functional challenges**

11:15 – 12:00	Diet: To treat or not to treat? Oxford vs Cambridge debate
12:00 – 12:30	The IBD and IBS interface

12:30 – 13:30 Lunch break (self-guided poster round in the exhibition hall)**13:30 – 15:00 Session 3: Are we optimising our options? Investigation and interpretation**

13:30 – 14:00	Laboratory interpretation in IBD
14:00 – 14:30	New biomarkers and their roles
14:30 – 14:40	Oral presentation 1
14:40 – 14:50	Oral presentation 2
14:50 – 15:00	Oral presentation 3

15:00 – 15:30 Coffee break**15:30 – 16:40 Session 4: What's new? Developments on...**

15:30 – 15:50	Faecal transplantation for UC?
15:50 – 16:10	Stem cell transplantation: Hope or expectation?
16:10 – 16:40	Medical therapies around the corner

16:40 – 17:00 N-ECCO in 2015 and beyond**17:15 – 18:15 N-ECCO Network Meeting Satellite symposium TBC****Responsible Committee:** N-ECCO**Target audience:** IBD nurses – advanced level**Registration:** Online registration**ECCO Membership 2015 required:** IBD nurse Member**Registration fee:** EUR 25,- incl. 21% Spanish VAT**Preliminary programme: Cell-based therapy in IBD****Thursday, February 19, 2015****09:30 – 12:00 Cell-based therapy in IBD**

09:30 – 09:35	Welcome & introduction
09:35 – 10:05	MSCs in graft versus host disease: What have we learned?
10:05 – 10:30	MSCs in IBD: Promises and pitfalls
10:30 – 11:00	HSC transplantation for systemic sclerosis: Is timing the essence?
11:00 – 11:25	HSC transplantation in IBD: Risks and benefits
11:25 – 11:50	Regulatory T cells for IBD: More hope than promise?

11:50 – 12:00 Closing remarks**Responsible Committee:** SciCom**Target audience:** Physicians, Surgeons, Paediatricians, Scientists**Registration:** Online registration**ECCO Membership 2015 required:** Regular/Y-ECCO/IBD nurse Member**Registration fee:** EUR 80,- (half price for Y-ECCO and IBD nurse Members) incl. 21% Spanish VAT



European
Crohn's and Colitis
Organisation

Video recordings of the ECCO Congress



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

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

Scan and contact the ECCO Office
www.ecco-ibd.eu



ECCO Survey – Exploring Gender Imbalances in ECCO Activities

Although 44.5% of Congress delegates at the ECCO '14 Copenhagen Congress were females, a gender imbalance can be seen within ECCO Activities

The reasons for this imbalance have been investigated by ECCO through research into the male and female ratio within ECCO Committees over the past 3 years. On this basis, ECCO came to the conclusion that only one-third of ECCO Committee Members are females. Thus, ECCO President Séverine Vermeire decided to ask female ECCO Members what

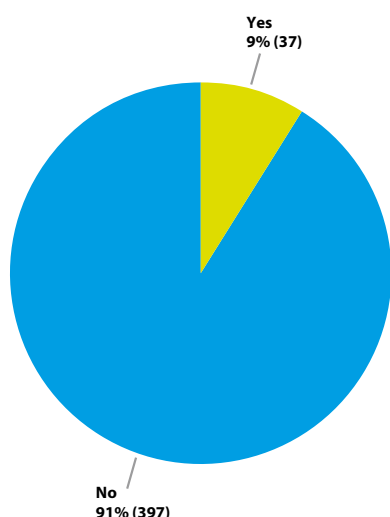
keeps them from applying. In total, 434 females from 55 countries participated in the survey. Denmark, UK, Italy, Sweden and Belgium were the top five countries in terms of participation; 36% of participants were aged 40-49 years and 29%, 30-39 years. Most of them were working in clinical university hospitals (39%), clinical hospitals (26%) or academia, combining clinical

practice and research (18%). It was revealed that 91% of all female participants have never applied for an ECCO Committee position. The reasons for their decision not to apply are shown in the bar chart below.

JULIÁN PANÉS
ECCO President-Elect

Have you ever applied for an ECCO Committee position?

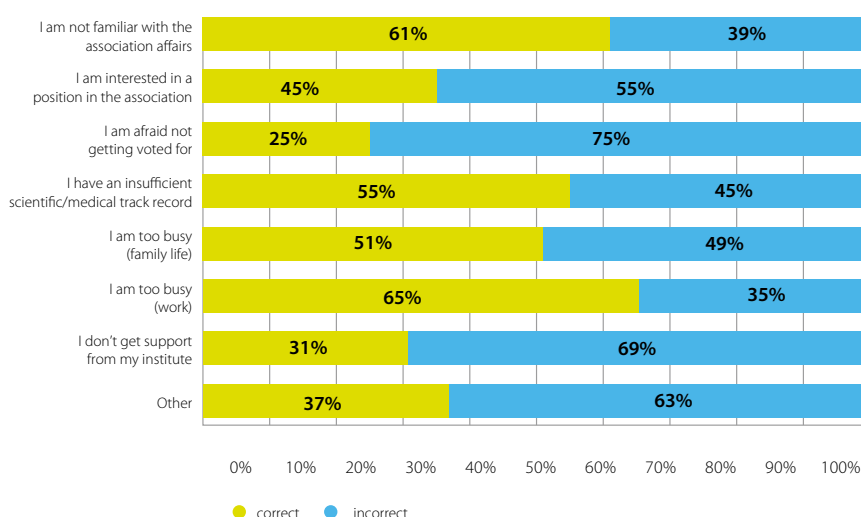
Answered: 434 Skipped: 0



© ECCO

I have not applied for an ECCO Committee position, because:

Answered: 332 Skipped: 102



© ECCO

Whereas the gender distribution among attendees at the ECCO Congress is quite even between males and females, it is obvious that females are underrepresented on the ECCO Boards and Committees. The survey highlights various barriers that prevent a proportion of women from applying for these positions. Among these, lack of time related to a busy family life or to work is perceived by many as an important factor. As most health workers in Europe (male and female) consider themselves to have busy jobs, this may initially not appear a reason for the differential gender representation on ECCO Boards and Committees. However, if one considers the gender representation in

the hierarchy pyramid of health institutions, it similarly becomes apparent that there is an underrepresentation of women in the highest ranks, such as professors or chiefs of department, and this undoubtedly may limit mobility and the protection of time that can be devoted to international organisations such as ECCO. Another factor perceived as a barrier in the survey by a high proportion of women was lack of familiarity with the association affairs. It is within the power of ECCO to change this aspect, and it is the firm intention of the Governing Board to take actions in this direction within the organisation. The Governing Board also wishes to encourage national societies to

identify and promote female candidates for positions on the ECCO Boards and Committees, including the Strategic Council, where National Representatives meet with the Governing Board. We should break the vicious circle of promoting persons who already have notable visibility, and instead identify members of the organisation who are willing to contribute to the daily life of ECCO. To overcome the current gender disequilibrium will require at least several years of special effort to encourage and promote the women of ECCO.

JULIÁN PANÉS
ECCO President-Elect

ECCO Elections

Dear ECCO Friends,

Notice is hereby given that the following positions on the ECCO Governing Board and ECCO Committees are open for election:

ECCO Governing Board:

- Scientific Officer, 2015-2017
- Education Officer, 2015-2017
- Secretary, 2015-2018

ECCO Committees – open seats (2015-2018):

- 3 ClinCom Members (Clinical Research Committee)
- 2 EduCom Members (Educational Committee)

- 2 GuiCom Members (Guidelines Committee)
- 1 SciCom Member (Scientific Committee)
- 3 N-ECCO Members (Nurses of ECCO)
- 3 P-ECCO Members (Paediatricians of ECCO)
- 1 S-ECCO Member (Surgeons of ECCO)
- 2 Y-ECCO Members (Young ECCO)

Internal Auditors:

- 2 Internal Auditors, 2015-2017

ECCO News:

- Y-ECCO Interview corner Administrator, 2015-2017

The deadlines for submission of applications are **September 15, 2014** for **ECCO Committee Members** and **December 15, 2014** for the **ECCO Governing Board and the Internal Auditors**.

For details regarding the elections and to download election forms, please visit the ECCO Website www.ecco-ibd.eu. Please send all forms to the ECCO Office via e-mail to ecco@ecco-ibd.eu.

Kind regards,

ECCO GOVERNING BOARD

Call for Applications for ECCO Fellowships, Grants and Travel Awards 2015

Deadline for applications for ECCO Fellowships, Grants and Travel Awards: October 1, 2014

ECCO has established Fellowships, Grants and Travel Awards to encourage young physicians in their career and to promote innovative scientific research in IBD in Europe.

Fellowships have been created for individuals younger than 40 years who submit an original research project which they wish to undertake abroad in a European hosting laboratory and/or department that has agreed to host and guide the Fellow for the duration of the Fellowship (one year) and that is responsible, together with the Fellow, for the successful completion of the project. Fellowships are awarded EUR 40,000.- each and are given during the annual ECCO Congress.

Grants are created to support good and innovative scientific, translational or clinical research in Europe. The guidelines for ECCO Grants are very similar to those for the Fellowships, with the exception that the research is typically undertaken in the institution of the applicant. ECCO Grants are awarded EUR 20,000.- each and will also be given during the annual ECCO Congress.

The **Travel Awards** were established in 2007 as an opportunity for young investigators to visit different IBD centres in Europe, to learn scientific techniques or to be a clinical observer. Incentives are available for applicants from Central and Eastern Europe.

IBD nurse members of ECCO can apply for the **N-ECCO Travel Award**, which provides nurses with the opportunity to visit another European

centre to observe nursing care, in recognition of the fact that observational learning is essential in enabling nurses to develop within a role.

For detailed information on Fellowships and Grants, including eligibility and the submission process, please visit the ECCO Website (www.ecco-ibd.eu/science/fellowships-and-grants).

We look forward to your application!

Kind regards,

EDOUARD LOUIS
SciCom Chair

Introducing new SciCom Members

Find out more about the new SciCom Members **Gijs van den Brink** and **Britta Siegmund**, who joined the Scientific Committee in February 2014, in their profiles below

Gijs van den Brink

Gijs van den Brink obtained his medical degree and PhD at the Academic Medical Center of the University of Amsterdam. He performed his training as a gastroenterologist in Amsterdam, Geneva and Leiden. Gijs is currently a gastroenterologist at the Academic Medical Center in Amsterdam, where his clinical work focusses on patients with Inflammatory Bowel Disease (IBD). He established his own research group in 2009 and since 2010 he has been Professor of Experimental Gastroenterology at the University of Amsterdam.

His research at the Tytgat Institute for Liver and Intestinal Disease addresses IBD and epithelial homeostasis and the early stages of intestinal carcinogenesis. An important focus of his work in IBD is the mechanism of action of existing drugs and the development of novel drugs with

enhanced efficacy and reduced side effects. Gijs is a recipient of the "Starting Grant" of the European Research Council and is a member of the "Young Academy" of the Royal Netherlands Academy of Arts and Sciences. Gijs has been active in the UEG, where he is course director of the yearly Young Investigator Meetings and of the yearly Summer School and a member of the UEG Educational Committee. Visiting the yearly ECCO Congress has always been one of his highlights of the year and he hopes to contribute to the outstanding quality of the various ECCO Activities through his participation in the Scientific Committee of ECCO.



Gijs van den Brink © ECCO

GIJS VAN DEN BRINK

SciCom Member

Britta Siegmund

Britta Siegmund graduated from Ludwig Maximilian University (LMU) of Munich in 1998, and completed her internship training at the LMU. From 2000 to 2002 she undertook postdoctoral training in the lab of Charles Dinarello in Denver, Colorado. Britta returned to Germany and joined the Department of Gastroenterology, Rheumatology and Infectious Diseases of Martin Zeitz at the Charité in Berlin to complete her training in Internal Medicine as well as Gastroenterology. Her research focusses on the role of the mesenteric fat tissue in intestinal inflammation as well as the interplay of immune cells and the epithelial barrier. With the establishment of the Heisenberg Professorship for Translational Gastroenterology at the Charité in 2012 she further enhanced the structure for mucosal immunology and IBD and in 2013 she became Head of Department of Gastroenterology, Rheumatology, Infectious Diseases at the Charité, Campus Benjamin

Franklin. She is spokesperson of the collaborative research centre 633 of the German Research Foundation, which is focussing on translational aspects of Inflammatory Bowel Disease. Together with Andreas Sturm and Christian Maaser, she belongs to the initiators of the German IBD Study Group (GISG) and she is currently serving as National Representative of Germany to ECCO. Britta aims to strengthen the translational aspects of IBD research by facilitating the interaction of basic scientists and clinicians. The support of "translational" clinicians who will be able to define needs in the clinic to be addressed at the bench and, conversely, identify findings from the bench and recognise their potential impact on patient care, is one of the key tasks of ECCO in order to improve therapeutic strategies.



Britta Siegmund © Britta Siegmund

BRITTA SIEGMUND

SciCom Member

e-CCO e-Guide: Bringing Interactivity to ECCO Guidelines

ECCO Guidelines are a must-read for all specialists in IBD. Carefully produced, well written and often cited, the IBD guidelines are one of ECCO's major strengths. Now a new tool, the e-CCO e-Guide, brings the updated Crohn's Disease Guidelines to your iPad or desktop

ECCO launched the e-CCO e-Guide at the 2014 Copenhagen Congress as part of the e-Learning platform. The website provides an interactive set of algorithms bringing interactivity to ECCO Guidelines. The e-CCO e-Guide also incorporates the main statements from the newly updated 2014 Crohn's Disease Guidelines.

What does the e-CCO e-Guide contain?

14 visual algorithms to both refresh your own best practice and help train others.

The algorithms provide a complete synthesis of the Crohn's Disease Guidelines, structured in the same way that we think about our patients. As well as guidelines for new disease presentation, we have outlined pathways based on anatomy (e.g. colonic disease), disease behaviour (e.g. stricturing disease) and therapies (e.g. surgically induced remission and anti-TNF use). There are also algorithms for special situations such as pregnancy and disease in adolescence.

Over 200 resources and images, which highlight key concepts in IBD.

The e-CCO e-Guide contains more than 200 visual resources comprising images, reviews and disease calculators. Resources include endoscopic videos, radiology images and patient-focussed materials that may help when explaining procedures or treatment choices.

Summaries of investigational techniques and therapeutic options

Pages in the application describe investigational modalities (e.g. endoscopic, radiological and screening procedures) and therapeutic options (e.g. immunomodulators and anti-TNFs). Charts depict the risks and benefits of major treatments and can be customised to the trial from which the data were derived.

How can I use the e-CCO e-Guide?

Access to this major new ECCO Initiative is via the ECCO Members' area; click on the e-CCO e-Guide icon on the right-hand side of the homepage. Once you have logged in, you can bookmark the algorithms directly for future access.



e-CCO e-Guide © ECCO

This resource is principally intended as a teaching and training tool, which will be particularly useful for new fellows when starting their training in the IBD clinic. It can also help any practicing physician or nurse to refresh their knowledge by learning ECCO's latest thinking on clinical practice.

What's next for the e-CCO e-Guide?

To date we have completed the e-CCO e-Guide for Crohn's Disease, and by the end of this year Ulcerative Colitis algorithms will also be available. The other eight published ECCO Guidelines detailing specific issues in patients with IBD (e.g. opportunistic infections) will be embedded into the CD and UC algorithms, bringing together all the ECCO Guidelines on one platform. The development will continue to be overseen by GuiCom.

Beyond this year, the e-CCO e-Guide will be updated as each guideline is rewritten or new guidelines are produced. There have already been discussions regarding translation of this



Marcus Harbord © ECCO

resource into languages other than English, and allowing parts of it to be customisable, but these ideas are for the future. Please take a few minutes to look at the e-CCO e-Guide live on the ECCO Website. You will be impressed.

MARCUS HARBORD
GuiCom Member



European
Crohn's and Colitis
Organisation

e-CCO e-Guide



Members' special: 2014 launch of CD Consensus

- Accessible via ECCO Members' Area on ECCO Website
- Bringing interactivity to ECCO Guidelines
- Integrated with 2014 Consensus Statements
- Algorithmic maps encompassing ECCO Guidelines
- Disease calculators
- A new feature of the e-CCO Learning platform
- Desktop computer and tablet compatible
- Developed by ECCO Committee Members
- Next edition: UC e-Guide

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Biosimilars and bridging the Gap to real-life Clinical Practice with Clinical Trials

Report of the 3rd ClinCom Workshop, ECCO Congress, Copenhagen 2014

With 63 preregistered participants from different backgrounds (industry, clinical research, clinicians and regulators) and 23 countries, the 3rd ClinCom Workshop confirmed last year's success. Within ECCO, ClinCom is devoted to the promotion of investigator-initiated clinical research. Each year the workshop brings together all stakeholders in clinical trial design to discuss related topics in an attempt to improve the yield for IBD clinical practice. "Biosimilars" and "How can we bridge the gap from clinical trials to real-life clinical practice?" were the 2014 themes.

Biosimilars – are we ready to change?

Elmer Schabel (Chair of the GI Drafting group at the EMA) opened the workshop by explaining the approval pathways for biosimilars in detail. Clearly, biosimilars are not generics and need special approval. In Europe the EMA has set rules and procedures for the assessment of biosimilars, while in the United States the FDA has created an abbreviated licensure pathway for products demonstrated to be "biosimilar" to or "interchangeable" with an FDA-licensed biological product. Biosimilars have to undergo a comprehensive comparability exercise involving not only quality comparisons with the originator but also acquisition of non-clinical (in vivo and in vitro) and clinical data (pharmacokinetic, pharmacodynamic and clinical efficacy and safety trials). Extrapolation across indications is possible but needs justification. Importantly, although this is within the jurisdiction of individual countries, substituting the originator with a biosimilar is not recommended for reasons of immunogenicity, among others.

Vipul Jairath (Oxford) brilliantly explained from a methodological viewpoint the difference between the preferred equivalence trials and the acceptable but more problematic non-inferiority trials for the evaluation of biosimilars. One concern is so-called biocreep, whereby different biosimilars would each be compared against the previous one with the danger of decreasing efficacy. Therefore regulators always require comparison of a biosimilar against the same originator as the gold standard. To avoid this and other problems, the margin of difference in non-inferiority trials should be strictly controlled, prespecified and justified.

Paul Declerck (pharmacologist, Leuven) explained how each batch from a biological product can be different. Biologicals, unlike small molecules, are made in living systems,

have heterogeneous very large structures and are extremely sensitive to process changes. Biosimilars, in particular, will differ from the originator due to post-translational modifications (including glycosylations and phosphorylation), possibly leading to more than 10⁸ variants! Therefore the reproducibility of the entire manufacturing process determining the end product has been guaranteed. In addition, post-marketing pharmacovigilance monitoring, including monitoring of long-term efficacy and safety (in particular immunogenicity), is warranted.

Bringing all this into practice, Alessandro Armuzzi (Rome) summed up results from the trials of CT-P13 (Remsima®) (biosimilar of infliximab) in ankylosing spondylitis and rheumatoid arthritis. Overall there were no clinically meaningful differences in immunogenicity or in the safety profiles of CT-P13 and infliximab in these two indications.

Bridging the gap to real-life clinical practice

More and more data are being generated by open label trials. Laurent Peyrin Biroulet (Nancy) asked critically whether we should not abandon them. Clearly there is an important publication bias toward positive open label results. To avoid this, open label trials should only be published before RCTs are published. Ideally they should include objective signs of inflammation. In IBD the main outcome measures of open label trials should therefore be clinical remission (rather than response), biomarker (e.g. calprotectin) remission and endoscopic or radiological remission. These outcome measures are actually included in the deep remission concept. Jean-Frédéric Colombel (New York) took this one step further by looking at disability and the Leman score (the bowel damage index). Clearly, these new indices have been developed and are now being validated as key therapeutic goals for the future: They seem pivotal if we really want to assess how we can block disease progression and damage, particularly in Crohn's Disease.

Ailsa Hart (London) addressed the problem of special situations in IBD, focussing on specific patient groups such as children and the elderly and on particular situations such as fistulae, perianal disease, proctitis, pouchitis, patients with ostomies, extra-intestinal manifestations and patients on parenteral nutrition. In RCTs, these patients and situations are typically excluded and therefore the study populations in RCTs are not always representative of our IBD patient



ClinCom Members (Fernando Magro, Filip Baert, Ailsa Hart, Alessandro Armuzzi; not in the picture: Laurent Peyrin-Biroulet) © ECCO



3rd ClinCom Workshop at the ECCO'14 Copenhagen Congress © ECCO

population. Ailsa Hart called for action to address this issue through the formulation of consensus statements regarding the optimal classification and assessment of these special situations. In addition, multidisciplinary teams and treatments should be considered and multicentre trials are needed to adequately power RCTs.

In the last talk, Geert D'Haens (Amsterdam) looked at IBD clinical trials from a historic perspective and at the process of improving the evidence generated over time. Importantly, regulator guidance is needed to enhance the quality of trials and to minimise the placebo response rate. Somewhat in contrast with current FDA requirements, there seems to be an urgent need in IBD for rigorous definitions of remission and response and inclusion of more objective outcome measures.

If you feel it was a pity you missed these talks, we invite and encourage you to look out for our 4th ClinCom Workshop in Barcelona. This will be on the future of IBD drug development and the reliability of post-marketing registries. Remember to preregister and to arrive early as the workshop, like many other workshops and courses, starts prior to the general meeting. Be there!

FILIP BAERT
ClinCom Chair



European
Crohn's and Colitis
Organisation

ECCO Educational Workshops 2014



34th ECCO Workshop
Prague, **Czech Republic** – March 27, 2014



35th ECCO Workshop
Sofia, **Bulgaria** – June 13, 2014



36th ECCO Workshop
Kuala Lumpur, **Malaysia** – August 24, 2014



37th ECCO Workshop
Paris, **France** – September 20, 2014



38th ECCO Workshop
Cartagena, **Colombia** – November 22, 2014



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34th ECCO Educational Workshop

On March 27, 2014 the 34th ECCO Educational Workshop was held in Prague in the Czech Republic

The spring season of IBD meetings began this year in Prague. The capital of the Czech Republic hosted the 34th ECCO Educational Workshop, the first ECCO Workshop to be held in the country.

More than 45 gastroenterologists and surgeons from the Czech Republic, Slovakia, Hungary, Germany and the United Kingdom participated in the meeting, which followed the format of previous workshops – case-based discussions aimed at disseminating current ECCO Guidelines and promoting their incorporation into clinical practice. The faculty consisted of two guests representing ECCO – Torsten Kucharzik from Germany and Tim Raine from United Kingdom – as well as several Czech speakers: Zuzana Serclova, Dana Duricova, Milan Lukas, Tomas Douda and Martin Bortlik (the last two of whom also co-organised the workshop as National Representatives to ECCO).

The workshop started with a brief introduction to ECCO by Martin Bortlik and continued with the morning session, which featured four case presentations on Acute Severe Colitis, new-onset ileocaecal CD, Fistulising Disease and management of treatment-refractory moderate UC. A format similar to that used at the previous meeting in Berlin was successfully adopted in Prague, with participants divided into smaller groups in order to make the meeting as interactive as possible.



Faculty of the 34th ECCO Educational Workshop in Prague, March 2014 (from left: Martin Bortlik, Tim Raine, Zuzana Serclova, Torsten Kucharzik, Dana Duricova, Milan Lukas and Tomas Douda) © ECCO

The workshop continued after the lunch break with two further cases, on management of infectious complications in IBD and recurrent complicated ileocaecal CD. The last presentation, and really the highlight of the workshop, was the state of the art lecture on the "Epidemiology of IBD", prepared especially for the occasion by Dana Duricova. This exceptional lecture has now been added to the portfolio of ECCO Educational Workshops and may be presented again at a subsequent workshop.

Informal discussion with participants during and after the workshop, as well as the comments on the completed evaluation forms, left us in no doubt that the meeting completely fulfilled expectations. This outcome is also attributable to the perfect cooperation with and professional assistance from the ECCO



Participants of the 34th Educational Workshop in Prague, March 2014 © ECCO

Office and Galen-Symposium (co-organising company).

MARTIN BORTLIK AND TOMAS DOUDA
ECCO National Representatives, Czech Republic



CALL for ECCO Educational Workshops in 2015

The primary goals of the Educational Workshops organised by the ECCO Education Committee are the harmonisation of IBD practice within ECCO Country Members through dissemination of the ECCO Guidelines and the provision of continuous medical education with the ultimate aim of improving the quality of care for patients with IBD. The programme of this one-day workshop is created around clinical cases, with the intention of ensuring that the workshop is as educational and proactive as possible and that participants can take an active part in the discussions. ECCO Educational Workshops are offered to large countries and, in regional centres, to smaller countries throughout Europe.

So far, 34 Educational Workshops have been organised, starting in 2007. A list can be found on the ECCO Website (www.ecco-ibd.eu/education/educational-workshops).

This call is specifically targeted at ECCO National Representatives with an interest in hosting such an Educational Workshop in their country or in a specific region during the year 2015. National Representatives who see this workshop as an opportunity to foster education in this particular field of expertise in their country are invited to apply for an ECCO Educational Workshop in their country/region.

The application should contain the following elements:

- Proposed dates stated in the order of preference (max. 3 options)
- Possible venue/city
- Name of local organiser (contact person for ECCO Office)

Please submit your application including an official letter of intention by September 14, 2014 to the ECCO Office (p.judkins@ecco-ibd.eu)!

Kind regards,

ECCO EDUCATION COMMITTEE

Update on EpiCom Activities

The Epidemiological Committee of ECCO (EpiCom) works for the optimisation of epidemiological research within the field of IBD across Europe

We support and supervise the conduct of epidemiological cohort studies, thereby securing the availability of updated and valid figures on the course and prognosis of IBD in Europe, including figures on costs and quality of life and the impact of new treatments on disease outcome. We also arrange biennial workshops to take place at the international ECCO Congress, where we communicate the epidemiological mindset and way of approaching scientific questions and give participants the opportunity to work with these methods in case-based workshops.

The most recent workshop at the 9th Congress of ECCO in Copenhagen 2014 focussed on the risk of cancer in IBD, especially intestinal cancer, skin cancer and lymphoma. We discussed how risk estimates are difficult to interpret because the majority of studies in the field are selective and biased by a variety of factors, and how there is a tendency to focus on highly elevated relative risks of given cancer types instead of on the still very low absolute risks. Lastly, we continuously work on review papers on specific epidemiological questions in IBD, where our aim is to summarise results from methodologically sound studies in the field. As an example, the "Burden of IBD in Europe" paper by Burisch et al., published in JCC in 2013, is already widely used, and in an upcoming review we shall examine the impact of age on the course and prognosis of IBD.



EpiCom Members (Ebbe Langholz, Corinne Gower-Rousseau, Tine Jess, Dana Duricova, not in the picture: Vito Annese) © ECCO

EpiCom currently consists of five members:

Vito Annese, Dana Duricova, Corinne Gower-Rousseau, Ebbe Langholz and Tine Jess. At the 9th Congress of ECCO we had the opportunity to welcome the latest two members (Vito Annese and Ebbe Langholz) while saying goodbye to the former chair (Peter Lakatos) and committee member (Johan Burisch). Peter Lakatos has done a tremendous job in building up EpiCom during the last 3 years, especially by facilitating and supporting the conduct of the cross-European EpiCom cohort study. This extensive study has been led by Johan Burisch, who in 2013 defended his PhD based on the first results from the cohort. These initial results concerned, among other things, the differences in IBD incidence across Europe, with a twofold higher risk of both Crohn's Disease and Ulcerative Colitis in Western as compared to Eastern Europe, and a particularly high incidence of IBD

in the Faroe Islands. While thanking Peter and Johan for their impressive efforts during recent years, we are also very happy to welcome Vito Annese and Ebbe Langholz onboard. Vito Annese has year-long clinical and research experience within the field of IBD and will be responsible for the biennial EpiCom Workshops and EpiCom contributions to ECCO News. Ebbe Langholz, in addition to year-long clinical experience, has been responsible for a number of the first landmark studies within the field of IBD epidemiology. He will be responsible for the methodological content of the biennial workshops and for assessing challenges and possibilities for conducting epidemiological research in different European countries.

TINE JESS
EpiCom Chair

4th S-ECCO IBD Masterclass 2015

The IBD Masterclass to be organised by the Surgeons of ECCO in Barcelona in 2015 will already be the fourth such event

After three very successful Masterclasses at which attendances have risen from 94 participants originally to 175 in 2014, the fourth one will deal with "Novel strategies around IBD surgery". New medical and surgical techniques will be discussed by a renowned international faculty.

This time the Masterclass will be held on one day, Thursday, February 19, 2015, which may help the interested surgeon to attend without being away from the job for too long. The ECCO Scientific Programme on the Friday offers multidisciplinary sessions also of interest for the surgeon, and traditionally the Friday ends with the famous ECCO Interaction, where (para)medics can share their "hearts and minds".



S-ECCO Members (Gianluca Sampietro, Janindra Warusavitarne, Zuzana Serclova, Willem Bemelman, Oded Zmora) © ECCO

This represents a very attractive schedule for surgeons and we hope to see lots of IBD surgeons both at the S-ECCO Masterclass

and at the ECCO'15 Barcelona Congress.

WILLEM BEMELMAN
S-ECCO Chair

Paediatric Abstract and Guideline Presentations highlighted at the ECCO'14 Copenhagen Congress

A summary of studies and paediatric guidelines that were presented at the 9th Congress of ECCO

Anne Griffiths (Toronto) presented follow-up results on steroid-free remission for the 188 Crohn's Disease patients in the previously published Imagine 1 trial of high- and low-dose adalimumab for paediatric patients with active Crohn's Disease (PCDAI >30) despite treatment with an immunomodulator [1]. Of those patients who were on steroids at baseline, only a third were in steroid-free remission at the designated trial end points of both 6 and 12 months. There was no statistically significant difference between the patients randomised to high- and low-dose adalimumab, but higher rates of steroid-free remission were noted in patients who were anti-TNF naïve compared to those who were TNF experienced.

Frank Ruemmele (Paris) presented a brief introduction to the joint ECCO-ESPGHAN Guidelines on the Management of Crohn's Disease in Children, which will be published in full later this year in the *Journal of Crohn's & Colitis (JCC)*. This follows on from similar joint guidelines on Ulcerative Colitis in children and will help practitioners who are involved in the care of children with IBD [2,3]. Important points raised in these guidelines include the recommendation that first-line treatment for active Crohn's Disease in children should be with exclusive enteral nutrition (EEN), with steroids reserved for use when EEN is not possible. Thiopurines and methotrexate are equally placed as choice of immunosuppression, with practitioners left to choose which suits the patient and the individual IBD service best. In total, 23 statements with supporting levels of evidence were captured in the guideline, and in areas where the evidence was unclear, practice points based on clinical experience were also included in the guideline. To help translate these guidelines into clinical practice they will be accompanied by a clinical algorithm.

Dan Turner (Jerusalem) presented retrospective data from three centres looking at predictors of 12-month outcome in 115 paediatric patients diagnosed with Ulcerative Colitis. No specific predictive factors at diagnosis were found to predict severe disease at 1 year, but, interestingly, data following the initial induction treatment did predict 12-month outcome. The PUCAI score at 3 months was the best predictor (compared with



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



Richard Russell speaking at the "Update on Paediatric IBD" course at ECCO'14 © ECCO

blood and endoscopic parameters) of steroid-free remission at 12 months [4]. Stratification of treatment can be based on PUCAI scores at 3 months, with scores <10 needing no action, scores of 10 to <35 warranting consideration of escalation of therapy and scores ≥35 necessitating a treatment change to avoid an adverse outcome at follow-up.

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RICHARD RUSSELL
P-ECCO Member

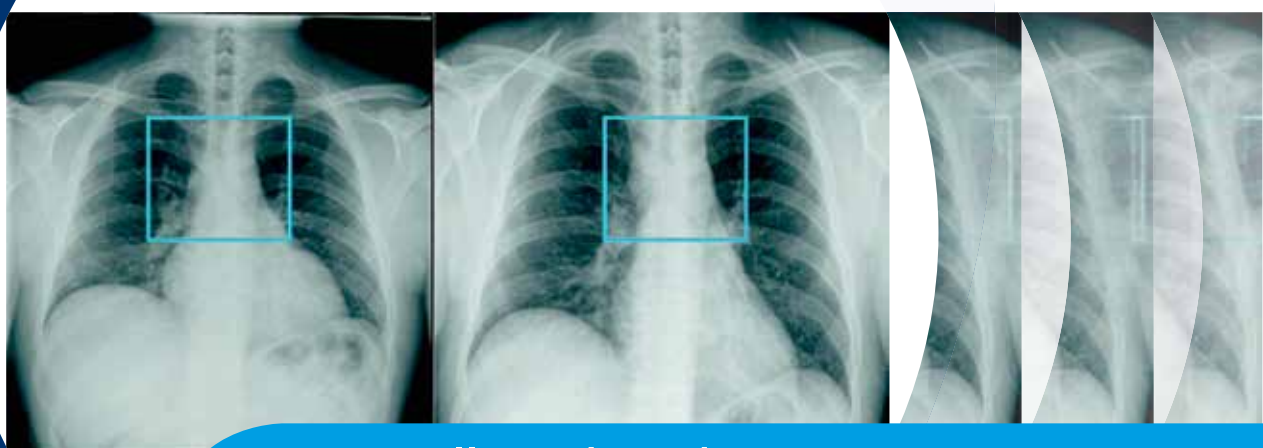


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JCC

JOURNAL of CROHN'S & COLITIS



TB is still a risk with anti-TNF

See article on page 550



JOURNAL OF CROHN'S & COLITIS

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Dear colleagues,

I hope you are well! Let me give you a short update on the ongoing work in the Y-ECCO Committee.

Tiago Nunes is preparing next year's Y-ECCO Workshop on career development. You can find the provisional programme in this issue. The central theme will be "how to sell yourself". Guided by experts in the field, we will have a unique interactive workshop designed to improve your performance at job interviews, assist in the preparation of your CV and covering letters etc. Of course, the workshop will be followed by a very nice networking event!

Isabelle Cleynen is the new editor of the literature reviews. Every Y-ECCO Member is warmly invited to write a review on a recent high-impact article in the field of IBD. Your review will be published along with a personal picture and a short self-description. This is the ideal way to increase your visibility within the ECCO Community! Please find Isabelle's e-mail address and examples from reviews on the following pages.

Sebastian also maintains the liaison with GuiCom, enabling Y-ECCO Members to participate in the development of ECCO Guidelines and/or to record podcasts that are displayed at the ECCO Congress.

Tim Raine is working closely with EduCom

and will continue his tremendous work in the development and expansion of the e-Learning platform. Interested Y-ECCO Members can apply to participate in a clinical case development process, under the supervision of an experienced ECCO Member. Tim is also involved in the upcoming Scientific Platform – Who does what?, which aims to connect the ECCO Family regarding location, scientific interests, mentorship and collaborations!

We are very thankful that Monica Cesarini will continue her well-received Y-ECCO interviews

with senior ECCO Members until the end of this year. For next year, we are seeking a new Y-ECCO Interview corner administrator to replace Monica. You can find an official call for this function in this issue.

Finally, we very much encourage Y-ECCO Members to send in a study protocol proposal

for a collaborative multicentre clinical study. After an initial evaluation by the Y-ECCO Committee, your protocol will be sent to ClinCom for a very thorough review. Once the study has received a positive recommendation from ClinCom, Y-ECCO will promote your study as much as possible through all available instruments (ECCO Website, ECCO News,



Pieter Hindryckx © ECCO

Y-ECCO Workshop and Networking Event etc.). This strategy will not only help you to conduct a large multicentre study but will also increase your chance of finding external funding for your project. The first clinical study that successfully passed the process (from María Chaparro) is now ready to launch. You can find the invitation to participate in this study below.

I would like to conclude by saying that you can apply at any time for our Y-ECCO Activities (please check the activity list in the previous issue of ECCO News) by sending an e-mail to the ECCO Office (ecco@ecco-ibd.eu). They will bring you into contact with the right person.

Thanks to all of you!

PIETER HINDRYCKX
Y-ECCO Chair

Call for your Participation in a Retrospective Multicentre Cohort Study

During the last year, María Chaparro (member of Y-ECCO) has been working on a protocol for a retrospective multicentre chart review of children born to IBD women. The purpose is to identify the effects of anti-TNF- α drugs on the long-term development of children exposed in utero to these drugs, mainly regarding the risk of severe infections, by comparing an exposed cohort with a matched non-exposed cohort. The protocol has been extensively reviewed and optimised by experts from ClinCom and the study is now ready to launch. María will need approximately 1,350 children in each group (exposed to anti-TNF- α and non-exposed). It doesn't need stating that only joined forces from multiple centres will enable María to successfully conduct her study, which could be unique in its kind.

Every IBD centre is able to participate in

this study and participation will result in co-authorship or acknowledgement, depending on the inclusion, number and quality of the provided data.

So don't hesitate: If your centre and/or other centres within your country are willing to participate, please contact María Chaparro (mariachs2005@gmail.com; you can find her full contact details below). She will be happy to provide more details and the full protocol of the study.

These are the full contact details of María Chaparro:

María Chaparro, MD, PhD
Inflammatory Bowel Diseases Unit
Gastroenterology Department
Hospital Universitario de La Princesa
Diego de León 62, 28006 Madrid (Spain)
Telephone number +34-91-309 39 11
Email: mariachs2005@gmail.com

Thanks to all of you: We hope to have a massive positive reply!

PIETER HINDRYCKX
Y-ECCO Chair



María Chaparro © María Chaparro

Y-ECCO Interview corner

Dear Y-ECCO Members,

It's a pleasure to introduce the sixth "Y-ECCO Interview corner" interview, with Pia Munkholm.

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. We look forward to hearing from you.

Yours sincerely,

MONICA CESARINI

Sapienza University of Rome, Italy



Monica Cesarini © ECCO

Monica interviews Pia Munkholm



Pia Munkholm
© ECCO

How has being a woman helped or frustrated you in your career?

No doubt, it's always an advantage being a female doctor! However, as a woman during your career you are also likely to raise a family and have small children. Thus time is precious and you learn how to optimise your time and be strict with your schedule. I was raised and educated as a gastroenterologist in a field of men. Often I was mistaken for a nurse, or was addressed as "Dear Sir" in e-mails or as Miss or Mrs. instead of Doctor Munkholm. The advantage was that by being a female I was a rather rare sight in gastroenterology in Denmark. Female attitudes often help at departments because we look at our career slightly differently than men...in a more relaxed way perhaps.

How do you reconcile your personal life and your very bright career?

My personal life has been busy, also because I have been a board member of my husband's private company for 25 years. Despite

being occupied with IBD and my career in gastroenterology I have also found time to play tennis and to go skiing and sailing with my family. Family and career have had equal priority and the children have been informed of the development in both areas throughout the years.

What are the keys to a good career?

The keys to a good career should be limited to my motto cited from Charles Darwin: "It is not the strongest of the species that survives, nor the most intelligent, but the one most responsive to change." My three suggestions on how to achieve a good career:

1. Take care of human beings, always showing confidence and paying attention to safety.
2. Beware that someday, suddenly, you may turn up as an opinion leader.
3. Act in such a way that you'll always be able to look at yourself in the mirror.

What are your suggestions for young doctors?

Lifelong education! That is, always study at least one article every week, and join conferences/symposia twice a year to update your knowledge. Networking internationally is essential. Furthermore, always strive to ensure that you have "done your best for your patient". You should never be too old or proud to ask, ask and ask again if in doubt. Science is a difficult subject if your time as a female is limited. Seek a field where your life will fit in. For instance I became an epidemiologist and a professor in epidemiology and eHealth. A lot of the time involved in scientific analysis and preparation of papers could be done from home after my children had been put to bed. I had a husband who travelled a lot when he was building up his private business. That gave me some time to study and write.

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. The purpose of the literature reviews is to highlight the most recent landmark articles within the field of IBD. We are happy to continue with them, and aim to include a broad mix of clinical phase 3 trials, epidemiology, endoscopy, basic science articles etc.

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

As the Y-ECCO Committee changed in February 2014, I have taken over the organisation of the Y-ECCO Literature reviews from Pieter Hindryckx, who now is Y-ECCO Committee Chair.

If you are interested in writing a literature review or if you have any questions, please send an e-mail to isabelle.cleynen@med.kuleuven.be.

ISABELLE CLEYNEN

Y-ECCO Committee Member



Isabelle Cleynen © ECCO

Increased risk of malignancy with adalimumab combination therapy, compared with monotherapy, for Crohn's Disease

Osterman MT, Sandborn WJ, Colombel J-F, Robinson AM, Lau W, Huang B, Pollack PF, Thakkar RB, Lewis JD. *Gastroenterology*. 2014 Apr;146(4):941-949.e2.

Introduction

Patients with Inflammatory Bowel Disease (IBD) have an increased risk of developing certain types of cancer in relation to the site of disease (colon cancer, cancer of the small intestine) or to therapies [1]. At present we know that patients treated with thiopurine monotherapy are at risk of developing lymphoproliferative disorders [2] or non-melanoma skin cancer (NMSC) [3]. The relative risk of cancer with anti-TNF monotherapy in IBD is less clear, because the majority of anti-TNF-treated patients have been either current or past users of thiopurines, making it difficult to identify the component of risk due to anti-TNF alone [4]. Moreover, the combination therapy may confer greater risk of malignancy than either therapy alone. Two studies showed larger relative risks of lymphoma with combination therapy than with anti-TNF monotherapy [5,6], but the confidence intervals of the relative risk for the two arms of treatment overlapped.

Key findings

Osterman et al performed a pooled prospective analysis of patients with CD who had received at least one dose of adalimumab during randomised controlled trials for induction or maintenance of remission or mucosal healing (CLASSIC I, CLASSIC II, GAIN CHARM, EXTEND) or during a long-term extension study (ADHERE). In total, 1,594 patients were included in this analysis: 56% of them on adalimumab monotherapy and 44% receiving adalimumab and immunomodulators (563 patients

were receiving thiopurines and 131 were receiving methotrexate). Median follow-up was 1.5 years. The authors reported 44 malignant events in 34 patients. In the adalimumab monotherapy group, they found no increased risk of NMSC or other malignancies when compared with the general population. Combination therapy with adalimumab and immunomodulators was associated with a 3-fold increased relative risk of malignancies other than NMSC (standardised incidence ratio, 3.04; 95% CI, 1.66–5.10) and a 5-fold increased relative risk of NMSC (standardised incidence ratio, 4.59; 95% CI, 2.51–7.70) compared with the general population. Similarly, a 2.6- to 4-fold increased relative risk of malignancies other than NMSC (relative risk, 2.82; 95% CI, 1.07–7.44) and of NMSC (relative risk, 3.46; 95% CI, 1.08–11.06) was seen in patients on combination therapy, compared with patients receiving adalimumab monotherapy.

Conclusions

The authors showed that there was not an increased risk of malignancy in patients with CD treated with adalimumab compared with the general population. In contrast, patients treated with combination therapy (adalimumab and immunomodulators) had an increased relative risk of cancer compared with the general population and with patients on adalimumab monotherapy. These findings suggest that the increased risk may be due to the immunomodulation therapy. But if we consider that induction therapy is more effective with combination therapy, and that antibodies against anti-TNF alpha often develop during monotherapy, it would be possible to optimise treatment by inducing remission with combination therapy and then evaluating withdrawal of thiopurines at a later point. In this way, the disease could be better controlled, using the "best therapy", thus reducing the risks associated with these drugs.

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Mortality and causes of death in Crohn's Disease: Results from 20 years of follow-up in the IBSEN study

Hovde O, Kempster-Monstad I, Småtuen MC, Solberg IC, Henriksen M, Jahnsen J, Stray N, Moum BA. Gut. 2014 May;63(5):771-775

Introduction

Crohn's Disease (CD) is a chronic Inflammatory Bowel Disease (IBD) of unknown aetiology, but it is generally thought to result from the combination of an exaggerated inflammatory response in a genetically susceptible host and exposure to an appropriate environmental trigger [1]. Data on the natural history, namely mortality, of CD from population-based studies is, nevertheless, relatively limited. In light of the evidence published so far, the trend is to believe that CD mortality is still higher than that of the background population. An initial meta-analysis (2007), which included 13 papers (including some from referral centres), found that CD patients had a higher mortality than the control population (pooled estimated standardised mortality ratio, SMR=1.52; 95% CI: 1.32-1.74). However, the authors noticed that the SMR decreased over time, although this decrease was not statistically significant ($p=0.08$) [2]. In another meta-analysis (2010), including nine population-based studies (eight of which were European), mortality in CD was increased, with an SMR of 1.39 (95% CI: 1.30-1.49) [3]. A further meta-analysis (2012) concluded the same, with an approximate SMR 1.5 above background population, especially when the patients were diagnosed at a younger age and required multiple or extensive surgical interventions [4].

Aim

In this Norwegian population-based inception cohort study, the authors aimed to evaluate mortality and causes of death, with a long-term follow-up period of 20 years, in a well-defined population-based cohort of CD patients prospectively followed since the early 1990s (the IBSEN study). A total of 237 CD patients were age and sex matched with 5,876 controls (ratio CD of patients to controls 1:25). Data on death and causes of death were collected from the Norwegian Causes of Death Register. Death rates and cause-specific death rates between patients and controls were modelled using Cox regression stratified by matched sets.

Key findings

At the end of the follow-up period (20 years after diagnosis), the proportion of patients who had died in both groups was similar (CD patients: $n=33$; 13.9% vs controls: $n=746$; 12.7%; $p=0.578$). Regarding cause-specific death rates (gastrointestinal cancer, other cancer, cardiovascular disease and other causes), no significant differences were reported. Still, a trend towards a higher mortality due to non-gastrointestinal cancer (HR=2.01; 95% CI: 0.95-4.49; $p=0.07$) was observed. Using Cox regression modelling, the authors showed that CD patients tended to display a slightly higher mortality compared with their matched controls, although statistical significance was not reached (HR=1.35; 95% CI: 0.94-1.94; $p=0.10$). Again, when stratified by gender, no difference was seen.

Conclusion

Mortality in CD patients is a very important topic. Having a chronic disease, IBD patients often ask questions about their survival probability. Until now, it has not been possible to respond to that question with a solid answer. The most recent meta-analysis (2013), which included 35 original articles (inception cohort and population cohort CD studies), showed higher rates of death from all causes (colorectal cancer, pulmonary disease and non-alcoholic liver disease; SMR=1.38; 95% CI: 1.23-1.55) in CD patients compared to the general population. Mortality from cardiovascular disease was decreased [5]. Following a different methodology, four large nationwide register studies have been published recently. Firstly, a nationwide Danish study (15,361 CD patients) confirmed a 50% increased mortality among CD patients and concluded that mortality in CD did not decrease over time [6]. A large population-based (1,591 CD patients) study from Taiwan observed an unexpected higher mortality in IBD patients (especially those with CD) than in the general population (SMR=4.97; 95% CI: 3.72-6.63) [7]. An Australian population-based study (816 CD patients) with a long-term follow-up (median 22.7 years) found an SMR of 0.84 (95% CI: 0.698-1.077), demonstrating a normal to slightly better than expected survival for IBD patients overall [8]. In a recent study based on the Finnish nationwide register [9], with a follow-up of 10.8 years and including 21,964 CD patients, overall mortality among patients with CD was increased (SMR=1.33; 95% CI: 1.21-1.46), as was death from gastrointestinal causes (SMR=6.53; 95% CI: 4.91-8.52), pulmonary diseases (SMR=2.01; 95% CI: 1.39-2.80), infections (SMR=4.27; 95% CI: 2.13-7.63), and cancers of the biliary tract (SMR=4.51; 95% CI: 1.23-11.5) and of lymphoid and haematopoietic tissue (SMR=2.95; 95% CI: 1.85-4.45) but not colorectal cancer.

In contrast with previous meta-analyses and similarly to the design and results from the present study by Hovde, two recent population-based studies (from Finland and the Netherlands), failed to demonstrate an increase in the overall mortality in CD patients [10,11]. In both studies, although overall mortality in CD patients was not increased compared to the background population, an increased mortality due to gastrointestinal causes (SMR=7.5; 95% CI: 2.8-16.4), but not colorectal cancer, was detected.

In this 20-year population-based inception cohort study, Hovde and colleagues substantiated the idea of a good prognosis in CD patients over a long-term follow-up period, with similar mortality to that in the background population. The authors do admit that, taking into account the relatively young population included in the study, increased mortality would perhaps be observed in CD patients over a longer observational period. Nevertheless, in this very well-defined CD cohort, overall and cause-specific mortality (namely gastrointestinal cancer and cardiovascular diseases) were not different from rates in the general Norwegian population.

In conclusion, although this very well designed population-based inception cohort study indicates a similar survival between CD patients and the background population, one must bear in mind that conclusive evidence regarding all-cause and cause-specific mortality in CD patients is conflicting and that debate exists over the study design best suited to examine these outcomes.

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ACD3-specific antibody reduces cytokine production and alters phospho-protein profiles in intestinal tissues from patients with Inflammatory Bowel Disease

Vossenkamper A, Hundsruker C, Page K, van Maurik A, Sanders TJ, Stagg AJ, Das L, MacDonald TT
Gastroenterology. 2014 Apr 1. pii: S0016-5085(14)00446-6. doi: 10.1053/j.gastro.2014.03.049. [Epub ahead of print]

Introduction

Although the aetiology of Inflammatory Bowel Disease (IBD) remains unknown, there is evidence suggesting that a dysregulation in both innate and adaptive immune responses contributes to the aberrant intestinal inflammatory response. In particular, tissue damage in IBD is driven by T cells [1] and is therefore a disease target for T cell therapies. Different anti-CD3 antibodies have been developed to treat immune disorders over recent years. However, it is important to optimise the development and engineering of tolerising anti-CD3 antibodies in order to reduce toxicity [2]. Visilizumab and NI-0401 are two anti-CD3 antibodies that were entered in clinical trials to treat Ulcerative Colitis (UC) and Crohn's Disease (CD) respectively. Even though some clinical benefits were observed, both trials showed negative results [3, 4]. Otelixizumab is an Fc-engineered, chimeric/humanised monoclonal IgG1 antibody against human CD3 which showed promising early results in type 1 diabetes [5, 6]. In this report, Vossenkamper et al investigated for the first time whether anti-CD3 antibodies change T cell function in intestinal tissue of IBD patients.

Key findings

Otelixizumab treatment of blood and mucosal T cells dramatically reduced surface CD3 sites, probably by leading to CD3/TCR internalisation. To study the functional effects of the anti-CD3 antibody treatment, isolated lamina propria mononuclear cells (LPMC) from healthy controls or IBD patients were treated with otelixizumab. No induction of proliferation, inflammatory cytokine production or cell death was observed. Culture of mucosal explants of inflamed CD and UC colon in the presence of otelixizumab resulted in a

decreased production of IFN- γ and IL-17 compared to explants cultured with isotype control antibody. The transcription factors T-bet and ROR γ t, the main regulators of these cytokines, respectively, were also reduced in CD explants upon treatment. Additionally, a protein array of otelixizumab-treated explants showed a broad down-regulation of pro-inflammatory cytokine and chemokine production in the supernatants, such as TNF- α , IL-1- α , IL-1- β , IL-2, IL-6, CXCL10 and CXCL12. Otelixizumab not only regulated the inflammatory cytokine response but also altered the kinase phosphorylation status in inflamed CD and UC tissue. Remarkably, the analysis of 39 receptor tyrosine kinases and signalling molecules, by employing a phosphorylation-specific protein array, revealed a reduction of phosphorylation in IBD tissue to levels observed in healthy mucosa. Moreover, this study shows that otelixizumab increased IL-10 production and mRNA expression in IBD biopsies. IL-10 neutralisation experiments in CD explants demonstrated that the inhibitory effects on phospho-protein reduction were IL-10 dependent. To confirm the importance of this cytokine, IL-10 was added to CD biopsies, which resulted in a reduction of IFN- γ and IL-17 in culture supernatants.

Conclusions

In conclusion, this study shows by various experimental approaches that the anti-CD3 antibody otelixizumab efficiently dampens inflammation in human tissue, by a mechanism involving the induction of IL-10. It is of the utmost importance to understand the mechanisms by which anti-CD3 antibodies are changing T cell response in humans, and further studies are required to better define the pathways by which otelixizumab is having such powerful effects as those shown in this paper, especially regarding the source of IL-10 induction. In light of these results, it would be relevant to investigate whether the effects demonstrated in this study are also seen at higher doses of the antibody. If this is the case, since otelixizumab can be safely given at much higher doses than other anti-CD3 antibodies, a clinical trial in IBD might be considered.

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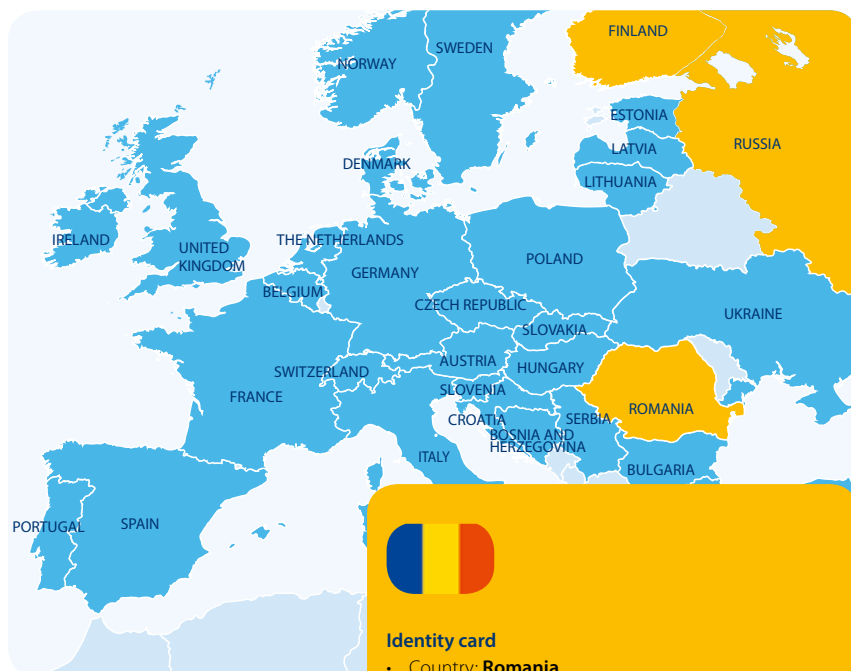


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Raquel Cabezon is currently finishing her PhD at the Hospital Clínic de Barcelona (Spain). Her main research interests are immune regulation and immunotherapy using tolerogenic dendritic cells in IBD.

ECCO Country Member Profiles



Identity card

- Country: **Finland**
- Name of group: Finnish Society of Gastroenterology
- Number of active members: 567
- Number of meetings per year: 2 and annual IBD Club
- Name of president and secretary: Perttu Arkkila (President) and Timo Blomster (Secretary)
- ECCO National Representatives: Pia Manninen, Urpo Nieminen
- Incidence of IBD in the country: Ulcerative Colitis 27.4/100,000; Crohn's Disease 9.4/100,000



Identity card

- Country: **Romania**
- Name of group: RCCC (Romanian Crohn's and Colitis Club)
- Number of active members: 120
- Number of meetings per year: 1 + a meeting at the National Congress of Gastroenterology
- Name of president, secretary and past president: Liana Gheorghe (President), Adrian Goldis (Past-president), Razvan Iacob (Secretary)
- National Representatives: Mihai Mircea Diculescu, Adrian Goldis
- Incidence of IBD in the country: There has been a major increase in the incidence of IBD since the last available data from 2003.



Identity card

- Country: **Russia**
- Name of group: Russian IBD Study Society
- Number of active members: 152 from 38 Russian regions
- Number of meetings per year: 2
- Name of chairs and secretary: Elena Belousova, Igor Khalif (Co-chairs), Inna Nikulina (Secretary)
- National Representatives: Elena Belousova, Alexander Potapov
- Incidence of IBD in the country: 40/100,000 (Moscow excluded), preliminary data: 4/100,000 for both UC and CD

Questionnaire – FINLAND

How did your national group start?

The Finnish Society of Gastroenterology was founded in 1956 to promote Finnish gastroenterological research and care. The subgroup IBD Club started in 1991.

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

The society is open to all healthcare professionals with an interest in gastroenterology following a written application. The board consists of eight members who are elected at the Annual General Meeting.

When did your national group join ECCO?

The Finnish Group joined ECCO in 2004.

What are your main areas of research interest?

IBD research is active in Finland especially in epidemiology, genetics, quality of life, non-invasive monitoring and optimising anti-TNF treatment.

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

A national project is underway to set up a national web-based IBD register. There are also regional databases.

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

There have been individual contributions in various areas of research, including epidemiology, genetics, quality of life, non-invasive monitoring and cessation of anti-TNF treatment.

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

Individually organised activities have mainly been in the field of epidemiology.

What are your aims for the future?

To support quality of care and research in the field of IBD. To improve knowledge of IBD and IBD diagnostics among general practitioners.

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

Perhaps the most important contribution



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is ECCO Guidelines on patient treatment. Congresses also have a very important role in spreading knowledge of the most recent research breakthroughs. ECCO promotes interaction between countries at both the individual and the national level.

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

See above.

PIA MANNINEN, URPO NIEMINEN

ECCO National Representatives, Finland

Questionnaire – ROMANIA

How did your national group start?

The Romanian Society of Gastroenterology and Hepatology (SRGH) was founded in the early 1990s. The interest group in IBD gathered gastroenterologists after the Innsbruck ECCO Congress, when we decided to found a separate Society, in partnership with the SRGH. In 2007 the Society was founded under the name "Romanian Crohn's and Colitis Club (RCCC)" and it then became affiliated to ECCO.

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

We used to accept new members only on the basis of a written acceptance letter, without any fee for registration and membership. As the Society grew, however, we decided to introduce an annual membership fee. Elections for the post of president take place every 2 years, and we have now succeeded in reaching a point where the future president is elected two years prior to taking office. We are still in the process of constructing the board and committees, based on the example of the ECCO Structure.

When did your national group join ECCO?

We presented our application in 2008 at the General Assembly, where I introduced our group and outlined our main priorities.

What are your main areas of research interest?

Our current priorities are:

- To continue to develop a National Registry of Inflammatory Bowel Diseases to encompass the whole country
- To initiate (with assistance from the EPIMAD



Liana Gheorge © Liana Gheorge

group) an accurate epidemiological study covering the area of the Bucharest (EPIROM) project

- To implement ECCO Guidelines within Romania
- To continue the EpiCom project

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

The IBDPROSPECT project that was started 8 years ago with the aid of a grant had this purpose. We are continuing the project; to date we have collected more than 1,400 cases and have stored tissue samples for genetic tests from about 200 patients.

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

To integrate our database into a regional database and to integrate our "bio bank" into a European bio bank organised by ECCO.

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

I am involved in several ECCO Guideline groups. We have participated in ECCO Educational Workshops in Romania and are continuing to update the EpiCom project.

What are your aims for the future?

Our aims are to conduct detailed research in order to find the causes of the spread of IBD



Adrian Goldis © Adrian Goldis

in Romania during recent years. We think that our country is on the verge of the appearance of many further new cases and that perhaps we could identify and stop the responsible environmental mechanism.

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

ECCO may help us to improve our knowledge about what is happening in other countries with regard to education, diagnosis and treatment. We would also like ECCO to include Romania in future multinational projects concerning different aspects of IBD.

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

ECCO helps us in everything: Improving the education of our gastroenterologists by means of ECCO Workshops, participation at Congresses, grants for Y-ECCO Members, training of specialist IBD nurses, models of organisational structures, democratic relationships, continuity and change in presidents and board members, etc., etc.

MIHAI MIRCEA DICULESCU

Founding President of RCCC and ECCO National Representative, Romania

Questionnaire – RUSSIA

How did your national group start?

It was established in 2002 as the IBD Study Group upon the local initiative of two persons, Elena Belousova and Igor Khalif, who were interested in IBD. Initially the group included no more than 20 members.

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

During the past year the group has been reorganised as a Society due to the influx of members and the need to expand our goals and objectives in the IBD field. The society is headed by two co-chairs and a secretary. Moreover, an advisory council comprising 37 leading IBD specialists from different regions of Russia (including gastroenterologists, surgeons and coloproctologists) has been established. This council includes various working groups of 3-5 persons who are responsible for creating clinical guidelines and standards in different fields of IBD. The governing board of the Society consists of the co-chairs, the secretary and the heads of the working groups. A section for young scientists and a paediatric section have been formed.

When did your national group join ECCO?

In 2006.

What are your main areas of research interest?

Epidemiology, refractory UC and CD and biologicals, opportunistic infections and cancer in IBD.

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

The Moscow regional centre has an IBD database and some other centres (Kazan, Rostov-on-Don, Novosibirsk, Krasnojarsk) also maintain databases. However, as yet there is no national database due to the huge territory of Russia and organisational difficulties. Preparations are currently being made for the establishment of a national register.

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

Epidemiological Study of Occurrence, Clinical Course And Treatment Options Of Inflammatory Bowel Disease in the Russian Federation, Ukraine and Serbia (ESCAPE)

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

Russia takes part in the ECCO EpiCom project on whether there is a East-West gradient in the incidence of IBD.

What are your aims for the future?

We plan to conduct a full national epidemiological study on the prevalence, incidence and complications of IBD and to create a national registry. We shall then need to update Russian national guidelines on the diagnosis and



10 years Jubilee of Russian IBD study group (now Russian IBD study Society) National IBD school 2013, Saint Petersburg, May 2013 © Russian IBD study Society

treatment of IBD because the peculiarities of Russian legislation and healthcare organisations prevent full use of the ECCO Consensus.

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

We would like closer contact between education and clinics in IBD, particularly in practice. We offer ECCO our assistance in attracting countries of the Former Soviet Union (Kazakhstan, Armenia) where the level of knowledge of IBD is as yet insufficient to ECCO Activities. We already have experience of working with doctors from Kazakhstan.

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

We use a variety of ECCO's services and offers: The ECCO Website, JCC, ECCO News, Congress etc.

ELENA BELOUSOVA, ALEXANDER POTAPOV

ECCO National Representatives, Russia

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