European
Crohn's and Colitis
Organisation

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ECCO News AUTUMN

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European
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- Guidelines, ECCO Fellowships, Grants and Travel Awards

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

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Dear ECCO Friends,

Summer is – sadly – over once again, and the days are getting shorter and darker (at least in this small country called Belgium). I am writing this on a rainy evening when everyone has gone to sleep except my computer and I…how familiar this will probably sound to many of you!

What is there to say? Well, the ECCO Office is getting ready for the Congress in Barcelona in February: I need to remind you to register on time if you want to save money! The ECCO Committees have been working hard, so also check out the educational programme prior to the Congress as these activities admit only a limited number of attendees and operate on a first-come first-served basis!

When going through the content of this ECCO News, it almost looks like this issue is a compilation of "interviews with VIPs": Very important (yes) but above all very interesting people who have a strong vision for our organisation, our journal, or health care in Europe and beyond.

There is the interview with Laurence Egan, the new Editor-in-Chief of the Journal of Crohn's and Colitis, who took over this year from Miquel Gassull, the first founding editor of JCC. Laurence has great ambitions to further increase the Impact Factor of the journal and his long experience as Associate Editor of Gut has certainly put him in an ideal position to achieve this!

The interview with past-president Daniel Hommes will be liked by many of you. Daniel has always been and still is a great inspirer and dreamer of a better health care, and it is heart-warming to have him back in ECCO News, from sunny California!

And we have the interview with Elmer Schabel from the European Medicines Agency (EMA). With new endpoints for IBD being discussed on both sides of the Atlantic, I am very pleased that the EMA, through the person of Elmar Schabel, wants to listen to our viewpoints and enter into a serene debate on how to advance the care of our patients.

I think I have given you enough reasons to continue reading this issue…and if not, I am sure you will nevertheless discover its attractions for yourself.

See you in Barcelona!

SÉVERINE VERMEIRE
ECCO President

Séverine Vermeire © ECCO

In Memoriam
Professor Arlette Darfeuille-Michaud

Arlette Darfeuille-Michaud sadly passed away in June after suffering from cancer.

She is a great loss to IBD research and to the research community. She was Professor of Microbiology and Molecular Biology at the University of Auvergne in Clermont Ferrand. Her research since the early 1980s has been focused on E. coli, initially in the context of gastroenteritis but subsequently, following publication of her ground-breaking work in 1998 (Darfeuille-Michaud et al, Gastroenterology. 1998;115:1405-13), on the role of E. coli in the pathogenesis of Crohn's Disease. Her 108 peer-reviewed publications include 68 on the role of E. coli in Crohn's Disease. These have been very highly cited – the first two alone have been cited over one thousand times between them. She led her team through a series of important studies that demonstrated the strong association between mucosa-adherent E. coli and Crohn's Disease, particularly in patients with ileal disease, and then characterised the phenotype of these E. coli. She demonstrated that they adhere to and invade intestinal epithelial cells in vitro and replicate in macrophages, inducing granuloma formation – a phenotype that led to their designation as adherent and invasive E. coli (AIEC). Her group then conducted a series of high-quality studies that showed firstly that the Crohn's Disease AIEC isolates adhere to the glycoprotein CEACAM6, which is overexpressed by the ileal mucosal glycocalyx in Crohn's Disease, and then that the AIEC typically express IpfA (long polar fimbriae) essential to their translocation across M (microfold) cells, their probable portal of entry. The increased prevalence in Crohn's Disease of mucosa-associated E. coli with an adherent-invasive phenotype has been confirmed by many other groups and although there is also evidence of other bacteria in Crohn's Disease tissue samples, it seems very plausible that the E. coli may have a causative role, at least in some forms of Crohn's Disease. This is now being tested in therapeutic trials targeting the E. coli. More recently she and her group have been contributing importantly to the increasingly strong evidence of a link between similar mucosa-associated E. coli and sporadic colon cancer. She was awarded the Charles Debray prize for Gastroenterology in 1994 and in 2012 she was appointed Chevalier de la Légion d'Honneur.

Arlette was much more than a dedicated researcher though. She was an inspirational mentor to members of her group and a hugely stimulating and generous collaborator with many other groups across the world. She was frequently in demand as a lecturer and her great warmth of character and sense of fun made any meeting in which she participated very special. She has trained excellent researchers who are now continuing her important work in Clermont Ferrand and elsewhere. Arlette was like a mother for the fellows who she trained in her lab and used to call "mes petits". She was very proud when she saw them on stage presenting their most recent data at prestigious international meetings. For several of us Arlette was that which is the most difficult to find on earth: A true Friend.

It has been a wonderful privilege to collaborate with Arlette and she will be greatly missed by all of us in the IBD community. She leaves a husband, Jean-Eric, and two sons, Pierre-Johan and Vincent, and our thoughts are with them.

Arlette Darfeuille-Michaud at the ECCO Congress 2013 © ECCO

Arlette Darfeuille-Michaud and Jean-Frédéric Colombel

Marc Léman, Arlette Darfeuille-Michaud and Jean-Frédéric Colombel

Photos provided by courtesy of Jean-Frédéric Colombel

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The early Days of ECCO: Difficulties, Enthusiasm and Friendship

The foundation, growth and expansion of ECCO have already been described in two previous publications ("The History of ECCO" by Renzo Caprilli and the "10 year ECCO Anniversary Book").

Here, I would like to shed light on some of the lesser known aspects of our organisation, share a few anecdotes and recall some of the numerous difficulties that we encountered during the creation and the early formative years of ECCO.

ECCO was founded in 2001 on the initiative of a few friends, and today it counts more than 2,500 members and 5,000 delegates (see figure on page 6: ECCO Congress participation 2006–2014). It all began in 1999, when Geert D'Haens and I decided to survey the European research groups working in the field of IBD. We organised two meetings and invited the representatives of several national groups. The first was held in Rome, during the 1999 United European Gastroenterology Week (UEGW), and the second took place in Brussels during the UEGW 2000. The original idea was to exchange information on current projects and explore possibilities for cooperation between the various groups. During these meetings, we realised that there was enormous interest in IBD in Europe, and that very high-level research was being carried out in this field. Uniting these groups and coordinating their work seemed like a good idea in terms of education/training, as well as clinical and scientific progress, and that's how we came up with the idea of creating a European society for IBD with the primary aim of improving the quality of IBD patient care.

The foundation of ECCO became official in Vienna on March 24, 2001. Representatives of several European states were present at the event. The name of the organisation, its objectives and its structure were defined, and by a simple, friendly show of hands I was elected as President and Geert D'Haens as Secretary.

The first groups that joined us were those from Belgium, Denmark, France, Italy, Norway, Spain and The Netherlands. Others followed, and soon almost all the European states were represented. It is important to recall that, in the beginning, ECCO was a federation of European national IBD study groups: Individual members weren't accepted until 2008. The decision to extend membership to single persons was a fundamental step for the expansion of ECCO. The participation and interaction of numerous individuals with diverse interests (gastroenterologists, paediatricians, radiologists, surgeons, nurses) have fostered the multidisciplinarity of ECCO's wide range of activities, which makes our organisation truly unique.

Renzo Caprilli © ECCO

Our first initiative was the organisation of The ECCO Course for Junior Gastroenterologists (now an Intensive Advanced Course). The original course was designed to be "tough and intensive", with a class comprising no more than 40 professionals, two from each member state. At that time, ECCO had no funds of its own, and the plan was to provide accommodation for the students, whereas their travel costs would have to be covered by the national societies they represented. As for the expenses of the faculty members, they were to be borne by the members themselves.

3rd ECCO IBD Course in Poltu Quatu, Italy © ECCO

The first course was held in Prague in 2003, in the historical buildings of the Charles University. Milan Lukas directed it, and 32 students from 18 European countries enrolled. Students and faculty alike were housed in the old edifices of the university, and we shared all of our meals there. This contributed to the development of a close and trusting relationship between the faculty and students, which is a fundamental requisite for quality teaching. I recall with pleasure that one of those students was Séverine Vermeire, current ECCO President, which simply goes to show that from the very beginning we came to the attention of young and promising scholars.

Driven by the enthusiasm displayed by the participants in the Prague course, we decided to reproduce that same friendly, interactive atmosphere in the following courses. The site of the course would naturally play a key role: What we wanted was a small, attractive place with no undue distractions for the students. In those days, the course was held separately from the Congress.

The second course was organised in 2004 by Boris Vucelic in Dubrovnik, on the shores of a magnificent gulf in the Adriatic. Once again, we encountered a number of economic "complications", but in the end, everything went well, and the course was highly appreciated by the participants, especially for the relations that were established at the human level between students and teachers. "The Spirit of ECCO", as it would later be defined, was starting to emerge.

The third course I arranged myself in 2005, at Poltu Quatu in Sardinia. The word "Poltu" means harbour in the Sardinian dialect, and "Quatu" means quiet, peaceful. And it was indeed peaceful but also breathtakingly beautiful. I recall that, a few days before the course started, I got a call from Geert D'Haens, who was then our Secretary and Treasurer. In an alarmed voice, he informed me that the course had to be cancelled because there was no money to cover the transfer of the speakers and the students from the airport in Olbia to Poltu Quatu and back. I replied that "the show had to go on!" and that, one way or another, I would take care of the transportation problems myself. And the course did take place and was an unbelievable success, highlighted, as I recall, by a friendly outing in a rubber dinghy along the shores of the Emerald Coast, which was organised by a group of students and instructors. And in that same "ECCO Spirit", young Séverine Vermeire was invited to give a presentation on the students' opinions on ECCO, including criticism and suggestions for improvement. She humorously compared the organisational structure of ECCO to that of the Catholic Church, with a Pope (or President…that was me), a College of Cardinals (the members of the Governing Board) and the faithful believers, who were, of course, the students themselves. The entire presentation was accompanied by slides that triggered roars of laughter!

In 2006, the course became a part of the annual ECCO Congress, and it has remained that way ever since. That year the site was the

Amsterdam Academic Medical Center, and the atmosphere of the course was as relaxed and friendly as ever, with Daniel Hommes awarding the course's top student with an honorary umbrella bearing the AMC logo! The pioneering journey we had undertaken was drawing to a close: It had been an extremely gratifying experience for all of us, but another was beginning, different and even more far-reaching. I'm convinced that the course, with its ongoing involvement of young physicians, was (and is!) the main key to ECCO's success.

In the meantime, it was becoming clear that ECCO's visibility had to be increased in Europe and the rest of the world. We figured that becoming an Associate Member of the United European Gastroenterological Federation (UEGF) would be a great opportunity, even though it would not be easy. Since, at that time, I was a member of the UEGF Council, I took advantage of the 2001 Council Meeting in Amsterdam to introduce ECCO to my colleagues, describing the organisation's structure and its main goals. My presentation triggered numerous questions and a lengthy discussion (no-one really knew what ECCO was!), but in the end my proposal was accepted, and ECCO became an official Associate Member of the UEGF. This was a milestone in the history of ECCO because, as an Associate Member, we had a voice in the politics of the UEGF and the right to access the Federation's revenues. During the same period, we also decided to invite pharmaceutical companies interested in IBD to become Corporate Members of ECCO. The first to do so were Giuliani and Centocor, but they were quickly followed by many others.

The storm was over, and the ship and its crew were sailing into calmer waters, and with a tail wind to boot! This is where the incredible growth of ECCO started.

ECCO Congress: Number of delegates 2006-2014

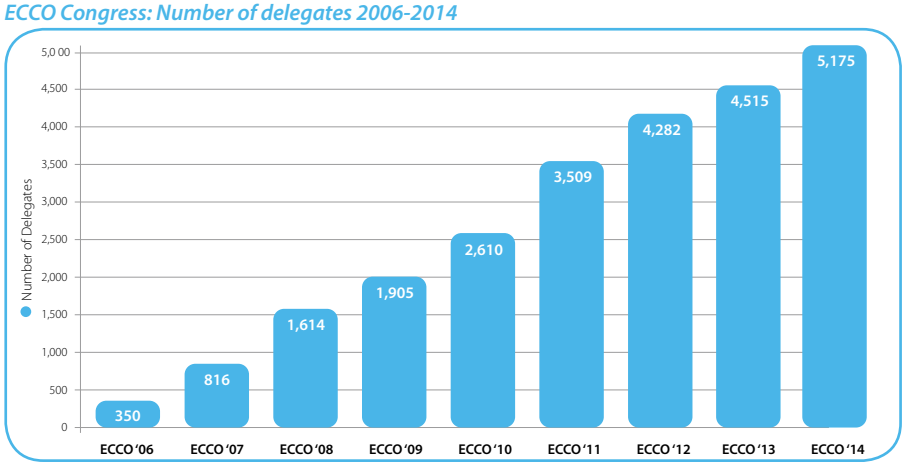

Figure: ECCO Congress participation 2006-2014 © ECCO

Besides organising the Congress and the course every year, ECCO is active on several other fronts, including the publication of the Journal of Crohn's and Colitis (JCC). Founded and launched by Miguel Gassul, the JCC can already boast an IF (Impact Factor) of 3.3. We also publish the trimonthly journal "ECCO News", which contains all the information on the organisation's activities, and the ECCO Guidelines for Management of CD and UC, which are considered the main reference point for these diseases in Europe and elsewhere. ECCO has also been organising Educational Workshops here in Europe and in other parts of the world and awarding research grants to selected young gastroenterologists. We have set up several very active Committees (Education-, Epidemiological-, Clinical Trials-, Guidelines-, and Scientific Committee as well as Nurses, Paediatricians, and Surgeons of ECCO, and Young ECCO), which ensure that the policies of our society are based on ongoing multidisciplinary interaction.

To date, ECCO's membership includes over 2,500 individuals, 33 states and 17 Corporate Members. It boasts an extremely efficient secretariat, the ECCO Office Team, which is perfectly coordinated by Nicole Eichinger, and next summer we will be opening a new office (owned by ECCO) in Vienna.

And all this has happened in a little over 10 years. Incredible but true! The dream of a few friends has become reality.

RENZO CAPRILLI
Founder and First President of ECCO

Call for Abstracts for the 10th Congress of ECCO

To submit an abstract for the 10th Congress of ECCO, please use our online abstract submission system (planner.smart-abstract.com/ecco2015/submission/en/start). Please also view important information on the submission process (www.ecco-ibd.eu/submit-an-abstract-2015) and the guidelines for abstract submission (www.ecco-ibd.eu/guidelines-for-abstract-submission-2015).

Presentation format

- The 28 best abstracts (up from 24 in 2014) will receive an oral presentation slot in the scientific programme of the 10th Congress of ECCO.
- The next best ~100 abstracts will be digital oral posters, with a 5-minute oral presentation on Thursday, February 19, 2015 from 17:15 to 18:15.
- The remaining accepted abstracts will be displayed as hard copy posters throughout the Congress. Please find further details in the guidelines for presentation (www.ecco-ibd.eu/guidelines-for-abstract-presentation-2015).

Important note

There will be NO late-breaking abstracts, so please aim to get your abstract in on time!
We look forward to welcoming you to the ECCO Congress in Barcelona, Spain on February 18–21, 2015!

Kind regards

SILVIO DANESE, JAMES LINDSAY, JULIÁN PANÉS, GERHARD ROGLER
On behalf of the ECCO'15 Barcelona Organising Committee

SÉVERINE VERMEIRE
ECCO President and Chair of the Organising Committee

Key dates

August 19, 2014	Opening of abstract submission
November 5, 2014	Deadline for early registration
November 30, 2014	Deadline for abstract submission (midnight, CET)
December 23, 2014	Notification of abstract acceptance/rejection
February 3, 2015	Deadline for late registration (after that date, onsite registration only)
February 18–21, 2015	10th Congress of ECCO, Barcelona, Spain

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More reasons to join the ECCO Family!

JCC
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- ECCO Guidelines
- ECCO Scientific Workshop reviews
- JCC online only (digital version & website)
- Printed copies to be purchased at Elsevier

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- Videos of congress presentations
- ECCO Activities & Events
- Congress abstracts

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- News on IBD at your fingertips

ECCO News
- All the inside stories of ECCO
- ECCO Calls, Elections and Activities
- Literature reviews

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- e-Library
- Abstracts
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Scientific Programme at ECCO'15
Preliminary programme: Thursday, February 19, 2015

	10:45 – 11:15	**Top tips for chairs (closed session)** Laurence Egan, Galway, Ireland
11:30 – 12:30	**Satellite symposia 1a & 1b**	
12:45 – 13:00	**Welcome & opening** Eugeni Domènech, Barcelona, Spain Séverine Vermeire, Leuven, Belgium	
13:00 – 14:30	**Scientific session 1: The exposome in the pathogenesis of IBD** Arie Levine, Tel Aviv, Israel, Isabelle Cleynen, Leuven, Belgium	
	13:00 – 13:20	**How food triggers inflammation** Marc Veldhoen, Cambridge, United Kingdom
	13:20 – 13:30	**Oral presentation 1**
	13:30 – 13:50	**Impact of lifestyle changes on disease course** Gerhard Rogler, Zurich, Switzerland
	13:50 – 14:00	**Oral presentation 2**
	14:00 – 14:10	**Oral presentation 3**
	14:10 – 14:30	**Epigenetics of IBD** Jack Satsangi, Edinburgh, United Kingdom
14:30 – 15:00	**Coffee break**	
15:00 – 17:00	**Scientific session 2:** **Pharmacokinetics in clinical practice: Does it matter?** Geert D'Haens, Amsterdam, The Netherlands Eugeni Domènech, Barcelona, Spain	
	15:00 – 15:20	**Influence of the inflammatory burden on pharmacokinetics of biologicals** Diane Mould, Phoenixville, United States
	15:20 – 15:30	**Oral presentation 4**
	15:30 – 15:50	**Understanding pharmacokinetics and immunogenicity of anti-TNFs** Ann Gils, Leuven, Belgium
	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** Barrett Levesque, San Diego, United States
	16:30 – 16:40	**Oral presentation 7**
	16:40 – 17:00	**Applying the lessons learnt from anti-TNF strategies to novel biologicals** Yehuda Chowers, Haifa, Israel
17:15 – 18:15	**Digital oral presentations**	
17:15 – 18:15	**Satellite symposia 2a & 2b**	

Preliminary programme: Friday, February 20, 2015

07:15 – 08:15	**Satellite symposia 3a & 3b**	
08:30 – 09:30	**Scientific session 3: Optimal use of resources** Anna Kohn, Rome, Italy John Mansfield, Newcastle upon Tyne, United Kingdom	
	08:30 – 08:50	**The true cost of IBD care** James Lindsay, London, United Kingdom
	08:50 – 09:00	**Oral presentation 8**
	09:00 – 09:10	**Oral presentation 9**
	09:10 – 09:30	**Surgical alternatives to biological therapy** Omar Faiz, London, United Kingdom
09:30 – 10:30	**Scientific session 4: The gut barrier under attack: Therapeutic implications** Silvio Danese, Milan, Italy Philippe Marteau, Paris, France	
	09:30 – 09:50	**Mechanisms of damage and repair** Gijs van den Brink, Amsterdam, The Netherlands
	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** Ailsa Hart, London, United Kingdom
10:30 – 11:00	**Coffee break**	
11:00 – 12:20	**Scientific session 5: Delivering quality to the patients** Simon Travis, Oxford, United Kingdom Janette Gaarenstroom, Utrecht, The Netherlands	
	11:00 – 11:20	**The central role of the IBD nurse in the multidisciplinary management** Marian O'Connor, London, United Kingdom
	11:20 – 11:30	**Oral presentation 12**
	11:30 – 11:50	**Measuring the quality performance of your centre** Xavier Calvet Calvo, Sabadell, Spain
	11:50 – 12:00	**Oral presentation 13**
	12:00 – 12:20	**Panel discussion** • 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? Hankje Escher, Ronan O'Connell, Marian O'Connor, Simon Travis, Zuzana Zelinkova
12:20 – 13:30	**Lunch break and guided poster session in the exhibition hall**	
12:30 – 13:10	**Educational lunchtime satellite symposia**	
13:30 – 15:00	**Scientific session 6: Biosimilars** Gerassimos Mantzaris, Athens, Greece Gionata Fiorino, Milan, Italy	
	13:30 – 13:50	**The science behind biosimilars** Gonzalo Calvo, Barcelona, Spain
	13:50 – 14:00	**Oral presentation 14**
	14:00 – 14:20	**Experience with biosimilars from rheumatology** Ulf Müller-Ladner, Bad-Nauheim, Germany
	14:20 – 14:30	**Oral presentation 15**
	14:30 – 14:40	**Oral presentation 16**
	14:40 – 15:00	**Unanswered questions on biosimilars in IBD** Stefan Schreiber, Kiel, Germany
15:00 – 15:30	**Coffee break**	
15:30 – 16:10	**Scientific session 7: ECCO Fellowships & Grants** Edouard Louis, Liège, Belgium Peter Hindryckx, Ghent, Belgium	
	15:30 – 15:37	**Outcomes from the 2013-14 Fellowships: The effect of vitamin D on the intestinal microbiome in patients with Ulcerative Colitis** Mayur Garg, Melbourne, Australia
	15:37 – 15:44	**Outcomes from the 2013-14 Fellowships: Mechanisms of primary non-response to anti-TNF-α therapy in Inflammatory Bowel Diseases** Konstantinos Papamichail, Athens, Greece
	15:44 – 15:50	**Announcement of ECCO Fellowships & Grants 2015** Edouard Louis, Liège, Belgium
	15:50 – 16:00	**Oral presentation 17**
	16:00 – 16:10	**Oral presentation 18**
16:10 – 17:10	**Scientific session 8: Challenging Cases** Edouard Louis, Liège, Belgium, Pierre Michetti, Lausanne, Switzerland, Frank Ruemmele, Paris, France	
	16:10 – 16:30	**Case 1: Risk of cancer in chronic peri-anal disease**
	16:30 – 16:50	**Case 2: Risk of infection occurring under biological treatment**
	16:50 – 17:10	**Case 3: Loss of response to anti-TNF in paediatrics**
17:10 – 17:50	**Scientific session 9: What's new on the guideline front?** Vito Annese, Florence, Italy, Tiago Nunes, Munich, Germany	
	17:10 – 17:20	**ECCO Guidelines: Malignancy** Rami Eliakim, Tel Aviv, Israel
	17:20 – 17:30	**Oral presentation 19**
	17:30 – 17:40	**Oral presentation 20**
	17:40 – 17:50	**Extra-intestinal manifestations** Franck Carbonnel, Le Kremlin-Bicêtre, France Marcus Harbord, London, United Kingdom
18:05 – 19:05	**Satellite symposia 4a & 4b**	
20:00	**ECCO Interaction: Hearts & Minds**	

Preliminary programme: Saturday, February 21, 2015		
07:15 – 08:15	**Satellite symposia 5a & 5b (TBC)**	
08:30 – 10:20	**Scientific session 10: New therapies and strategies** Laurent Peyrin-Biroulet, Nancy, France Krisztina Gecse, Budapest, Hungary	
	08:30 – 08:50	**New algorithms for treating IBD** Gert van Assche, Leuven, Belgium
	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** Brian Feagan, London, Canada
	09:40 – 09:50	**Oral presentation 24**
	09:50 – 10:00	**Oral presentation 25**
	10:00 – 10:20	**New surgical techniques** Willem Bemelman, Amsterdam, The Netherlands
10:20 – 10:50	**Coffee break**	
10:50 – 12:20	**Scientific session 11:** **Managing the manageable: Chronic pain and fatigue** Eduard Cabré, Barcelona, Spain, Igor Khalif, Moscow, Russia	
	10:50 – 11:10	**Joint pain: Arthritis and arthralgias** Juan Jesús Gómez Reinó, Santiago, Spain
	11:10 – 11:20	**Oral presentation 26**
	11:20 – 11:40	**Algorithm for abdominal pain management** Andreas Sturm, Berlin, Germany
	11:40 – 11:50	**Oral presentation 27**
	11:50 – 12:00	**Oral presentation 28**
	12:00 – 12:20	**Algorithm for the management of fatigue** Janneke van der Woude, Rotterdam, The Netherlands
12:20 – 12:50	**Scientific session 12: ECCO Lecture** Séverine Vermeire, Leuven, Belgium Julián Panés, Barcelona, Spain	
	12:20 – 12:50	**The science which will impact our IBD clinic** Maria Abreu, Miami, United States
12:50 – 13:00	**Awards, closing remarks and the ECCO Film 2015** Séverine Vermeire, Leuven, Belgium	

Educational Programme at ECCO'15

Preliminary Programme as of September 24, 2014

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 on the right. Please note that some of these courses/workshops will run in parallel and that some will have a limited capacity – please do register at your earliest convenience.

We look forward to seeing you in Barcelona!

◯ Educational programme

● Scientific programme

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

Preliminary programme: 6th N-ECCO School Wednesday, February 18, 2015		
08:30 – 09:15	**Welcome & introduction** Karen Kemp, Manchester, United Kingdom Palle Bager, Aarhus, Denmark	
09:15 – 12:20	**Session 1: Diagnosis and assessment** Karen Kemp, Manchester, United Kingdom Palle Bager, Aarhus, Denmark	
	09:15 – 10:00	**Diagnosis, anatomy and physiology in IBD** Mayur Garg, Melbourne, Australia
	10:00 – 10:30	**Assessment of disease activity** Marian O'Connor, London, United Kingdom
10:30 – 11:00	**Coffee break**	
	11:00 – 11:30	**Surgery in IBD** André D'Hoore, Leuven, Belgium
	11:30 – 12:00	**Medical treatment** Ailsa Hart, London, United Kingdom
	12:00 – 12:20	**Adherence** Palle Bager, Aarhus, Denmark
12:20 – 13:20	**Lunch break**	
13:20 – 14:50	**Session 2: Case studies - Disease Management** Nienke Ipenburg, Leiden, The Netherlands Janette Gaarenstroom, Utrecht, The Netherlands	
	13:20 – 14:05	**Workshop 1 – UC Management (Group A)** Andreas Sturm, Berlin, Germany **Workshop 2 – CD Management (Group B)** Janneke van der Woude, Rotterdam, The Netherlands
	14:05 – 14:50	**Workshop 1 – UC Management (Group B)** Andreas Sturm, Berlin, Germany **Workshop 2 – CD Management (Group A)** Janneke van der Woude, Rotterdam, The Netherlands
14:50 – 15:10	**Coffee break**	

15:10 – 16:10	**Session 3: General Management in IBD** Nienke Ipenburg, Leiden, The Netherlands Lydia White, Oxford, United Kingdom	
	15:10 – 15:50	**Nutritional aspects in IBD** Ailsa Hart, London, United Kingdom
	15:50 – 16:10	**Nursing roles in IBD management** Lydia White, Oxford, United Kingdom
16:10 – 16:15	**Closing remarks** Nienke Ipenburg, Leiden, The Netherlands Lydia White, Oxford, United Kingdom	
16:30 – 17:30	**Afternoon satellite symposium**	

Responsible Committee: N-ECCO
Target audience: IBD nurses – new to the specialty
Registration: Upon invitation
ECCO Membership 2015 required: IBD nurse Member
Registration fee: n.a.

Preliminary programme: 13th IBD Intensive Advanced Course Wednesday, February 18, 2015

07:30 – 08:00	**Arrival & distribution of voting pads**	
08:00 – 08:15	**Welcome** Séverine Vermeire, Leuven, Belgium Axel Dignass, Frankfurt, Germany	
08:15 – 08:45	**Pre-course test** Peter Irving, London, United Kingdom	
08:45 – 10:00	**Session 1: Pathogenesis** Lead discussant: Peter Lakatos, Budapest, Hungary	
	08:45 – 09:05	**IBD: The role of the exposome** Silvio Danese, Milan, Italy
	09:05 – 09:25	**The genetics of IBD** Miles Parkes, Cambridge, United Kingdom
	09:25 – 09:45	**The microbiome and IBD** Ailsa Hart, London, United Kingdom
	09:45 – 10:00	**Discussion**
10:00 – 10:30	**Coffee break**	
10:30 – 12:15	**Session 2: Interactive case discussion** Lead discussant: James Lindsay, London, United Kingdom	
	10:30 – 11:15	**Case-based discussion: Investigation and management of mild Crohn's Disease** Case presentation: Tim Raine, Cambridge, United Kingdom Discussion: Edouard Louis, Liège, Belgium
	11:15 – 12:15	**Tandem talk: IBD therapeutic targets and drugs: New and old** Yehuda Chowers, Haifa, Israel James Lindsay, London, United Kingdom
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** Stephan Vavricka, Zurich, Switzerland Torsten Kucharzik, Lueneburg, Germany
		OR I.b. Practical guide to interpreting MRI Julián Panés, Barcelona, Spain Jordi Rimola, Barcelona, Spain
		OR I.c. Practical guide to chromo-endoscopy incl. chromo-endoscopy, balloon dilatation and reporting James East, Oxford, United Kingdom Pierre Michetti, Lausanne, Switzerland
	13:45 – 14:45	**EITHER I.a. Role of bowel ultrasonography in intestinal diseases** Stephan Vavricka, Zurich, Switzerland Torsten Kucharzik, Lueneburg, Germany
		OR I.b. Practical guide to interpreting MRI Julian Panés, Barcelona, Spain Jordi Rimola, Barcelona, Spain
		OR I.c. Practical guide to endoscopy and IBD incl. chromo-endoscopy, balloon dilatation and reporting James East, Oxford, United Kingdom Pierre Michetti, Lausanne, Switzerland
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** Janneke van der Woude, Rotterdam, The Netherlands Zuzana Zelinkova, Bratislava, Slovakia
		OR: II.b. Managing complications associated with anti-TNF therapy Gert van Assche, Leuven, Belgium

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: 13th IBD Intensive Advanced Course Thursday, February 19, 2015

08:00 – 10:20	**Session 4: Interactive case discussion and lecture session** Lead discussant: Peter Irving, London, United Kingdom	
	08:00 – 09:00	**Case-based discussion: Fistulising & stenosing disease: Medical and surgical approaches** Gerassimos Mantzaris, Athens, Greece André D'Hoore, Leuven, Belgium
	09:00 – 10:00	**Case-based discussion: The patient with severe inflammatory Crohn's Disease** Case presentation: Pieter Hindryckx, Ghent, Belgium Discussion: Laurence Egan, Galway, Ireland
	10:00 – 10:20	**Discussion**
10:20 – 10:45	**Coffee break**	
10:45 – 12:15	**Session 5: Special scenarios** Lead discussant: Edouard Louis, Liège, Belgium	
	10:45 – 11:15	**Vaccinations, immunisations and opportunistic infections in IBD - A case-based guide** Jean-François Rahier, Yvoir, Belgium
	11:15 – 11:45	**Monitoring therapy with drug levels and antibody testing** Peter Irving, London, United Kingdom
	11:45 – 12:15	**The medical management of Acute Severe Ulcerative Colitis: Case-based discussion** Simon Travis, Oxford, United Kingdom
12:15 – 12:30	**Feedback & closing remarks** Peter Irving, London, United Kingdom James Lindsay, London, United Kingdom	

Responsible Committee: EduCom
Target audience: Junior gastroenterologists
Registration: Upon invitation
ECCO Membership 2015 required: Regular/Y-ECCO Member
Registration fee: n.a.

Preliminary programme: Basic ECCO: EduCational COurse for Industry Wednesday, February 18, 2015

10:30 – 10:35	**Welcome** Séverine Vermeire, Leuven, Belgium	
10:35 – 13:00	**Session 1** Simon Travis, Oxford, United Kingdom	
	10:35 – 10:50	**What is IBD?** Marcus Harbord, London, United Kingdom
	10:50 – 11:05	**What is the difference between Ulcerative Colitis and Crohn's Disease?** Stephan Vavricka, Zurich, Switzerland
	11:05 – 11:20	**Who does it affect?** Tine Jess, Copenhagen, Denmark
	11:20 – 11:30	**Question time (Q cards)**
	11:30 – 11:45	**What causes IBD?** Andreas Sturm, Berlin, Germany
	11:45 – 12:00	**How is IBD diagnosed?** Tim Raine, Cambridge, United Kingdom
	12:00 – 12:15	**What do patients think?** John Mansfield, Newcastle upon Tyne, United Kingdom
	12:15 – 12:30	**How is care organised?** Ailsa Hart, London, United Kingdom
	12:30 – 12:45	**What do IBD nurses do?** Lydia White, Oxford, United Kingdom
	12:45 – 13:00	**Question time (Q cards)**
13:00 – 14:00	**Lunch**	
14:00 – 15:30	**Session 2** Rami Eliakim, Tel Aviv, Israel	
	14:00 – 14:15	**What are the conventional treatment options?** Edouard Louis, Liège, Belgium
	14:15 – 14:30	**What is the role of 5-ASA?** Gerassimos Mantzaris, Athens, Greece
	14:30 – 14:45	**Where do steroids fit in?** Fernando Magro, Porto, Portugal
	14:45 – 15:00	**Who gets immunomodulators?** James Lindsay, London, United Kingdom
	15:00 – 15:15	**What about biological therapy?** Laurent Peyrin-Biroulet, Nancy, France
	15:15 – 15:30	**Is there a role for dietary treatment?** Arie Levine, Tel Aviv, Israel
15:30 – 16:00	**Coffee break**	
16:00 – 17:15	**Session 3** Eugeni Domènech, Barcelona, Spain	
	16:00 – 16:15	**When do patients need surgery?** Willem Bemelman, Amsterdam, The Netherlands
	16:15 – 16:30	**What does surgery mean?** Omar Faiz, London, United Kingdom
	16:30 – 16:45	**Is surgery a cure?** Gianluca Sampietro, Milan, Italy
	16:45 – 17:00	**Can post-operative treatment prevent recurrence?** Eugeni Domènech, Barcelona, Spain
	17:00 – 17:15	**What happens after a pouch operation?** Zuzana Serclova, Prague, Czech Republic
17:15 – 18:00	**Session 4** Séverine Vermeire, Leuven, Belgium	
	17:15 – 17:30	**What is the risk of cancer?** Alessandro Armuzzi, Rome, Italy
	17:30 – 17:45	**What are the other complications of IBD?** Filip Baert, Roeselare, Belgium
	17:45 – 18:00	**Where is the unmet need for patients with IBD?** Krisztina Gecse, Budapest, Hungary

Responsible Committee: Governing Board
Target audience: Corporate Members & Non-Corporate Members
Registration: Online registration
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** Karen Kemp, Manchester, United Kingdom	
13:20 – 14:25	**Session 1**	
	Karen Kemp, Manchester, United Kingdom Palle Bager, Aarhus, Denmark	
	13:20 – 13:45	**How to frame nurses' research in IBD** Palle Bager, Aarhus, Denmark
	13:45 – 14:05	**Considerations in qualitative research** Lesley Dibley, London, United Kingdom
	14:05 – 14:25	**Considerations in quantitative research** Susanna Jäghult, Stockholm, Sweden
14:25 – 15:00	**Coffee break**	
15:00 – 17:00	**Session 2**	
	Karen Kemp, Manchester, United Kingdom Palle Bager, Aarhus, Denmark	
	15:00 – 15:20	**How to get started? Story 1** Katarina Pihl-Lesnovska, Linköping, Sweden
	15:20 – 15:40	**How to get started? Story 2** Lars-Petter Jelsness-Jorgensen, Fredrikstad, Norway
	15:40 – 16:00	**Introduction to the Horizon 2020 research programme. What is there for nursing research?** Teresa Corral, Madrid, Spain
	16:00 – 16:55	**Discussion and networking**
16:55 – 17:00	**Closing remarks** Karen Kemp, Manchester, United Kingdom	

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: ECCO-ESGAR MRI Workshop Wednesday, February 18, 2015

13:00 - 13:15	**Welcome & introduction** Séverine Vermeire, Leuven, Belgium Andrea Laghi, Rome, Italy (ESGAR)
13:15 – 14:15	**Session 1: Imaging protocol in MRI** Chairs: Laurent Peyrin-Biroulet, Nancy, France Stuart Taylor, London, United Kingdom (ESGAR) Speaker: Andrea Laghi, Rome, Italy (ESGAR)
14:15 – 15:15	**Session 2: Assessment of disease activity** Chairs: Edouard Louis, Liège, Belgium Omar Faiz, London, United Kingdom (ESGAR) Speaker: Stuart Taylor, London, United Kingdom (ESGAR)
15:15 – 15:45	**Coffee break**

15:45 – 16:45	**Session 3: Complications** Chairs: Torsten Kucharzik, Lueneburg, Germany Andrea Laghi, Rome, Italy (ESGAR) Speaker: Jordi Rimola, Barcelona, Spain (ESGAR)
16:45 – 17:45	**Session 4: Peri-anal disease** Chairs: Stephan Vavricka, Zurich, Switzerland Jordi Rimola, Barcelona, Spain (ESGAR) Speaker: Omar Faiz, London, United Kingdom (ESGAR)
17:45 – 18:00	**Concluding remarks** Julián Panés, Barcelona, Spain Andrea Laghi, Rome, Italy (ESGAR)

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 80.- (half price for Y-ECCO Members and Junior ESGAR Members) incl. 21% Spanish VAT

Preliminary programme: Advanced ECCO: EduCational COurse for Industry
Wednesday, February 18, 2015

14:00 – 14:05	**Welcome** Séverine Vermeire, Leuven, Belgium
14:05 – 14:55	**Session 1: Discovery of biomarkers of response in early drug development** Arthur Kaser, Cambridge, United Kingdom Panel discussion: Yehuda Chowers, Haifa, Israel Asit Parikh (Takeda), Cambridge, United States Sharon O'Byrne (Genentech), San Francisco, United States
14:55 – 15:45	**Session 2: Central endoscopy reading in IBD: Challenges to overcome** Julián Panés, Barcelona, Spain Panel discussion: Simon Travis, Oxford, United Kingdom Brian Feagan (Robarts), London, Canada Fez Hussain (Quintiles), Manchester, United Kingdom
15:45 – 16:15	**Coffee break**
16:15 – 17:05	**Session 3: Standardisation of study protocols – pros and cons** Geert D'Haens, Amsterdam, The Netherlands Panel discussion: Jean-Frédéric Colombel, New York, United States Roopal Thakkar (AbbVie), Chicago, United States Fabio Cataldi (Pfizer), Cambridge, United States
17:05 – 17:55	**Session 4: Are we ready to abandon placebo in our RCTs? Pros and cons** Silvio Danese, Milan, Italy Panel discussion: Stefan Schreiber, Kiel, Germany Elmer Schabel (EMA), Bonn, Germany Scott Plevy (Janssen), Spring House, United States Johan Masure (Ferring), St. Prex, Switzerland
17:55 – 18:00	**Closing remarks** Silvio Danese, Milan, Italy

Responsible Committee: Governing Board
Target audience: Corporate & Non-Corporate Members
Registration: Online registration
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: PIBD Update 2015
Wednesday, February 18, 2015

16:00 – 18:00	**PIBD Update 2015** Arie Levine, Tel Aviv, Israel Kaija-Leena Kolho, Helsinki, Finland	
	16:00 – 16:05	**Welcome & introduction** Arie Levine, Tel Aviv, Israel
	16:05 – 16:25	**Assessment and reassessment of paediatric IBD** Richard Russell, Glasgow, United Kingdom
	16:25 – 16:50	**MRI for diagnosis and assessment of mucosal healing and damage in Crohn's Disease** Dan Turner, Jerusalem, Israel
	16:50 – 17:15	**Challenges in the diagnosis and management of paediatric IBD - Illustrative cases** Gábor Veres, Budapest, Hungary
	17:15 – 17:40	**Strategies for loss of response to biologicals in paediatric IBD** Arie Levine, Tel Aviv, Israel
	17:40 – 18:00	**Surgery in paediatric IBD - What you need to know** Kaija-Leena Kolho, Helsinki, Finland Risto Rintala, Helsinki, Finland

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: 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** Pieter Hindryckx, Ghent, Belgium Chair: Tiago Nunes, Munich, Germany / Sao Paolo, Brazil
16:10 – 17:00	**Session 1: Application and CV – Dos and Don'ts** Facilitator: Jeffrey Breyer, Barcelona, Spain
17:00 – 17:50	**Session 2: Job interview skills: How to maximise your potential at interviews** Facilitator: Judith Martin, Barcelona, Spain
17:50 – 18:00	**Y-ECCO Abstract Awards** by Y-ECCO Committee
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: 4th S-ECCO IBD Masterclass
Novel strategies around IBD surgery
Thursday, February 19, 2015

08:30 – 08:40	**Welcome** Gianluca Sampietro, Milan, Italy	
08:40 – 10:05	**Session 1:** **Preoperative work-up and optimisation of the IBD patient** Zuzana Serclova, Prague, Czech Republic Janindra Warusavitarne, London, United Kingdom	
	08:40 – 09:00	**The microbiome: How can it affect surgery?** Ronan O'Connell, Dublin, Ireland
	09:00 – 09:20	**Strictures: Inflammatory or fibrotic** Julián Panés, Barcelona, Spain
	09:20 – 09:40	**How does modern medical treatment affect surgical strategy?** Oded Zmora, Tel Aviv, Israel
	09:40 – 10:05	**Challenging case** Michael Powar, Cambridge, United Kingdom
10:05 – 10:30	**Coffee break**	
10:30 – 12:00	**Session 2: "The technique"** Ioannis Papakonstantinou, Athens, Greece Laurents Stassen, Maastricht, The Netherlands	
	10:30 – 10:50	**Early salvage of the leaking ileo-anal anastomosis** Christianne Buskens, Amsterdam, The Netherlands
	10:50 – 11:10	**Single port surgery in IBD** Anthony de Buck van Overstraeten, Leuven, Belgium
	11:10 – 11:30	**Laparoscopy in complex cases** Yves Panis, Clichy, France
	11:30 – 12:00	**LIRIC (Ileocolic resection vs. anti-TNF)** Joline de Groof, Amsterdam, The Netherlands **ACCURE/PASSION (Appendectomy for UC)** Saloomeh Sahami, Amsterdam, The Netherlands
12:00 – 13:00	**Lunch break**	
13:00 – 14:30	**Session 3: Controversies in IBD surgery ("mini battles")** Ronan O'Connell, Dublin, Ireland Emmanuel Tiret, Paris, France	
	13:00 – 13:30	**Resection vs strictureplasties for several short strictures** Gianluca Sampietro, Milan, Italy Antonino Spinelli, Milan, Italy
	13:30 – 14:00	**Two stage vs three (or modified two) stage?** André D'Hoore, Leuven, Belgium Omar Faiz, London, United Kingdom
	14:00 – 14:30	**IRA vs pouch surgery for medically refractory UC in young women** Laura Beyer-Berjot, Marseille, France Pär Myrelid, Linköping, Sweden
14:30 – 15:50	**Session 4: Modern medico-surgical approach** Tom Øresland, Oslo, Norway Gerhard Rogler, Zurich, Switzerland	
	14:30 – 14:40	**Tissue healing and current biological therapy** Gijs van den Brink, Amsterdam, The Netherlands
	14:40 – 14:50	**Medication and postoperative complications in UC** Willem Bemelman, Amsterdam, The Netherlands
	14:50 – 15:00	**Medication and postoperative complications in Crohn's** Paulo Kotze, Curitiba, Brazil
	15:00 – 15:15	**Discussion**
	15:15 – 15:25	**Postoperative follow up for Crohn's** Iris Dotan, Tel Aviv, Israel
	15:25 – 15:35	**Postoperative follow up after colectomy for UC** Dieter Hahnloser, Lausanne, Switzerland
	15:35 – 15:50	**Discussion**
15:50 – 16:20	**Coffee break**	
16:20 – 17:55	**Session 5: IBD surgery in children and adolescents** Willem Bemelman, Amsterdam, The Netherlands Kaija-Leena Kolho, Helsinki, Finland	
	16:20 – 16:55	**Nutritional and medical treatment of IBD in children** **Case 1: Ileoceacal disease** Richard Russell, Glasgow, United Kingdom **Case 2: Pancolitis** Gábor Veres, Budapest, Hungary **Panel Discussion** Willem Bemelman, Amsterdam, The Netherlands Kaija-Leena Kolho, Helsinki, Finland Richard Russell, Glasgow, United Kingdom Gábor Veres, Budapest, Hungary Craig Lillehei, Boston, United States Risto Rintala, Helsinki, Finland
	16:55 – 17:15	**Type and timing of surgery in paediatric IBD** Craig Lillehei, Boston, United States
	17:15 – 17:35	**Outcomes of surgical management in childhood IBD** Risto Rintala, Helsinki, Finland
	17:35 – 17:55	**When does a child with IBD become an adult?** Ailsa Hart, London, United Kingdom
17:55 – 18:00	**Closing remarks** Willem Bemelman, Amsterdam, The Netherlands	

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**	
09:00 – 09:15	**Welcome & introduction** Janette Gaarenstroom, Utrecht, The Netherlands	
09:15 – 10:35	**Session 1: How well can we do it? Quality of Care** Karen Kemp, Manchester, United Kingdom Lydia White, Oxford, United Kingdom	
	09:15 – 09:45	**IBD quality standards: Delphi consensus** Xavier Calvet Calvo, Sabadell, Spain
	09:45 – 10:15	**Tailored communication in compliance** Nienke Ipenburg, Leiden, The Netherlands
	10:15 – 10:35	**N-ECCO Travel Awards 2014 - Presentation** Henny Tomlow, Maastricht, The Netherlands
10:35 – 11:15	**Coffee break**	
11:15 – 12:30	**Session 2: Is it obvious? Using diet and functional challenges** Lydia White, Oxford, United Kingdom Palle Bager, Aarhus, Denmark	
	11:15 – 12:00	**Diet: To treat or not to treat? Oxford vs Cambridge debate** Oliver Brain, Oxford, United Kingdom Tim Raine, Cambridge, United Kingdom
	12:00 – 12:30	**The IBD and IBS interface** Krisztina Gecse, Szeged, Hungary
12:30 – 13:30	**Lunch break (self-guided poster round in exhibition hall)**	
13:30 – 15:00	**Session 3: Are we optimising our options? Investigation and interpretation** Palle Bager, Aarhus, Denmark Nienke Ipenburg, Leiden, The Netherlands	
	13:30 – 14:00	**Laboratory interpretation in IBD** Pieter Hindryckx, Ghent, Belgium
	14:00 – 14:30	**New biomarkers and their roles** Laurent Peyrin-Biroulet, Nancy, France
	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…** Nienke Ipenburg, Leiden, The Netherlands Karen Kemp, Manchester, United Kingdom	
	15:30 – 15:50	**Faecal transplantation for UC?** Gijs van den Brink, Amsterdam, The Netherlands
	15:50 – 16:10	**Stem cell transplantation: Hope or expectation?** Elena Ricart, Barcelona, Spain
	16:10 – 16:40	**Medical therapies around the corner** Gert van Assche, Leuven, Belgium
16:40 – 17:00	**N-ECCO in 2015 and beyond** Janette Gaarenstroom, Utrecht, The Netherlands	

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: ECCO-ESGAR Ultrasound Workshop
Thursday, February 19, 2015

07:30 – 07:40	**Welcome & introduction** Séverine Vermeire, Leuven, Belgium
07:40 – 08:40	**Introductory lecture** Torsten Kucharzik, Lueneburg, Germany Stephan Vavricka, Zurich, Switzerland
08:40 – 11:40	**Hands-on open space in bowel ultrasonography** Richard Beable, Portsmouth, United Kingdom (ESGAR) Norbert Börner, Mainz, Germany Emma Calabrese, Rome, Italy Daniel Dindo, Zurich, Switzerland Torsten Kucharzik, Lueneburg, Germany Christian Maaser, Lueneburg, Germany Giovanni Maconi, Milan, Italy Gerhard Rogler, Zurich, Switzerland Merel Scheurkogel, The Hague, The Netherlands (ESGAR) Stephan Vavricka, Zurich, Switzerland
11:40 – 12:00	**Question & answer session**
12:00 – 12:15	**Concluding remarks** Torsten Kucharzik, Lueneburg, Germany Stephan Vavricka, Zurich, Switzerland

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 80.- (half price for Y-ECCO Members and Junior ESGAR Members) incl. 21% Spanish VAT

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

08:30 – 08:35	**Welcome & introduction** Laurent Peyrin-Biroulet, Nancy, France	
08:35 – 09:55	**Session 1: What's next in IBD drug development?** Alessandro Armuzzi, Rome, Italy	
	08:35 – 08:55	**Are pre-clinical data useful?** Gijs van den Brink, Amsterdam, The Netherlands
	08:55 – 09:15	**Which questions can be addressed by proof of concept studies?** Vipul Jairath, Oxford, United Kingdom
	09:15 – 09:35	**Active comparators – End of placebo?** Daniela Melchiorri, Rome, Italy
	09:35 – 09:55	**IBD drug development: A business model?** Brian Feagan, London, Canada
09:55 – 10:30	**Coffee break**	
10:30 – 12:00	**Session 2: Registries – How reliable are they?** Ailsa Hart, London, United Kingdom	
	10:30 – 10:50	**Regulatory Agency's point of view** Klaus Gottlieb, Rockville, United States
	10:50 – 11:10	**How to build a registry – From Cesame to ICare** Laurent Beaugerie, Paris, France
	11:10 – 11:30	**Experience nationwide** Tine Jess, Copenhagen, Denmark
	11:30 – 12:00	**What have we learned? Critical appraisal from regulator-imposed registries** Barrett Levesque, San Diego, United States
12:00 – 12:10	**Summary & closing remarks** Filip Baert, Roeselare, Belgium	

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: Cell-based therapy in IBD
Thursday, February 19, 2015

09:30 – 12:00	**Cell-based therapy in IBD** Iris Dotan, Tel Aviv, Israel Gijs van den Brink, Amsterdam, the Netherlands	
	09:30 – 09:35	**Welcome & introduction** Gijs van den Brink, Amsterdam, The Netherlands
	09:35 – 10:05	**MSCs in graft versus host disease: What have we learned?** Willem E. Fibbe, Leiden, The Netherlands
	10:05 – 10:30	**MSCs in IBD: Promises and pitfalls** Julián Panés, Barcelona, Spain
	10:30 – 11:00	**HSC transplantation for systemic sclerosis: Is timing the essence?** Jaap van Laar, Utrecht, The Netherlands
	11:00 – 11:25	**HSC transplantation in IBD: Risks and benefits** Dominique Farge-Bancel, Paris, France
	11:25 – 11:50	**Regulatory T cells for IBD: More hope than promise?** Matthieu Allez, Paris, France
11:50 – 12:00	**Closing remarks** Iris Dotan, Tel Aviv, Israel	

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

Preliminary programme: Y-ECCO Basic Science Workshop
Host-environmental interactions in intestinal homeostasis and inflammation
Friday, February 20, 2015

16:00 – 16:05	**Introduction** Isabelle Cleynen, Leuven, Belgium Sebastian Zeissig, Kiel, Germany	
16:05 – 17:20	**Session 1: Host-microbial interactions in IBD** Lead discussant: Maria Abreu, Miami, United States Sebastian Zeissig, Kiel, Germany	
	16:05 – 16:20	**General overview** Maria Abreu, Miami, United States
	16:20 – 16:30	**Selected oral 1**
	16:30 – 16:40	**Selected oral 2**
	16:40 – 16:50	**Selected oral 3**
	16:50 – 17:00	**Selected oral 4**
	17:00 – 17:20	**General discussion** Maria Abreu, Miami, United States Sebastian Zeissig, Kiel, Germany
17:20 – 17:35	**Coffee break**	
17:35 – 19:00	**Session 2: Immunity and genetics in intestinal inflammation** Lead discussant: Marc Veldhoen, Cambridge, United Kingdom Isabelle Cleynen, Leuven, Belgium	
	17:35 – 17:50	**General overview** Marc Veldhoen, Cambridge, United Kingdom
	17:50 – 18:00	**Selected oral 5**
	18:00 – 18:10	**Selected oral 6**
	18:10 – 18:20	**Selected oral 7**
	18:20 – 18:30	**Selected oral 8**
	18:30 – 18:50	**General discussion** Marc Veldhoen, Cambridge, United Kingdom Isabelle Cleynen, Leuven, Belgium
18:50 – 19:00	**Y-ECCO Basic Science Achievement Award Winner**	

Responsible Committee: Y-ECCO
Target audience: Basic Scientists, Physicians, Paediatricians, 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

Interview with Laurence Egan, JCC Editor-in-Chief

ECCO's own Journal of Crohn's and Colitis recently saw a change in the editorial board, as Miquel Gassull stepped down as Editor-in-Chief after seven years in office and Laurence Egan (LE), from Ireland, took over. ECCO News has therefore interviewed Laurence Egan about his new role and his objectives for the coming years.

What was your motivation for taking up the position?

LE: I was motivated to take up the position of Editor-in-Chief of JCC because I believe in the ECCO Mission. As well as that, the opportunity to work closely with such a great team of associate editors, publishing house staff and staff in the ECCO Office proved irresistible.

The Journal of Crohn's and Colitis has grown to become a key international publication relied upon by healthcare professionals caring for patients with Inflammatory Bowel Diseases. In JCC, we publish ECCO Guidelines, up-to-date review articles written by top authors and influential research publications addressing all aspects of IBD. As such, JCC has become a very important part of ECCO and represents one of the key benefits of individual membership in ECCO. For these reasons, I was delighted to take over the editorship of JCC in February 2014.

As the new Editor-in-Chief, what is your main objective in your election period?

LE: My key objectives are to build on the outstanding foundation put in place by the previous editors, Miquel Gassull and Eduard Cabré, to further enhance the effectiveness of the journal as a publication in which top authors publish their research findings and to further spread the geographic reach of the journal.

In the remainder of my five years as Editor-in-Chief of JCC, I shall strive every day to make the journal a more attractive place for the top authors to submit their work. This will

be achieved in a number of ways, including increasing the impact factor of the journal, providing an increasingly speedy peer review and editorial decision process, improving the quality of the production with the publisher and actively soliciting work from the best and most influential IBD experts worldwide. Needless to say, JCC will continue to publish all the important ECCO Guidelines, Consensus Statements and Workshop Reports.

How do you interact with the associate editors and production staff?

LE: We currently have seven top associate editors, Gabriele Mayr in the ECCO Office and editorial and production staff from our current publisher Elsevier and our new publisher from January 2015, Oxford University Press. We all interact on a day-to-day basis in our efforts to provide a timely and detailed peer review process of articles submitted and to ensure speedy and top-quality production of articles that are accepted for publication in JCC.

What are the things in your opinion that distinguishes JCC from other journals?

LE: JCC has got a number of key distinguishing features. One of those is a timely review process for all submitted articles in which we are currently providing first editorial decisions to authors in an average time of about two weeks. Another notable feature of JCC is that we publish all of the ECCO Guidelines, Consensus Statements, and Scientific Workshop Reports. Many other biomedical journals also publish original articles and reviews in IBD, but JCC has got a reputation and a brand recognition which set it apart from the others.

How do you see your role in JCC? What type of Editor-in-Chief will we be seeing?

LE: As Editor-in-Chief of JCC, I see my role very much as providing strategic leadership to ensure that the journal constantly moves forward, as well as leading a team of editors with whom we make collective decisions on what to publish. In fact, this is what makes this role so much fun!

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

LE: The medical publishing world is quite competitive at the moment and increasingly moving towards digital content rather than printed journals. It will be essential for JCC to keep up with this trend and to be at the forefront of this move towards digital publishing in order to fulfil our mission. I am fully confident that we are prepared to meet this challenge and that in the coming years, readers of JCC will increasingly find new types of content appearing in the journal.

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

LE: In the long term, JCC will grow to become the pre-eminent journal in which key research articles in IBD are published, as well as ECCO Guidelines and review articles. We shall expand globally and readers worldwide will turn to JCC as the most trusted source of information about research and development and the clinical care of patients with IBD.

It is now clear that the reach of ECCO extends beyond Europe. For example, many ECCO Educational Workshops have been held outside Europe. Increasingly, articles published in JCC are being translated into other languages and regional issues of JCC and I expect this trend to continue. In this way, JCC will increasingly become known as an international publication that is relevant to healthcare practitioners and scientists throughout the world and not just in Europe.

On a personal note and to help our readers get to know you, tell us a bit about yourself, and about how your background has prepared you for the role of Editor-in-Chief

LE: My interest in IBD developed when I was a trainee gastroenterologist at the University Hospital in Galway, Ireland, and after that at the Mayo Clinic in Rochester, Minnesota. I served as associate editor at the journal Gut under Robin Spiller and then Emad El Omar. That experience provided me with a deep appreciation of the peer review process and how gastroenterology journals work, and also gave me some knowledge of the medical/scientific publishing world. My clinical practice is primarily caring for patients with IBD and my research also focusses on the pathogenesis, diagnosis and management of patients with IBD who develop colorectal cancer. I think this background has given me sufficient breadth of knowledge to take on the role of Editor-in-Chief of JCC quite comfortably and with some confidence.

Who has exerted the most influence on your career, and how?

LE: I was influenced to become a doctor by my father, who practiced as a haematologist in Galway until his retirement a few years ago. As a doctor, I find that helping patients on a day-to-day basis gives one a feel-good factor that is hard to beat. For me, a career working in academic medicine combines many of the best aspects of clinical medicine, research and education. Moving to become Editor-in-Chief of JCC was a logical step for me.

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

LE: If I had not become a doctor, I would like to think that you would find me sailing boats in some beautiful and sunny part of the world. My wife Aileen and I have a wonderful family with four children and for recreation we watch the kids grow up, try to stay fit, enjoy the theatre and sometimes try to play golf.

Laurence Egan
JCC Editor-in-Chief
Nationality: Irish
Born: 1966
Civil status: Married, four children
Current position: Professor of Clinical Pharmacology, National University of Ireland, Galway (Ireland); Consultant in Clinical Pharmacology and Gastroenterology, Galway University Hospitals, Galway (Ireland); Department of Pharmacology and Therapeutics, University College Hospital Galway, Galway (Ireland)
Previous positions in ECCO:
2009-2013: National Representative Ireland
2013-2014: SciCom Member
2014-present: WG leader Malignancy Consensus
2014-present: JCC Editor-in-Chief

Johan Burisch, Laurence Egan © ECCO

JOHAN BURISCH
ECCO News Associate Editor

The Impact of Age at Onset of Disease: Epidemiological Data (Focus Paper)

Inflammatory Bowel Disease (IBD) occurs mostly in young adulthood even though paediatric and elderly patients are increasingly affected.

The determinants of age of IBD onset remain unexplained. IBD represents a heterogeneous group of diseases with similar final phenotypes but different causes. There is ongoing debate as to whether paediatric-onset disease represents a different entity compared with that in older patients. In paediatric-onset disease, genetic factors seem to play a greater role, particularly in some

specific cases, while in elderly-onset disease environmental factors are more influential. Recently the importance of age at onset was reported in two population-based cohort studies from France and Hungary including both paediatric- and adult-onset inception cohorts [1–5].

The occurrence of IBD seems to be increasing worldwide. Within the paediatric population the incidence of Crohn's Disease (CD) has risen significantly, while most studies have reported a stable incidence of Ulcerative Colitis (UC). With an ageing population and the aforementioned rising global incidence of IBD, the rate of elderly-onset IBD is expected to increase accordingly.

IBD presentation and natural course are strikingly different according to age at onset of symptoms, with disease extension occurring more frequently in paediatric-onset IBD than in adult- and elderly-onset IBD. In paediatric CD, the most frequent location at maximal follow-up remains the ileocolonic distribution, and the changing pattern is characterised by an extension of the digestive involvement, including upper gastro-intestinal involvement, and in addition complicated disease behaviour. In paediatric UC half of patients will present a colonic extension during the 5 first years of the disease course. In adult- and elderly-onset IBD, the natural history of disease seems less aggressive. It can therefore be concluded that the age of onset of IBD has an important influence on the natural course of these diseases.

Given this fact, the therapeutic strategy differs significantly according to age at onset, with earlier and more prevalent use of immunosuppressants (IS) and to some extent biologicals in paediatric- compared with elderly-onset patients, especially in those with CD. Recent data indicate that up to 65% and 40% of patients with paediatric-onset CD may be exposed to IS and biologicals within 5 years of diagnosis [6], as compared with 20–30% and less than 10%, respectively, in the elderly-onset group. The above changes can be at least partially explained by the recent advances in patient management strategy.

The results of population-based studies on the impact of age on surgery rate in CD and also UC are conflicting. While some studies suggest a lower surgical risk in elderly-onset disease compared to younger patients, others show no difference. There is a need for more studies of unselected cohorts specifically focussing on impact of age on disease course and prognosis with regard to surgery. Moreover, the influence of current treatment on operation rate should be evaluated.

The risk of colorectal cancer (CRC) increases in patients with IBD but not by as much as previously reported and not in all patients. The risk of CRC is significantly higher in patients with longer disease duration, extensive disease, and IBD diagnosis at a young age.

Among unselected patients with IBD, overall mortality has been found to be slightly but significantly higher than in the general population but meta-regression analysis has revealed no significant impact of age at diagnosis of IBD on mortality.

In conclusion, many differences between paediatric-, adult- and elderly-onset IBD have been identified that indicate the heterogeneity of disease according to age of onset.

It has been shown that early-onset IBD does differ from late-onset IBD in terms of epidemiology, clinical characteristics, natural history, cancer risks and therapeutic strategies. The disease heterogeneity with regard to the change in disease pattern and behaviour appears to suggest that different pathways lead to diverging phenotypes according to age of onset. However, differences in the clinical approach, including treatment guidelines and strategies, between paediatric and adult gastroenterologists also influence disease course and may contribute to the observed differences.

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CORINNE GOWER-ROUSSEAU
EpiCom Member

ECCO – Guidelines: Current Overview

Once again, we are happy to present to the ECCO Community our annual road map of the new guidelines that ECCO is planning to publish and the forthcoming updates of existing guidelines.

The ECCO Guidelines are updated on a regular basis. There is a strong commitment to user-friendliness. Thus ECCO is striving to contain the number of published guidelines in order to avoid the publication of too many separate guideline manuscripts and to keep the information as concise as possible. Consequently, only three new guidelines are in the pipeline: One on extra-intestinal manifestations in IBD, another on malignancies in IBD and a third on surgery in CD. As can be seen in the table, updates of a few older guidelines will be published this year or in early 2015.

In addition, to cover new topics raised by progress in research, ECCO will from now on publish a new series of "Expert Review Papers". These expert reviews are distinct from guideline papers and reserved for areas in which evidence-based information is currently still limited. They will focus on a particular topic related to the diagnosis, classification or management of Inflammatory Bowel Diseases and will be authorised by ECCO by following the respective standard operating procedure. Expert opinion consensus endorsed by ECCO is the core feature of this procedure.

Guidelines Committee-Guidelines publication timetable and new upcoming projects

New Topics	Call	Publication
Surgery in UC	2012	2014/2015
Paediatric CD	2012	2014 (published online)
Anaemia	2012	2014/2015
Malignancies	2013	2015/2016
Extra-Intestinal Manifestations	2013	2015/2016
Surgery in CD	2014 – Open call upcoming!	2015/2016
Updates		
Ulcerative Colitis	2014 – Open call upcoming!	2016
Opportunistic Infections	2012	2014 (published online)
Crohn's Disease	2012	2014/2015
Reproduction & Pregnancy	2013	2014/2015

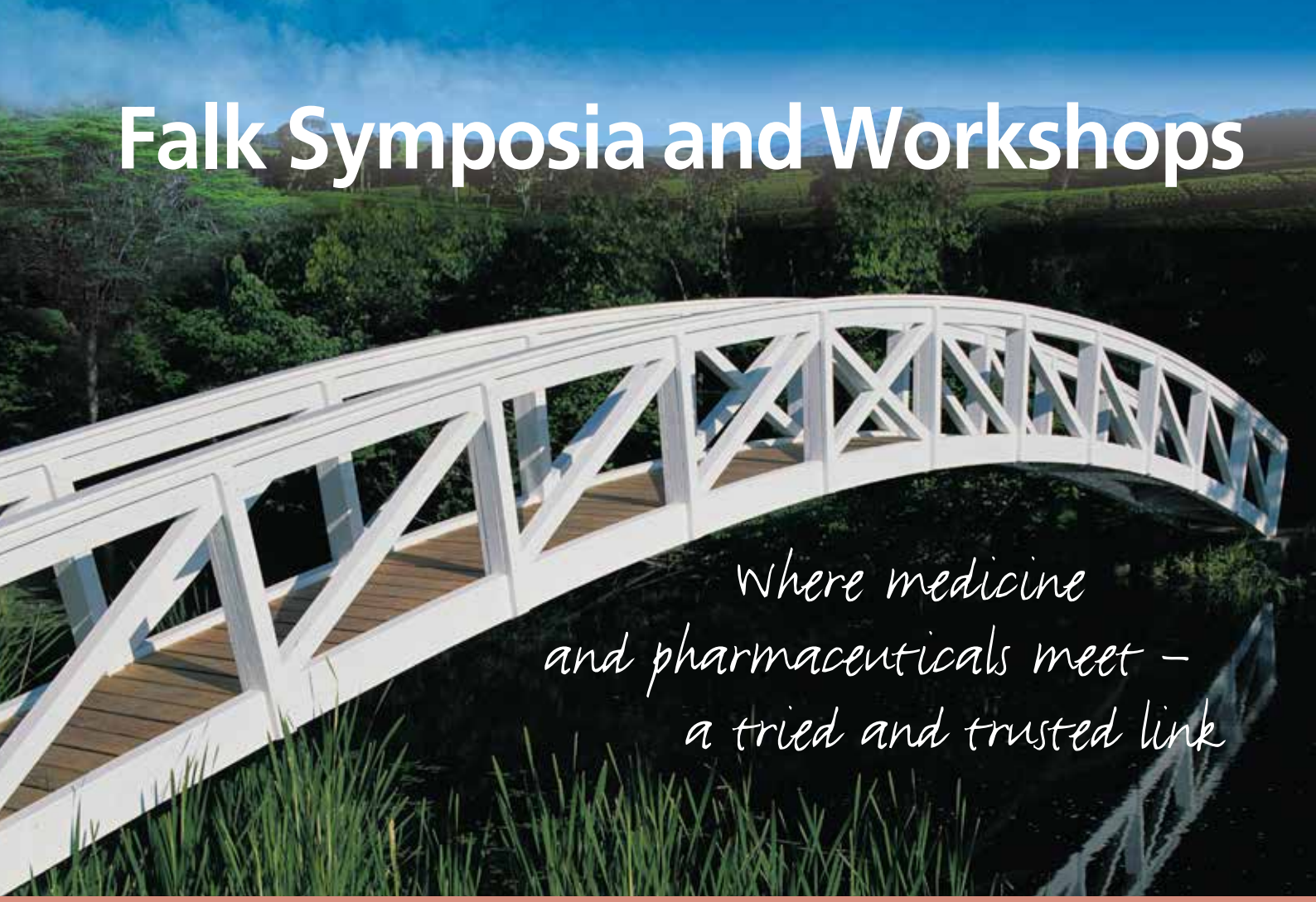
The topic selected to open this project is: Prediction, Diagnosis and Management of Fibrostenosing Crohn's Disease. The open call for this topic has already been published.
Currently, the 2014 drafting process of the ECCO Consensus Guidelines on

- Extra-intestinal manifestations in IBD
- Malignancy in IBD

is well in progress and the outcome will be presented at the ECCO Congress in Barcelona 2015 in a special session on the Friday afternoon at 17:10–17:50.

RAMI ELIAKIM
GuiCom Chair

Falk Symposia and Workshops



Falk Workshop
Viral Hepatitis – From Bench to Bedside
Munich, Germany
January 29 – 30, 2015

Falk Symposium 196
Critical Evaluation of Current Concepts and Moving to New Horizons in the Management of IBD
Frankfurt, Germany
March 6 – 7, 2015

Falk Symposium 197
Autoimmune Diseases of the Liver
Lisbon, Portugal
May 8 – 9, 2015

Falk Symposium 198
IBD: East Meets West
Shenzhen, P. R. China
September 11 – 12, 2015

VIII Falk Gastro-Conference
Freiburg, Germany
October 14 – 17, 2015

Falk Symposium 199 (Part I)
Highlights from Hepatology 2015: From Chronic Hepatitis to Hepatocellular Carcinoma
October 14 – 15, 2015

Falk Symposium 200 (Part II)
Therapeutic Strategies in Diseases of the Digestive Tract – 2015 and Beyond
October 16 – 17, 2015

Falk Workshop
Workshop on Gastrointestinal GVHD
Regensburg, Germany
November 13 – 14, 2015

2015

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Outcome of the 4th Scientific Workshop on Intestinal Fibrosis

Mechanisms, Imaging Modalities and Therapeutic Perspectives

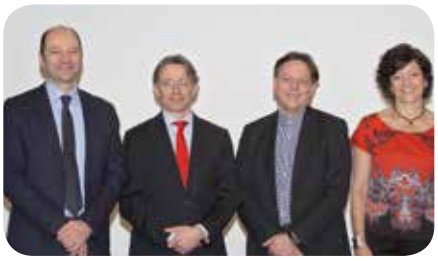
The Scientific Workshop SWS4: "Intestinal Fibrosis: Mechanisms, Imaging Modalities and Therapeutic Perspectives", initiated by SciCom and the Governing Board of ECCO in 2012, was split into three subgroups and subtopics to cover the whole spectrum of IBD-associated intestinal fibrosis. Working group 1 focussed on the pathophysiology of intestinal fibrosis in IBD. The head of the working group was Giovanni Latella from Rome, Italy and the steering committee member was Gerhard Rogler from Zurich, Switzerland. Working group 2 focussed on markers of intestinal fibrosis. Leader of the working group was Florian Rieder from Cleveland, Ohio and steering committee member was Iris Dotan from Tel Aviv, Israel. Working group 3 focussed on the prevention of fibrosis and therapy of fibrosis. Leader of the working group was Miquel Sans from Barcelona, Spain and steering committee member was Pierre Desremeaux from Lille, France.

From the outset all three working groups aimed not only to conduct a critical review of the literature and to write a comprehensive review on the topic, but also to initiate new research projects to be shared between the group members. An exchange of experience and data was envisioned and has been successfully implemented. For example, researchers from Lille came to Zurich to present data and discuss collaborations and vice versa. Sylvia Speca from Giovanni Latella's group now works in Pierre Desremeaux's lab to exchange ideas and knowledge.

Working group 1 has already published a paper entitled "Results of the 4th scientific workshop of the ECCO (I): Pathophysiology of intestinal fibrosis in IBD", first authored by Giovalli Latella and last authored by Ian Lawrence, in the Journal of Crohn's and Colitis (JCC) (April 11, 2014). Similarly, working group 2 has published a review on "Results of the 4th scientific workshop at the ECCO (II): Markers of intestinal fibrosis in Inflammatory Bowel Disease", first authored by Florian Rieder and last authored by Iris Dotan. It was also published in the JCC (April 9, 2014).

In addition, working group I has put together a second manuscript that is presently submitted, covering aspects that could not be included in the limited space in the JCC article. These reviews have stimulated intensive exchange between the researchers and have led to the initiation of common research projects. Research on intestinal fibrosis has also been supported by a grant from DigestScience that induced a very competitive application. The application by Florian Rieder and Claudio Fiocchi was top scored by the reviewers, so they received this prestigious research grant for the advancement of fibrosis research during the last ECCO'14 Copenhagen Congress. This will further support intestinal fibrosis research within ECCO, will advance the field and will ultimately deliver benefits to our patients.

The efforts of ECCO to support fibrosis research have also gained the attention of the industry, leading to a new multicentre trial supported by Genentech and Roche which will investigate new MRI protocols to quantify intestinal fibrosis finally being used as endpoints in clinical trials on the prevention of fibrosis. The definition of new clinical endpoints is mandatory for the performance of successful clinical trials in the field of fibrosis in IBD. We are happy that the SWS4 efforts have contributed to the initiation of this large multicentre trial. The first patients will be included by August or September.



SciCom Members (Edouard Louis, Gijs van den Brink, Gerhard Rogler, Iris Dotan, not on picture: Britta Siegmund) © ECCO

In summary, the ECCO Scientific Workshop SWS4 "Intestinal Fibrosis: Mechanisms, Imaging Modalities and Therapeutic Perspectives" has not only led to an intensive literature review and to excellent overview manuscripts on the topic. It has also stimulated research, led to an exchange of researchers between labs and even resulted in the initiation of new diagnostic trials for the detection of fibrosis that will certainly advance our knowledge and ability to monitor fibrosis in patients with Crohn's Disease. This outstanding outcome of ECCO's SWS4 will encourage participants of future scientific workshops to follow this path.

GERHARD ROGLER
SciCom Member

Update on ECCO CONFER Cases

The ECCO CONFER Cases project, which aims to identify and gather extremely rare IBD cases from the entire ECCO Community, is reaching the final stages of its first round. Four projects were initially selected from the 18 proposed by ECCO Members and the ECCO Community was then invited to report any similar cases that they had encountered.

Three of the projects have surpassed the predetermined required number of similar cases:

- Optic neuritis associated or not with TNF antagonists in patients with IBD: 13 cases were identified across the ECCO Community and submitted to the PIs Benjamin Alexandre and Konstantinos Katsanos.
- Cogan syndrome in patients with IBD: 22 cases were identified and submitted to the PIs Stephan Vavricka and Jean-François Rahier.
- Cerebral vascular events (CVA/TIA) during anti-TNF treatment: 20 cases were identified and submitted to the PIs Konstantinos Karmiris and Shomron Ben-Horin.

The number of cases identified through this joint effort of the ECCO Community significantly exceeds the number of these rare cases which was available in the IBD literature (mostly in the form of single case reports) until CONFER. Thus, it is hoped that the CONFER project will enhance the knowledge on these extremely rare cases, their aetiopathogenesis and possible management. The case data received for each of the three topics are now being analysed to produce a joint report in the form of a manuscript which will be drafted in collaboration with the contributing doctors.

In parallel, CONFER is getting ready to launch the next call for proposal of projects/topics. So, if you have encountered an extremely rare IBD case with possible implications for management and/or for increased understanding of IBD pathogenesis, and if you want to try to collect similar cases from the entire ECCO Community, then watch out for the soon to be published call for the second round of CONFER cases!

SHOMRON BEN-HORIN
ECCO CONFER Cases Taskforce

ECCO Fellowship Study Synopses

The Effect of Vitamin D on the Intestinal Microbiome in Inflammatory Bowel Disease

Dysbiosis is a recognised feature of IBD and is likely to play a role in pathogenesis and perpetuation of inflammation in patients with IBD. Vitamin D has been shown to regulate antimicrobial peptide production. It is therefore plausible that vitamin D supplementation in patients with Ulcerative Colitis (UC) directly or indirectly alters the gut microbiomial profile.

Aim of the research project

To explore the effect of supplementation with vitamin D on the intestinal microbiomial profile in patients with UC.

Methodology

In this 12-week study, the effect of targeted vitamin D supplementation, from a baseline of <50 nmol/L to 100–125 nmol/L, on the intestinal microbiomial profile will be compared in healthy controls (n=10) and patients with inactive (n=10) or active UC (n=10).

Clinical data, blood and urinary tests, and faecal specimens will be collected to evaluate efficacy, safety and co-morbid illnesses throughout the trial. Faecal-associated microbiome composition analysis will be performed by metagenomic sequencing, including relative quantification of populations of butyrate-producing bacteria in cluster IV (Clostridium leptum and Faecalibacterium prausnitzii) and cluster XIV (Clostridium coccoides and Roseburia spp.), lactic acid bacteria (lactobacilli and bifidobacteria) and mucus-associated bacteria (Akkermansia muciniphila, Ruminococcus gnavus and Ruminococcus torques), as well as Fusobacterium nucleatum and E. coli.

The primary endpoint will be change in phylotype richness and similarity from week 0 to week 12 in the two groups, and change in the proportion of specific bacterial groups as outlined above. Secondary endpoints will be change in calprotectin, 25(OH)D, symptoms and adverse effects.

If a significant effect on faecal-associated microbiome and reduction in faecal calprotectin are demonstrated in the above study, a second study will be undertaken to evaluate whether any differences are due to a direct effect of vitamin D or non-specifically due to change in inflammation. In this pilot study, patients with mild to moderately active UC already treated with up to 2.4 g oral 5-aminosalicylic acid (5-ASA) agent daily will be randomised to receive either targeted vitamin D supplementation or an increased dose of 5-ASA, up to 4.8 g (as a specific conventional therapy), allowing for rescue therapy, over 12 weeks.

Proposed timing

Patient recruitment is soon to commence, and it is anticipated that it will be completed by March 2015, with pre-specified preliminary data analysis in January 2015. The second study, depending on findings of the initial study, will commence in February 2015 with an anticipated completion date of December 2015.

Mayur Garg © Mayur Garg

MAYUR GARG
ECCO Fellowship Awardee 2014

Investigating mechanisms of primary non-response to anti-TNFα therapy in patients with Inflammatory Bowel Disease

Fellowship Awardee: Konstantinos Papamichail
Supervisors: Séverine Vermeire and Ann Gils
Institution: Department of Gastroenterology and Experimental Medicine, KU Leuven, Belgium

Aim of the research project

Anti-TNF therapy has been proven to be effective for the treatment of Inflammatory Bowel Disease (IBD). Nevertheless, 10–40% of patients fail to respond to induction therapy, a phenomenon well known as primary non-response (PNR). The mechanisms underlying PNR are not yet fully understood although pharmacokinetic or pharmacodynamic problems seem to be involved. The main objective of this project is to investigate the mechanisms of PNR to anti-TNF therapy in IBD patients with the aim of improving prevention and personalised treatment options.

Methodology

Serum trough concentrations of infliximab and adalimumab determined during the induction therapy (in house, clinically validated, solid-phase ELISA) in IBD patients will be related to their primary (non)response to therapy (concentration–effect relationship) based on clinical, biological and endoscopic data. Anti-drug antibodies will also be measured (Prometheus HMSA) in order to investigate the role of early induced immunogenicity in PNR. Pharmacokinetic issues due to high non-immune clearance related to genetic factors and/or high disease burden will be investigated by determination of serum baseline TNF levels (Prometheus Laboratories) and mutations of genes including TNF, TNFR and FcγR. To investigate pharmacodynamic problems, as inflammation may be driven by a non-TNF pathway in patients with PNR, immunological profiling will be performed as well as mucosal gene expression studies (Affymetrix Arrays, qRT-PCR).

Proposed timing

The majority of drug trough concentrations have already been measured, while serum samples have been shipped to Prometheus Laboratories by the end of August 2014. Phenotypic data are currently being extracted from an electronic database and genotyping of the majority of the patients has already finished, while mucosal gene expression studies will be performed during the next 3–4 months. Results are expected in 2015 and will be submitted to ECCO.

Konstantinos Papamichail © Konstantinos Papamichail

KONSTANTINOS PAPAMICHAIL
ECCO Fellowship Awardee 2014

Transitioning Adolescent Patients with IBD from Paediatric to Adult Care

Previous studies have shown that the phenotype of IBD presenting in adolescence differs from that in adult-onset disease by virtue of a more extensive distribution involving the upper gastrointestinal tract in Crohn's Disease, a higher rate of pancolitis that more frequently necessitates colectomy in patients with Ulcerative Colitis and a more frequent need for immunosuppressive therapy.

IBD-related psychological morbidity in adolescence impacts on psychosexual development, education, relationships and adherence to therapy. In addition, young patients with IBD will suffer 60–70 years of IBD with a higher life-time risk of cancer and disability and a higher rate of surgery. Moreover, there are well-known differences in the care of paediatric- and adult-onset IBD: The paediatric patient remains the focus of particular attention, has special issues (nutrition, growth, puberty), is accompanied by parents and requires general anaesthesia when endoscopy is performed. Patients with adult-onset disease, by contrast, are one subset of patients with severe illness and the focus is on surveillance and detection of malignancies.

Bearing this in mind, it has been recommended that adolescents with IBD, who are in a transitional life period, should be treated in a transition clinic that pays due attention to the process of transition to adult care. Generally, in this context "transition" is defined as the planned movement of adolescents with chronic physical and medical conditions from a child-oriented to an adult-oriented healthcare system. In contrast, "transfer" indicates merely the actual move from a paediatric to an adult health care system. Unfortunately, however, the ideal model of transition programme and clinic has not yet been established.

Crowley et al. conducted a systematic review of the evidence regarding the effectiveness of transition programmes in young people aged 11–25 years with chronic illness in order to identify their successful components [1]. Ten studies met the inclusion criteria, of which six showed significant improvements in outcomes, all in patients with diabetes mellitus (better HbA1c levels and fewer acute and chronic complications). The authors concluded that the best strategies are patient education and specific transition clinics, which may be either young adult clinics within adult services or clinics jointly staffed by adult and paediatric physicians.

Compared with diabetes mellitus, fewer data are available regarding successful transition in cases of IBD. Benchimol et al. conducted a cross-sectional assessment of knowledge in paediatric patients (14–18 years) with IBD and their parents [2]. Patients and parents correctly identified disease characteristics and listed medications. However, neither patients nor parents accurately identified disease location or previous investigation results. Multivariate regression analysis showed that IBD-U (type unclassified) patients were more likely to know

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

of their diagnostic classification. In addition, older patients were less likely to recall whether they had undergone a small bowel X-ray.

Hait et al. explored the perspectives of adult gastroenterologists (i.e. gastroenterologists for adult patients) who were caring for adolescents and young adults with IBD with the goal of improving preparation for transition. The adult gastroenterologists reported that adolescent IBD patients often had deficits in knowledge relating to medical history (55%) and medical regimens (69%). In addition, these gastroenterologists were less worried about the ability of adolescents to attend offices alone (15%) or about performing endoscopic procedures under conscious sedation (13%). Other data similarly show clearly that educational programmes and skills training are needed for the adolescent patients, parents and adult gastroenterologists. The transition process is also a family issue, and the parents should be ready for the transfer, too. In addition, adult gastroenterologists should be well informed at the time of transfer: In the aforementioned study, 51% of adult gastroenterologists reported receipt of inadequate information from paediatric gastroenterologists at transfer.

There are three main levels of interventional measure in the transition process:

- Measures focussing on patients and/or parents (educational programmes, skills training)
- Measures relating to the medical team (named transition co-ordinators, joint clinics run by paediatric and adult gastroenterologists)
- Service delivery measures (separate young adult clinics, out-of-hours phone support, enhanced follow-up)

To date, there have been no prospective, large-scale studies to compare the outcomes in adolescent patients with IBD according to whether or not they have participated in a transition programme. However, the available data clearly support the ECCO Guidelines' recommendation for transition clinics. At the Erasmus MC-Sophia Children's Hospital, Rotterdam, a transition clinic located in the adult department was started in 2006 for IBD patients aged 14–18 years [4]. Adolescent patients are seen by both the paediatric and the adult gastroenterologist at the first visit, and then once yearly. At all other visits, the paediatric gastroenterologist sees the patient alone. Based on this setting, a good correlation was described between the number of visits to the transition clinic and age of the adolescent patient and the readiness of the patient for transition.

In addition to this Rotterdam protocol (i.e. combined yearly visits at least 4 times from 14 to 18 years, with the patient seen by a paediatric gastroenterologist at other visits), the following further options/protocols have been proposed for adolescent patients with IBD:

- Sending the adolescent patient to an adult gastroenterologist (transfer, not recommended)
- Only one combined final visit involving both a paediatric and an adult gastroenterologist
- Alternating visits (2–4 times) starting around the age of 16 years

It is also to be noted that age at transition differs among countries. In Europe and Canada, transfer usually takes place by the age of 18. In the United States, however, adolescent patients may stay on parental insurance until the age of 26.

In summary, transition is a key component of the care of adolescent patients with IBD. Existing evidence supports the benefits of educational programmes and joint paediatric–adult clinics. However, future studies are clearly needed to elucidate which programmes are optimal and when they should be implemented.

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GÁBOR VERES

P-ECCO Member

European Crohn's and Colitis Organisation

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JCC

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Single port laparoscopic IBD surgery

See article on page 1055

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REVIEW PAPERS

REGULAR PAPERS

Interview with Regulators

Elmer Schabel (ES) works for BfArM (Federal Institute for Drugs and Medical Devices) in Germany and is a member of the Scientific Advice Working Party (SAWP) and Chair of the Gastroenterology Drafting Group (both working groups of the European Medicines Agency's Committee for Medicinal Products for Human Use). Elmer Schabel has been interviewed by Alessandro Armuzzi (ClinCom Member).

Introduction to the European Medicines Agency

ES: The European Medicines Agency, or EMA, is the central regulatory agency for medicinal products of the European Union, located in London. The Agency is responsible for the scientific evaluation of medicines developed by pharmaceutical companies for use in the European Union. It began operating in 1995.

The EMA takes responsibility for the marketing authorisation and safety monitoring of medicines, "referrals" (resolving issues of safety or, more generally, the benefit-risk balance during the "life cycle" of a medicinal product), inspections, and a couple of other aspects associated with the "centralised evaluation" of issues relating to medicinal products.

A large part of the EMA's scientific evaluation work is carried out by its scientific committees, which are composed of members from EEA countries, as well as representatives of patient, consumer and healthcare professional organisations. For human medicinal products, the prominent committees are those responsible for licensing (CHMP: Committee for Medicinal Products for Human Use), for pharmacovigilance (PRAC: Pharmacovigilance Risk Assessment Committee), for paediatric medicines (PDCO: Paediatric Committee) and for orphan medicinal products (COMP).

The input to the committees comes to a great extent from the huge network of over 4,500 European experts, who are also organised into working parties and other groups, including ad hoc assessment teams.

Besides the EMA, there are, of course, many (40) national competent authorities also working within the European regulatory network, to which my own employer, the German BfArM (Federal Institute for Drugs and Medical Devices) also belongs.

My contribution to this network currently consists in the clinical assessment of marketing authorisation applications (or "referrals") as part of the assessment teams: I am a member of the Scientific Advice Working Party (SAWP; the group responsible for providing scientific advice to applicants before, during and after licensing, and also responsible for the qualification of biomarkers) and Chair of the Gastroenterology Drafting Group (both this group and SAWP are working groups of the CHMP).

What have been your main regulatory activities in the field of IBD during the last decade?

ES: Being employed by a national competent authority and working in one of the licensing divisions of the BfArM first of all involves all activities associated with marketing authorisation (new approval, renewal, variations, advice) of nationally or decentrally licensed medicinal products (those products not dealt with by the EMA). This concerns most of the older products used in IBD, such as corticosteroids, mesalazine (and related substances) and immunosuppressants. I have not, however, been directly involved in the licensing of any of the biological agents introduced during the last decade.

Within the SAWP, I usually take responsibility for provision of advice to companies on the clinical development plans in the field, including those relating to all sorts of substances and also the more rare conditions such as microscopic colitis or pouchitis.

The Gastroenterology Drafting Group is the body responsible for the drawing up of regulatory guidance documents that set the standards for the clinical part of development programmes in IBD (UC and CD). The two available guidance documents were last updated in 2007–9, and we are currently planning to revise them again.

What do you expect from ECCO?

ES: First of all, ECCO is the organisation that keeps me scientifically updated, either through their publications or via participation in the yearly congresses or other scientific meetings.

In the last two years, ECCO has invited me to speak at the annual meeting within the ClinCom Workshop, which has provided the opportunity for a valuable exchange of views on the topics under discussion (trial design in IBD and biosimilars).

Further potential fields of co-operation could involve the provision by ECCO of regulators with expertise on an ad hoc basis and, of course, collaboration in the development or revision of the IBD drug development guidelines.

With regard to co-operation, the presidency of ECCO has indeed offered, of their own accord, to help with any potential issues, including the development of our guidelines, which is rather exceptional and very much welcomed.

What are the next steps in IBD clinical trials?

ES: As mentioned above, the current guidelines will undergo a further revision in the near future. Initially the revision was intended to address the paediatric parts of the guideline, but it has now been recognised that revision of the adult parts will also be necessary, not least because our American counterparts have already set new standards in IBD trials.

Because these guidelines define the requirements for future clinical trials in IBD, it will be important to develop the guidelines carefully and in co-operation with all stakeholders, including ECCO.

The tendency to abandon clinical indices as primary endpoints in favour of endoscopy-based endpoints will have to be taken fully into account. Also, as mentioned, there is currently a discrepancy in the requirements for clinical trials from the FDA and the EMA, which will have to be addressed.

The plan is also to re-address the principal goals of therapy, dividing the treatment aims into "bringing into remission" and "maintaining remission".

Where do you think ECCO can help you?

ES: I think that during the last two years ECCO has already taken the first steps to engage in satisfactory co-operation and exchange, and I think I have identified the potential topics for interaction. This co-operation should be continued in future years, and co-operation in further areas can, of course, be developed on an ad hoc basis.

ALESSANDRO ARMUZZI
ClinCom Member

13th IBD Intensive Advanced Course February 18-19, 2015

The IBD Intensive Advanced Course takes place over 1.5 days on Wednesday 18 and Thursday 19 February, 2015 before the start of the main ECCO Congress.

This highly popular course is now in its 13th year and, based on the success of previous courses, will follow a similar format, covering the core curriculum by means of a variety of formats including lectures, interactive case discussions and seminars. Active participation of the attendees in the discussion is integral to the success of the course and is facilitated by a relaxed and friendly atmosphere

in which attendees from European countries and the rest of the world are encouraged to interact.

The faculty is carefully chosen not just for their expertise in the areas in which they are invited to speak, but also for their ability as educators. The course covers a wide curriculum, including cutting-edge science as well as advanced clinical practice, and also allows participants to choose areas of particular interest to focus on.

Whilst the course has always received positive feedback, the members of the Education Committee of ECCO pay keen attention to suggestions for improvement and have therefore included the following amendments to the course:

- An increase in the number and choice of seminar sessions covering topics including: Ultrasonography in IBD, MRI in IBD, endoscopy in IBD, pregnancy in IBD and complications associated with anti-TNF use in IBD
- A greater emphasis on case-based discussions and interactive sessions rather than didactic lectures

We are looking forward to seeing keen young gastroenterologists at the 13th IBD Intensive Advanced Course in Barcelona in 2015!

PETER IRVING
EduCom Member

ECCO-ESGAR Imaging Workshops at the 10th ECCO Congress in Barcelona 2015

ECCO-ESGAR MRI Workshop: Wednesday, February 18, 2015 | ECCO-ESGAR Ultrasound Workshop: Thursday, February 19, 2015

Imaging techniques such as MRI and transabdominal ultrasound are extremely important for accurate diagnosis and follow-up of patients with Inflammatory Bowel Disease. They are also required for detection of complications such as fistulas, stenoses or abscesses. Even though CT has a similar accuracy to MRI and ultrasound as an imaging tool in IBD, it is much less used for reasons of radiation safety. The use of imaging techniques in IBD has recently been summarised in imaging guidelines developed by ECCO and ESGAR. In most countries, MRI and ultrasound are usually performed by radiologists rather than by gastroenterologists themselves. However, gastroenterologists increasingly regard it as important to interpret MRI scans on their own or to perform ultrasound by themselves as this markedly improves guidance of their patients.

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

During the last ECCO Congress in Copenhagen, the first ECCO Workshop on Bowel Ultrasound was held. This practical hands-on workshop was organised by EduCom in conjunction with colleagues from ESGAR, the European Society for Gastrointestinal and Abdominal Radiology. The workshop was a great success and was very well received by all participants. Because of the excellent feedback from all participants, ECCO is going to continue with the educational workshop activities in ultrasound. In addition, the activities on MRI education will be extended. Two workshops will thus be held in Barcelona: The ECCO-ESGAR MRI Workshop on the Wednesday afternoon and the ECCO-ESGAR Ultrasound Workshop on the Thursday morning, just before the ECCO Congress.

The goal of the Imaging Workshops is to introduce IBD specialists with little or no experience in the two imaging techniques to bowel ultrasound and interpretation of MR images. At the end of the Ultrasound Workshop, participants will be able to localise and characterise inflammatory activity within the small and large bowel of IBD patients. Participants in the MRI Workshop will be able to determine the quality of MR images and to interpret MR images of CD patients. Both upcoming workshops will help to translate ECCO-ESGAR Imaging Guidelines into clinical practice.

The Wednesday workshop will exclusively focus on MRI. MRI specialists from ESGAR will give introductory talks on four different topics including "imaging protocol in MRI", "assessment of disease activity", "complications" and "peri-anal disease". Case discussion after the talks on several workstations will then enable the participants to apply the theoretical knowledge to real cases. Tutors from ESGAR will help to interpret the MR images.

The Ultrasound Workshop on the Thursday will again offer a hands-on element. Every participant will rotate between nine different workstations to learn ultrasound pathologies from nine different cases of CD and UC. Participants will be guided by tutors from ECCO and ESGAR who are specialists in bowel ultrasound. Participants will have access to ultrasound simulators where volumes of IBD pathologies have to be reproduced and evaluated and will also be able to examine real IBD patients. At one workstation a model for anal ultrasound will also be included for the first time at the upcoming workshop.

Be sure to register in time for these outstanding Imaging Workshops at the ECCO Congress in Barcelona 2015 as only 50 spaces are available for each course. We are looking forward to seeing you in Barcelona in 2015.

TORSTEN KUCHARZIK,
STEPHAN VAVRICKA
EduCom Members

9th N-ECCO Network Meeting

N-ECCO's 9th Network Meeting convenes in sunny Barcelona on February 19, 2015. Nurses with an interest in IBD from throughout Europe and beyond are warmly invited to participate in this excellent networking and educational opportunity.

Nurses are in daily contact with IBD patients and are often their first port of call. Because of this close contact, quality issues are often first raised with nurses. Increasing attention is being paid to how quality can be monitored, especially in these times of austerity for many countries and their health systems. Therefore, by popular consensus the programme this year will start by devoting some time to quality issues in IBD. Our hope is that this will remain the backdrop for the day as the programme moves forward to explore practical issues, new developments in monitoring IBD and novel therapies.

The main N-ECCO Network Meeting will run throughout the day on Thursday but there are other opportunities for IBD nurses not to be missed:

The 6th N-ECCO School for nurses will run on Wednesday, February 18, 2015. This programme is aimed at those who are new to the field. It is

a structured revision of basic IBD information to support an IBD-focussed nurse who is moving forward to more specific or advanced roles.

The 2nd N-ECCO Research Networking Forum will meet on the Wednesday afternoon. Interest in this group has exploded since the initial lively forum in 2014, so come prepared to take on the challenge of nursing research!

There are several other workshops which can be attended by nurses, such as the PIBD Update 2015 (organised by P-ECCO) and the 8th Y-ECCO Workshop, as well as, of course, the main scientific programme of the ECCO Congress throughout the rest of the week.

With all these forums where up-to-date IBD therapy and research can be explored, Barcelona is the place to be in February! We very much look forward to seeing you there for another excellent educational event and an ideal opportunity for networking with colleagues from around the world.

LYDIA WHITE
N-ECCO Committee Member

N-ECCO Committee (Lydia White, Palle Bager, Jannette Gaarenstroom, Nienke Ipenburg, Karen Kemp) © ECCO

Report: The 3rd S-ECCO IBD Masterclass, Copenhagen, February 19–20, 2014

The Surgeons of ECCO (S-ECCO) IBD Masterclass is an annual scientific forum for professional discussion on surgical aspects of the treatment of patients with Inflammatory Bowel Diseases.

It is held within the framework of the annual Congress of ECCO, allowing participating surgeons also to register for the main conference and to interact with other professionals, mainly gastroenterologists, who care for IBD patients. This unique meeting is attracting an increasing number of surgeons from around the globe each year.

This year the 3rd S-ECCO IBD Masterclass was held in Copenhagen, Denmark, on February 19–20, 2014. Nearly 200 surgeons from 39 countries participated in the Masterclass, which focussed on fistulising Crohn's Disease (CD). Scientific sessions included discussions on diagnostic methods, preoperative optimisation, the effect of biological medications and surgical techniques for the treatment of both abdominal and peri-anal fistulising Crohn's Disease. Each topic was discussed from several points of view, which led to detailed and stimulating discussions. Large numbers of participants expressed their great satisfaction at the high level of the scientific content.

The S-ECCO IBD Masterclass also provided a great opportunity for personal interactions and exchange of knowledge and ideas between surgeons with a specific interest in the challenging treatment of patients with IBD, and most participants established new professional links with colleagues around the globe. S-ECCO aims to contribute to the institution of a network of surgeons interested in surgery for IBD.

The first S-ECCO Chair, André D'Hoore, who had a great impact on the foundation of Surgeons of ECCO and has led the committee for the past three years, has completed his term, and Willem Bemelman, the new chair, stepped in during the ECCO´14 Copenhagen Congress. We thank André D'Hoore for his great contribution to this young organisation and are confident that S-ECCO will continue to grow and that the S-ECCO IBD Masterclass will become an even more attractive meeting for colorectal surgeons. The **4th S-ECCO IBD Masterclass** will take place in Barcelona on **February 19, 2015,** and will focus on frontiers in IBD surgery.

ODED ZMORA
S-ECCO Member

Surgical Guidelines finalised: Key Messages

The surgical treatment of UC was partly covered in the Second European evidence-based consensus on the diagnosis and management of Ulcerative Colitis part 2: Current management, published in the Journal of Crohn's and Colitis (JCC) in 2012.

However, it was felt that the content lacked some surgical depth and practical advice; thus the first consensus on the surgical management of UC has been produced under the leadership of Surgeons of ECCO (S-ECCO).

Four working groups (WG) have been dealing with the preoperative phase, the intraoperative phase, the postoperative phase and special situations. Participants were asked to answer relevant questions on current practice and areas of controversy related to the surgical treatment of UC based on their experience as well as evidence from the literature. Consensus was defined as agreement by more than 80% of participants. The final manuscript was written by the working group chairs, Willem Bemelman, Amsterdam, Netherlands, Gianluca Sampietro, Milan, Italy, Antonino Spinelli, Rozzano, Italy and, André D'Hoore, Leuven, Belgium in conjunction with the WG members, and revised for consistency by Tom Øresland, Lørenskog, Norway. The consensus guideline will be published in the JCC and posted on the ECCO Website.

Here are some highlights from the document: Statements on the preoperative phase emphasise that acute patients should be jointly managed by a gastroenterologist and a surgeon. We should not drag patients who do not respond to second-line therapy past 7 days before recommending colectomy. One should make sure that patients with refractory colitis are optimised before surgery; preferably steroids should be tapered and the timing and type of surgery should be discussed by the gastroenterologist and surgeon. There are also statements on when to recommend surgery for dysplasia. Non-visible flat high-grade dysplasia warrants a recommendation of colectomy. Other situations may be individually tailored, but patients with non-adenoma-like dysplastic raised lesions should undergo a colectomy because there is a considerable risk of metachronous and/or synchronous carcinoma.

In patients with unclassified IBD who are candidates for surgery, a subtotal colectomy allowing for proper histological diagnosis is recommended. Completion proctectomy with a pouch could be considered in selected patients with Crohn's Disease provided the risk of a higher failure rate is accepted. It is recommended that single-stage proctocolectomy should be avoided in patients on anti-TNF-alpha treatment. There are still no definite recommendations on how to manage the remaining rectum following a colectomy.

Laparoscopic surgery is safe and feasible and confers better short-term outcomes at the expense of longer operative times and increased procedural costs. In the long term there is reduced adhesion formation and probably better preservation of fecundity. In pouch surgery a stapled anastomosis with less than 2 cm of retained anorectum above the dentate line is the recommendation. A loop ileostomy reduces the risk of clinical leakage. Under optimal conditions an ileorectal anastomosis can be recommended. Lower morbidity and preserved female fecundity need to be balanced against need for surveillance

and a high risk of subsequent proctectomy.

High-volume surgeons and high-volume institutions achieve lower failure rates and are better prepared to do salvage surgery. A minimum volume is considered to be 10 pouches per year. It is also stated that specialist centres have a considerably lower mortality (<1%) than those doing sporadic operations in emergency surgery. There is an increased risk of thromboembolic complications in patients with UC, and risk-reducing and preventive measures are recommended. Follow-up after surgery can be limited to those who have had dysplasia or have primary sclerosing cholangitis; patients with chronic pouchitis will need follow-up on clinical grounds. Although there is a minor risk of loss of ejaculatory function and impotency in males and reduced fecundity in females, sexual functioning in general terms improves after proctocolectomy and pouch. Caesarean section is recommended, but there is conflicting evidence for this and management should be individualised.

When operating on the indication high-grade dysplasia or cancer, an en bloc oncological proctocolectomy should be performed due to the high risk of synchronous tumours.

There are also statements on how to manage malfunctioning pouches, redo procedures etc. Pouchitis is not further elaborated since the 2012 consensus covers this topic adequately.

The rationale behind all the statements is given in the supporting text and this is to my mind recommended reading for not only surgeons but all specialists engaged in IBD. Development of IBD surgery as a surgical specialty has been rapid, driven by its multidisciplinary complexity. We have seen the emergence and establishment of laparoscopic techniques, recently expanding to the use of "robots" and single port access. New variants of natural orifice surgery, such as transanal minimally invasive surgery (TAMIS) for proctectomy with or without an anastomosis, are being explored and developed. These latter innovative techniques are not covered in the consensus since they are still at an early stage of development. The development of guidelines and consensus in IBD surgery has been somewhat hampered by a lack of robust evidence in terms of randomised studies. Furthermore, one of the main outcome variables in surgery, the surgeons themselves, is seldom included in the evaluation of different methods and approaches. Thus the evidence base from which to draw conclusions is rather soft and this current situation is reflected in the views of the panelists and their interpretation of the literature.

TOM ØRESLAND
Akershus University Hospital, Department of Gastrointestinal Surgery

Dear Y-ECCO Members

We hope that you have all had a great summer. On the next pages you'll find an update on our Y-ECCO Activities in a nutshell. During the ECCO´15 Barcelona Congress, Y-ECCO will organise two workshops: Our well-known workshop on career development, the Y-ECCO Workshop, and a completely new Basic Science Workshop. You will find the invitation and preliminary programme of both workshops in this issue.

Please be reminded that you are warmly invited to become a Y-ECCO Member and to contribute to our ongoing activities. You can write a literature review for ECCO News, participate in the development of ECCO Consensus Guidelines, e-Learning cases or podcasts. Active participation in any of the Y-ECCO Activities will certainly improve your visibility within ECCO, so don't hesitate and send an e-mail to me (pieter.hindryckx@ugent.be) and/or the ECCO Office (ecco@ecco-ibd.eu). Also, if you have an international research project in mind that you would like to launch within ECCO, or if you want to co-chair a session at the ECCO Congress or to become a Y-ECCO Committee Member, don't hesitate to let us know.
See you all soon!

PIETER HINDRYCKX
Y-ECCO Chair

8th Y-ECCO Workshop 2015

Wednesday, February 18, 2014

Annually, as part of the educational programme of the ECCO Congress, the Y-ECCO Committee organises a specific workshop targeted at our young members – the Y-ECCO Workshop. As it is already a tradition, the upcoming programme will continue to address topics related to career development and networking. In its eighth edition, the next Y-ECCO Workshop will have the main objective of providing guidance and practice in the skills of networking, preparing effective cover letters and CVs, and performing well at job interviews. For this edition, the Y-ECCO Committee has come up with a few surprises to make the course more interactive and exciting to our members. Instead of traditional lectures, the Y-ECCO Workshop will promote an interactive and fun two-hour session in which participants will practice their skills guided by a renowned team of specialised trainers and coaches experienced in career development, professional communication and intercultural management. In addition, at the end of the session, we will celebrate the best scientific work performed by our Y-ECCO Members, as the top-ranked abstracts will be given the Y-ECCO Abstract Award. Finally, the Y-ECCO experience would not be complete without the Y-ECCO Networking Event, which will take place immediately after the workshop – a perfect opportunity for the younger members of ECCO to get to know each other in a laid-back and friendly environment. In order to guarantee your presence at the workshop, please register in advance since no onsite registration will be possible and the number of participants is limited (registration deadline: February 3, 2015). We look forward to seeing you all next year in Barcelona!

Information about the facilitators/speakers:

Jeffrey Breyer, B.A., is originally from New York City and has lived in Barcelona for 14 years. He has focussed on teaching and training professional development and communication skills for over 20 years, working on many MBA programmes in Barcelona, as well as at the University of San Francisco in California. On many programmes, he delivers workshops on job applications and careers. He is also a fully qualified and experienced Executive Coach, working with corporate senior and middle management, as well as high potentials. Additionally, he specialises in systemic team coaching and cross-cultural issues. Jeffrey speaks four languages, has a degree in Second Language Acquisition, Teaching and Vocational Training, is an active member of the International Coach Federation, and enjoys visiting his country farm near the Costa Brava in his free time.

Judith Martin, M.A., comes from Leeds in England and has lived and worked overseas for 24 years, in Prague, Munich, Barcelona and now Shanghai. She is the founder and Managing Director of her own company, Interact Executive Coaching & Training, which she set up in Barcelona in 2003. In China, she is focussing on global leadership development, communication skills and career development for various multinationals and business schools. She has a Masters degree in Teaching and Training and is a fully qualified Second Language Specialist and Advanced Practitioner Executive Coach. In her free time, she likes exploring China and Asia and being involved with the international community. She speaks fluent German and Spanish, and is improving her Chinese.

TIAGO NUNES
Y-ECCO Member

Y-ECCO Basic Science Workshop

Friday, February 20, 2014

We are glad to inform you that, during the ECCO´15 Barcelona Congress, the first edition of the Y-ECCO Basic Science Workshop will take place. Y-ECCO is launching this new workshop to give basic science a more visible platform within ECCO and the ECCO Congress, and to promote scientific exchange and networking among young basic scientists within the IBD Community. The central theme of this year's workshop will be "Host–environmental interactions in intestinal homeostasis and inflammation". We have invited two outstanding scientists, Maria Abreu and Marc Veldhoen, to chair the sessions and to have an interactive discussion on the topic and the work presented by Y-ECCO Members.

Selection of oral presentations will be on a competitive basis, from amongst the basic science abstracts submitted to the 10th Congress of ECCO. In order for your abstract to also be considered for presentation at the Y-ECCO Basic Science Workshop, please tick the respective checkbox when submitting the abstract. The workshop targets young basic scientists and young clinicians with an interest in basic science, but everyone is invited to attend. Online registration will be available shortly and will be possible until February 3, 2015 – but do register early as space is limited. The registration fee is EUR 80.-, Y-ECCO Members (and IBD nurse Members) will be able to register at half price.

The preliminary programme of the Y-ECCO Basic Science Workshop can be found in this issue of ECCO News.

Y-ECCO Committee Members (Tim Raine, Sebastian Zeissig, Pieter Hindryckx, Isabelle Cleynen, Tiago Nunes © ECCO)

ISABELLE CLEYNEN
Y-ECCO Member

Y-ECCO Interview corner

Dear Y-ECCO Members,

It's a pleasure to introduce the seventh "Y-ECCO Interview corner" interview, with Daniel Hommes.

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
Sapienzia University of Rome, Italy

Monica Cesarini © ECCO

Monica interviews Daniel Hommes

Daniel Hommes © ECCO

What was the key step that allowed you to move forward in your career in IBD?

I was involved in thrombosis and haemostasis research when Sander van Deventer, just returned from Rockefeller NY, stepped into my room and said: "How would you like to put some acetic acid in a mouse intestine and see what happens?" I said: "Sure!"

I went on to work with him and completed my PhD on IBD, being very fortunate to be part of the team that was the first in the world to pioneer infliximab in IBD. From that moment on, I was sold.

What helped you in being so successful at a young age?

Having strong mentorship has been crucial in my career. Sander van Deventer's vision and brilliance guided me in the early years of my career. I joined ECCO and met Miquel Gassull and Renzo Caprilli, whose mentorship was instrumental in broadening my scope. Building an organisation around a single disease like IBD requires the incorporation of so many factors and levels of complexity; this experience helped me a lot in my departmental job in the Netherlands and the United States and accelerated my career. Lastly, I don't believe in luck: Very hard work (!) and establishing a high-trust environment with colleagues (many of whom became close friends) were fundamental in opening up my career opportunities. Today, I am looking out of my window in my LA office at UCLA and realise that this new chapter was only possible because I adhered to those principles adopted very early in my career.

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

Absolutely! However, this requires careful planning and strong mentorship. The model that I have seen that works very well is an early career scientific fellowship; in other words, a deep dive into molecules, experimental design and data processing before returning to the clinic. In Holland, the typical PhD fellowship is done straight out of medical school, spending 4 years in a lab. We now have so many talented Y-ECCO Members who have a strong scientific background and who will certainly be able to continue to combine clinical work with translational research.

What suggestions can you give young doctors who want to work in IBD?

Find a good mentor, and also change mentorship as you advance. NEVER ever copy someone else in his/her career! This is a true path to failure since the world is changing so rapidly. Don't be afraid to make (many) mistakes: Anyone who has never made a mistake has never tried anything new. Finally, make sure you stay creative: People with authentic ideas will definitely be the most successful.

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 aim to include a broad mix of clinical phase 3 trials, epidemiology, endoscopy, basic science articles...

We offer every Y-ECCO Member the opportunity to participate in this Y-ECCO Initiative. After choosing a timely and relevant article, you summarize the key findings and relevance of the paper in one page. Your review will 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!

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

ISABELLE CLEYNEN
Y-ECCO Committee Member

Isabelle Cleynen © ECCO

Atg16L1 T300A variant decreases selective autophagy resulting in altered cytokine signaling and decreased antibacterial defense

Lassen KG, Kuballa P, Conway KL, Patel KK, Becker CE, Peloquin JM, Villablanca EJ, Norman JM, Liu TC, Heath RJ, Becker ML, Fagbami L, Horn H, Mercer J, Yilmaz OH, Jaffe JD, Shamji AF, Bhan AK, Carr SA, Daly MJ, Virgin HW, Schreiber SL, Stappenbeck TS, Xavier RJ.
Proc Natl Acad Sci U S A. 2014 May;111(21):7741–6. doi: 10.1073/pnas.1407001111.

Introduction

Large-scale genetic studies have been very successful in helping us to identify genetic susceptibility to IBD, a chronic inflammation of the gastrointestinal tract, and to understand the complex pathogenesis of this inflammatory disease. To date, 163 susceptibility loci have been associated with IBD [1]. One of the single nucleotide polymorphisms (SNPs) most strongly associated with Crohn's Disease is rs2241880. This SNP encodes for a threonine to alanine exchange at residue 300 in autophagy related 16-like 1 (ATG16L1). The product of this autophagy gene is a central adaptor required for the initiation and maturation of autophagosomes, double-membraned vesicles that engulf cytosolic components and result in cargo degradation after lysosomal fusion during a process called 'autophagy'.

Recently, Atg16L1, as a core part of the autophagic machinery, has been illustrated to play an essential role in bacterial removal, inflammation and immunity in the gut. Various in vitro and in vivo functional studies have linked ATG16L1 deletion or deficiency to CD-relevant abnormal inflammatory signaling [2–5].

However, despite substantial investigation of the downstream effects of such genetic variation, ascribing a functional role to specific genetic polymorphisms has been challenging and the underlying mechanistics remain largely theoretical. In this original research article, Lassen and colleagues (partially) clarify how ATG16L1 T300A results in autophagy-dependent alteration of immune responses.

Key findings

In the current study, the authors have used Atg16L1 T300A knock-in mice which, consistent with the high prevalence of the T300A SNP in healthy humans, are viable and healthy. T300A mice showed abnormal Paneth cell lysozyme distribution and enlarged goblet cells, comparable to the phenotype resulting from epithelial autophagy deficiency. Moreover, intestinal stem cells isolated from T300A mice resulted in reduced ex vivo organoid growth, illustrating the importance of Atg16L1-mediated autophagy in normal epithelial functioning.

Next, the authors could show that caspase 3 and caspase 7 preferentially reduce Atg16L1 T300A stability compared to WT Atg16L1, resulting in altered selective autophagy, a finding recently also demonstrated by Murthy and colleagues [6]. In vitro incubation of human recombinant caspases with Atg16L1 sequence variants showed increased sensitivity of Atg16L1 T300A to caspase 3/7-mediated cleavage, which was inhibitable by caspase inhibitors. Moreover, in T300A mouse embryonal fibroblasts (MEFs) addition of caspase inhibitors could rescue the autophagic flux, indicating the caspase dependency of T300A-mediated autophagy deficiency.

Furthermore, IL-1beta production in vitro was significantly increased (as compared to WT) by inflammatory cells from Atg16L1 T300A mice exposed to LPS, muramyl dipeptide (MDP) or Shigella flexneri (the aetiological agent of bacillary dysentery), illustrating the sufficiency of the T300A SNP to mediate increased IL-1beta secretion by gut-resident inflammatory cells in response to bacterial antigens/infection.

Moreover, the authors could show that Shigella replicated faster intracellularly in in vitro Atg16L1 T300A MEFs. Also, Salmonella typhimurium infection in vivo in Atg16L1 T300A knock-in mice resulted in significantly increased systemic IL-1beta levels and more severe inflammation in the gut, suggesting that Atg16L1 T300A alters immune responses and compromises the host's antibacterial autophagy.

Finally, by applying quantitative proteomics, the authors were able to identify six Atg16L1 interactors in the antibacterial autophagy pathway and four in the IL-1beta pathway.

Conclusion

In conclusion, this study strengthens the evidence for an association between the CD-associated ATG16L1 T300A genotype and an autophagy-mediated faulty immune response. The authors also identify the increased sensitivity to caspase-mediated cleavage as the main mechanism of action by which Atg16L1 T300A influences disease incidence. The Atg16L1 T300A variant is functionally responsible for hampered autophagy, inefficient antibacterial handling and increased IL-1b secretion in vitro and in vivo.

Importance

The identification of genetic variations in genes like ATG16L1 (but also XBP1, NOD2 etc.) illustrates the value of massive genome-wide approaches to find initial associations with signaling modalities involved in IBD pathogenesis. This study, back to back with the work of Murthy and colleagues published in Nature earlier this year [6], not only determines the consequence of a genetic variation but also unravels the underlying molecular mechanism. More thorough molecular understanding of complex disease mechanisms, like the work reviewed here, may lead to new therapeutic strategies with clinical benefit, e.g. by providing more subtle targets for disease treatment or by allowing a more tailored personalised therapeutic approach.

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Individualised therapy is more cost-effective than dose intensification in patients with Crohn's Disease who lose response to anti-TNF treatment: A randomised, controlled trial

Steenholdt C, Brynskov J, Thomsen OØ, Munck LK, Fallingborg J, Christensen LA, Pedersen G, Kjeldsen J, Jacobsen BA, Oxholm AS, Kjellberg J, Bendtzen K, Ainsworth MA.
Gut. 2014:63:919–27. doi: 10.1136/gutjnl-2013-305279.

Introduction

Infliximab (IFX) effectively induces and maintains remission in patients with moderate to severe luminal or fistulising Crohn's Disease (CD) that is refractory to conventional immunosuppressive agents [1]. However, a substantial proportion of patients with an initial response later experience the return of active disease despite ongoing IFX maintenance therapy [2]. The reasons for secondary loss of response to IFX maintenance therapy in CD vary, and include immunogenicity and non-immune-mediated pharmacokinetic and pharmacodynamic issues [3]. Loss of response to IFX is currently handled by an empirical strategy of going through the available CD therapies: An intensified IFX regimen, change of TNF inhibitors, switching to a different biological and optimised use of conventional immunosuppressive drugs, glucocorticosteroids or surgery [4–6]. The dose intensification strategy is obviously expensive, and the alternative anti-TNF pharmaceuticals also entail extremely high medicinal expenditure. Measurement of IFX and IFX antibodies (Abs) may help to identify specific reasons for therapeutic failure. A treatment algorithm based on IFX and IFX Abs may contribute in achieving optimised therapy [3]. The present study is the first clinical trial to investigate the utility of combined drug and drug antibody measurements for optimisation of IFX therapies in individual patients with therapeutic failure in order to achieve rational, cost-effective interventions.

Study set-up

This was a randomised, controlled, single-blind, multicentre study. Sixty-nine patients with secondary IFX failure on maintenance IFX therapy were randomised to IFX dose intensification (5 mg/kg every 4 weeks) (n=36) or interventions based on serum IFX and IFX antibody levels using a proposed algorithm (n=33).

In the algorithm IFX levels were classified as therapeutic or sub-therapeutic (<0.5 µg/ml), and detectable or undetectable IFX Abs were used to assess whether loss of response was due to immunogenicity or to non-immune-mediated pharmacokinetic or pharmacodynamic issues. Based on these factors, four groups were defined. Patients in group 1 had detectable anti-IFX antibodies and sub-therapeutic IFX levels; because of immunogenicity, therapy of these patients was changed to another anti-TNF agent. In group 2, patients had sub-therapeutic IFX levels despite undetectable anti-IFX antibodies; in these cases the intervention was intensification of the IFX treatment. In group 3, participants had undetectable anti-IFX antibodies and therapeutic IFX levels; in this situation anti-TNF was ineffective and was discontinued. In group 4, comprising patients with detectable anti-IFX antibodies and therapeutic IFX level, analyses were repeated due to inconsistent results. Predefined co-primary endpoints at week 12 were the proportion of patients responding [Crohn's Disease Activity Index (CDAI) decrease ≥70, or ≥50% reduction in active fistulae], and accumulated costs related to treatment of CD, expressed as mean cost per patient (based on the Danish National Patient Registry for all hospitalisation and outpatient costs in the Danish healthcare sector). Patients were evaluated at weeks 0, 4, 8 and 12.

Key findings

Enrolment and treatment: Twenty-eight out of 36 (78%) patients randomised to the intensified IFX regimen completed the 12-week trial as per protocol (ie. The comparison of the patients who completed the trial according to the clinical trial instructions). Withdrawals were due to insufficient effect of IFX intensification, except in one patient who developed an acute severe infusion reaction to IFX. Among patients (n=33) randomised to treatment using the algorithm, 19 (58%) were handled accordingly, and 17 of these (89%) completed the trial as per the protocol. The subgroup of patients not treated in accordance with the algorithm all had therapeutic serum IFX concentrations above the predefined cut-off. Suspected mechanism: The majority (70%) of patients had therapeutic serum IFX levels and undetectable IFX Abs at the time of therapeutic failure, suggesting a pharmacodynamic mechanism for the failure. Low IFX levels due to drug immunogenicity (20%) or non-immune-mediated pharmacokinetics (4%) were less common. Clinical response: Response rates to study interventions at the end of the trial in the intention-to-treat (all patients analysed together, regardless of whether or not they completed the study) population were 58% in the algorithm group (19/33) and 53% in the IFX intensification group (19/36) (relative risk RR=1.091, p=0.810). In the per-protocol population, 47% (9/19) of the algorithm group and 53% (19/36) of the IFX intensification group showed a clinical response (RR=0.898, p=0.781). Costs: In the intention-to-treat population, cost was substantially lower (34%) in those treated in accordance with the algorithm than in those treated by IFX dose intensification: EUR 6,038.- vs. EUR 9,178.-, p<0.001. For per-protocol patients, treatment costs were even lower (56%) in the algorithm-treated group (EUR 4,062.- vs. EUR 9,178.-, p<0.001).

Conclusions

Steenholdt et al. found in this clinical trial that the interventions based on the algorithm achieved similar clinical, biological and quality of life outcomes to dose intensification, but at a significantly lower cost. Treatment of secondary IFX failure using an algorithm based on combined IFX and IFX antibody measurements thus significantly reduces average treatment costs per patient compared with routine IFX dose escalation, and without any apparent negative effect on clinical efficacy. Therefore, from this study it can be concluded that to cut healthcare costs, it is better to manage secondary IFX treatment failure by an algorithm based on serum IFX and IFX Abs, instead of by an intensified IFX regimen.

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Etrolizumab as induction therapy for ulcerative colitis: A randomised, controlled, phase 2 trial

Vermeire S, O'Byrne S, Keir M, Williams M, Lu TT, Mansfield JC, Lamb CA, Feagan BG, Panes J, Salas A, Baumgart DC, Schreiber S, Dotan I, Sandborn WJ, Tew GW, Luca D, Tang MT, Diehl L, Eastham-Anderson J, De Hertogh G, Perrier C, Egen JG, Kirby JA, van Assche G, Rutgeerts P.
Lancet. 2014 Jul;384(9940):309–18. doi: 10.1016/S0140-6736(14)60661-9.

Introduction

In recent years, anti-adhesion molecules have emerged as a promising new treatment for patients with Inflammatory Bowel Disease (IBD). The main goal of these drugs is to block the migration of leucocytes to the intestinal mucosa in order to inhibit the inflammatory process occurring in IBD. Their principal advantage is that they selectively work in the gut [1].

Natalizumab, a recombinant humanised monoclonal IgG4 antibody against integrin subunit α4 that blocks both α4β7 and α4β1, was the first anti-adhesion molecule to be investigated, with very good results for Crohn's Disease (CD) in terms of efficacy [2]. However, natalizumab was linked with progressive multifocal leukoencephalopathy (PML) due to the blockage of α4β1, which interacts with the migration of leucocytes to the central nervous system [3]. Since then, most of the drugs have been focussed on the gut-specific α4β7/MAdCAM-1 blockade in order to avoid extra-intestinal effects. To date, vedolizumab, a humanised monoclonal antibody against α4β7 integrin, is the only drug that has completed phase 3 studies for both CD and Ulcerative Colitis (UC). Results for UC [4] were promising for both induction and maintenance treatment (although with better efficacy in the long term) whereas for CD vedolizumab had very good results in the maintenance phase but not in the induction phase, possibly due to a more gradual effect of the drug [5]. Etrolizumab, also known as rhuMAb β7, is a humanised monoclonal IgG1 antibody targeting the integrin subunit β7. This blockage has a double effect: α4β7/MAdCAM-1 blockade, which inhibits lymphocyte trafficking to the gut (like vedolizumab), and αEβ7/E-cadherin blockade, which results in inhibition of retention of leucocytes in the intraepithelial lining of the gut (specific to etrolizumab). Given the latter effect, etrolizumab could potentially have a stronger effect than drugs that exclusively target the α4β7/MAdCAM-1 interaction.

Key findings

This is the first double-blind, placebo-controlled, phase 2, randomised study to analyse the efficacy and safety of etrolizumab in UC patients. A total of 124 UC patients with moderately to severely active disease who had not responded to conventional therapy (61% refractory to anti-TNF treatment) were randomised (1:1:1) to subcutaneous etrolizumab [100 mg at weeks 0, 4 and 8, with placebo at week 2, or a

420 mg loading dose (LD) at week 0 followed by 300 mg at weeks 2, 4 and 8], or matching placebo.
The primary endpoint was clinical remission at week 10, defined as a Mayo clinical score of 2 or less. No patients in the placebo group achieved this endpoint, compared with eight [21% (95% CI 7–36)] in the etrolizumab 100 mg group (p=0.0040) and four [10% (0.2–24)] in the 300 mg plus LD group (p=0.048). Of note, most of the patients achieving clinical remission were anti-TNF naïve. In the subgroup of patients who had previously not responded to treatment with TNF antagonists, 5% of the patients in the etrolizumab 100 mg group and 4% of those in the etrolizumab 300 mg plus LD group were in clinical remission at week 10.
One of the secondary endpoints was the achievement of both an endoscopic subscore of 0 and a rectal bleeding subscore of 0 at week 10, which was met in 10% and 8% of the etrolizumab 100 mg and etrolizumab 300 mg plus LD groups, respectively, as compared to 0% in the placebo group, although differences were not statistically significant. At week 6, these differences were also not significant. The rest of the secondary endpoints were also not achieved: Clinical remission at week 6 and clinical response (3-point decrease and 30% reduction in MCS and 1-point decrease or more in rectal bleeding subscore or absolute rectal bleeding subscore of 0 or 1) at weeks 6 and 10. Four patients presented antibodies against the drug, but no effects on etrolizumab serum concentrations were observed. Adverse events occurred at a similar frequency in the three treatment groups and no patients developed PML.
Two important analyses included in the study need to be highlighted: (a) the analysis of β7 occupancy and expression on T-lymphocyte and B-lymphocyte subsets in peripheral blood and colonic tissue, which showed that β7 receptors were fully occupied in the peripheral blood and in the colonic tissue; and (b) the immunohistochemistry analysis of colonic biopsies, which showed that those patients with higher levels of αE expression in the colonic tissue were more likely to achieve clinical remission.

Conclusion

In this study etrolizumab was shown to be more effective than placebo in achieving clinical remission at week 10 in patients with moderate to severe UC. These results have supported a phase 3 trial that is currently ongoing (http://clinicaltrials.gov/ct2/show/NCT02100696). The strengths of the study lay in (a) the strict inclusion criteria (including a Mayo endoscopic subscore of at least 2); (b) use of central endoscopic reading as an inclusion criterion (this is the first randomised study to apply this criterion); and (c) the fact that none of the patients in the placebo group achieved clinical or endoscopic remission at week 10. Moreover, the αE expression in the colonic tissue might be a new marker to predict response in IBD patients. The potential advantage of etrolizumab over other anti-adhesion therapies is its capacity to interfere with the αEβ7/E-cadherin pathway and thereby reduce intraepithelial leucocytes in the gut. Considering that vedolizumab showed better results at week 52 than at week 6, it will also be interesting to know the clinical remission rates in response to etrolizumab at long-term follow-up. Similarly to vedolizumab, etrolizumab could show a better response in the long term (perhaps due to a more gradual effect of the anti-adhesion molecules as compared to anti-TNF). This could explain why the secondary endpoints were not met in this study (all of them were assessed at 6 and 10 weeks). Lastly, as with the other anti-adhesion molecules, the safety data over the long term and the impact of the antidrug antibodies need to be investigated in further studies.

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Triana Lobatón successfully concluded her specialisation in Gastroenterology at the University of Barcelona in 2010. She is now completing her PhD, focussing on biomarkers in IBD. As part of the PhD programme she has recently completed 18 months at the IBD unit at Leuven University Hospital (Belgium). She is currently working as a gastroenterologist at the University Hospital Germans Trias i Pujol in Badalona (Barcelona, Spain).

ECCO Country Member Profiles

Identity card

- Country: **The Netherlands**
- Name of group: Initiative on Crohn and Colitis (ICC). www.icc-ibd.com
- Number of active members: 12 board members belonging to one of the eight university hospitals in the Netherlands and 23 participating gastroenterologists with a special interest in IBD from other centres in the Netherlands.
- The ICC closely collaborates with its partners, Young-ICC (YICC), Nurses Network IBD Care (NNIC) and the Dutch IBD patients' association [Crohn and Colitis Organisation of the Netherlands (CCUVN)]. YICC consists of more than 40 PhD students (MDs and other scientists) who are working in the field of IBD. NNIC is a platform for Dutch IBD nurses.
- Number of meetings per year: 10
- Name of president and secretary: Bas Oldenburg (President) and Dirk De Jong (Secretary)
- National Representatives: Marieke Pierik, Dirk De Jong
- Incidence of IBD in the country: Age-standardised incidence rates per 100,000 person-years:
  - Crohn's Disease: males 4.84, females 7.58
  - Ulcerative Colitis: males 8.51, females 6.92
  - Indeterminate Colitis: males 1.05, females 0.93

Identity card

- Country: **Lithuania**
- Name of group: Lithuanian ECCO Group
- Number of active members: 20
- Number of meetings per year: 2–3
- Name of president and secretary: Limas Kupcinskas (Chairman), Jurgita Skieceviciene (Secretary)
- National Representatives: Limas Kupcinskas - National ECCO Group representative; Darius Krukas (until December 31, 2014)/ Gediminas Kiudelis (from January 1, 2015) – ECCO National Representative
- Incidence of IBD in the country: CD: 2.4/100,000; UC: 6.1/100,000 (Burisch et al. East-West gradient in the incidence of inflammatory bowel disease in Europe: the ECCO-EpiCom inception cohort. Gut 2014;63:588–97)

Identity card

- Country: **Czech Republic**
- Name of group: Czech IBD Working Group
- Number of active members: 20–25
- Number of meetings per year: 3–4
- Name of president and secretary: Milan Lukas (President)
- National Representatives: Martin Bortlik, Tomas Douda
- Incidence of IBD in the country: CD: 5.5/100,000, UC: 5.5/100,000, IBD-U: 1.1/100,000 (Burisch et al. East-West gradient in the incidence of inflammatory bowel disease in Europe: the ECCO-EpiCom inception cohort. Gut 2014;63:588–97)

Questionnaire – CZECH REPUBLIC

Tomas Douda © fnhk

Martin Bortlik © Jakub Ludvik

How did your national group start?

The Czech IBD Working Group was established in February 1996 by several leading gastroenterologists interested in IBD during their first meeting in Prague. From the outset, the main goal of the Working Group was to offer useful and up-to-date information in the field of IBD to Czech gastroenterologists through the organisation of regular meetings and symposia. The activity of the Group has since been extended, though education remains the primary objective.

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

There is no formal membership in the Working Group. Instead, all gastroenterologists, surgeons, nurses and other specialists interested in IBD are welcome to join. Most recently, paediatric gastroenterologists began to actively participate in the Group's activities.

There are usually three or four meetings of the Group each year, at least one of which is a two-day meeting outside Prague. Milan Lukas has been leader of the Group since its inception and remains President.

When did your national group join ECCO?

The Czech IBD Working Group was among the first members of ECCO, joining in 2002. In 2003, ECCO organised their first IBD Intensive Advanced Course at the Charles University of Prague, thereby commencing the tradition of this outstanding annual event for young gastroenterologists.

What are your main areas of research interest?

The Group, or at least some of its members, have participated in various research projects, the topics of which have included biologic therapy during pregnancy, development of children exposed to biologics during pregnancy and the incidence of IBD throughout Europe (an ECCO-EpiCom study).

Currently, a prospective study on faecal microbiota transplantation in UC patients is about to start.

Does your centre or country have a common IBD database or biobank?

Some centres are trying to develop their own IBD databases, and some have already started to include patients in a database system. At least one centre has also started to set up a biobank (ISCARE, Prague). Unfortunately, a national IBD database (or biobank) does not exist.

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

The previously mentioned projects on biologic therapy during pregnancy and the effect of biologics on children's development seem to have been the most successful to date, and the results were published in peer-reviewed journals (JCC, IBD Journal, Scandinavian Journal of Gastroenterology).

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

There is an ongoing EpiCom study which is not only looking for an East–West gradient in IBD incidence throughout Europe, but also investigating a broad spectrum of environmental factors, health care and economic aspects, IBD-related quality of life etc.

What are your aims for the future?

We would like to increase our activities in clinical research as only a few projects have so far been completed by the Group. We are also continuing with educational activities, including preparation and updating of national guidelines in different areas of IBD. There is also a need to continue discussion and negotiation with health insurance authorities regarding the system of reimbursement of medical care for IBD patients.

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

Travel awards, grants and fellowship programmes may all be helpful, but we have not been successful when applying so far. Therefore we appreciate that ECCO decided to change the rules for assessment of projects from Central and Eastern Europe in order to increase their chance of being accepted. Moreover, some interesting research projects have been endorsed by ECCO (e.g. ICARE) in which we would like to participate.

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

The majority of Czech physicians and nurses interested in IBD benefit from their membership of ECCO in that it provides easier (and cheaper) access to the Congress and JCC. From the clinical point of view, the ECCO Consensus Statements and Guidelines on different topics are greatly appreciated and applied by more and more gastroenterologists and surgeons in their clinical practice. We also believe that one of the most important advantages of being a member of the ECCO Family derives from the networking, meetings and discussions with our colleagues from all over Europe. Last but not least, we are happy to have the chance to invite some of the "stars" of European IBD to participate in different national meetings and symposia.

MARTIN BORTLIK, TOMAS DOUDA
National Representatives, Czech Republic

Questionnaire – LITHUANIA

Kriukas @ Kriukas

Limas Kupcinskas © Limas Kupcinskas

How did your national group start?

The Lithuanian ECCO Group started as a research group focussed on IBD in 2002.

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

The Lithuanian ECCO Organisation consists of the research group members and individual ECCO Members. The Lithuanian ECCO Group coordinates research activity in the country and organises national and international IBD conferences and seminars. Every ECCO Member (paid-up ECCO Membership fee) is accepted as a member of the national organisation. Everyone active in IBD research, whether a medical doctor or scientist, can also become a member of the Group. Election of officers (including the ECCO Country Representatives) is organised according to the Group's statute.

When did your national group join ECCO?

2004

What are your main areas of research interest?

IBD epidemiology, genetics, microbiome, disease biomarker studies, clinical trials.

Does your centre or country have a common IBD database or biobank?

The Institute for Digestive Research of the Lithuanian University of Health Sciences (Kaunas) provides an IBD biobank (established in 2010), with collection of sera, DNA, tissue biopsies and microbiota samples.

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

The Lithuanian ECCO Group is involved in many international and national basic and clinical research projects:

- ECCO-EpiCom IBD epidemiology study (2011–ongoing). Publications in Gut, Inflamm Bowel Dis, JCC (2013–4).
- Lithuanian IBD genetics project (2008–13). Publication in Inflamm Bowel Dis (2014)
- International IBD Genetics Consortium study (2008–14). Publications in Nature, Nature Genetics, Gastroenterology (2011–2).
- Germany-Norway-Lithuania IBD twins microbiota study (2006–9). Publications in Gastroenterology, Physiological genomics (2009–11)
- IBD and microscopic colitis clinical trials (2007–ongoing). Publications in JAMA, Gastroenterology, Am J Gastroenterol Gut, Aliment Pharmacol Ther, JCC (2004–14)
- Influence of NADPH oxidase on inflammatory response in primary intestinal epithelial cells (2009–13). Publications in BMC Gastroenterology, WJG (2013–4)
- Horizont - 2020 project "miGI-Health" (submitted in 2014)

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

- ECCO-EpiCom IBD epidemiology study (2011–ongoing). Publications in Gut, Inflamm Bowel Dis, JCC (2013–4).
- ECCO individual research travel grant programme (2014: One trainee in Haifa University IBD Centre, Israel).
- ECCO young gastroenterologist school: 2 trainees every year.

What are your aims for the future?

To continue research collaboration within ECCO and to train young gastroenterologists.

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

ECCO has fulfilled all our expectations.

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

ECCO is an excellent organisation for dissemination of new clinical experiences, young gastroenterologist training and research networking.

DARIUS KRIUKAS, LIMAS KUPCINSKAS
National Representatives, Lithuania

Questionnaire – THE NETHERLANDS

How did your national group start?

In 2003 a group of enthusiastic gastroenterologists, each working in one of the eight university hospitals in the Netherlands, founded the ICC. They agreed to join forces with the goal of improving the quality of life of patients with chronic Inflammatory Bowel Diseases. To realise this goal, the ICC focusses on three items: The care for and education of patients who suffer from Crohn's Disease or Ulcerative Colitis, the education of doctors and nurses in the Netherlands and collaborative scientific research.

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

All Dutch gastroenterologists, scientists, surgeons and paediatricians who are interested in IBD are invited to join the ICC, attend monthly research meetings, join guideline-writing committees and participate in ongoing trials. Once every three years, the president, secretary and treasurer are elected by the board members.

When did your national group join ECCO?

2004

What are your main areas of research interest?

The focus of our scientific interest is subject to a yearly review. At present, development of molecular markers for therapy response and treatment outcomes and geno-phenotype associations are the main topics of research interest.

The ICC also has several ongoing clinical trials.

Does your centre or country have a common IBD database or biobank?

Dirk de Jong @ Dirk de Jong

All university hospitals (and ICC board members) participate in a nationwide biobank + database with prospective phenotyping, called the String of Pearls Initiative (www.parelsnoer.org). At present, biomaterial (DNA, serum, faecal samples, biopsies and resected material) and prospective clinical information are available for more than 4,000 IBD patients. Inclusion of patients is ongoing. The goal of the project is the study of molecular markers for disease course and treatment outcome of IBD.

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

- The above-mentioned IBD String of Pearls Initiative
- Publication of the first national guideline for IBD in the Netherlands

Yearly educational initiatives:

- ICC day: Every fourth Thursday in September; a post-graduate course for Dutch physicians
- An educational meeting for IBD patients in eight different Dutch regions [in collaboration with the IBD patients' organisation (CCUVN)]
- A course for IBD nurses (together with NICC)
- Assistance with the organisation of the YICC course for PhD students and post-docs.

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

Marike Pierik © Marike Pierik

The ICC as a group is currently not involved in specific ECCO Activities, but individual members are participating in guideline development and other ECCO Activities.

What are your aims for the future?

The ICC aims to further improve the care for IBD patients in the Netherlands. To this end, we will start measurement of quality of care in a limited number of hospitals, implement new guidelines and organise meetings to update our GE colleagues and IBD nurses. Furthermore, we aim to synchronise our activities with ECCO Initiatives.

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

We will use our representatives to communicate with different ECCO Committees.

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

We use ECCO mostly for Congress and networking purposes.

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2015

Inflammatory Bowel Diseases

10th Congress of ECCO
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