



European
Crohn's and Colitis
Organisation

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ECCO

News **SPRING**



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- Access to online members' area
- Quarterly ECCO News – The society's magazine
- Educational and networking activities
- Guidelines, ECCO Fellowships, Grants and Travel Awards
- Access to ECCO Scientific Platform – Who does What?

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



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

ECCO NEWS

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European Crohn's and Colitis Organisation

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Missed an ECCO News issue?

Please scan this code

(ecco-ibd.eu/ecco-news)



Dear ECCO Friends,

A delicious ECCO Menu was cooked in Barcelona and we all enjoyed consuming it... now, it is time to digest the meal:

We had a record number of 5,420 delegates from 80 countries around the world. You all came to Barcelona to share thoughts, to learn and to exchange ideas on Inflammatory Bowel Diseases. You will find all the statistics in this issue of ECCO News. The delicious menu could not have been cooked without the hard work of all ECCO Committee Members and Chairs. A very genuine thank you! For some people, ECCO 2015 meant the end of their term on the Committees: Also to these friends, thank you for the time that you spent working in the ECCO Kitchen, and I hope you will stay on board and stimulate many young people to follow in your footsteps!

As some have stepped down, so others have joined the ECCO Family: We welcomed several new enthusiastic Committee Members and in addition two countries, Cyprus and Moldova, became new ECCO Country Members. Their country profiles are in this issue. Good to have you on board!

In Barcelona, the awardees of the ECCO Grants and Fellowships were announced and it pleases me enormously that next year we shall be able to double the number of Fellowships from two to four. This increase has been made possible with the help of Nestlé, who will support one ECCO-Nestlé Fellowship dedicated to diet and nutrition. ECCO and IOIBD also founded the ECCO-IOIBD Fellowships to promote exchange of researchers between Europe and the rest of the world. Stimulation of clinical and basic research throughout Europe has always been one of the priorities of the Governing Board and in times of financial constraints, ECCO will continue to seek expansion of funding opportunities wherever we can.

The Congress highlight was without doubt ECCO's Interaction: Hearts and Minds at the magnificent Museu Nacional d'Art de Catalunya! Although this time without a wig, DJ Walter flew over from Canada to entertain us all. The next morning was a little early for many of us, but a last fantastic session on novel therapeutic algorithms and molecules was a good alternative way of getting over a hangover!

You should really explore the ECCO Website as there are so many new projects and activities that it would be impossible for me to sum them all up here. However, I wish to draw your attention to the **ECCO Scientific Platform**: It is a great tool for finally connecting everybody in IBD in Europe, casting light on: Who does what in which city or country. Never has it been so easy to find that colleague in sunny Greece or snowy Finland!

And if you want more action, well, I recommend the **Talking Heads** recorded during ECCO'15, which will soon be available on the **e-CCO Learning Platform**. But of course, first you should watch the **ECCO Film 2015!**

Bon appetit!

SÉVERINE VERMEIRE
ECCO President



Séverine Vermeire © ECCO

ECCO'15 Barcelona Congress Report

February 18-21, 2015



ECCO'15 Scientific Programme © ECCO

This year the ECCO Congress celebrated its 10th anniversary by returning to Barcelona, Spain. As befits such an occasion, 5,420 physicians, nurses and researchers from 80 countries with an interest in the field of IBD gathered at the CCIB for the Congress – yet another record turnout. Indeed, the ECCO Congress continues to grow rapidly and it's safe to say that it has become the major educational event in the field of IBD in Europe, with interested attendees pouring in from all over the globe.

An important reason for ECCO's success is the continuous evolution and improvement of its existing formats and workshops and the introduction of new educational activities that take place in parallel with the scientific sessions. For instance, this year the number of oral abstract presentations in the main programme was increased in order to provide more time for the original research presented at the Congress. Panel discussions were also added to the scientific programme, where experts discussed various aspects of delivering high-quality care to IBD patients. Last year in Copenhagen Digital oral presentations (DOPs) were introduced and this session format was re-used and further refined this year. The 10 DOP sessions were

composed of the top 90 abstracts picked from amongst the more than 1,114 abstracts presented overall.

Furthermore, the rota of multidisciplinary workshops and courses was extended with new initiatives. Besides the popular Ultrasound Workshop offering physicians and surgeons hands-on training, ECCO – in collaboration with ESGAR – introduced an interactive MRI Workshop on the assessment of disease activity, complications of IBD and peri-anal disease. The workshop on cell-based therapy in IBD offered participants insights into the latest knowledge in the field, and in the Young ECCO (Y-ECCO) Basic Science Workshop, participants were educated on host-microbial interactions in IBD as well as immunity and genetics in intestinal inflammation, combined with presentations of some hand-picked abstracts. Finally, a recently introduced feature of ECCO known as the EduCaTional Course for Industry offered a practical introduction to a broad spectrum of topics in IBD for colleagues in industry, and was made available as both basic and advanced level workshops.

Among the educational activities established in years past, the Nurses of ECCO (N-ECCO) School this time discussed the diagnosis and management of IBD for nurses

with an interest in IBD who wish to further improve their knowledge of the field. The N-ECCO Research Networking Forum was organised for the second time in order to create and sustain a Europe-wide forum for IBD nurses undertaking research. The Surgeons of ECCO (S-ECCO) held the 4th S-ECCO IBD Masterclass focussing on novel strategies around IBD surgery, where different surgical techniques and pre-operative optimisation of the patient were discussed, as well as the collaborations between surgeons and paediatricians concerning surgery in children and adolescents. The 4th Clinical Research Committee (ClinCom) Workshop addressed issues in drug trials as well as the use of registries in IBD research, while the well-recognised IBD Intensive Advanced Course offered junior gastroenterologists knowledge about fundamental issues in diagnosing and treating IBD patients via lectures, case sessions and seminars. And, finally, the 8th Y-ECCO Workshop gave participants some insights into the do's and don'ts in writing applications and CVs, as well as for job interviews.



ECCO Interaction: Hearts and Minds 2015 © ECCO



ECCO'15 Congress bags preparations © ECCO



ECCO Office Team at the ECCO'15 Congress © ECCO



e-CCO Learning stations at the ECCO'15 Congress © ECCO



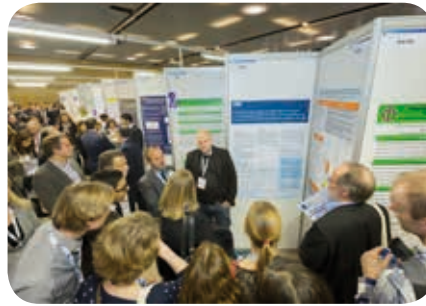
ECCO Officers at the ECCO'15 opening ceremony © ECCO



Séverine Vermeire at the ECCO'15 opening ceremony © ECCO



Digital oral presentation at ECCO'15 Congress © ECCO



Guided poster session at ECCO'15 Congress © ECCO



e-CCO Learning corner at ECCO'15 Congress © ECCO

During her opening speech, ECCO President Séverine Vermeire announced the launch of the ECCO Scientific Platform – Who does what? This new web-based tool allows researchers to create profiles listing their fields of interest and ongoing studies, as well as to create research group profiles or study profiles open for participation. Open fellowships can be advertised on one's scientific profile and PhD positions can be indicated on the research group's profile. Furthermore, individual members can state whether they are available as mentors for young colleagues. Congress delegates were invited to have a professional portrait picture taken at the ECCO e-Corner and to create their profile on the Scientific Platform throughout the Congress. Make sure you visit the site and sign up at www.sp.ecco-ibd.eu.

And then, of course, there was the scientific programme. Three busy days of cutting-edge science and memorable experiences were based around this year's topic, "Bringing science, therapy & quality to patients". The main theme was addressed from a variety of angles in

multidisciplinary sessions targeting both basic and clinical science, as well as state of the art lectures on translational medicine, all interspersed with oral presentations of the best abstracts submitted for the Congress. Clinical sessions addressed topics including the optimal use of resources in IBD care, the pharmacokinetics of biologicals in clinical practice and biosimilars, while in basic science sessions the speakers guided the audience through topics such as the exposome in the pathogenesis of IBD. In one session, for instance, speakers explored with the audience several challenging cases in clinical practice and their resolution and discussed these with the expert panel, while another practice session addressed the management of chronic pain and fatigue. Furthermore, throughout the Congress the audience was updated on the ECCO Guideline activities during the preceding year, including the new guidelines on malignancy and extra-intestinal manifestations. Each year the ECCO Lecture is given by a distinguished researcher within the field of IBD, and on this occasion it was delivered by Maria Abreu (Miami, United States).

Last but not least, the ECCO Interaction: Hearts and Minds took place in the Museu

Nacional d'Art de Catalunya on the top of the Montjuic hill. This year at the ECCO Interaction there was plenty of traditional Spanish food available for every one of the many delegates participating in the social event. And as if that were not enough to put a smile on people's faces, DJ Walter returned to the turntable after a sabbatical year to fill the dance floor.

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

JOHAN BURISCH
ECCO News Associate Editor

PS: In case you missed a presentation at the ECCO Congress, recordings of them can be found at www.e-learning.ecco-ibd.eu!



Ebbe Langholz, Axel Dignass at a digital oral presentation © ECCO



IBD Intensive Advanced Course material © ECCO



Tine Jess, Simon Travis at the Basic Educational Course for Industry 2015 © ECCO

ECCO Abstract Awards at the 10th Congress of ECCO

Top 10 digital oral presentations © ECCO

Top 10 Digital oral presentations

- "The impact of magnetic resonance enterography and capsule endoscopy on the classification of disease in patients with known Crohn's Disease: A prospective Israeli IBD research network (IIRN) study" (DOP002), T. Greener et al, Department of Gastroenterology, Chaim Sheba Medical Center, Tel Hashomer, Israel
- "A 17-year prospective cohort study of paediatric Inflammatory Bowel Disease patients diagnosed less than 10 years of age (Paris A1a)" (DOP018), P. Henderson et al, University of Edinburgh, Child Life and Health, Edinburgh, United Kingdom
- "Allogeneic bone marrow-derived mesenchymal stromal stem cells for the treatment of refractory perianal Crohn fistulas: A dose-escalating placebo-controlled study" (DOP024), I. Molendijk et al, Department of Gastroenterology and Hepatology, Leiden University Medical Center, Leiden, the Netherlands
- "Ustekinumab efficacy and safety in Crohn's Disease patients refractory to conventional and anti-TNF therapy: A multicenter retrospective experience" (DOP029), P. Wils et al, Department of Gastroenterology, CHU de Lille, Lille, France
- "Faecal calprotectin measurement and infliximab trough levels predict therapeutic evolution CD patients in clinical remission" (DOP038), X. Roblin et al, Department of Gastroenterology, University Hospital, Saint Etienne, France
- "Lower long-term colectomy rates with IFX than with CsA treatment in moderate to severe UC" (DOP052), N. Duijvis et al, Tytgat Institute for Liver and Intestinal Research, Amsterdam Medical Center, Amsterdam, the Netherlands
- "Evolution of the Lémann Index (LI) during the course of Crohn's Disease (CD)" (DOP057), C. Gilletta et al, Department of Gastroenterology, Hopital St-Antoine, Paris, France
- "Faecal calprotectin measurements by IBD patients themselves at home are feasible and provide reliable results compared to the standard lab method" (DOP067), K. Kofod Vinding et al, Gastrounit, Herlev Hospital, Herlev, Denmark
- "Persistent dysregulated colonic mucosal gene expression in Ulcerative Colitis patients with endoscopic healing after infliximab or vedolizumab therapy" (DOP075), I. Arijis et al, Department of Clinical and Experimental Medicine, KU Leuven, Leuven, Belgium
- "Comparative genome analysis of Crohn's Disease-associated adherent, invasive Escherichia coli fails to detect a common molecular property" (DOP089), C. O'Brien et al, Medical School, Australian National University, Canberra, Australia

Y-ECCO Abstract Awards

- "Treatment strategy during the first year after diagnosis in patients with Inflammatory Bowel Diseases from the 2011 ECCO-EpiCom inception cohort" (OP016), Z. Vegh et al, 1st Department of Medicine, Semmelweis University, Budapest, Hungary
- "Unchanged surgery and hospitalization rates in an East-West European inception cohort despite differences in use of biologicals – 3-year follow-up of the ECCO-EpiCom cohort" (OP009), J. Burisch et al, Gastrounit, Medical Section, Hvidovre University Hospital, Hvidovre, Denmark
- "Faecal microbiota transplantation in Ulcerative Colitis: A randomised controlled trial" (OP003), N.G.M. Rossen et al, Department of Gastroenterology & Hepatology, Academic Medical Center, Amsterdam, the Netherlands
- "Medication-induced microscopic colitis: Do recency and duration of use matter?" (OP010), B.P.M. Verhaegh et al, Internal Medicine – Division of Gastroenterology-Hepatology, Maastricht University Medical Center, Maastricht, the Netherlands
- "The first prospective Australian population-based study of newly diagnosed IBD identifies frequent use of immunomodulators, low surgery rates and high cost from medications and investigations." (OP008), O. Niewiadomski et al, Department of Gastroenterology, St Vincent's Hospital, Fitzroy, Australia

IIS Abstract Awards

- "Adalimumab and infliximab levels in neonates (ERA study)" (OP004), M. Julsgaard et al, Aarhus University Hospital, Department of Hepatology and Gastroenterology, Aarhus, Denmark
- "Methotrexate for corticosteroid-dependent Ulcerative Colitis: Results of a placebo randomized controlled trial" (OP023), F. Carbonnel et al, APH Paris Sud University, Gastroenterology, Le Kremlin Bicêtre, France

Please find the report on the IIS Abstract Award Winners in the next ECCO News Issue.

Congratulations!

The 10th Congress of ECCO in numbers

ECCO cannot stop breaking records – 5,420 delegates attended the 10th Congress of ECCO in Barcelona

The 10th Congress of ECCO – Inflammatory Bowel Diseases 2015, which was held on February 18–21, 2015 in Barcelona, Spain showed that ECCO continues to grow! The Congress attracted a record number of 5,420 delegates from 80 different countries. Since the inaugural ECCO Congress in 2006 in Amsterdam, at which there were 350 delegates, participant numbers have steadily increased, as shown in the graph below.

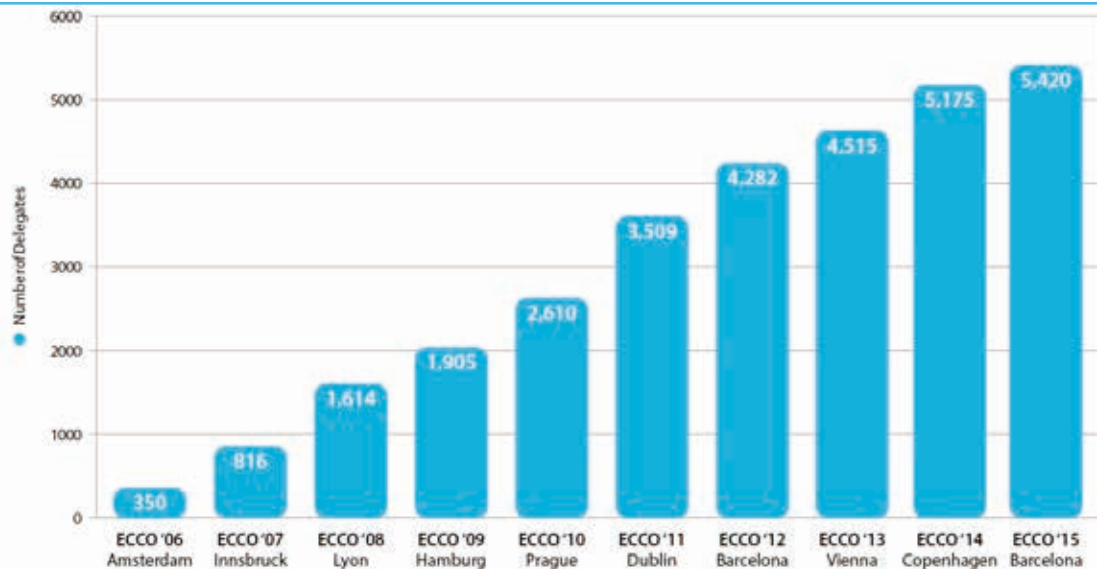


Figure 1: ECCO Congress participation 2006-2015 © ECCO Office

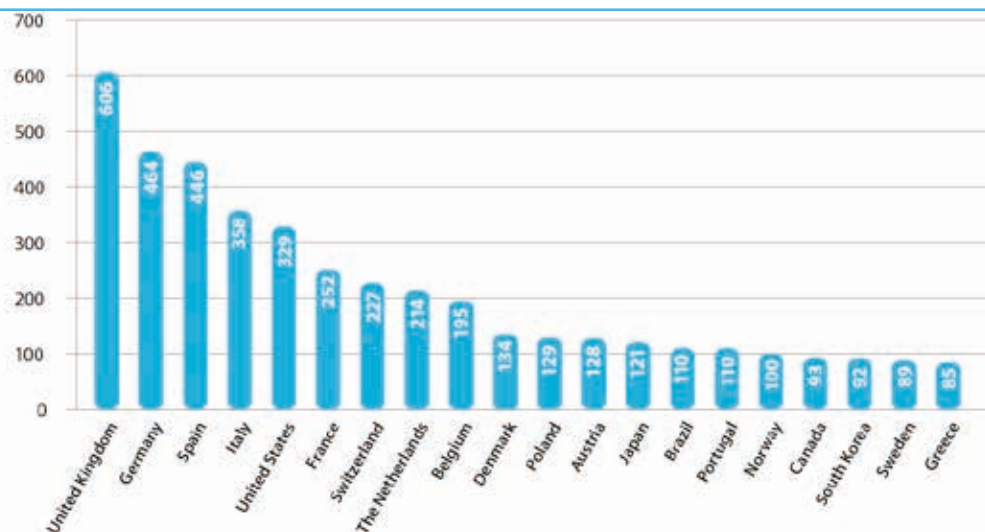


Figure 2: ECCO Congress participation 2015 - top 20 countries © ECCO Office

The pie chart to the left shows the **attendance at the 10th Congress of ECCO** from a continental perspective. Approximately 79% of all participants came from Europe and about 21% from outside of Europe. The pie chart to the right illustrates the **professions represented at the 10th Congress of ECCO**. The majority of participants were physicians (45%), followed by representatives from industry (19%). Other attendees included IBD nurses (6%), clinical researchers (5%) and endoscopists (4%), followed by scientists, surgeons, fellows/trainees (3% each) and students and paediatricians (2% each). Pharmacists and research nurses represented 1% of all delegates.

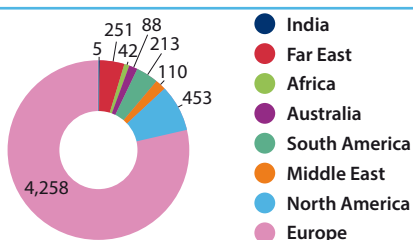


Figure 3: ECCO Congress participation 2015 – continental perspective © ECCO Office

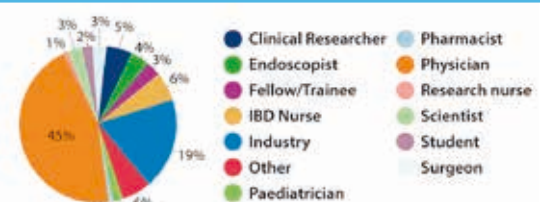


Figure 4: ECCO Congress participation 2015 – professions © ECCO Office

Industry exhibition

This year's industry exhibition attracted **37 exhibitors**, mainly from the pharmaceutical but also from the device/instrumentation, medical, publishing and non-profit sectors. The total net exhibition area was **1,219 m²** – yet another record number in ECCO's history, which demonstrates a massively growing interest from industry.

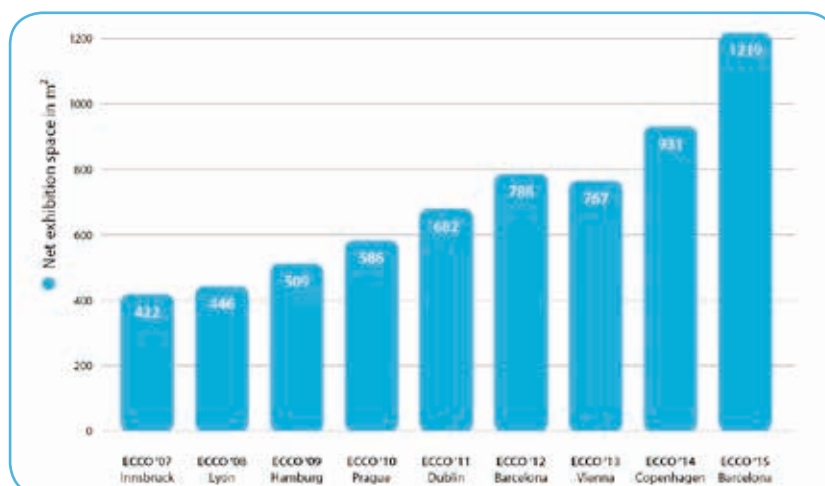


Figure 5: Net exhibition space 2015 in m² © ECCO Office

High-quality abstracts

A key component of the success of the ECCO Congress is the **rising number of high-quality abstracts** accepted for oral, digital oral and poster presentation. An outline of the evolution of abstract submission is displayed in figure 6.

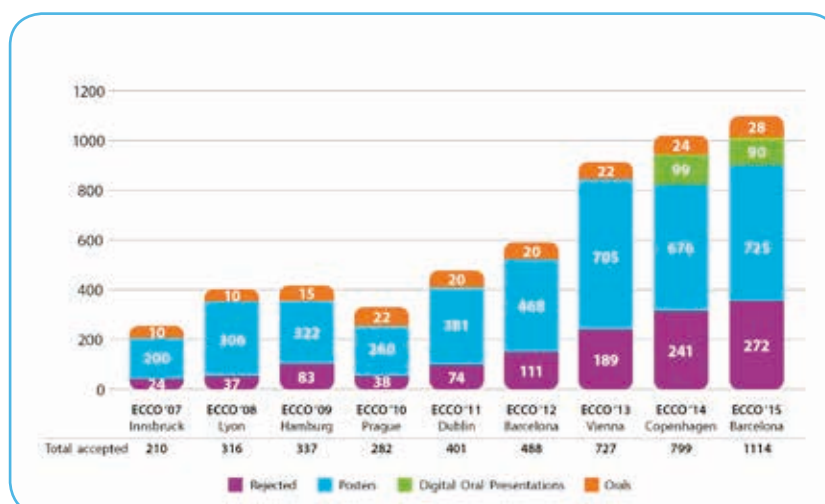


Figure 6: Accepted versus rejected abstracts 2007–2015 © ECCO Office

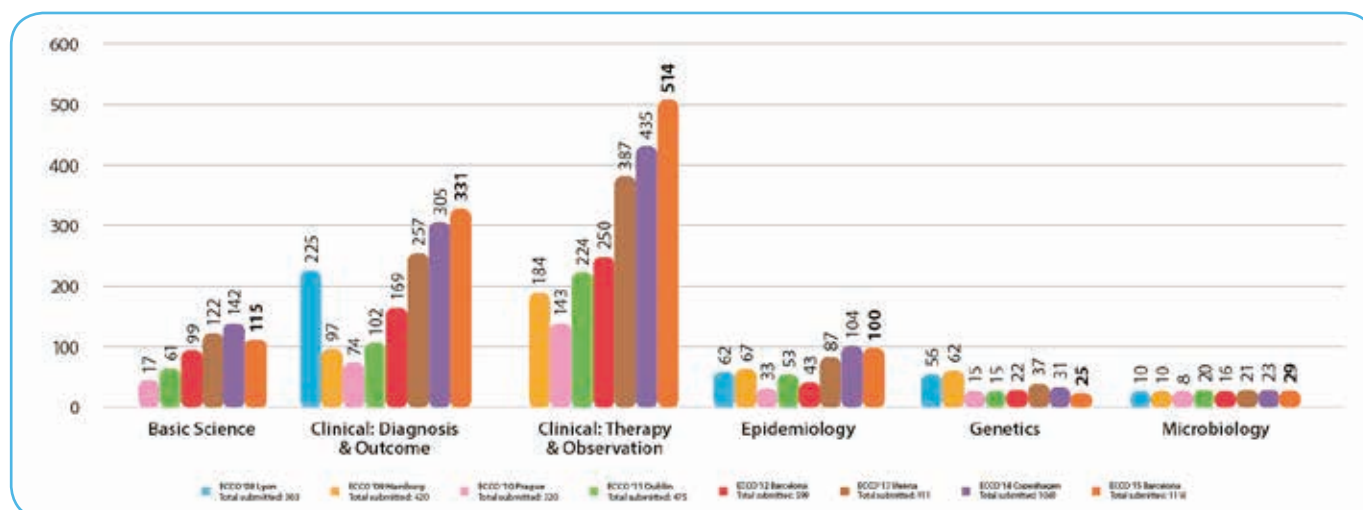


Figure 7: Abstracts 2015 - category split © ECCO Office

Detailed statistics and impressions of the 10th Congress of ECCO can be viewed online at www.ecco-ibd.eu.

Furthermore, video recordings of scientific talks are available for ECCO Members in the e-Library under *Webcasts* on the e-CCO Learning Platform: www.e-learning.ecco-ibd.eu (available as of April 2015).

All presentations of the ECCO Congress can also be found in the e-Library under *Documents* on the e-CCO Learning Platform at: www.e-learning.ecco-ibd.eu

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

ECCO OFFICE

ECCO Fellowships and Grants 2015

One of the main goals of ECCO is to promote IBD-related basic and clinical research as well as to foster interaction and productive collaboration among European research groups. To achieve this aim, ECCO awards Fellowships, Grants and Travel Awards on a yearly basis. Each Fellowship consists of a EUR 60,000.- award (an increase from previous years) to facilitate the stay of a young investigator in a different research group in order to undertake a specific research project. Grants consist of a EUR 30,000.- award and each Travel Award is funded with EUR 1,500.- to allow the recipient to travel to another country for a scientific purpose. Since these ECCO Fellowships and Grants were first awarded in 2008, they have resulted in 23 original publications, including two in *Nature*, two in *Gastroenterology* and five in *Gut*.

This year, a total of 18 awards have been given: Two ECCO Fellowships, 11 ECCO Grants and five ECCO Travel Awards, including one N-ECCO Travel Award. It is important to underline that, once again, all proposals submitted to ECCO were peer reviewed by a panel of expert reviewers. Each proposal was assigned three or four reviewers, one of whom was a member of ECCO's Scientific Committee and the other two or three, well-known experts in that particular area of the IBD field.

In the case of ECCO Fellowships, the two best ranked have been selected for funding: **Christina Mascaraque** from Grenada, Spain, who will do her fellowship at the Humanitas Hospital, Milan, Italy, undertaking a project entitled "Sphingosine-1-phosphate in IBD: A new bridge between barrier function and intestinal inflammation", and **Carla Felice** from Rome, Italy, who will travel to the Centre for Digestive Diseases at Barts and the London, to study "Selective histone deacetylase inhibitors for treatment of IBD".



ECCO Fellowships 2015 © ECCO

As far as ECCO Grants are concerned, the best 11 were selected for funding. The number of grants awarded saw a substantial increase this year (usually five are awarded), reflecting the high quality of the scientific proposals



ECCO Grants 2015 © ECCO

submitted. The funded investigators and their proposals are:

- **Gabriella Avielo** (Dublin, Ireland)
Title: Role of NADPH oxidase in the maintenance of intestinal homeostasis
- **Nik Ding** (Fitzroy, Australia)
Title: IBD: Metabolomic and microbiomic predictors of response to biologic therapy
- **Yael Haberman** (Ramat Gan, Israel)
Title: Defining the role of long ncRNA in the pathogenesis of early-onset Crohn's Disease
- **Turid Hammer** (Copenhagen, Denmark)
Title: Inflammatory Bowel Disease in the Faroe Islands
- **Giulio Muccioli** (Brussels, Belgium)
Title: Study of the effect of the endocannabinoid-derived prostaglandin D2-glycerol ester in colitis
- **Jordi Rimola** (Barcelona, Spain)
Title: Clinical impact of hybrid imaging PET-MRE in fibrostenosing Crohn's Disease
- **Janneke Samsom** (Rotterdam, the Netherlands)
Title: Identification and characterisation of microbiota specific T cell responses in Crohn's Disease
- **Julia Spoendlin Allen** (Basel, Switzerland)
Title: The risk of incident rosacea in patients with Ulcerative Colitis and Crohn's Disease
- **Anje te Velde** (Amsterdam, the Netherlands)
Title: DNA methylation profiles in IBD fibroblasts
- **Vladislav Volarevic** (Kragujevac, Serbia)
Title: The role of galectin 3 in acute colitis
- **Manon Wildenberg** (Amsterdam, the Netherlands)
Title: The use of benzimidazoles as co-medication for anti-TNF therapy in IBD

We also funded five of the Travel Award applications submitted this year. As before, those that were selected will favour experience sharing and trigger new European collaborative studies. We are particularly happy to include one N-ECCO Travel Award among these. The role of the IBD nurses in IBD patient management is increasingly being recognised across Europe.

Hence, promoting their training and allowing them to share their experience is a priority. The Travel Awards 2015 are received by:

- **Maria Jose Garcia** (Santander, Spain)
Observership at the department for 3 months
- **Edyta Szymanska** (Warsaw, Poland)
Very early forms of IBD - Genetic background, clinical patterns and management
- **Madalina Christina Ilie** (Bucharest, Romania)
Role of the gut microbiota in Inflammatory Bowel Disease pathogenesis
- **Steven Bots** (Amsterdam, The Netherlands)
Optimisation of treatment for Inflammatory Bowel Disease by point-of-care use of trans-abdominal ultrasound
- **Patricia Geens** (Bonheiden, Belgium) - N-ECCO
Learning objectives of the Canadian IBD care unit



ECCO Travel Awards 2015 © ECCO

There will be another open call for Fellowships and Grants next year for all ECCO Members. We are particularly excited to be in a position to award two new Fellowships in 2016: The ECCO-Nestlé Health Science Nutrition Fellowship and the ECCO-IOIBD Fellowship. Further details will be provided in due course. In the meantime we wish all of these year's awardees the best of luck in successfully delivering on the contents of their awards and hearing data presentations resulting from their work at forthcoming ECCO Congresses.

CHARLIE LEES
SciCom Member

Successful launch of ECCO Scientific Platform in Barcelona

Hundreds of delegates enriched the "ECCO Scientific Platform – Who does What?" by taking their profile picture and registering onsite

What is the "ECCO Scientific Platform – Who does What?"

The „ECCO Scientific Platform - Who does What?“ is a web-based tool to allow networking and to inform researchers interested in IBD about research groups and their ongoing studies, including information on technologies, lab skills, infrastructure, etc. Open fellowships and PhD positions can be indicated on the research group's profile and individual members can state whether they are available as mentors for young colleagues. The ECCO Scientific Platform is a completely new way to facilitate networking in the IBD community.

Sample search for users interested in "mucosal immunology":

The screenshot displays the ECCO Scientific Platform interface. At the top, there's a navigation bar with links like Home, Task force, My group & studies, My profile, and Admin. A search bar contains the text 'mucosal immunology'. Below the search bar, there are filters for 'Find' (Membership, Fellowship) and 'Show' (Profile, Groups, Studies). A 'Filter by country' dropdown is also visible. The main content area shows a list of user profiles, each with a photo, name, institution, research interests, office membership status, and fellowship positions availability. The profiles listed are: Prof. Dr. Gianluca Mastrorilli, Prof. Michael Schiller, Dr. Georgios Bamias, and Dr. Iris Dotan. To the right of the profiles is a world map with red pins indicating user locations.



Facts & figures:

A survey was conducted in Barcelona (n=139) and the following outstanding results were achieved:

- **General impression** of the ECCO Scientific Platform: **4.48** (5=outstanding, 1=poor)
- **97%** of all survey participants said they would share their studies on the ECCO Scientific Platform to provide information for interested peers
- **81%** confirmed their interest in the mentorship programme on the platform

Since its launch, the platform already comprises (as of March 5, 2015):

- Number of **fellowship** offers: 78
- Number of users available for **mentorship**: 86
- **Many keywords** – including, for example, 14 profile search results for mucosal immunology

The ECCO Scientific Platform Taskforce would like to thank all delegates who signed up on the ECCO Scientific Platform in Barcelona. Very valuable feedback has been received, which will be further discussed within the Taskforce to ensure user-friendliness and attractiveness of the platform as well as steady growth of active users!

The „ECCO Scientific Platform – Who does What?“ is a SciCom initiative, supported by ClinCom, N-ECCO and Y-ECCO:

Alessandro Armuzzi (Italy), ClinCom Member
Iris Dotan (Israel), SciCom Member
Pieter Hindryckx (Belgium), Y-ECCO Chair
Karen Kemp (United Kingdom), N-ECCO Member
Edouard Louis (Belgium), former SciCom Chair
Tim Raine (United Kingdom), Y-ECCO Member
Gerhard Rogler (Switzerland), SciCom Chair



Creating a profile on the Scientific Platform © ECCO



Taking a portrait picture © ECCO

Have you signed up yet?
Join the ECCO Scientific Platform
on www.sp.ecco-ibd.eu now!

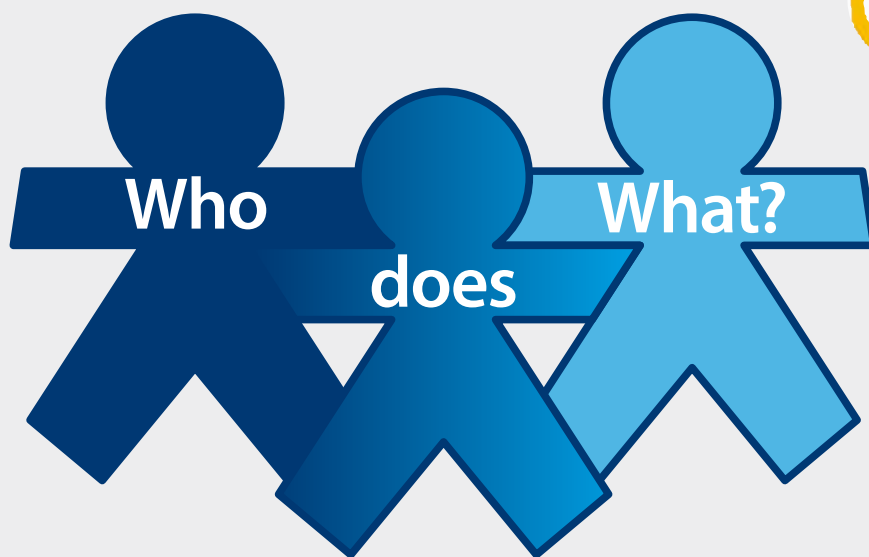




European
Crohn's and Colitis
Organisation

ECCO Scientific Platform

Register now &
browse through
profiles, groups
& studies!



Preliminarily launched at the
ECCO'15 Barcelona Congress

ECCO Members can register on the ECCO Scientific Platform and use this web-based tool to:

Create

- Your individual scientific profile
- Research groups
- Basic studies
- Clinical studies

Search by

- Persons/Groups/Institutes
- Keywords
 - Research interest
 - Technologies
 - Lab skills
- Country
- Etc.

Connect with

- Other users of the platform
- Representatives of research groups
- Mentors
- Institutes offering fellowships

Scan and visit
www.sp.ecco-ibd.eu



SciCom Scientific Workshop

Timelines for Scientific Workshop (SWS) 5 in 2015 and 2016

The Scientific Workshop (SWS) is one of the hallmarks of the scientific activities of the SciCom and ECCO in general. To date, four very successful SWS have been held that have focussed on: Loss of response to anti-TNF therapy; tissue healing in IBD; cancer and IBD and finally fibrosis in IBD. Eleven papers reporting on these workshops have been published in Journal of Crohn's and Colitis so far.

At present, the fifth SWS is ongoing and is focussing on one of the most devastating and poorly researched complications of Crohn's Disease, the formation of peri-anal fistula. Peri-anal fistulae are one of the major reasons for morbidity and surgery in patients with Crohn's Disease. Despite their importance, the pathophysiology, classification and endpoints to measure response to therapy remain very poorly developed.

During the ECCO'15 Barcelona Congress, the steering committee (Willem Bemelman, Konstantinos Katsanos, Michael Scharl and Gijs van den Brink) and a team of experts held their first meeting in two working groups that will focus on (a) pathophysiology of peri-anal fistulising disease and (b) classification of peri-anal fistula and definition of clinical endpoints, including patient-reported outcomes.

We have identified several key questions and aims relevant to the SWS 5, on which the working groups are now working.

SWS 5 – Next steps:

- Kick-off meeting and formation of working groups successfully took place during the ECCO'15 Barcelona Congress.
- Meetings organised within working groups, at the discretion of the working group leaders and depending on the progress and needs of the working group in question, will be held at DDW 2015.
- Meeting at UEG Week 2015: Discussion within working groups on the results of literature reviews and synthetic plenary presentation. Planning of the manuscripts.
- End of January 2016: Deadline for submission of the SWS manuscript. The submission will be made between September 2015 and January 2016.
- Meeting at ECCO Congress 2016: Working session to select research project.
- ECCO Congress 2017: Plenary presentation

GIJS VAN DEN BRINK
SciCom Member

IBD Drug Development in the near Future and Lessons from IBD Registries

Report of the 4th ClinCom Workshop, ECCO Congress, Barcelona 2015

With 64 preregistered participants from different backgrounds (industry, clinical research, clinicians and regulators) and from 19 countries, the 4th ClinCom Workshop mirrored the success of the previous workshops. Within the ECCO Community, ClinCom is devoted to the promotion of investigator-initiated clinical research through education, stimulation and assistance. It has been four years since the workshop last brought together various stakeholders in clinical trial design in order to dissect and discuss relevant topics with the intention of improving the performance of IBD clinical practice. "IBD drug development in the near future" and "IBD registries" were the 2015 Workshop's themes. The aim was to cast light on the question, "What's next in IBD drug development?"

Gijs van den Brink (AMC, Amsterdam, the Netherlands) opened the Workshop by explaining what we can learn from preclinical models. Preclinical models of colorectal cancer (CRC) have been compared with preclinical models of IBD. The aetiology of CRC is known and is founded on an inappropriate epithelial proliferation in response to environmental factors in a genetically susceptible host. CRC is caused by sequential DNA mutations in a colonic epithelial stem cell within a context of evolutionary conserved epithelial patterning. Mutations in humans also cause adenoma in the mouse, thus making modelling and rendering of adenoma development and CRC possible. IBD has a multifactorial and partially known aetiology involving complex interactions between genetic factors and intestinal microbes that yield an inappropriate inflammatory response at the intestinal level. Currently, there are up to 30 different mouse models of gut inflammation that may be grouped into a few major categories according to the nature of the inflammation and the method of generation (e.g. chemically induced models, adoptive transfer models and genetically modified models such as gene knockouts and transgenic animals). While animal models have clearly contributed to the understanding of IBD pathogenesis, there is an apparent lack of integration of mouse model

data into the clinical setting and it remains a daunting task to decide which of the various models of experimental IBD would be appropriate to use in order to generate useful clinical data.

Vipul Jairath (Oxford, United Kingdom) brilliantly explained from a methodological point of view which questions can be addressed by proof of concept (PoC) studies. With the advances in the understanding of the molecular basis of IBD, the number of plausible therapeutic targets has expanded. However, although investment in pharmaceutical R&D has increased, the lack of a corresponding increase in new approved drugs indicates that therapeutic innovation has become more challenging. The term "proof of concept" may be defined as "the earliest point at which the weight of evidence suggests it is reasonably likely that the key attributes of success are present and key causes of failure absent" and a PoC study is defined as a "clinical trial carried out to determine whether a treatment is biologically active or inactive". In general, POC studies are phase I/II studies that require a homogeneous population, maximum tolerated dose to achieve target occupancy, and objective/efficient outcome measures to minimise potential bias and, thus, to inform the planning of phase III trials. The challenge in IBD lies in the disease heterogeneity (which makes it more difficult to achieve a homogeneous target patient population) and in the definition of stringent entry/outcome criteria. In this context, seamless adaptive designs, with carefully designed protocols to incorporate interim analyses without compromising blinding or integrity, with a Bayesian approach, may improve efficiency.

Daniela Melchiorri (Rome, Italian Medicines Agency and CHMP Member at EMA) then explained the position of EMA (Note for Guidance on Choice of Control Group in Clinical Trials – CPMP/ICH/364/96) concerning the choice of control group in clinical trials. Advantages and disadvantages of placebo concurrent control and of active concurrent control in clinical



ClinCom Members (Vipul Jairath, Fernando Magro, Alessandro Armuzzi, Marc Ferrante) © ECCO

In the last talk of Session 2, Barrett Levesque (San Diego, United States) explained what we have learned from registry trials in IBD.

Among the instruments that can be used for outcomes research, registry studies can represent an adequate alternative to randomised controlled trials because they are operationally simple and less expensive, although they do have the intrinsic problem of confounders. The advantages of cohort studies are that they can be used to study several outcomes, they allow measurement of true rates and risk of disease for both exposed and unexposed groups and temporality is correct (i.e. causes precede effect). Conversely, the main disadvantages are that they can be lengthy and, therefore, costly, with potential loss to follow-up and with selection bias deriving from the fact that participation may be associated with exposure status for some exposures. The main objectives of an IBD registry are to evaluate the long-term safety (primary) or effectiveness (secondary) of drugs on the basis of comparisons between exposed and unexposed participants, with a follow-up usually of 5–10 years and with recording of possible confounders to minimise the risk of bias. Various IBD registries (TREAT: infliximab in CD; PYRAMID: adalimumab in CD; SECURE: certolizumab in CD; LEGACY: adalimumab in UC) were then discussed as examples, highlighting the level of generated evidence, but also limitations, selection bias and confounders.

In the last part of the workshop, Filip Baert, on behalf of the ClinCom, named Mette Julsgaard and Franck Carbonnel as joint winners of the ECCO 2015 best investigator-initiated study (IIS). Mette Julsgaard's study was on "Adalimumab and infliximab levels in neonates (ERA study)" while Franck Carbonnel's was entitled "Methotrexate for corticosteroid-dependent Ulcerative Colitis: Results of a placebo randomised controlled trial".

Finally, the ClinCom Team was renewed. Filip Baert (Belgium), Laurent Peyrin-Biroulet (France) and Ailsa Hart (UK) have completed their terms, and new members have arrived: Marc Ferrante (Belgium), Vipul Jairath (UK) and Edyta Zagorowicz (Poland) are now on board with Fernando Magro (Portugal) and Alessandro Armuzzi (Italy). No doubt they will be the source of new ideas and knowledge that will further intensify ClinCom Activities in the near future.

If you feel that it was a pity you missed these talks, we invite and encourage you to look out for our 5th ClinCom Workshop in Amsterdam. This will be on "balancing safety/efficacy" and "balancing efficacy/costs" in IBD management. Remember to preregister and to arrive early as the workshop will start prior to the scientific programme. Be there!

trials were illustrated from the "regulatory" viewpoint. As far as IBD trials are concerned, the issue of high variability of remission/response placebo rates was tackled and the need for more stringent eligibility criteria and objective endpoints was stressed, including from the "regulatory" side. In this context, the ongoing EMA concept papers on the revision of the guideline on the development of new medicinal products for the treatment of Crohn's Disease (CD; EMA/CHMP/328077/2014) and Ulcerative Colitis (UC; EMA/CHMP/327812/2014) were discussed and compared with what is going on at the FDA level. Finally, the "regulatory" viewpoint was that placebo is still needed as an add-on to background therapy in second-line IBD trials and that the introduction of a third arm with active control would be attractive, without the need to show non-inferiority but with the potential to show relative efficacy for benefit/risk and health technology assessments.

In the last talk of Session 1, Brian Feagan (London, Canada) illustrated how IBD drug development is a multistep process and how the business model of the big pharmaceutical industries needs reform. Currently within the field of IBD drug discovery there is a lag time of nearly 12 years between key findings (i.e. preclinical research) and introduction (i.e. regulatory review and approval) of a drug. This traditional process is expensive; furthermore, it is becoming less efficient and is leading pharmaceutical companies to cut costs to achieve a suitable return on investments. Therefore, the current model of drug development is probably not sustainable. Innovative and creative partnerships between academia and industry are probably the key to elaborate new models of drug development.

Klaus Gottlieb (Rockville, United States) opened Session 2 by illustrating the regulatory agencies' point of view in a presentation entitled "Registries – How reliable are they?". A patient registry may be broadly defined (according to the Agency for Healthcare Research and Quality – AHRQ) as an "organised system that uses observational study methods to collect uniform data (clinical and other) to evaluate specified outcomes for a population defined by a particular disease, condition or exposure and that serves predetermined scientific, clinical or policy purposes". Alternatively it may be narrowly defined (according to the International Society for Pharmacoeconomics and Outcomes Research – ISPOR) as a "prospective observational study

of subjects, with certain shared characteristics, which collects ongoing and supporting data over time on well-defined outcomes of interest for analysis and reporting". The taxonomy of patient registries (Classification, Characteristics and Terms) provides a working definition and describes distinguishing characteristics of a registry. Hundreds of registry studies are currently registered and several registry quality guidelines are available from both U.S. and European regulatory agencies. Overall, registry-based studies are very difficult to perform in a scientifically valid fashion owing to difficulties with recruitment and, therefore, power, retention, control of confounding, and therapy switching.

Laurent Beaugerie (Paris, France) shared his experience on how to build a registry, illustrating scientific objectives, feasibility elements, achievements and main limitations of the "Cancer and Increased Risk Associated with Inflammatory Bowel Disease in France" (CESAME) project. To move forward using lessons from CESAME, the "Ibd Cancer and seRious infections in Europe" (I-CARE) study has been designed. This European prospective longitudinal observational multicentre cohort study has been conceived to assess prospectively safety concerns (cancers and infections) regarding anti-TNF alone or in combination with thiopurines (primary objective) and to evaluate (1) the impact of anti-TNF on natural history, disease modification and patient-reported outcomes, (2) the benefit–risk ratio of therapeutic strategies, and (3) the healthcare costs and cost-efficacy of therapeutic strategies (secondary objectives).

Tine Jess (Copenhagen, Denmark) addressed the Danish experience ("...when an entire country is a cohort"), focussing on IBD research on national Danish registers and illustrating some examples of studies performed on IBD, such as those on familial risk of IBD, changes in medical and surgical treatment and changes in colorectal cancer risk over the last 30 years, risk of cervical dysplasia and cancer in IBD and the association between TNF alpha antagonists and risk of cancer in IBD. Finally, strengths (e.g. free and easy access to health care, nationwide validated registers, population-based studies with no selection bias, ability to follow patients over time without recall bias, linkage to the Danish national biobank) and limitations (e.g. limited data on phenotypes, BMI, smoking and alcohol consumption) of IBD research on national Danish registers were highlighted.



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Colonoscopic indicator of ileo-sigmoid fistula
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New Guidelines

on Malignancies in IBD and Extra-intestinal Manifestations coming up ... and Marcus became French

This year's ECCO Congress in Barcelona once again offered a platform to introduce the newest guidelines, which will be published in Journal of Crohn's and Colitis in the near future. The first person to enter the stage was Rami Eliakim, who introduced the new **ECCO Guidelines on Malignancies in IBD**. From his presentation it became clear that these guidelines will further help in tailoring therapy to the individual patient as the guideline authors found solid evidence for, e.g. an increased risk of specific malignancies depending on age and gender. Not only are these specific stratified risks presented in clear statements, but the authors have expended great efforts to develop statements on how to integrate such current knowledge into daily routine practice. These statements, often based on expert opinion owing to a lack or a scarcity of scientific studies, address many questions that arise in daily routine and should help in better individualising therapy, making it safer while remaining effective. Interestingly, for



Marcus Harbord and Franck Carbonnel © ECCO

example, methotrexate is clearly suggested as an alternative to be considered in young male patients under certain circumstances. But not only will the guidelines help in understanding the various risks regarding potential future malignancies associated with "our" medication: They will also contain a section on how one should treat patients who have had a malignant disease in the past. The guidelines are currently being written up and publication is planned towards the summer of this year.

This presentation also marked Rami Eliakim's last duty in his position as GuiCom Chair. We really have to thank him for his work as a Committee Member from February 2011 to February 2015 and as Chair for the past 2 years. He did a fantastic job in pursuing the development of three new guidelines and introducing a new series of ECCO Topical Reviews (the first of which, on fibrosis, will hopefully be published in the second half of this year), to name just two of his projects. **Thanks Rami!**

Last but definitely not least, the official main programme on the Friday included an

introduction to the new **ECCO Guidelines on Extra-intestinal Manifestations** from Marcus Harbord, our new GuiCom Chair, and Franck Carbonnel. And it appeared that Marcus used the stage to fulfil a dream of becoming a Frenchman at least once in his life (I am not so sure of Franck's feelings about becoming an Englishman, though). The lively presentation certainly kept the audience in the room wide awake. Marcus Harbord used the presentation as an opportunity to introduce one of the newest additions – the ECCO e-Guide (www.e-guide.ecco-ibd.eu) – to a broad audience. Using the e-Guide, which contains all the up-to-date guideline statements and additional helpful information, in order to answer Franck Carbonnel's questions on the presented case reports, the "Frenchman" surely convinced the audience of the usefulness of the e-Guide in our daily IBD work. And Marcus had one more piece of good news: As of this ECCO Congress the ECCO e-Guide has open access and can be reached directly from the official ECCO Website (www.ecco-ibd.eu) without entering any passwords, making it even more user friendly. The only downside of this presentation was that it also marked the end of Franck Carbonnel's term as a GuiCom Committee Member. **Thanks Franck** for all your wonderful work in further advancing the ECCO Guidelines. (Franck, should you have any spare time now you might want to help Marcus with his French :-)).



Rami Eliakim © ECCO

CHRISTIAN MAASER
GuiCom Member

Update on GuiCom Activities

The 10th Congress of ECCO in Barcelona may already seem a distant memory, so you may well ask what are the new challenges for the Guidelines Committee? A major thrust throughout the spring and summer will be completion of the ECCO e-Guide, incorporating all of the published ECCO Guidelines into two main care algorithms covering Ulcerative Colitis and Crohn's Disease. The ECCO e-Guide is now open access, and therefore available across the world to both ECCO Members and non-members alike. Hopefully it will therefore spread the ECCO Message far and wide.

Two new members of the Guidelines Committee, Gionata Fiorino from Milan, Italy and Christian Maaser, from Lüneburg, Germany have joined the **ECCO e-Guide Taskforce** and their contribution is much valued. Meanwhile, established GuiCom Members Andreas Sturm and Paolo Gionchetti are busy planning the



GuiCom Members (Paolo Gionchetti, Marcus Harbord, Gionata Fiorino, Christian Maaser, not in picture: Andreas Sturm) © ECCO

second **ECCO Topical Review, IBD in the Elderly**, for which participants have already been recruited. The meeting of experts will take place at UEGW in the autumn, followed by a publication in Journal of Crohn's and Colitis.

Two ECCO Topical Review meetings and publications will be produced annually, under the aegis of GuiCom. Next spring the review will be on Environmental Factors in IBD. Thereafter subjects will be based on suggestions from you, our ECCO Members. Please get in touch if you have an idea for a good review.

During the course of this year the **Guidelines on Ulcerative Colitis** will be updated, and participants have already been notified of the Consensus Meeting to be held in the autumn. This is an exciting time for IBD therapies, so I look forward to sharing the results of this ECCO Consensus with you at ECCO 2016 in Amsterdam.

MARCUS HARBORD
GuiCom Member

ECCO Survey of existing National Registries

Assessment of epidemiological research possibilities across Europe

EpiCom (the ECCO Epidemiological Committee) is intending to perform a survey among the ECCO Country Members in order to gather information that will be helpful for researchers in planning future studies in the field of epidemiology. Patient registries and databases constitute key instruments for research in the field of epidemiology. They are the only tools to pool data in order to achieve a sufficient sample size for epidemiological and/or clinical research. We therefore aim to gather information on existing registries in Europe in order to facilitate further research in the Inflammatory Bowel Diseases (IBDs), Crohn's Disease and Ulcerative Colitis.



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

The EpiCom study group has in recent years been very successful in establishing a research project with the participation of 31 centres across Europe in 22 countries, and 1- and 5-year follow-up studies are currently being performed using stringent methodology based on geographically defined inception cohorts.

In order to be able to perform even larger studies on the prognosis and course of disease and to facilitate further collaboration among research groups in Europe, we aim to establish a knowledge database containing information on existing public and private databases concerning IBDs.

Methods

We intend to perform the survey via National Contact Points. A questionnaire will be mailed to them and will contain the following items on a local, regional or national level: Existence of a national population register, registry of diagnoses, treatments/procedures performed, birth and death registry, birth defect registry, twin or multiplex registry, medical prescriptions registry, adverse events registry, cancer registry,

registry of biological treatments, histopathology registry, disease-specific registries, i.e. for IBDs, and existence of national bio banks.

Furthermore we would like to know whether it is possible to perform linkage between the different national registries through patient identification numbers or social security numbers. For every register identified, we shall register the name of the registry, an eponym, and whether the registry is national or regional and private or public. Also, we shall gather information on the authorities or persons responsible for the registries and their contact details.

It is planned that the study will take place during 2015 and be finalised by the end of the year.

Outcome

All collected information will be systematised and made available on the ECCO Platform.

EBBE LANGHOLZ
EpiCom Member

Introduction to the H-ECCO Working Group

As stated in the European consensus on the histopathology of Inflammatory Bowel Disease (IBD), the histological examination of endoscopic biopsies or resection specimens remains a key step in the work-up of affected patients.

Specifically, histology can be used for both diagnosis and differential diagnosis, particularly in the differentiation of Ulcerative Colitis from Crohn's Disease and other non-IBD-related colitides. The introduction of new treatment strategies aiming at mucosal healing has generated new strategies for follow-up biopsies, which nowadays may be taken not only to identify dysplasia or superinfection but also to evaluate the success of treatment.

ECCO's mission is to improve all aspects of the care of patients with IBD through international practice guidelines, education, research and collaboration in the area of IBD. Therefore, a working group dedicated to histopathology (H-ECCO WG) was launched at the 10th Congress of ECCO in Barcelona. The H-ECCO WG aims to improve the standard of care in IBD pathology in Europe in various ways.

A central issue will be education, both for pathologists and for clinicians. The H-ECCO WG will take an active part in ECCO's excellent teaching activities, where appropriate. Starting from 2016, the H-ECCO WG will organise a regular masterclass in IBD histopathology during the annual congresses. This course will be designed



H-ECCO Working Group Members (Roger Feakins, Paula Borralho, Cord Langner, Magali Svrcek, Vincenzo Villanacci) © ECCO

mainly for pathologists, but will also address technical aspects at the clinicopathological interface that are relevant for both pathologists and clinicians.

The H-ECCO WG will provide histopathological expertise and input for all ECCO Activities. Specifically, the working group will actively participate in the development of guidelines, position statements and histopathological publications. In addition, the H-ECCO WG will use its position to strengthen histopathological IBD research across Europe, with a focus on both basic and applied research. The impact on patient care will guide our projects.

All working group members are enthusiastic about the H-ECCO WG Mission and Activities. It is absolutely fantastic to be part of a newly launched demanding project right from the outset, as this offers great opportunities. All working group members are

very experienced and well recognised in the field of IBD histopathology, and all are active members of the Working Group of Digestive Diseases of the European Society of Pathology (ESP). Specifically, the group comprises:

- **Paula Borralho**, Portugal. Chair, Working Group of Pediatric and Perinatal Pathology, ESP
- **Roger M. Feakins**, United Kingdom
- **Magali Svrcek**, France
- **Vincenzo Villanacci**, Italy
- **Cord Langner**, Austria. Chair, Working Group of Digestive Diseases, ESP

Together with my team, I am very much looking forward to the future with the H-ECCO WG being a new member in the great ECCO Family!

CORD LANGNER
H-ECCO WG Chair



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ECCO Educational Workshops 2015

ECCO Workshops

-  **39th ECCO Workshop**
Lisbon, **Portugal** - April 18, 2015
-  **40th ECCO Workshop**
Tallinn, **Estonia** - May 22, 2015
-  **41st ECCO Workshop**
Candigarh, **India** - September 13, 2015
-  **42nd ECCO Workshop**
Moscow, **Russia** - September 18, 2015
-  **43rd ECCO Workshop**
Glasgow, **Scotland** - November 25, 2015

ECCO Endorsed Workshops

- Swiss Imaging workshop 2015
Hallwilersee, Switzerland – August 27-28
- 2nd S-ECCO International IBD Workshop
Foz do Iguacu, Brazil – October 2-3, 2015

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38th ECCO Educational Workshop

Cartagena, Colombia, November 22, 2014 - participating speakers: André D'Hoore, Maria Galiano, Rafael García, Albis Hani, Fabian Juliao, Belen Mendoza, William Otero, Julián Panés, Luis Carlos Sabbagh, Fernando Sierra

More than 250 gastroenterologists and colorectal surgeons from Colombia actively participated in the meeting, which followed the format of previous workshops, i.e. case-based discussions aimed at disseminating current ECCO Guidelines and fostering their implementation in clinical practice.



The faculty consisted of two guests representing ECCO, Julián Panés from Spain and André D'Hoore from Belgium, as well as several Colombian speakers: Albis Hani, Belen de Molano, Fernando Sierra, William Otero, Rafael García, Maria T. Galiano and Fabián Juliao (the last two also co-organised the workshop as ECCO National Representatives).

The workshop started with a brief introduction to ECCO by Julián Panés and continued with the morning session, which included four case presentations: Imaging and new diagnostic steps in IBD, new-onset ileocaecal CD, fistulising disease and surveillance and chemoprevention.

The workshop continued after the lunch break with a further two cases on pregnancy and IBD and pouchitis. The final presentation, and really the highlight of the workshop, was

the exceptional state of the art lecture delivered by Julián Panés on opportunistic infections in IBD.

Based on informal discussion with participants during and after the workshop, and looking at the evaluation forms completed by them, we have no doubts that the workshop completely fulfilled expectations. This was also thanks to the perfect cooperation with and professional assistance from Phillip Judkins of the ECCO Office. Finally, thanks are due to ECCO for providing the opportunity and confidence to organise this meeting in our country, Colombia.

MARIA T. GALIANO, FABIÁN JULIAO
Local Workshop Coordinator

13th IBD Intensive Advanced Course

The 13th IBD Intensive Advanced Course took place before the ECCO'15 Barcelona Congress as the highlight of the educational programme which runs in conjunction with the conference

The course was opened by the Educational Officer, Axel Dignass, and the ECCO President, Séverine Vermeire, who herself attended the first IBD Intensive Advanced Course several years ago. The aim of the course is to provide a wide-ranging review of key clinical and scientific issues relating to the advanced management of IBD. Delegates are drawn from the ECCO Member Countries, with the National Representatives nominating their most promising IBD trainees to attend. They are supplemented by a small number of delegates from non-European countries, who this year came from Australia, Mexico and China. Overall, 90 doctors attended the course from 35 countries and were treated to a comprehensive update on IBD.

Faculty are invited to speak based not only on their expertise in specific areas but also on their educational ability. They are joined by a number of Y-ECCO Members who add welcome variety

to the presentation and teaching styles. This year, our basic science syllabus included talks on the exposome, genetics and the microbiome while clinical areas covered included a wide variety of management scenarios, which were addressed using interactive and case-based discussions as well as some didactic sessions. This year we increased the number of break-out sessions, with delegates able to attend smaller group teaching covering areas including management of IBD in pregnancy, the use of ultrasound and MRI in IBD, advanced IBD endoscopy and management of the complications of anti-TNF therapy.

As previously, electronic voting pads allowed us to perform pre- and post-course tests to establish the educational value of the course and to allow individuals to assess their learning. In addition, we continued our recent practice of recording the presentations and discussions to allow access to parts of the programme through the e-CCO Learning Platform for those unable to attend.

Applications for the 14th IBD Intensive Advanced Course will soon be welcome. For European ECCO Member Countries these should be made through the National Representatives. For the few ECCO Member Countries that didn't put forward candidates this year, we would very much welcome nominations for 14th IBD Intensive Advanced Course in Amsterdam in 2016. For trainees from elsewhere, applications should be made through the ECCO Office with a covering letter and a CV.



Peter Irving © ECCO

Thanks are due to the ECCO Office, whose efforts in ensuring that the course runs smoothly are hugely appreciated. In addition, the generous donation of material from speakers on previous courses deserves acknowledgement and thanks.

Finally, I wish to thank my colleagues on EduCom (James Lindsay, Torsten Kucharzik, Stephan Vavricka, Antonio López-Sanromán and Konstantinos Katsanos) for their participation and guidance and the rest of the faculty (Gerassimos Mantzaris, André D'Hoore, Pieter Hindryckx, Larry Egan, Jean-François Rahier, Simon Travis, Edouard Louis, Janneke van der Woude, Zuzana Zelinkova, Geert van Assche, Julián Panés, Jordi Rimola, James East, Pierre Michetti, Miles Parkes, Silvio Danese, Ailsa Hart, Sebastian Zeissig and Yehuda Chowers) for their time and enthusiasm without which the course would not be possible.

PETER IRVING
EduCom Member



IBD Intensive Advanced Course 2015 © ECCO

Update on EduCom Activities

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

In 2014 we have expanded the successful e-CCO Learning Platform, continued with the popular ECCO Educational Workshops and the IBD Intensive Advanced Course and increased the scope of the Imaging Workshops to include MRI and ultrasound. This has required the imagination and hard work of the dedicated EduCom Members with the welcome support of Axel Dignass, the former ECCO Education Officer.

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

Stephan Vavricka has been at the core of EduCom for the last three years and has been pivotal in the design and launch of the hugely successful e-CCO Learning Platform. His insight and imagination have been behind many of the projects, including the IBD Boot Camp and the interactive e-Cases. In addition, he has supported the Educational Workshops and IBD Intensive Advanced Course by preparing and delivering presentations. Finally, along with colleagues on EduCom he has developed the popular Imaging Workshops in ultrasound and MRI. He has been a great friend to us all on EduCom and I hope that he remains actively involved in our educational activities.

We are delighted to welcome three new EduCom Members this year:

Konstantinos Katsanos is Assistant Professor in Gastroenterology in Ionnina, Greece. He is currently undertaking a research sabbatical in New York. He has served ECCO previously as an EpiCom Member and has a keen interest in education. He will be responsible for the integration of the ECCO e-Guide into the e-CCO Learning Platform and will liaise with GuiCom to ensure that it is updated.

Antonio López-Sanromán is Senior Consultant Gastroenterologist at the Hospital Ramón y Cajal in Madrid. He has extensive national and international teaching experience and has organised the Spanish Advanced IBD course for residents as well as a Train the Trainers programme. We are delighted that he will put this experience to good work in continuing the

development of the e-CCO Learning Platform.

Peter Lakatos is Associate Professor at the Semmelweis University in Budapest and has an international reputation in education and research. His hard work has been pivotal in several ongoing ECCO Projects. He has been the Hungarian National Representative to ECCO and is an associate editor of the Journal of Crohn's and Colitis. We are delighted that he will take over the organisation of the European ECCO Educational Workshops.

Plans for the year ahead:

The next **IBD Intensive Advanced Course** in 2016 will provide a state of the art update on IBD for the very best trainees from Europe and around the world. The international faculty is selected for their experience and knowledge as well as their ability to deliver excellent interactive lectures and clinical case discussions. EduCom regrets having to turn down many applicants for the course. We aim to cap the numbers at around 80 to ensure that it continues to provide an interactive forum. As before, delegates from within Europe are nominated by the individual country's National Representatives after a competitive selection process. Delegates from outside Europe should apply directly to the ECCO Office when the call is advertised in ECCO News later this year.

The new workshop format of the **ECCO Educational Workshops** has increased the flexibility and interactivity of the workshops and allowed the international expert faculty to tailor the content to the specific local needs whilst promoting the management guidelines encompassed by the ECCO Consensus Statements. We will be holding workshops in Lisbon, Tallinn, Moscow, and Chandigarh in India. In addition there will be a Paediatric Workshop in Glasgow and an Imaging Workshop in Zurich.

The innovative and popular **ECCO Imaging Workshops** at the ECCO Congress will be expanded again to include endoscopy in addition to ultrasound and MRI. It will use a combination of models and interactive workstations alongside lectures from



EduCom Members (Antonio López-Sanromán, James Lindsay, Torsten Kucharzik, Peter Irving, Peter Lakatos, Konstantinos Katsanos) © ECCO

international experts. The feedback has been excellent and we expect to yet again have "sell out" workshops in 2016.

The **e-CCO Learning Platform** was developed by a dedicated taskforce and launched at ECCO 2014 in Copenhagen. EduCom has taken over its ongoing development. Considerable effort has enhanced its design, content and user-friendliness. There are clinical cases to work through, podcasts of the lectures and educational symposia from the ECCO Congresses, the IBD Boot Camp covering many aspects of the management of IBD, the Talking Heads series of expert opinion pieces and the IBD Blue Book for trainees. We are very grateful to the members of the Young ECCO (Y-ECCO) for their support in putting these together. The portfolio of the e-CCO Learning Platform now also includes the ECCO e-Guide to managing IBD. This interactive guide brings the ECCO Consensus Statements to life in a user-friendly algorithm.

In 2015, the goals of EduCom will remain the same: "To strengthen the evidence-based knowledge about IBD in ECCO Member Countries and beyond and to develop and implement a panel of educational formats intended for the different stakeholders and interest groups within ECCO that will aid in harmonising the practice of IBD".

JAMES LINDSAY
EduCom Chair

ECCO-ESGAR Imaging Workshops

ECCO-ESGAR MRI Workshop

Participating speakers and tutors: Andrea Laghi (Italy, ESGAR), Stuart Taylor (UK, ESGAR), Edouard Louis (Belgium, ECCO), Laurent Peyrin-Biroulet (France, ECCO), Arun Gupta (UK, ESGAR), Torsten Kucharzik (Germany, ECCO), Jordi Rimola (Italy, ESGAR), Stephan Vavricka (Switzerland, ECCO), Julián Panés (Barcelona, ECCO)

MRI is known as a highly sensitive and specific tool for the diagnosis and follow-up of patients with Crohn's Disease. Gastroenterologists often

want to be able to interpret MR images on their own for better guidance of patient management but lack the appropriate education. The goal of the workshop was to teach gastroenterologists how to interpret MR images in CD patients.

Fifty participants registered for the first MRI Workshop, which was part of the educational programme during the ECCO Congress in Barcelona. The workshop was organised by EduCom in collaboration with ESGAR (European Society for Gastrointestinal and Abdominal

Radiology). Four sessions were offered within the workshop, including "Imaging protocol in MRI", "Assessment of disease activity", "Complications" and "Peri-anal disease". After a brief introductory lecture by radiologists from ESGAR, participants had to work on different MRI cases at workstations. Afterwards, cases were discussed with the speakers and tutors. The participants particularly enjoyed the interaction with the tutors at the workstations, where MR images could be directly discussed.

ECCO-ESGAR Ultrasound Workshop

Participating tutors: Richard Beable (UK, ESGAR), Daniel Dindo (Switzerland, ECCO), Torsten Kucharzik (Germany, ECCO), Christian Maaser (Germany, ECCO), Giovanni Maconi (Italy, ECCO), Gerhard Rogler (Switzerland, ECCO), Stephan Vavricka (Switzerland, ECCO), Merel Scheuerkogel (The Netherlands, ESGAR), Emma Calabrese (Italy, ECCO), Norbert Börner (Germany, ECCO).

Bowel ultrasonography (US) has become an important diagnostic tool in monitoring patients with Inflammatory Bowel Disease (IBD) in recent years. It is an easy to use, accurate, cost-effective and pleasant method that has emerged as one of the most important imaging techniques in daily routine. The practical hands-

on workshop on bowel US was organised by EduCom in conjunction with colleagues from ESGAR.

The goal of the workshops was to introduce European IBD specialists to the technique of bowel US. Recently established educational tools were employed to enable hands-on training for about 39 participants. Tutors from five different European countries were involved and participants were taught how to localise and characterise inflammatory activity within the small and large bowel of IBD patients. Use of an ultrasound simulator allowed participants with different levels of educational experience to be trained simultaneously. During the hands-on training, each participant rotated

among nine different workstations to learn ultrasound pathologies in nine different cases. IBD pathologies were demonstrated for both transabdominal and transrectal US at different workstations. In addition to the ultrasound simulator, patients with IBD from a Barcelona IBD outpatient clinic volunteered to participate. In particular, the hands-on part of the workshop was experienced as rewarding by the participants.

Taken together, the Imaging Workshops during the ECCO'15 Congress in Barcelona were very well received by the participants and proved to be a great success. During the upcoming ECCO Congress in Amsterdam, ECCO is planning to include ultrasound, MRI and endoscopy. The Endoscopy Workshop will offer different sessions on endoscopic activity, surveillance/chromoendoscopy, small bowel endoscopy and endoscopic interventions. Participants will have the opportunity to work on cases at different workstations.



ECCO-ESGAR MRI Workshop 2015 © ECCO



Endo-anal ultrasound station at the ECCO-ESGAR Ultrasound Workshop © ECCO

We look forward to seeing you in Amsterdam!

TORSTEN KUCHARZIK
EduCom Chair

The IBD MDT

Working together to bring out the best in our patients - the management of IBD has to be multidisciplinary

One has only to look at the integration of multidisciplinary teams (MDTs) within such large IBD organisations as ECCO to realise the true value of the MDT in managing the patient with IBD. The IBD MDT meeting, much like the cancer MDT meeting, should be an important event in the diary of anyone treating IBD. It provides an opportunity to discuss patients whose management can be challenging and to canvas the opinions of one's colleagues.

The UK IBD standards document (www.ibdstandards.org.uk) states that IBD teams should have regular timetabled meetings, preferably on a weekly basis, to discuss IBD patients with complex needs. Cancer MDT meetings are well established and have the primary aim of ensuring adherence to the evidence base in the treatment of patients. Measuring the effectiveness of MDT meetings can be difficult as the expectations of stakeholders may be different. As treatments differ between individuals and not all patients may be presented at an MDT meeting, assessing the effectiveness on the basis of patient outcomes may not yield the most appropriate measures. A common criticism of the cancer MDT meeting is the lack of a patient-centred discussion, which highlights the importance of the patient being at the centre of any decision.

The need for the IBD MDT has been well highlighted by the UK institutional audits, which show a wide variation in IBD-related care, especially with regard to surgery. The wide

variation in re-operation rates among centres makes one wonder whether there is a postcode lottery in IBD-centred care.

The difficulty in setting up an MDT is determination of the core group and which patients should be discussed in the MDT meeting. In an attempt to investigate the views of those treating patients with IBD, opinions were sought from the MDT using a semi-structured interview and this research, conducted at St Mark's Hospital, has now been accepted for publication in the journal *Frontline Gastroenterology*. The overall view was that the IBD MDT meeting should have the overarching objective of improving patient care through sharing of collective expertise. It was also highlighted that the core members should be identified and that there should be good attendance, proactive contributions and careful patient selection. On a more global scale there was discussion on the value of having a 'hub and spoke' model of care, whereby hospitals with a large IBD practice could support those with smaller practices to ensure more universal care for IBD patients.

Varying institutional practices highlight the need to define the core group of any IBD MDT and, needless to say, all core members of any IBD MDT should be engaged in a predominantly IBD-based practice. Gastroenterologists, surgeons, IBD nurses, radiologists, dieticians and pathologists should all be part of the core group. The patient-centred approach becomes exceedingly important in the management of

complex IBD patients in whom there are many treatment options, and the quality of life and perceptions and views of patients have to be taken into account. It is in this setting that the practitioners (medical, nursing or allied) who have a long-standing relationship with the patient should be present at any discussion so that they can act as an advocate for the patient and also communicate the views of the MDT to the patient in an appropriate manner.

The MDT meeting can also be the location for regular reminders of ongoing research trials and any updates in treatment algorithms. This practice makes the wider team more aware of the activities within the unit and ensures that all patients have access to the highest quality of care.

Perhaps the most important aspect of the MDT meeting should be that its core members attend regularly and there is appropriate case selection to ensure that adequate time is given to patients who require the input of the wider team. There should be regular audit of outcomes in an institution and variations in treatment should be measured against national and international standards. These can then be appropriately addressed. Most importantly, though, the true measure of success of an IBD team, and by extension the IBD MDT meeting, is patient satisfaction as the patient should be the focal point of any centre excelling in IBD care.

JANINDRA WARUSAVITARNE
S-ECCO Member

Falk Symposia 199-200



VIII Falk Gastro-Conference

October 14 – 17, 2015
Freiburg, Germany

Congress Venue

Konzerthaus Freiburg

Konrad-Adenauer-Platz 1
79098 Freiburg
Germany

October 14 – 15, 2015

Falk Symposium 199

Highlights from Hepatology 2015:
From Chronic Hepatitis to
Hepatocellular Carcinoma

Scientific Organization

O. Chazouillères, Paris (France)
J. M. Llovet, Barcelona (Spain)
D. Moradpour, Lausanne (Switzerland)
R. Thimme, Freiburg (Germany)

October 16 – 17, 2015

Falk Symposium 200

Therapeutic Strategies in Diseases
of the Digestive Tract – 2015 and Beyond

Scientific Organization

M. J. Bruno, Rotterdam (The Netherlands)
E. M. El-Omar, Aberdeen (Scotland)
P. Ginès, Barcelona (Spain)
D. K. Podolsky, Dallas (USA)
J. Schölmerich, Frankfurt (Germany)



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Update on the P-ECCO Committee

The P-ECCO Committee extends its deepest gratitude to two members who are stepping down: **Kaija-Leena Kolho** from Helsinki and **Gábor Veres** from Budapest. Both worked diligently in promoting the goals of ECCO and facilitating the care of children with IBD through guidelines, teaching, advocacy and collaborative research.

The P-ECCO Committee extends a warm welcome to Salvatore Cucchiara and Patrick van Rheenen, who were recently elected to P-ECCO.

Salvatore Cucchiara heads the Paediatric Gastroenterology and Liver Unit and the paediatric IBD programme at the University Hospital Umberto I, Rome. He is a full Professor

of Paediatrics from the Sapienza University of Rome, and the author of over 250 peer review manuscripts on various aspects of paediatric IBD, including immunopathogenesis and genetics of IBD.

Patrick van Rheenen is Director of the Paediatric IBD Clinic at the University Medical Center in Groningen, Holland. He completed his PhD in the field of International Child Health and undertook postgraduate training in clinical epidemiology. He founded the Dutch IBD Working Group "Kids with Crohn's and Colitis" and is performing ongoing studies on the utility of faecal markers in paediatric IBD.

Both Salvatore Cucchiara and Patrick van Rheenen are international leaders in paediatric



P-ECCO Committee Members (Dan Turner, Richard Russell, Arie Levine, Salvatore Cucchiara, not in picture: Patrick van Rheenen)
© ECCO

IBD and they will undoubtedly contribute immensely to the activity of the P-ECCO Committee.

DAN TURNER
P-ECCO Member

Cooking up the best Recipes for the Treatment of young IBD Patients

The 10th ECCO Congress, spiced with the fantastic flavours of Barcelona, addressed the challenges of providing high-level care of paediatric IBD (PIBD)

P-ECCO Chair, Arie Levine, introduced the session of PIBD Update 2015 (on Wednesday, February 18), which covered recent advances in the assessment and management of PIBD, an overview of the performance of MRI and discussion on the actions required when loss of response to biologicals is encountered in young patients. In preparation for the following day's Masterclass in Surgery, the session concluded with a presentation of the most common surgical techniques applied in paediatric patients. The joint session of P-ECCO and S-ECCO in the 4th Masterclass of Surgery addressed decision making with respect to the proper timing and indications for PIBD surgery. In the management of PIBD, the emphasis is on restoration of growth and pubertal development, not forgetting that the window of opportunity may be narrow. But how should one define the 'dead end' when using conservative treatment? Presentation of representative paediatric cases stimulated a discussion that was well managed by the panel of paediatric gastroenterologists, paediatric surgeons, and S-ECCO Chair,

Willem Bemelman, and involved the active participation of the audience. The final dish of the day (prepared by Ailsa Hart) offered an excellent overview of the different steps in the path of a child with IBD from adolescence to adulthood. This is likely to stay on the menu at future meetings!

As the „main dish“ or core content of the conference, research activity was addressed in a surprisingly high number of paediatric abstracts. We are witnessing a rapid increase in the incidence of PIBD in teenagers, as confirmed in reports from Scotland and France underscoring the key role of environmental factors in this trend. Most PIBD patients learn to live with the disease even if they are not fully cured. PIBD, however, is a burden. The disease is extensive and concomitant autoimmune diseases, especially autoimmune liver disease, and cutaneous manifestations are frequently present at diagnosis. In children, the proportion of cases of unclassified IBD (IBDU), is high in comparison to that in adults. An international multicentre study across 19 centres affiliated in the Porto IBD Working Group of ESPGHAN, is actively searching for means to improve characterisation of this challenging patient group. It reported pANCA and ASCA profiles in >400 children with IBDU, an impressive number of patients that testifies to the excellence of the collaboration among paediatric gastroenterologists. To point to a few reports that have immediate clinical implications, there is now solid evidence that: (1) the maximum dose of glucocorticoids in Acute Severe

Colitis is 40–60 mg, with no proven benefit of further increases in dose, (2) intolerance to methotrexate is frequent among paediatric patients and tolerance may be screened using a new score and (3) it may take up to 12 months before anti-TNF agents are no longer detected in an infant following exposure during gestation. Therefore, it is important to bear in mind the fact that live vaccinations should be avoided during the first year of life, unless drug clearance is documented.

Many ongoing projects reflect the benefits of the extensive networking involving ECCO and PIBD-Net, an international network of paediatric gastroenterologists initiated by the former P-ECCO Chair Frank Ruemmele. Advocacy against placebo trials in children remains a key priority for P-ECCO and PIBD-Net. A joint cancer and mortality study by P-ECCO and ESPGHAN involves paediatric and adult gastroenterologists in Europe, North America and Australia. The aim is to assess the risk of the most serious outcomes in PIBD.

As a 'dessert' to this year's Congress, P-ECCO is organising the **first P-ECCO Workshop in Glasgow** on November 25, 2015, wrapping up the evidenced-based treatment guidelines for PIBD. P-ECCO would like to welcome you to Scotland to enjoy the local flavours, and to experience the good fusion in and around PIBD research and clinical practice!

KAIJA-LEENA KOLHO
former P-ECCO Member



Risto Juhana Rintala, Kaija-Leena Kolho © ECCO

6th N-ECCO School, Barcelona 2015

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

Attended by 33 nurses from 17 countries, the School covered a range of IBD topics. The aim of the School is to enhance basic knowledge in a clear and precise manner in order to equip nurses new to IBD, or those with an interest in the subject, with the knowledge required to better support IBD patients throughout Europe. In addition, the N-ECCO School has come to serve as a great networking opportunity for this group of nurses, enabling them to share experiences and plans for furthering their careers.

The programme for the N-ECCO School 2015 was based on experiences in previous years and the evaluations from 2014. International clinicians and nurses were invited as presenters.

Mayur Garg clearly set the scene in his talk on anatomy, physiology and diagnosis in IBD. He was followed by former N-ECCO Committee Chair, Marian O'Connor. She talked about the assessment tools used in IBD and how nurses play a key role here.

After the coffee break, André D'Hoore managed to explain the complexities of IBD surgery simply. He was followed by Ailsa Hart, who gave an excellent presentation covering medical treatment in IBD and the need to use the "right drug at the right time". If drugs are to have the expected effect, patients need to



6th N-ECCO School 2015 group picture © ECCO

adhere to the prescribed treatment. Palle Bager gave an introduction to adherence among IBD patients, regarding both treatment and other issues.

After lunch the participants were split into two groups and parallel case-based workshops were held. Andreas Sturm led the workshop on UC and Janneke van der Woude led the one on CD.

Finally, Ailsa Hart returned to give a talk on nutritional aspects in IBD. This topic was also part of the N-ECCO Network Meeting programme the next day. She was followed by Lydia White, who proposed that the IBD nurse is capable of going to "infinity and beyond".

As always, we shall use the evaluation forms articulating your thoughts and needs to plan next year's N-ECCO School.

This feedback is invaluable in order to build upon the School's success and to ensure that it continues to make an outstanding contribution to IBD nurse knowledge and IBD patient care across Europe.

N-ECCO would like to thank the participants and N-ECCO National Representatives for their contributions in making the School such a success once again.

We look forward to nominations for the 7th N-ECCO School to be held in Amsterdam in 2016.

PALLE BAGER
N-ECCO Member

2nd N-ECCO Research Networking Forum 2015

The sunshine of Barcelona welcomed the second successful N-ECCO Research Networking Forum. Following on from 2014, the forum has now been taken into the repository of the ECCO Educational Programme

The meeting was attended by 46 nurses from Europe, Canada and South Africa, many of whom held PhDs or Masters. Once again, a large cohort wished to learn about research, how to undertake a research project and how to get started practically, underpinning the educational importance of the forum.

Opened by Karen Kemp and co-chaired with Palle Bager, the forum offered an overview of qualitative (Lesley Dibley, UK) and quantitative methods (Susanna Jaghult, Sweden). This was followed by two inspiring presentations by Katarina Pihl-Lesnovska (Sweden) and Lars-Petter Jelsness-Jorgensen (Norway), illustrating how they became involved with research and describing their very different experiences of research and their differing career trajectories.

The last presentation was delivered by Teresa Corral from the Institute of Health Carlos III, Spain. Teresa is the National Contact Point for Spain at the European Project Office, which supports researchers interested in the Horizon

2020 research programmes. Teresa described the various funding calls within the programme and explained how Horizon 2020 is organised and the requirements for submission. A number of nurses attending the forum were planning on submitting applications to Horizon 2020.

The forum will not distract outcome findings from being presented at the main ECCO Congress and nurses will be encouraged to submit abstracts to ECCO. The N-ECCO Research Networking Forum will continue to concentrate on methodology and the practical aspects of undertaking nursing research within IBD.

The continued vision for the forum is for it to become a shared learning experience of research into IBD, led by IBD nurses who are experienced in a range of methodologies and outcomes research related to IBD care, and to mentor nurses new to research. It is clear that the forum has already provided a networking opportunity for nurses to collaborate in research projects across Europe. The launch of the ECCO



2nd N-ECCO Research Networking Forum 2015 © ECCO

Scientific Platform will support the nurses in this endeavour. The N-ECCO Research Forum is not restricted to active researchers but open to those new to research and those wishing to embark upon a study. The N-ECCO Committee is grateful to all of the presenters and for the support from ECCO. The forum drew to a close with a discussion of events for the 2016 agenda in Amsterdam.

We look forward to seeing you there!

KAREN KEMP
N-ECCO Member

9th N-ECCO Network Meeting 2015

Beautiful Barcelona was host to the 9th N-ECCO Network Meeting attended by 193 nurses from across the world with a shared goal of delivering quality care to people with IBD all over the world

Delegates were welcomed by the ECCO President Séverine Vermeire, who expressed warm appreciation of the key role of IBD nursing and set the tone for an invigorating day.

The main programme was opened by a talk on quality measurement and standards by Xavier Calvet (Spain), who gave an honest and thorough overview of the challenges as well as the opportunities in that field. Nienke Ipenburg (the Netherlands) then tackled the theme of compliance and concordance in patient care: A key issue for all IBD patients. Her clear approach demonstrated how important this is, and how often its significance is underestimated in our daily practice.

Prior to coffee there was a brief explanation from Henny Tomlow (the Netherlands) of his experience in using the N-ECCO Travel Award. This opportunity is open to all nurses and encouragement to take advantage of the opportunity was reiterated throughout the day. **Please apply in response to the official call in May 2015!**

The pre-lunch session concentrated on dietary issues and the role of enteral nutritional therapy as primary treatment was addressed in a lively debate between Miles Parkes (Cambridge) and Oliver Brain (Oxford). While this „spat between two English gentlemen“ provided some entertainment, it also enabled us to explore the evidential and practical aspects of enteral therapy which underpin some difficult decision

making and to vote on a case study. It must be mentioned that Oliver Brain (arguing against primary enteral therapy) won the debate on this occasion before we moved on to the next dietary challenge: The IBD-IBS interface. This crossover is often confusing for patients and also clinicians but was expertly navigated by Krisztina Gecse (Hungary).

Following lunch (yes, there was lunch!), two sessions aimed at optimising the care that we provide for our IBD patients by looking at laboratory interpretation in IBD (Pieter Hindryckx, Belgium) and new biomarkers and their roles (Laurent Peyrin-Biroulet, France). Both speakers did an excellent job of stretching our expertise and opened new ways of looking at monitoring in order to achieve better, safer, more effective care.

We then heard from three nurses about their own work: Aki Kawakami (Japan) on a patient compliance tool transferred to the Japanese context, Lisa Younge (UK) on the satisfaction of older patients with types of follow-up in IBD care, and Francisca Murciano Gonzalo (Spain) on her innovative toilet finding project for patients in Barcelona. These are nursing interventions to be proud of and they generated ideas for all the delegates!

The second half of the afternoon concentrated on looking forward to what lies ahead. We listened with uncomfortable fascination to a talk about the use of faecal transplantation as a treatment for IBD (Gijs van

den Brink, the Netherlands). A further topic was the role of stem cell transplantation in IBD and how this extreme but potentially transformative treatment might have a place in the options for patients with debilitating disease (Elena Ricart, Spain). Finally, Gert van Assche (Belgium) gave an excellent overview of medical therapies coming onto the market and expertly linked these to the mechanisms and theory behind their development. It will be interesting to see how all these new treatments make their way into everyday practice in the near future.

Finally the meeting was closed by our N-ECCO Chair, Janette Gaarenstroom (the Netherlands), who threw open the door to a variety of opportunities for all IBD nurse members. These cannot be repeated enough: Please do consider the **N-ECCO Travel Awards!** Please do consider the **teaching opportunity** for nurses in Cyprus, or elsewhere! Please do consider the other opportunities as they emerge, such as **guideline projects, e-CCO Learning modules and more!** Nurses have a key role to play in the delivery of excellent and up-to-date care of IBD patients and we are proud to be IBD nurses. Let's get even more involved and return for more networking and exploration of IBD care in Amsterdam next year.

We hope to see you there.

LYDIA WHITE
N-ECCO Member

N-ECCO Travel Award 2014 - Report

Henny Tomlow, Nurse specialist at Maastricht University Medical Center (MUMC)

In May 2014, I was granted the N-ECCO Travel Award to spend a week in London and visit several hospitals. I spoke with nurse specialists, nurses and physicians and observed counselling, care and treatment of IBD patients. When I was asked to share my experiences, my first thought was to write about what I have learned during my stay. However, it is fair to say that, in terms of practical knowledge and skills regarding IBD care, I did not learn that much. Was my trip to London therefore meaningless? No. Would the money for the Travel Award better have been given to someone else? Perhaps. Have I learned a lot? In a way, yes. Have I achieved my pre-set goals? I think I have. Has my trip enhanced the fabric of ECCO? Most certainly.

First, there are different dimensions of learning and experiencing. I may not have gained more practical knowledge, but I have learned, or experienced if you prefer, that, despite geographic, demographic, cultural and legislative differences, both patients and caregivers from different countries share many similarities – more similarities than I had expected beforehand. I visited three different

hospitals, where it felt like I was entering a ward in my own hospital. All IBD patients have the same needs, the same signs and symptoms, and the same physical and social limitations and all are dependent on the same care and medication, within a framework set by lawmakers and health insurers. This applies to England, to the Netherlands and, I suppose, to a large part of Europe as well. So, was this experience valuable? Yes. It revealed that there is reasonable uniformity in the treatment and care of IBD patients within Europe. Therefore, exchanging knowledge and research results, for example during an ECCO Congress, is very useful for physicians and nurses from all European countries. It provides great practical applicability within their own legislative or financial frameworks.

Back to my stay in London. I observed the work of several professionals, but was especially focussed on the tasks of nurse specialists. Their work is similar to that of nurse specialists in the Netherlands in terms of responsibilities, delegation of care and prescribing medication. Moreover, in England, as in the Netherlands, there are different authorised networks in

which nurses and nurse specialists are united to improve the quality of care for IBD patients. It is difficult to measure the quality of care in general as well as the quality of your own performance. To see that the care you provide is more or less comparable to the care provided in other countries, with a similar economic and educational level, is more than encouraging.

In conclusion, the Travel Award was meaningful for me, but will be even more meaningful for nurses from countries where professionalisation of nurses has just begun. Such an experience may be the first step in the development of the nursing profession in their own country. Ultimately, the frameworks in which nurses work are different across Europe, but the issues are very similar.

HENNY TOMLOW
Nurse specialist at Maastricht University Medical Center (MUMC)

N-ECCO Travel Award 2014 – Report

Roles and responsibilities of the nurse practitioner

I have visited the N-ECCO Network Meeting in each of the past 5 years and it's so nice to see how the meeting has grown over that time, enabling me to meet many nurses from different countries. I am one of the two N-ECCO National Representatives from the Netherlands. In 2012 I was one of the participants in the group of nurses who developed the first N-ECCO Consensus Statements on the role of nurses caring for patients with IBD.

Across Europe (specialist) nurses perform a variety of roles in caring for patients with IBD, with country-specific variations in these roles as well as in title, salary and level of training. I met Lydia White from the John Radcliffe Hospital in Oxford, United Kingdom and we talked about the differences between our functions as nurse specialists.

I decided to apply for the N-ECCO Travel Award to learn about the role of IBD nurses in another country/centre. The application was approved and I planned my trip to Oxford, United Kingdom. We organised a schedule of activities and I joined several

multidisciplinary meetings.

It was very nice to see that a lot of IBD knowledge was shared with different specialisms. For example, the radiology meeting was excellent with exceptional MR images. Different views from different specialisms result in good quality of care.

In the John Radcliffe Hospital there's an infusion clinic where patients receive their anti-TNF and ferritin infusions. The (specialist) nurses organise all the appointments and prepare the high-risk infusions on their own. They work according to a protocol which evaluates the activity of the disease and which can be linked to an ongoing summary in order to have a good overview on how the therapy is working. I will investigate whether it's possible to implement this in our electronic patient system in Leiden, the Netherlands.

Unfortunately at John Radcliffe Hospital they are still working with paper files. It takes time to request a patient file and find the right information among all the papers in the file. In my

clinic (Leiden) we work with electronic patient files which enable quick access to patient files for consultations. Further, in a multidisciplinary meeting it's easy to find information about the patient and to devise a good policy for patient care.

John Radcliffe Hospital has written a leaflet that provides the patient with information about the IBD service. I would like to introduce something similar in our clinic. For example, we could include this leaflet among letters sent to our patients and GPs, which would probably facilitate access of patients/GPs to our IBD clinic.

I would like to thank Lydia White, N-ECCO and the Scientific Committee (SciCom) for making it possible for me to visit another centre. I would recommend the Travel Award to everybody. It is a fantastic opportunity and the experience will enrich your IBD career!

MARTHE VERWEY

Leiden University Medical Centre, the Netherlands

Introduction to the D-ECCO Working Group

The importance of diet as a potential therapeutic tool has increased over recent years. This is in part due to the recognition that exclusive enteral nutrition is the preferred first-line therapy for children and the increasing number of centres using this therapy throughout Europe, Canada and Australia. However, in addition several factors have come together during the last two years to generate increasing interest in understanding the role of diet in the pathogenesis of IBD and particularly in Crohn's Disease. These include an increasing number of epidemiological studies demonstrating associations between dietary factors (fibre, Western diet) and Crohn's Disease or Ulcerative Colitis, the importance of the microbiota in pathogenesis and the fact that the composition and function of the microbiota is determined primarily by diet. Finally, newer studies describing novel dietary interventions that do not require exclusive enteral nutrition and may be effective in adults as well as children suggest that dietary manipulation will become increasingly available and feasible for patients and will find increasing acceptance among specialists in IBD.

This surge in interest in dietary therapy and research will increase the importance of integrating dieticians into the multidisciplinary approach for the treatment of IBD. Dieticians should be integral to the IBD team; they should administer dietary therapies for induction and maintenance of remission, provide nutritional assessment and support and deliver dietary

advice to all patients living with IBD.

Dieticians are increasingly playing an integral part in the therapy for paediatric IBD and we anticipate that this process will rapidly spread to adult IBD units, creating an unmet need for IBD-dedicated dieticians well versed in IBD and dietary therapy.

Dieticians will be the cornerstone of dietary therapy. They will be involved in education of patients and teaching dietary life-style, as well as in screening and assessment of the nutritional status of each patient.

In order to ensure that dieticians are in a position to implement dietary therapy to best effect, they will require a place where they can accumulate expertise in the treatment of IBD – a platform where they can exchange ideas, information and new therapeutic methods. Dieticians should have a setting where they can learn more about all aspects of IBD and be exposed to the most up-to-date topics in the field. Dieticians should have a venue to educate other dieticians on how to become dedicated IBD dieticians and they should have a role in educating other members of the IBD team about nutritional therapy in IBD. This place should be in a society where dieticians are part of the integral team; this place should be ECCO.

The Dieticians of ECCO working group, or D-ECCO WG, will be dedicated to education, training, research and definition of the role of dieticians in the field of IBD. It will include dieticians and other health professionals or scientists interested in diet and nutrition.



D-ECCO WG (Miranda Lomer, Nicolette Wierdsma, Rotem Sigall Boneh, Konstantinos Gerasimidis) © ECCO

The goals of the D-ECCO WG will be accomplished first by educational modules designed to train potential IBD dieticians and to educate physicians, nurses and researchers on how to use dietary therapies in the clinic, and also by setting up a forum where clinicians and dieticians will be able to exchange information about dietary therapy. We shall further facilitate the attainment of our goals by encouraging dieticians from IBD centres to join ECCO and to foster an ongoing dialogue between dieticians, nurses and physicians. This is our vision.

Allow me to introduce the members of the D-ECCO Working Group: **Rotem Sigall Boneh**, Holon, Israel – Paediatric and Clinical Research Dietician and Chair of this Working Group; **Miranda Lomer**, London, United Kingdom – Adult and Clinical Research Dietician; **Konstantinos Gerasimidis**, Glasgow, United Kingdom – Translational Research Dietician; and **Nicolette Wierdsma**, Amsterdam, The Netherlands – Adult Clinical Dietician. The D-ECCO Working Group is planning several activities that will take place over the next

few years; these will include educational activities (e-Cases) and dietary sessions during the annual ECCO Congress, papers, research and the creation of a European IBD dieticians' network.

If you are a dietician, health professional or scientist with an interest in diet and nutrition for patients with IBD, we invite you to participate in our activities and to become a part of this exciting new network. Welcome to the D-ECCO Working Group!

Dear Y-ECCO Friends,

With the successful ECCO Congress in Barcelona fresh in my mind, I would like to give you an update on our Committee and on Y-ECCO in general.

First of all, a word of thanks to **Tiago Nunes**, who unfortunately left our committee earlier than expected due to a career switch. Tiago has contributed greatly to many Y-ECCO Activities. He was also the driving force behind this year's Y-ECCO Workshop. It was great to work with you, Tiago! We wish you all the best and, of course, we shall keep in touch!

We welcome more X chromosomes onto our Committee. . . :) **Nuha Yassin** works at the Department of Colorectal Surgery at St Mark's Hospital in London. She has just finished her PhD thesis and has a particular interest in fistulising Crohn's Disease. Nuha was top ranked after the Committee Election process last year and we are very happy that she agreed to take up Tiago's position. Nuha will be responsible for next year's Y-ECCO Workshop and for the further development of the ECCO e-Guide, a joint initiative of GuiCom and EduCom.

Isabelle Cleynen will remain editor of the Y-ECCO Literature reviews in ECCO News and, together with **Sebastian Zeissig**, will organise the second edition of the Y-ECCO Basic Science Workshop for next year's ECCO Congress in Amsterdam.

Finally, **Tim Raine** will continue to be the main contact person for the growing number of e-CCO Learning initiatives within ECCO. His efforts are highly appreciated and we are happy that he is willing to continue this work.

There are various other points that I would like to share with you.

Y-ECCO is growing in line with ECCO. As of December 2014, we had a record number of 438 Y-ECCO Members. We invite all these members to participate in our activities, which you can find summarised in the table below.

Every year we have a workshop on career development, specially designed to meet the needs of young physicians and scientists who want to establish a career in IBD. This year's workshop focussed on "how to sell yourself". It was a very interactive workshop that aimed to improve our CVs, covering letters and performance during job interviews. The feedback of the attendees was extremely positive. After the workshop we always have an informal *networking event* in a nearby pub. This year we went to a tapas bar. It was again a cosy evening, perfectly fitting into Y-ECCO's mission of promoting friendship and collaboration among young people with a specific interest in IBD.

"No disease that can be treated by diet should be treated with any other means". Maimonides

ROTEM SIGALL BONEH
D-ECCO WG Chair



Y-ECCO Committee Members (Sebastian Zeissig, Nuha Yassin, Isabelle Cleynen, Tiago Nunes, Pieter Hindryckx, not in picture: Tim Raine) © ECCO

Besides this workshop, we organised for the first time a *Basic Science Workshop*, which took place on Friday afternoon, in parallel with the clinical case-based session of the ECCO Congress. The first edition of this Basic Science Workshop was very well tested by the attendees, and you will find a short report in this issue of ECCO News.

Also for the first time this year we had a separate Y-ECCO Corner at the beginning of the ECCO Interaction: Hearts and Minds. While having an aperitif, Y-ECCO Members had the chance to have a chat with peers and with some members of the Governing Board of ECCO.

For next year, we hope to continue our activities at the same level. It's great to see that the number of collaborations with other ECCO Committees is still growing. This has a mutual benefit: We need the expertise of senior ECCO Members and the experts need the horsepower of Y-ECCO....

To conclude, as always I would like to express my gratitude to all Y-ECCO Members for their contribution to our activities and to ECCO. I'm very lucky to be the chair of such an enthusiastic and highly active group. Please be reminded that you can apply at any time for our Y-ECCO Activities (take a close look at the list below) by sending an e-mail to the ECCO Office (ecco@ecco-ibd.eu). They will bring you into contact with the right person.

See you all soon!

PIETER HINDRYCKX
Y-ECCO Chair

Y-ECCO Activity	Selection procedure	Benefit for Y-ECCO Member
Y-ECCO Literature reviews	All Y-ECCO Members	Publication in ECCO News, along with your picture
Participation in ECCO Consensus Guidelines, development of an e-Case	CV	Full co-authorship of the consensus paper; your e-Case will be made available online
Y-ECCO co-chairing programme	CV, area of expertise	Chairing a session of the ECCO Congress
IBD podcast participations	CV, fluency in English	Your podcast will be made available online and at the ECCO Congress
Y-ECCO Workshop	All Y-ECCO Members	Career development support, interaction with other Y-ECCO Members
Y-ECCO Basic Science Workshop	All Y-ECCO Members	Interactive discussion, feedback on research by colleagues
Y-ECCO Abstract Awards	Top 5 abstracts submitted to the annual ECCO Congress by Y-ECCO Members	Free registration for the ECCO Congress, honourable mention during the ECCO Congress
Y-ECCO Committee Membership	CV, letter of intent	Membership of an ECCO Committee

1st Y-ECCO Basic Science Workshop

At this year's ECCO Congress in Barcelona, the Y-ECCO Committee organised, for the first time, the Y-ECCO Basic Science Workshop. The aim of this workshop was 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 was "Host-environmental interactions in intestinal homeostasis and inflammation". The workshop opened with an inspiring lecture by Maria Abreu (Miami, USA) on "Host-microbial interactions in IBD", followed by selected oral presentations by Y-ECCO Members which focussed on the role of the microbiota in fistulising Crohn's Disease (Nuha Yassin, UK), in postoperative recurrence of Crohn's Disease (Kathleen Machiels, Belgium), as disease markers in IBD (Franco Scaldaferrì, Italy) and in quorum

sensing in IBD (Cécilia Landman, France). The second part of the workshop opened with a fascinating state-of-the-art lecture by Gerhard Rogler (Zurich, Switzerland) on "Immunity and genetics in intestinal inflammation" and featured excellent talks by Y-ECCO Members discussing the results of methylome profiling in IBD (Edel McDermott, Ireland), the role of metalloproteinase inhibitors in intestinal inflammation (Magali de Bruyn, Belgium), genetic polymorphism and its relation to treatment responses in IBD (Veerle Nuij, the Netherlands) and the genetics underlying familial IBD (Alessia Settesoldi, Italy).

We feel that this first edition of the Y-ECCO Basic Science Workshop was a great success as it featured many lively scientific discussions and strongly promoted scientific exchange among young and senior ECCO Members. Please help us to further develop this outstanding scientific format by sharing with us your ideas,

concepts and advice for future Y-ECCO Basic Science Workshops. Your feedback, which can be submitted to ecco@ecco-ibd.eu, will be invaluable in enabling us to build upon the workshop's success and to ensure that it makes an outstanding contribution to basic IBD research conducted across Europe and the world.

The entire Y-ECCO Committee would like to thank all participants for attending the workshop and for helping to make it a very successful inaugural event. We very much look forward to the 2nd Y-ECCO Basic Science Workshop, which will be held in Amsterdam in 2016.

SEBASTIAN ZEISSIG
Y-ECCO Member

Y-ECCO Interview corner

Dear Y-ECCO Members,

It gives me great pleasure to take on two positions within Y-ECCO, one as a Y-ECCO Committee Member and the other as Y-ECCO Interview corner Administrative. I clearly have very big shoes to fill with regard to the Y-ECCO Interview corner role, as Monica Cesarini successfully initiated and then established this project within ECCO News.

In this issue's interview I am delighted to

share Monica's answers about her views on a career in IBD. Monica is an IBD specialist currently working in the Department of Gastroenterology and Internal Medicine at the Sapienza University of Rome.

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,
Nuha



Nuha Yassin © ECCO

NUHA YASSIN
Y-ECCO Interview corner Admin

Nuha interviews Monica Cesarini



Monica Cesarini © ECCO

Personal questions

Date of birth: June 8, 1983

Graduation: Sapienza University of Rome, 2008

Training: Sapienza University of Rome

Current work place: Sapienza University of Rome

Current position: Gastro specialist, PhD student

Career:

Why gastroenterology?

Because of the huge variety of disciplines that gastroenterology, and IBD in particular, involves. Gastroenterology presents a constant challenge encompassing science and clinical practice, endoscopy and clinics, radiology and histopathology. You can learn something new every day, which is great.

How do you think trainees in Europe can advance in gastroenterology?

The main option that I would recommend to trainees in Europe, also on the basis of my personal experience, is to travel throughout the continent in order to discover new ways of working and to meet new people. By opening their minds to different perspectives and approaches, trainees

will attain a more advanced level compared with their peers. Just a year in a major centre can change one's whole approach to practice and also help in the decision on whether to pursue some time in research.

Is there a role for mentorship?

Good mentorship is the basis of a good career. The mentor has the role of guiding you from the outset, enabling you to understand the importance of maintaining a balance between clinical practice and science, and teaching you how to behave towards colleagues and patients. But finally it is the individual who takes advantage of the opportunities created. Furthermore, good individuals create their own opportunities.

Who is/are your role models?

Having worked with IBD experts and conducted interviews with some of them, I would say it is difficult to pick one specific person as my role model; there is something to learn from each person! But if you want me to pin down the title of "my role model" to one person I would probably have to choose Simon Travis. During my one year in Oxford I worked closely with him and my huge respect for his work was verified on a daily basis. I am working hard on following him as a great clinician, learning from his talent in talking to patients, his knowledge in IBD, gastroenterology and medicine in general, and his brilliant ideas for clinical studies and terrific

methodology for integrating his ideas into clinical practice.

Y-ECCO:

Why did you get involved with Y-ECCO Interview corner?

That's a funny story. The Y-ECCO Interview corner was among my proposals as a candidate for the Y-ECCO Committee position. The election did not go as I had hoped, but the idea was so original that they asked me to keep going with my project. And so I did.

What did you gain from interviewing experts?

I am glad they shared their great experience with me, and with all of us actually. I liked their passion for their jobs, the enthusiasm of being involved in new challenges and their modesty in collaborating with young colleagues. All of

the experts I was able to conduct interviews with inspired me as terrific examples of hard and excellent workers. As mentioned above, with Simon Travis I even had the chance to verify the inspiring words by working with him directly during my year in Oxford.

What can trainees learn from seniors that they can't find in publications or at work?

Being interested, committed and collegiate: IBD, more than most specialties, demands consideration for the person as a whole. Interaction with colleagues is crucial in multidisciplinary management and building those relationships (with surgeons, pathologists, radiologists, nurses, patient associations etc.) matters to patient care.

Final words of wisdom – Advice for Y-ECCO Members

Follow smart, young and enthusiastic people and become involved in projects with many people from different countries. Y-ECCO, with its numerous activities, offers one such opportunity. Develop a feeling of belonging to a community of friends sharing a common scientific interest.

NUHA YASSIN

Y-ECCO Interview corner Admin

Y-ECCO Literature review

Dear (Y-)ECCO Members,

During recent years, the Y-ECCO Literature reviews have become a popular part of ECCO News. The purpose of these reviews is to highlight recent landmark articles within the field of IBD. The articles can cover different topics, including clinical phase 3 trials, epidemiology, endoscopy, surgery, and basic science, etc.

Every Y-ECCO Member can participate in this initiative. The idea is that you choose a recent relevant article and summarise the key findings and importance of the paper in one page. Your review will be published together with a personal picture and a short self-description.

If you are interested in writing a literature review or if you have any questions, you can contact Isabelle (isabelle.cleynen@med.kuleuven.be).



Isabelle Cleynen © ECCO

ISABELLE CLEYNEN

Y-ECCO Literature review Admin

The association of tissue anti-TNF drug levels with serological and endoscopic disease activity in Inflammatory Bowel Disease: The ATLAS study

Yarur AJ, Jain A, Sussman DA, Barkin JS, Quintero MA, Princen F, Kirkland R, Deshpande AR, Singh S, Abreu MT. *Gut*. 2015 Feb 10. doi: 10.1136/gutjnl-2014-308099. [Epub ahead of print].

Introduction

The anti-TNF medications have had a dramatic impact on the management of IBD since their introduction a couple of decades ago. Those patients who respond to anti-TNF experience fewer symptoms, improved quality of life and reduced risk of surgery [1]. Unfortunately, response to these drugs is not universal and the rate of primary non-response to therapy is around 30% [2]. With a limited number of other therapeutic options available in IBD, it is important to optimise the use of anti-TNF therapies to improve response rates. To that end, therapeutic drug monitoring (TDM) of serum anti-TNF drug levels and anti-drug antibodies (ADA) has been introduced into clinical practice, allowing personalisation of medical therapy. TDM of anti-TNF can provide mechanistic information regarding the cause of loss of response (LOR) to drugs and help inform decision making at this important clinical juncture. It has been shown that serum anti-TNF levels correlate with drug efficacy, and that high ADA levels correlate with inflammation, LOR and infusion reactions in both Ulcerative Colitis (UC) and Crohn's Disease (CD) [3,4]. Some patients with adequate serum anti-TNF levels still develop inflammation, however, and the mechanism for this is incompletely understood. It is also known that tissue TNF levels are raised in active inflammation, and that those with severe mucosal disease lose anti-TNF in the faeces. The present study is the first to explore mucosal anti-TNF levels.

Study set-up

The study of Anti-TNF Tissue Level and Antibodies in Serum (ATLAS) was a prospective, observational, single-centre cross-sectional study of patients with CD or UC. All patients were on maintenance therapy

with anti-TNF (either adalimumab or infliximab) at standard or escalated dose, having previously completed induction dosing. For each subject, serum was taken at the time of colonoscopy, and biopsies were taken from healthy and inflamed tissue in the ileum and colon. De-identified samples were tested for TNF and, using homogeneous mobility shift assay (HMSA), anti-TNF level and ADA. The tissue samples were also tested for human epidermal growth factor receptor 2 (HER2) level as a surrogate for epithelial cell quantity to allow normalisation of tissue quantity and tissue drug concentrations. Serum and tissue anti-TNF levels were correlated with the primary (presence of mucosal inflammation seen during colonoscopy) and secondary [microscopic inflammatory disease activity and C reactive protein (CRP)] study endpoints.

Key findings

Thirty subjects (24 with CD and 6 with UC) with matched serum and tissue samples were recruited. Twelve patients were on infliximab and 18 were on adalimumab. Six inflamed and 21 non-inflamed colon samples, and 11 inflamed and 22 non-inflamed ileal samples were analysed. It was shown that anti-TNF may be reliably detected in tissue, and that there is a significant positive correlation between tissue and serum anti-TNF levels ($p=0.002$). This correlation was seen in both ileal and colonic samples. Interestingly, the correlation of serum and tissue anti-TNF levels was strong in non-inflamed tissue ($r=0.50$, $p<0.001$), but not demonstrated in inflamed tissue ($r=0.19$, $p=0.54$).

The grade of tissue inflammation correlated with tissue TNF level and with tissue anti-TNF level (apart from with severe inflammation). The authors hypothesised that, in inflamed tissue, although drug

levels are numerically high, they may be low when adjusted for TNF levels (the so-called inflammatory sink). In support of this they found a numerically higher anti-TNF to TNF ratio in non-inflamed compared with inflamed tissue (17.8 vs 3.7, $p=0.11$).

To assess discordance between serum and tissue anti-TNF levels, the authors divided the subjects into quartiles for both serum and tissue anti-TNF levels. Those patients in the top three quartiles of serum anti-TNF levels who were in the bottom quartile for tissue anti-TNF level were labelled as having a serum-tissue drug level mismatch. Eleven of the 15 (73.3%) patients with active endoscopic disease had such a mismatch while only 5 of the 15 patients (33.3%) in endoscopic remission had a mismatch ($p=0.03$). The authors concluded that patients with active disease may have relatively low levels of tissue anti-TNF in spite of elevated levels of serum anti-TNF.

Both serum TNF level and ratio of TNF to anti-TNF levels had a significant positive correlation with CRP. There was a trend towards significance for higher CRP in subjects with higher tissue TNF levels ($p=0.15$).

Conclusions

This study examined the relationship between TNF and anti-TNF levels in serum and tissue, and their correlation with endoscopic disease activity and CRP. It showed that anti-TNF levels are higher in mild to moderately inflamed than in non-inflamed tissue, but that this increase is more than negated by the proportionally greater increase in TNF in inflamed tissue. The authors conclude that their data provide a mechanistic explanation for persistent inflammation in patients with adequate serum anti-TNF levels, and that some patients with low tissue anti-TNF to TNF ratios might benefit from increased drug dosing. The results of the anti-drug antibody levels were not published, and it would be interesting to know whether the presence of ADA affects tissue anti-TNF levels.

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Philip Hendy is a clinical research fellow undertaking his PhD at St Mark's Hospital and Imperial College, London. His academic interests centre around the immunomodulatory role of vitamin D in IBD.



Philip Hendy
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Rapid fucosylation of intestinal epithelium sustains host–commensal symbiosis in sickness

Pickard JM, Maurice CF, Kinnebrew MA, Abt MC, Schenten D, Golovkina TV, Bogatyrev SR, Ismagilov RF, Pamer EG, Turnbaugh PJ, Chervonsky AV. *Nature*. 2014;514:638–41. doi: 10.1038/nature13823. Epub 2014 Oct 1.

Introduction

Changes in the intestinal microbiota have been observed in numerous chronic diseases. Even though microbiome analyses provide important insights into how the microbiota shift in composition and diversity during disease progression, initial events maintaining and/or altering microbial colonisation are largely unknown. However, in the past few months at least three studies have elucidated the impact of intestinal epithelial cell (EC) fucosylation on host–microbe interaction, showing that this mutualistic mechanism highly promotes host fitness in response to bacterial infection [1–3].

Fucosylation is a type of glycosylation, in which L-fucose residue is added to glycoproteins and glycolipids, respectively. In the intestine, fucosylation of intestinal ECs is catalysed by fucosyltransferase 2 (Fut2). The expression of Fut2 is stimulated by commensal bacteria in order to promote their own colonisation, as L-fucose serves as a substrate for various bacterial species, including *Bacteroides* spp [1,4].

Approximately 20% of the Caucasian population carry a homozygous nonsense mutation in *Fut2*, which is associated with Crohn's Disease (CD) [5,6]. In this regard, it has recently been demonstrated that loss of Fut2-mediated fucosylation affects the inflammatory state of the intestinal mucosa in healthy humans, suggesting that herein observed changes in both gut microbial composition and metabolism might contribute to the risk of developing CD [7].

In the current work, Pickard and colleagues convincingly establish EC fucosylation as an important mechanism underlying a tolerance response to systemic infection aimed at maintaining host–commensal symbiosis under anorexic conditions. Subsequently, the study gives an idea of consequences that may arise when this adaptive mechanism is missing.

Key findings

Systemic infection is frequently associated with symptoms such as anorexia and weight loss. Pickard et al. showed that rapid fucosylation of small intestinal EC contributes to beneficial host–microbe interactions in terms of providing host-derived substrates when nutrient uptake is reduced. The researchers mimicked systemic infection by injecting toll-like receptor (TLR) agonists, such as TLR4 ligand lipopolysaccharide (LPS), into mice. They could demonstrate that LPS-induced fucosylation was dependent on an increase in Fut2 expression that in the steady-state but pathogen-free gut of BALB/c mice was almost absent in small intestinal tissue when compared with the expression in stomach and large intestine, respectively. Interestingly, they found that Fut2 expression and Fut2-mediated fucosylation of small intestinal EC was regulated in an IL-22-dependent fashion, while IL-22 expression was driven by IL-23-secreting dendritic cells that in turn stimulated innate lymphoid cells to produce the cytokine. However, the potential of IL-22 as a regulator of a tolerance response has been elucidated regarding recovery from systemic infection. Pickard et al. could demonstrate that *Fut2*^{−/−} mice gained weight more slowly in LPS-induced anorexic conditions than did mice carrying at least one functional allele of *Fut2*.

The delay seemed to be microbiota-dependent as germ-free as well as antibiotic-treated wild-type mice showed the knockout phenotype upon LPS challenge, suggesting that both *Fut2* and an intact microbiota contributed to host fitness. Along these lines, the researcher found that bacterial species that metabolise fucosylated glycans, here *Bacteroides acidifaciens*, were more abundant in LPS-treated wild-type controls than in *Fut2*^{−/−} mice. In parallel, they further showed that *Fut2* deficiency led to a higher expression of microbial virulence genes upon systemic exposure to LPS. Thus, Pickard et al. hypothesised that *Fut2*-driven beneficial host–microbe interaction promotes a tolerance response that aims to limit the virulence potential of enteric pathogens. To test this hypothesis, the authors studied infectious colitis triggered by the mouse pathogen *Citrobacter rodentium*. However, in this approach, it was shown that *C. rodentium* is not a sufficient inducer of small intestinal EC fucosylation; thus the researchers challenged mice with and without LPS 4 days after *C. rodentium* infection. While no differences could be observed with regard to the infection course as indicated by the faecal bacterial load, Pickard et al. found that *C. rodentium*-induced histopathology seemed to be enhanced in LPS-challenged *Fut2*-deficient mice when compared with LPS-treated wild-type controls and mice that did not receive LPS injections.

Taking the findings together, the authors strongly suggested that small intestinal EC fucosylation supported beneficial host–microbe interactions that in turn led to a decrease in the pathogenicity of *C. rodentium*, subsequently shown by reduced inflammation of the intestinal mucosa.

Conclusions

In the current study, Pickard et al. identified important mechanisms that shed light on the question of how host and microbiota might interact in diseases that are characterised by systemic exposure to bacterial components, such as LPS. The authors showed that bacterial species of the gut microbiota could be fed by host-derived fucosylated glycans in order to support commensal growth under anorexic conditions. As a consequence, host fitness seemed to be improved in a microbiota-dependent manner.

Importance

The importance of the study lies in the fact that a systemic exposure to LPS and other TLR ligands induces a *Fut2*-dependent pathway in the intestine, which enables the host to beneficially modulate its own fitness in a microbiota-dependent manner. Despite the fact that *Fut2*-inactivating mutations have been associated with the risk of developing CD, it rather remains elusive how long-term systemic exposure to LPS and other bacterial components influence gut microbiota composition. It might thus be interesting to investigate host fucosylation status and virulence gene expression in patients with enhanced intestinal permeability. Furthermore, the study introduced a tolerance response regulated by IL-22, which is known to be implicated in antimicrobial defense mechanisms. However, IL-22 seemed to be secreted by ILCs in response to IL-23 stimulation, which raises the question of whether

other IBD-linked susceptibility genes could interfere with this signalling pathway [8]. Last but not least, fucosylation displays a post-translational modification that requires cell fitness in terms of glycosylation and protein secretion. Accordingly, it would be interesting to analyse the impact of host responses, such as autophagy and endoplasmic stress responses (both known to be implicated in IBD pathology), on EC fucosylation [9].

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Nadine Waldschmitt studied Molecular Biotechnology at the Technical University of Munich, where she also completed her PhD in the research group of Dirk Haller. Since January 2014, she has been working as a postdoctoral fellow in the lab of Mathias Chamailard at the Pasteur Institut in Lille. She has a strong interest in the intestinal epithelium and its role in imbalanced host–microbe interactions that affect chronic disease progression.



Nadine Waldschmitt
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Concentrations of 6-thioguanine nucleotide correlate with trough levels of infliximab in patients with inflammatory bowel disease on combination therapy

Yarur AJ, Kubiliun MJ, Czul F, Sussman DA, Quintero MA, Drake KA, Hauenstein SJ, Lockton S, Deshpande AR, Barkin JS, Singh S, Abreu MT. *Clin Gastroenterol Hepatol*. 2015 Jan 3. pii: S1542-3565(14)01839-4. doi: 10.1016/j.cgh.2014.12.026. [Epub ahead of print].

Introduction

The treatment of Inflammatory Bowel Disease includes immunomodulators (azathioprine and 6-mercaptopurine) and TNF-alpha inhibitors, such as infliximab. Combining immunomodulators with infliximab (combination treatment) has been proved to be more effective than monotherapy with either immunomodulators or infliximab [1]. Improved efficacy of combination therapy can be at least partially explained by the positive impact of immunomodulators on the pharmacokinetics and immunogenicity of infliximab, as higher infliximab trough levels (concentration of infliximab in serum just before next infliximab infusion, i.e. the lowest concentration of infliximab during maintenance treatment) and decreased formation of anti-infliximab antibodies have been observed consistently during combination treatment compared with infliximab monotherapy [1,2]. On the other hand, combination therapy, especially in the long term, is associated with increased risk of infections [3] and lymphoma [4]; consequently there is great need to identify subgroups of patients who will derive the greatest benefit from combination therapy and to study the mechanism of this beneficial effect. The active metabolite of azathioprine/6-mercaptopurine is 6-thioguanine nucleotide (6-TGN). It has been shown that a 6-TGN level of >230 pmol/ 8×10^8 red blood cells (RBC) is associated with clinical remission in patients with Crohn's Disease treated with azathioprine [5]. However, no studies have looked at the 6-TGN threshold that predicts higher infliximab trough levels and absence of anti-infliximab antibodies. The aim of this study was to assess whether there is a correlation between 6-TGN and infliximab trough levels or anti-infliximab antibodies.

Key findings

This was a cross-sectional study including 72 patients (45 patients with Crohn's Disease and 27 with Ulcerative Colitis) treated with infliximab maintenance therapy in combination with an immunomodulator and 34 patients receiving infliximab monotherapy without an immunomodulator who served as the control group. Infliximab maintenance therapy was defined as at least six infusions within a period of 12 months with no interval between maintenance infusions longer than 8 weeks after routine induction at weeks 0, 2 and 6. Included were only patients who were treated with combination therapy for at least 12 months and in whom infliximab trough levels and anti-infliximab antibodies and azathioprine/6-mercaptopurine metabolites were measured within

2 weeks of each other. The dose of infliximab and immunomodulator needed to be stable for at least 2 months. Infliximab trough levels and anti-infliximab antibodies were measured using a non-radiolabelled homogeneous mobility shift assay, which can also measure anti-infliximab antibodies in the presence of infliximab [6]. 6-TGN levels were measured in pmol per 8×10^8 RBC and determined using a reverse-phase high-performance liquid chromatography assay. Primary outcome was infliximab trough level; secondary outcomes were presence and levels of anti-infliximab antibodies and endoscopic disease activity.

Primary outcome: Infliximab trough levels were significantly lower in patients on monotherapy [13.0 (interquartile range, IQR 14.3) vs. 4.8 (IQR 8.7) $\mu\text{g/mL}$, $p < 0.001$]. The mean 6-TGN level was 185.1 pmol/ 8×10^8 RBC (SD 89). There was a statistically significant moderate positive correlation between infliximab trough levels and 6-TGN concentrations [ρ 0.53 ($p < 0.0001$)], but only a weak correlation with the dose of thiopurine (dose per kg) (ρ 0.34, $p = 0.004$). Interestingly, there was no correlation between infliximab trough levels and the infliximab dose (per kg/week) (ρ 0.23, $p = 0.05$). The 6-TGN quartiles in this patient cohort were: 0–124, 125–176, 177–251 and 252–467 pmol/ 8×10^8 RBC; corresponding median infliximab trough levels for different 6-TGN quartiles were 4.3, 13.4, 15.4 and 17.8 $\mu\text{g/mL}$. The cut-off point that best predicted a significantly higher trough level of infliximab was 125 pmol/ 8×10^8 RBC (ROC 0.86, $p < 0.001$). When stratifying infliximab trough levels by 6-TGN level, at a 6-TGN level <125 pmol/ 8×10^8 there was no difference between the group receiving monotherapy and the group on combination therapy [4.8 (IQR 8.7) vs. 4.3 (IQR 5.6) $\mu\text{g/mL}$, $p = 0.8$].

Secondary outcomes: Only eight patients (11.1%) had detectable antibodies to infliximab. Patients with detectable antibodies to infliximab had a lower level of 6-TGN than those with no antibodies to infliximab. Patients with 6-TGN levels <125 pmol/ 8×10^8 RBC had a significantly higher likelihood of having detectable antibodies to infliximab [OR 13 (95% CI 2.3–72.5, $p < 0.01$)]. Importantly, at a 6-TGN level <125 pmol/ 8×10^8 , patients on monotherapy did not have a higher rate of detectable antibodies to infliximab compared with the combination therapy group [OR 3.75 (95% CI 0.89–15.7), $p = 0.07$]. Also, at this 6-TGN level, patients on combination treatment did not have a significantly higher rate of mucosal healing [OR 0.3 (95% CI 0.05–1.31), $p = 0.11$]. However, in general, combination-treated patients were more likely to have mucosal healing [OR 8.2 (95% CI 2.5–27.0), $p < 0.001$].

Conclusion

Yarur et al. found that there is important correlation between the active metabolite of azathioprine, 6-TGN, and infliximab trough levels in patients treated with the combination of infliximab and thiopurines. Therapeutic levels of 6-TGN (>232 pmol/ 8×10^8 RBC), which are normally necessary for optimal clinical effect when patients are treated with thiopurines alone, were not necessary to achieve higher trough levels of infliximab or to avoid ATI formation. Instead, the authors suggested that lower target 6-TGN levels (125–176 pmol/ 8×10^8 RBC) may be adequate to maximise infliximab levels and reduce immunogenicity, and may potentially reduce side effects of combination therapy such as infections and malignancy.

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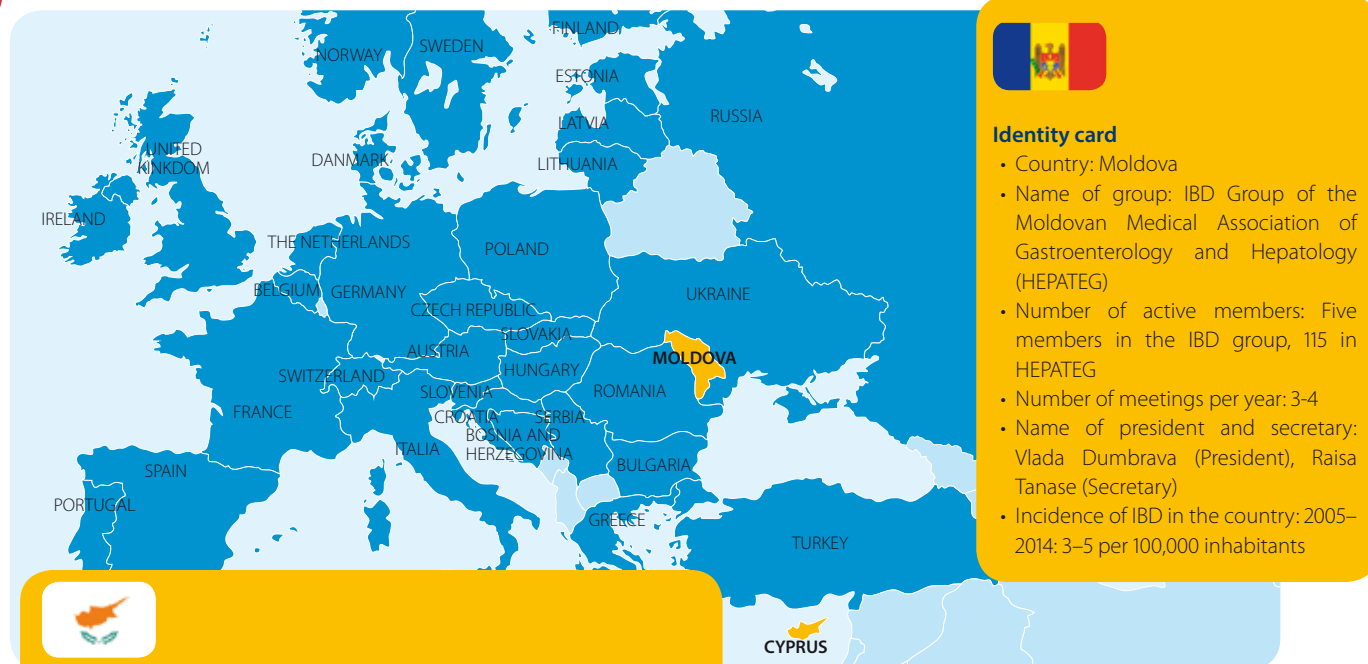
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David Drobne is a consultant gastroenterologist at the Department of Gastroenterology, University Medical Centre, Ljubljana, Slovenia and is also employed at the Faculty of Medicine of the University of Ljubljana as a teaching assistant. He has treated more than 2,500 IBD patients at his hospital. His main research interest is therapeutic drug monitoring in IBD.



David Drobne
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ECCO Country Member Profiles



Identity card

- Country: Moldova
- Name of group: IBD Group of the Moldovan Medical Association of Gastroenterology and Hepatology (HEPATEG)
- Number of active members: Five members in the IBD group, 115 in HEPATEG
- Number of meetings per year: 3-4
- Name of president and secretary: Vlada Dumbrava (President), Raisa Tanase (Secretary)
- Incidence of IBD in the country: 2005–2014: 3–5 per 100,000 inhabitants



Identity card

- Country: **Cyprus**
- Name of group: Cyprus Gastroenterology Association
- Number of active members: 41
- Number of meetings per year: 4-6
- Name of president: George Potamitis
- National Representatives: Ioannis P. Kaimakliotis, Theodora Demetriou
- Incidence of IBD in the country: 30/100,000

Questionnaire – CYPRUS



How did your national group start?

Common interest, common cause

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

According to the bylaws of the group, which are registered with the commissioner/registrar of companies.

When did your national group join ECCO?

2015

What are your main areas of research interest?

Currently epidemiological studies and bio banking, including therapeutics, as well as multicentre studies.

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

We are hopeful that an integrated database will soon be established. The centre of Ioannis Kaimakliotis does have an IBD database.

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

Use of botanical/herbal medications to treat Ulcerative Colitis.

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

The EpiCom study.

What are your aims for the future?

Integration of Cyprus's database into one system and working with external centres to analyse and perform DNA sequencing in families in which multiple members are affected by IBD.



Ioannis Kaimakliotis © Ioannis Kaimakliotis



Theodora Demetriou © Theodora Demetriou

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

Infrastructure support, i.e. software, enabling linking with other centres in Europe that have similar interests.

What do you use ECCO for? Network? Congress? How do you use the services that ECCO has to offer? We participate in the Congress and it is anticipated that the ECCO Workshop in the eastern Mediterranean region will provide useful networking opportunities.

IOANNIS KAIMAKLIOTIS

ECCO National Representative, Cyprus

Questionnaire – MOLDOVA

*How did your national group start?*

The IBD Group started in 2010 as an informal team of HEPATEG, the impetus for the group deriving from the necessity of developing national standards in the management of IBD patients.

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

There is no formal membership of the IBD Group. New members are welcome to join the group through HEPATEG. Meetings are usually organised three or four times a year: The main one takes place during the annual National Conference of Gastroenterology and two or three further meetings or workshops focus on a specific topic. We don't have a formal president. National Representatives are elected by voting within the IBD Group.

When did your national group join ECCO?

Our national group joined ECCO in 2015.

What are your main areas of research interest?

Epidemiology, risk factors, possibility of influencing the pattern of disease.

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

We don't have a database, just some epidemiological data: The Statistical Department of the Ministry of Health registers all new cases of IBD, including gender and age at diagnosis. According to these data, the average incidence of IBD is between three and five new cases per 100,000 population. No significant increase in this incidence has been observed since 1998, although there has perhaps been a trend in this direction in recent years.

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

- EpiCom study (2010 and 2011 inception cohorts)
- Development of national protocols for the management of UC and CD patients based on ECCO Consensus Statements and Guidelines.



Vlada Dumbrava © Valda Dumbrava



Svetlana Turcan © Svetlana Turcan

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

EpiCom study (2010 and 2011 inception cohorts)

What are your aims for the future?

- Development of educational programmes in IBD for gastroenterologists, physicians etc.
- Participation of young members in educational programmes organised by ECCO
- ECCO Educational Workshop in Moldova
- To join the new multicentre studies of IBD

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

ECCO could help us:

- By providing grants and financial support to young researchers in IBD
- By organising an ECCO Educational Workshop in Moldova

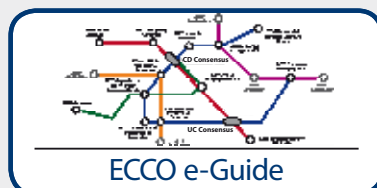
What do you use ECCO for? Network? Congress? How do you use the services that ECCO has to offer?

We use the ECCO Network, ECCO Congress, ECCO Workshops, JCC etc. as a basic platform for national management and educational programmes.

VLADA DUMBRAVA & SVETLANA TURCAN

ECCO National Representatives, Moldova

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