European
Crohn's and Colitis
Organisation

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ECCO News SUMMER

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European Crohn's and Colitis Organisation

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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?

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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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Dear ECCO Friends,

Spring is in the air for most of us and we are slowly preparing for a long and warm summer! Well, let's hope that's the case, at least….

Séverine Vermeire © ECCO

What can you read in this issue of ECCO News?
At our last Congress, we announced that the Congress destination for 2016 will be Amsterdam. The Organising Committee for Amsterdam has in the meantime finalised the scientific programme and the various Committees have also drafted their educational programmes. A first sneak preview is offered in this ECCO News and much more will, of course, follow in the coming months! But please block your agendas for March 16–19, 2016 so you won't miss it!

At Barcelona, ECCO's Scientific Platform was launched: Who does what in Europe. In this issue we share some of the highlights with you. If you have not yet registered on the platform: Don't delay further and do it today!

Also in this ECCO News are two reports from European studies which recently kicked-off: I-CARE and Biocycle. Both will generate very important results in the coming years, which will have immediate impacts on the care for all patients suffering from IBD.

I would also like to draw your attention to various calls: There are our well-known ECCO Fellowships, Grants and Travel Awards. Each year we are expanding these opportunities for funding, and they rank highly on our priority list as the Governing Board since we realise that many countries are suffering from declining national or local funding opportunities.

We are also still seeking new destinations for ECCO Workshops in 2016, so if you would like to host a workshop in your country or city, let us know!

And how time flies! At ECCO'16 in Amsterdam, my term as President will come to a close and I shall hand over to Julián Panés. I can only say that it has been a wonderful experience to be the "Chef" in the kitchen (with five great guys as my sous-chefs!). However, all great menus end with a dessert, and so I am slowly preparing my own dessert (and coffee and Belgian chocolates thereafter…so many more sweet things I want to cook!). This inevitably means that we need to start thinking of the next President-Elect and various other Committee Members. If you are ambitious, have a little bit of spare time and have ECCO's heart beating within you, then please do apply!

Well, that's all from me for now. Please turn the page and enjoy reading!

ECCO Organising Committee 2015 (Julián Panés, Gerhard Rogler, Silvio Danese, James Lindsay and Séverine Vermeire) © ECCO

SÉVERINE VERMEIRE
ECCO President

Preliminary Scientific Programme at the 11th Congress of ECCO

IBD innovations driving clinical decisions (as of June 2015)

The ECCO Congress has become the largest meeting for IBD specialists in the world. In 2015 it was attended by more than 5,400 people. ECCO'16 in Amsterdam (March 16–19, 2016) will be even better. Make sure these dates are in your diary. It will be wonderful to be in Amsterdam!

The theme for ECCO'16 Amsterdam is "IBD innovations driving clinical decisions". The introduction of novel therapeutic strategies ultimately expanding the horizon of our daily clinical practice strongly depends on scientific innovations. ECCO'16 will highlight the prominent innovations of the last decade and the associated changes in clinical practice. To provide the best care for our patients ECCO'16 will focus on the management of challenging cases, complications and how to choose the best strategy for each patient. The ECCO'16 Amsterdam Congress is a world class meeting that will appeal to clinicians in all disciplines caring for people with IBD, including not only gastroenterologists but also scientists, surgeons, trainees, nursing specialists and members of industry.

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

The fields of genetics and cell therapy have contributed key innovations over the last decade. The first two sessions will discuss the latest scientific aspects and the direct impact of these fields on current or future therapeutic strategies. While in the past the focus has been on the onset of inflammation, one session will be devoted to the mechanistic resolution of inflammation and the associated clinical implications.

The "challenging dogma" session will address the critical question of how results from clinical trials change our daily practice. There will also be sessions on the management of viral complications and the impact of microbiota on health and disease, including discussion of how the intestinal flora can be manipulated.

The latest ECCO Guidelines, including the updates of the Ulcerative Colitis and the surgical Crohn's Disease Guidelines, will be previewed at the ECCO'16 Amsterdam Congress prior to publication in the Journal of Crohn's & Colitis, as will the topical reviews on Fibrosis and IBD in the Elderly.

In addition, there will be a session of challenging cases, oral presentations of the latest research, the recently introduced digital oral presentation sessions and all the educational events to sign up to. Innovation includes individualised decisions in patient care and this theme forms the focus for the last session of the ECCO'16 Amsterdam Congress, "Right time, right drug, right strategy". This will be an excellent introduction to the concluding ECCO Lecture on "Future of IBD healthcare in Europe", given by Daniel Hommes.

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

The Organising Committee for the ECCO'16 Amsterdam Congress:
Séverine Vermeire
Peter Irving
Julián Panés
Laurent Peyrin-Biroulet
Britta Siegmund

Preliminary programme: Thursday, March 17, 2016
IBD innovations driving clinical decisions

	10:45 - 11:15	Top tips for chairs (closed session)
11:30 - 12:30	Industry sponsored satellite symposia 1a & 1b	
12:45 - 12:50	Welcome	
12:50 - 13:00	Opening	
13:00 - 14:30	Scientific session 1: Cell therapy: Ready for clinical practice?	
	13:00-13:20	Stem cell transplantation
	13:20-13:30	Oral presentation 1
	13:30-13:50	Immune cell manipulation
	13:50-14:00	Oral presentation 2
	14:00-14:10	Oral presentation 3
	14:10-14:30	Mesenchymal stem cells
14:30-15:00	Coffee break	

15:00-17:00	Scientific session 2: Application of genetic testing in understanding and managing IBD	
	15:00-15:20	Very early onset IBD - from research to bedside
	15:20-15:30	Oral presentation 4
	15:30-15:50	Genetics in predicting drug response
	15:50-16:00	Oral presentation 5
	16:00-16:10	Oral presentation 6
	16:10-16:30	The future of genetics in clinical medicine
	16:30-16:40	Oral presentation 7
	16:40-16:50	Oral presentation 8
	16:50-17:00	Oral presentation 9
17:15-18:15	Industry sponsored satellite symposia 2a & 2b	
17:15-18:15	Digital oral presentations (Sessions 1-5)	

Preliminary programme: Friday, March 18, 2016

07:15-08:15	Industry sponsored satellite symposia 3a & 3b	
08:30-09:30	Scientific session 3: Resolution of inflammation	
	08:30-08:50	Mechanisms by which inflammation resolves
	08:50-09:10	Stopping drugs
	09:10-09:20	Oral presentation 10
	09:20-09:30	Oral presentation 11
09:30-10:30	Scientific session 4: Viruses and IBD	
	09:30-09:50	Should we treat CMV in patients with UC?
	09:50-10:00	Oral presentation 12
	10:00-10:10	Oral presentation 13
	10:10-10:30	Other viral complications in clinical practice
10:30-11:00	Coffee break	
11:00-12:20	Scientific session 5: Challenging dogmas – from clinical trials to clinical practice	
	11:00-11:20	Mucosal healing – Is it the holy grail?
	11:20-11:30	Oral presentation 14
	11:30-11:40	Oral presentation 15
	11:40-12:00	Patient-reported outcomes
	12:00-12:20	Should clinical trials in children be different?
12:20-13:20	Lunch break	
12:20-13:20	Guided poster session	
12:30-13:10	Industry sponsored educational lunchtime satellite symposia LS1-4	
13:20-14:50	Scientific session 6: Bugs and drugs in IBD	
	13:20-13:40	The microbiome and geographical spread of IBD
	11:20-11:30	Oral presentation 16
	11:00-11:20	Manipulating the microbiota in everyday practice
	11:20-11:30	Oral presentation 17
	11:20-11:30	Oral presentation 18
	11:00-11:20	Future strategies to change the flora
14:50-15:20	Coffee break	
15:20-16:00	Scientific session 7: ECCO Fellowships & Grants	
	15:20-15:27	Outcomes from the 2014-15 Fellowships – Part 1
	15:27-15:34	Outcomes from the 2014-15 Fellowships – Part 2
	15:34-15:40	Announcement of ECCO Fellowships and Grants 2016
	15:40-15:50	Oral presentation 19
	15:50-16:00	Oral presentation 20
16:00-17:00	Scientific session 8: Challenging Cases	
	16:00-16:20	Case 1: Challenges during pregnancy
	16:20-16:40	Case 2: Refractory upper gut Crohn's Disease
	16:40-17:00	Case 3: When extra-intestinal symptoms dominate
17:00-17:50	Scientific session 9: What's new on the Guidelines front?	
	17:00-17:10	Surgical CD
	17:10-17:20	Oral presentation 21
	17:20-17:30	Oral presentation 22
	17:30-17:40	UC Update
	17:40-17:45	Topical Review on Fibrosis
	17:45-17:50	Topical Review on Elderly in IBD
18:05-19:05	Industry sponsored satellite symposia 4a & 4b	
	18:05-19:05	Digital oral presentations (Sessions 6-10)
	20:00	ECCO Interaction: Hearts & Minds

Preliminary programme: Saturday, March 19, 2016

07:15-08:15	Industry sponsored satellite symposia 5a & 5b	
08:30-10:20	Scientific session 10: FAQs in peri-operative management	
	08:30-08:50	Case 1 – Preparing your patient for optimal surgery
	08:50-09:00	Oral presentation 23
	09:00-09:10	Oral presentation 24
	09:10-09:20	Oral presentation 25
	09:20-09:40	Case 2 – Post-surgery prevention
	09:40-09:50	Oral presentation 26
	09:50-10:00	Oral presentation 27
	10:00-10:20	Case 3 – Dealing with a problematic pouch
10:20-10:50	Coffee break	
10:50-12:20	Scientific session 11: Right time, right drug, right strategy	
	10:50-11:10	Molecular stratification of the patient
	11:10-11:20	Oral presentation 28
	11:20-11:40	Choosing the right drug
	11:40-11:50	Oral presentation 29
	11:50-12:00	Oral presentation 30
	12:00-12:20	Care or action plans for patients
12:20-12:50	Scientific session 12: ECCO Lecture	
	12:20-12:50	Future of IBD healthcare in Europe
	12:50-12:55	Awards and closing remarks
	12:55-13:00	The ECCO Film 2016

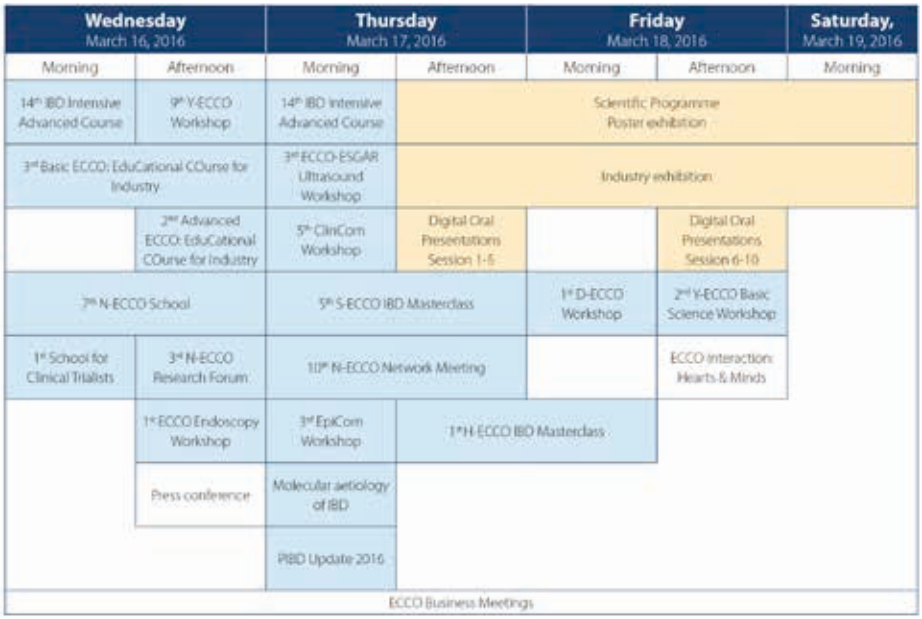
Preliminary Educational Programme at the 11th Congress of ECCO

As of June 2015

The educational programme of the 11th Congress of ECCO starts prior to the official start of the ECCO Congress and courses take place from March 16–18, 2016. These activities are targeted towards ECCO's different interest groups, including young gastroenterologists, surgeons, paediatricians, IBD nurses and allied health professionals and scientists.

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

We look forward to seeing you in Amsterdam!



Call for Nominations of Participants at the 14th IBD Intensive Advanced Course

The **14th ECCO Intensive Advanced Course in IBD** for residents, fellows in gastroenterology and junior faculty will take place in Amsterdam on **March 16–17, 2016**, just prior to our next Congress. We are pleased to inform you that the preliminary programme for this course is already available (see on the right).

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

Minimum criteria for nominees:
- ECCO Member status (2016)
- Trainees at least in their third year with preferably one year of GI experience
- Demonstration of a sufficient level of English to follow the course

Nomination process for candidates from ECCO Country Member states:
- **Candidates who are interested should contact their respective ECCO National Representatives** (www.ecco-ibd.eu/membership/country members/Downloads > List of National Representatives) **well in advance**.
- The participants are selected in their country, by a national system left to the responsibility of the ECCO National Representatives of each ECCO Member Country.
- The National Representatives submit their nominations with a CV (containing full contact details, position and information about hospital affiliation) and a letter of intent from each candidate.
- Deadline for receipt of nominations from ECCO National Representatives: **September 11, 2015**
- Nominated candidates will be informed about their application status by **the beginning of October.**

Nomination process for candidates from outside of Europe:
- **Candidates who are interested should contact the ECCO Office (p.judkins@ecco-ibd.eu) well in advance.**
- In line with the highly appreciated cooperation with ECCO Global Friends, a certain number of course seats are reserved for candidates from outside of Europe.

Requirements:
- Regular / Y-ECCO Membership 2016
- Registration fee: n.a.

Preliminary programme: 14th IBD Intensive Advanced Course
Wednesday, March 16, 2016

07:30–08:00	Arrival and distribution of voting pads	
08:00–08:15	Welcome	
08:15–08:45	Pre-course test	
08:45–09:45	Session 1: Pathogenesis	
	08:45–09:00	IBD: The role of the exposome
	09:00–09:15	The genetics of IBD
	09:15–09:30	The microbiome and IBD
	09:30–09:45	Discussion
09:45–10:15	Coffee break	
10:15–11:00	Session 2: Interactive case discussion	
	10:15–11:00	Case-based discussion: Investigation and management of mild / moderate Crohn's Disease
11:00–12:00	Session 3: Seminar session – Part I: Specialist topic in IBD	
	11:00–12:00	EITHER: a. Managing IBD and pregnancy OR: b. Managing complications associated with anti-TNF therapy OR: c. Managing extra-intestinal manifestations of IBD
12:00–12:30	Lunch	
12:30–14:30	Session 3: Seminar session – Part II: Practical skills	
	12:30–14:30	EITHER a. Role of bowel ultrasonography in intestinal diseases OR b. Practical guide to interpreting MRI OR c. Practical guide to endoscopy and IBD incl. chromo-endoscopy, balloon dilatation and reporting
	13:30–14:30	EITHER a. Role of bowel ultrasonography in intestinal diseases OR b. Practical guide to interpreting MRI OR c. Practical guide to endoscopy and IBD incl. chromo-endoscopy, balloon dilatation and reporting
14:30–15:30	Session 4: Interactive case discussion	
	14:30–15:30	Tandem talk: IBD therapeutics targets and drugs: New and old

Preliminary programme: 14th IBD Intensive Advanced Course
Thursday, March 17, 2016

08:00–10:20	Session 5: Interactive case discussion and lecture session	
	08:00–09:00	Case-based discussion: Fistulising Crohn's Disease: Medical and surgical approaches
	09:00–10:00	Case-based discussion: The patient with severe inflammatory Crohn's Disease
	10:00–10:20	Discussion
10:20–10:45	Coffee break	
10:45–12:15	Session 6: Special scenarios	
	10:45–11:15	Peri-operative management of Crohn's Disease
	11:15–11:45	Monitoring therapy with drug levels and antibody testing
	11:45–12:15	The medical management of acute severe Ulcerative Colitis: Case-based discussion
12:15–12:30	Feedback and closing remarks	

Responsible Committee: EduCom
Target audience: Junior gastroenterologists
Registration: Upon invitation, please see official call on page 6

ECCO Membership 2016 required: Regular/Y-ECCO Member
Registration fee: n.a.

Preliminary Educational Programme - Wednesday, March 16, 2016

1st School for Clinical Trialists - Understanding the different types of clinical trials

08:00–08:15	Welcome and introduction	
08:15–09:30	Session 1	
	08:15–09:00	Clinical trial terminology & processes. Standard investigations
	09:00–09:30	How to optimise recruitment to clinical trials in IBD
09:30–10:00	Coffee break	
10:30-11:30	Session 2	
	10:00–10:30	Setting up and running large nationwide IBD trials
	10:30–11:00	Tips & tricks for the IBD clinical research team
	11:00–11:20	What does the future hold for IBD clinical trials?
11:20–11:30	Summary & closing remarks	

Responsible Committee: ClinCom & N-ECCO
Target audience: Clinical trial nurses, IBD nurses and Allied health professionals
Registration: Online registration

ECCO Membership 2016 required: Regular/Y-ECCO/IBD nurse/Affiliate Member
Registration fee: EUR 50.-

Call for Nominations of Participants at the 7th N-ECCO School

At the 11th Congress of ECCO in Amsterdam, the N-ECCO Committee will host the educational activity for IBD nurses, N-ECCO School, for the seventh time. ECCO intends to give nurses, who might still be in training and have an interest in IBD, the possibility to attend an IBD-focused course. The aim of this programme ultimately is to improve nurse education throughout Europe.

New in 2016: We are pleased to announce that for the first time in 2016 we are inviting **dieticians** to participate at the N-ECCO School. As the involvement of dieticians in the treatment of patients is important, we would like to provide them with the possibility of attending a course that focuses on the basic aspects of IBD.

Nomination process for IBD nurse candidates from ECCO Country Members:

The call for nomination of participants is being sent out to all N-ECCO National Representatives in June 2015.

Interested candidates are encouraged to apply for nomination via the N-ECCO National Representative of their country (see page 34). A maximum of 35 places is reserved for the participation of IBD nurses. N-ECCO National Representatives are welcome to send in multiple nominations, which need to be ranked according to priority.

If there is no N-ECCO National Representative in your country, please do not hesitate to contact Kay Greveson from the N-ECCO Committee (k.greveson@nhs.net).

Application process for IBD nurse candidates from outside of Europe:

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

Application process for dieticians:

We are pleased that a maximum of 20 course places will be reserved for the participation of dieticians. Candidates who are interested should contact the ECCO Office (n.weynandt@ecco-ibd.eu) in good time.

Deadline for nominations/applications:
September 8, 2015

Please note that nominations and applications after this deadline cannot be accepted.

Preliminary programme: 7th N-ECCO School
Wednesday, March 16, 2016

07:15–08:15	Industry-sponsored satellite symposium tbc	
08:30–08:45	Welcome and introduction	
08:45 –12:15	Session 1: Diagnosis and assessment	
	08:45–09:30	Diagnosis, anatomy and physiology in IBD
	09:30–10:15	Psychosocial implications of living with IBD
10:15–10:45	Coffee break	
	10:45–11:15	Surgery in IBD
	11:15–11:45	Medical treatment
	11:45–12:15	Adherence
12:15–13:20	Lunch break	
13:20–14:50	Session 2: Case studies – Disease management	
	13:30-14:05	Workshop 1 – UC Management (Group A) Workshop 2 – CD Management (Group B)
	09.30–10:15	Workshop 1 – UC Management (Group B) Workshop 2 – CD Management (Group A)
14:50–15:10	Coffee break	
15:10–16:10	Session 3: General management in IBD	
	15:10–15:40	Nutritional aspects in IBD
	15:40–16:10	Nursing roles in IBD management
16:10–16:15	Closing remarks	
16:30–17:30	Industry-sponsored satellite symposium tbc	

Responsible Committee: N-ECCO
Target audience: IBD nurses – new to the specialty, Dieticians
Registration: Upon invitation, please see official call on page 8

ECCO Membership 2016 required: IBD nurse Member, Affiliate Member
Registration fee: n.a.

3rd Basic ECCO: EduCational COurse for Industry

10:30–10:35	Welcome	
10:35–13:00	Session 1	
	10:35–10:50	What is IBD?
	10:50–11:05	What is the difference between Ulcerative Colitis and Crohn's Disease?
	11:05–11:20	Who does it affect?
	11:20–11:30	Question time
	11:30–11:45	What causes IBD?
	11:45–12:00	How is IBD diagnosed?
	12:00–12:15	What do patients think?
	12:15–12:30	How is care organised?
	12:30–12:45	What do IBD nurses do?
	12:45–13:00	Question time
13:00–14:00	Lunch	
14:00–15:30	Session 2	
	14:00–14:15	What are the conventional treatment options?
	14:15–14:30	What is the role of 5-ASA?
	14:30–14:45	Where do steroids fit in?
	14:45–15:00	Who gets immunomodulators?
	15:00–15:15	What about biological therapy?
	15:15–15:30	Is there a role for dietary treatment?
15:30–16:00	Coffee break	

16:00–17:15	Session 3	
	16:00–16:15	When do patients need surgery?
	16:15–16:30	What does surgery mean?
	16:30–16:45	Is surgery a cure?
	16:45–17:00	Can post-operative treatment prevent recurrence?
	17:00–17:15	What happens after a pouch operation?
17:15–18:00	Session 4	
	17:15–17:30	What is the risk of cancer?
	17:30–17:45	What are the other complications of IBD?
	17:45–18:00	Where is the unmet need for patients with IBD?

Responsible Committee: Governing Board
Target audience: Corporate Members & Non-Corporate Members
Registration: Upon invitation
ECCO Membership 2016 required: n.a.

Registration fee:
Non-Corporate Members: EUR 750.- incl. 21% Dutch VAT
Corporate Members: EUR 500.- incl. 21% Dutch VAT

3rd N-ECCO Research Forum

11:45–12:45	Industry-sponsored satellite symposium tbc
13:00–13:10	Welcome and introduction
13:10–13:30	Research priorities – overview of findings from the Delphi survey
13:30–14:30	Workshop 1: Using PICO to define research priorities
14:30–15:00	Coffee break
15:00–16:30	Workshop 2: Top 10 tips in research
15:00–15:30	Literature searching (Group A) Statistics made easy (Group B) How to critique a paper (Group C)
15:30–16:00	Literature searching (Group B) Statistics made easy (Group C) How to critique a paper (Group A)
16:00–16:30	Literature searching (Group C) Statistics made easy (Group A) How to critique a paper (Group B)
16:30–17:00	Learning from today: Applying your research in clinical practice

Responsible Committee: N-ECCO
Target audience: IBD nurses and Allied health professionals
Registration: Online registration

ECCO Membership 2016 required: IBD nurse Member, Affiliate Member
Registration fee: EUR 15.-

1st ECCO Endoscopy Workshop

13:00–13:15	Welcome and introduction Pre-Course test
13:15–14:15	Session 1: Assessment of endoscopic activity: Clinical trials and routine practice
14:15–15:15	Session 2: Endoscopic surveillance for IBD-associated colorectal cancer
15:15–15:45	Coffee break
15:45–16:45	Session 3: Endoscopic therapeutic intervention in IBD
16:45–17:45	Session 4: Small bowel endoscopy: Capsule vs. balloon enteroscopy
17:45–18:00	Post-Course test Concluding remarks

Learning objectives:
How to write a report. How to assess and describe endoscopic activity in IBD. Endoscopic activity indices in CD and UC in clinical trials and in daily practice. Indication for endoscopic surveillance of colorectal cancer in IBD. Technical aspects of chromoendoscopy. Differential use of capsule endoscopy vs. balloon enteroscopy in small bowel CD. Technical aspects of small bowel endoscopy. Interpretation of video capsule images of small bowel CD. Indications and practical aspects for balloon dilatation of strictures and for polypectomy/endoscopic mucosa resection of adenomas or dysplastic lesions.

Responsible Committee: EduCom
Target audience: Physicians, Surgeons, Paediatricians
Registration: Online registration (max. 50 participants)
ECCO Membership 2016 required: Regular/Y-ECCO Member
Registration fee: € 80.- (half price for Y-ECCO and IBD nurse Members) – incl. 21% Dutch VAT

2nd Advanced ECCO: EduCational COurse for Industry

14:00–14:05	Welcome
14:05–14:55	Session 1: Head-to-head comparative studies: Challenges & opportunities?
14:55–15:45	Session 2: Patient-reported outcomes measures
15:45–16:15	Coffee break
16:15–17:05	Session 3: What challenges are faced by using histological and cross-sectional imaging endpoints in clinical trials
17:05–17:55	Session 4: Disease-modification studies: Are we ready to start?
17:55–18:00	Closing remarks

Responsible Committee: Governing Board
Target audience: Corporate Members & Non-Corporate Members
Registration: Upon invitation
ECCO Membership 2016 required: n.a.

Registration fee:
Non-Corporate Members: EUR 600.- incl. 21% Dutch VAT
Corporate Members: EUR 400.- incl. 21% Dutch VAT

9th Y-ECCO Workshop - Writing and reviewing scientific and clinical papers

16:00–16:15	Introduction to Y-ECCO and the workshop	
16:15–17:00	**Session 1: Writing a scientific paper**	
	16:15–16:30	Introduction and methods
	16:30–16:45	Results and discussion
	16:45–17:00	The abstract
17:00–17:50	**Session 2: Reviewing a scientific paper**	
	17:00–17:20	Tips, tricks and pitfalls for peer reviewers
	17:20–17:50	Group session – reviewing a scientific paper
17:50–18:00	Feedback, Y-ECCO prizes and Close	

Responsible Committee: Y-ECCO
Target audience: Physicians, Paediatricians, Surgeons, IBD nurses
Registration: Online registration

ECCO Membership 2016 required: Regular/Y-ECCO/IBD nurse Member
Registration fee: EUR 80.- (half price for Y-ECCO and IBD nurse Members) – incl. 21% Dutch VAT

Preliminary Educational Programme - Thursday, March 17, 2016

5th S-ECCO IBD Masterclass in collaboration with ESCP

07:30-07:40	Welcome	
07:40–09:15	**Session 1: Peri-anal disease**	
07:40–08:25	**Debate 1: The simple transsphincteric fistula**	
	07:40–07:50	Chronic seton
	07:50–08:00	Biologicals
	08:00–08:10	Surgery aiming at repair
	08:10–08:25	Discussion
08:25–08:45	**Video**	
	08:25–08:35	LIFT for Crohn's fistula
	08:35–08:45	Advancement plasty for Crohn's fistula
08:45–09:15	**Debate 2: Symptomatic recto-vaginal fistula**	
	08:45–08:55	Immediate proctectomy
	08:55–09:05	Reconstructive repair
	09:05–09:15	Discussion
09:15–09:40	Coffee break	
09:40–11:25	**Session 2: Hot potatoes in IBD**	
09:40–10:10	**Debate 3: Unsuspected Crohn's Disease during laparoscopy for appendicitis**	
	09:40–09:50	Resect
	09:50–10:00	Do nothing and refer to the gastroenterologist
	10:00–10:10	Discussion
10:10–10:20	**Video** **Strictureplasty of the ileocolic valve**	
10:20–10:50	**Debate 4: When does a drug work? Efficacy and clinical relevance**	
	10:20–10:30	The gastroenterologist's view
	10:30–10:40	The surgeon's view
	10:40–10:50	Discussion
10:50–11:25	**Trial Updates**	
11:25–12:25	**Lunch break**	
12:25–14:40	**Session 3: Crohn's Disease**	
12:25–12:55	**Debate 5: Limited ileocecal disease**	
	12:25–12:35	Surgery
	12:35–12:45	Biologicals
	12:45–12:55	Discussion
12:55–13:10	**LIRIC Trial**	
13:10–13:40	**Debate 6: Segmental versus total colectomy in Crohn's Disease**	
	13:10–13:20	Segmental resection
	13:20–13:30	Total colectomy
	13:30–13:40	Discussion
13:40–14:10	**Debate 7: Clear margins are important in segmental resection of Crohn's Disease**	
	13:40–13:50	Only macroscopic
	13:50–14:00	Radical resection
	14:00–14:10	Discussion
14:10–14:40	**Debate 8: Prophylaxis after ileocolic resection**	
	14:10–14:20	For all
	14:20–14:30	Selectively
	14:30–14:40	Discussion
14:40–15:05	Coffee break	
15:05–16:55	**Session 4: Ulcerative Colitis**	
15:05–15:35	**Debate 9: Colectomy for low-grade dysplasia**	
	15:05–15:15	Colectomy
	15:15–15:25	Surveillance
	15:25–15:35	Discussion
15:35–15:55	**Pathophysiology of cancer in IBD**	
15:55–16:25	**Debate 10: Chronic Active Colitis: Early surgery or continued extensive medication**	
	15:55–16:05	Early surgery
	16:05–16:15	Continued medication
	16:15–16:25	Discussion
16:25–16:45	**Faecal biomarkers and their role in surgery in IBD**	
16:45–16:55	**Video** **TAMIS pouch**	
16:55–17:00	Closing remarks	

Responsible Committee: S-ECCO in collaboration with ESCP
Target audience: Surgeons, Physicians, IBD nurses
Registration: Online registration

ECCO Membership 2016 required: Regular/Y-ECCO/IBD nurse Member
Registration fee: EUR 150.- (half price for Y-ECCO and IBD nurse Members) – incl. 21% Dutch VAT

3rd ECCO-ESGAR Ultrasound Workshop

07:30–07:40	Welcome and introduction
07:40–08:40	Pre-Course test Introductory lecture
08:40–11:40	Hands-on open space in bowel ultrasonography (ultrasound simulator with IBD pathologies, endo-anal US simulator, real patients with IBD)
11:40–12:00	Q & A Session
12:00–12:15	Post-Course test Concluding remarks

Learning objectives:
Indications for bowel US in CD and UC. Technical requirements. Course of examination in real patients. Parameters for ultrasonography in IBD patients. Advantages and limitations of bowel US in IBD in comparison to other imaging modalities. Indications for contrast-enhanced ultrasonography in IBD. How to use bowel US in routine practice. Indications for and practical aspects of the use of endo-anal ultrasound in peri-anal CD.

Responsible Committee: EduCom in collaboration with ESGAR
Target audience: Physicians, Surgeons, Paediatricians
Registration: Online registration (max. 50 participants)
ECCO Membership 2016 required: Regular/Y-ECCO Member or ESGAR Membership
Registration fee: € 80.- (half price for Y-ECCO and IBD nurse Members) – incl. 21% Dutch VAT

5th ClinCom Workshop

08:30–08:35	Welcome and introduction	
08:35–09:55	Session 1: Balance safety – efficacy	
	08:35–08:55	What has meta-analysis taught us?
	08:55–09:15	How to evaluate safety of biologics
	09:15–09:35	Cluster randomised trials
	09:35–09:55	How to choose your biologics in 2016
09:55–10:30	Coffee break	
10:30–12:00	Session 2: Balance efficacy – costs	
	10:30–10:50	Methodology of cost efficacy
	10:50–11:10	How to implement results of cost efficacy analysis in clinical practice?
	11:10–11:30	Comparing treatment strategies and cost effectiveness
	11:30–12:00	From regulators to payers
12:00–12:10	Summary & closing remarks	

Responsible Committee: ClinCom
Target audience: Physicians, Surgeons, Paediatricians, Clinical researchers, Industry
Registration: Online registration
ECCO Membership 2016 required: Regular/Y-ECCO/IBD nurse Member
Registration fee: EUR 80.- (half price for Y-ECCO and IBD nurse Members) – incl. 21% Dutch VAT

3rd EpiCom Workshop

08:00–08:10	Welcome and introduction	
08:10–10:10	Session 1	
	08:10–08:30	Delivery and breastfeeding
	08:30–08:50	Infection and antibiotics
	08:50–09:10	Vaccination
	09:10–09:30	Diet
	09:30–09:50	Appendectomy
	09:50–10:10	Smoking
10:10–10:30	Coffee break	
10:30–11:30	Session 2	
	10:30–11:00	Group work on creating the optimal project
	11:00–11:30	Presentation and discussion of the case on migration
11:30	Closure and farewell	

Responsible Committee: EpiCom
Target audience: Physicians, Paediatricians
Registration: Online registration
ECCO Membership 2016 required: Regular/Y-ECCO/IBD nurse Member
Registration fee: EUR 80.- (half price for Y-ECCO and IBD nurse Members) – incl. 21% Dutch VAT

Molecular aetiology of IBD: Learning from human models

09:00–10:40	Session 1	
	09:00–09:10	Welcome and introduction
	09:10–09:40	Human monogenetic IBD patients – Insights into disease pathogenesis
	09:40–10:10	IBD as an epithelial wound healing defect
	10:10–10:40	IBD as a primary immune cell deficiency: Neutrophils
10:40–11:00	Coffee break	
11:00–12:10	Session 2	
	11:00–11:30	IBD as a primary immune cell deficiency: Myeloid cells
	11:30–12:00	IBD as a primary immune cell deficiency: B cells
	12:00–12:10	Closing remarks

Responsible Committee: SciCom
Target audience: Physicians, Surgeons, Paediatricians, Scientists
Registration: Online registration
ECCO Membership 2016 required: Regular/Y-ECCO/IBD nurse Member
Registration fee: EUR 80.- (half price for Y-ECCO and IBD nurse Members) – incl. 21% Dutch VAT

10th N-ECCO Network Meeting

07:30–08:30	Industry-sponsored satellite symposium tbc	
09:00-09:15	Welcome and introduction	
09:15–10:30	Session 1: Patient involvement and patient participation	
	09:15–09:45	Patient involvement and shared decision making
	09:45–10:15	Health literacy
	10:15–10:30	Patient panels
10:30–11:00	Coffee break	
11:00–12:30	Session 2: e-health in IBD	
	11:00–11:30	Status on e-health in IBD
	11:30–12:00	Professional communication via electronic media
	12:00–12:15	Experience from Canada: GI Bodyguard
	12:15–12:30	Experience from Sweden: Swibreg
12:30-14:00	Lunch break	
14:00–14:45	Session 3: IBD nursing	
	14:00–14:15	Oral presentation 1
	14:15–14:30	Oral presentation 2
	14:30–14:45	Oral presentation 3
14:45-15:15	Coffee break	
15:15–16:40	Session 4: New drugs and drug monitoring	
	15:15–16:00	Is it time to welcome the new buddies? A debate on biosimilars
	16:00–16:25	Therapeutic drug monitoring in IBD
	16:25–16:40	Discussion
16:40–17:00	N-ECCO in 2016 and beyond	

Responsible Committee: N-ECCO
Target audience: IBD nurses – advanced level
Registration: Online registration

ECCO Membership 2016 required: IBD nurse Member, Affiliate Member
Registration fee: EUR 25.- incl. 21% Dutch VAT

PIBD Update 2016 – New approaches to diagnosis and therapy

10:00–10:05	Welcome and Introduction
10:05–10:25	Diagnosis, treatment and outcomes of Paediatric IBD Unclassified (IBD-U)
10:25–10:50	Personalising Paediatric IBD: Identification of high- and low-risk patients at diagnosis
10:50–11:15	New treatments for UC: Do we have paediatric data?
11:15–11:40	Faecal transplantation in IBD – Who, when & how?
11:40–12:00	Managing the pouch in UC

Responsible Committee: P-ECCO
Target audience: Paediatricians, Physicians, Surgeons, IBD nurses
Registration: Online registration
ECCO Membership 2016 required: Regular/Y-ECCO/IBD nurse/Affiliate Member
Registration fee: EUR 80.- (half price for Y-ECCO and IBD nurse Members) – incl. 21% Dutch VAT

1st H-ECCO IBD Masterclass

Thursday, March 17, 2016

13:30–13:35	Welcome & Introduction	
13:35–15:00	Session 1: Basic aspects of IBD pathology	
	13:35–13:45	Epidemiology of IBD
	13:45–14:00	Clinical and endoscopic features of IBD
	14:00–14:15	What does the gastroenterologist want to know from the pathologist?
	14:15–14:40	Basic principles of histological IBD diagnosis
	14:40–15:00	The classic histology of Ulcerative Colitis and Crohn's Disease
15:00–15:30	Coffee break	
15:30–17:00	Session 2: Challenges and differential diagnosis	
	15:30–15:50	Ulcerative Colitis vs. Crohn's Disease in difficult cases
	15:50–16:15	Paediatric and adolescent IBD
	16:15–16:35	Superinfection
	16:35–17:00	Non-IBD colitides

Friday, March 18, 2016

08:00–10:00	Session 3: Dysplasia and cancer in IBD	
	08:00–08:15	Cancer risk in IBD
	08:15–08:50	Molecular basis of dysplasia and cancer
	08:50–09:25	Diagnosis of dysplasia
	09:25–10:00	Treatment of dysplasia
10:00–10:30	Coffee break	
10:30–12:10	Session 4: Special situations	
	10:30–10:50	Activity in IBD
	10:50–11:10	The role of pathology in the evaluation of treatment
	11:10–11:30	Pouchitis
	11:30–12:00	What's hot in IBD pathology?
	12:00–12:10	The ideal pathology report
12:10–12:15	Closing remarks	

Responsible Committee: H-ECCO Working Group
Target audience: Histopathologists
Registration: Online registration

ECCO Membership 2016 required: Regular/Y-ECCO/IBD nurse/Affiliate Member
Registration fee: n.a.

Preliminary Educational Programme - Friday, March 18, 2016

1st D-ECCO Workshop

08:30–08:35	Welcome	
08:35–09:40	**Session 1**	
	08:35–08:55	Diet, environment and genetics in IBD
	08:55–09:15	Microbiota and IBD
	09:15–09:35	Nutritional assessment in IBD patients
	09:35–09:40	Panel Q&A
09:40–10:00	**Coffee break**	
10:00–11:05	**Session 2**	
	10:00–10:20	Exclusive and partial enteral nutrition in IBD
	10:20–10:40	New dietary therapies in IBD
	10:40–11:00	Iron deficiency anaemia in IBD
	11:00–11:05	Panel Q&A
11:05–11:20	**Coffee break**	
11:20–12:25	**Session 3**	
	11:20–11:40	Dietary treatment of functional symptoms in IBD
	11:40–12:00	Dietary treatment in short bowel syndrome/intestinal insufficiency
	12:00–12:20	The evidence for fibre and prebiotics in IBD
	12:20–12:25	Panel Q&A
12:25–12:30	Closing remarks	

Responsible Committee: D-ECCO Working Group
Target audience: Dieticians, IBD nurses
Registration: Online registration
ECCO Membership 2016 required: IBD nurse Member, Affiliate Member
Registration fee: n.a.

2nd Y-ECCO Basic Science Workshop - Mouse models and microbiota in IBD

15:00–15:05	Introduction	
15:05–16:25	**Session 1: Mouse models in IBD**	
	15:05–15:40	Animal models in IBD: Pros and cons
	15:40–15:55	Selected oral 1
	15:55–16:10	Selected oral 2
	16:10–16:25	Selected oral 3
16:25–16:40	**Coffee break**	
16:40–18:00	**Session 2: How to study microbiota in IBD**	
	16:40–17:15	Complex disease genetics: GWAS versus next-gen sequencing
	17:15–17:30	Selected oral 4
	17:30–17:45	Selected oral 5
	17:45–18:00	Selected oral 6
18:00–18:05	Y-ECCO (Basic Science) Awards + Wrap-up	

Responsible Committee: Y-ECCO
Target audience: Physicians, Paediatricians, Surgeons, IBD nurses
Registration: Online registration
ECCO Membership 2016 required: Regular/Y-ECCO/IBD nurse/Affiliate Member
Registration fee: EUR 80.- (half price for Y-ECCO and IBD nurse Members) – incl. 21% Dutch VAT

I-CARE Study

The I-CARE project has already made huge progress thanks to all of you: Much is being done in the final preparations for the project and the first patient should be enrolled by September 2015!

WE ARE COUNTING ON YOUR HELP!

© I-CARE

For the first time the I-CARE study, a European prospective observational study, will:

- Assess prospectively the extent of safety concerns (regarding the risk of cancers, including lymphoma, and serious infections) for anti-TNF alone or in combination with thiopurines among IBD patients
- Investigate prospectively the impact of biologic (anti-TNF and vedolizumab) based strategies on the natural history of IBD and their potential for disease modification by collecting data on validated surrogate markers such as mucosal healing and disease complications such as bowel damage (strictures, fistulae, abscesses), surgeries and hospitalisations
- Assess the evolution of patient-reported outcomes (PROs: Fatigue, quality of life, disability etc.) on a yearly basis and the impact of biologics on PROs in IBD
- Evaluate the benefit-risk ratio of strategies based on the earlier and wider use of anti-TNF therapy/vedolizumab for IBD
- Assess the health care costs and cost-efficacy of current therapeutic strategies in IBD

In total, 800 investigators in 17 countries will participate, recruiting 17,600 patients (1-year inclusion period, 3-year follow-up period)

Here are the participating countries and your National Coordinators:

Belgium: Catherine Reenaers & Peter Bossuyt
Denmark: Mette Julsgaard & Johan Burisch
France: Corinne Gower & Stephane Nahon
Germany: Britta Siegmund, Christian Maaser & Ulf Helwig
Greece: Kostantinos Karmiris & Nikos Viazis
Hungary: Peter Lakatos & Tamas Molnar
Ireland: Glen Doherty
Israel: Henit Yanai & Uri Kopylov
Italy: Livia Biancone & Alessandro Armuzzi
The Netherlands: Bas Oldenburg & Mark Lowenberg
Poland: Edyta Zagorowicz & Jarosław Kierkuś
Portugal: Fernando Magro & Luis Correia
Russia: Elena Belousova
Spain: Eugeni Domènech & Javier Gisbert
Sweden: Jonas Halfvarsson & Leif Törkvist
Switzerland: Pascal Juillerat & Stephan Vavricka
UK: Ailsa Hart, Sebastian Shaji & Tariq Ahmad

Some countries have not yet communicated their investigator list; **if you are a gastroenterologist and you want to be part of this European project, please contact your I-CARE National Coordinator immediately to express your interest.**

You may be wondering what you would have to do as an investigator.
First, you will need to be able to **enrol 22 patients** who are suffering from adult CD or UC and agree to participate in the study. Patients will have to:

- Give full consent to disclosure of name, phone number and e-mail address to the technical team
- Complete an eDIARY on a monthly basis; therefore, patients must have access to a smart phone or the internet
- Agree to be contacted by the study coordinator for follow-up if necessary
- Obtain a hospitalisation summary or give permission to the National Study Coordinator to obtain the document from the relevant hospital or physician
- Complete ePRO questionnaires on a yearly basis

All this must be done for 3 years.

As the Investigator, you will need to:

- Provide a full spectrum of data on each patient's disease at entry by completing the eCRF, which will activate the patient's eDIARY application. Then you will:
- Review on a yearly basis what information and events your patient has entered on his or her page and uploaded on the eCRF for your validation
- Report at least once a year on endoscopic and imaging disease activity using a simplified scoring system

That's all!

I-CARE Map © I-CARE

Importantly, if you participate in the I-CARE study, you will be an author (either in the main author list or in the appendix that will appear on PubMed) of the numerous papers that will be published based on these new and unique findings. The target journals will be major ones such as The Lancet and Gastroenterology, similar to the CESAME study.

Your **National Study Coordinator (designated by your National Coordinators)** will help you by following up with the patients and ensuring that documents are obtained and uploaded for your review.

The Study Coordinator will:

- Check the accuracy and completeness of the monthly patient eDIARY (if no data or inappropriate data have been provided, he/she will contact the patient)
- Perform a yearly follow-up on Investigators' scoring and eCRF completion
- Obtain and upload on the database:
  - Written histological reports of all high-grade dysplasia and cancers
  - Cause of death
  - All hospitalisation reports (*if available)
  - Pregnancy information

All this will be done for 4 years

Remember: The patients must be from one of the treatment groups below and you will need five from each of groups A to D and two from group E. However, if vedolizumab is not used at your site, you can still participate; just let your I-CARE team know.

Five types of patient per physician:

A. Five patients without past or ongoing exposure to IS (thiopurines or methotrexate) and biologics
B. Five patients with ongoing biologic monotherapy
C. Five patients with ongoing thiopurine monotherapy
D. Five patients with ongoing combination therapy
E. Two patients with vedolizumab: One with vedolizumab alone and one with vedolizumab in combination with thiopurines or methotrexate

While participating in the study, you may come up with an exciting idea for an ancillary project in which case you should send a quick note to the I-CARE SciCom. This group of wise men and women will be able to help you to define your project, beat the drum for support and give weight to your requests for funding, and help you to take the lead on the study you have been dreaming of, from design to publication.

I-CARE SciCom Meeting Calendar: Next meeting at UEGW 2015. Please submit your ideas one month before the meetings, with a draft of the project and estimated budget.

- Two regular annual plenary meetings:
  - ECCO Congress
  - UEG Week
- Telephone conference within working groups
- Extraordinary plenary meetings
  - If necessary
  - Requested by the Executive Committee

As always, you can reach us at icare@getaid.org

The I-CARE Team

LAURENT PEYRIN-BIROULET
I-CARE President & ECCO Secretary

Laurent Peyrin-Biroulet
President, I-CARE Board © ECCO

Laurent Beaugerie
President of Scientific Committee
© Laurent Beaugerie

Filip Baert
General Secretary © ECCO

Jean François Rahier
Head of Infection Working Group
© Jean Francois Rahier

Marie Jo Bertin
Project Director
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Christine Nguyên Demange
Project Manager
© Christine Nguyen Demange

The Biocycle Kick-off Meeting

April 20, 2015, Paris, France

April 20, 2015 - Biocycle Kick-off Meeting in Paris, France © ECCO

The objective of the Biocycle Project is to test and critically assess the benefits and risks of an innovative regimen for optimising Crohn's Disease treatment compared with the current best treatment option for maintaining remission. Starting from the current gold standard of care, the combination of anti-TNFα + antimetabolites, the new regimen is designed to optimise treatment cycles to meet patients' needs after the achievement of deep and prolonged remission. The cycles are characterised by periods where both drugs are administered alternating with periods where either anti-TNF or antimetabolite is withdrawn. The objective is to improve safety and limit costs while maintaining the same level of efficacy during the maintenance therapy.

This project has obtained funding from the European Union, approaching EUR 6 million over 6 years, within the setting of the Horizon 2020 programme. The core of the project is a randomised controlled trial: the SPARE trial. Crohn's Disease patients with sustained remission without steroids for at least 6 months and treated with a combination therapy comprising infliximab and anti-metabolites will be randomised into three arms: A first arm where both infliximab and antimetabolite are continued, a second arm where infliximab is stopped and a third arm where antimetabolite is stopped. In the event of a relapse, treatment returns to a combination therapy. Co-primary end points are the percentage of patients achieving sustained remission and the mean time spent in remission over 2 years. The enrolment of 300 patients is planned in France, UK, Sweden, Germany and Belgium. The main promoter of the clinical trial is GETAID. Beside the clinical end points of the trial, biomarker research is also planned in which the aim will be to identify biomarkers that predict the risk of relapse and disease progression. Health economics will also be studied. Independently of the SPARE trial, surveys will be carried out among patients, health care providers and health authorities in order to investigate stakeholders' perceptions of the benefits and risks of long-term treatment in Crohn's Disease.

Overall, the ambition of the whole project is to deliver a global answer to the question of the optimal long-term maintenance treatment in patients with moderate to severe Crohn's Disease, taking into account not only benefits and risks but also costs and the priorities of patients, health care providers and health authorities. Major data analysis and integration will be undertaken, and IBDIM (research entity of ECCO) will be involved in this critical appraisal as well as in the dissemination work linked to the project.

The partners in this project are: CHU of Liège, Belgium (coordinator and involved in the SPARE clinical trial with Belgian centres and the biomarker research), GETAID, France (main promoter of the SPARE clinical trial and coordinating French centres), University of Edinburgh, UK (leader of the biomarker work and involved in the SPARE trial with UK centres), Skane Regional Hospital, Sweden (coordinating SPARE trial in Sweden), Charité Berlin, Germany (coordinating the SPARE trial in Germany), University of Gothenburg, Sweden (leader of the work on health economics), Association Francois Aupetit, France (involved in the patient perception surveys), Crohn and Colitis Foundation of America, USA (involved in the health care provider surveys), Sheba Research Fund, Tel Aviv, Israel (involved in the biomarker work), Université Catholique de Louvain, Belgium (involved in the survey of health care authorities and in the global appraisal of the strategy), INSERM, France (involved in the data management and analyses), IBDIM, research entity of ECCO (involved in the global appraisal and dissemination of the results of the project; ECCO representatives in the project are Marc Ferrante from the Clinical Research Committee of ECCO [ClinCom] and Charlie Lees from the Scientific Committee of ECCO [SciCom]); sCINNAMIC, Belgium (involved in the project management and provision of assistance to the coordinator).

'This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 633168'.

The SPARE clinical trial is almost ready to start and first patient inclusion is foreseen for June 2015.

EDOUARD LOUIS
Biocycle Project Coordinator

ECCO Elections

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

ECCO Governing Board:

- President-Elect 2016–2018

ECCO Committees – open seats (2016–2019):

- 1 ClinCom Member (Clinical Research Committee)
- 1–3* SciCom Member (Scientific Committee)
- 3 EpiCom Members (Epidemiological Committee)
- 2–4* S-ECCO Member (Surgeons of ECCO)
- 1–2* P-ECCO Member (Paediatricians of ECCO)
- 2–3* Y-ECCO Members (Young ECCO)
- 2 EduCom Members (Educational Committee)
- 2 GuiCom Members (Guidelines Committee)
- 1 N-ECCO Member (Nurses of ECCO)

*dependin on internal Committee restructuring

ECCO News:

- ECCO News Associate Editor, 2016–2019

ECCO CONFER Steering Committee Member:

- 2 steering Committee Members 2016-2018

The deadlines for submission of applications are **January 11, 2016** for the **ECCO Governing Board** and **September 1, 2015** for **ECCO Committee, ECCO News and ECCO CONFER Members**.

To download election forms, please visit the ECCO Website www.ecco-ibd.eu. Please send all forms to the ECCO Office: ecco@ecco-ibd.eu.

Kind regards,

ECCO GOVERNING BOARD

Global IBD Forum on "Quality of Care Indicators in IBD – Part II" 2015

At the ECCO'15 Congress, 101 attendees from 50 countries met at the Global IBD Forum in Barcelona to continue a discussion which started at last year's Forum about quality of care indicators in IBD.

Highlights:

Simon Travis welcomed IBD colleagues from around the globe and introduced Laurent Peyrin-Biroulet and Tom Kelley, who were invited to present two outstanding initiatives: STRIDE and ICHOM.

A survey on Quality of Care Indicators in IBD was circulated to ECCO Members prior to the meeting, with the aim of identifying the two most important *and* measurable structure, process and outcome indicators of quality of care. The survey generated 870 responses from different disciplines and from around the world. The results were interesting (see below). ECCO will be working with international groups, including ICHOM, to develop Quality of Care Indicators.

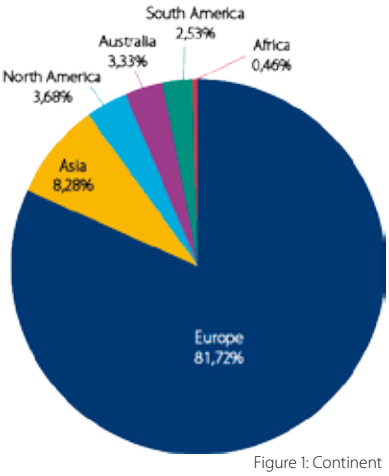

Figure 1: Continent

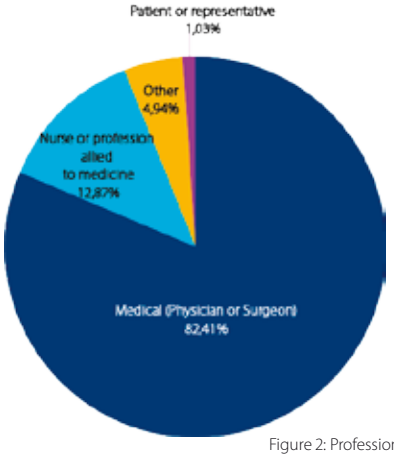

Figure 2: Profession

STRUCTURE indicators of quality of care that are deemed to be THE most important and measurable by

65,55% physicians vs 60,71% nurses:
An IBDC (IBD Centre) should have the infrastructure to allow on demand attention to patients who develop symptoms between scheduled visits
35,15% physicians vs 77,68% nurses:
The IBDC should have at least one IBD specialist nurse
29,01% physicians vs 19,64% nurses:
Each patient with IBD should be assigned an identifiable IBD specialist in charge of his/her clinical care

PROCESS indicators of quality of care that are deemed to be THE most important and measurable by

74,90% physicians vs 63,39% nurses:
Complex care decisions, including surgery indication, should be discussed in an IBD meeting including a gastroenterologist, a radiologist and a surgeon
37,38% physicians vs 26,79% nurses:
The IBD specialist should actively participate in the management of the hospitalized IBD patient
19,25% physicians vs 16,96% nurses:
Before starting treatment with a biologic drug, IBD patients should be tested for tuberculosis using either two consecutive tuberculin tests or an immunologic test and a chest X-ray
12,41% physicians vs 34,82% nurses:
Patient education programme
11,58% physicians vs 27,68% nurses:
The main goals for treatment should be discussed with the patient at least once a year and the plan recorded in the patients notes

OUTCOME indicators of quality of care that are deemed to be THE most important and measurable by

25,38% physicians vs 47,32% nurses:
Provided with details on what to do in the event of a relapse, including urgent contact details
30,26% physicians vs 16,96% nurses:
Offered steroid-sparing agents (immunomodulator drug or biological therapy) if on steroids for more than 3 months
24,55% physicians vs 44,64% nurses:
Documented discussion and agreement with the patient on the goals of treatment for IBD

European Crohn's and Colitis Organisation

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JCC

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Uptake of Vaccination in IBD, see article page 439

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Official Journal of the European Crohn's and Colitis Organisation

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Contents

Call for Applications for ECCO Fellowships, Grants and Travel Awards 2016

Deadline for applications for ECCO Fellowships, Grants and Travel Awards: September 1, 2015

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

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

- Award: EUR 60,000.- per fellowship
- Number of Fellowships:
  - 2 ECCO Fellowships
  - 1 ECCO–Nestlé Health Science Nutrition Fellowship (special focus on the role of food and nutrition in the aetiology and management of IBD)
  - 1 ECCO–IOIBD Fellowship (the purpose of which is to foster scientific exchange between a European country and overseas (United States, Canada, Asia, Australia, New Zealand, Latin America, Africa

Grants are created to support good and innovative scientific, translational or clinical research in Europe. The guidelines for ECCO Grants are very similar to those for the Fellowships, with the exception that the research is typically undertaken in the institution of the applicant.

- Award: EUR 30,000.- per grant
- Number of Grants: 10

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

IBD nurse Members of ECCO can apply for the ***N-ECCO Travel Award***, which provides nurses with the opportunity to visit another European centre to observe nursing care, in recognition of the fact that observational learning is essential in enabling nurses to develop within a role.

- Award: EUR 1,500.- per travel award
- Number of Travel Awards: 5 (incl. 1 N-ECCO Travel Award)

Bruce Sands (IOIBD Chairman) and Séverine Vermeire (ECCO President) signing the ECCO–IOIBD Fellowship Agreement © IOIBD

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

We look forward to your application!

GERHARD ROGLER
SciCom Chair

Introducing a new SciCom Member

Charlie Lees is a consultant gastroenterologist at the Western General Hospital, Edinburgh and senior lecturer at the University of Edinburgh. He trained at University College London and subsequently in Edinburgh. He was awarded the prestigious ASNEMGE (now UEG) European Rising Star in Gastroenterology Award in 2009. Charlie has a large clinical practice focussed on complex Crohn's Disease and Ulcerative Colitis. Major research activities sit at the translational interface between basic science and direct clinical application. These include the genetics and pharmacogenetics of IBD (member of Wellcome Trust Case Control Consortium, UKIBDGC and IIBDGC management committee), the role of diet, nutrition and the gut microbiota in disease aetiopathogenesis and prognosis, IBD therapeutics, monitoring and e-health. Charlie is chief investigator of the UK arm of the important GEM study (www.gemproject.ca), a $20 million cohort study investigating the underlying cause of Crohn's Disease, and also of the pan-UK PREdiCCt study (launching 2015). Major international teaching activities include directing the ECCO IBD Intensive Advanced Course, the ECCO-CIMF Chinese Masterclass in IBD, the UEG Summer School and Young Investigators Programme, and the Wellcome Trust Advanced Course in Genomic Medicine for Clinicians. He chairs the Scottish Society of Gastroenterology IBD Interest Group and sits on the BSG IBD Research Committee.

Charlie has been centrally involved with the ECCO Family since joining EduCom in 2009. Rejoining ECCO now through SciCom provides a great opportunity to promote basic and clinical research in IBD of the highest standards throughout Europe.

Charlie Lees © ECCO

CHARLIE LEES
SciCom Member

Highlights of the ECCO Scientific Platform – Who does What

We are happy and proud to report that the launch of the "ECCO Scientific Platform – Who does What" during the ECCO Congress in Barcelona, February 2015, was extremely successful. Hundreds of delegates enriched the platform by taking their profile picture and registering onsite.

How does the "ECCO Scientific Platform – Who does what" work?

Joining the platform is quite straightforward. It can be accessed only by ECCO Members. You may log in to the ECCO Scientific Platform using your username and password. In the few simple steps that follow, you can fill in your personal details and affiliations, fields of scientific focus, specific skills, distinctive features (e.g. unique patient cohorts, in-house models), members of your research team and, importantly, whether you are interested in mentoring junior ECCO Members and your availability. A photo, publications and any relevant additional data are welcome. Completing the profile is a fast and friendly process that takes only a few minutes.

Research group and study highlights

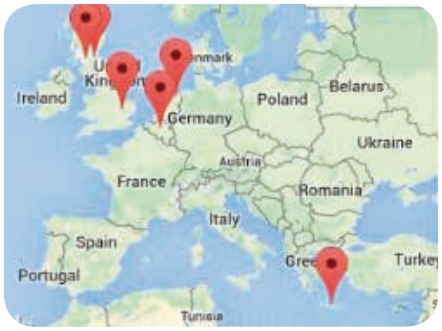
Currently, the platform hosts 13 research groups and 21 studies. A good example is the research group "Translational Gastroenterology Unit, John Radcliffe Hospital, Oxford, United Kingdom", with seven studies currently. Please simply click on groups or studies in the search and browse through the results.

Furthermore, please help us to populate the platform by entering your research groups and studies into the platform!

Attractive Fellowship offers for young doctors

At the moment, more than 80 Fellowships are advertised on the platform. Simply type in your research interest and click on Fellowships and start the individualised search.

- Six Fellowship offers for "microbiome" in Europe – refer to the map on the right to see where Fellowships are available.



- Three Fellowship offers for "genetics" in Europe (Belgium, the Netherlands, United Kingdom). Get in touch directly with ECCO Members offering Fellowship positions through the "Yes, contact for fellowship" button on the Scientific Platform profile of the ECCO Member advertising the Fellowship.

In need of a mentor?

If you are looking for a mentor in your country, simply click on Mentorship and select your country.

- United Kingdom: 17 mentors available in nine cities
- Italy: 7 mentors in three cities

The promotion of interaction, collaboration and exchange of resources and ideas is amongst ECCO's most important values. We believe the Scientific Platform will be an active, lively tool that will assist in fulfilling this aim.

The ECCO Scientific Platform Taskforce would like to thank all delegates who signed up to the 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!

We look forward to seeing your profile on the ECCO Scientific Platform,

IRIS DOTAN
SciCom Member

on behalf of ECCO Scientific Platform Taskforce:
Alessandro Armuzzi (Italy), ClinCom 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, SciCom Chair

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

Report from the IIS Award Winners 2015

METEOR study: Methotrexate for corticosteroid-dependent ulcerative colitis: results of a placebo randomized controlled trial

The METEOR investigators are honoured to have received one of the two investigator-initiated trial prizes awarded by ClinCom in 2015. METEOR is a fully academic trial conceived and realised by GETAID. Thanks to SciCom, METEOR was implemented in six European countries. This is a prospective, controlled, randomised, double-blind trial of parenteral methotrexate at a dose of 25 mg/week vs. placebo in patients with steroid-dependent UC. One hundred and eleven patients were included, 60 of whom were randomised to the methotrexate arm and 51 to the placebo arm. Thirty-two per cent of patients who were given methotrexate reached remission without steroids at week 16 vs. 20% among patients given placebo (p=0.15; primary endpoint). Clinical remission without steroids at week 16 was obtained in 42% of patients given methotrexate vs. 23.5% of patients given placebo (p=0.04). Endoscopic healing was observed in 35% of patients given methotrexate vs. 25.5% of patients given placebo (p=0.28). Methotrexate was well tolerated. Treatment with parenteral methotrexate was not significantly superior to placebo in obtaining remission without steroids in patients with steroid-dependent UC. The difference between the two arms of the study was less than expected and the primary endpoint was not met. However, parenteral methotrexate induced clinical remission without steroids in a significantly larger percentage of patients than placebo and significantly more patients who were given placebo discontinued the trial because of UC activity. An ongoing academic trial named MERIT-UC, conducted in the United States under the auspices of the NIH, is studying the efficacy of parenteral methotrexate as maintenance therapy in UC.

Franck Carbonnel and Filip Baert © ECCO

FRANCK CARBONNEL
IIS Award winner 2015

ERA study: Intra-uterine exposure to anti-TNF-α therapy

Mette Julsgaard[1,2], Lisbet A. Christensen[1], Sally J. Bell[2]

The incidence of Inflammatory Bowel Disease (IBD) peaks during the reproductive period. Active disease increases the risk of adverse pregnancy outcomes, and clinical remission during pregnancy is essential to optimise the course of pregnancy. Anti-TNF-α therapy is being increasingly prescribed during pregnancy, but data are needed to guide its use.

The ERA study aimed to determine drug concentrations of adalimumab (ADA) and infliximab (IFX) in umbilical cord blood from newborns and to correlate these with the duration of maternal anti-TNF-α treatment during pregnancy, maternal drug concentrations at the time of delivery and pregnancy outcomes. In addition, we aimed to determine ADA and IFX concentrations in infants every third month until drug levels were below the detection limit in order to determine drug clearance.

We included women with IBD who were exposed to ADA or IFX during pregnancy from 14 hospitals in Denmark, Australia and New Zealand. Anti-TNF-α levels were measured using a validated ELISA assay. Demographics and clinical data were prospectively collected by the treating gastroenterologists and the participating women.

Of 89 women recruited, five (6%) miscarried and four failed blood collection, leaving 80 mother–baby pairs (44 IFX, 36 ADA). Thirty-nine (49%) were on concomitant thiopurine treatment. Most women (88%) were exposed to anti-TNF-α in the 6 months prior to conception as well as during pregnancy, with only ten (12%) commencing treatment early in pregnancy [gestational week (GW) range 10–16]. There were three (4%) preterm births, three (4%) babies small for gestational age and three (4%) congenital malformations. These rates did not differ from the background population rates. There was a significant inverse correlation between duration since last exposure and both cord drug concentrations (IFX: r=–0.77; ADA: r=–0.64, both p<0.001) and maternal concentration at birth (IFX: r=–0.80; ADA: r=–0.80, both p<0.001). Cord blood and maternal drug concentrations were significantly correlated (IFX: r=0.82; ADA: r=0.80, both p<0.001). The last anti-TNF-α dose was given at median GW 30 for IFX (range 8–37) and 35 for ADA (range 14–41) treated women. Median maternal and cord drug levels were 2 (0–22.2 µg/ml) and 5.9 (0.12–28.7 µg/ml) for IFX and 1.5 (0–10 µg/ml) and 2 (0–12.1 µg/ml) for ADA. Treatment was ceased prior to GW 30 in 25 (31%) mothers. Cessation prior to GW 30 was not associated with an increased risk of disease activity during the third trimester or in the first 6 months post-partum. Drug levels were significantly lower when drug was stopped prior to GW 30 (Table 1). At present, 44 (55%) babies have cleared the anti-TNF-α drug, 21 (26%) are still in testing and 15 (19%) parents refused testing. The median time to clearance was 6 (range 0–9) months for ADA and 6 (range 3–12) months for IFX. All those children who have so far been followed up for one year [41 (51%)] have reached their normal developmental milestones. One severe neonatal infection, with a benign course, has been reported in a preterm child.

Mette Julsgaard and Filip Baert © ECCO

In conclusion, we found no increased risk of adverse pregnancy outcomes during anti-TNF-α treatment. Maternal and neonatal anti-TNF-α concentrations correlated significantly with the duration since last exposure. Cord blood concentrations correlated significantly with the maternal level at delivery. Detectable anti-TNF-α levels in the child were observed beyond 9 months, which supports the ECCO recommendation for avoidance of live vaccines until 12 months of age. Maternal cessation of anti-TNF-α prior to GW 30 resulted in significantly lower concentrations in the infants and seems a reasonable strategy for women in clinical remission. Conversely, continued anti-TNF-α throughout pregnancy, if required to ensure remission, seems safe. First year development milestones have been achieved in all children followed up to date.

Table 1. Median (range) drug levels at birth according to time of cessation of infliximab and adalimumab in pregnancy

	IFX level (µg/ml)			ADA level (µg/ml)		
	Last infusion <GW 30	Last infusion ≥GW 30	P value	Last injection <GW 30	Last injection ≥GW 30	P value
Total number	18 (22%)	26 (33%)		7 (9%)	29 (36%)	
Maternal blood	0.6 (0.0–3.3)	4.0 (0.0–22.2)	0.0001	0.3 (0.0–0.7)	2.1 (0.0–10.0)	<0.002
Cord blood	2.2 (0.1–8.9)	10.0 (1.9–28.7)	0.0001	0.2 (0.0–1.2)	2.5 (0.0–12.1)	<0.008

GW = gestational week

METTE JULSGAARD
IIS Award winner 2015

[1]Dept. of Hepatology and Gastroenterology, Aarhus University Hospital, Aarhus, Denmark

[2]Dept. of Gastroenterology, St. Vincent's Hospital, Melbourne, Australia

39th ECCO Educational Workshop

On April 18, 2015 the 39th ECCO Educational Workshop was held in Lisbon, Portugal

Lisbon is one of the oldest cities in the world and in Western Europe. It was from Lisbon that many of the Portuguese explorers set off on their voyages of discovery, including Vasco da Gama for India and Pedro Álvares de Cabral for Brazil.

One hundred and twenty delegates attended the workshop. Many were trainees in Gastroenterology from every region of Portugal, but there were also participants from other countries. Fernando Magro, who works in Porto, hosted the workshop and welcomed all attendees. Alessandro Armuzzi, Chair of ClinCom, and Stephan Vavricka, previous Member of EduCom, joined the workshop as ECCO Speakers. The local faculty comprised three young Portuguese gastroenterologists, rising stars in IBD (Ana Vieira, Eunice Trindade and Isadora Rosa), and four senior gastroenterologists (Francisco Portela, Luis Correia, Paula Ministro and Paula Lago). The seniors acted as co-chairs and streamlined all sessions.

Faculty of the 39th ECCO Educational Workshop in Lisbon, Portugal © ECCO

The meeting followed the format of previous ECCO Workshops – case-based discussions aimed at disseminating current ECCO Guidelines and fostering their implementation in clinical practice. Alessandro Armuzzi began by providing the delegates with background information on ECCO History, ECCO Committees, and the organisation and structure of ECCO Consensus Statements and Guidelines. Seven cases on the following themes were discussed: Acute Severe Colitis, recurrent complicated ileocaecal CD, Paediatric CD, Fistulising Disease, optimising therapy, surveillance and chemoprevention, and imaging and new diagnostic steps in CD. The last presentation was the state of the art lecture given by Stephan Vavricka – "Mucosal Healing". In this lecture all consensus and ECCO Working Group statements were summarised and new end-points for treatment and follow-up IBD were stressed or discussed. The atmosphere was informal and friendly and the discussion was lively and fruitful. The evaluation of the workshop yielded a high rating and all attendees highlighted the value of its pedagogic structure. I would like to thank Phillip Judkins and Gabriele Mayr from the ECCO Office and Sandra Dias from the Portuguese IBD group (GEDII) for their professional assistance. ECCO appreciates the support from generous sponsors.

FERNANDO MAGRO
ClinCom Member

Call for ECCO Educational Workshops in 2016:

The primary goals of the Educational Workshops organised by the ECCO Education Committee are the harmonisation of IBD practice within ECCO Country Members through dissemination of the ECCO Guidelines and the provision of continuous medical education with the ultimate aim of improving the quality of care for patients with IBD. The programme of this one-day workshop is created around clinical cases, with the intention of ensuring that the workshop is as educational and proactive as possible and that participants can take an active part in the discussions. ECCO Educational Workshops are offered to large countries and, in regional centres, to smaller countries throughout Europe. So far, 39 Educational Workshops have been organised, starting in 2007. A list can be found on the ECCO Website (www.ecco-ibd.eu/education/educational-workshops.html).

This call is specifically targeted at ECCO National Representatives with an interest in hosting such an Educational Workshop in their country or in a specific region during the year 2016. National Representatives who see this workshop as an opportunity to foster education in this particular field of expertise in their country are invited to apply for an ECCO Educational Workshop.

How to apply to be an ECCO Educational Workshop host destination:

Fill in the online application form for ECCO Educational Workshop host destinations (www.ecco-ibd.eu / education / Educational Workshops / Host country application form > Downloadable PDF) including:

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

Please submit your application, including an official letter of intention, by **September 18, 2015** to the ECCO Office (p.judkins@ecco-ibd.eu)!

Kind regards,

ECCO EDUCATION COMMITTEE

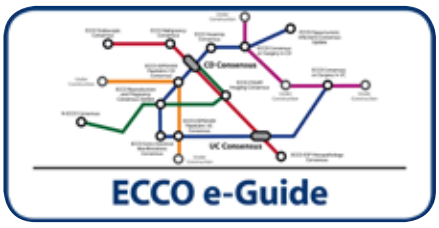
UC joins the ECCO e-Guide

The e-Guide goes global

Twenty years ago I started my residency in Gastroenterology. Mobile phones were not yet used; important people and people who wanted to look important sported bleepers on their waist band. Those of us who had already endured some years as a resident on-call were less keen. E-mail was just coming in, and the widespread use of mobile was a year or two away. National societies had started to produce guidelines, often individually bound and sent to members every few months. They piled up, largely unread. There was always an ambition to read them "next week", but by then life seemed too busy. I remember those paper guidelines joined me on several holidays, but were always ignored.

We have now reached 2015. There are more mobile phones on earth than people, and e-mail has become overly intrusive. Guidelines are accessed online but are still unread by the majority. This is where ECCO's e-Guide becomes relevant.

Here is a brief explanation for those who have not heard of this major new ECCO Endeavour: The e-Guide presents the current Crohn's Disease (CD) and Ulcerative Colitis (UC) Guidelines as digital, interactive algorithms. These describe the patient's journey through their disease course, mapping from diagnosis to (hopefully) deep remission. The resource also houses web-pages answering the sort of questions asked by doctors and patients (aetiology, natural history, treatments etc.) and more than 200 images and video clips. This resource has been created entirely for free, although at commercial rates it would have cost about €0.5M, notwithstanding the huge efforts by many of you to create the original ECCO Guidelines in the first place.



You may have visited the e-Guide already. If so, please return as the UC algorithms have been added since ECCO'15 in Barcelona. Now this resource maps all of CD and UC. Within the next few months the final addition will be to flesh out these main algorithms with detail contained in the other ECCO Guidelines (on pregnancy, opportunistic infections, endoscopy etc.). Several ECCO Members are working on this project, and ECCO is grateful for all their wisdom and efforts. The e-Guide will then be a modern-age, digitally interactive mirror image of the online guideline papers, updated as and when guidelines are updated.


Marcus Harbord © ECCO

There is another piece of good news. The e-Guide is freely available to anyone who wishes to use it – ECCO Members and non-members alike. All that is needed is web access, from where you can enter the e-Guide via the ECCO Website (www.ecco-ibd.eu). This altruistic gesture is entirely in line with the spirit of ECCO, whose goal is to improve the lives of all patients who suffer IBD. So, please take a few minutes now to browse the e-Guide; don't plan to do it "next week". You will find its usability alluring, as only a few minutes are needed for each enjoyable interaction across CD and now UC. Turn to it when teaching colleagues or trainees, and turn it on when starting your next IBD clinic. Others around the world are doing so.

MARCUS HARBORD
GuiCom Chair

The D-ECCO WG Perspective

2015 10th ECCO Congress in Barcelona

The 10th ECCO Congress in Barcelona was the inaugural meeting for D-ECCO WG and there was much interest in the fact that IBD diet and nutrition specialists were present. Our mission is to improve understanding and foster research regarding the role of diet in the pathogenesis and treatment of IBD and to increase the number of IBD dieticians within IBD teams and ECCO.

The N-ECCO School was our introduction to ECCO, covering the diagnosis, basic anatomy and physiology of IBD and its surgical and medical management, as well as nutritional aspects. In 2016 the N-ECCO School will open up to include 20 dieticians to enable them to gain valuable knowledge in IBD, providing a solid base on which to build expertise in the dietary management of IBD.

The eyes of D-ECCO WG were wide open during the Congress and this report summarises the key messages that emerged on diet and nutrition.

Enteral nutrition: Research into the use of enteral nutrition had a strong presence at ECCO. At the 9th N-ECCO Network Meeting, a heated debate on whether or not exclusive enteral nutrition (EEN) should be used to treat active Crohn's Disease in adults aroused great interest. Oliver Brain (Oxford, UK) presented the case against its use, suggesting that the evidence for use of EEN is weak and indicating that it is expensive and unpalatable. However, Miles Parkes (Cambridge, UK) argued the case that EEN should have a place in clinical management and emphasised that it is really only successful with adequate dietetic support and is appropriate for specific clinical situations. Voting at the end of the session indicated that the audience was unconvinced that EEN should take centre stage for adults. Clearly, D-ECCO WG has an opportunity to influence change.

Several groups (e.g. Otley et al, Kim et al) have shown that in children with active Crohn's Disease, EEN is of value in inducing disease remission (particularly mucosal healing), avoiding corticosteroids and improving growth and nutritional status. Yang et al have also shown EEN to be effective in adults who fail to respond to drug treatments or experience complications (e.g. strictures, intestinal fistulae, abdominal abscess).

A variety of mechanisms for the impact of EEN have been proposed in the literature, e.g. alteration of the gastrointestinal microbiota, reduction of the antigenic load, modulation of the inflammatory potential via manipulation of fat, exclusion of components that affect innate immunity and dysbiosis. To date none of the suggested mechanisms have been supported by hard evidence. However, research in this area presented at ECCO 2015 was of great interest.

Crohn's Disease is known to increase abdominal fat and this fat may have a role in the gastrointestinal immune system as it provides a source of adipokines, including leptin, which is pro-inflammatory, and adiponectin, which is anti-inflammatory. A study by Al-Hassi et al hypothesised that the effects of EEN involve immunomodulatory actions of lipids and adipokines. They showed that leptin in dendritic cells decreased and adiponectin increased after EEN containing TGF beta and medium chain triglycerides in paediatric Crohn's Disease patients and concluded that the beneficial effects of EEN may include inhibition of dendritic cell maturation and regulation of dendritic cell activity.

It is known that, compared with Crohn's Disease in adults, paediatric Crohn's Disease presents with unique characteristics regarding

phenotype, severity and disease progression and that children with Crohn's Disease have a better response to EEN than adults. Vora et al demonstrated that when EEN induces remission in paediatric Crohn's Disease, it normalises an abnormal phenotype for blood and tissue dendritic cells, the phenotype becoming similar to that in healthy children. These findings may help to explain why EEN is an effective treatment for Crohn's Disease in children but not adults.

There is much interest in the way that diet affects the microbiome. Connors et al treated paediatric CD patients with EEN and showed that at baseline the microbiota was functionally altered; however, after 12 weeks of EEN there were significant changes to the microbiota, specifically increasing metabolic potential for xenobiotic biodegradation and metabolism relative to pre-treatment.

Schulman et al showed that partial enteral nutrition (PEN) in children may help to maintain disease remission and improve nutritional status in patients who have achieved remission using EEN.

High-output stoma: Antisecretory factor is a protein that is found in high concentrations in egg yolk. Endogenous antisecretory factor stimulation can be induced by increasing the intake of hydrothermally processed cereals and has previously been shown to reduce diarrhoea in patients with IBD. A study by Scribano et al in

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

patients with a high-output stoma showed that use of antisecretory factor powder from egg yolk alongside dietary supplementation with hydrothermally (in this study termed specifically) processed cereals led to a reduction in stoma output, from a mean of 2,160 ml to 1,650 ml, in nine out of ten patients, with no adverse effects. Curcumin: Curcumin is a phytochemical naturally present in turmeric and has previously been shown to maintain remission in Ulcerative Colitis due to its anti-inflammatory effects. A study by Lang et al supports this theory further: Curcumin given in addition to a 5ASA proved successful in inducing clinical and endoscopic remission in mildly active Ulcerative Colitis when treatment with 5ASA alone had previously failed. Nutritional assessment and nutritional status: It is well known that IBD has a detrimental effect on nutritional status. Spooren et al showed that a third of IBD outpatients in a cohort of 115 consecutive patients had impaired muscle strength and this was not affected by disease phenotype, disease activity or previous surgery. Ispas et al reported that undernutrition is more prevalent in active and more extensive IBD or steroid-treated disease and should be assessed in all patients.

Diet and nutrition are central to the management of IBD and it cannot be disputed that good nutritional status is important for all patients with IBD, especially those undergoing surgery. Indeed, Patel et al indicated that nutritional optimisation makes an important contribution in pre-operative planning for patients with Crohn's Disease who require luminal surgery and Boyle et al reported that nutritional support improves outcomes in patients requiring surgical resection for enterocutaneous fistulae.

Summary: Accumulating evidence suggests that dietary manipulation of IBD may play an important role in the future therapy of these complex diseases. D-ECCO WG aims to have a leadership role within ECCO to promote knowledge and clinical expertise in this field.

MIRANDA LOMER
D-ECCO WG Member

Report on the 4th S-ECCO IBD Masterclass

February 19, 2015 - Barcelona, Spain

Antoniono Spinelli © ECCO

Zuzana Serclova and Janindra Warusavitarne © ECCO

Ronan O'Connell © ECCO

The 4th S-ECCO IBD Masterclass was held on the first day of the last Congress of ECCO, in Barcelona, and was considered a huge success. A total of 107 participants from all over the globe (28 countries) attended the masterclass, which discussed various topics in the surgical and medical therapy of both Crohn's Disease and Ulcerative Colitis. The practical and objective format of the scientific programme attracted the participation of many gastroenterologists and surgeons with an interest in IBD.

Several lectures in the programme were especially noteworthy, and some of the debates featured passionate discussion. Updates were provided on ongoing studies, such as the LIR!C and PISA trials, and excellent integration between the speakers, chairs and audience was naturally generated. An unofficial dinner held at the end of the masterclass also attracted a good attendance.

S-ECCO will be unstinting in its efforts to make the 5th S-ECCO IBD Masterclass even better. The masterclass will take place during the next ECCO Congress in Amsterdam, in 2016, and will focus especially on practical aspects of problems encountered in IBD in daily clinical practice. The inclusion of controversial topics promises various mini-battles and heated discussions, and the speakers will include a number of important surgeons and notable gastroenterologists. We therefore formally invite you to join us next year at this masterclass, which is designed to foster a very practical approach to the management of IBD. Gastroenterologists are more than welcome: The Surgeons of ECCO wish to interact with you in a positive and multidisciplinary way.

PAULO GUSTAVO KOTZE
S-ECCO Committee Member

2nd S-ECCO International IBD Workshop – Brazil, October 2015

Programme for the Brazil Masterclass and international collaboration among IBD surgeons

Following the successful first meeting in 2013 in Rio, it has been confirmed that the 2nd S-ECCO International IBD Workshop will be held in Foz do Iguaçu, Brazil, on October 2-3, 2015. This meeting will represent a landmark in the Latin American management of IBD. We already have confirmation that three eminent surgeons from ECCO (André D'Hoore, Willem Bemelman and Yves Panis) will attend, as will three gastroenterologists from ECCO (Séverine Vermeire, Gjis van den Brink and Geert D'Haens).

The meeting will be held fully in English, in a partnership with the Brazilian study group of IBD (GEDIIB) and the Pan American Crohn's and Colitis Organisation (PANCCO). Important Latin American speakers from countries such as Argentina, Colombia and Mexico will aim to share their notable experience in the field along with the European guests and 14 Brazilian key opinion leaders, including surgeons and gastroenterologists.

The topics will span the medical and surgical management of IBD, with important debates mixed with video sessions and conferences. The full scientific programme of the meeting can be found at www.s-eccoibdworkshop.com, with more details on the venue and other items. As usual, a warm Brazilian social programme will offer unforgettable memories of the event. A soccer "interaction" between the Europeans and their Latin American friends is also in the official programme. The exuberant magnificence of the Iguaçu Falls awaits you. Your presence is very important to us.

PAULO GUSTAVO KOTZE
S-ECCO Committee Member

Report on the 1st Joint Regional ESCP/(S-)ECCO Masterclass

April 2015 - Moscow, Russia

On April 16, 2015, during the Russian National Congress of colorectal surgery, the first joint IBD Masterclass of the European Society of Coloproctology (ESCP) and (S-)ECCO took place in the Renaissance Hotel in Moscow. The meeting was one of the highlights of the celebrations of the 50th anniversary of the National Institute of Coloproctology in Russia, under the coordination of Professor Yuri Shelygin.

Ailsa Hart (UK) represented the gastroenterologists from ECCO, and André D'Hoore (Belgium) and Paulo Kotze (Brazil) the surgical members of ECCO. The morning programme was entirely devoted to topics related to Ulcerative Colitis. The medical management of Acute Severe Colitis was brilliantly outlined by Ailsa Hart, with Yves Panis (France) considering the best surgical approach and André D'Hoore describing the approach in partial responders. Pouch surgery was also historically reviewed by Ronan O'Connell (Ireland), and Sue Clark (UK) outlined complications of this important surgical procedure in our specialty.

During the afternoon, different aspects of Crohn's Disease were discussed. Jordi Rimola (Spain) described the various ways to access disease activity and monitoring by imaging tests. Surgery for small and large bowel Crohn's Disease were also revisited. Lastly, during a practical session, all the speakers discussed several challenging cases under the moderation of Mike Parker (UK).

The social programme was also somewhat remarkable, with the speakers attending a ballet spectacle at the Bolshoi Theatre, where afterwards dinner was served. All speakers were decorated with a celebratory medal in a very interactive and emotional presentation.

André D'Hoore at the 1st Joint Regional ESCP/(S-)ECCO Masterclass © Paulo Gustavo Kotze

We cordially thank the Russian physicians for the warm reception provided at this outstanding meeting. We also hope that more joint ESCP/(S-)ECCO #Masterclasses will take place in the near future, with fruitful results for both institutions.

PAULO GUSTAVO KOTZE
S-ECCO Committee Member

Masterclass in IBD Histopathology

March 17-18, 2016 - Amsterdam, the Netherlands

The newly convened and very enthusiastic Histopathologists of ECCO (H-ECCO Working Group) is planning to deliver an educational Masterclass in IBD Histopathology at the ECCO Congress in Amsterdam, the Netherlands, on 17 and 18 of March, 2016. The course will take place on a Thursday afternoon and a Friday morning. Each half day will be further divided into two sessions that cover different topics under the broad heading of IBD pathology.

The Masterclass will include a review of basic aspects of pathological diagnosis, e.g. histological features of IBD, differentiating IBD from non-IBD and separating Ulcerative Colitis from Crohn's Disease. Other talks will deal with recommended approaches to specific diagnostic challenges, how to interpret pouch specimens, distinctive features of paediatric IBD and the types of superinfection that can be encountered. There will be a whole session dedicated to the complex subject of IBD-related neoplasia, its management and associated molecular changes. Recent developments and updates will be emphasised.

The histopathology speakers are the five current working group members of the H-ECCO WG. They are experienced specialist gastrointestinal histopathologists whose places of work represent the diversity of Europe; they are from Austria, France, Italy, Portugal and the United Kingdom. The team has a variety of complementary strengths and interests that will allow this stimulating range of subjects to be discussed comprehensively and knowledgeably. They are recognised national experts, and between them are responsible for multiple publications that include original research papers, high-quality IBD reporting guidelines and useful educational manuscripts.

Of course, correlation with clinical findings, communication with clinicians and understanding of subsequent management are essential for accurate and meaningful interpretation of histology by pathologists. Accordingly several high-profile physicians and surgeons will be contributing to the talks, helping to optimise the quality of the histopathologists' work and facilitating our understanding of the practical role of pathology. These include a Past-President of ECCO and several other experts in their field.

In this first year of the Masterclass, the ECCO Governing Board has exceptionally waived the registration fee for all participants attending the H-ECCO Masterclass. In addition, pathologists who signed up for the 1st H-ECCO IBD Masterclass will benefit from free access to the scientific programme of the ECCO'16 Amsterdam Congress. This means that it is excellent value all round. However, please note that the number of participants will be limited – so it's first come, first served.

H-ECCO has several aims, including the promotion of education, research and patient care. The Masterclass is one component of the developing programme which should help achieve the group's aims.

Please come along if you are one of the many pathologists who report IBD or if you are a gastroenterologist who would like to know more about the way that histopathologists work, and please support the Masterclass if you want to bolster our efforts to deliver higher standards of histopathological reporting of IBD throughout Europe.

The timetable can be found on page 12 in this ECCO News issue. We look forward to seeing you, entertaining you and, hopefully, teaching you something interesting and new.

ROGER FEAKINS
H-ECCO WG Member

Using placebo in paediatric IBD clinical trials: Do not "copy and paste" from adults!

The regulatory agencies recently published a new requirement to include a placebo arm in paediatric IBD trials. The official stance of the P-ECCO Committee, the Paediatric IBD Porto Group of ESPGHAN and the ethical committee of ESPGHAN is that a placebo arm which involves withholding therapy in paediatric IBD is unethical and scientifically unjustified for medications previously trialled in adults.

Performing timely, well-designed and ethical clinical trials in paediatric IBD is a priority since too many medications are prescribed "off label" in children. On the other hand, the use of placebo in paediatrics must be very selective as children do not consent for themselves and parents are expected to choose best for their children without being altruistic on their behalf. Placebo can therefore be used in children when the following three criteria are met: (1) evidence for any particular treatment is lacking; (2) there is equipoise between the two comparison groups; (3) the risks are minimal (see for instance EU GCP Directive 2001/20/EC). All three criteria for using placebo do not hold in the vast majority of paediatric IBD trials.

It is widely accepted that, although not identical, paediatric IBD is sufficiently similar to adult IBD to allow at least some extrapolation from the latter. To date there has been no precedent of an IBD drug being effective in adults but not in children. Therefore, placebo cannot be regarded as "equipoise" compared to any drug proved to be effective in adults. This should allow performance of only rapid confirmatory (as also agreed by the FDA and EMA) paediatric trials (focussing on PK/PD and safety while merely exploring efficacy signals) without placebo to balance the challenging recruitment and ethical concerns in children.

It should be remembered that children are often being successfully treated with medications as off-label, long before the paediatric trial starts, based on adult approvals. In that light, rather than simply proving the obvious that the drugs are superior to placebo, paediatric trials have the potential to enhance knowledge, which may then also be put to use in adults. Using an active comparator, the trial may focus on how best to use the drug in children. This may include, for example, comparing high versus standard dosing, dosing per kg versus per BSA or combination versus monotherapy. For instance, there are preliminary data to suggest that very young children may require higher per kg dosing of biologics than adults. This remains an open question despite three completed paediatric trials with biologics, since the most burning clinical questions were not addressed in these trials; instead, all three focussed on proving that full dosing of the drug is superior to under-dosing….

The more extensive and aggressive nature of paediatric IBD, including growth impairment, mandates that children are not left without effective treatment. Withholding treatment in these circumstances poses a huge deviation from clinical care. It most certainly does not fall into the criterion of "minimal risk".

There may be circumstances that justify a placebo comparator, such as when a drug has not previously been tested in adults or when no known effective treatment is available. These circumstances are rare but some creative study design could accommodate placebo more often if desired, e.g. when it is used as an add-on therapy to an effective intervention.

Avoiding repeated invasive procedures and adopting feasible and easy-to-enrol study designs are also important in ensuring rapid completion of ethical paediatric trials that have the potential to enhance medical knowledge and avoid long use of off-label drugs in children. Continued discussions of ECCO and ESPGHAN with the EMA and FDA are important for optimisation of care for children with IBD worldwide.

DAN TURNER
P-ECCO Member

Dear Friends,

Pieter Hindryckx © ECCO

I hope you are well! I would once again like to give you a very brief update on the ongoing work in the Y-ECCO Committee.

We are preparing next year's Y-ECCO Workshop on career development. You can find the preliminary programme in this issue. The central theme will be "how to write and review a scientific paper", aiming to increase your chances of publication and to assist you in the peer review process. After the workshop, everyone is invited to join us for a Y-ECCO networking event in a nearby pub.

The feedback on the first edition of the Y-ECCO Basic Science Workshop this year in Barcelona was excellent and the main themes for the second edition have been selected. You can find the preliminary programme in this issue.

Over recent years, Y-ECCO has established collaborations with many other Committees within ECCO. We are involved in ECCO Guideline development, in e-CCO Learning, in the ECCO Scientific Platform – Who does What? etc. There is always a lot of work to do and you are warmly invited to participate in one or more of our activities. Please have a look at our activity table published in the previous issue of ECCO News (1/2015). You can apply at any time for these activities by sending an e-mail to the ECCO Office (ecco@ecco-ibd.eu). They will bring you into contact with the right person.

Thanks to all of you and see you soon!

PIETER HINDRYCKX
Y-ECCO Chair

Y-ECCO Interview corner

Nuha A Yassin © ECCO

Dear Y-ECCO Members,

We are delighted to introduce the ninth "Y-ECCO Interview corner" interview. 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. This edition brings a different flavour and experience as we interview Associate Professor Siew Ng from the Chinese University of Hong Kong as one of the Asian representatives of ECCO.

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 A YASSIN
Y-ECCO Interview corner Admin

Nuha A Yassin interviews Siew Ng

Siew Ng © Siew Ng

Personal questions:

Date of birth: 25.01.1976
Civil status: Married, 2 children
Graduation: 2000 (St Bartholomew's and Royal London School of Medicine and Dentistry)
Training: Gastroenterology and General Medicine (London including St. Mark's Hospital)
Current work place: Chinese University of Hong Kong, Department of Medicine and Therapeutics
Current position: Associate Professor

You are a rapidly rising star and one of the main characters on the ECCO Scene. What made you become part of ECCO and when do you think trainees should start to get involved?

I first joined ECCO as a trainee when I was still in London. My first encounter with ECCO was in 2008 when I joined the Intensive Advanced Course for junior faculty. Since then I have witnessed ECCO expand over time. It is a remarkable organisation that has grown significantly over the years. In fact many would now regard ECCO as the IBD meeting not to be missed due to the high-quality programme, cutting-edge research presented, and the sociable and fun community. Trainees who have an interest in IBD should get involved early, by becoming Y-ECCO Members, joining the Y-ECCO Workshops and making the most of the organised educational events and online learning material. Four of my trainees from Hong Kong have attended the ECCO Intensive Course in consecutive years and have greatly benefited from it. The science is important, but the networking over drinks at the famous ECCO Interaction with IBD experts is just as valuable. The first-hand experience of talking to the experts in a friendly environment is something you cannot get from any books or educational/scientific meetings.

You trained in London in the United Kingdom and then took up your senior role at the Chinese University of Hong Kong and an honorary position at the University of Melbourne. Is distance a challenge when taking part in ECCO Activities? What advice would you give to doctors residing outside Europe to encourage their involvement in ECCO?

Personally I have never allowed distance to preclude me from taking part in any endeavours. If anything, I see it as an opportunity to travel, to exchange ideas and to share experiences with others from around the world. Many times, research ideas pop up when I am on the train or catching a flight. Travelling time can provide the only quiet moments one gets to have clear thoughts without distractions from other activities. For those residing outside Europe, I would really recommend that you join the ECCO Family. It is a welcoming family. There are also an increasing number of ECCO Workshops being held outside Europe. Ultimately, regardless of which continent you are from, we are all working towards the same goal, that is to find a cause, and to improve the care of our patients. ECCO brings us all together and builds IBD networks from around the globe in order to achieve that goal.

Your PhD was in basic science. Do you think trainees can become successful in a clinical role without undertaking formal research degrees? Is there a role for research within small hospitals or does it have to be done in university hospitals and large institutions?

I believe that having a research degree is not a means to an end but more of a bonus. Personally, my time doing my PhD taught me many invaluable lessons, including perseverance and patience, critical and lateral thinking, and, above all, how to embrace failures. We also have to remember that negative findings in research do not equate to "failures". Research does not always have to come from a big renowned institute or university. There are many forms of research that can enhance clinical practice and patient care; research does not always need to be on

a big scale, and I have known many excellent clinicians from smaller centres who translate their novel ideas into clinical practice. Being involved in research creates an opportunity for me to be creative and innovative in my practice. However, if you aspire to be a clinician-scientist, then experience or training in some form of basic science research will be helpful.

You have a very successful career and a beautiful family. Could you please tell us the secrets behind your successful career?

Oh…the secret of joy in work is contained in one word – "excellence". To know how to do something well is to enjoy it. My career gives me a lot of satisfaction at a personal level. You have to love what you do, but then learn to disengage when you get home. I always look forward to going home to Olivia, my 4-year-old, and Oscar, my 1-year-old, as they never fail to bring a smile to my face. I am also fortunate to have inspiring and supportive mentors and an outstanding research team. We must not forget that no one can work or do everything alone. It is very important to learn to collaborate, build relationships and teams and trust your colleagues. A successful career requires dedication and hard work, but also interpersonal and communication skills and the ability to work with others and continue learning from them.

And finally, how do you balance a successful career and a happy family and what advice would you give to aspiring trainees?

It is about the art of prioritising and efficient time management. What I can say to those who are starting out, is seize your opportunities and take advantage of them, be willing to commit yourself to your career and don't be afraid to stand up against adversity. Academia is not an easy path and when combined with clinical duties one has to be willing to put in those extra hours, then the reward will be seen in due course. For those who are already on the uphill ladder, I would advise them to develop a special niche or an expertise and to make their activities count. Once the trainee feels that he or she is heading in the right direction, they must not forget that success is the enemy of greater success. Having a trustworthy and approachable mentor will help to guide trainees through the process of developing their sub-specialist niche. If I might also add this: being an "IBD-iologist" is great because there is no nicer community than that in the field of IBD!

NUHA YASSIN
Y-ECCO Interview corner Admin

Y-ECCO Literature review

Dear (Y-)ECCO Members,

The past 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, basic science, etc.

Every Y-ECCO Member can participate in this initiative. The idea is that you choose a recent and 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

Measurement of Fecal Calprotectin improves monitoring and detection of recurrence of Crohn's disease after surgery

Wright EK, Kamm MA, De Cruz P, et al. Gastroenterology. 2015;148:938–47

Introduction

Postoperative recurrence of Crohn's Disease is an important clinical problem and affects up to 70% of patients who have undergone surgical intervention [1]. Recurrence occurs early in the postoperative state and predicts the severity of the subsequent clinical course, ultimately leading to a second surgery in 70% of patients [2]. Recently, the POCER trial showed that early step-up therapy after surgery is significantly better than standard therapy in preventing disease recurrence [3]. This step-up approach is currently based on early endoscopic evaluation of preclinical recurrence but has the disadvantages of increased cost and patient inconvenience. Non-invasive monitoring by measurement of calprotectin could be a valuable alternative. Several small studies have hinted at the utility of this marker in the postoperative state but they had important methodological problems and resulted in inconsistent results. In their prospective, randomised controlled trial, Wright et al evaluated the accuracy of serial calprotectin measurements in predicting postoperative endoscopic recurrence.

Key findings

In this follow-up study of the POCER trial, 135 CD patients who were scheduled for surgery were included for evaluation. Stool samples for calprotectin measurement were collected prior to surgery and at 6, 12 and 18 months postoperatively. Endoscopic recurrence was assessed by ileocolonoscopy at 6 and 18 months postoperatively and graded according to the Rutgeerts score, with recurrence being defined as a score of ≥i2.

The authors found that faecal calprotectin correlated better with postoperative endoscopic recurrence than either CRP or the Crohn's Disease Activity Index (CDAI), with a median calprotectin level in the recurrence group of 330 µg/g versus 75 µg/g in the remission group ($p<0.002$). Faecal calprotectin measurement reflected postoperative disease severity ($r=0.56$, $p<0.01$) and was lowered by step-up treatment, providing a possible tool for therapeutic monitoring. Calprotectin levels of more than 100 µg/g predicted endoscopic relapse with a sensitivity of 89% and a specificity of 58% and had a negative predictive value of 91%. If this cut-off had been applied as a postoperative screening tool, 47% of patients without endoscopic recurrence would have avoided colonoscopy in this cohort. On the other hand, five patients with recurrent postoperative disease (11%) in this study had calprotectin levels lower than 100 µg/g and recurrence would therefore have been missed when applying this strategy. On the basis of their findings, the authors recommend serial calprotectin measurements to follow postoperative patients.

In an accompanying editorial, Schoepfer et al suggest a possible algorithm for the postoperative management of Crohn's Disease that incorporates the findings of this study [4]. Patients with low or medium risk could, for example, be followed by serial calprotectin measurements every 3–6 months with additional follow-up colonoscopy if levels rise above 100 or 50 µg/g respectively, while high-risk patients would have to be followed by repeated colonoscopy. Although such algorithms have to be tested formally, the proposal provides an interesting insight into the possible future of postoperative management of Crohn's Disease.

Conclusions

In the largest study of this sort to date, Wright et al showed that faecal calprotectin measurements have a potential role in the postoperative follow-up of Crohn's Disease patients, with a clear benefit over traditional measurements as CRP and CDAI. Further prospective studies are necessary to elucidate the ideal position of faecal calprotectin in the postoperative management of Crohn's Disease.

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TOM HOLVOET
Gastroenterologist-in-training
Ghent University Hospital, Belgium

Tom Holvoet

Tom Holvoet is gastroenterologist-in-training who is currently working on his PhD thesis in the IBD research centre at Ghent University Hospital, Belgium. He is currently researching disease mechanisms of intestinal fibrosis as a complication of Inflammatory Bowel Disease.

Tom Holvoet
© Tom Holvoet

Antibodies to adalimumab are associated with future inflammation in Crohn's patients receiving maintenance adalimumab therapy: a post hoc analysis of the Karmiris trial

Baert F, Kondragunta V, Lockton S, Vande Casteele N, Hauenstein S, Singh S, Karmiris K, Ferrante M, Gils A, Vermeire S

Gut. 2015 Apr 10. pii: gutjnl-2014-307882. doi: 10.1136/gutjnl-2014-307882

Background

Anti-tumour necrosis factor (TNF) alpha has been an integral treatment in inducing and maintaining remission in moderate to severe Crohn's Disease (CD) [1]. However, a substantial proportion of patients with an initial response later experience the return of active disease despite ongoing infliximab maintenance therapy [2]. The reasons for secondary loss of response to infliximab maintenance therapy in CD vary, and include immunogenicity and non-immune-mediated pharmacokinetic and pharmacodynamic issues [3].

Numerous prior clinical trials demonstrating efficacy of adalimumab in Crohn's Disease, such as CHARM, CLASSIC II and GAIN, do not report on therapeutic drug monitoring or immunogenicity to adalimumab [4].

The original Karmiris et al report [5] was of a single-centre open-label study in 168 Crohn's patients treated with adalimumab maintenance therapy during a median follow-up of 2 years. Of the 156 patients receiving maintenance therapy, 102 (65%) needed dose escalation and 60 (38.5%) discontinued therapy due to loss of response (LOR). Of these patients with LOR, 9.2% were positive for antibodies to adalimumab (ATA), which influenced the adalimumab serum levels.

In this follow-up study of the Karmiris trial, adalimumab concentration and ATAs were measured via the homogenous mobility shift assay (HMSA), along with other conventional markers of inflammation such as C-reactive protein (CRP). The hypothesis was that low drug levels lead to ATA formation and accelerated adalimumab clearance with eventual loss of response.

Study design

This was a single-centre retrospective cohort study of CD patients recruited originally to look into adalimumab efficacy and response in a clinical setting. All patients included were switched from infliximab to adalimumab. The induction doses of 160/80 mg were used at weeks 0 and 2 with 40 mg every other week thereafter. If there was evidence of active luminal disease as demonstrated by a rising CRP or endoscopic lesions, patients were considered to be losing response and dosing intervals were decreased to weekly. If patients had fistulising disease, they were escalated to weekly doses, if there was evidence of recurrence in symptoms.

Patients' serum samples were now re-analysed from the Karmiris cohort [5] focussing on immunogenicity to adalimumab therapy. The objectives were to study the rate and timing of ATA formation and the correlation between serum adalimumab concentration and ATA. In addition, the authors aimed to show the clinical relevance of ATA and adalimumab levels by looking at their correlation with different markers of inflammation and sustained clinical benefit (defined as the continuation of adalimumab therapy during the 2-year follow-up) versus discontinuation of adalimumab therapy due to LOR. All serum samples were analysed for serum adalimumab concentration and ATA using the HMSA (Prometheus Laboratories, San Diego, California, USA) [6]. The limit of detection (LOD) for adalimumab level was 0.33 µg/mL. Hence, all values below 0.33 µg/mL were considered undetectable, with a range of quantification from 1.6 mg/mL to 50 µg/mL. For the ATA assay, the LOD was 0.026 U/mL, the lower limit of quantification (LLOQ) was 1.7 µg/mL and the ULOQ was 55 µg/mL. Samples were classified as ATA negative (ATA<LLOQ), ATA detectable (0.78 functional LOD≤ATA<LLOQ) or ATA quantifiable (LLOQ≤ATA).

Key findings

This cohort of 148 patients with a median age of 24 years (19–30) had concomitant immunomodulator therapy in 38.3% of cases. Ninety patients (60.8%) were dose escalated to 40 mg weekly at least once after a median of 15 weeks (range 1–101 weeks).

There are a number of key findings from this study. ATA were detected in 20.2% of patients (n=30/148) after a median of 34 (IQR 12.4–60.5) weeks and of those, 23% (7/30) exhibited 'transient' antibodies. Serum adalimumab concentration was detected in 96.6% (143/148) of patients.

Samples with adalimumab concentration in the lower two quartiles were more often ATA positive compared to samples in the 3rd and 4th quartiles (p<0.0001). The median serum adalimumab concentration was significantly higher in ATA-negative than in ATA-positive samples (both detectable and >LLOQ), at 10.82 mg/mL (IQR 7.69–21.50) and 2.86 mg/mL (1.23–6.25) respectively (p<0.001). Starting at week 4 after induction, the median serum adalimumab concentration separated over time according to ATA status, with those who had no ATA having higher adalimumab concentrations than those with high ATA.

Secondly, post-induction serum adalimumab concentration was a risk factor for developing ATA. Using serum adalimumab concentration, it was found that those with a higher post-induction concentration had decreased risk of ATA formation (HR 0.105; 95% CI 0.04–0.28; p<0.001). When using an adalimumab concentration cut-off of 5 µg/ml, those with week 4 adalimumab levels <5 µg/ml had a significantly higher future risk of ATA formation compared to those with levels >5 µg/ml (HR 25.12; 95% CI 5.65–111.91; p=0.0002). Concomitant use of immunomodulators at the time of adalimumab initiation prevented ATA formation (HR 0.23; 95% CI 0.06–0.86; p=0.029).

When CRP was used as a marker of response to therapy, there was a negative correlation with week 4 adalimumab concentration (-1.251; p<0.0001) and a positive correlation with ATA (1.066; p=0.019), which may demonstrate that higher initial adalimumab concentrations may predict for response to adalimumab.

The limitations of this study are addressed in the article and include the issues of the non-randomisation of patients to treatment and use of varying induction regimens, concomitant immunomodulator treatment and dose optimisation (escalation or de-escalation). However, this all reflects real-life clinical settings.

Conclusions

Baert et al found that ATA was detected in 20% of patients with adalimumab maintenance therapy, compared with a previously reported lower rate of 9%. This may have been due to the improved specificity of the HMSA assay, which is capable of detecting antibodies in the presence of adalimumab. ATA was found to be a predictor of future higher CRP and subsequent discontinuation of adalimumab due to LOR. The responsible mechanism is the development of neutralising immune complexes, resulting in increased clearance of adalimumab via the reticuloendothelial system and eventual decreased efficacy of adalimumab.

These findings highlight the importance of early measurement of drug concentration and antibody status at week 4 as a way to predict the duration of disease control and response over time.

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NIK SHENG DING

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Nik Sheng Ding

Nik Ding © Nik Ding

Nik Ding is an IBD Research Fellow at St Mark's Hospital and Imperial College who is currently completing a Fellowship investigating predictive biomarkers of response to anti-TNF therapy in IBD. He has specific interests in metabonomics and database management, and how these two fields have the capacity to personalise therapy. He has a strong passion for teaching and mentoring of junior medical doctors and representing his peers through participation in elected committees.

Fecal Microbial Transplant Effect on Clinical Outcomes and Fecal Microbiome in Active Crohn's Disease

Suskind DL, Brittnacher MJ, Wahbeh G, Shaffer ML, Hayden HS, Qin X, Singh N, Damman CJ, Hager KR, Nielson H, Miller SI.

Inflamm Bowel Dis. 2015 Mar;21(3):556–63

Introduction

Crohn's Disease (CD) is a chronic idiopathic Inflammatory Bowel Disease (IBD) with an increasing incidence. Modification of faecal microbiota could alter bacterial species, resulting in dysbiosis. Although depletion of Firmicutes, Bacteroidetes and Faecalibacterium prausnitzii and an increase in Proteobacteria are observed in CD, it is not well known whether these changes have a direct implication in inflammation. Faecal microbial transplantation (FMT) has been used to treat Clostridium difficile infectious colitis and functional bowel disorders. In this study, the authors performed a prospective study of FMT in paediatric CD patients.

Study set-up

The authors performed a single-centre open-label study to demonstrate the efficacy and safety of FMT and the adverse events associated with its use. They included nine patients (12–21 years old) with mild to moderate active CD as defined by a Paediatric Crohn's Disease Activity Index (PCDAI) between 10 and 29.

Patient medication for CD was stable for at least 1 month. At the time of FMT, three patients were on methotrexate, one on azathioprine, one on 6-mercaptopurine, two on mesalamine and one on

combotherapy (methotrexate and mesalamine); one was receiving no medication. Each patient had a single donor (one of their parents), without antibiotic treatment in the preceding 3 months.
Each patient received premedication before FMT with 200 mg of rifaximin 3 times daily for 3 days, and 1 mg/kg of omeprazole on the day before and the morning on which FMT was performed. Instillation of 30 g of FMT was managed with a nasogastric tube over 15 min. The patients were followed up and the PCDAI score was calculated at weeks (W) 2, 6 and 12.

Key findings

At W2, seven of the nine patients were in clinical remission on the PCDAI score. Mean PCDAI was 19.7±7.2 at baseline, compared with 6.4±6.6 at W2 and 8.6±4.9 at W6 after FMT. At W6 and W12, five of the nine patients (55.6%) were still in remission. One patient received metronidazole and infliximab and the other, prednisone and methotrexate.
The mean level of CRP decreased from 2.4±1.2 mg/dL at baseline to 1.5±0.6 mg/dL at W2, 2.0±1.2 mg/dL at W6 and 2.3±2.3 mg/dL at W12. The mean calprotectin level was 936±782 µg/g at baseline and 671±474 µg/g at W2 but most patients had increased levels at W12.
The authors performed comparative analyses of the microbiota before and after transplantation and between the donor and the recipient. The engraftment score (faecal similarity between donor and patient) at W2 was between -15% and 46% but the authors could not draw any conclusion regarding the correlation between the similarity and the clinical response. They observed that patients had less variability in microbiota than donors (only 3 of the 30 most abundant species) before FMT, and that relative abundance of E. coli was associated with an increase in disease activity.

Discussion

Other studies have been performed on the use of FMT in IBD. In a patient with chronic refractory Ulcerative Colitis (UC) and C. difficile infection, a complete clinical remission occurred 20 days after FMT and infliximab re-induction [1]. Karolewska-Bochenek et al studied the impact of FMT in four children aged between 10 and 17 years who had moderate to severe UC that was refractory to standard therapy. All patients clinically improved but none achieved complete remission [2]. Colman et al published a systematic review and meta-analysis of use of FMT in 18 studies and 122 IBD patients (79 UC, 39 CD and 4 with indeterminate colitis). Clinical response was achieved in 22% for UC and 60.5% for CD [3].
Only two randomised trials have been performed on FMT and UC: The first, with 48 patients, identified no statistical difference between FMT and placebo at 12 weeks [4], while the second, involving 70 patients, revealed a statistically significant difference in remission at 7 weeks (24% versus 5%) [5]. This second study randomised patients to receive 50 ml FMT or placebo once a week for 6 weeks in the left lateral position. Concomitant treatment (5-aminosalicylic acid, azathioprine, 6-mercaptopurine or anti-TNF-α agents) was permitted with a stable dose for at least 12 weeks. Clinical remission (full Mayo score <3) was achieved in nine patients who received FMT and two who received placebo (24% versus 5%, p=0.03). There were no differences in adverse events.

Conclusion

Based on the discussed study, FMT seems safe and quite effective in a paediatric population of CD patients. This finding confirms the results of previous investigations into the use of FMT in IBD patients; however, further studies including more patients are needed to confirm these results.

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Sandrine Coumes

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Sandrine Coumes © Sandrine Coumes

ECCO Country Member Profiles

Identity card

- Country: **Portugal**
- Name of group: Grupo de Estudos de Doença Inflamatória Intestinal (Inflammatory Bowel Disease Study Group) – GEDII
- Number of active members: 120
- Number of meetings per year: 2
- Name of president: Fernando Magro (President); Luís Correia (Secretary)
- National Representatives: Ana Vieira, Paula Ministro
- Joined ECCO in: 2004
- Incidence of IBD in the country: 12/100,000 habitants

Identity card

- Country: **Belgium**
- Name of group: Belgian IBD research and development group (BIRD)
- Number of active members: 65
- Number of meetings per year: 4
- Name of president and secretary: Denis Franchimont (President), Jean-Francois Rahier (Secretary)
- National Representatives: Peter Bossuyt, Catherine Reenaers
- Joined ECCO in: 2001

Identity card

- Country: **Romania**
- Name of group: RCCC (Romanian Crohn's and Colitis Club)
- Number of active members: 120
- Number of meetings per year: 2 (1 National IBD meeting and 1 at the National Society of Gastroenterology and Hepatology Congress)
- Name of president and secretary: Liana Gheorghe (President), Razvan Iacob (Secretary)
- National Representatives: Mircea Diculescu, Adrian Goldis
- Joined ECCO in: 2008

Questionnaire – BELGIUM

What has changed since your society became an ECCO Country Member?

Our society has grown over time in terms of both number of members and scientific output. The spirit and network of ECCO have helped our group to successfully conduct clinical trials, resulting in some landmark papers.

What are the benefits to you of being an ECCO Country Member?

As we are a small country, ECCO offers us the benefit of interconnecting with different research groups in Europe. This is of pivotal importance in the organisation of clinical trials. At the individual level ECCO also gives members of our group the opportunity to become part of the ECCO Structure through participation in the different ECCO Committees.

Is your society making use of the ECCO Guidelines?

The need to implement the ECCO Guidelines is strongly promoted to our members. We have also adapted the ECCO Guidelines to the Belgian reimbursement rules and local situation (anaemia recommendations, statement on biosimilars).

Have you developed research projects with other countries through your ECCO Country Membership?

Over the last 15 years several clinical trials have been conducted by our group together with the Dutch and French IBD research groups. The most important trial is the "step up-top down" trial published in the Lancet.

What are your main areas of research interest?

Clinical trials on treatment algorithms in IBD.

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

As mentioned above, the "step up-top down" study is our most prestigious project to date. Our group has also published initial data on the role of calprotectin in predicting relapse in UC. Currently we have an ongoing project on tailored therapy with biologicals (Tailorix trial).

© BIRD

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

Currently we are involved in I-CARE and ECCO CONFER. But since several members of our group are active on various ECCO Committees, we have great input into multiple ECCO Projects.

What are your aims for the future?

We aim to implement the ECCO Guidelines more widely in clinical practice in Belgium, including beyond the members of our research group, and to raise the quality of IBD care in our country.

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

ECCO is the ideal platform to activate gastroenterologists, IBD nurses and patients.

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

The ECCO Congress has become the most important meeting for IBD care in Belgium, for both the educational and the networking opportunities.

PETER BOSSUYT
ECCO National Representative, Belgium

Questionnaire – PORTUGAL

What has changed since your society became an ECCO Country Member?

The scientific meetings and the exchange of experiences in different areas of IBD have resulted in better knowledge of IBD in Portugal. Interest and participation in investigational projects have improved. The guidance offered by ECCO, through the published Guidelines, has been extremely useful as a tool to achieve greater uniformity of clinical care in different centres in Portugal.

What are the benefits to you of being an ECCO Country Member?

The possibility of participating in investigational programmes and the exchange of information. ECCO has a prominent role in all aspects of IBD (investigation, publications, network, guidelines, etc.) and Portugal, as an ECCO Country Member, has access to this important network of knowledge in IBD.

Is your society making use of the ECCO Guidelines?

Yes

Have you developed research projects with other countries through your ECCO Country Membership?

Yes (I-CARE study)

Have you developed educational activities with other countries through your ECCO Country Membership?

Yes (two ECCO Educational Workshops, in 2008 and 2015)

Has your country been involved in a fellow exchange through ECCO?

Yes

What are your main areas of research interest?

Epidemiological studies, prospective interventional studies, biomarkers and pharmacokinetic studies.

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

Portugal has a national IBD clinical database (gediibasedados.med.up.pt).

Paula Ministro and Ana Vieira © Paula Ministro

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

- HERICA - Histological and Endoscopic Evaluation of Remission Induced By Infliximab In Moderately To Severely Active Ulcerative Colitis Patients
- ACERTIVE- Accuracy of calprotectin in evaluating sub-clinical inflammation in Ulcerative colitis;
- CISAE- Correlation between IFX serum levels and anti-TNF antibody therapy (ATIs) in different pharmacokinetics times and endoscopic healing;
- EASY- EArly Surgery or Immunosuppression in Crohn's disease;
- DIRECT - Study to investigate the correlation of fecal calprotectin with serum Drug levels and development of anti-drug antibodies among adult patients with inflammatory bowel disease receiving anti-TNF-Alfa or Vedoluzimab treatment;
- BIOAZA - Impact of azathioprine in inducing and maintaining clinical, biomarkers and endoscopic remission among patients with Crohn's Disease: A 2-year longitudinal analysis from the GEDII Registry;

- MICRA - epidemiological study to determine the prevalence of Microscopic Colitis and describe its clinical and histological features among patients with symptoms of chronic watery diarrhea submitted to colonoscopy Attending to the Portuguese gastroenterology setting;
- SIMREGISTER - A study in the real-world practice to evaluate the impact of biosimilar infliximab (Inflectra) in clinical outcomes in patients with inflammatory bowel diseases
- EVOLUTION - An open label, single group assignment design study to correlate soluble
- ST2 with clinical, endoscopic and histological activity in moderate to severe Ulcerative Colitis patients under Golimumab

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

GEDII is involved in various ECCO Projects:

- European Prospective Observational Study, with standardised follow-up, specifically designed to assess the benefit-risk ratio for the highest level for personalisation (subgroup stratification according to patient demographics and IBD phenotype), providing powerful and prospective evidence of the potential effect of treatment – the I-CARE STUDY
- Impact of antiviral and anti-inflammatory therapy on the outcome of hospitalised patients with UC and histologic evidence of colonic CMV infection – a retrospective multicentre study
- Some GEDII members have been involved in the development of ECCO Consensus Statements.

What are your aims for the future?

We aim to promote clinical investigation in different fields through our national network, with prospective studies on biomarkers and pharmacokinetics and histological remission induced by drugs. We then plan to diffuse the findings of these studies and results using ECCO Platforms. We shall also collaborate with ECCO in international studies and maintain the exchange of knowledge in IBD through participation in meetings, congresses and fellow exchange.

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

ECCO can have an important role in disseminating our projects via the European ECCO Scientific Platform, allowing us to increase both recruitment and the scientific power of the projects.

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

Mainly for network and congresses.

PAULA MINISTRO AND ANA VIEIRA
ECCO National Representatives, Portugal

Questionnaire – ROMANIA

What has changed since your society became an ECCO Country Member?

We have become better organised. In addition, ECCO Guidelines have been implemented.

What are the benefits to you of being an ECCO Country Member?

Important benefits are better knowledge of diagnosis and treatment in IBD and the holding of ECCO Educational Workshops in Romania.

Is your society making use of the ECCO Guidelines?

Yes. We have translated the statements into Romanian and are quoting them at our presentations at IBD conferences and congresses.

Have you developed links with other countries through your ECCO Country Membership?

Yes: Hungary, Greece, Serbia, Croatia, France, Moldova, etc.

Have you developed research projects with other countries through your ECCO Country Membership?

We are trying to develop such projects with Hungary.

Have you developed educational activities with other countries through your ECCO Country Membership?

Not yet, but we are planning to do so.

Has your country been involved in a fellow exchange through ECCO?

Not yet.

What are your main areas of research interest?

Epidemiology, genetics

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

Yes, the IBDPROSPECT National Database with a small bio bank.

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

The IBDPROSPECT National Database, the EPIROM epidemiological study on Bucharest county, anaemia in IBD guidelines, cross-border surveys with a county in Hungary and with Moldova, and the "Mountain of Hope" project with patients and nurses.

Adrian Goldis © Adrian Goldis

Liana Gheorge © Liana Gheorge

Mircea Diculescu © Mircea Diculescu

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

Mircea Diculescu is a member of several ECCO Guideline groups. ECCO Educational Workshops are being held in Romania.

What are your aims for the future?

We aim to develop regional cooperation and the National Database, perhaps with ECCO's help.

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

Discussions with regional leaders and the current President and President-Elect of ECCO will hopefully pave the way for the common ECCO Database to replace or complete our own database. ECCO might also help us to establish a bio bank.

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

From our point of view, the most important role of ECCO is as an example of a democratic organisation. The provision of scientific information and organisation of ECCO Educational Workshops are further important roles.

MIRCEA DICULESCU
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European Crohn's and Colitis Organisation

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