11th Congress of ECCO: Preliminary Programmes
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Interview with new Education and Scientific Officers and Secretary
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JCC Impact factor 2014: 6.234
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www.ecco-ibd.eu
Become a member!

Be a bee in our hive to experience the ECCO Spirit

To reach our objectives, our members can access the following ECCO Initiatives:

- Reduced Congress fee
- JCC – Journal of Crohn’s and Colitis (12 online issues/year)*
- e-CCO Learning Platform incl. e-Courses & e-Library
- Monthly eNewsletter
- Access to online members’ area
- Quarterly ECCO News – The society’s magazine
- Educational and networking activities
- Guidelines, ECCO Fellowships, Grants and Travel Awards
- Access to ECCO Scientific Platform – Who does What?

Scan and contact the ECCO Office

www.ecco-ibd.eu

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

3-year membership:
Regular & Y-ECCO Members save up to 20%
Dear ECCO Friends,

Another sweet summer has passed – and for many of us in Europe, it was indeed a sweet summer. I hope that summer has given you above all that one precious gift, “TIME” Time to relax, Time to spend with family, Time to finally read that good book, or simply Time to slow down….

I shall confess that I did all of the above, and wish that I could have done so for longer than 2 weeks! And now, as the long sunny days start to vanish and the first rain and wind are just around the corner, everything seems to be getting back to the old ways.

**What news do we bring you in this issue?**

Probably the best news came just before the summer break: the Journal of Crohn’s and Colitis’ impact factor has risen to 6.234 and it is now the highest-ranked IBD journal and the highest in the ranking list of Gastro journals! Well done Miquel Gassull, Eduard Cabré and Larry Egan!

**The ECCO’16 Amsterdam Congress is approaching.** Have a look at the Scientific Programme and Educational Programme. There are a number of new activities such as the School for Clinical Trialists developed by ClinCom and N-ECCO! Also, don’t forget the call for abstracts!

The Governing Board has undergone major changes with the election of a new Secretary, Education Officer and Scientific Officer. These important people were interviewed by our ECCO NEWS Associated Editor and reveal all their deepest secrets and plans in this issue of ECCO NEWS. Welcome Laurent, Makis and Filip!

We are also setting up an IBD dietician’s network in Europe, so if you are interested, please join. If you don’t know why this is important, then read this ECCO NEWS!! Likewise, we are interested in creating a network of IBD pathologists in Europe and more details on the H-ECCO Working Group are also included in this issue!

Enjoy reading!

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**Letter from the President**

Séverine Vermeire

ECCO President
Inflammatory Bowel Diseases

12th Congress of ECCO
February 15-18, 2017

• CCIB Barcelona, Spain
• EACCME applied
• Register at the 11th Congress of ECCO in Amsterdam

Scan and contact the ECCO Office
www.ecco-ibd.eu
Call for Abstracts for the 11th Congress of ECCO

To submit an abstract for the 11th Congress of ECCO, please use our online abstract submission system. Please also view important information on the submission process and the guidelines for abstract submission.

Presentation format
- The 30 best abstracts (up from 28 in 2015) will receive an oral presentation slot in the scientific programme of the 11th Congress of ECCO.
- The next best 80-100 abstracts will be digital oral presentations, with a 5 minute oral presentation on either Thursday, March 17, 2016 from 17:15-18:15 or on Friday, March 18, 2016 from 18:05-19:05.
- The remaining accepted abstracts will be displayed as hard copy posters throughout the Congress. Please find further details in the guidelines for presentation.

Important note
There will be NO late-breaking abstracts, so please aim to get your abstract in on time!

We look forward to welcoming you to the ECCO Congress in Amsterdam, The Netherlands on March 16-19, 2016!

Kind regards

PETER IRVING, JULIÁN PANÉS, LAURENT PEYRIN-BIROULET, BRITTA SIEGMUND
On behalf of the ECCO'16 Amsterdam Organising Committee

SÉVERINE VERMEIRE
ECCO President and Chair of the Organising Committee

Scientific Programme at ECCO’16

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

<table>
<thead>
<tr>
<th>Time</th>
<th>Session/Abstract</th>
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<tbody>
<tr>
<td>10:45 - 11:15</td>
<td>Top tips for chairs (closed session) Laurence Egan, Galway, Ireland</td>
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<tr>
<td>11:30 - 12:30</td>
<td>Industry sponsored satellite symposia 1a &amp; 1b</td>
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<td>12:45 - 12:50</td>
<td>Welcome Janneke van der Woude, Rotterdam, The Netherlands Bas Oldenburg, Utrecht, The Netherlands</td>
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<td>12:50 - 13:00</td>
<td>Opening Séverine Vermeire, Leuven, Belgium</td>
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<td>13:00 - 14:30</td>
<td>Scientific session 1: Cell therapy: Ready for clinical practice? Pierre Desreumaux, Lille, France Dominik Bettenworth Munster, Germany</td>
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<td>13:00-13:20</td>
<td>Haematopoietic stem cell transplantation Azucena Salas, Barcelona, Spain Elena Ricart, Barcelona, Spain</td>
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<tr>
<td>13:20-13:30</td>
<td>Oral presentation 1</td>
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<td>14:00-14:40</td>
<td>Oral presentation 2</td>
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<td>14:10-14:30</td>
<td>Mesenchymal stem cells Stefania Vetrano, Milan, Italy Laurence Egan, Galway, Ireland</td>
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<td>14:30-15:00</td>
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<td>15:00-17:00</td>
<td>Scientific session 2: Application of genetic testing in understanding and managing IBD Andre Franke, Kiel, Germany Thomas Billiet, Heverlee, Belgium</td>
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<td>15:00-15:20</td>
<td>Very early onset IBD - from research to bedside Holm Uhlig, Oxford, United Kingdom</td>
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<td>15:20-15:30</td>
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<td>15:30-15:50</td>
<td>Genetics in predicting drug response Tanig Ahmad, Exeter, United Kingdom</td>
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<td>15:50-16:00</td>
<td>Oral presentation 5</td>
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<td>16:00-16:10</td>
<td>Oral presentation 6</td>
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<td>16:10-16:30</td>
<td>The future of genetics in clinical medicine Rinse Weersma, Groningen, The Netherlands</td>
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<td>16:30-16:40</td>
<td>Oral presentation 7</td>
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<td>16:40-16:50</td>
<td>Oral presentation 8</td>
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<td>16:50-17:00</td>
<td>Oral presentation 9</td>
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<td>17:15-18:15</td>
<td>Digital oral presentations (Sessions 1-5)</td>
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<tr>
<td>17:15-18:15</td>
<td>Industry sponsored satellite symposia 2a &amp; 2b</td>
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Preliminary programme: Friday, March 18, 2016
Industry sponsored satellite symposia 3a & 3b

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<th>Time</th>
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<tbody>
<tr>
<td>07:15-08:15</td>
<td>Scientific session 3: Resolution of inflammation Javier Gisbert, Madrid, Spain Giovanni Monteleone, Rome, Italy</td>
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<tr>
<td>08:30-08:50</td>
<td>Mechanisms by which inflammation resolves Silvio Danese, Milan, Italy</td>
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<td>08:50-09:10</td>
<td>Stopping drugs Charlie Lees, Edinburgh, United Kingdom</td>
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<td>09:10-09:20</td>
<td>Oral presentation 10</td>
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<td>09:20-09:30</td>
<td>Oral presentation 11</td>
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<td>09:30-10:30</td>
<td>Scientific session 4: Viruses and IBD Laurent Beaugerie, Paris, France Marina Shapina, Moscow, Russia</td>
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<td>09:30-09:50</td>
<td>Should we treat CMV in patients with UC Britta Siegmund, Berlin, Germany</td>
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<td>09:50-10:00</td>
<td>Oral presentation 12</td>
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<tr>
<td>10:00-10:10</td>
<td>Oral presentation 13</td>
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<tr>
<td>10:10-10:30</td>
<td>Other viral complications in clinical practice Jonas Hallvarsson, Orebro, Sweden</td>
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ECCO NEWS 3/2015
<table>
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<tr>
<th>Time</th>
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<tr>
<td>10:30-11:00</td>
<td>Coffee break</td>
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</table>
| 11:00-12:20  | Scientific session 5: Challenging dogmas – from clinical trials to clinical practice  
(Torsten Kucharzik, Luneburg, Germany)  
(Maria Chaparro, Madrid, Spain)  
| 11:00-11:20 | Mucosal healing – Is it the holy grail?  
(Geert D’Haens, Amsterdam, The Netherlands)  
| 11:20-11:30 | Oral presentation 14                                                 |
| 11:30-11:40 | Oral presentation 15                                                 |
| 11:40-12:00 | Patient-reported outcomes  
(William Sandborn, San Diego, United States)  
| 12:00-12:20 | Should clinical trials in children be different?  
(Dan Turner, Jerusalem, Israel)  
| 12:20-13:20 | Lunch break and guided poster session in the exhibition hall         |
| 12:30-13:10 | Industry sponsored educational lunchtime satellite symposia LS1-4     |
| 13:20-14:50 | Scientific session 6: Bugs and drugs in IBD  
(Philippe Seksik, Paris, France)  
(Barry Hall, Dublin, Ireland)  
| 13:20-13:40 | The microbiome and geographical spread of IBD  
(Philip Rosenstiel, Kiel, Germany)  
| 13:40-13:50 | Oral presentation 16                                                |
| 13:50-14:10 | Manipulating the microbiota in everyday practice  
(Francisco Guarner, Barcelona, Spain)  
| 14:10-14:20 | Oral presentation 17                                                |
| 14:20-14:30 | Oral presentation 18                                                |
| 14:30-14:50 | Future strategies to change the flora  
(Harry Sokol, Paris, France)  
| 14:50-15:20 | Coffee break                                                         |
| 15:20-16:00 | Scientific session 7: ECCO Fellowships & Grants  
(Gerhard Rogler, Zurich, Switzerland)  
(Noortje Festen, Groningen, the Netherlands)  
(Carla Felice, Rome, Italy)  
(Cristina Mascaraque, Granada, Spain)  
| 15:34-15:40 | Announcement of ECCO Fellowships and Grants 2016  
(Gerhard Rogler, Zurich, Switzerland)  
| 15:40-15:50 | Oral presentation 19                                                |
| 15:50-16:00 | Oral presentation 20                                                |
| 16:00-17:00 | Scientific session 8: Challenging Cases  
(Peter Irving, London, United Kingdom)  
(Laurent Peyrin-Biroulet, Nancy, France)  
| 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?  
(Oded Zmora, Tel Aviv, Israel)  
(Loris Lopetuso, Amsterdam, The Netherlands)  
| 17:00-17:10 | ECCO Guidelines: Surgical CD                                         |
| 17:10-17:20 | Oral presentation 21                                                |
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!

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### Educational Programme at ECCO’16

<table>
<thead>
<tr>
<th>Wednesday, March 16, 2016</th>
<th>Thursday, March 17, 2016</th>
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<th>Saturday, March 19, 2016</th>
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<tr>
<td>Morning</td>
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<td>14th IBD Intensive</td>
<td>9th Y-ECCO Career</td>
<td>14th IBD Intensive</td>
<td>Scientific Programme</td>
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<td>Advanced Course</td>
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<td>3rd Basic ECCO:</td>
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<td>5th ClinCom Workshop</td>
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<td>ECCO: Educational</td>
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<td>Sessions 1-5</td>
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<td>7th N-ECCO School</td>
<td>5th S-ECCO IBD Masterclass</td>
<td>1st D-ECCO Workshop</td>
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<td>1st School for Clinical</td>
<td>10th N-ECCO Network</td>
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<td>Trials</td>
<td>Meeting</td>
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<tr>
<td>1st ECCO</td>
<td>3rd EpiCom Workshop</td>
<td>1st H-ECCO IBD</td>
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<td>Endoscopy Workshop</td>
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<td>Press conference</td>
<td>Molecular screening</td>
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<td>3rd P-ECCO</td>
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<td>Educational Course</td>
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### Preliminary Educational Programme

**Wednesday, March 16, 2016**

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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>07:30</td>
<td>Arrival and distribution of voting pads</td>
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<tr>
<td>08:00</td>
<td>Welcome Séverine Vermeire, Leuven, Belgium</td>
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<td>Gerassimos Mantzaris, Athens, Greece</td>
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<td>08:15</td>
<td>Pre-course test</td>
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<td></td>
<td>Peter Irving, London, United Kingdom</td>
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<tr>
<td>08:45</td>
<td>Session 1: Pathogenesis</td>
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<td>Lead discussant: James Lindsay, London, United Kingdom</td>
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<td>08:45–09:00 IBD: The role of the exposome</td>
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<td>Jonas Halfvarsson, Orebro, Sweden</td>
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<td></td>
<td>09:00–09:15 The genetics of IBD</td>
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<td>Miles Parkes, Cambridge, United Kingdom</td>
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<td></td>
<td>09:15–09:30 The microbiome and IBD</td>
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<td>Philippe Seksik, Paris, France</td>
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<td>09:30–09:45 Discussion</td>
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<td>09:45</td>
<td>Coffee break</td>
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<td>10:15</td>
<td>Session 2: Interactive case discussion</td>
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<td>Lead discussant: James Lindsay, London, United Kingdom</td>
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<td>10:15–11:00 Case-based discussion: Investigation and management of mild/</td>
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<td>moderate Crohn's Disease</td>
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<td>Case presentation: Sebastian Zeissig, Kiel, Germany</td>
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<td>Discussion: Jane Andrews, Adelaide, Australia</td>
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<tr>
<td>11:00</td>
<td>Session 3: Seminar session – Part I: Specialist topic in IBD</td>
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<td>Ia. Managing IBD and pregnancy</td>
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<td>Janneke van der Woude, Rotterdam, The Netherlands</td>
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<td>Zuzana Zelinkova, Bratislava, Slovakia</td>
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**Thursday, March 17, 2016**

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<tr>
<td>11:00</td>
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<tr>
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<td>Ia. Managing complications associated with anti-TNF therapy</td>
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<td>Shomron Ben-Horin, Ramat Gan, Israel</td>
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<td></td>
<td>Ib. Managing extra-intestinal manifestations of IBD</td>
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<td></td>
<td>Stephan Vavricka, Zurich, Switzerland</td>
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<td>Peter Lakatos, Budapest, Hungary</td>
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**Friday, March 18, 2016**

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<tr>
<td>13:30</td>
<td>EITHER</td>
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<tr>
<td></td>
<td>Ib. Role of bowel ultrasonography in intestinal diseases</td>
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<td>Stephan Vavricka, Zurich, Switzerland</td>
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<td>Torsten Kucharzik, Luneburg, Germany</td>
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<td>Iib. Practical guide to interpreting MRI</td>
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<td>Gionata Fiorino, Milan, Italy</td>
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<td>Cristina Bonfaccio, Milan, Italy</td>
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<td>Iic. Practical guide to endoscopy and IBD incl. chromo-endoscopy</td>
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<td>ballooning dilatation and reporting</td>
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<td>Matt Rutter, Stockton-on-Tees, United Kingdom</td>
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<td>Pierre Michetti, Lausanne, Switzerland</td>
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**Saturday, March 19, 2016**

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<td>11:00</td>
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<td>Iia. Role of bowel ultrasonography in intestinal diseases</td>
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<td>Stephan Vavricka, Zurich, Switzerland</td>
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<td>Matt Rutter, Stockton-on-Tees, United Kingdom</td>
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<td>Pierre Michetti, Lausanne, Switzerland</td>
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</table>
11th Congress of ECCO - Preliminary Educational Programme

08:00–08:15 Welcome and introduction
Usha Chauhan, Hamilton, Canada

08:15–08:45 Session 1: Diagnosis and assessment
Usha Chauhan, Hamilton, Canada
Nicolette Wierdsma, Amsterdam, The Netherlands

08:45–09:05 Diagnosis, anatomy and physiology in IBD
Bas Oldenburg, Utrecht, The Netherlands

09:05–09:30 Psychosocial implications of living with IBD
Janette Gaarenstroom, Utrecht, The Netherlands

09:30–10:00 Adherence
Palle Bager, Aarhus, Denmark

10:00–10:20 Coffee break

10:20–10:45 Session 2: Case studies – Disease management
Usha Chauhan, Hamilton, Canada
Miranda Lomer, London, United Kingdom

10:45–11:15 Workshop 1 – UC Management (Group A)
Andreas Sturm, Berlin, Germany
Workshop 2 – CD Management (Group B)
Nanne de Boer, Amsterdam, The Netherlands

11:15–11:45 Workshop 1 – UC Management (Group B)
Andreas Sturm, Berlin, Germany
Workshop 2 – CD Management (Group A)
Nanne de Boer, Amsterdam, The Netherlands

11:45–12:15 Lunch break

12:15–13:20 Session 3: General management in IBD
Usha Chauhan, Hamilton, Canada
Konstantinos Gerasimidis, Glasgow, United Kingdom

13:20–14:50 Session 4: Interactive case discussion
Lead discussant: Peter Irving, London, United Kingdom

14.05–14:50 Session 4: Interactive case discussion
Lead discussant: Peter Irving, London, United Kingdom

14:30–15:30 Tandem talk: IBD therapeutics targets and drugs: New and old
Yehuda Chowers, Haifa, Israel
James Lindsay, London, United Kingdom

10:15–10:45 Coffee break

10:45–11:15 Surgery in IBD
André D’Hoore, Leuven, Belgium

11:15–11:45 Medical treatment
Ailsa Hart, London, United Kingdom

11:45–12:15 Adherence
Palle Bager, Aarhus, Denmark

12:15–13:20 Lunch break

13:20–14:50 Session 2: Case studies – Disease management
Usha Chauhan, Hamilton, Canada
Miranda Lomer, London, United Kingdom

14.05–14:50 Workshop 1 – UC Management (Group B)
Andreas Sturm, Berlin, Germany
Workshop 2 – CD Management (Group A)
Nanne de Boer, Amsterdam, The Netherlands

14:50–15:10 Coffee break

15:10–16:10 Session 3: General management in IBD
Usha Chauhan, Hamilton, Canada
Konstantinos Gerasimidis, Glasgow, United Kingdom

15:10–15:40 Nutritional aspects in IBD
Rotem Sigall Boneh, Tel Aviv, Israel

15:40–16:10 Nursing roles in IBD management
Lydia White, Oxford, United Kingdom

16:10–16:15 Closing remarks
Usha Chauhan, Hamilton, Canada

Responsible Committee: N-ECCO
Target audience: IBD nurses – new to the specialty, Dieticians
Registration: Upon invitation
ECCO Membership 2016 required: IBD nurse, Affiliate Member
Registration fee: n.a.

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

08:00–10:20 Session 5: Interactive case discussion and lecture session
Lead discussant: Peter Irving, London, United Kingdom

08:00–09:00 Case-based discussion: Fistulising Crohn’s Disease: Medical and surgical approaches
Antonio López-Sanromán, Madrid, Spain
André D’Hoore, Leuven, Belgium

09:00–10:00 Case-based discussion: The patient with severe inflammatory Crohn’s Disease
Case presentation: Pieter Hindryckx, Ghent, Belgium
Discussion: Laurence Egan, Galway, Ireland

10:00–10:20 Discussion

10:20–10:45 Coffee break

10:45–12:15 Session 6: Special scenarios
Lead discussant: James Lindsay, London, United Kingdom

10:45–11:15 Peri-operative management of Crohn’s Disease
Michael Kamm, Melbourne, Australia

11:15–11:45 Monitoring therapy with drug levels and antibody testing
Peter Irving, London, United Kingdom

11:45–12:15 The medical management of Acute Severe Ulcerative Colitis: Case-based discussion
Charlie Lees, Edinburgh, United Kingdom

12:15–12:30 Feedback and closing remarks
Peter Irving, London, United Kingdom
James Lindsay, London, United Kingdom

Responsible Committee: EduCom
Target audience: Junior gastroenterologists
Registration: Upon invitation
ECCO Membership 2016 required: Regular/Y-ECCO Member
Registration fee: n.a.

Preliminary programme: 14th School for Clinical Trialists - Understanding the different types of clinical trials
Wednesday, March 16, 2016

08:00–08:15 Welcome and introduction
Ailsa Hart, London, United Kingdom

08:15–09:30 Session 1
Ailsa Hart, London, United Kingdom
Karen Kemp, Manchester, United Kingdom

08:15–09:00 Clinical trial terminology & processes. Standard investigations
Vipul Jairath, Oxford, United Kingdom

09:00–09:30 How to optimise recruitment to clinical trials in IBD
Ailsa Hart, London, United Kingdom

10:00–11:20 Session 2
Palle Bager, Aarhus, Denmark
Vipul Jairath, Oxford, United Kingdom

10:00–10:30 Setting up and running large nationwide IBD trials
Tariq Ahmad, Exeter, United Kingdom

10:30–11:00 Tips & tricks for the IBD clinical research team
Leen Van Der Biest, Leuven, Belgium
Jolien Lefrère, Leuven, Belgium
### Preliminary Programme: 3rd Basic eCCO: Educational Course for Industry

**Wednesday, March 16, 2016**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:30–10:35</td>
<td>Welcome</td>
</tr>
<tr>
<td>10:35–10:50</td>
<td>Session 1 (Matthieu Allez, Paris, France)</td>
</tr>
<tr>
<td>10:35–10:50</td>
<td>What is IBD? (Marcus Harbord, London, United Kingdom)</td>
</tr>
<tr>
<td>10:50–11:05</td>
<td>What is the difference between Ulcerative Colitis and Crohn’s Disease? (Tajq Ahmad, Exeter, United Kingdom)</td>
</tr>
<tr>
<td>11:05–11:20</td>
<td>Who does it affect? (Tine Jess, Copenhagen, Denmark)</td>
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<tr>
<td>11:20–11:30</td>
<td>Question time</td>
</tr>
<tr>
<td>11:30–11:45</td>
<td>What causes IBD? (Andreas Sturm, Berlin, Germany)</td>
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<tr>
<td>11:45–12:00</td>
<td>How is IBD diagnosed? (Emma Calabrese, Rome, Italy)</td>
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<tr>
<td>12:00–12:15</td>
<td>What do patients think? (Marcus Harbord, London, United Kingdom)</td>
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<tr>
<td>12:15–12:30</td>
<td>How is care organised? (Aila Hart, London, United Kingdom)</td>
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<tr>
<td>12:30–12:45</td>
<td>What do IBD nurses do? (Lydia White, Oxford, United Kingdom)</td>
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<td>12:45–13:00</td>
<td>Question time</td>
</tr>
<tr>
<td>13:00–13:15</td>
<td>Lunch break</td>
</tr>
<tr>
<td>13:15–13:30</td>
<td>Session 2 (Rami Eliakim, Tel Hashomer, Israel)</td>
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<tr>
<td>14:00–14:15</td>
<td>What are the conventional treatment options? (Edyta Zagarowicz, Warsaw, Poland)</td>
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<td>14:15–14:30</td>
<td>What is the role of 5-ASA? (Gerassimos Mantzaris, Athens, Greece)</td>
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<td>14:30–14:45</td>
<td>Who gets immunomodulators? (Vipul Jairath, Oxford, United Kingdom)</td>
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<td>14:45–15:00</td>
<td>What about biological therapy? (Alessandro Armuzzi, Rome, Italy)</td>
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<tr>
<td>15:00–15:15</td>
<td>Is there a role for dietary treatment? (Arie Levine, Tel Aviv, Israel)</td>
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<tr>
<td>15:30–16:00</td>
<td>Coffee break</td>
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<tr>
<td>16:00–16:15</td>
<td>Session 3 (Antonio López-Sanromán, Madrid, Spain)</td>
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<tr>
<td>16:00–16:15</td>
<td>When do patients need surgery? (Willem Bemelman, Amsterdam, The Netherlands)</td>
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<tr>
<td>16:15–16:30</td>
<td>What does surgery mean? (Omar Faiz, London, United Kingdom)</td>
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<td>16:30–16:45</td>
<td>Is surgery a cure? (Gianluca Sampietro, Milan, Italy)</td>
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<td>16:45–17:00</td>
<td>Can post-operative treatment prevent recurrence? (Antonio López-Sanromán, Madrid, Spain)</td>
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<tr>
<td>17:00–17:15</td>
<td>What happens after a pouch operation? (Zuzana Serclova, Prague, Czech Republic)</td>
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<td>17:15–18:00</td>
<td>Session 4 (Séverine Vermeire, Leuven, Belgium)</td>
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<td>17:45–17:50</td>
<td>What is the risk of cancer? (Alessandro Armuzzi, Rome, Italy)</td>
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<td>17:30–17:45</td>
<td>What are the other complications of IBD? (Gionata Fiorino, Milan, Italy)</td>
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<td>17:45–18:00</td>
<td>Where is the unmet need for patients with IBD? (Fernando Magro, Porto, Portugal)</td>
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</table>

### 3rd N-eCCO Research Forum

**Wednesday, March 16, 2016**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>13:00–13:20</td>
<td>Welcome and introduction (Karen Kemp, Manchester, United Kingdom)</td>
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<tr>
<td>13:40–14:40</td>
<td>Workshop 1: Using PICO to define research priorities (Karen Kemp, Manchester, United Kingdom)</td>
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<tr>
<td>14:40–15:10</td>
<td>Coffee break</td>
</tr>
<tr>
<td>15:10–16:40</td>
<td>Workshop 2: Top 10 tips in research</td>
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<tr>
<td>15:10–15:40</td>
<td>Literature searching (Group A) (Kay Greveson, London, United Kingdom)</td>
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<tr>
<td>15:40–16:10</td>
<td>Literature searching (Group B) (Kay Greveson, London, United Kingdom)</td>
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<tr>
<td>16:10–16:40</td>
<td>Literature searching (Group C) (Kay Greveson, London, United Kingdom)</td>
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</table>

### Learning from today: Applying your research into clinical practice

**Wednesday, March 16, 2016**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>16:40–17:00</td>
<td>Learning from today: Applying your research into clinical practice (Palle Bager, Aarhus, Denmark)</td>
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</tbody>
</table>

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

**Contact:** Please contact the ECCO office at ecco16@ecco-ibd.eu

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**ECCO Membership 2016 required:**
- Regular/Y-ECCO/IBD nurse/Affiliate Member
- Corporate Members & Non-Corporate Members

**Target audience:** Clinical trial nurses, IBD nurses and Allied health professionals

**Preliminary educational programme:**
- Wednesday, March 16, 2016
- 3rd Basic eCCO: Educational Course for Industry
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker/Chair</th>
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</thead>
<tbody>
<tr>
<td>13:00–13:15</td>
<td>Welcome and introduction</td>
<td>Séverine Vermeire, Leuven, Belgium</td>
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<tr>
<td>13:15–14:15</td>
<td>Session 1: Assessment of endoscopic activity: Clinical trials and routine practice</td>
<td>Chair: Vito Annese, Florence, Italy</td>
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<td>Gerit D’Haens, Amsterdam, The Netherlands</td>
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<td>Speaker: Konstantinos Katsanos, Ioannina, Greece</td>
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<tr>
<td>14:15–15:15</td>
<td>Session 2: Endoscopic surveillance for IBD-associated colorectal cancer</td>
<td>Chair: Alaïa Hart, London, United Kingdom</td>
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<td>Antonio López-Sanzromán, Madrid, Spain</td>
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<td>Speaker: Matt Rutter, Stockton-on-Tees, United Kingdom</td>
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<tr>
<td>15:15–15:45</td>
<td>Coffee break</td>
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<tr>
<td>15:45–16:15</td>
<td>Session 3: Small bowel endoscopy: Capsule vs. balloon enteroscopy</td>
<td>Chair: Rami Elakim, Tel Hashomer, Israel</td>
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<td>Torsten Kucharcik, Luneburg, Germany</td>
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<td>Speaker: Peter Lakatos, Budapest, Hungary</td>
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<tr>
<td>16:45–17:45</td>
<td>Session 4: Endoscopic therapeutic intervention in IBD</td>
<td>Chair: Paolo Gionchetti, Bologna, Italy</td>
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<td>Peter Irving, London, United Kingdom</td>
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<td>Speaker: Marc Ferrante, Leuven, Belgium</td>
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<tr>
<td>17:45–18:00</td>
<td>Post-course test and Concluding remarks</td>
<td>James Lindsay, London, United Kingdom</td>
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<tr>
<td>17:50–18:00</td>
<td>Closing remarks</td>
<td>Julián Panés, Barcelona, Spain</td>
</tr>
</tbody>
</table>

**Preliminary programme: 1st ECCO Endoscopy Workshop**

**Wednesday, March 16, 2016**

16:00–16:15 Introduction to Y-ECCO and the workshop: Pieter Hindryckx, Ghent, Belgium

16:15–17:00 Session 1: Writing a scientific paper: Nuha Yassin, London, United Kingdom

16:30–16:45 Results and discussion: Laurence Egan, Galway, Ireland

16:45–17:00 The abstract: Laurence Egan, Galway, Ireland

17:00–17:50 Session 2: Reviewing a scientific paper: Pieter Hindryckx, Ghent, Belgium

17:55–18:00 Feedback, Y-ECCO prizes and Closing remarks: Nuha Yassin, London, United Kingdom

**Preliminary programme: 2nd Advanced ECCO Educational Course for Industry**

**Wednesday, March 16, 2016**

14:00–14:05 Welcome: Séverine Vermeire, Leuven, Belgium

14:05–14:55 Session 1: Head-to-head comparative studies: Challenges & opportunities: William Sandborn, San Diego, United States

14:55–15:45 Session 2: Patient-reported outcomes measures. New Data: Keith Bodger, Liverpool, United Kingdom

15:45–16:15 Coffee break

16:15–17:00 Session 3: What challenges are faced by using cross-sectional imaging and histological endpoints in clinical trials?: Julián Panés, Barcelona, Spain

16:15–17:00 Session 4: Disease-modification studies: Are we ready to start?: Jean-Frédéric Colombel, New York, United States

17:05–17:55 Session 5: S-eCCO IBD masterclass in collaboration with ESCP - No man’s land in IBD: William Sandborn, San Diego, United States

17:55–18:00 Closing remarks: Julián Panés, Barcelona, Spain

**Responsible Committee:** ClinCom

**Target audience:** Physicians, Surgeons, Paediatricians

**Registration:** Online registration (max. 50 participants)

**ECCO Membership 2016 required:** Regular/Y-ECCO 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**

07:30–07:40 Welcome: Willem Bemelman, Amsterdam, The Netherlands

07:40–07:50 Session 1: Peri-anal disease: Paulo Kotze, Curitiba, Brazil

07:50–08:00 Debate 1: The simple transsphincteric fistula: William Sandborn, San Diego, United States

08:00–08:15 Session 2: Chronic seton: Christianne Buskens, Amsterdam, The Netherlands

**Preliminary programme: 5th Y-ECCO Career Workshop - Writing and reviewing scientific and clinical papers**

**Wednesday, March 16, 2016**

16:00–16:15 Introduction to Y-ECCO and the workshop: Pieter Hindryckx, Ghent, Belgium

16:15–17:00 Session 1: Writing a scientific paper: Nuha Yassin, London, United Kingdom

16:30–16:45 Results and discussion: Laurence Egan, Galway, Ireland

16:45–17:00 The abstract: Laurence Egan, Galway, Ireland

17:00–17:50 Session 2: Reviewing a scientific paper: Pieter Hindryckx, Ghent, Belgium

17:55–18:00 Feedback, Y-ECCO prizes and Closing remarks: Nuha Yassin, London, United Kingdom

**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

**EU Project Forum featuring FP7 / Horizon 2020 projects:**

At the ECCO’16 Congress in Amsterdam, ECCO is pleased to convene for the first time an open access EU Project Forum in which successfully ongoing FP7 / Horizon 2020 projects and their results are presented. The forum aims at facilitating exchange of knowledge, sharing of project experience and finding of potential new synergies among senior and junior researchers, among basic scientists and clinicians.

The detailed programme for this forum on the afternoon of March 16, 2016 is currently being developed and will be announced shortly on the ECCO Congress Website: https://www.ecco-ibd.eu/ecco16.
## 11th Congress of ECCO - Preliminary Educational Programme

**Preliminary Programme:**

**08:00–08:10**  
**Surgery aiming at repair**  
Oded Zmora, Tel Aviv, Israel

**08:10–08:25**  
**Discussion**

**08:25–08:45**  
**Video**

**08:25–08:35**  
**LIFT for Crohn’s fistula**  
Eloy Espin Basany, Barcelona, Spain

**08:35–08:45**  
**Advancement plasty for Crohn’s fistula**  
Zuzana Serdova, Prague, Czech Republic

**08:45–09:15**  
**Debate 2: Symptomatic recto-vaginal fistula**

**08:45–08:55**  
**Immediate proctectomy**  
Emmanuel Tiret, Paris, France

**08:55–09:05**  
**Reconstructive repair**  
Yves Panis, Clichy, France

**09:05–09:15**  
**Discussion**

**09:15–09:40**  
**Coffee break**

**09:40–10:10**  
**Debate 3: Unsuspected Crohn’s Disease during laparoscopy for appendicitis**

**09:40–09:50**  
**Resect**  
Eloy Espin Basany, Barcelona, Spain

**09:50–10:00**  
**Do nothing and refer to the gastroenterologist**  
Chaya Shwaartz, Tel Aviv, Israel

**10:00–10:10**  
**Discussion**

**10:10–10:20**  
**Video: Strictureplasty of the ileocolic valve**  
Andre D’Hoore, Leuven, Belgium

**10:20–10:50**  
**Debate 4: When does a drug work? Efficacy and clinical relevance**

**10:20–10:30**  
**The gastroenterologist’s view**  
Geert D’Haen, Amsterdam, The Netherlands

**10:30–10:40**  
**The surgeon’s view**  
Willem Bemelman, Amsterdam, The Netherlands

**10:40–10:50**  
**Discussion**

**10:50–11:25**  
**Trial Updates**

**11:25–12:25**  
**Lunch break**

**12:25–12:40**  
**Session 3: Crohn’s Disease**

**12:25–12:35**  
**Surgery**  
Michel Adamina, Winterthur, Switzerland

**12:35–12:45**  
**Biologicals**  
Alisa Hart, London, United Kingdom

**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**  
Gianluca Sampietro, Milan, Italy

**13:20–13:30**  
**Total colectomy**  
Antonino Spinelli, Milan, Italy

**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**  
Nuha Yasmin, London, United Kingdom

**13:50–14:00**  
**Radical resection**  
Nir Wasserberg, Petah Tikva, Israel

**14:00–14:10**  
**Discussion**

**14:10–14:40**  
**Debate 8: Prophylaxis after ileocolic resection**

**14:10–14:20**  
**For all**  
Paulo Kotze, Curitiba, Brazil

**14:20–14:30**  
**Selectively**  
Michael Kamm, Melbourne, Australia

**14:30–14:40**  
**Discussion**

**14:40–15:05**  
**Coffee break**

**15:05–16:55**  
**Session 4: Ulcerative Colitis**

**15:05–15:15**  
**Colectomy**  
Omar Faiz, London, United Kingdom

**15:15–15:25**  
**Surveillance**  
Janindra Warusavitane, London, United Kingdom

**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**  
André D’Hoore, Leuven, Belgium

**16:05–16:15**  
**Continued medication**  
Séverine Vermeire, Leuven, Belgium

**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**  
Oded Zmora, Tel Aviv, Israel

**Responsibility Committee:**  
S-ECCO in collaboration with ESGAR

**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

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**Preliminary programme:**  
3rd ECCO-ESGAR Ultrasound Workshop

**Thursday, March 17, 2016**

**07:30–07:40**  
**Welcome and introduction**  
Séverine Vermeire, Leuven, Belgium (ECCO)

**07:40–08:40**  
**Introductory lecture**  
Torsten Kucharzik, Luebneck, Germany (ECCO)

**08:40–11:40**  
**Hands-on open space in bowel ultrasonography**

**08:40–11:40**  
**Hands-on open space in bowel ultrasonography**

**08:40–11:40**  
**Hands-on open space in bowel ultrasonography**

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**ECCO NEWS 3/2015**

**11th Congress of ECCO - Preliminary Educational Programme**
11th Congress of ECCO – Preliminary Educational Programme

**Preliminary programme: 5th ClinCom Workshop**
**Thursday, March 17, 2016**

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<th>Session/Workshop</th>
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<tbody>
<tr>
<td>08:30–08:35</td>
<td>Welcome and introduction</td>
</tr>
<tr>
<td></td>
<td>Alessandro Armuzzi, Rome, Italy</td>
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<tr>
<td>08:35–09:55</td>
<td>Session 1: Balance safety – efficacy</td>
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<tr>
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<td>Vipul Jairath, Oxford, United Kingdom</td>
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<tr>
<td>08:35–08:55</td>
<td>What has meta-analysis taught us?</td>
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<td>Jean-Frédéric Colombel, New York, United States</td>
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<tr>
<td>08:55–09:15</td>
<td>How to evaluate safety of biologics</td>
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<td>Geert D’Haens, Amsterdam, The Netherlands</td>
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<td>09:15–09:35</td>
<td>Cluster randomised trials</td>
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<td>Vipul Jairath, Oxford, United Kingdom</td>
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<td>09:35–09:55</td>
<td>How to choose your biologics in 2016</td>
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<td>Michael Kamm, Melbourne, Australia</td>
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<tr>
<td>09:55–10:30</td>
<td>Coffee break</td>
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<tr>
<td>10:30–12:00</td>
<td>Session 2: Balance efficacy – costs</td>
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<td>Marc Ferrante, Leuven, Belgium</td>
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<tr>
<td>10:30–10:50</td>
<td>Methodology of cost efficacy</td>
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<td>Keith Bodger, Liverpool, United Kingdom</td>
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<td>10:50–11:10</td>
<td>How to implement results of cost efficacy analysis in clinical practice?</td>
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<td>Ailsa Hart, London, United Kingdom</td>
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<tr>
<td>11:10–11:30</td>
<td>Comparing treatment strategies and cost effectiveness</td>
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<td>Daniel Hommes, Los Angeles, United States</td>
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<td>11:30–12:00</td>
<td>From regulators to payers</td>
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<td>Elmer Schabel, Bonn, Germany</td>
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<td>Barney Hawthorne, Cardiff, Wales</td>
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<td>Alessandro Armuzzi, Rome, Italy</td>
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<tr>
<td>12:00–12:10</td>
<td>Summary &amp; closing remarks</td>
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<td>Fernando Magro, Porto, Portugal</td>
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**Responsible Committee:** ClinCom  
**Target audience:** Physicians, Surgeons, Paediatricians, Clinical researchers, Industry  
**ECCO Membership 2016 required:** Online registration  
**Registration fee:** EUR 80.- (half price for Y-ECCO and IBD nurse Members) – incl. 21% Dutch VAT

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**Preliminary programme: 3rd EpiCom Workshop – Early lifestyle microbiome and risk of IBD**  
**Thursday, March 17, 2016**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session/Workshop</th>
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<tbody>
<tr>
<td>08:00–08:10</td>
<td>Welcome and introduction</td>
</tr>
<tr>
<td></td>
<td>Tine Jess, Copenhagen, Denmark</td>
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<tr>
<td>08:10–10:10</td>
<td>Session 1</td>
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<td>Vito Annese, Florence, Italy</td>
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<td>Ebbie Langholz, Hellerup, Denmark</td>
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**Responsible Committee:** SciCom  
**Target audience:** Physicians, Surgeons, Paediatricians, Scientists  
**ECCO Membership 2016 required:** Online registration  
**Registration fee:** EUR 80.- (half price for Y-ECCO and IBD nurse Members) – incl. 21% Dutch VAT

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**Preliminary programme: 5th ClinCom Workshop**
**Thursday, March 17, 2016**

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<thead>
<tr>
<th>Time</th>
<th>Session/Workshop</th>
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<tbody>
<tr>
<td>09:00–09:10</td>
<td>Welcome and introduction</td>
</tr>
<tr>
<td></td>
<td>Charlie Lees, Edinburgh, United Kingdom</td>
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<tr>
<td>09:09–09:40</td>
<td>Welcome introduction</td>
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<tr>
<td></td>
<td>Charlie Lees, Edinburgh, United Kingdom</td>
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<tr>
<td>09:10–09:40</td>
<td>Human monogenic IBD patients – Insights into disease pathogenesis</td>
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<td>Holm Uhlig, Oxford, United Kingdom</td>
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<tr>
<td>09:40–10:10</td>
<td>IBD as an epithelial wound healing defect</td>
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<td>Markus Neurath, Erlangen, Germany</td>
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<td>10:10–10:40</td>
<td>IBD as a primary immune cell deficiency: Neutrophils</td>
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<td>Yehuda Chowers, Haifa, Israel</td>
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<td>10:40–11:00</td>
<td>Coffee break</td>
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<tr>
<td>11:00–11:12</td>
<td>Session 2</td>
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<td>Holm Uhlig, Oxford, United Kingdom</td>
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<td>Janneke Samsom, Rotterdam, The Netherlands</td>
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<tr>
<td>11:10–11:30</td>
<td>IBD as a primary immune cell deficiency: Macrophages and Dendritic cells</td>
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<td>Janneke Samsom, Rotterdam, The Netherlands</td>
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<tr>
<td>11:30–12:00</td>
<td>IBD as a primary immune cell deficiency: B cells</td>
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<td>Gijs van den Brink, Amsterdam, The Netherlands</td>
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<tr>
<td>12:00–12:10</td>
<td>Closing remarks</td>
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<td>Holm Uhlig, Oxford, United Kingdom</td>
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**Responsible Committee:** SciCom  
**Target audience:** Physicians, Surgeons, Paediatricians, Scientists  
**ECCO Membership 2016 required:** Online registration  
**Registration fee:** EUR 80.- (half price for Y-ECCO and IBD nurse Members) – incl. 21% Dutch VAT

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**Preliminary programme: Molecular aetiology of IBD – Learning from human models**  
**Thursday, March 17, 2016**

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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>08:10–08:30</td>
<td>Delivery and breastfeeding</td>
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<td>Zuzana Zelinkova, Bratislava, Slovakia</td>
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<tr>
<td>08:30–08:50</td>
<td>Infection and antibiotics</td>
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<td>Dana Duricova, Prague, Czech Republic</td>
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<td>08:50–09:10</td>
<td>Vaccination</td>
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<td>Corinne Gower-Rousseau, Lille, France</td>
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<td>09:10–09:30</td>
<td>Diet</td>
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<td>Vito Annese, Florence, Italy</td>
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<tr>
<td>09:50–10:10</td>
<td>Smoking</td>
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<td>Peter Lakatos, Budapest, Hungary</td>
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<tr>
<td>10:10–10:30</td>
<td>Coffee break</td>
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<tr>
<td>10:30–11:30</td>
<td>Group work on creating the optimal project</td>
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<tr>
<td>11:00–11:30</td>
<td>Presentation and discussion of the case on migration</td>
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<td>Nuha Yassin, London, United Kingdom</td>
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<tr>
<td>11:30</td>
<td>Closure and farewell</td>
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<td>Tine Jess, Copenhagen, Denmark</td>
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**Responsible Committee:** EpiCom  
**Target audience:** Physicians, Paediatricians  
**ECCO Membership 2016 required:** Online registration  
**Registration fee:** EUR 80.- (half price for Y-ECCO and IBD nurse Members) – incl. 21% Dutch VAT
Preliminary programme: 10th N-ECCO Network Meeting
Thursday, March 17, 2016

09:00–09:15 Welcome and introduction
Janette Gaarenstroom, Utrecht, The Netherlands

09:15–10:30 Session 1: Patient involvement and patient participation
Palle Bager, Aarhus, Denmark
09:15–09:45 Patient involvement and shared decision making
Kristen Lomborg, Aarhus, Denmark
09:45–10:15 Health literacy
Kristine Sørensen, Maastricht, The Netherlands
10:15–10:30 Patient panels
Helen Terry, St. Albans, United Kingdom

10:30–11:00 Coffee break

11:00–12:30 Session 2: e-health in IBD
Kay Greveson, London, United Kingdom

11:00–11:30 Status on e-health in IBD
Pia Munkholm, Copenhagen, Denmark
11:30–12:00 Professional communication via electronic media
Annemiek Linn, Amsterdam, The Netherlands
12:00–12:15 Experience from Canada: GI Bodyguard
Usha Chauhan, Hamilton, Canada
12:15–12:30 Experience from Sweden: Swibreg
Susanna Jäghult, Stockholm, Sweden

12:30–14:00 Lunch break

12:45–13:45 Industry-sponsored satellite symposium

14:00–14:45 Session 3: IBD nursing
Usha Chauhan, Hamilton, Canada

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
Karen Kemp, Manchester, United Kingdom

15:15–15:30 Patient involvement and shared decision making

15:30–15:50 The classic histology of Ulcerative Colitis vs. Crohn’s Disease
Tine Jess, Copenhagen, Denmark

16:40–17:00 N-ECCO in 2016 and beyond
Janette Gaarenstroom, Utrecht, The Netherlands

Preliminary programme: 1st H-ECCO IBD Masterclass
Thursday, March 17, 2016

13:30–13:35 Welcome & Introduction
Cord Langner, Graz, Austria

13:35–14:00 Epidemiology of IBD
Vincenzo Villanacci, Brescia, Italy

14:00–14:15 Clinical and endoscopic features of IBD
Peter Irving, London, United Kingdom

14:15–14:40 Basic principles of histological IBD diagnosis
Roger Feakins, London, United Kingdom

14:40–15:00 The classic histology of Ulcerative Colitis and Crohn’s Disease
Cord Langner, Graz, Austria

15:00–15:30 Coffee break

15:30–17:00 Session 2: Challenges and differential diagnosis
Cord Langner, Graz, Austria
Magali Svrcek, Paris, France

15:30–15:50 Ulcerative Colitis vs. Crohn’s Disease in difficult cases
Vincenzo Villanacci, Brescia, Italy

15:50–16:15 Paediatric and adolescent IBD
Paula Borralho, Lisbon, Portugal

16:15–16:35 Superinfection
Roger Feakins, London, United Kingdom

16:35–17:00 Non-IBD colitides
Cord Langner, Graz, Austria

Preliminary programme: 3rd P-ECCO Educational Course – New approaches to diagnosis and therapy
Thursday, March 17, 2016

10:00–12:00 3rd P-ECCO Educational Course - New approaches to diagnosis and therapy
Arie Levine, Tel Aviv, Israel
Patrick van Rheenen, Groningen, The Netherlands

10:00–10:05 Welcome & Introduction
Arie Levine, Tel Aviv, Israel

10:05–10:25 Diagnosis, treatment and outcomes of Paediatric IBD Unclassified
(IBD-U)
Dan Turner, Jerusalem, Israel
### Preliminary Programme: 1st D-eCCO Workshop
**Friday, March 18, 2016**

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<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenters</th>
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<tbody>
<tr>
<td>08:30–08:35</td>
<td>Welcome</td>
<td>Rotem Sigall Boneh, Tel Aviv, Israel</td>
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<tr>
<td>08:35–09:40</td>
<td><strong>Session 1</strong></td>
<td>Miranda Lomer, London, United Kingdom&lt;br&gt;Rotem Sigall Boneh, Tel Aviv, Israel</td>
</tr>
<tr>
<td>08:35–08:55</td>
<td>Diet, environment and genetics in IBD</td>
<td>Arie Levine, Tel Aviv, Israel</td>
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<tr>
<td>08:55–09:15</td>
<td>Microbiota and IBD</td>
<td>Philippe Seksik, Paris, France</td>
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<tr>
<td>09:15–09:35</td>
<td>Nutritional assessment in IBD patients</td>
<td>Konstantinos Gerasimidis, Glasgow, United Kingdom</td>
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<tr>
<td>09:35–09:40</td>
<td>Panel Q&amp;A</td>
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<tr>
<td>09:40–10:00</td>
<td>Coffee break</td>
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<tr>
<td>10:00–11:05</td>
<td><strong>Session 2</strong></td>
<td>Nicolette Wiersma, Amsterdam, Netherlands&lt;br&gt;Philippe Seksik, Paris, France</td>
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<tr>
<td>10:00–10:20</td>
<td>Exclusive and partial enteral nutrition in IBD</td>
<td>Richard Russell, Glasgow, United Kingdom</td>
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<tr>
<td>10:20–10:40</td>
<td>New dietary therapies in IBD</td>
<td>Rotem Sigall Boneh, Tel Aviv, Israel</td>
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<tr>
<td>10:40–11:00</td>
<td>Iron deficiency anaemia in IBD</td>
<td>Charlie Lees, Edinburgh, United Kingdom</td>
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### Preliminary Programme: 2nd Y-eCCO Basic Science Workshop – Mouse models & microbiota in IBD
**Friday, March 18, 2016**

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<thead>
<tr>
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<tbody>
<tr>
<td>15:00–15:05</td>
<td>Introduction</td>
<td>Isabelle Cleynen, Leuven, Belgium</td>
</tr>
<tr>
<td>15:05–16:05</td>
<td><strong>Session 1</strong></td>
<td>Miranda Lomer, London, United Kingdom&lt;br&gt;Pieter Tap-Zandkuil, Woerden, The Netherlands</td>
</tr>
<tr>
<td>15:25–15:40</td>
<td>Selected oral presentation 1</td>
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<tr>
<td>15:40–16:00</td>
<td>Selected oral presentation 2</td>
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<tr>
<td>16:00–16:20</td>
<td>Selected oral presentation 3</td>
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<tr>
<td>16:20–16:40</td>
<td>Meet the speakers break</td>
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<tr>
<td>16:40–17:00</td>
<td>Microbiota research in IBD: State-of-the-art</td>
<td>Harry Sokol, Paris, France</td>
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<tr>
<td>17:10–17:25</td>
<td>Selected oral presentation 4</td>
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<td>17:25–17:40</td>
<td>Selected oral presentation 5</td>
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<tr>
<td>17:40–18:00</td>
<td>Selected oral presentation 6</td>
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### Preliminary Programme: 3rd Y-eCCO Working Group – Mouse models & microbiota in IBD
**Friday, March 18, 2016**

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<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>10:30–10:50</td>
<td>Activity in IBD</td>
<td>Paula Borralho, Lisbon, Portugal</td>
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<tr>
<td>10:50–11:10</td>
<td>The role of pathology in the evaluation of treatment</td>
<td>Vincenzo Villanacci, Brescia, Italy</td>
</tr>
<tr>
<td>11:10–11:30</td>
<td>Pouchitis</td>
<td>Paula Borralho, Lisbon, Portugal</td>
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<tr>
<td>11:30–12:00</td>
<td>What’s hot in IBD pathology?</td>
<td>Magali Synet, Paris, France</td>
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<td>12:00–12:10</td>
<td>The ideal pathology report</td>
<td>Roger Feakins, London, United Kingdom</td>
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### Preliminary Programme: 2nd Y-eCCO Working Group – Mouse models & microbiota in IBD
**Friday, March 18, 2016**

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<td><strong>Panel Q&amp;A</strong></td>
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<tr>
<td>11:05–11:20</td>
<td>Coffee break</td>
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<tr>
<td>11:20–12:25</td>
<td><strong>Session 3</strong></td>
<td>Konstantinos Gerasimidis, Glasgow, United Kingdom&lt;br&gt;Petra Tap-Zandkuil, Woerden, The Netherlands</td>
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<tr>
<td>11:20–11:40</td>
<td>Dietary treatment of functional symptoms in IBD</td>
<td>Miranda Lomer, London, United Kingdom</td>
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<tr>
<td>11:40–12:00</td>
<td>Dietary treatment in short bowel syndrome/intestinal insufficiency</td>
<td>Nicolette Wiersma, Amsterdam, The Netherlands</td>
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<tr>
<td>12:00–12:20</td>
<td>The evidence for fibre and prebiotics in IBD</td>
<td>Kevin Whelan, London, United Kingdom</td>
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<td>12:20–12:25</td>
<td>Panel Q&amp;A</td>
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### Preliminary Programme: 1st Y-eCCO Working Group – Mouse models & microbiota in IBD
**Friday, March 18, 2016**

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<td>Coffee break</td>
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<tr>
<td>11:20–12:25</td>
<td><strong>Session 3</strong></td>
<td>Konstantinos Gerasimidis, Glasgow, United Kingdom&lt;br&gt;Petra Tap-Zandkuil, Woerden, The Netherlands</td>
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### Preliminary Programme: 2nd Y-eCCO Working Group – Mouse models & microbiota in IBD
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Interview with the new Education and Scientific Officers and Secretary

At this year’s ECCO Congress in Barcelona, the General Assembly confirmed Filip Baert as Scientific Officer, Gerassimos Mantzaris as Education Officer and Laurent Peyrin-Biroulet as Secretary of ECCO. Over the next 2 years they will jointly supervise the various educational and scientific activities within ECCO and provide the link between the ECCO Committees and the Governing Board. ECCO NEWS has had the chance to ask them about their objectives and wishes for their periods of office.

When asked about his motivation for taking up the position, Gerassimos Mantzaris replies, “I have always been a strong believer that education can lead to a better world. So, in my scientific life I have been working feverishly to ensure equal opportunities in access to high-quality education for medical students, trainees and fellow physicians in my country.” Filip Baert, on the other hand, applied for the position as Scientific Officer “with the ambition of helping to make ECCO even stronger and to consolidate the amazing achievements of the past 10 years.” Filip adds, “I must confess to really appreciating the warm contacts and friendship in the ECCO Family, which helps me to devote ample free time to ECCO.”

Consolidation and evolution
All three new officers have been part of ECCO and its committees for several years and have witnessed the growth and expansion of ECCO, the ECCO Congress and the activities of the ECCO Committees. “Our challenge will be to maintain the spirit of ECCO and the format of the meeting, and to continue to innovate and be creative”, says Laurent Peyrin-Biroulet. Filip agrees, underlining the need to consolidate the growth of ECCO as well as “trying to bring independent academic research”.

Furthermore, Laurent adds, “I envisage my role as Education Officer to help overcome the huge impediments governmental awareness of IBD across Europe, and to help facilitate the production of GuiCom to address important issues such as non-expert physicians’ awareness of how to treat IBD patients, to increase governmental awareness of IBD across Europe, and learning from every IBD centre fulfils our patients’ expectations.” Filip Baert, the new Scientific Officer, agrees and sees a major goal as “improving the quality of care by benchmarking IBD management across Europe and learning from every IBD centre fulfils our patients’ expectations.”

Objectives for the coming years
ECCO Officers hold office for only 2 years, but the goals of our new Officers for their election periods are nonetheless ambitious: “In my opinion the analysis of Big Data will be the next important step in the field of IBD research,” says Laurent. Therefore one important objective will be “to endorse European prospective cohort studies such as I-CARE, which will enable ECCO to analyse a unique network and to facilitate innovative scientific projects addressing important questions via big datasets and independent academic research.”

Furthermore, Laurent wishes to increase the knowledge about ECCO Activities worldwide: “Presenting the ‘Best of ECCO’ during non-European meetings such as the Crohn’s & Colitis Foundation of America (CCFA) and the Asian Organization for Crohn’s and Colitis (AOCO) enables strong links to be forged between ECCO and non-European physicians.” He continues, “Improving the quality of care by benchmarking IBD management for the benefit of patients.”

Filip Baert, the new Scientific Officer, agrees and sees a major goal as “improvement in the quality of IBD patient care throughout Europe and far beyond as a result of stimulating research and education”. He continues, “High on my list of priorities is the UR-CARE database […] We hope to create a powerful tool to perform collaborative research on a wide European scale. Furthermore, we should help as much as possible in starting the first ECCO-endorsed European investigator-initiated studies.”

For Gerassimos the main objective as Education Officer will be “to further expand educational activities in a cost-effective way, and to plan the next steps towards delivery of better educational opportunities for the less advanced countries.” He would also like to use the scientific production of GuiCom to address important issues such as non-expert physicians’ awareness of how to treat IBD patients, to increase governmental awareness of IBD across Europe, and to help overcome the huge impediments that the financial crisis poses for medical education and patient access to health care. He adds, “I envisage my role as Education Officer in ECCO as bridging gaps between individual members, Committees, the Operational Board and the Governing Board, connecting people to achieve the aims of ECCO”.

Laurent Peyrin-Biroulet
Position: Secretary 2015–2018
Nationality: French
Born: July 23, 1974
Current position: Secretary, ECCO Governing Board, ECCO News Editor
Past ECCO positions: ClinCom Member (Feb 2012–Feb 2015)
Who has most influenced your career?
I have had four main mentors, namely Professors M.A. Bigard, J.F. Colombel, W.J. Sandborn and E.V. Loftus. Without meeting these persons, my career would have been totally different and I could never have attained such a position at ECCO.
If you had not become a doctor, what might you have been doing today instead?
I am a big fan of sports and enjoy soccer, tennis, basketball, running and street hockey.

Filip Baert
Position: Scientific Officer 2015–2017
Nationality: Belgium
Born: May 30, 1964
Current position: Scientific Officer, ECCO Governing Board
Past ECCO positions: ClinCom Chair (Jul 2012–Feb 2015)
Who has most influenced your career?
If you had not become a doctor, what might you have been doing today instead?
Steve Hanauer, who trained me as a fellow at the University of Chicago. He passed onto me the passion for clinical IBD and translational research. His charisma and the way in which he treated young patients with serious conditions in a genuine and compassionate way impressed me a lot.

What do you do for recreation and fun?
Sports, mainly jogging and sailing, listening to classical music (opera), nature, looking after an orchard and herb garden, and cooking.
Selective histone deacetylase inhibitors for treatment of Inflammatory Bowel Diseases

**Aim of the research project**

Broad-acting histone deacetylase inhibitors (HDACi), such as valproic acid (VPA), have shown an anti-inflammatory effect in animal models of colitis. Our preliminary data showed that VPA may influence cytokine production, induce hyperacetylation and stimulate pro-apoptotic pathways in intestinal mucosa of patients with Inflammatory Bowel Diseases (IBD). However, specific HDAC isoforms are likely to play different roles in the gut during inflammation and regeneration. Identifying pro-inflammatory HDAC isoforms may permit the use of selective HDAC inhibitors with fewer potential side effects. In addition, understanding the downstream molecular mechanisms which mediate the cell response to HDACi would aid the development of further combined therapies in order to increase target specificity and improve safety. The aims of this research project are: to assess the expression of HDAC isoforms on human intestinal mucosa of IBD patients, to evaluate the effects of selective HDACi in ex vivo culture of intestinal biopsies from IBD patients and to analyse the downstream targets of HDAC inhibitors, in particular microRNAs.

**Methodology**

The analysis of HDAC isoforms will be performed using qPCR on total RNA extracted from intestinal biopsies and immunohistochemistry. Available selective HDACi will be tested in ex vivo culture of colonic biopsies from IBD patients. The cytokine levels in the media will be analysed and complemented by analysis of cytokine gene expression in the biopsies. H3 acetylation will be quantified by immunofluorescence. To investigate whether the effects of selective HDACi are mediated by changes in microRNA expression, an array on treated and untreated biopsies will be performed.

Sphingosine-1-phosphate in IBD: a new bridge between barrier function and intestinal inflammation

**Aim of the research project**

Sphingosine-1-phosphate (SIP), a bioactive metabolite, acts as a critical regulator of many physiological functions by activation of specific receptors. Recently, in vitro studies have highlighted the capacity of SIP to enhance epithelial barrier function, suggesting this pathway as a new potential target for intestinal barrier restoration. However, so far no evidence is available on which receptor is involved or the molecular pathway underlying these effects.

Therefore, the aim of this study will be to identify the receptor involved in controlling epithelial barrier stability and to clarify the underlying mechanisms.

**Methodology**

We intend to: (1) characterise SIPRI-3 expression on primary intestinal epithelial cells isolated from inflamed and non-inflamed mucosa of IBD patients by qRT-PCR, immunofluorescence microscopy and western blot; (2) determine the functional impact of SIPRI-3 signalling on intestinal epithelial barrier function and tight junction integrity; (3) define the in vivo function of SIPRI-3 in both intestinal barrier regulation and IL-6/STAT3/NFκB signalling.
**The ECCO Guideline publication timelines**

**ECCO is dedicated to improving IBD treatment all over the world, and consequently for almost 10 years has been publishing medical guidelines and topical reviews on a wide range of relevant topics in the field of IBD.**

By 2015 ECCO had published 12 guidelines, with three more scheduled for the coming year, these have served as standard references for IBD management in Europe and globally. The guidelines are updated on a regular basis and are available for download on the ECCO Website.

As progress in research continues to raise new topics, in addition to its guidelines, ECCO is publishing "ECCO Topical Reviews", expert reviews reserved for areas with an as yet limited evidence base.

The work on guidelines requires consensus conferences and dedicated organisational work. The CD and UC guidelines, each of which comprises two sections, are subjected to a consensus review every 3 years, allowing the inclusion of new developments in as timely a manner as possible. The remaining guidelines will be subjected to consensus review every 6 years.

Although no new consensus papers are currently being planned, the consistent updating of the current statements and the publication of topical reviews are in themselves time and money consuming. In an attempt to distribute guideline updates evenly over the coming years, including with respect to Congress presentations and publications, GuiCom is working according to a complex project overview timetable (please find a summary version of this overview displayed together with the article) and is envisaging two guideline updates per year (on average).

In addition, there will be two or three topical reviews annually, with open calls for suggestion of topics and participation in the current ones. In this regard, the calls to join the working group for topical reviews on "Environmental factors in IBD" and "Research Gaps in Diet in IBD" have recently been closed with a great number of applicants.

The congress presentations in 2016 will include the presentation of the surgical guidelines, the update of the UC consensus and topical reviews on fibrosis as well as IBD in Elderly, all of which are currently underway.


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**ECCO Guidelines: Current overview**

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**Updates**

- Ulcerative Colitis 2014 2016
- Opportunistic Infections 2012 2014
- Crohn’s Disease 2012 2016
- Reproduction & Pregnancy 2013 2015

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**Increasing impact of the Journal of Crohn’s and Colitis**

The impact factor of the Journal of Crohn’s and Colitis (JCC) 2014 was recently announced at 6.234. This represents a very significant increase on previous JCC impact factors and places the journal eighth in the list of gastroenterology and hepatology journals.

The rise in impact factor is a result of increasing citation of articles published in the Journal. Those citations recognise the fact that articles published in the JCC are of high quality and represent the views and opinions of leaders in the field of IBD. The increase in the impact factor represents a very important milestone for the JCC as we in the editorial team strive to further the mission of ECCO by disseminating innovative and top quality information on the latest research and treatment guidelines for IBD. The rise in impact factor is a clear indication that the JCC is improving its global reach as well as becoming firmly established as the premier journal for European authors wishing to publish their work.

A further important development for the JCC, in addition to the increasing impact factor, is the move to Oxford University Press as publisher of the journal. The editorial team and publisher are fully committed to developing the journal in the best possible way. As a key benefit of ECCO individual membership, we will ensure that the JCC optimally serves the needs of our members and for that reason we are committed to continuous quality improvement.

I expect both the volume and the quality of submissions to the JCC to increase in the coming years, resulting in the publication of more highly influential IBD research articles. We will also continue to publish all ECCO-originated work, including guidelines and consensus papers. In this way, we look forward to providing our readers with the most authoritative information needed to stay abreast of current optimum management of their IBD patients. For our authors, we strive to provide an easy submission interface, fast peer review, fair editorial decisions and speedy publication of attractively set papers. We hope that this focus will enhance the reputation of the JCC as a highly regarded journal in which to publish the best IBD research. It is clear that the success of the JCC is built on the ECCO Community of members, readers, authors, reviewers and staff.

On behalf of the Journal, I thank you for your efforts and I look forward to your continued support in the future.

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**Andreas Sturm**

GuiCom Member

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**Laurence J. Egan**

Editor-in-Chief, JCC

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**Guidelines Committee (GuiCom) | JCC**

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**ECCO NEWS 3/2015**

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**LAUrenCe J. eGAn**

Editor-in-Chief, JCC
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Copyedited by:
Knowledge of the natural history of IBD is very important in order to improve disease management and prognosis. Population-based studies including unselected cohorts of patients are the best approach for assessment of the natural history of the disease.

Two review articles on paediatric-onset IBD, including studies on unselected cohorts only, have been undertaken within the context of the joint EpiCom–EPIMAD initiative. Both papers aimed to perform a rigorous and comprehensive literature search on this topic and to summarise current knowledge of the natural history of IBD in children. A literature search of English and non-English language publications listed in the electronic database of MEDLINE (source PubMed) from 1935 to September 2014 and to March 2015 was performed for population-based studies or national cohorts reporting data on paediatric-onset CD and UC, respectively. The search resulted in 64 articles including data on CD and 26 articles including data on UC childhood-onset disease.

Most children with CD had ileocolonic disease at diagnosis and about one-third of them experienced progression of CD localisation during the disease course. Similarly, up to one-third of CD children with primarily inflammatory behaviour developed bowel complications after follow-up of more than 5 years. In the case of UC, approximately half of the children showed progression in disease extension during the follow-up. A significant proportion of children with CD were diagnosed with growth and/or weight retardation (9%–24% and 10%–57%, respectively).

Interestingly, no impact of period of diagnosis on nutritional status was observed. In contrast to children with CD, those with UC seemed to have no significant growth impairment.

The probability of intestinal resection for CD ranged from 18% to 50% at 5 years after diagnosis and a lower rate of surgery might be observed in newer cohorts. The colectomy rate in UC was reported to be about 15% at 5 years and 20% at 10 years after diagnosis. No change in colectomy rate over time was observed.

A high percentage of children with CD or UC were treated at least once with corticosteroids during the disease course (up to 90%). This was similar across the studies irrespective of the year of diagnosis. In the long-term, up to one-third and one-half of children with CD and UC, respectively, developed corticosteroid dependency.

An increase in use and earlier use of thiopurines in both diseases have been observed during the period under consideration. Furthermore, immunosuppressive therapy has been found to be associated with a decline in surgery rate in CD in some studies. Anti-TNF-α preparations have been increasingly used and up to one-third of children have been exposed to biological therapy in recent studies. The disease-modifying properties of both immunosuppressive drugs and biologicals have yet to be assessed.

Only a few studies have addressed the risk of cancer and mortality in childhood-onset IBD. Nevertheless, it seems that the relative risk of cancer overall and colorectal cancer in particular is increased in both CD and UC as these diagnoses are very rare in this age population. Similarly, the relative risk of dying seems to be increased in children with CD. Mortality risk in UC is less clear. New studies are, however, warranted to assess the impact of immunomodulator (immunosuppressive and biological) mono or combination long-term therapy on cancer and mortality outcome.

References:
1. Review article: The Natural History of Crohn’s Disease in Children: A Review of population based studies.
   Dana Duricova, Mathurin Fumery, Vito Annese, Peter L. Lakan- tos, Laurent Peyrin-Biroulet, Corinne Gower-Rousseau
2. Natural history of pediatric-onset ulcerative colitis in population-based study: a systematic review.
   Mathurin Fumery, Dana Duricova, Corinne Gower-Rousseau, Laurent Peyrin-Biroulet, Peter L. Lakan- tos

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14th IBD Intensive Advanced Course
March 16–17, 2016

The IBD Intensive Advanced Course takes place over 1.5 days on Wednesday, March 16 and Thursday, March 17, 2016 before the start of the main ECCO Congress.

This highly popular course is now in its 14th year and, based on the success of previous courses, will follow a similar format covering the core curriculum by means of a variety of teaching methods including lectures, interactive case discussions and seminars. Active participation of attendees in the discussions is integral to the success of the course and this aspect is facilitated by the relaxed and friendly atmosphere in which attendees from Europe and the rest of the world are encouraged to interact.

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

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

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

We are looking forward to seeing young keen gastroenterologists at the 14th IBD Intensive Advanced Course in Amsterdam in 2016!

Peter Irving
EduCom Member

Dana Duricova © ECCO
Imaging Workshops at the 11th Congress of ECCO in Amsterdam 2016


Imaging techniques such as MRI and transabdominal ultrasound (US) are extremely important for accurate diagnosis and follow-up of patients with Inflammatory Bowel Disease (IBD). They are also required for detection of complications such as fistulas, stenosis or abscesses. The use of imaging techniques in IBD has recently been summarised in imaging guidelines developed by ECCO and ESGAR. In most countries, MRI and US are generally performed by radiologists rather than by gastroenterologists themselves. However, in more and more countries, gastroenterologists regard it as important to perform US themselves as this markedly improves guidance of their patients.

During the last ECCO Congresses in Copenhagen and Barcelona, the ECCO Workshop on Bovial Ultrasonography was held with great success. The practical hands-on workshops had been organised by EduCom in conjunction with colleagues from ESGAR, the European Society for Gastrointestinal and Abdominal Radiology. Each workshop was very well received by all participants. Because of the excellent feedback from participants, ECCO is going to continue with the educational workshop activities in imaging. In addition, at the upcoming workshop in Amsterdam, the activities on endoscopy education will be extended. Two workshops will be offered: the ECCO Endoscopy Workshop on Wednesday afternoon and the ECCO-ESGAR Ultrasound Workshop on Thursday morning, just before the ECCO Congress.

The goal of the Ultrasound Workshop is to introduce IBD specialists with little or no experience in bowel US to this fascinating technique. Participants will learn the indications for bowel US in CD and UC, the course of the examination in real patients, parameters for US in IBD patients, indications for contrast-enhanced US in IBD and much more. Indications for and practical aspects of the use of endo-anal US in peri-anal CD will also be part of the workshop. Teaching will be done with an ultrasound simulator as well as with real IBD patients. At the end of the Ultrasound Workshop, participants will be able to localise and characterise inflammatory activity within the small and large bowel of IBD patients by means of US. The workshop will help to translate ECCO-ESGAR Imaging Guidelines into clinical practice. Next year the imaging workshops will be extended through the addition of an Endoscopy Workshop for GI specialists who already have some experience in endoscopy. Four different sessions will be offered, covering endoscopic activity, surveillance, small bowel endoscopy and endoscopic interventions. After short introductory talks by international experts in this field, case discussions on workstations will enable participants to transfer theoretical knowledge to real cases. Learning objectives of the workshop include: how to write a report, how to assess and describe endoscopic activity in IBD, use of endoscopic activity indices in CD and UC in daily practice, technical aspects of chromoendoscopy, differential use of capsule endoscopy vs. balloon enteroscopy in small bowel CD, interpretation of video capsule images of small bowel CD, and indications for and practical aspects of balloon dilatation of strictures and polypectomy/endoepscopic mucosa resection of adenomas or dysplastic lesions.

Make sure to register in time for these outstanding Imaging Workshops at the ECCO Congress in Amsterdam 2016 as only 50 spaces are available for each course.

We are looking forward to seeing you in Amsterdam in 2016.

TORSTEN KUCHARZIK
EduCom Member

1st School for Clinical Trialists – Inaugural meeting at ECCO’16

March 16, 2016 · Amsterdam, The Netherlands

On behalf of ClinCom and N-ECCO, it is with great pleasure that I introduce you to a new initiative for ECCO, the “School for Clinical Trialists”, which will have its first meeting at the 11th Congress of ECCO in Amsterdam on March 16, 2016.

What is the reason for starting this course?
Since it was founded in 2001, ECCO has been incredibly successful in bringing together people involved in the care of patients with Inflammatory Bowel Disease (IBD), with the aim of improving all aspects of the care of patients with IBD, from international guidelines for practice to education to research and collaboration. One group that has excelled is the nursing group. Nurses of ECCO (N-ECCO). They have created great teaching programmes for new and experienced IBD nurses and enabled tremendous collaboration to share best practice globally. It struck me when I was part of the Clinical Research Committee of ECCO (ClinCom) that a group that needed to be brought into the “ECCO fold” was the IBD research nurses, and the vision is that they in turn can create a great platform for education, collaboration and sharing of best practice.

Setting up clinical research trials requires a different skill set, and staff that join the research teams often come from different backgrounds: some are nurse trained but new to IBD, while some come from scientific backgrounds and act as research coordinators. Becoming part of the IBD team/family can present challenges. If you are an experienced research nurse, but new to IBD, a lot needs to be learned about this specific group of patients and indeed there is a lot to learn with regards to terminology, new disease activity indices etc. I wondered whether setting up a “School for Clinical Trialists” might be the first seed to bring together this group and let it grow and develop with time. Of course, a
of the issues at the “coal face” that challenge research teams.

What will the course involve?
The programme for the 2016 “School for Clinical Trialists” is shown in the first pages of this ECCO News. In particular in this first year, we are aiming to set the scene with a discussion by Vipul Jairath of IBD clinical trial terminology and to explore the process for setting up clinical trials, from assessing feasibility and working with the Research and Development Department to recruiting patients and managing data. I will discuss how to optimise recruitment to clinical trials – what works and, importantly, what does not work. In this first course, we will focus not only on commercial clinical research trials but also on large nationwide studies. We shall look at how best to set up such studies and, with the help of those who have already very ably done such trials, identify what are the learning points, what are the pitfalls and what works well.

Tariq Ahmad from Exeter, UK will discuss these points, what are the pitfalls and what works well. Tariq Ahmad from Exeter, UK will discuss these points, what are the pitfalls and what works well. Tariq Ahmad from Exeter, UK will discuss these points, what are the pitfalls and what works well. Tariq Ahmad from Exeter, UK will discuss these points, what are the pitfalls and what works well. Tariq Ahmad from Exeter, UK will discuss these points, what are the pitfalls and what works well.

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N-ECCO Activities in Amsterdam 2016
March 16-17, 2016 - Amsterdam, The Netherlands

It is with great pleasure that N-ECCO once again offers an outstanding range of clinical and educational opportunities for nurses attending the ECCO16 Congress in Amsterdam, and for the first time a new and exciting “School for Clinical Trialists” is planned. The programmes for each activity are developed from the evaluation forms of the previous year to meet your needs. This year the 7th N-ECCO School will be joined by up to 20 dieticians for the first time. Some changes have been made to the agenda to include the psychological implications of living with IBD, and interactive workshops will be held in the afternoon.

The 10th N-ECCO Network Meeting will once again address a wide variety of subjects, with presentations by expert speakers from several centres across Europe. The theme of the morning session is patient involvement and patient participation; eminent speakers will cover health literacy, shared decision making and patient panels. The mid-morning session continues with topical presentations exploring e-health in IBD. We are building upon the successful and lively debate from the Network Meeting 2015 with a debate entitled, “Is it time to welcome the new buddies? A debate on biosimilars”, which will prove to be very interesting, I am sure!

The 3rd N-ECCO Research Forum, now an established aspect of the N-ECCO Activities, will offer a range of sessions, including workshops covering the use of PICO to frame a research question, top tips on literature searching, how to critique a paper and statistics made easy. We will also be presenting the findings of the research priority survey, which many of you may have participated in. The Research Forum will be of special interest to nurses already undertaking research and to nurses wishing to learn more about research or to perform research themselves. The programme allows a generous amount of time for discussion and networking with experienced research nurses from the United Kingdom, Scandinavia, Norway and outside of Europe.

N-ECCO is excited to be part of a new joint educational initiative with ClinCom that will offer doctors and nurses the opportunity to participate in a “School for Clinical Trialists”. The aim of the morning course is to educate, share good practice and enable collaborative working amongst IBD clinical teams across Europe. The proposed sessions will include how to optimise recruitment and tips and tricks for the clinical research IBD team. Do spread the word to your clinical trial nurses if you are not directly involved in clinical trial research, and encourage them to register online for this course. For further...
information please refer to the previous page, where Ailsa Hart provides an overview of this new initiative.

The complete programmes for the 7th N-ECCO School, 10th N-ECCO Network Meeting, 3rd N-ECCO Research Forum and the new School for Clinical Trialists can be reviewed on the first pages of this issue and are available on the ECCO16 Congress Website (www.ecco-ibd.eu/ecco16).

There are several other workshops which can be attended by nurses, such as the 1st D-ECCO Workshop, the 3rd P-ECCO Educational Course and the 9th Y-ECCO Career Workshop, as well as, of course, the main scientific programme of the ECCO Congress throughout the rest of the week. At the ECCO16 Amsterdam Congress, one N-ECCO Committee Member will be stepping down, Janette Gaarenstroom, current Chair of N-ECCO. Jan has been part of N-ECCO since 2011, helping to build its profile and portfolio of clinical and educational nursing activities, nurturing N-ECCO as it has gone from strength to strength. We would like to thank Jan for her hard work and overwhelming contribution to N-ECCO.

With many forums where up-to-date IBD therapy and research can be explored, Amsterdam is the place to be in March! Amsterdam, the exciting city of canals and bridges, trams, coffee shops and famous museums. We very much look forward to seeing you there for another excellent educational event and an ideal opportunity for networking with colleagues from around the world.

KAREN KEMP
N-ECCO Committee Member

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**Programme for 5th S-ECCO IBD Masterclass 2016**

Next year, on March 17, 2016, the Surgeons of ECCO will celebrate their 5th S-ECCO IBD Masterclass during the 11th Congress of ECCO in Amsterdam.

Traditionally the Masterclass involves a full day of multidisciplinary talks, tandems and minibattles held by a well-established faculty of IBD surgeons and gastroenterologists. The title of this year’s Masterclass, “No man’s land in IBD,” refers to the emphasis on cutting-edge minibattles dealing with controversial topics.

Apart from this core theme, surgical techniques will be displayed by the experts and unpublished results of nearly or recently finished trials will be presented. Importantly, during and around this Masterclass there will be ample opportunity to meet worldwide experts in IBD surgery and gastroenterology. So the ingredients are there to extend the great success that the S-ECCO IBD Masterclass has enjoyed over recent years.

This year the Masterclass is scheduled in a very timely way, in parallel to the more basic afternoon sessions of the ECCO core programme. This will enable surgeons, gastroenterologists, dieticians and nurses to enjoy this exciting S-ECCO IBD Masterclass.

On behalf of the Surgeons of ECCO, I gladly invite all who are interested in management of the IBD patient to my home town of Amsterdam to attend the 5th S-ECCO IBD Masterclass.

WILLEM BEMELMAN
S-ECCO Chair

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**Creation of an IBD dieticians´ network**

**Why is it important and what are the difficulties?**

Diet and nutrition are central to the aetiology and management of IBD. Nutrition can be therapeutic in some cases and is at least supportive in others. Similar to their medical colleagues, dieticians are becoming more specialised in treating patients with GI diseases and have developed specialist skills in the management of certain conditions such as IBD. Dieticians are considered integral to a multidisciplinary IBD team in some countries; however, there is inequality in access to dieticians across Europe as a whole. Indeed, some countries do not have clinical dieticians at all. It is our plan to identify where the gaps in service are and to educate IBD teams across Europe on the importance of having an IBD dietician to provide dietician-led nutritional assessment and dietetic intervention.

**D-ECCO WG mission**

The main objective of the D-ECCO WG is to increase awareness about the role of diet and nutrition in IBD. The D-ECCO WG will be dedicated to education, training, research and guidelines for individuals involved in the role of diet in IBD.

**D-ECCO WG objectives for developing a dieticians’ network**

1. D-ECCO WG has developed an educational programme for the 11th Congress of ECCO in 2016 for dieticians, other health professionals and scientists with a strong interest in nutritional assessment and dietary management of IBD.

2. In collaboration with N-ECCO, we are delighted that 20 dieticians from across Europe are able to apply for the N-ECCO School at the 11th Congress of ECCO in 2016.

3. D-ECCO WG has set up a nutrition/diet-related forum to exchange knowledge and expertise and to develop new and strengthen existing networks.

**D-ECCO WG needs your help to promote D-ECCO WG objectives**

The 1st D-ECCO Workshop is an inaugural event that provides an unmissable opportunity to reach and educate dieticians from across Europe. It is likely that many dieticians are unaware of ECCO, and especially of a diet/nutrition-related Workshop. Furthermore, without their involvement, the development of a dieticians’ network is not possible. Therefore it is crucial to promote D-ECCO WG objectives.

D-ECCO WG plans to contact every European national dietetic organisation and to inform...
Mucosal Healing – The Role of the Pathologist

Histological remission in either Ulcerative Colitis (UC) or Crohn’s Disease (CD) is currently not considered a clinical target; rather, clinical, laboratory and especially endoscopic data are thought to be sufficient to enable clinicians to evaluate so-called mucosal healing.

As H-ECCO WG members, we feel that complete histological healing should be the ultimate indicator of the effectiveness of a given therapeutic approach, and in this setting we also believe that histological assessment in daily practice should be kept as simple as possible in order to ensure the widest possible common language among pathologists and to increase reproducibility. However, the reality of daily routine is in fact still quite unsatisfactory: although several scoring systems are available in the relevant literature, these are not usually utilised in routine histological work due to their subjectivity and complexity. There is a need for a standardised histological scoring system for IBD which is both reliable and reproducible. One of the most important issues is the absence of a validated method of histopathological evaluation of the colonic mucosa, with resultant inappropriate use of terms such as “resolving IBD” or “quiescent IBD” as indicative of mucosal healing in IBD.

In this context it is to be emphasised that the histological treatment target for UC or CD is induction of the absence of neutrophils (both in the crypts and in the lamina propria); this target is absolutely sharable, since the presence of neutrophils in the lamina propria and the crypts, with consequent development of crypt abscesses, is an actual marker of disease activity. This also holds true in other inflammatory diseases of the gastrointestinal tract, for example, in the stomach the presence of neutrophils in the crypts is a morphological sign of active gastritis. Moreover, the presence of basal plasma cells at histological evaluation of the colonic mucosa with morphological features suggestive for IBD has a high predictive value for the first diagnosis of IBD and is considered an important marker, especially for the differential diagnosis from other forms of colitis. Thus, we feel that the hypothesised requirement of absence or reduction of basal plasma cells in the so-called mucosal healing of IBD is contradictory, because the presence of basal plasma cells also in this phase of the disease is a sign of pre-existent IBD. Eosinophils, another member of the “inflammatory group”, like basal plasma cells, are present in varying frequencies in both active and quiescent colitis and for this reason it is impossible to consider these cells as an indicator of disease activity or quiescence. So, what are the basic elements that every pathologist in the world should report when assessing mucosal healing? We feel that some simple descriptive features, such as epithelial cell damage (cryptitis, crypt abscesses, erosions, ulcers, granulation tissue) and the presence of neutrophils in the lamina propria can be assessed everywhere and by anyone. In particular we wish to briefly highlight the following points, which can aid pathologists in their routine practice:

A) In addition to the availability of exhaustive clinical and endoscopic data, there is a need for an appropriate methodological approach in the evaluation of colonic biopsies. An adequate number of correctly oriented biopsies is of paramount importance, as highlighted in the ECCO ESP statement: “ECCO Statement 4A: For a reliable diagnosis of ulcerative colitis multiple biopsies from five sites around the colon (including the rectum) and the ileum should be obtained. Multiple implies a minimum of two samples [EL1b, R G8].”

B) ECCO Statement 4B: “Biopsies should be accompanied by clinical information including the age of the patient, duration of disease and duration and type of treatment [EL1b, R G8]. Biopsies from different regions should be handled in such a way that the region of origin can be identified [EL1c RGA]. This can be done by using different containers, multiwell cassettes, or an acetate strip [ELS, RG D]. All tissue samples should be fixed immediately by immersion in buffered formalin or an equivalent solution prior to transport. It is recommended that multiple sections from each sample are examined [ELS, R G D].” Journal of Crohn’s & Colitis 2008;2:1-23.

C) Histologically, the presence or absence of neutrophils should be considered as the hallmark for differentiation between the active and the quiescent (resolving) phase of the disease, as an expression of the efficacy of the therapy (histological mucosal healing).

D) To achieve higher inter-observer agreement among pathologists it is necessary to simplify any form of morphological score in the evaluation of mucosal healing in IBD.

In conclusion, we are convinced that in the near future “histological mucosal healing” will be considered as a target for therapy in IBD and an important endpoint of remission that must be achieved together with improvements in clinical, laboratory and endoscopic parameters. This goal will be the subject of educational projects and collaborative studies involving both ECCO Members and non-members.
Workshop
Communication and System Relevance in Liver Damage and Regeneration
Düsseldorf, Germany
January 21 – 22, 2016

Symposium 201
Gut-Liver Interactions: From IBD to NASH
Innsbruck, Austria
March 11 – 12, 2016

Symposium 202
Evolving Therapies in Clinical Practice in IBD
Prague, Czech Republic
April 29 – 30, 2016

Symposium 203
XXIV International Bile Acid Meeting: Bile Acids in Health and Disease
Düsseldorf, Germany
June 17 – 18, 2016

Symposium 204
Clinical Hepatology Practice in 2016: From Science to Therapy
Birmingham, Great Britain
September 2 – 3, 2016

Symposium 205
New Treatment Targets in Gut and Liver Diseases
Lucerne, Switzerland
October 21 – 22, 2016

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The recently published guidelines of the European Society of Paediatric Gastroenterology, Hepatology and Nutrition (ESPGHAN-revised Porto criteria) recommend that imaging of the small bowel (SB) is performed in all patients with suspected IBD, claiming that an accurate diagnosis of IBD should be based on a combination of history, physical and laboratory examination, upper and lower endoscopy with histology and SB imaging [1]. SB involvement is detected in almost two-thirds of paediatric patients and can be the sole disease location in up to 30% of cases [2]. SB disease has a great impact on growth and pubertal development and seems to be associated with a more aggressive and complicated course. Traditionally, barium small-bowel follow-through (SBFT) has been the gold standard in IBD patients for evaluation of those SB areas not routinely accessible with standard endoscopy. However, in the last two decades there have been many advances in the field of intestinal imaging, thanks to the implementation of new cross-sectional imaging modalities, such as computed tomography (CT), magnetic resonance (MR) and ultrasonography (US), that are able to detect both mural and peri-enteric involvement, particularly in Crohn’s Disease (CD). The rapidly growing use of imaging has given rise to concerns regarding the potential risk of an excessive cumulative level of radiation exposure in IBD patients, especially when the disease begins in childhood. Compared with adults, children have more biologically active tissues and tend to be more vulnerable to ionising radiation and genomic damage; furthermore, children have a longer life expectancy after exposure, which can promote malignancy [3]. Thus, in the last few years increased interest has focussed on the use of radiation-free imaging techniques, such as MR and US. A recent systematic review by Panes et al. reported that CT, MR and US have a high and comparable diagnostic accuracy for the diagnosis of CD, MR and US have the added value of being radiation-free [4]. CT has many advantages, such as a rapid acquisition time, widespread availability and high spatial resolution; however, it exposes the patient to a considerable amount of ionising radiation and can hardly be considered acceptable for monitoring of long-term disease progression. According to the recent ECCO-ESGAR [5] and ESPGHAN guidelines [1], MR currently should be considered the modality of choice in both adults and children with CD. Due to its multiplanar imaging capability and high contrast resolution, MR permits comprehensive evaluation of CD, allowing identification of disease site and length, assessment of disease activity and detection of complications such as abscesses, fistulae and strictures. Furthermore, its diagnostic potential will continue to increase in the coming years thanks to continuous innovation and development of new techniques such as diffusion-weighted imaging. However, MR has some disadvantages: it has high costs and limited availability, it requires excellent patient compliance and a considerable amount of oral contrast is needed to adequately distend the intestinal lumen.

Bowel US is an evolving and promising imaging modality in IBD, with a number of potential applications. The improvements in US equipment as well as the use of oral and intravenous contrast medium have overcome some of the previously existing obstacles in bowel sonography, thereby increasing the enthusiasm for intestinal US evaluation. The latter technique has many advantages: it is widely available, non-invasive, radiation-free, low cost and generally well tolerated. Thus, it may be considered a valuable tool for the initial diagnostic work-up and the follow-up of paediatric IBD [1,4]. Some studies have demonstrated that the use of a small amount of an oral contrast solution (polyethylene glycol) [small intestine contrast ultrasonography (SICUS)] increases the overall sensitivity of US in detecting CD lesions, particularly jejunal lesions, and in identifying strictures [1]. SICUS might therefore be a valuable tool in paediatric CD, in which proximal SB involvement commonly occurs. In recent years, cross-sectional imaging modalities have gained a new task in CD, namely evaluating progress towards attainment of the therapeutic goal of transmural healing. As in other inflammatory conditions such as rheumatoid arthritis, the concept of treatment beyond symptoms, with the objective of preventing disease progression, delaying structural bowel damage and improving long-term sequelae, has been introduced in CD. Cross-sectional imaging is essential to monitor the progress of disease and the development of complications. Interestingly, the recently proposed Lémann score aims to quantify the accumulation of bowel damage over time; however, its clinical application in children has still not been settled [6].

The revised Porto criteria for the diagnosis of IBD in children and adolescents recommend the performance of SB imaging in all suspected cases of IBD at diagnosis, with the exception of typical Ulcerative Colitis (UC) already diagnosed by endoscopy and histology. However, imaging is of great value in patients with atypical UC and unclassified IBD. In these scenarios, MR, besides its ability to assess SB, is a promising imaging modality for the study of the colon [7], although to obtain high-quality studies both lumen preparation and distension are required, often causing significant discomfort for patients. Emerging data have also shown that US may be useful for evaluating the colon in UC. US has been shown to be accurate in assessing disease extent and activity, with a particular role in the setting of severe disease, when a complete colonoscopy should not be performed due to the risk of procedure-related complications [8]. Moreover, it doesn’t need specific bowel preparation or colonic distension and is generally very well tolerated by patients. However, further studies are still needed to confirm the real practicality and value of both MR and US for studying the colon in UC.

In conclusion, the recent advances in imaging techniques will open new horizons and new potential applications, promoting imaging as an increasingly important step in the comprehensive evaluation of IBD patients.

References:


FORTUNATA CIVITELLI, SALVATORE CUCCHIARA
Department of Paediatrics, Paediatric Gastroenterology & Liver Unit Sapienza University of Rome, Italy
Dear Y-ECCO Friends,

As always, I would like to end with an expression of gratitude. My chairship has almost come to an end, and I can only say that it has been a real privilege to chair such an active and motivated group as Y-ECCO. Thank you so much! See you all soon,

Yours sincerely,

Y-ECCO Chair

Nuha Yassin interviews Oded Zmora

First of all, thank you for agreeing to be our first surgeon to be interviewed for the Y-ECCO Interview Corner. Could you kindly tell us about your background and current position?

I was born in May 1962. I graduated from the Hebrew University Hadassah Medical Center in Jerusalem and did a residency in general surgery at the Sheba Medical Center in Tel Aviv, Israel. During my residency I did one year as a senior resident at the Mount Sinai Medical Center in New York, USA, as part of an exchange program between the Sheba and Mount Sinai Medical Centers. Following my residency, I did a year of clinical fellowship in colorectal surgery at the Cleveland Clinic Florida, USA, followed by an additional year of research fellowship. Since the completion of my fellowship I have served as an attending colorectal surgeon at the Sheba Medical Center in Tel Aviv. Currently I am an associate professor at Tel Aviv University School of Medicine, the Director of Colorectal Surgery and Vice Chair of the Department of Surgery.

What made you choose GI surgery as a specialty?

During my one-year rotation at the Mount Sinai Medical Center I was exposed to a large volume of complex colorectal surgery, and specifically surgery for the care of patients with IBD, and felt that this is the field in which I can express myself in the best way.

Why did you choose IBD surgery amongst the colorectal areas of subspecialisation?

In my eyes, surgical care of patients with IBD is an art. These patients are usually young, active and very knowledgeable, and the disease significantly compromises their quality of life. Surgery for IBD requires sound surgical judgment in preparation for surgery, during the surgical procedure and at the postoperative recovery. Seeing these patients enjoying their remission after surgery is most rewarding. In addition, the multidisciplinary approach to the care of these patients and the close collaboration with other specialists in the field further contributes to the art of this subspecialty.

How has your journey been with regard to training in IBD surgery?

My journey in IBD included training in two of the top programmes in colorectal surgery, where I had the pleasure of learning from several leading surgeons with great experience in the care of patients with IBD. I would specifically mention Joel Bauer from the Mount Sinai Medical Center and Steve Wexner from the Cleveland Clinic Florida, who are still my mentors in the field of colorectal surgery.
In your view what makes a good IBD surgeon and how do you think we should look after our patients?

IBD surgeons need to be compassionate. They must have good communication skills both with the patient and with colleagues, and must also have sound surgical judgement to take the best possible decisions for patients.

What's your advice to aspiring IBD surgeons with regard to training and gaining experience and what's your view on fellowships?

Based on my own experience, specific training in colorectal surgery, preferably in well-established programmes such as fellowships, is of great importance, and significantly improves patient care. In addition, I think that having a professional mentor is of great value. I still use my mentors whenever in doubt, and hope that I serve as a mentor for younger colorectal surgeons.

What were your roles within ECCO and what's your current role?

I have served as an S-ECCO Committee Member for the past 2 years, and hope to continue and serve as the S-ECCO Committee Chair for an additional 2 years. In addition, I have participated in all the S-ECCO Masterclasses since the second one.

Do you think trainee surgeons should join Y-ECCO/ECCO and, if so, what are the benefits?

I think that trainees who wish to specialise in IBD surgery can both gain huge benefit and have significant impact by participating in the ECCO Activities: they should become active members and enrol in the masterclasses prepared by the various sub-committees. Active participation in ECCO and Y-ECCO Activities does improve scientific knowledge and generates personal relations that may help in guiding career decisions during training.

What's your advice for Y-ECCO Members in order to enhance their experience?

I think that young ECCO Members should adopt the multidisciplinary approach to the care of IBD patients. Collaboration between gastroenterologists, colorectal surgeons and other professions in the care of patients with IBD is of great value both for patient care and for the caregivers.

Any final words of wisdom?

Think multidisciplinary. The joint effort of those who take care of patients with IBD will win.

Thank you, Dr Zmora. In closing, we would like to stress the importance of multidisciplinary interactions and would thus like to ask all Y-ECCO Members to let us know if they have any specific questions or would like to propose a particular person they would like us to interview for our upcoming ECCO News issues. We look forward to receiving your contributions!

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Y-ECCO Literature review

Dear (Y)-ECCO Members,

The Y-ECCO Literature reviews are a well-received part of ECCO News, and we are happy to continue with them. 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 only thing you need to do is 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 Y-ECCO Literature review or if you have any questions, please contact Isabelle (isabelle.cleynen@med.kuleuven.be).

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Y-ECCO Interview Corner

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Proteolytic cleavage and loss of function of biologic agents that neutralize tumor necrosis factor in the mucosa of patients with Inflammatory Bowel Disease


Introduction

Anti-TNF-α therapy has been a milestone in the treatment of Inflammatory Bowel Disease (IBD). Nevertheless, up to 40% of IBD patients do not respond to these agents. Different TNF-α neutralising agents vary in their effectiveness in IBD treatment, and etanercept (ETA) is to be negatively highlighted because it seems not to be effective at all [1]. Secondary treatment failure occurs in 23%–46% of primary infliximab (IFX) responders [2,3]. While the mechanisms involved in secondary loss of response have been the subject of ongoing investigations, the causes of primary non-response in IBD patients remain mostly unknown [4,5]. This original article by Blancheri et al suggests a novel mechanism which may contribute to primary treatment failure of anti-TNF-α in IBD. The authors investigate the effect of matrix metalloproteinases (MMP) 3, 9 and 12, which have previously been found to be up-regulated in the inflamed mucosa of IBD patients on IFX, adalimumab (ADA) and ETA. Additionally, the proteolytic activity of homogenised mucosa of IBD patients on TNF-α-neutralising agents was tested to gain information on their local bioavailability.

Key findings

In a first step, the effects of MMP3, 9 and 12 on IFX, ADA and ETA integrity were tested in vitro by analysing the resulting cleaving pattern with immunostaining. Two of the three tested proteases, MMP3 and MMP12, were able to cleave IFX, ADA and ETA in a dose-dependent manner. The remaining intact drug concentration was determined via densitometry and proved to be significantly lower for ETA than for ADA and IFX. MMP9 did not affect the integrity of any anti-TNF agent evaluated. The TNF-α neutralising capacity of IFX, ADA and ETA was analysed by applying a pharmacokinetic assay with an NF-kB-driven luciferase construct. Only ETA lost the ability to neutralise TNF-α after incubation with either MMP3 or MMP12. Secondly, IFX, ADA or ETA was incubated with mucosal homogenates of colonic biopsies from patients with active Crohn’s Disease (CD) or Ulcerative Colitis (UC) or healthy controls (n=8 in each group). In line with previous data from the group [6], protein homogenates of IBD patients contained significantly higher concentrations of MMPs compared to healthy controls. Protein homogenates from IBD patients, but not from healthy controls, digested ETA completely, while IFX and ADA were only partially cleaved, with remaining TNF-α neutralising activity in the Fab fragments. Accordingly, ETA was not able to neutralise TNF-α after incubation with mucosal homogenates of IBD patients, whereas the neutralising activity of IFX and ADA could be decreased but not abolished by homogenates. Neither MMP3 nor MMP12 alone could affect IFX or ADA activity.

Subsequently, the impact of one broad-spectrum (Marimastat) and one selective MMP3/MMP12 inhibitor (UK730106) on proteolytic cleavage of TNF-α neutralising agents was examined. Both inhibitors were able to restore the TNF-α neutralisation capacity of IFX, ADA and ETA in patients’ homogenates, Marimastat more potently than UK730106. In contrast, UK730106 restored the function of ETA after incubation with MMP3 and MMP12 in a dose-dependent manner, while the broad-spectrum inhibitor was not able to inhibit the effect of MMP12. Since MMPs also clip IgG in vivo, by cleaving it specifically at the hinge, the study tried to quantify clipped endogenous IgGs and clipped IFX inpatients’ sera with active disease (n=28 CD and 33 UC). Already prior to anti-TNF treatment, the percentage of clipped IgGs was higher in IBD patients than in healthy controls. In patients responding to treatment, the percentage of clipped IgGs was significantly lower than in non-responders. The clipped form of IFX could not be detected at all. Since clipped IgG can be recognised as neo-epitope, the potentially resulting anti-hinge auto-antibodies were measured [7,8]. Higher levels of these auto-antibodies were detected in CD patients compared to healthy controls. Non-responders to anti-TNF-α therapy had significantly higher antibody levels than responding IBD patients.

Conclusion

This study suggests a novel mechanism which might explain the primary non-response to anti-TNF therapy in a subgroup of IBD patients and in addition provides an explanation of why IBD patients do not respond to ETA. MMP concentrations are increased in inflamed mucosa of IBD patients and have previously been described to clip IgGs, suggesting that not only the host’s IgG but also therapeutically administered IgG, here IFX, ADA and the particular construct ETA, might be clipped and consequently be reduced in their therapeutic capacity. As mentioned above, the present study reveals two critical pieces of information: 1) ETA, a dimeric p75 TNF receptor-IgG Fc fusion protein, substantially loses its TNF neutralising ability after cleavage from the IgG tail. The authors discuss the limitation of this model: namely, ETA is effective in rheumatoid arthritis, where at least MMP3 has been shown to be elevated as well [9]. In addition, the authors draw a parallel to the recent failure of the CTLA-4-IgG fusion protein abatacept in IBD, and suggest that there might be an inherent problem with Fc receptor fusion proteins at protease-rich sites of inflammation [10]. Thus differences in the composition and concentration most likely explain the lack of efficacy of ETA in CD. 2) IFX and ADA were only partially cleaved by the mucosal protein homogenates, with remaining ETA neutralising activity in the Fab fragments. In addition, none of the tested MMPs alone could impair IFX or ADA, indicating that the role of specific proteases and hence a promising therapeutic target is still elusive. While the up-regulation of proteases in inflamed tissue may explain a reduced efficacy of IFX and ADA in patient subgroups, it does not entirely explain a primary non-response to IFX or ADA. Here the last part of this study provides additional insight. Besides proteolytic degradation, the authors hypothesise that clipped antibodies may further act as neo-epitopes for anti-hinge antibodies to...
address this question, the authors compared clipped endogenous IgG prior to treatment and anti-hinge auto-antibodies after IFX or ADA induction in the serum of patients. In fact, non-responders showed higher levels of clipped endogenous IgG prior to treatment and higher anti-hinge auto-antibodies afterwards. This measurement of clipped IgG as local MMP activity might serve as a biomarker to predict individual response to therapy.

Testing of clinical application of MMP inhibitors in IBD treatment is currently ongoing, based on functional and characterising data revealing their pro-inflammatory function [6]. This study by Biancheri and colleagues adds further evidence in support of this strategy by suggesting that a combination therapy of a MMP inhibitor and TNF-α antibody may serve to overcome primary or secondary loss of response. The conclusions drawn in vitro as well as ex vivo data, therefore further in vivo studies are needed to test these intriguing findings and transfer them from bench to bedside.

References
ECCO Country Member Profiles

Identity card
• Country: Austria
• Name of group: Working Party on Inflammatory Bowel Diseases (Working Party IBD, Arbeitsgruppe CED) of the Austrian Society of Gastroenterology and Hepatology (ÖGGH)
• Number of active members: ECCO: 52, ÖGGH: 1117
• Number of meetings per year: Three annual regular meetings; several regional meetings
• Name of president: Christoph Högenauer (Leader of the Working Party IBD), Michael Trauner (President of ÖGGH), Harald Hofer (Secretary of ÖGGH)
• National Representatives: First Austrian National Representative: Christoph Högenauer, Second Austrian National Representative: Gottfried Novacek
• Joined ECCO in: 2001

Identity card
• Country: Serbia
• Name of group: Serbian Inflammatory Bowel Disease Association - SIBDA
• Number of active members: 40
• Number of meetings per year: 4-5
• Name of president and secretary: Dino Tarabar (President), Aleksandra Sokc-Milutinovic (Secretary)
• National Representatives: Dino Tarabar, Marijana Protic
• Joined ECCO in: 2005

Identity card
• Country: Sweden
• Name of group: SOIBD – The Swedish Organisation for the study of Inflammatory Bowel Diseases, SOIBD, is a Swedish association for physicians and others with an active interest in Inflammatory Bowl Disease (IBD) research. The main purpose of SOIBD is to perform research and studies in order to increase knowledge in IBD.
• Number of active members: Currently there are 45 members, comprising gastroenterologists, paediatric gastroenterologists, colorectal surgeons and immunologists. The steering committee of SOIBD consists of four persons. SOIBD is divided into four working groups: the pathophysiology group, the treatment group, the microscopic colitis group and the colorectal surgery group. All members of SOIBD are also individual members of ECCO.
• Number of meetings per year: There are two meetings yearly. At each meeting one of the four sections is responsible for the programme. Invited lecturers with specialised knowledge in IBD present and discuss their present research. Other items at the meetings are reports from the working groups, presentation of new members and discussion of new research projects. The National Representatives of ECCO present news from ECCO.
• Name of president and secretary: Olof Grip (President), Francesca Bresso (Secretary)
• National Representatives: Hans Strid, Leif Torkvist
• Joined ECCO in: 2004
• Incidence of IBD in the country (if available): Ulcerative Colitis – 20/100,000/year (Sjöberg et al, Journal of Crohn’s & Colitis 2013), Crohn’s Disease – 9.9/100,000/year (Sjöberg et al, Journal of Crohn’s & Colitis 2014)
**Questionnaire – AUSTRIA**

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

An increasing number of gastroenterologists attend the regular meetings of the Austrian Working Party on IBD and also the ECCO Congress. In general, knowledge on the management of IBD is improving among physicians treating these patients. In addition, there is an increasing number of nurses specialised in the management of IBD patients. An Austrian IBD research study group has been founded in 2014.

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

The possibility of exchange with IBD experts from other countries. The chance for young colleagues to gain knowledge by attending the ECCO IBD Intensive Advanced Course and the ECCO Workshops.

**Is your society making use of the ECCO Guidelines?**

Yes, the ECCO Guidelines are a template for national guidelines and recommendations.

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

Yes, there is scientific collaboration with the German IBD study group (GISG).

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

The main areas of research interest of the Austrian Working Party on IBD are the use of ultrasound in the evaluation of treatment response in IBD, the use of complementary and alternative medicine in patients with IBD, the role of the microbiome in IBD and faecal microbiota transplantation for the treatment of therapy-refractory IBD.

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

Not so far. A common IBD database is currently at the stage of implementation. Some centres are running a database based on IBDIS.

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

Consensus meetings and reports on faecal microbiota transplantation, vedolizumab, biosimilars, nutrition in IBD, colorectal cancer screening and surveillance in IBD, national awareness campaigns, Austrian research projects (see above).

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

ECCO Guidelines

**What are your aims for the future?**

Increasing the activities of the Austrian IBD research study group. Development of a specific training programme for IBD nurses. Increasing awareness among politicians and health care providers of the necessity of specialist modern facilities for the treatment of IBD patients.

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

Facilitating collaboration with IBD working parties of other countries.

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

ECCO Congress, ECCO Guidelines, the ECCO IBD Intensive Advanced Course and the ECCO Workshops. Use of the ECCO Network to interact and collaborate with colleagues in Europe.

**CHRISTOPH HÖGENAUER AND GOTTFRID NOVACEK**
National Representatives, Austria

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**Questionnaire – SERBIA**

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

The accession to ECCO Membership meant that our society had become part of the European ECCO Family. This enabled us to further develop our professional communication with colleagues across the continent. At the same time we started to apply ECCO Standards in the treatment of IBD, which has shown very positive results during the last decade.

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

The chief benefit has been that the Serbian IBD community has been offered the opportunity to exchange knowledge and experience with our European counterparts.

**Is your society making use of the ECCO Guidelines?**

Yes, on an everyday basis! Recently, the latest versions of ECCO Guidelines were translated to Serbian, making them more accessible for gastroenterologists and physicians across the country.

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

Yes, we have very good relations regionally (Slovenian, Croatian and Bosnian IBD societies). We also have joint projects with the Swiss IBD Cohort Study Group and great support and help from IBD colleagues from Israel. We are especially proud of the sincere friendship and tremendous encouragement from Simon Travis and the Oxford group.

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

Yes, we have participated in various projects with the Oxford group, in an ECCO Project on the prevalence of C. difficile infections among IBD patients and in sequential rescue treatment projects (TOROS trial) with the Swiss IBD Cohort Study Group.

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

The ECCO Workshop was organised in Belgrade at the end of 2009. We are preparing a big IBD session for the upcoming 3rd Serbian Congress of Gastroenterologists. We are very proud to say that we will host many IBD colleagues from the region and very distinguished lecturers from France and the United States.

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

Unfortunately, not yet. But implementation of the ECCO fellow exchange programme is one of the major goals for the future.
Educational Workshop in Gothenburg. We plan for education and 2 years ago we held an ECCO with ECCO. We also now have a broader network research groups in Europe that are connected. What are the benefits to you of being an ECCO IBD Intensive Advanced Course and colleagues to gain knowledge by attending. The possibility of exchange with IBD experts. What are your aims for the future? We plan to continue to synchronise our medical practice in the diagnosis and treatment of IBD with the highest European standards, to broaden and improve our medical research in the field and to foster the exchange of experts and medical staff. We consider ECCO to be the major vehicle in achieving these goals.

What has changed since your society became an ECCO Country Member? During recent years the working groups of SOIBD have become more active by starting up International studies. The network of ECCO has been vital in leading to the initiation of collaborative international studies.

What are the benefits to you of being an ECCO Country Member? The possibility of exchange with IBD experts from other countries. The chance for young colleagues to gain knowledge by attending the ECCO IBD Intensive Advanced Course and the ECCO Workshops.

What are your main areas of research interest? Currently, we are participating in a multicentre study (with IBD groups from Israel, Greece etc.) on the comparative efficacy of combination mesalamine-steroid therapy and isolated steroids in moderate to severe UC. We are also continuing our projects with colleagues from the Swiss IBD Cohort Study Group, analysing the potential association between adipokines and increasing weight in CD patients on biologic treatments. Currently, we are preparing to start a big national project concerning the prevalence (and incidence) of tuberculosis among Serbian IBD patients on anti-TNF therapies.

Does your centre or country have a common IBD database or bio bank? We have previously created a national IBD register, although we are facing many problems in implementing this register across Serbia. As of yet we do not have a bio bank.

What are your most prestigious/interesting past and ongoing projects? Ongoing: Long-term follow-up of UC patients in the TOROS trial. Past: Studies on (a) the pattern and outcome of UC and the long-term outcome of ASUC (with the Oxford group), (b) the prevalence and clinical impact of endoscopic pseudomembranes in patients with IBD and C. difficile infection (ECCO) and (c) the prevalence of CARD 15 polymorphisms in the Serbian population (national project).

What are your aims for the future? We need help and support in implementation of a fellow exchange programme as well as in the development of clinical and basic research projects.

What do you use ECCO for? Network? How do you use the things/services that ECCO has to offer? Serbian IBD doctors look forward to attending and participating in the ECCO Congress and IBD Advanced Course every year. These two events have been crucial for the development of Serbian IBD specialists and our association, as has involvement in the ECCO, Y-ECCO and N-ECCO Networks. On the other hand, we, as the Serbian IBD community, should perhaps show a little more initiative and enthusiasm for participation in the many projects that ECCO offers.

How do you use ECCO for? Network? How do you use the things/services that ECCO has to offer? We use ECCO for the ECCO Congress, Workshops, Network, and Guidelines as well as for educational purposes.

What are your main areas of research interest? We use ECCO for the ECCO Congress, Workshops, Network, and Guidelines as well as for educational purposes.

What has changed since your society became an ECCO Country Member? During recent years the working groups of SOIBD have become more active by starting up different research projects, both national and international. The network of ECCO has been vital in leading to the initiation of collaborative international studies.

What are the benefits to you of being an ECCO Country Member? The possibility of exchange with IBD experts from other countries. The chance for young colleagues to gain knowledge by attending the ECCO IBD Intensive Advanced Course and the ECCO Workshops.

What are your aims for the future? Sweden applied for the ECCO Congress for 2015 and 2016 and we are now trying to get the Congress to Sweden and Gothenburg in the future. We also aim to apply for a second ECCO Educational Workshop in the near future in order to further implement the ECCO Guidelines.

How do you see ECCO helping you to fulfil these aims? The ECCO Organisation is very broad and is a great platform for research, education and networking for patients and all members of the IBD team.

What do you use ECCO for? Network? How do you use the things/services that ECCO has to offer? We use ECCO for the ECCO Congress, Workshops, Network, and Guidelines as well as for educational purposes.
### ECCO National Representatives 2015

**Austria**  
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### ECCO News 3/2015

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11th Congress of ECCO
March 16-19, 2016

• Amsterdam RAI, The Netherlands
• EACCME applied
• Register at www.ecco-ibd.eu/ecco16

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