European
Crohn's and Colitis
Organisation

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ECCO News AUTUMN

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European
Crohn's and Colitis
Organisation

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

- Reduced Congress fee
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- 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?

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

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

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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!

SÉVERINE VERMEIRE
ECCO President

Séverine Vermeire © ECCO

European
Crohn's and Colitis
Organisation

Announcement
2017

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

Key dates

August 19, 2015	Opening of abstract submission
December 1, 2015	Deadline for early registration
December 1, 2015	Deadline for abstract submission (midnight, CET)
December 23, 2015	Notification of abstract acceptance/rejection
March 1, 2016	Deadline for late registration (after that date onsite registration only)
March 16-19, 2016	11th Congress of ECCO, Amsterdam, The Netherlands.

Scientific Programme at ECCO'16

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

	10:45 - 11:15	Top tips for chairs (closed session) Laurence Egan, Galway, Ireland
11:30 - 12:30	Industry sponsored satellite symposia 1a & 1b	
12:45 - 12:50	Welcome Janneke van der Woude, Rotterdam, The Netherlands Bas Oldenburg, Utrecht, The Netherlands	
12:50 - 13:00	Opening Séverine Vermeire, Leuven, Belgium	
13:00 - 14:30	Scientific session 1: Cell therapy: Ready for clinical practice? Pierre Desreumaux, Lille, France Dominik Bettenworth Munster, Germany	
	13:00-13:20	Haematopoietic stem cell transplantation Azucena Salas, Barcelona, Spain Elena Ricart, Barcelona, Spain
	13:20-13:30	Oral presentation 1
	13:30-13:50	Immune cell manipulation Graham Lord, London, United Kingdom Matthieu Allez, Paris, France
	13:50-14:00	Oral presentation 2
	14:00-14:10	Oral presentation 3
	14:10-14:30	Mesenchymal stem cells Stefania Vetrano, Milan, Italy Laurence Egan, Galway, Ireland
14:30-15:00	Coffee break	
15:00-17:00	Scientific session 2: Application of genetic testing in understanding and managing IBD Andre Franke, Kiel, Germany Thomas Billiet, Heverlee, Belgium	
	15:00-15:20	Very early onset IBD - from research to bedside Holm Uhlig, Oxford, United Kingdom
	15:20-15:30	Oral presentation 4
	15:30-15:50	Genetics in predicting drug response Tariq Ahmad, Exeter, United Kingdom
	15:50-16:00	Oral presentation 5
	16:00-16:10	Oral presentation 6
	16:10-16:30	The future of genetics in clinical medicine Rinse Weersma, Groningen, The Netherlands
	16:30-16:40	Oral presentation 7
	16:40-16:50	Oral presentation 8
	16:50-17:00	Oral presentation 9
17:15-18:15	Digital oral presentations (Sessions 1-5)	
17:15-18:15	Industry sponsored satellite symposia 2a & 2b	

Preliminary programme: Friday, March 18, 2016

07:15-08:15	Industry sponsored satellite symposia 3a & 3b	
08:30-09:30	Scientific session 3: Resolution of inflammation Javier Gisbert, Madrid, Spain Giovanni Monteleone, Rome, Italy	
	08:30-08:50	Mechanisms by which inflammation resolves Silvio Danese, Milan, Italy
	08:50-09:10	Stopping drugs Charlie Lees, Edinburgh, United Kingdom
	09:10-09:20	Oral presentation 10
	09:20-09:30	Oral presentation 11
09:30-10:30	Scientific session 4: Viruses and IBD Laurent Beaugerie, Paris, France Marina Shapina, Moscow, Russia	
	09:30-09:50	Should we treat CMV in patients with UC? Britta Siegmund, Berlin, Germany
	09:50-10:00	Oral presentation 12
	10:00-10:10	Oral presentation 13
	10:10-10:30	Other viral complications in clinical practice Jonas Halfvarsson, Örebrö, Sweden

10:30-11:00	Coffee break	
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	
	15:20-15:27	Outcomes from the 2014-15 Fellowships – Part 1 Carla Felice, Rome, Italy
	15:27-15:34	Outcomes from the 2014-15 Fellowships – Part 2 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 front? Oded Zmora, Tel Aviv, Israel Loris Lopetuso, Rome, Italy	
	17:00-17:10	ECCO Guidelines: Surgical CD Willem Bemelman, Amsterdam, The Netherlands
	17:10-17:20	Oral presentation 21
	17:20-17:30	Oral presentation 22
	17:30-17:40	ECCO Guidelines: UC Update Rami Eliakim, Tel Aviv, Israel Marcus Harbord, London, United Kingdom
	17:40-17:45	ECCO Topical Review: Fibrosis Florian Rieder, Cleveland, United States
	17:45-17:50	ECCO Topical Review: Elderly in IBD Paolo Gionchetti, Bologna, Italy
18:05-19:05	Digital oral presentations (Sessions 6-10)	
18:05-19:05	Industry sponsored satellite symposia 4a & 4b	
20:00	ECCO Interaction: Hearts & Minds	

Preliminary programme: Saturday, March 19, 2016		
07:15-08:15	Industry sponsored satellite symposia 5a & 5b	
08:30-10:20	Scientific session 10: FAQs in peri-operative management André D'Hoore, Leuven, Belgium Zuzana Serclova, Prague, Czech Republic	
	08:30-08:50	Case 1 – Preparing your patient for optimal surgery Richard Fedorak, Edmonton, Canada
	08:50-09:00	Oral presentation 23
	09:00-09:10	Oral presentation 24
	09:10-09:20	Oral presentation 25
	09:20-09:40	Case 2 – Post-surgery prevention Marc Ferrante, Leuven, Belgium
	09:40-09:50	Oral presentation 26
	09:50-10:00	Oral presentation 27
	10:00-10:20	Case 3 – Dealing with a problematic pouch Michael Kamm, Melbourne, Australia
10:20-10:50	Coffee break	
10:50-12:20	Scientific session 11: Right time, right drug, right strategy Marieke Pierik, Maastricht, The Netherlands Nik Ding, London, United Kingdom	
	10:50-11:10	Molecular stratification of the patient Miles Parkes, Cambridge, United Kingdom
	11:10-11:20	Oral presentation 28
	11:20-11:40	Choosing the right drug Iris Dotan, Tel Aviv, Israel
	11:40-11:50	Oral presentation 29
	11:50-12:00	Oral presentation 30
	12:00-12:20	Care or action plans for patients Jane Andrews, Adelaide, Australia Karen Kemp, Manchester, United Kingdom
12:20-12:50	Scientific session 12: ECCO Lecture Séverine Vermeire, Leuven, Belgium Julián Panés, Barcelona, Spain	
	12:20-12:50	Future of IBD healthcare in Europe Daniel Hommes, Los Angeles, United States
12:50-12:55	Awards and closing remarks Julián Panés, Barcelona, Spain	
12:55-13:00	The ECCO Film 2016	

Educational Programme at ECCO'16

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!

Educational programme
Scientific programme

Wednesday March 16, 2016		Thursday March 17, 2016		Friday March 18, 2016		Saturday, March 19, 2016
Morning	Afternoon	Morning	Afternoon	Morning	Afternoon	Morning
14th IBD Intensive Advanced Course	9th Y-ECCO Career Workshop	14th IBD Intensive Advanced Course	Scientific Programme Poster exhibition			
3rd Basic ECCO: EduCational COurse for Industry		3rd ECCO-ESGAR Ultrasound Workshop	Industry exhibition			
	2nd Advanced ECCO: EduCational COurse for Industry	5th ClinCom Workshop	Digital Oral Presentation Sessions 1-5		Digital Oral Presentation Sessions 6-10	
7th N-ECCO School		5th S-ECCO IBD Masterclass		1st D-ECCO Workshop	2nd Y-ECCO Basic Science Workshop	
1st School for Clinical Trialists	3rd N-ECCO Research Forum	10th N-ECCO Network Meeting			ECCO Interaction: Hearts & Minds	
	1st ECCO Endoscopy Workshop	3rd EpiCom Workshop	1st H-ECCO IBD Masterclass			
	Press conference	Molecular aetiology of IBD				
		3rd P-ECCO Educational Course				
ECCO Business Meetings						

Preliminary Educational Programme Wednesday, March 16, 2016

Preliminary programme: 14th IBD Intensive Advanced Course Wednesday, March 16, 2016		
07:30–08:00	Arrival and distribution of voting pads	
08:00–08:15	**Welcome** Séverine Vermeire, Leuven, Belgium Gerassimos Mantzaris, Athens, Greece	
08:15–08:45	**Pre-course test** Peter Irving, London, United Kingdom	
08:45–09:45	**Session 1: Pathogenesis** Lead discussant: James Lindsay, London, United Kingdom	
	08:45–09:00	**IBD: The role of the exposome** Jonas Halfvarsson, Örebrö, Sweden
	09:00–09:15	**The genetics of IBD** Miles Parkes, Cambridge, United Kingdom
	09:15–09:30	**The microbiome and IBD** Philippe Seksik, Paris, France
	09:30–09:45	**Discussion**
09:45–10:15	Coffee break	
10:15–11:00	**Session 2: Interactive case discussion** Lead discussant: James Lindsay, London, United Kingdom	
	10:15–11:00	**Case-based discussion: Investigation and management of mild / moderate Crohn's Disease** Case presentation: Sebastian Zeissig, Kiel, Germany Discussion: Jane Andrews, Adelaide, Australia
11:00–12:00	**Session 3: Seminar session – Part I: Specialist topic in IBD**	
	11:00–12:00	EITHER: **Ia. Managing IBD and pregnancy** Janneke van der Woude, Rotterdam, The Netherlands Zuzana Zelinkova, Bratislava, Slovakia
	11:00–12:00	OR **Ib. Managing complications associated with anti-TNF therapy** Shomron Ben-Horin, Ramat Gan, Israel OR **Ic. Managing extra-intestinal manifestations of IBD** Stephan Vavricka, Zurich, Switzerland Peter Lakatos, Budapest, Hungary
12:00–12:30	Lunch break	
12:30–14:30	**Session 3: Seminar session – Part II: Practical skills**	
	12:30–13:30	EITHER **IIa. Role of bowel ultrasonography in intestinal diseases** Stephan Vavricka, Zurich, Switzerland Torsten Kucharzik, Luneburg, Germany OR **IIb. Practical guide to interpreting MRI** Gionata Fiorino, Milan, Italy Cristiana Bonifacio, Milan, Italy OR **IIc. Practical guide to endoscopy and IBD incl. chromo-endoscopy, balloon dilatation and reporting** Matt Rutter, Stockton-on-Tees, United Kingdom Pierre Michetti, Lausanne, Switzerland
	13:30–14:30	EITHER **IIa. Role of bowel ultrasonography in intestinal diseases** Stephan Vavricka, Zurich, Switzerland Torsten Kucharzik, Luneburg, Germany OR **IIb. Practical guide to interpreting MRI** Gionata Fiorino, Milan, Italy Cristiana Bonifacio, Milan, Italy OR **IIc. Practical guide to endoscopy and IBD incl. chromo-endoscopy, balloon dilatation and reporting** Matt Rutter, Stockton-on-Tees, United Kingdom Pierre Michetti, Lausanne, Switzerland

14:30–15:30	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

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

08:30–08:45	Welcome and introduction Usha Chauhan, Hamilton, Canada	
08:45 –12:15	Session 1: Diagnosis and assessment Usha Chauhan, Hamilton, Canada Nicolette Wierdsma, Amsterdam, The Netherlands	
	08:45–09:30	Diagnosis, anatomy and physiology in IBD Bas Oldenburg, Utrecht, The Netherlands
	09:30–10:15	Psychosocial implications of living with IBD Janette Gaarenstroom, Utrecht, The Netherlands
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	
	13:20-14:05	Workshop 1 – UC Management (Group A) Andreas Sturm, Berlin, Germany Workshop 2 – CD Management (Group B) Nanne de Boer, Amsterdam, The Netherlands
	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: 1st 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
09:30–10:00	Coffee break	
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

	11:00–11:20	What does the future hold for IBD clinical trials? Walter Reinisch, Hamilton, Canada
11:20–11:30	Summary & closing remarks Palle Bager, Aarhus, Denmark	

Responsible Committees: ClinCom & N-ECCO
Target audience: Clinical trial nurses, IBD nurses and Allied health professionals
Registration: Online registration
ECCO Membership 2016 required: Regular/Y-ECCO/IBD nurse/Affiliate Member
Registration fee: EUR 50.- incl. 21% Dutch VAT

Preliminary programme:
3rd Basic ECCO: EduCational COurse for Industry
Wednesday, March 16, 2016

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

Responsible Committee: ClinCom
Target audience: Corporate Members & Non-Corporate Members
Registration: Please contact the ECCO office at ecco16@ecco-ibd.eu
ECCO Membership 2016 required: n.a.
Registration fee:
Non-Corporate Members: EUR 750.- incl. 21% Dutch VAT
Corporate Members: EUR 500.- incl. 21% Dutch VAT

Preliminary programme:
3rd N-ECCO Research Forum
Wednesday, March 16, 2016

13:00–13:20	Welcome and introduction Karen Kemp, Manchester, United Kingdom	
13:20–13:40	Research priorities – overview of findings from the Delphi survey Christine Norton, London, United Kingdom	
13:40–14:40	Workshop 1: Using PICO to define research priorities Palle Bager, Aarhus, Denmark Karen Kemp, Manchester, United Kingdom	
14:40–15:10	Coffee break	
15:10–16:40	Workshop 2: Top 10 tips in research	
	15:10–15:40	Literature searching (Group A) Kay Greveson, London, United Kingdom Statistics made easy (Group B) Susanna Jäghult, Stockholm, Sweden How to critique a paper (Group C) Palle Bager, Aarhus, Denmark
	15:40–16:10	Literature searching (Group B) Kay Greveson, London, United Kingdom Statistics made easy (Group C) Susanna Jäghult, Stockholm, Sweden How to critique a paper (Group A) Palle Bager, Aarhus, Denmark
	16:10–16:40	Literature searching (Group C) Kay Greveson, London, United Kingdom Statistics made easy (Group A) Susanna Jäghult, Stockholm, Sweden How to critique a paper (Group B) Palle Bager, Aarhus, Denmark
16:40–17:00	Learning from today: Applying your research into clinical practice Palle Bager, Aarhus, Denmark Karen Kemp, Manchester, United Kingdom	

Responsible Committee: N-ECCO
Target audience: IBD nurses and Allied health professionals
Registration: Online registration
ECCO Membership 2016 required: IBD nurse, Affiliate Member
Registration fee: EUR 15.- incl. 21% Dutch VAT

Preliminary programme: 1st ECCO Endoscopy Workshop
Wednesday, March 16, 2016

13:00–13:15	Welcome and introduction Séverine Vermeire, Leuven, Belgium Pre-Course test
13:15–14:15	Session 1: Assessment of endoscopic activity: Clinical trials and routine practice Chairs: Vito Annese, Florence, Italy Geert D'Haens, Amsterdam, The Netherlands Speaker: Konstantinos Katsanos, Ioannina, Greece
14:15–15:15	Session 2: Endoscopic surveillance for IBD-associated colorectal cancer Chairs: Ailsa Hart, London, United Kingdom Antonio López-Sanromán, Madrid, Spain Speaker: Matt Rutter, Stockton-on-Tees, United Kingdom
15:15–15:45	Coffee break
15:45–16:45	Session 3: Small bowel endoscopy: Capsule vs. balloon enteroscopy Chairs: Rami Eliakim, Tel Hashomer, Israel Torsten Kucharzik, Luneburg, Germany Speaker: Peter Lakatos, Budapest, Hungary
16:45–17:45	Session 4: Endoscopic therapeutic intervention in IBD Chairs: Paolo Gionchetti, Bologna, Italy Peter Irving, London, United Kingdom Speaker: Marc Ferrante, Leuven, Belgium
17:45–18:00	Post-course test and Concluding remarks James Lindsay, London, United Kingdom

Responsible Committee: EduCom
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 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 Panel discussion: Laurent Peyrin-Biroulet, Vandoeuvre-Lès-Nancy, France Anne Robinson, Highland, United States (AbbVie) Keith Usiskin, Summit, United States (Celgene)
14:55–15:45	Session 2: Patient-reported outcomes measures. New Data Keith Bodger, Liverpool, United Kingdom Panel discussion: Simon Travis, Oxford, United Kingdom Elmer Schabel, Bonn, Germany (EMA) Brihad Abhyankar, London, United Kingdom (Takeda)
15:45–16:15	Coffee break
16:15–17:05	Session 3: What challenges are faced by using cross-sectional imaging and histological endpoints in clinical trials? Julián Panés, Barcelona, Spain Cord Langner, Graz, Austria Panel discussion: Filip Baert, Roeselare, Belgium Gert De Hertogh, Leuven, Belgium Freddy Cornillie, Kriens, Switzerland (Merck)
17:05–17:55	Session 4: Disease-modification studies: Are we ready to start? Jean-Frédéric Colombel, New York, United States Panel discussion: Daniel Hommes, Los Angeles, United States Marc Ferrante, Leuven, Belgium Klaus Gottlieb, Rockville, United States (Synthetic Biologics)
17:55–18:00	Closing remarks Julián Panés, Barcelona, Spain

Responsible Committee: ClinCom
Target audience: Corporate Members & Non-Corporate Members
Registration: Please contact the ECCO office at ecco16@ecco-ibd.eu
ECCO Membership 2016 required: n.a.
Registration fee:
Non-Corporate Members: EUR 600.- incl. 21% Dutch VAT
Corporate Members: EUR 400.- incl. 21% Dutch VAT

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 .

Preliminary programme: 9th 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 Nuha Yassin, London, United Kingdom	
16:15–17:00	Session 1: Writing a scientific paper Nuha Yassin, London, United Kingdom	
	16:15–16:30	Introduction and methods Laurence Egan, Galway, Ireland
	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	
	17:00–17:20	Tips, tricks and pitfalls for peer reviewers Laurence Egan, Galway, Ireland
	17:20–17:50	Group session – reviewing a scientific paper
17:50–18:00	Feedback, Y-ECCO prizes and Closing remarks Pieter Hindryckx, Ghent, Belgium 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

Preliminary Educational Programme Thursday, March 17, 2016

Preliminary programme: 5th S-ECCO IBD Masterclass in collaboration with ESCP – No man's land in IBD
Thursday, March 17, 2016

07:30-07:40	Welcome Willem Bemelman, Amsterdam, The Netherlands	
07:40–09:15	Session 1: Peri-anal disease Yves Panis, Clichy, France Paulo Kotze, Curitiba, Brazil	
07:40–08:25	Debate 1: The simple transsphincteric fistula	
	07:40–07:50	Chronic seton Christianne Buskens, Amsterdam, The Netherlands
	07:50–08:00	Biologicals William Sandborn, San Diego, United States

	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 Espín Basany, Barcelona, Spain
	08:35–08:45	Advancement plasty for Crohn's fistula Zuzana Serclova, 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	
09:40–11:25	Session 2: Hot potatoes in IBD Geert D'Haens, Amsterdam, The Netherlands Gianluca Sampietro, Milan, Italy	
09:40–10:10	Debate 3: Unsuspected Crohn's Disease during laparoscopy for appendicitis	
	09:40–09:50	Resect Eloy Espín 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'Haens, 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	
12:25–14:40	Session 3: Crohn's Disease Laurent Peyrin-Biroulet, Vandeouvre-les-Nancy, France Emmanuel Tiret, Paris, France	
12:25–12:55	Debate 5: Limited ileocecal disease	
	12:25–12:35	Surgery Michel Adamina, Winterthur, Switzerland
	12:35–12:45	Biologicals Ailsa Hart, London, United Kingdom
	12:45–12:55	Discussion
12:55–13:10	LIRIC Trial Joline de Groof, Amsterdam, The Netherlands	
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 Yassin, 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 Willem Bemelman, Amsterdam, The Netherlands Peter Irving, London, United Kingdom	
15:05–15:35	Debate 9: Colectomy for low-grade dysplasia	
	15:05–15:15	Colectomy Omar Faiz, London, United Kingdom
	15:15–15:25	Surveillance Janindra Warusavitarne, London, United Kingdom
	15:25–15:35	Discussion
15:35–15:55	Pathophysiology of cancer in IBD Gijs van den Brink, Amsterdam, The Netherlands	
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 Takayuki Yamamoto, Yokkaichi, Japan	
16:45–16:55	Video: TAMIS pouch Janindra Warusavitarne, London, United Kingdom	
16:55–17:00	Closing remarks Oded Zmora, Tel Aviv, Israel	

Responsible Committee: S-ECCO in collaboration with ESCP
Target audience: Surgeons, Physicians, IBD nurses
Registration: Online registration
ECCO Membership 2016 required: Regular/Y-ECCO/IBD nurse Member
Registration fee: EUR 150.- (half price for Y-ECCO and IBD nurse Members) – incl. 21% Dutch VAT

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, Luneburg, Germany (ECCO) Stephan Vavricka, Zurich, Switzerland (ECCO)
08:40–11:40	Hands-on open space in bowel ultrasonography Richard Beable, Portsmouth, United Kingdom (ESGAR) Steven Bots, Amsterdam, The Netherlands (ESGAR) Emma Calabrese, Rome, Italy (ECCO) Daniel Dindo, Zurich, Switzerland (ECCO) Torsten Kucharzik, Luneburg, Germany (ECCO) Christian Maaser, Luneburg, Germany (ECCO) Giovanni Maconi, Milan, Italy (ECCO) Gerhard Rogler, Zurich, Switzerland (ECCO) Julien Puylaert, The Hague, The Netherlands (ESGAR) Stephan Vavricka, Zurich, Switzerland (ECCO)

11:40–12:00	Question & answer session
12:00–12:15	Concluding remarks Torsten Kucharzik, Luneburg, Germany (ECCO) Stephan Vavricka, Zurich, Switzerland (ECCO)

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

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

08:30–08:35	Welcome and introduction Alessandro Armuzzi, Rome, Italy	
08:35–09:55	Session 1: Balance safety – efficacy Vipul Jairath, Oxford, United Kingdom	
	08:35–08:55	What has meta-analysis taught us? Jean-Frédéric Colombel, New York, United States
	08:55–09:15	How to evaluate safety of biologics Geert D'Haens, Amsterdam, The Netherlands
	09:15–09:35	Cluster randomised trials Vipul Jairath, Oxford, United Kingdom
	09:35–09:55	How to choose your biologics in 2016 Michael Kamm, Melbourne, Australia
09:55–10:30	Coffee break	
10:30–12:00	Session 2: Balance efficacy – costs Marc Ferrante, Leuven, Belgium	
	10:30–10:50	Methodology of cost efficacy Keith Bodger, Liverpool, United Kingdom
	10:50–11:10	How to implement results of cost efficacy analysis in clinical practice? Ailsa Hart, London, United Kingdom
	11:10–11:30	Comparing treatment strategies and cost effectiveness Daniel Hommes, Los Angeles, United States
	11:30–12:00	From regulators to payers Elmer Schabel, Bonn, Germany Barney Hawthorne, Cardiff, Wales Alessandro Armuzzi, Rome, Italy Ailsa Hart, London, United Kingdom
12:00–12:10	Summary & closing remarks Fernando Magro, Porto, Portugal	

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

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

08:00–08:10	Welcome and introduction Tine Jess, Copenhagen, Denmark	
08:10–10:10	Session 1 Vito Annese, Florence, Italy Ebbe Langholz, Hellerup, Denmark	
	08:10–08:30	Delivery and breastfeeding Zuzana Zelinkova, Bratislava, Slovakia
	08:30–08:50	Infection and antibiotics Dana Duricova, Prague, Czech Republic
	08:50–09:10	Vaccination Corinne Gower-Rousseau, Lille, France
	09:10–09:30	Diet Vito Annese, Florence, Italy
	09:30–09:50	Appendectomy Pia Munkholm, Copenhagen, Denmark
	09:50–10:10	Smoking Peter Lakatos, Budapest, Hungary
10:10–10:30	Coffee break	
10:30–11:30	Session 2: Workshop	
	10:30–11:00	Group work on creating the optimal project
	11:00–11:30	Presentation and discussion of the case on migration Nuha Yassin, London, United Kingdom
11:30	Closure and farewell Tine Jess, Copenhagen, Denmark	

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

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

09:00–10:40	Session 1 Charlie Lees, Edinburgh, United Kingdom Gijs van den Brink, Amsterdam, The Netherlands	
	09:00–09:10	Welcome and introduction Charlie Lees, Edinburgh, United Kingdom
	09:10–09:40	Human monogenetic IBD patients – Insights into disease pathogenesis Holm Uhlig, Oxford, United Kingdom
	09:40–10:10	IBD as an epithelial wound healing defect Markus Neurath, Erlangen, Germany
	10:10–10:40	IBD as a primary immune cell deficiency: Neutrophils Yehuda Chowers, Haifa, Israel
10:40–11:00	Coffee break	
11:00–12:10	Session 2 Holm Uhlig, Oxford, United Kingdom Janneke Samsom, Rotterdam, The Netherlands	
	11:00–11:30	IBD as a primary immune cell deficiency: Macrophages and Dentritic cells Janneke Samsom, Rotterdam, The Netherlands
	11:30–12:00	IBD as a primary immune cell deficiency: B cells Gijs van den Brink, Amsterdam, The Netherlands
	12:00–12:10	Closing remarks Holm Uhlig, Oxford, United Kingdom

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

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 Kirsten Lomborg, Aarhus, Denmark
	09:45–10:15	Health literacy Kristine Sorensen, 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	
	15:15–16:15	Is it time to welcome the new buddies? A debate on biosimilars Silvio Danese, Milan, Italy Pierre Michetti, Lausanne, Switzerland
	16:15–16:40	Therapeutic drug monitoring in IBD Tariq Ahmad, Exeter, United Kingdom
16:40–17:00	N-ECCO in 2016 and beyond Janette Gaarenstroom, Utrecht, The Netherlands	

Responsible Committee: N-ECCO
Target audience: IBD nurses – advanced level
Registration: Online registration
ECCO Membership 2016 required: IBD nurse, Affiliate Member
Registration fee: EUR 25.- incl. 21% Dutch VAT

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
	10:25–10:50	Personalising paediatric IBD: Identification of high and low-risk patients at diagnosis Arie Levine, Tel Aviv, Israel
	10:50–11:15	New treatments for UC: Do we have paediatric data? Richard Russell, Glasgow, United Kingdom
	11:15–11:40	Faecal transplantation in IBD – Who, when & how? Salvatore Cucchiara, Rome, Italy
	11:40–12:00	Managing the pouch in UC Iris Dotan, Tel Aviv, Israel

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

Preliminary programme: 1st H-ECCO IBD Masterclass Thursday, March 17, 2016		
13:30–13:35	Welcome & Introduction Cord Langner, Graz, Austria	
13:35–15:00	Session 1: Basic aspects of IBD pathology Vincenzo Villanacci, Brescia, Italy James Lindsay, London, United Kingdom	
	13:35–13:45	Epidemiology of IBD Tine Jess, Copenhagen, Denmark
	13:45–14:00	Clinical and endoscopic features of IBD Peter Irving, London, United Kingdom
	14:00–14:15	What does the gastroenterologist want to know from the pathologist? James Lindsay, 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 Educational Programme Friday, March 18, 2016

Preliminary programme: 1st H-ECCO IBD Masterclass Friday, March 18, 2016		
08:00–10:00	Session 3: Dysplasia and cancer in IBD Paula Borralho, Lisbon, Portugal Rami Eliakim, Tel Hashomer, Israel	
	08:00–08:15	Cancer risk in IBD Vincenzo Villanacci, Brescia, Italy
	08:15–08:50	Molecular basis of dysplasia and cancer Magali Svrcek, Paris, France

	08:50–09:25	Diagnosis of dysplasia (Tandem talk) Rami Eliakim, Tel Hashomer, Israel Cord Langner, Graz, Austria
	09:25–10:00	Treatment of dysplasia (Tandem talk) Vito Annese, Florence, Italy Antonino Spinelli, Milan, Italy
10:00–10:30	Coffee break	
10:30–12:10	Session 4: Special situations Roger Feakins, London, United Kingdom Vincenzo Villanacci, Brescia, Italy	
	10:30–10:50	Activity in IBD Paula Borralho, Lisbon, Portugal
	10:50–11:10	The role of pathology in the evaluation of treatment Vincenzo Villanacci, Brescia, Italy
	11:10–11:30	Pouchitis Paula Borralho, Lisbon, Portugal
	11:30–12:00	What's hot in IBD pathology? Magali Svrcek, Paris, France
	12:00–12:10	The ideal pathology report Roger Feakins, London, United Kingdom
12:10–12:15	Closing remarks Cord Langner, Graz, Austria	

Responsible Committee: H-ECCO Working Group, endorsed by ESP
Target audience: Histopathologists
Registration: Online registration
ECCO Membership 2016 required: Regular/Y-ECCO/IBD nurse/Affiliate Member
Registration fee: n.a.

Preliminary programme: 1st D-ECCO Workshop
Friday, March 18, 2016

08:30–08:35	Welcome Rotem Sigall Boneh, Tel Aviv, Israel	
08:35–09:40	Session 1 Miranda Lomer, London, United Kingdom Rotem Sigall Boneh, Tel Aviv, Israel	
	08:35–08:55	Diet, environment and genetics in IBD Arie Levine, Tel Aviv, Israel
	08:55–09:15	Microbiota and IBD Philippe Seksik, Paris, France
	09:15–09:35	Nutritional assessment in IBD patients Konstantinos Gerasimidis, Glasgow, United Kingdom
	09:35–09:40	Panel Q&A
09:40–10:00	Coffee break	
10:00–11:05	Session 2 Nicolette Wierdsma, Amsterdam, The Netherlands Philippe Seksik, Paris, France	
	10:00–10:20	Exclusive and partial enteral nutrition in IBD Richard Russell, Glasgow, United Kingdom
	10:20–10:40	New dietary therapies in IBD Rotem Sigall Boneh, Tel Aviv, Israel
	10:40–11:00	Iron deficiency anaemia in IBD Charlie Lees, Edinburgh, United Kingdom
	11:00–11:05	Panel Q&A
11:05–11:20	Coffee break	
11:20–12:25	Session 3 Konstantinos Gerasimidis, Glasgow, United Kingdom Petra Tap-Zandkuil, Woerden, The Netherlands	
	11:20–11:40	Dietary treatment of functional symptoms in IBD Miranda Lomer, London, United Kingdom
	11:40–12:00	Dietary treatment in short bowel syndrome/intestinal insufficiency Nicolette Wierdsma, Amsterdam, The Netherlands
	12:00–12:20	The evidence for fibre and prebiotics in IBD Kevin Whelan, London, United Kingdom
	12:20–12:25	Panel Q&A
12:25–12:30	Closing remarks Arie Levine, Tel Aviv, Israel	

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

Preliminary Programme: 2nd Y-ECCO Basic Science Workshop – Mouse models & microbiota in IBD
Friday, March 18, 2016

15:00–15:05	Introduction Isabelle Cleynen, Leuven, Belgium	
15:05–16:20	Session 1: Mouse models in IBD Markus Neurath, Erlangen, Germany Pieter Hindryckx, Ghent, Belgium Nuha Yassin, London, United Kingdom	
	15:05–15:35	Animal models in IBD: Pros and cons Markus Neurath, Erlangen, Germany
	15:35–15:50	Selected oral presentation 1
	15:50–16:05	Selected oral presentation 2
	16:05–16:20	Selected oral presentation 3
16:20–16:40	Meet the speakers break	
16:40–18:00	Session 2: Studying the microbiota in IBD Harry Sokol, Paris, France Tim Raine, Cambridge, United Kingdom Sebastian Zeissig, Kiel, Germany	
	16:40–17:10	Microbiota research in IBD: State-of-the-art Harry Sokol, Paris, France
	17:10–17:25	Selected oral presentation 4
	17:25–17:40	Selected oral presentation 5
	17:40–18:00	Selected oral presentation 6

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

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 in new people, including from outside the 'non-core European countries', while preserving high scientific standards". Gerassimos adds that, "We may need to slow down, allow some breathing space and take the time to design the next steps: how to accommodate the vast demand of members to participate in the committees of ECCO, retaining the balance and quality of representation without neglecting precious members."

All three agree that involving new young talents, i.e. those who are leaving Y-ECCO, in ECCO Activities is one of the key measures to ensure the continuous evolution and growth of ECCO. Gerassimos comments that, "This hidden treasure of 'transition fellows' can help tremendously as a supportive group. […] By gradually incorporating these fellows at the highest levels of committee activities we shall be investing in the future of ECCO." Filip also mentions the importance of looking outside ECCO's ranks "for people who are willing and able to devote time to make ECCO stronger".

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 (AOCC) enables strong links to be forged between ECCO and non-European physicians." He continues, "Improving the quality of care by benchmarking IBD management 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 "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." He feels that it is important for ECCO to work on "achieving better quality in investigator-initiated research by attracting grants, developing knowledge on methodology and bringing together study groups from different countries".

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?

Until I was 18 years old I was hesitating over whether to become a sports teacher or to pursue medical studies. The advice that I received from my parents was to start medical studies and to keep practising sports for recreation and fun, and this is how I relax.

What do you do for recreation and fun?

I am a big fan of sports and enjoy soccer, tennis, basketball, running and street hockey

Laurent Peyrin-Biroulet © ECCO

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?

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.

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

Bio-engineer or arborist (growing trees).

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.

Filip Baert © ECCO

Gerassimos Mantzaris

Position: *Education officer 2015-2017*
Nationality: *Greek*
Born: *March 13, 1955*
Current position: *Education Officer, ECCO Governing Board*
Past ECCO positions: *EduCom Member (Feb 2009–Feb 2012), EduCom Chair (Feb 2012–Feb 2014)*

Who has most influenced your career?
My wise mentor, Kostas Gardikas, Professor of Internal Medicine in Evangelismos Hospital. His tutorials were like fairy tales. All of us were "hanging on his words" when he used patient cases to teach us. My other mentor was Professor Derek Jewell. He introduced me to another world by opening new avenues for me. I would never have become what I am today without his influence and support.

If you had not become a doctor, what might you have been doing today instead?
When I was a child I wanted to become a captain of trade vessels or oil tankers. I was seduced by the wide open sea, its calm or troubled waters, the vague line of horizons, the fairy tales and the stories of brave sailors fighting waves and sea monsters. However, now I would like to go back to my native village, become a winemaker, and revive my grandfather's winery.

What do you do for recreation and fun?
I go to the cinema every now and then, and to the theatre every other month, but I do watch quite a lot of sporting activities on TV, especially athletics, basketball and soccer, and also classical music/opera and music recitals. Once every other week I join my crazy group of friends and spend the Saturday night in a Greek tavern, enjoying good food and/or nice Greek music. I read quite a lot – literature, politics and philosophy.

Gerassimos J. Mantzaris © ECCO

JOHAN BURISCH
ECCO News Associate Editor

ECCO Fellowship Study Synopses

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.

Carla Felice © Carla Felice

CARLA FELICE
ECCO Fellowship Awardee 2015

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

Aim of the research project
Sphingosine-1-phosphate (S1P), 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 S1P 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 S1PR1-3 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 S1PR1-3 signalling on intestinal epithelial barrier function and tight junction integrity; (3) define the in vivo function of S1PR1-3 in both intestinal barrier regulation and IL-6/STAT3/NFκB signalling.

Cristina Mascaraque © Oskee Von Velvet

CRISTINA MASCARAQUE
ECCO Fellowship Awardee 2015

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).

ECCO Guidelines: Current overview

New Topics	Call	Publication
Paediatric UC	2011	2012
Imaging	2011	2012
Histopathology	2011	2013
Endoscopy	2012	2013
Nursing*	2012	2013
Surgical UC	2012	2015
Paediatric CD	2012	2014
Anaemia	2012	2015
Malignancies	2013	2015
Extra-Intestinal Manifestations	2013	2016
Surgical CD	2014	2016
Updates		
Ulcerative Colitis	2014	2016
Opportunistic Infections	2012	2014
Crohn's Disease	2012	2016
Reproduction & Pregnancy	2013	2015

*Consensus statement, no guidelines

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.

For more information please visit *https://www.ecco-ibd.eu/index.php/publications/ecco-guidelines-science.html*.

ANDREAS STURM
GuiCom Member

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.

LAURENCE J. EGAN
Editor-in-Chief, JCC

European Crohn's and Colitis Organisation

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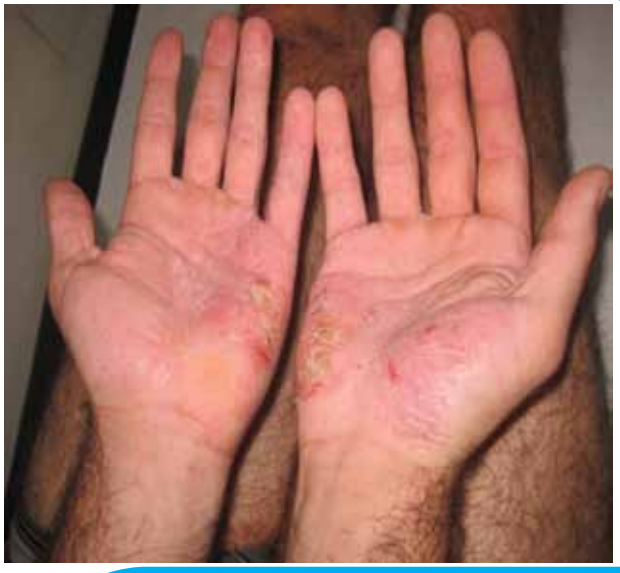

Palmo-plantar psoriasis following anti-TNFα, see article page 699 and accompanying editorial

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Contents

Natural history of paediatric-onset CD and UC in population-based studies: A review article

Paediatric-onset Inflammatory Bowel Diseases (IBD), including Crohn's Disease (CD) and Ulcerative Colitis (UC), seem to be a specific disease phenotype, often reported to have an aggressive disease course.

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.

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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. Lakatos, 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. Lakatos

DANA DURICOVA
EpiCom Member

Dana Duricova © ECCO

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

The IBD Intensive Advanced Course takes place over 1.5 days on Wednesday, March16 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: ultrasonography in IBD, MRI in IBD, endoscopy in IBD, pregnancy in IBD, managing 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

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

ECCO-ESGAR Ultrasound Workshop: Wednesday, March 16, 2016, ECCO Endoscopy Workshop: Thursday, March 17, 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.

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

During the last ECCO Congresses in Copenhagen and Barcelona, the ECCO Workshop on Bowel 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/endoscopic 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

lot of training is available in the form of Good Clinical Practice training and face-to-face and/or online training for many clinical research trials. However, the aim of this initiative is to go beyond this training and create a group to network, collaborate and share practice with the ultimate aim of improving clinical trials in IBD.

Who is the course for?

Broadly, it is aimed at anyone involved in IBD clinical trials. This includes IBD research nurses who are currently involved in setting up and running clinical trials. It also includes consultants who are aiming to set up clinical research trials in their hospitals, but perhaps do not have specific training in this area, and also more junior doctors who are keen to learn more about this area with a view to developing their practice in years to come. In addition, IBD specialist nurses would gain a lot, as interdigitating IBD specialist nurse practice with research nurse practice is likely to improve the overall care of patients and ensure that patients have access to research trials if they so desire. Giving patients the opportunity to participate in clinical research is of great importance and feedback from many patient focus groups supports the desire of patients to be involved in research. Pharmaceutical industry partners would also be welcome to see some 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 issues, having led the Predicting Response to anti-TNF agents (PANTS) trial for the last few years in the UK. We are fortunate to have two very experienced IBD research nurses, Leen Van Der Biest and Jolien Lefrère, who will highlight tips and tricks for the IBD clinical research team, including how to optimise communication and limit data queries. Last, but by no means least, I feel it is really important to help motivate clinical research team members by sharing the vision of where we hope clinical research trials are taking us in IBD. Walter Reinisch will capture this in the final session, "What does the future hold for IBD clinical trials?"

I hope that this will be the first of many "Schools for Clinical Trialists" and that, like so many of the other facets of ECCO, it will become part of ECCO's fabric.

AILSA HART
Director IBD Unit and Sub-Dean, St Mark's Hospital

Ailsa Hart © Ailsa Hart

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 ECCO'16 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!

N-ECCO Network Meeting © ECCO

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 ECCO'16 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 ECCO'16 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

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.


S-ECCO IBD Masterclass 2014 © ECCO

WILLEM BEMELMAN
S-ECCO Chair

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

them, via e-mail, of ECCO and D-ECCO WG objectives. The European Federation of the Associations of Dietitians (www.EFAD.org) will be asked to send their members an invitation to join D-ECCO.

We are requesting your help. If you are a gastroenterologist, paediatrician, surgeon or IBD nurse, then please think about ensuring that nutrition and diet are central to the assessment and management of your IBD patients.

How can you do this?

1. Promote D-ECCO WG to your dietetic colleagues and encourage them to join ECCO and our dieticians' network and to attend the 1st D-ECCO Workshop. Visit https://www.ecco-ibd.eu/index.php/about-ecco/ecco-operational-board/d-ecco-wg.html and let the 'snowball' roll: SPREAD THE WORD!
2. Attend the 1st D-ECCO Workshop yourself. Thank you for your time. The D-ECCO WG looks forward to seeing you at the 11st Congress of ECCO.

NICOLETTE WIERDSMA
D-ECCO WG Member

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

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 GB]"

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 GB]. 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 [EL5, 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 [EL5, 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.

VINCENZO VILLANACCI
H-ECCO WG Member

Vincenzo Villanacci © ECCO

International Symposia and Workshops

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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2016

Advances in Imaging of Paediatric Inflammatory Bowel Disease

Imaging is essential for the proper management of children with Inflammatory Bowel Disease (IBD), both at diagnosis and at follow-up, its objectives being to assess disease location and extent, monitor disease activity and response to therapy, and detect disease complications.

The recently published guidelines of the European Society of Paediatric Gastroenterology, Hepatology and Nutrition (ESPGHAN revised Porto criteria 2015) 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 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.

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Fortunata Civitelli
© Fortunata Civitelli

Salvatore Cucchiara
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Dear Y-ECCO Friends,

I hope that you have all had a great summer and that you have been able to recharge your batteries because we need your help! Please have a look at our activity list published in ECCO NEWS 1/2015. In a nutshell, you can write a literature review for ECCO NEWS, participate in the development of ECCO Consensus Guidelines, and write or update e-learning cases or podcasts. Active participation in any of the Y-ECCO Activities is highly appreciated and will certainly improve your visibility within ECCO, so don't hesitate and send an e-mail to me (pieter.hindryckx@ugent.be) and/or the ECCO Office (ecco@ecco-ibd.eu) if you are interested.

During the ECCO '16 Congress in Amsterdam, we warmly invite you to our two workshops, for which you can find the programme in this issue of ECCO NEWS. If you send in an abstract for the Congress you can apply for a Y-ECCO abstract award, which gives you free submission to the next Congress.

Y-ECCO stands for friendship and collaboration: each year after the Y-ECCO Workshop we organise a networking event where you can meet and have a drink with peers from all over the world in an informal atmosphere. In addition, we have a separate Y-ECCO Corner at the beginning of the ECCO Interaction: Hearts and Minds allowing you to identify Y-ECCO Members and to have a chat with the operational and general board members of ECCO.

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,

Pieter Hindryckx © ECCO

PIETER HINDRYCKX
Y-ECCO Chair

Y-ECCO Interview Corner

Dear Y-ECCO Members,

It is a pleasure to introduce the tenth "Y-ECCO Interview Corner" interview and to present the first interview with an expert in the field of surgery in IBD.

In this issue's interview I am delighted to share the advice and IBD working experiences of Oded Zmora – attending colorectal surgeon at the Sheba Medical Center in Tel Aviv.

The rationale of the "Interview corner" is to perform a short interview with a senior ECCO Member in order to provide advice to young doctors on how to pursue a career in IBD.

We would appreciate your contribution in suggesting questions of interest to the ECCO Office under ecco@ecco-ibd.eu.

We look forward to hearing from you.

Yours sincerely,

Nuha Yassin © ECCO

NUHA YASSIN
Y-ECCO Interview Corner Admin

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?

Oded Zmora © ECCO

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!

NUHA YASSIN
Y-ECCO Interview Corner Admin

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).

Isabelle Cleynen © ECCO

ISABELLE CLEYNEN
Y-ECCO Literature review Admin

Crohn's Disease management after intestinal resection: a randomised trial

De Cruz P, Kamm MA, Hamilton AL, Ritchie KJ, Krejany EO, Gorelik A, Liew D, Prideaux L, Lawrance IC, Andrews JM, Bampton PA, Gibson PR,Sparrow M, Leong RW, Florin TH, Gearry RB, Radford-Smith G, Macrae FA, Debinski H, Selby W, Kronborg I, Johnston MJ, Woods R,Elliott PR, Bell SJ, Brown SJ, Connell WR, Desmond PV

Lancet. 2015;385:1406–17

Introduction

Most patients (~70%) with Crohn's Disease need an intestinal resection, and ~70% of patients who have had operations subsequently require further surgery [1].

Mucosal disease after surgery precedes clinical symptoms, and its severity predicts subsequent clinical disease [2]. Early endoscopy may help to guide therapeutic decision-making.

Smoking, perforating disease and previous resections have been identified from retrospective studies as risk factors for earlier postoperative recurrence, but these have not been assessed prospectively, and have been used to tailor postoperative therapy [3–5].

This study aimed to identify the optimal strategy to prevent postoperative disease recurrence. It compared treatment intensification for mucosal disease recurrence (as judged by a colonoscopy at 6 months; active care) with standard care (no colonoscopy). The primary endpoint was endoscopic recurrence at 18 months.

Study set up

In this randomised trial, consecutive patients from 17 centres in Australia and New Zealand undergoing intestinal resection of all macroscopic Crohn's Disease, with an endoscopically accessible anastomosis, received 3 months of metronidazole therapy. Patients at high risk of recurrence (due to smoking, perforating disease or previous resection) also received a thiopurine or adalimumab if they were intolerant to thiopurines.

Patients were randomly assigned to active or standard care in a 2:1 ratio: colonoscopy at 6 months (active care) or no colonoscopy (standard care). For endoscopic recurrence (Rutgeerts score ≥i2) at 6 months, patients were stepped up to thiopurine, fortnightly adalimumab with thiopurine, or weekly adalimumab. Patients and treating physicians were aware of the patient's study group and treatment, but central reading of the endoscopic findings was undertaken blind to the study group and treatment.

Key findings

At 18 months, endoscopic recurrence occurred in 60/122 (49%) patients in the active care group and 35/52 (67%) patients in the standard care group [adjusted odds ratio (OR) 0.45, 95% CI 0.22–0.93; p=0.03].

Complete mucosal normality was maintained in 27/122 (22%) patients in the active care group versus 4/52 (8%) in the standard care group (p=0.03).

Smokers had a significantly higher risk of recurrence than non-smokers (adjusted OR 2.4, 95% CI 1.2–4.8; p=0.02). Previous resection and penetrating disease were not associated with an increased risk of endoscopic recurrence.

Key weaknesses
This was a pragmatic study, with patients and physicians not blinded to study group and treatment. There was a significant (66/184, 36%) withdrawal rate (due to symptom recurrence, comorbidity, protocol violations, pregnancy, patient preference or loss to follow-up). Drug optimisation using metabolite, antibody and adalimumab levels was not performed.

Conclusion
The authors conclude that treatment according to clinical risk of recurrence, with early colonoscopy and treatment step-up for recurrence, is better than conventional drug therapy alone for the prevention of postoperative Crohn's Disease recurrence.
Selective immune suppression, adjusted for early recurrence, rather than routine use, leads to disease control in most patients. Early remission does not preclude the need for ongoing monitoring.
In future studies, it would be interesting to see whether routine postoperative assessment of mucosal recurrence (via modalities such as colonoscopy and capsule endoscopy) would lead to a reduction in the need for subsequent surgery.

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is an NIHR Academic Clinical Fellow at Queen Mary University of London and a Specialist Registrar in Gastroenterology at Barts Health NHS Trust. His research interests include using big data to investigate the effect of genetic and environment interactions on the causes and consequences of IBD.

Constantinos Parisinos

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

Biancheri P, Brezski RJ, Di Sabatino A, Greenplate AR, Soring KL, Corazza GR, Kok KB, Rovedatti L, Vossenkämper A, Ahmad N, Snoek SA, Vermeire S, Rutgeerts P, Jordan RE, MacDonald TT
Gastroenterology 2015 Jul 10. pii: S0016-5085(15)00937-3. doi: 10.1053/j.gastro.2015.07.002. [Epub ahead of print]

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 Biancheri 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 (MMPs) 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 immunoblotting. 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 promoter assay with an NF κB-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 (UK370106) 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 UK370106. In contrast, UK370106 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 IgG and clipped IFX inpatients' sera with active disease (n=28 CD and 33 UC). Already prior to anti-TNF treatment, the percentage of clipped IgG was higher in IBD patients than in healthy controls. In patients responding to treatment, the percentage of clipped IgG 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 IBD 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 TNF-α 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. Thus measurement of clipped IgG and 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 are based on in vitro as well as ex vivo -data, therefore further in vivo-studies are needed to these intriguing findings and transfer them from bench to bedside.

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Lea Kredel © Lea Kredel

Group 3 innate lymphoid cells mediate intestinal selection of commensal bacteria-specific CD4+ T cells

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Introduction

Distinguishing "self" from "foreign" antigens is key to understanding immunity and pathological self-recognition, so-called autoimmunity. Clonal deletion of self-directed CD4 T cells is a source of tolerance against tissue self-antigens, a process that is regulated by MHC-II antigen presentation on dendritic and thymus epithelial cells [1] . How the host immune system is able to suppress an immune response against commensal bacteria in the intestine remains enigmatic. The regulatory T cell-mediated suppression of commensal-directed CD4+ T cell responses serves as one example [2, 3].
Inflammatory Bowel Disease (IBD) has been associated with commensal-specific CD4+ T cell responses that are able to instigate colitis in mice, but the origin and cellular regulation of this phenomenon remains unclear [4, 5]. Innate lymphoid cells (ILCs) are derived from the lymphoid lineage and are classified into three distinct groups: ILC1, ILC2 and ILC3. They exert immune functions during inflammation and infection [6]. More specifically, ILCs are potent sources of cytokines in response to various stimuli (e.g. cytokines or bacterial antigens) that are characteristic for each ILC subtype. ILC3, for example, require RORγt for their development and produce IL-17 and IL-22 upon cytokine stimulation [4]. In their recent Science paper, M. Hepworth and colleagues unravel how group 3 innate lymphoid cells mediate intestinal selection of commensal bacteria-specific CD4+ T cells in mice, a process that may be impaired in patients with Crohn's Disease.

Key findings

The authors characterised ILC3 in the lymph node and colonic mucosa of mice and report that ILC3 constitutively express the major histocompatibility complex II (MHCII), which is regulated by the master transcriptional regulator CIITA. To address the impact of MHCII-mediated antigen presentation in ILC3 on commensal bacteria-specific CD4 T cell responses, the authors used mice that specifically deleted MHCII in ILC3. These mice were crossed with Cbir1 mice, a T cell receptor transgenic line that allows study of the host immune response to the defined commensal bacterial antigen flagellin [7]. Interestingly, Cbir1 T cells were increasingly found in the colonic mucosa of mice that lacked MHCII on ILC3 (i.e. Cbir1MHCIIΔILC3). Conversely, mice with MHCII expression restricted to ILC3 (but not B cells, dendritic cells or macrophages) suppressed Cbir1 T cells in the intestine. The authors convincingly demonstrate that MHCII+ ILC3 induce cell death of commensal-bacteria specific (Cbir1) effector CD4+ T cells similar to mechanisms described for negative selection in the thymus. The suppression of commensal bacteria-directed T cells appears to maintain intestinal homeostasis as Cbir1MHCIIΔILC3 mice developed spontaneous colitis. Inflammatory CD4 T cell responses against commensals have been implicated in the pathogenesis of intestinal inflammation and potentially IBD [5, 8]. Thus, in an additional set of experiments, the authors investigated paediatric CD patients and found that MHCII expression was specifically reduced on ILC3 in comparison with healthy controls.

Conclusion

This study unravels a novel function of group 3 innate lymphoid cells in the intestine and suggests a potential role of ILC3 dysregulation in IBD. ILC3 cells appear to rely on MHCII-dependent antigen presentation to suppress commensal bacteria-directed T cell responses, as has been demonstrated for IgA production, for the maintenance of intestinal barrier and regulatory T cell function. The origin of reduced ILC3-specific MHCII expression in CD patients, however, remains unknown. In light of the strong genetic association of MHCII in IBD [9], these findings deserve further attention as the basis for possible development of a novel therapeutic approach.

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TIMON ADOLPH

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Timon Adolph

has recently finished his PhD in Cambridge, UK and has just started his specialty training in internal medicine and eventually gastroenterology in Innsbruck, Austria. His research aims at understanding how genetic risk associated with Inflammatory Bowel Diseases contributes to the development of intestinal inflammation.

Timon Adolph
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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
- Incidence of IBD in the country(if available): Annual incidence of IBD: Crohn's Disease: 6.7/100,000; Ulcerative Colitis: 4.8/100,000 [Petritsch W et al. Journal of Crohn's & Colitis 2013;7(1):58–69]

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 Sokic-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 Bowel 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 Törkvist
- 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

Austrian CED Working Group © Gerhard Sammerhofer

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 GOTTFRIED NOVACEK
National Representatives, Austria

Questionnaire – SERBIA

Marijana Protic
© Marijana Protic

Dino Tarabar
© Marijana Protic

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 have also had 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.

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 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.

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

DINO TARABAR AND MARIJANA PROTIC
National Representatives, Serbia

Questionnaire – SWEDEN

Swedish Working Group © Leif Törkvist

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 the benefits to you of being an ECCO Country Member?
It is easier for SOIBD to cooperate with other research groups in Europe that are connected with ECCO. We also now have a broader network for education and 2 years ago we held an ECCO Educational Workshop in Gothenburg. We plan to apply for another Workshop in the next 1–2 years. Unfortunately, there are only a few Swedish members of the ECCO Committees, but we encourage our colleagues to apply for committee membership.

Is your society making use of the ECCO Guidelines?
The Swedish Association of Gastroenterology coordinates national guidelines for IBD and the ECCO Guidelines are always used as a reference by the authors. The Swedish society usually uses the ECCO Guidelines in their clinical decisions.

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).

Have you developed educational activities with other countries through your ECCO Country Membership?
The treatment working group of SOIBD is cooperating with the GETAID group of France with a view to performing a study on cessation of anti-TNF treatment.

What are your main areas of research interest?
Prediction of the disease course in newly diagnosed IBD, epidemiology and pathophysiology of microscopic colitis, treatment studies on biologicals, register studies on the basis of the Swedish IBD Registry (SWIBREG) and peri-anal surgery in IBD.

Does your centre or country have a common IBD database or bio bank?
Yes, we have a huge common IBD database into which newly diagnosed IBD patients are entered (SIC IBD: Swedish Inception Cohort IBD). We also have a bio bank.

What are your most prestigious/interesting past and ongoing projects?
The implementation of the Swedish National IBD register, SWIBREG, is promoted by SOIBD. This register will be a large source for IBD research. The SIC IBD study with newly diagnosed IBD and the SPARE study in collaboration with GETAID are also interesting ongoing projects.

Which ECCO Projects/Activities is the group currently involved in?
SOIBD has joined the I-CARE study supported by ECCO.

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? Congress? 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.

HANS STRID AND LEIF TÖRKVIST
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