



European
Crohn's and Colitis
Organisation

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ECCO

News **SPRING**



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ECCO NEWS

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European Crohn's and Colitis Organisation

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President:

Julián Panés

Department of Gastroenterology
University Hospital Clinic de Barcelona
Barcelona, Spain
jpanes@clinic.ub.es

Editor:

Laurent Peyrin-Biroulet
Department of Gastroenterology
and Hepatology
CHU Nancy
Vandœuvre-Lès-Nancy, France
peyrinbiroulet@gmail.com

Associate Editor:

Peter Hindryckx
Department of Gastroenterology
Ghent University Hospital
Merelbeke, Belgium
pieter.hindryckx@ugent.be

Production, Advertising:

OCEAiN GmbH (ECCO Office)
Ungargasse 6/13
1030 Vienna, Austria
ecco@ecco-ibd.eu

Graphic Design:

Evelyn Maresch DESIGNS
Vienna, Austria

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Illustrations:

Rainer Mirau (ECCO Photographer)
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(ecco-ibd.eu/ecco-news)



Dear ECCO Friends,

Yes, we made it! At our ECCO Congress 2016 in Amsterdam we cycled to a summit higher than any that we have reached previously....

With a record attendance of 6,265 delegates representing 91 countries and all the colours of the different team members participating in IBD care, including gastroenterologists, internal medicine physicians, surgeons, paediatricians, epidemiologists, endoscopists, imaging specialists, nurses, pathologists and dietitians, the ECCO Congress 2016 was again the number one world forum for presentation and discussion of advances in knowledge on IBD.

Over the years the format of our ECCO Congress has been adapted to the increasing proportion of original work presented, and the Congress is now the reference meeting for presenting landmark studies in IBD while at the same time retaining a high-level educational programme. This is attributable solely to the continued efforts of all ECCO Committee Members and Chairs, who must be given due credit. ECCO 2016 meant the end of their term for some Committee Members; we thank them all for their continued and generous efforts. At the same time, we welcome the new enthusiastic Committee Members, as well as a new Country Member: Malta. In this issue of ECCO News you will find the current Committee Members. This year we had two outstanding candidates running for the position of President-Elect, and Silvio Danese was elected. **We congratulate all the new Committee Members, the new Country Member and the President-Elect on their election. Welcome on board!**

Advancement in IBD knowledge is one of the strategic objectives of ECCO. Among the actions being taken to achieve this goal, it is noteworthy that the number of **ECCO Fellowships and Grants** awarded this year at the ECCO Congress doubled relative to previous years, with two Fellowships, ten Grants and five Travel Awards. On the same lines, cooperation with other international IBD organisations made it possible to open calls for two ECCO-AOCC Visiting Travel Grants and one ECCO-IOIBD Fellowship. Lastly, a new call for an ECCO Pioneer Award amounting to EUR 200,000.- will be opened this summer. Watch the ECCO Website and ECCO e-Newsletter for these calls.

In addition to the scientific and educational activities, the Congress offered a number of "feature presentations" aimed at improving patient care. The launch of the ECCO patient database United Registries for Clinical Assessment and Research (**UR-CARE**) was announced for the last quarter of 2016, and a demo mode is already available via the ECCO Website. Other important announcements were the **ECCO e-Guide**, featuring algorithmic maps and disease calculators bringing interactivity to ECCO Guidelines, the **Toolkits** as a practical checklist for prescribing drugs in IBD and the first **ECCO-EFCCA Patient Guidelines**, a lay language version of the UC and CD ECCO Guidelines to provide patients with information about the disease and the current best care.

Once again, this year's ECCO Interaction: Hearts and Minds, held at the magnificent Beurs van Berlage, was full of warmth, friendship and 10 bicycles, as could not have been otherwise in the city of Amsterdam.

You will find detailed information on all the above-mentioned events and initiatives presented at the 11th Congress of ECCO on our ECCO Website, where you can also view the much-awaited ECCO 2016 Film. **You cannot afford to miss it!**

Already we are once again embarking on preparations for our next **ECCO Congress**, which in **2017** will be held in the city of **Barcelona**.

JULIÁN PANÉS
ECCO President



Julián Panés © ECCO

ECCO'16 Amsterdam Congress Report

March 16 – 19, 2016



ECCO'16 Scientific Programme © ECCO

For its 11th edition, the ECCO Congress returned to its roots in Amsterdam, The Netherlands. However, the current setting was not quite the same as it had been previously: Whereas the very first ECCO Congress was attended by 350 people from a limited number of countries, this year's edition attracted 6,265 participants from all over the globe. After a decade of growth and success, ECCO is still on the rise and has become the number one IBD Congress in the world. The credit goes to the group of very dynamic and progressive IBD experts who have provided many years of excellent leadership, shaping ECCO into its current successful format: An ideal mixture of educational activities and scientific sessions for gastroenterologists, paediatricians, nurses, surgeons, pathologists, researchers, dietitians and our colleagues from industry. Every Committee within ECCO can look back on a successful workshop this year and you will find reports on the separate workshops in this edition of ECCO News.

On Thursday afternoon, at 12:50, all of the ECCO Officers joined together on stage for the opening ceremony of the Congress.

ECCO President Séverine Vermeire introduced the three days of cutting-edge science based around the central theme of "IBD innovations driving clinical decisions". In total, there were 30

plenary "best abstract" presentations, 90 digital oral presentations and 780 poster presentations (including 25 nurses' posters). In addition, the "non-scientific" central theme of this year's ECCO Congress was announced: Bicycling! A logical choice in the city of one million bicycles... After the ECCO Film teaser that showed Séverine, Julián, Laurent, Peter and Britta from their exceptional sporting side, the scientific programme could start.

This year, a high number of clinical trials were presented. Julián Panés shared promising phase 3 results with adipose-derived mesenchymal stem cell injection for complex perianal fistulae in Crohn's Disease (CD). Other positive phase 3 results were presented on ustekinumab for induction of remission in anti-TNF-refractory CD (UNITI-1) and on tofacitinib for induction of remission in both anti-TNF-naïve and experienced patients with moderate-to-severe Ulcerative Colitis (UC). Phase 2 studies included positive trials with a toll-like-receptor 9 agonist in patients with moderate-to-severe UC, an anti-interleukin-6 antibody for anti-TNF-refractory CD patients, and a selective JAK-1 inhibitor and tofacitinib for moderate-to-severe CD.

In addition to the industry-sponsored studies with pipeline molecules, several top-level investigator-initiated studies were

presented. A French multicentre study suggested that a dose reduction of azathioprine in patients with IBD in deep clinical remission under combination therapy for at least 6 months does not provoke an increased risk of flare during a 1-year follow-up, and may improve the safety profile. The DIAMOND study showed that the clinical efficacy of adalimumab + azathioprine combination therapy at week 26 was not significantly different from that of adalimumab monotherapy, a completely different result from the landmark SONIC trial, which showed clear superiority of infliximab + azathioprine combination therapy over either therapy alone. A prospective, multicentre randomised controlled trial involving 13 institutes in Japan demonstrated non-inferiority of surveillance colonoscopy with a newly developed pancolonoscopic narrow-band imaging tool as compared to panchromoendoscopy in patients with longstanding UC, with important implications in terms of time saving. The data from a large prospective registry held by the GETAID surgery group pointed towards an increased risk of morbidity after surgery for ileocolonic CD in patients receiving preoperative anti-TNF therapy, which should be taken into account in the surgical management of these patients. Data from St Mark's Hospital in London, UK, showed that endoscopic balloon dilatation of Crohn's anastomotic strictures



Julián Panés and Séverine Vermeire at ECCO Interaction: Hearts and Minds 2016 © ECCO



ECCO'16 Congress bags distribution © ECCO



ECCO Office Team at the ECCO'16 Congress © ECCO



Julían Panés and Séverine Vermeire at ECCO'16 Closing ceremony © ECCO



Guided poster session at ECCO'16 Congress © ECCO



Basic Educational Course for Industry 2016 © ECCO

is safe and effective in the long term and that escalation of medical therapy may decrease the need for repeat dilatation. Another UK study, conducted by the TOPPIC Trial Study Group, showed that, compared with placebo, mercaptopurine resulted in a modest reduction in clinical postoperative recurrence after intestinal resection in smoking CD patients.

In line with previous years, several studies addressed the role of therapeutic drug monitoring in patients receiving biologic treatment. A Hungarian study demonstrated that early trough levels (at week 2) were predictive of short-term (week 14) response and remission in patients treated with the infliximab biosimilar CP-13, whereas anti-drug antibodies by week 14 predicted medium-term (week 30 or week 52) clinical outcomes. The first pharmacokinetic data for intravenously administered ustekinumab during induction treatment in patients with CD were provided, showing dose-proportional serum ustekinumab concentrations with a clear exposure-response relationship. Geert D'Haens (AMC, The Netherlands) presented the results of the Tailorix trial, demonstrating that proactive trough level-based dose intensification was not superior to dose intensification based on symptoms alone in terms of achieving sustained steroid-free clinical remission from week 22 to week 54 and absence of ulceration at 1 year in biologic-naïve adult patients with active CD. Finally, Japanese investigators found CRP, albumin and haemoglobin to be correlated with week 2 infliximab trough levels, which in turn predicted clinical remission at week 14.

Research on the role of the microbiota in IBD is still running at full speed, as demonstrated by the numerous topical abstracts that were sent in this year. A study from Groningen, The Netherlands demonstrated for the first time that genetic risk variants influence the gut microbiome in healthy individuals. In a randomised clinical trial performed in Australia, intense multi-donor faecal microbiota transplantation (1x by colonoscopic infusion, followed by enemas 5 days/week for 8 weeks) turned out to be effective in inducing clinical and endoscopic remission at week 8 in patients with resistant active UC. The impact of the diet on microbiota composition has only just begun to be explored. Vaios Svolos (Glasgow, UK) showed interesting results of a food-based diet which induces similar effects on gut microbial metabolites as compared to exclusive enteral nutrition, warranting further in-depth studies.

Amongst the other eye-catching novelties were the identification of the very first genome-wide risk gene (RSPO3) in primary sclerosing cholangitis and the development and validation of diagnostic criteria for IBD-unclassified (IBDU) in children from the paediatric IBD Porto Group from ESPGHAN.

Besides the outstanding scientific programme, many other ECCO-related activities took place in Amsterdam. New this year were (a) the presentation of the highly anticipated ECCO-EFCCA Patient Guidelines during a well-attended Press conference, (b) the launch of ECCO UR-CARE, a comprehensive patient data registry that will offer clinical

investigators the opportunity to easily cooperate across projects, (c) the first ECCO EU Project Forum, aiming to facilitate exchange of knowledge and to identify potential new synergies in European projects, (d) the 1st ECCO Endoscopy Workshop, (e) the SciCom Symposium on Molecular aetiology of IBD, (f) 1st School for Clinical Trialists and (g) the 1st editions of the H-ECCO IBD Masterclass and the D-ECCO Workshop. It was nice to see that many delegates visited the ECCO Booth to get more information on the numerous e-CCO Learning activities of ECCO, the ECCO e-Guide, the ECCO Scientific Platform, etc.

The now famous ECCO Interaction: Hearts and Minds took place in the beautiful Beurs van Berlage in the heart of Amsterdam City.

During an excellent buffet, Séverine Vermeire handed over the ECCO Presidency to Julián Panés, to much applause from the ECCO Delegates. Later that evening, DJ Walter moved the same delegates to the dancefloor for a terrific social event that lasted until the early hours of the next morning.

Congratulations to the Organising Committee, all ECCO Working Committees and the staff from the ECCO Office. I think that everyone will agree that, once more, they did a terrific job. Thanks also to all speakers and attendees. **We'll see you all in Barcelona for the 12th Congress of ECCO!**

PIETER HINDRYCKX
ECCO News Associate Editor



ECCO'16 Congress Opening © ECCO

ECCO Abstract Awards at the 11th Congress of ECCO

Top 10 Digital Oral Presentations © ECCO

Top 10 Digital Oral Presentations

- "Epigenetic control of colonic epithelial antigen processing, barrier function, and the microbiome via methyl-CpG binding domain protein 2" (DOP004), G.-R. Jones et al, University of Edinburgh, Gastroenterology, Edinburgh, United Kingdom
- "Long-term follow-up after ileorectal anastomosis in Ulcerative Colitis (UC) identified factors associated with rectal outcome: A multicentre retrospective cohort of 343 patients from the GETAID/GETAID Surgery" (DOP018), M. Uzzan et al, APHP Beaujon, Department of Gastroenterology, Clichy, France
- "Large-scale drug screen reveals benzimidazole anti-helminthics as potential anti-TNF co-therapy" (DOP027), M. Wildenberg et al, Academic Medical Centre, Gastroenterology and Hepatology, Amsterdam, Netherlands
- "Efficacy and safety of biosimilar infliximab after one year: Results from a prospective nationwide cohort" (DOP028), K. Gecse et al, Semmelweis University, First Department of Medicine, Budapest, Hungary
- "Impact of an education programme on IBD patient's skills: One year results of the ECIPE randomised, controlled multicentre study" (DOP041), M. Allez et al, Saint-Louis Hospital, Department of Gastroenterology, Paris, France
- "Discrepancies between patient-reported outcomes, endoscopic, and histologic appearance in Ulcerative Colitis" (DOP054), J.-F. Colombel, Icahn School of Medicine at Mount Sinai, Division of Gastroenterology, New York, New York, United States
- "Measurement of endoscopic severity in a Crohn's Disease multicentre paediatric inception cohort: Poor correlation of SES-CD with Paediatric Crohn's Disease Activity Index (PCDAI)" (DOP063), N. Carman et al, The Hospital for Sick Children, Toronto, Canada
- "Disappearance of anti-drug antibodies to infliximab and adalimumab after addition of an immunomodulator in patients with Inflammatory Bowel Disease" (DOP066), A. Strik et al, Academic Medical Centre, Gastroenterology and Hepatology, Amsterdam, Netherlands
- "Risk of malignancy in paediatric Inflammatory Bowel Disease: Results from the DEVELOP registry" (DOP078), G. Veereman et al, Universitair Ziekenhuis, Brussels, Belgium
- "Proximity extension assay immunoassay technology identifies novel serum biomarkers that can diagnose and classify Inflammatory Bowel Diseases: IBD Character Consortium" (DOP082), R. Kalla et al, University of Edinburgh, Gastroenterology, Edinburgh, United Kingdom

Y-ECCO Abstract Awards

- "A variable number of tandem repeat polymorphism in the promotor region of the neonatal Fc receptor affects anti-TNF serum levels in IBD" (OP005), T. Billiet et al, Department of Clinical and Experimental Medicine, KU Leuven, Translational Research in Gastrointestinal Disorders (TARGID), Leuven, Belgium
- "Comprehensive epigenome-wide DNA methylation profiling in Inflammatory Bowel Disease" (OP007), N. Ventham et al, University of Edinburgh, CGEM, Edinburgh, United Kingdom
- "Risk factors for colorectal neoplasia in Ulcerative Colitis: Results from the largest and longest-running colonoscopic surveillance program" (OP012), C. Choi et al, St. Mark's Hospital, London, United Kingdom
- "Evolution of corticosteroid use in Crohn's Disease patients between 1991 and 2014: Results from the Dutch population-based IBDSL cohort" (OP013), S. Jeuring et al, Maastricht University Medical Centre, Internal Medicine - Division of Gastroenterology and Hepatology, Maastricht, Netherlands
- "Efficacy of autologous hematopoietic stem cell transplantation for refractory Crohn's Disease" (DOP019), A. López-García et al, Hospital Clinic Barcelona, Gastroenterology, Barcelona, Spain

IIS Abstract Awards

- "The impact of "Crohn's Disease-Treatment-with-EATing" diet (CD-TREAT diet) and exclusive enteral nutrition on healthy gut bacteria metabolism" (OP018), V. Svolos et al, Human Nutrition, School of Medicine, College of Medical, Veterinary and Life Sciences, University of Glasgow, Glasgow Royal Infirmary, Glasgow, United Kingdom
- "Comparison between newly-developed NBI and panchromoendoscopy for surveillance colonoscopy in patients with Ulcerative Colitis: A prospective multicenter randomized controlled trial, Navigator Study" (OP023) K. Watanabe et al, Osaka City General Hospital, Gastroenterology, Osaka, Japan

The report on the IIS Abstract Award Winners will be available in ECCO News Issue 2.

Congratulations!

The 11th Congress of ECCO in numbers

Another record attendance – 6,265 delegates attended the 11th Congress of ECCO in Amsterdam

The 11th Congress of ECCO – Inflammatory Bowel Diseases 2016, which was held on March 16-19, 2016 in Amsterdam, The Netherlands, showed that ECCO continues to grow! The Congress attracted a record number of **6,265 delegates from 91 different countries**. Since the inaugural ECCO Congress in 2006 in Amsterdam, at which there were 350 delegates, participant numbers have steadily increased, as shown in the graph below:

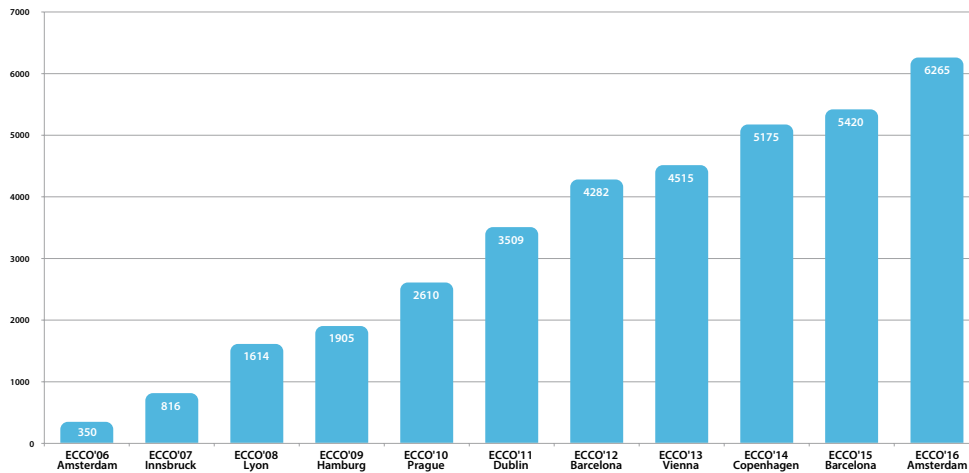


Figure 1: ECCO Congress participation 2006-2016 © ECCO Office

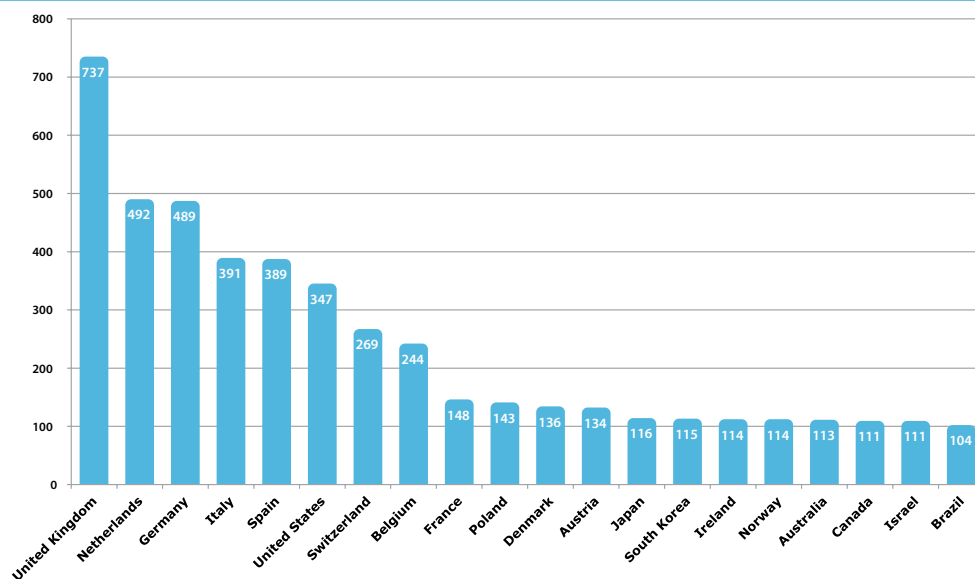


Figure 2: ECCO Congress participation 2016 - top 20 countries © ECCO Office

The pie chart to the bottom left shows the **attendance at the 11th Congress of ECCO** from a continental perspective. Approximately 79% of all participants came from Europe and about 21% from outside of Europe.

The pie chart to the bottom right illustrates the **professions represented at the 11th Congress of ECCO**. The majority of participants were physicians (38%), followed by representatives from industry (18%). Other attendees included IBD nurses (6%), clinical researchers (6%) and endoscopists (6%), followed by scientists, fellows/trainees (4% each), surgeons (3%) and paediatricians, students, pharmacists (2% each). Dietitians, research nurses and patient advocates represented 1% of all delegates.

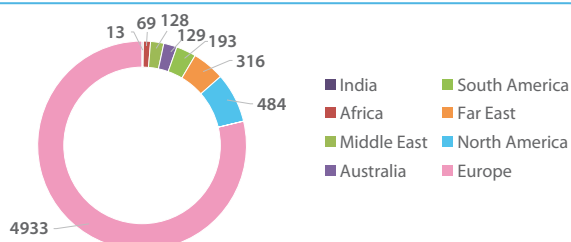


Figure 3: ECCO Congress participation 2016 – continental perspective © ECCO Office

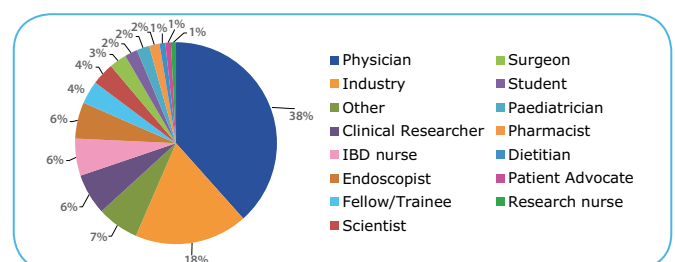


Figure 4: ECCO Congress participation 2016 – professions © ECCO Office

Industry exhibition

This year's industry exhibition attracted **38 exhibitors**, mainly from the pharmaceutical but also from the device/instrumentation, medical, publishing and non-profit sectors. The total net **exhibition area was 1,563 m²** – yet another record number in ECCO's history, which demonstrates a massively growing interest from industry.

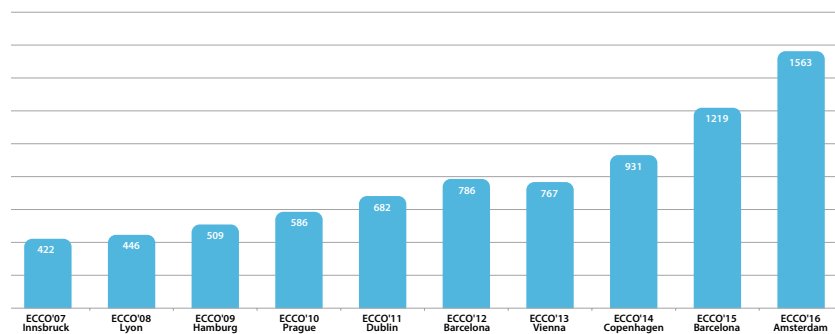


Figure 5: Net exhibition space 2016 in m² © ECCO Office

High-quality abstracts

A key component of the success of the ECCO Congress is the **rising number of high-quality abstracts** accepted for oral, digital oral and poster presentation. An outline of the evolution of abstract submission is displayed in figure 6 and 7:

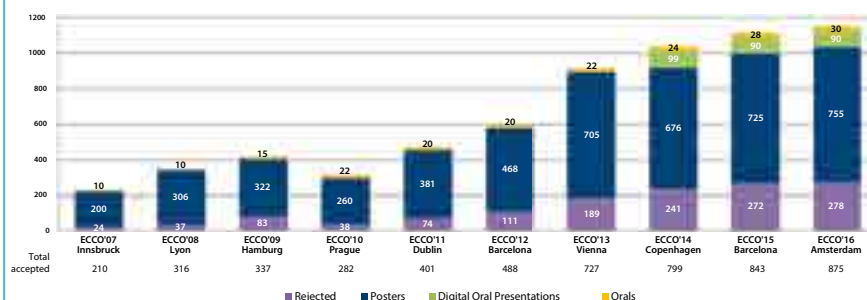


Figure 6: Accepted versus rejected abstracts 2007–2016 © ECCO Office

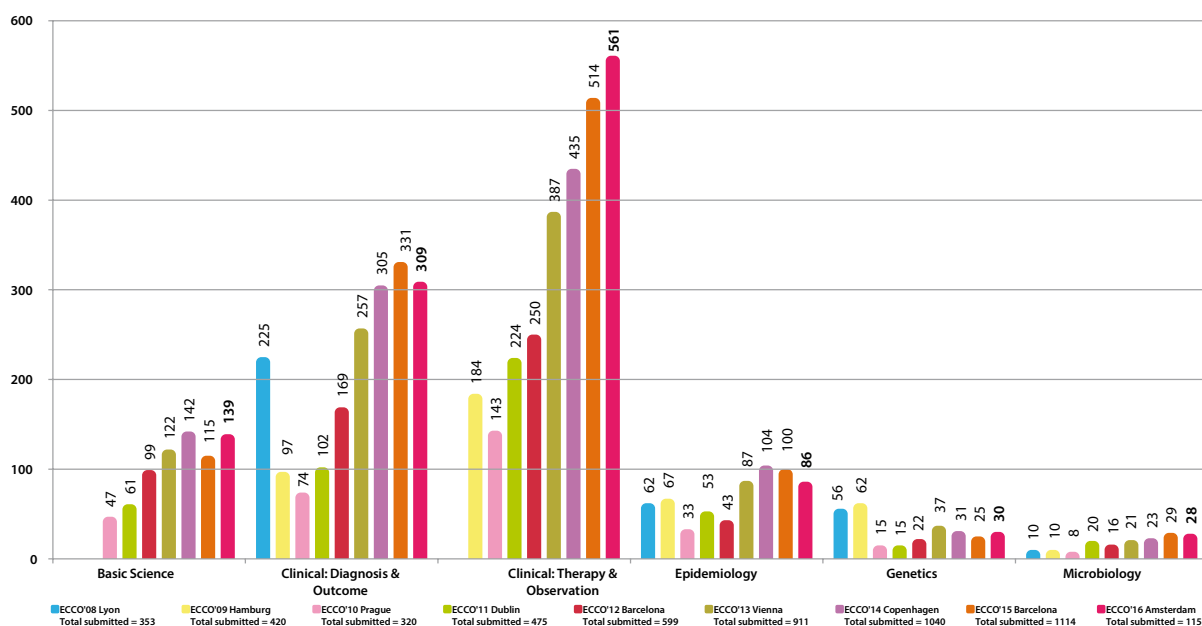


Figure 7: Abstracts 2016 – category split © ECCO Office

More statistics...

Detailed **statistics** and **impressions** of the 11th Congress of ECCO can be viewed online at www.ecco-ibd.eu.

Furthermore, **video recordings** of scientific talks and selected educational courses are available for ECCO Members on the e-CCO Learning Platform, in the e-Library under Webcasts: www.e-learning.ecco-ibd.eu.

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

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



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ECCO UR-CARE



Launch in 2016

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ECCO-EFCCA Patient Guidelines – Press Conference at the 11th Congress of ECCO: Report

One day before the official launch of the 11th Congress of ECCO, the highly anticipated ECCO-EFCCA Patient Guidelines were presented during a well-attended Press conference at the RAI in Amsterdam. The history of these guidelines, which are unique worldwide, goes back to the end of 2014, when ECCO organised a joint meeting between representatives of the national IBD patient associations and the ECCO National Representatives (patients, nurses and physicians) with the aim of improving IBD patient care and quality of life. During that meeting, it emerged that there was a clear unmet need for patient guidelines, written in layman's terms, that would provide IBD patients with all the relevant information on their disease. Following this exploratory meeting, taskforces were set up on Crohn's Disease and Ulcerative Colitis, with different working groups in which patients selected the most relevant statements from existing ECCO Guidelines and translated them into patient language, in cooperation with health care professionals. The outcome of these intensive efforts is a comprehensive document that will help IBD patients throughout the world to increase their knowledge and become a part of the team when choosing the most appropriate treatment pathway, this in an open and constructive relationship with their treating physicians. The ECCO-EFCCA Patient Guidelines have been published on the ECCO Website where they are available for download.

PIETER HINDRYCKX
ECCO News Associate Editor



ECCO'16 Press conference © ECCO



ECCO'16 Press conference © ECCO

ECCO-EFCCA Patient Guidelines to be downloaded here:

www.ecco-ibd.eu/index.php/press-conference-ecco-16/ecco-efcca-patient-guidelines.html



**ECCO
EFCCA
PATIENT
GUIDELINES**

ECCO Fellowships and Grants 2016

One of the main goals of ECCO is to promote IBD-related basic and clinical research as well as to foster interaction and productive collaboration among European research groups working in the IBD field. To achieve this, ECCO awards Fellowships, Grants, and Travel Awards on a yearly basis. Each ECCO Fellowship consists of a EUR 60,000.- award to facilitate the stay of a young investigator in a different research group in order to undertake a specific research project. ECCO Grants consist of a EUR 40,000.- award (a EUR 10,000.- increase from previous years) and each ECCO Travel Award is funded with EUR 1,500.- to allow the recipient to travel to another country for a scientific purpose. Since these ECCO Fellowships and Grants were first awarded in 2008, they have resulted in 23 original publications, including two in *Nature*, two in *Gastroenterology* and five in *Gut*.



Gerhard Rogler © ECCO

In 2016 a total of 19 awards have been given: Two ECCO Fellowships, one ECCO-Nestlé Health Science Nutrition Fellowship (a new Fellowship awarded for the first time this year and focussed on research on nutrition in IBD), one ECCO-IOIBD Fellowship (another new Fellowship jointly given by IOIBD and ECCO), ten ECCO Grants, and five ECCO Travel Awards, including two N-ECCO Travel Awards. It is important to underline that, once again, all proposals submitted to ECCO were peer reviewed by a panel of expert reviewers. Each proposal was assigned three or four reviewers, one of whom was a member of ECCO's Scientific Committee and the other two or three, well-known experts in that particular area of the IBD field.

In the case of ECCO Fellowships, the two best ranked applicants have been selected for funding: Ferdinando Bonfiglio from Huddinge, Sweden, who will do his Fellowship at the BioCruces Health Research Institution, Barakaldo, Spain, undertaking a project entitled "A computational approach to genotype-driven drug repositioning in Inflammatory Bowel Disease", and Jesus Cosín from Valencia, Spain, who will travel to the University Hospital of Zurich, Switzerland, to study the "Physiological relevance of the mutual regulation of autophagy and inflammasome under hypoxia in IBD".

In a joint effort with Nestlé, ECCO funded



ECCO Fellowships and Grants 2016 © ECCO

the Health Science Nutrition Fellowship for innovative scientific research in IBD in Europe, with a special focus on the role of food and nutrition in the aetiology and management of IBD. Klara Frivolt from Munich, Germany, was awarded this ECCO-Nestlé Fellowship for her research entitled "Oral nutritional supplement therapy improves bone structure and body composition in pediatric Crohn's Disease: a randomized controlled trial".

Further, together with IOIBD, ECCO awarded a Fellowship to promote innovative scientific exchange in IBD between Europe and other continents. In 2016 the recipient of the ECCO-IOIBD Fellowship is Sharon Veenbergen from Rotterdam, The Netherlands, who will be visiting the National Heart, Lung, and Blood Institute, Bethesda, USA, to focus on "the interleukin-1 pathway as a putative new target in paediatric Inflammatory Bowel Disease".

As for the ECCO Grants, the best ten applications were selected for funding. The funded investigators and their proposals are:

- **Ziad Alnabhani** (Paris, France)
Title: Early microbial exposure and type 3 innate lymphoid cells in the pathogenesis of IBD and their value as therapeutic targets
- **Anthony de Buck van Overstraeten** (Leuven, Belgium)
Title: Prospective trial investigating mechanisms of (functional) recovery of the side-to-side isoperistaltic strictureplasty (SSIS) for stricturing terminal ileal Crohn's Disease. (PROSAIC Trial)
- **Jonathan Digby-Bell** (London, United Kingdom)
Title: Harnessing functional immune biomarkers to predict response to anti-TNFα therapy in Ulcerative Colitis
- **Glen Doherty** (Dublin, Ireland)
Title: Strategies for restoring loss of response to anti-TNF therapy in IBD
- **Caspar Ohnmacht** (Munich, Germany)
Title: Human ROR(γt)+ regulatory T cells in IBD
- **Francesca Ronchi** (Bern, Switzerland)
Title: Microbiota-mediated fine-tuning of the threshold of intestinal inflammasome activation in host-microbial mutualism
- **Jurgita Skiecevičienė** (Kaunas, Lithuania)
Title: MicroRNA profiling in tissues and

primary intestinal epithelial cells of patients with active and inactive Ulcerative Colitis

- **Marianne Spalinger** (Zurich, Switzerland)
Title: The role for T-cell derived cytokines in the pathogenesis of CD-associated fistulae
- **Donal Tighe** (Dublin, Ireland)
Title: Optimal use of immunomodulator and biological therapy in IBD
- **Andrea van der Meulen** (Leiden, The Netherlands)
Title: A multi-center randomized controlled trial on the effect of rehabilitation, e-Health and usual care in IBD patients with peripheral arthralgia.

We also funded five of the Travel Award applications submitted this year. As before, those that were selected will favour experience sharing and trigger new European collaborative studies. We are particularly happy to include two N-ECCO Travel Awards among these. The role of the IBD nurses in IBD patient management is increasingly being recognised across Europe. Hence, promoting their training and allowing them to share their experience is a priority. The Travel Awards were received by:

- **Luís Carlos Carvalho Monteiro Lourenço** (Amadora, Portugal)
- **Karin Davidson** (Cape Town, South Africa)
- **Borja Hernández-Breijo** (Madrid, Spain)
- **Lone Gerd Nielsen** (Svendborg, Denmark)
- **Pavol Papay** (Vienna, Austria)

There will be another open call for Fellowships and Grants next year for all ECCO Members. We encourage all submitters and grant applicants to focus on defined projects that can be done with the amount of money awarded. Submission of huge projects in which the ECCO funding can only play a minor part is discouraged. We are particularly excited to be in a position to award one exceptional "Pioneer Award" in 2017. Further details will be provided in due course. In the meantime we wish all of this year's awardees the best of luck in successfully delivering on the contents of their awards and look forward to presentations resulting from their work at forthcoming ECCO Congresses.

GERHARD ROGLER
SciCom Chair

Report on the 5th ClinCom Workshop

The 2016 ClinCom Workshop was divided into two sessions, the first addressing the balance of safety and efficacy, and the second, the balance of efficacy and costs.

Jean-Frédéric Colombel opened the first session with a review of meta-analysis and what it has taught us. He discussed the need for network meta-analysis given the lack of head-to-head comparisons and the difficulty that the baseline placebo response varies between trials. Regarding the question of whether to use monotherapy or combination therapy with antimetabolite drugs and anti-TNF antibodies, the meta-analysis data are conflicting. While on the one hand there is some suggestion that the number of infusion reactions is reduced by combination therapy, thereby enhancing safety, on the other hand combination therapy may result in increased infection risks and rare instances of lymphoma. Jean-Frédéric concluded by highlighting the limitations of meta-analysis, offering the reassurance that detailed meta-analysis has failed to identify any new safety signals and suggesting that in future head-to-head studies should be mandatory.

Geert D'Haens discussed how to evaluate the safety of biologic data from controlled trials which suffer from the inclusion of only small numbers of very highly selected patients. Post-marketing surveillance entails a problem of massive under-reporting, and registries again both are selective and have limited numbers. Geert pointed out that TB infections complicating anti-TNF treatment and the progressive multifocal leukoencephalopathy complication of natalizumab both came to light only after their registration trials had been completed. He also reviewed the evidence in rheumatology and identified the British Society of Rheumatology Registries as providing comforting data that rheumatoid arthritis and previous malignancy appear not to be an absolute contraindication to anti-TNF treatment, as evaluated with a follow-up of 4 years. Looking to future biologics, the psoriasis data were reviewed. A large body of data relating to safety is available, and current evidence suggests that serious infections are slightly increased with infliximab but probably not with ustekinumab. Again, the value of registries was discussed and although these registries contain significant numbers of patients, they are of limited value due to the variable severity of disease. The large CESAME cohort study from France was reviewed, drawing attention to the strong evidence of an association between thiopurine treatment and lymphomas, the risk being highest in older patients.

Vipul Jairath, who has recently moved to London, Ontario reviewed cluster randomisation trials and their application to Inflammatory



5th ClinCom Workshop 2016 © ECCO

Bowel Disease (IBD). This trial structure is good for large interventions such as fluoride in water or changes in the education system. It has been used in IBD in the REACT trial, where two treatment policies were compared in 40 practices. In the right setting this trial design can provide powerful answers but there is a risk that the intervention protocol can start to influence the patients in the control arm.

Michael Kamm concluded the first session by discussing how to choose biologic therapy in 2016. In the setting of Acute Severe Colitis, the choice is really between cyclosporine and infliximab as current data suggest that the other biologics are unlikely to provide a sufficiently rapid response. In chronic active disease the options are more open. Adalimumab, infliximab with or without azathioprine and vedolizumab all appear to have a role. It may be that a factor such as safety in the elderly will, in the future, permit differentiation between these options, although currently insufficient data are available to be definite about this.

Keith Bodger from Liverpool, UK, introduced the second session with a discussion of the methodology of cost efficacy. He described the various models for cost efficacy analysis and the limitations of these as they are applied to IBD care. A minority of patients drive most of the costs, and in analysing these models it is important to challenge the assumptions at every stage.

Ailsa Hart then discussed how to implement the results of cost efficacy analysis in clinical practice. She described the three-way interaction between patients, hospitals and commissioners or payers and described the variations in such interactions in different healthcare systems. She also discussed the NICE technology appraisal requirement that the treatment of Crohn's Disease with anti-TNFs be reviewed annually in order to ensure the appropriate use of health care resources.

Daniel Hommes from Los Angeles, United States, then reviewed the situation in the United States, where each year 22 billion dollars are spent on the 1.4 million patients with IBD. Surprisingly, claims analysis reveals that most IBD patients are not under an IBD specialist or even, in many cases, a gastroenterologist. In addition to this, the direct costs are hugely increased by the indirect cost of both time off work and reduced productivity whilst at work. The methodology for looking at this topic is, however, problematic since comparison of the situation 6 months prior to a treatment with that 6 months following an intervention is not straightforward.

The ClinCom Workshop concluded with a round-table discussion involving **Elmer Schabel** (EMA), **Barney Hawthorne** (Cardiff, UK), **Alessandro Armuzzi**, (Rome, Italy) and **Ailsa Hart** (London, UK). The panel made the point that the rules governing availability and choice of treatments vary hugely among different parts of Europe and, indeed, sometimes among regions within the same country. NICE, on the other hand, has tried to ensure equal access to treatments across England and Wales. The high cost of introducing new biologics to the market place was highlighted and the need of pharmaceutical companies to recoup the cost of R&D investment was discussed. As the cost of manufacturing biosimilars is often much lower as the R&D has been done for the originator product, their introduction allows significant cost reduction.

Fernando Magro closed the session and thanked the speakers for providing an educational and thought-provoking workshop which was appreciated by the audience.

JOHN MANSFIELD
ClinCom Member

ClinCom National Study Group Meeting at the 11th Congress of ECCO

The first meeting of European National IBD Study Groups, organised by ClinCom, took place on March 17, 2016 within the framework of the 11th Congress of ECCO. The goal of the meeting was to present the ClinCom role and mission, to introduce groups to each other and to discuss possible cooperation in investigator-initiated studies.

The following ten representatives attended the meeting on behalf of their groups and presented main national activities: **Gottfried Novacek** for Austria (ATISG – Austrian IBD Study Group), **Peter Bossuyt** for Belgium (BIRD

– Belgian IBD R&D), **Glen Doherty** for Ireland (INITIative – IBD research network for Ireland), **Ulf Helwig** for Germany (GISG – Germany IBD Study Group), **Giorgios Bamias** for Greece (Hellenic Group for the Study of IBD), **Limas Kupčinskis** for the Lithuanian IBD Study Group, **Bas Oldenburg** for the Netherlands IBD Study Group (ICC – Initiative on Crohn and Colitis), **Fabrizio Bossa** for Italy (IG-IBD – Italian Group for IBD), **Edyta Zagórowicz** for the Polish National IBD Study Group and **Javier Gisbert** for Spain (GETECCU).

The discussions covered several topics, including how to submit a study proposal for

ClinCom review, how to find possible partners for multinational studies and how ClinCom might facilitate this search.

As ClinCom Members, we hope that the positive atmosphere created during this first meeting will lead to fruitful exchange and collaboration among European countries in the near future.

EDYTA ZAGÓROWICZ
ClinCom Member

Coming this spring!



Scientific Committee

Announcement of the call for all ECCO Fellowships, Grants, Travel Awards and the Pioneer Award 2017 for all ECCO Members.

ECCO looks forward to receiving your submissions!

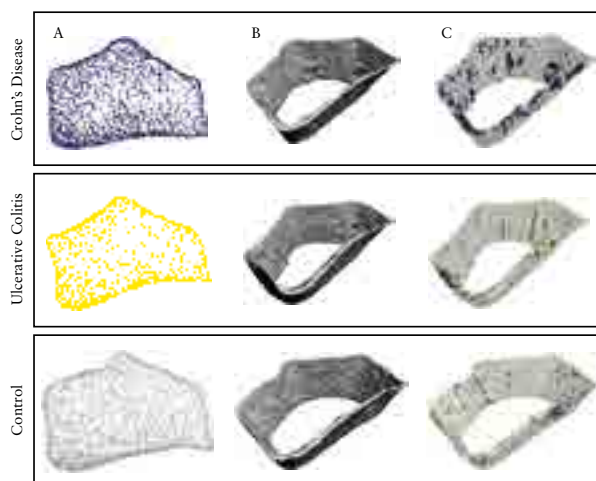


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New insights into bone loss in IBD,
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3rd EpiCom Workshop

IBD has a multifactorial pathogenesis and the etiology is still elusive. It is widely agreed that one of the most likely explanations for the progressive increase in incidence observed worldwide is the influence of environmental factors in a predisposed host. Given the large body of available data, albeit with sometimes conflicting findings, the Epidemiology Committee (EpiCom) organised within the 11th ECCO Congress in Amsterdam the 3rd EpiCom Workshop, entitled: *Early lifestyle, microbiome and risk of IBD*.

After an introduction by **Tine Jess** from Copenhagen (Denmark), former chair of EpiCom, in which she explained the main learning objectives of the workshop, *the first session began under the chairmanship of Vito Annese from Florence (Italy) and Ebbe Langholz from Hellerup (Denmark)*.

The first speaker was **Zuzana Zelinkova** from Bratislava (Slovakia), who reviewed the potential role of delivery and breastfeeding in predisposition to IBD. Based on extensive critical review of the literature published in recent years, it was concluded that the increased rate of caesarean section seems to parallel the increasing incidence of IBD in Western countries, probably because of the resultant reduction in microbiota diversity. Data on this subject are, however, still conflicting, with some risk being demonstrated for Crohn's Disease (CD). In addition, lactation is often delayed and suboptimal after caesarian section; this is relevant given that there is a lower incidence of paediatric-onset IBD among those who have been breastfed during infancy, with a more pronounced effect being observed for CD.

Dana Duricova from Prague (Czech Republic) evaluated the role of infections in childhood and the use of antibiotics. Here again, a number of studies have indicated an increased risk of IBD following frequent infections and, presumably, frequent use of antibiotics. Exposure to antibiotics is positively associated with the development of IBD, especially CD with paediatric onset. The link may be a prolonged derangement of intestinal microbiota leading to decreased diversity and dysbiosis; however, causation is not proven.

Kostantinos Katsanos from Ioannina (Greece) delivered an extensive review of the historical steps in vaccination, starting from the success of eradication of smallpox through to the widely used influenza vaccine. In 1995 a cohort study from the UK found an association between measles vaccination and CD and ulcerative colitis (UC), but the finding was widely questioned on methodological grounds. This hypothesis has now been completely refuted and there is really no support for the claim that any vaccination in childhood predisposes to later development of IBD.

Vito Annese from Florence, Italy, focussed



3rd EpiCom Workshop © ECCO

his talk on the effect of diet as a predisposing factor, a potential modifier of the microbiota and an inducer of IBD flares. Studies in animal models have consistently demonstrated that a high fat/high sugar diet, gluten, red meat, maltodextrin and emulsifiers may induce or accelerate intestinal inflammation. In contrast, certain dietary fibres and soy protein may be beneficial. In humans a dietary pattern characterised by increased consumption of animal fat and animal proteins, food additives and low fibre has been associated with an increased incidence of IBD. Conversely, omega-3 fatty acids, medium chain triglycerides and fermentable carbohydrates may be protective factors. However, the data are really conflicting because of the large number of confounders. The relationship between changes in microbiota and IBD has been the focus of an increasing number of studies, several of which have demonstrated the presence of microbiota dysbiosis in IBD, with environmental factors, including diet and antibiotics, as possible drivers; however, causation is not proven. Finally, there is increasing evidence that subjects with IBD may be intolerant to FODMAPs (fermentable oligo-, di-, mono-saccharides and polyols), which are more usually present in milk and milk derivatives and some fruits and vegetables. As in irritable bowel syndrome, a low FODMAP diet may reduce some gastrointestinal symptoms in IBD, such as bloating and distension.

Pia Munkolm from Copenhagen (Denmark) reviewed the conflicting literature on appendectomy and IBD. Appendectomy for true appendicitis is protective against onset of UC, but in contrast may be a predisposing factor for CD. Pia also mentioned a study running in northern Europe that aims to evaluate the effect of laparoscopic appendectomy on the course of UC.

Peter Lakatos from Budapest (Hungary) had the task of reviewing the effect of smoking, which is probably the environmental factor for which the most (and the most robust) evidence is available. Smoking is a risk factor for development of CD and for a more severe disease course, including the occurrence of extra-intestinal manifestations. Accordingly,

smoking cessation has been demonstrated to improve disease outcome. In contrast, smoking is a protective factor against UC onset, and cessation has a negative influence on the disease course.

The second session of the workshop was moderated by Tine Jess and Dana Duricova.

After an introduction on the methodology for design of an epidemiological study, the attendees were split into three working groups, each comprising about ten people, and given the task of designing a study on the impact of the introduction of biologic therapy and the subsequent risk of surgery in IBD. After discussion, a presenter from each group briefly reported the potential bias and difficulties of such a study, and there was fruitful discussion on how to overcome such caveats.



Nuha Yassin and Ebbe Langholz © ECCO

Subsequently **Nuha Yassin** from London (UK) presented a clinical case involving a patient who had recently migrated to the UK, emphasising the challenges posed by differential diagnosis and the increased incidence of IBD in immigrants from low- to high-incidence countries. At the end of the meeting, **Tine Jess** underlined the lack of solid information on the environmental factors potentially involved in predisposition to IBD and the challenges facing future investigations involving careful population-based studies on the different aspects of the so-called exposome.

VITO ANNESE
EpiCom Member

ECCO Imaging Workshops at ECCO'16

Report on the 1st ECCO Endoscopy Workshop

Participating speakers and tutors were: **Vito Annese** (Italy), **Ailsa Hart** (United Kingdom), **Geert D'Haens** (The Netherlands), **Rami Eliakim** (Israel), **Marc Ferrante** (Belgium), **Paolo Gionchetti** (Italy), **Peter Irving** (United Kingdom), **Konstantinos Katsanos** (Greece), **Torsten Kucharzik** (Germany), **Peter Lakatos** (Hungary), **Antonio López-Sanromán** (Spain) and **Matthew D. Rutter** (United Kingdom).

A total of 55 participants attended the 1st ECCO Endoscopy Workshop, which was part of the educational imaging programme at the ECCO Congress in Amsterdam. The workshop was organised by the Educational Committee of ECCO (EduCom). Four sessions were offered within the workshop: "Assessment of endoscopic activity: Clinical trials and routine practice", "Endoscopic surveillance for IBD-associated colorectal cancer", "Endoscopic therapeutic intervention in IBD" and "Small bowel endoscopy: Capsule vs. balloon enteroscopy". In each session, a short introductory talk covered the clinically relevant aspects of the topic, followed by presentation of clinical cases and detailed discussion among participants. Workstations allowed the participants to evaluate the videos and images of endoscopic cases themselves before they were discussed with others.



Matt Rutter © ECCO

Within the small bowel endoscopy session, participants were able to assess the endoscopic capsule videos using specific capsule-reading software. In particular, the case presentations were highly interactive. Intense discussion of clinically relevant cases between speakers, chairs and the audience made the 1st ECCO Endoscopy Workshop a great success. As the course was already booked out several months in advance and the waiting list was long, it will definitely be repeated at one of the upcoming ECCO Meetings.



3rd ECCO-ESGAR Ultrasound Workshop © ECCO

Report on the 3rd ECCO-ESGAR Ultrasound Workshop

Participating speakers and tutors were: **Richard Beable** (United Kingdom), **Steven Bots** (The Netherlands), **Emma Calabrese** (Italy), **Daniel Dindo** (Switzerland), **Torsten Kucharzik** (Germany), **Christian Maaser** (Germany), **Giovanni Maconi** (Italy), **Julian Puylaert** (The Netherlands), **Gerhard Rogler** (Switzerland) and **Stephan Vavricka** (Switzerland).

Bowel ultrasonography (US) has become an important diagnostic tool in monitoring patients with Inflammatory Bowel Disease and is becoming increasingly popular in the hands of gastroenterologists in many European countries. It is an easy-to-use, accurate, cost-effective and pleasant method that has emerged as one of the most important imaging techniques in daily routine.

The practical hands-on Workshop on Bowel US was organised for the third time by EduCom in conjunction with colleagues from ESGAR. The goal of these workshops has been to introduce gastroenterologists to the technique of bowel US. Recently established educational tools were employed to enable hands-on training for more than 55 participants.

Tutors from five different European countries were involved and participants were taught to determine and to characterise inflammatory activity within the small and large bowel of IBD patients. By employing an ultrasound simulator (Schallware model), participants with different levels of educational experience could be trained simultaneously. During the hands-on training, every participant rotated between nine workstations to learn ultrasound pathologies in nine different cases. IBD pathologies were demonstrated for both transabdominal and transrectal US on the different workstations. In addition to the ultrasound simulator, outpatients from the IBD clinic, Academic Medical Center (AMC), Amsterdam who were willing to take part were employed for the workshop. The participants enjoyed in particular the hands-on part of the workshop.

ECCO thankfully acknowledges support from AbbVie, Janssen, Hitachi, Medtronic and MSD.

Taken together, the imaging workshops during the ECCO Congress in Amsterdam were very well received by the participants and proved to be a great success. *At the next ECCO Congress in Barcelona, ECCO is planning*



3rd ECCO-ESGAR Ultrasound Workshop © ECCO

to hold workshops on MRI and bowel US.

In contrast to this year's IBD workshop, the workshop next year will primarily address participants who already have experience in bowel US.

We are looking forward to seeing you in Barcelona!

TORSTEN KUCHARZIK
former EduCom Member
GIOVANNI MACONI
EduCom Member

14th IBD Intensive Advanced Course

The 14th IBD Intensive Advanced IBD Course took place before the ECCO Congress as the highlight of the educational programme which runs in conjunction with the conference

The course was opened by the Educational Officer, **Gerassimos Mantzaris**, and the ECCO President, **Séverine Vermeire**, who herself attended the first Advanced Course several years ago. The aim of the course is to provide a wide-ranging review of the key clinical and scientific issues related to the advanced management of IBD. Delegates are drawn from the member countries of ECCO, with the National Representatives nominating their most promising IBD trainees to attend. They are supplemented by a small number of delegates from Non-European countries, who this year came from Canada, Chile, Qatar, China and India. *Overall, 95 doctors attended the course from 38 countries and were treated to a comprehensive update on IBD.*

Faculty are invited to speak based not only on their expertise in specific areas but also on their educational ability. They are joined by a number of Y-ECCO Members, who add welcome variety to the presentation and teaching styles. This year, our basic science syllabus included talks on the exposome, genetics and the microbiome while clinical areas covered included a wide variety of management scenarios using interactive and case-based discussions as well as some didactic sessions. This year we increased the number of break-out sessions, with delegates able to attend smaller group teaching covering areas



Peter Irving © ECCO

including management of IBD in pregnancy, the use of ultrasound and MRI in IBD, advanced IBD endoscopy and management of complications of anti-TNF therapy.

As previously, electronic voting pads allowed us to perform pre- and post-course tests to establish the educational value of the course and to allow individuals to assess their learning.

Applications will soon be open for the 15th course in Barcelona in 2017.

For European ECCO Member Countries, these should be made through the National Representatives. We would very much welcome nominations from the few ECCO Member Countries that did not put forward candidates this year. For trainees from elsewhere, applications should be made through the ECCO Office with a covering letter and a CV.

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

Finally, I wish to thank my colleagues on EduCom (**James Lindsay, Torsten Kucharzik, Peter Lakatos, Antonio López-Sanromán, Kostas Katsanos, Pascal Juillerat and Giovanni Maconi**) for their participation and guidance and the rest of the faculty (**Jonas Halfvarsson, Miles Parkes, Philippe Seksik, Sebastian Zeissig, Jane Andrews, Janneke van der Woude, Zuzana Zelinkova, Shomron Ben-Horin, Stephan Vavricka, Gionata Fiorino, Cristiana Bonifacio, Matt Rutter, Pierre Michetti, Yehuda Chowers, André D'Hoore, Pieter Hindryckx, Larry Egan, Michael Kamm and Charlie Lees**) for their time and enthusiasm, without which the course would not be possible.

PETER IRVING
EduCom Chair



14th IBD Intensive Advanced Course © ECCO



14th IBD Intensive Advanced Course © ECCO

Guidelines and Topical Reviews at ECCO'16

New ECCO-ESCP Guideline on Surgery in Crohn's Disease, the updated ECCO Ulcerative Colitis Guideline, and the first ECCO Topical Reviews on Fibrosis and on IBD in Elderly

This year's ECCO Congress in Amsterdam once again offered a platform for presentation of news on the latest guidelines, which will be published in the Journal of Crohn's and Colitis (JCC) in the near future.

First to enter the stage was **Willem Bemelman**, who introduced the new guideline on Surgery in Crohn's Disease (CD), which was a joint project with colleagues from the European Society of Coloproctology (ESCP). From his presentation it became clear that this guideline will help in tailoring surgical therapy to the individual patient. Clear evidence and statements are presented for a variety of situations from small bowel CD to peri-anal fistulas as well as on what to do when the appendix appears normal during surgery for suspected appendicitis but CD of the ileum is instead identified. This guideline will clearly serve as a good reference for future therapeutic decision making by the treating gastroenterologist and surgeon. And as in any

good surgical presentation, lots of pictures of intraoperative findings were provided.

Next on stage were **Rami Eliakim** and **Marcus Harbord** (the latter returning to his roots as an Englishman rather than pretending to be French, as in the previous year), who presented the updated Ulcerative Colitis (UC) Guideline. As the new guideline – though condensed – still consists of 100 statements, the two experts presented extracts by using the updated version to answer therapeutic questions relevant to the solution of a UC case. Marcus Harbord also used the presentation to once again demonstrate how easy it is to find the right answers by referring to the ECCO e-Guide, which is available to everyone via the ECCO Website, including those who are not members of ECCO.

This practical demonstration was followed by **Florian Rieder**, who had the task of presenting a new JCC format: The ECCO Topical Review. Each Topical Review will cover

an important aspect of IBD that is too "small" to warrant a complete guideline and for which only limited evidence-based research is available. The procedures involved in preparing a Topical Review are, however, very similar to those for an ECCO Guideline. Florian Rieder and his group, comprising both clinicians and basic researchers, carefully searched the literature for results regarding fibrosis in IBD and developed a statement on the topic, which is especially important in CD. This statement can already be found online.

Last but definitely not least, **Paolo Gionchetti** introduced the Topical Review "IBD in the Elderly". As in some countries the proportion of elderly IBD patients will soon reach 30%, it is becoming very important to understand specific aspects in elderly patients that are relevant to IBD treatment. The Topical Review effectively calls attention to this issue.

CHRISTIAN MAASER
GuiCom Member

News on GuiCom Committee Structure

Since last year, the structure of ECCO GuiCom and the duration of office for members have changed slightly. GuiCom Members will now serve for a 3-year period, with the option to extend for one additional year for the Committee chair



GuiCom Committee Members (Andreas Sturm, Gionata Fiorino, Christian Maaser, Glen Doherty and Stephan Vavricka) © ECCO

Two new members joined GuiCom at the last meeting in Amsterdam. We are very glad to welcome **Stephan Vavricka** and **Glen Doherty** on board. Stephan Vavricka from Zurich has been actively involved in the ECCO Family for years, making great contributions as former EduCom and e-CCO Learning Taskforce Member, as well as to recent ECCO Guidelines. Moreover, he has participated in several multicentre studies, especially on disease outcomes in IBD, at both the national and the international level. Glen Doherty from

Dublin has much experience in clinical trials and basic science, as well as in meta-analysis and evidence-based medicine. Their wide experience and their great spirit of collaboration and high motivation will be very supportive for the forthcoming activities of our Committee.

At the same time, sadly, this means that two great guys will be leaving the team, **Marcus Harbord** and **Paolo Gionchetti**. Marcus led the Committee during the last year. He did an incredible job in coordinating the

updating and production of recent guidelines and he has successfully developed the ECCO e-Guide project, which will be very useful in disseminating the ECCO Guidelines worldwide in an effectively simple and attractive way. Moreover, he coordinated the new project series on ECCO Topical Reviews together with the GuiCom Members. No words are adequate to thank Marcus for his dedication and his kind support across the whole range of GuiCom activities. Paolo Gionchetti has also made an incredible contribution with his extensive clinical experience and high scientific profile. In particular, he has worked intensively on the first Patients' Guidelines, the recent UC Update, the Topical Review on IBD in Elderly and finalisation of the CD Update. We gratefully thank Paolo for his great job.

Over the next year, Andreas Sturm will chair GuiCom. We all believe that he will successfully lead and coordinate GuiCom in its upcoming activities, which will require hard work, dedication and, above all, a spirit of excellent collaboration. *The renewed GuiCom team is ready to face the challenge!*

GIONATA FIORINO
GuiCom Member

7th N-ECCO School, Amsterdam 2016

Once again, we can celebrate the success of the N-ECCO School! It was a pleasure to have both nurses and dietitians co-chair each session

This year the School was attended by 26 nurses from 18 countries and 10 dietitians from four countries. The School covered a wide range of IBD topics for novice Inflammatory Bowel Disease (IBD) nurses and dietitians. The primary aim of the School is to enhance basic knowledge in a clear and concise manner in order to prepare nurses new to IBD and assist dietitians interested in gaining knowledge so that they can better support IBD patients throughout Europe. In addition, the N-ECCO School has come to serve as a great networking opportunity for this group of nurses and dietitians, enabling them to share experiences and plans for furthering their careers.

The programme for the N-ECCO School 2016 was based on past years' experiences and the evaluations from 2015. International clinicians, nurses and dietitians were invited as presenters.

The School's first session was opened by **Bas Oldenburg** from Utrecht, who provided an overview of anatomy, physiology and diagnosis in IBD. He was followed by N-ECCO Committee chair, **Janette Gaarenstroom**, from Utrecht, who presented the psychosocial impact of IBD, highlighting the psychological effects of IBD of which nurses and allied healthcare providers need to be mindful when caring for IBD patients.

After the coffee break, **André D'Hoore** from Leuven provided a summary of IBD surgery,

where the ultimate treatment goal is to improve symptoms without the use of corticosteroids. He was followed by an excellent presentation by **Ailsa Hart** from London, who covered the key principles of medical treatment in IBD, which include achieving the correct diagnosis, discussing the aims and goals of treatment, and using the "right drug at the right time" while at the same time assuring that key issues for patients are addressed. Adherence to medical management is very important when dealing with a chronic disease such as IBD. **Palle Bager**, Clinical Nurse Specialist from Aarhus, explained important principles regarding adherence and non-adherence to medical treatment, investigations and follow-up appointments, as well as other recommendations.

After lunch the participants were split into two groups and parallel case-based workshops were held. **Andreas Sturm** from Berlin led the workshop on Ulcerative Colitis and **Nanne de Boer** from Amsterdam led the one on Crohn's Disease.

The final session was led by **Rotem Sigall-Boneh** from Tel Aviv on nutritional aspects in IBD. She provided an overview of the role of diet in the pathogenesis of IBD and dietary therapies, and provided nutritional assessment guidelines for nurses and dietitians within a multidisciplinary team approach. She was followed by **Lydia White**, IBD Nurse Practitioner from Oxford, who stressed the importance

of the contribution of IBD nurses on the management team and reviewed N-ECCO Consensus Statements which highlight the various roles of the IBD nurse.

The N-ECCO Committee will be reviewing feedback from the evaluation forms from 2016 in order to plan next year's N-ECCO School. This feedback is invaluable in enabling us to build upon the School's success and continue to ensure that it makes an outstanding contribution to the knowledge of IBD nurses and dietitians and to IBD patient care across Europe.



7th N-ECCO School © ECCO

N-ECCO would like to thank the participants and N-ECCO National Representatives for their contributions in once more making the School such a success. *We look forward to nominations for the 8th N-ECCO School, to be held in Barcelona in 2017.*

USHA CHAUHAN
N-ECCO Member

3rd N-ECCO Research Forum

The canals and bicycles of Amsterdam welcomed the 3rd N-ECCO Research Forum

The meeting, which offered a mix of plenary and interactive sessions and workshops, was attended by 64 nurses from 17 countries, including both experienced nurse researchers and nurses new to research.

Opened by **Karen Kemp**, who co-chaired with **Palle Bager**, the Forum began with a presentation from **Christine Norton** (United Kingdom) on the results of the Delphi study on research priorities, in which many nurses have participated. Identification of the top ten research priorities led to an interactive session taking these research statements and using PICO to develop research questions.

This was followed by workshops delivered by **Palle Bager** (Denmark), critiquing papers, **Kay Greveson** (United Kingdom), literature searching, and **Susanna Jäghult** (Sweden), attempting to make statistics easy: Not a simple task! The nurses were divided into three groups and each workshop was delivered three times so that all nurses attended the workshops in

small interactive groups.

The meeting was closed by **Palle Bager** with a discussion of the future of the Research Forum. In keeping with previous Research Forums, future Forums will not divert outcome findings from presentation at the main ECCO Congress and nurses will be encouraged to submit abstracts to ECCO. The N-ECCO Research Forum will continue to concentrate on methodology and the practical aspects of undertaking nursing research within IBD. With this in mind, we welcome nurses to present their own research but to concentrate on the research methodology, as opposed to research findings. More information will be made available on the ECCO Website.

The N-ECCO Research Forum is now in a position to undertake research projects based on the findings from the Delphi research priority study. It is clear that the Forum has already provided a networking opportunity for nurses to collaborate in research projects across

Europe and now we hope to be in a position to work up some of the PICO statements into research protocols. More information will be made available on the ECCO Website. I would encourage all of the nurses who attended to create their profile on the ECCO Scientific Platform (www.sp.ecco-ibd.eu).

The vision for the Forum is that it should continue to be a shared learning experience regarding research into IBD, led by IBD nurses experienced in a range of methodologies and outcomes research related to IBD care. A further aim is to mentor nurses new to research. The N-ECCO Research Forum is not restricted to active researchers but is open to those wishing to embark upon a study. The N-ECCO Committee is grateful to all of the presenters and for the support from ECCO. *We look forward to seeing you again in Barcelona in 2017!*

KAREN KEMP
N-ECCO Chair

Report on the N-ECCO Travel Award

Patricia Geens, IBD nurse at Imelda Hospital, Bonheiden, Belgium

Thanks to the N-ECCO Travel Award, I had the opportunity to travel last May to Calgary, Canada. I spent a week at Foothills Medical Centre, which is part of Alberta Health Care Services, in the unit where Joan Heatherington, IBD nurse practitioner, works.

For 5 days, I was submerged in the Canadian IBD unit, where I was able to follow different nurses in their daily work.

During the first days, I met Marie-Louise, a new IBD nurse practitioner, and Joan, who both run the IBD consultations. I was able to attend these consultations, where I observed trustful, mutual, clear communication between patient and nurse. Sufficient time was allowed to discuss and answer all the patients' questions. Again, I realised that contact with nurses is much more readily possible and that patients appreciate this a lot. If necessary, they can also contact a social worker who is available on the IBD unit.

In the afternoon, I could see hospitalised patients across the hospital. While walking around, visiting different units and talking to the multicultural staff and patients, I obtained a clear view of the daily activities. It was remarkable that in some departments nurses didn't wear a uniform and thus were sometimes difficult to recognise.

In between all of this, Joan received numerous phone calls from patients, doctors, nurses and other staff and even answered several e-mails. That's why she is called GI Joan.

I gained much information about NEXJ, an educational website for patients, and also about a lot of other topics such as a TRIAGE system and standing orders, a stress management course organised for patients, an IBD personal profile document, a medication profile search, a tissue bank, different folders for patients and so on.

Most desks were completely covered with paper files, which surprised me. They still work with a lot of paper medical files instead of electronic records.

On other days, I spoke in more detail with Trish and Shelly, both RNs, about the triage guidelines and standing orders. In Calgary there are about 6,000 GI patients. The general practitioner sees them first and will decide whether to refer the patient to the hospital. In the hospital there will be a triage for each GI problem (dyspepsia, IBS, IBD, hepatology etc.).

The average time on the waiting list before being seen is approximately 2 months, which is surprisingly long. Briefly, triage means the classification of a patient as an urgent or a non-



Patricia Geens © Patricia Geens

urgent case and as having a moderate or a non-moderate illness/disease. For IBD, Joan will have a look at these patients and documents. A booking clerk will then contact the patient if necessary. Several booking clerks are available for different GI doctors.

Coleen, another RN, spoke with me about her navigating role in dyspepsia. I also had discussions with Jill Petkau, a clinical research coordinator who works at the research centre. She commented, "Clinical trials belong to the University of Calgary. The University of Calgary and Alberta Health Care Services are different institutions, which sometimes can complicate administration." She also explained to me that she designs different algorithms similar to the ECCO Guidelines and that, in cooperation with various doctors, she coordinates and implements investigator-initiated trials. Finally, she provided me with information about the tissue bank, databases and the design of clinical care pathways. A lot of interesting work!

To conclude:

My personal take-home messages are:

- Don't be afraid of applying for an N-ECCO Travel Award. It is not difficult.
- You can see and learn a lot, and gain useful information that you can adapt to suit your own IBD service.
- I had a fantastic, amazing trip to Canada. I enjoyed every minute of it and will never forget it.
- It was the first time that I had travelled so far on my own, which was a positive experience.

When you are alone, more people will take pity on you and thus the more you can get to know.

- I did my best to understand and to achieve a comprehensive, correct and clear view on the GI health care service in Calgary. This wasn't always easy because of language barriers (sometimes they spoke too quickly). Overall that didn't prevent me from making the most of this opportunity. If they were to propose tomorrow that I should do it again, I would immediately say: YES!

Finally, a word of thanks:

- I want to thank ECCO and N-ECCO for giving me the opportunity to go to Calgary. I would especially like to thank Joan and all the nurses who spent time explaining everything to me.
- I also want to thank Marie-Louise and her family for spending their free time with me and engaging me in the Canadian lifestyle. I will not forget her.

PATRICIA GEENS

IBD nurse, Imelda Hospital, Bonheiden, Belgium

International Symposia and Workshops

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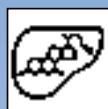
Workshop
**Communication and System
Relevance in Liver Damage
and Regeneration**
Düsseldorf, Germany
January 21 – 22, 2016



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**
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October 21 – 22, 2016

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Congress Department
Tel.: +49 (0)761/1514-125
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10th N-ECCO Network Meeting 2016

"I am-sterdam" – we were in Amsterdam at the 10th N-ECCO Network Meeting



10th N-ECCO Networking Meeting 2016 © ECCO

261 nurses and dietitians attended from across the world with the shared goal of developing care for people with IBD worldwide. Delegates were welcomed by the N-ECCO Chair, **Janette Gaarenstroom** (The Netherlands), who opened the Meeting.

The pre-lunch session concentrated on e-health and the role of IBD nurses. First, **Pia Munkholm** (Denmark) gave an update on e-health in IBD. She led us through the development of an e-health tool for patients with IBD. The patients can monitor their disease

Following lunch and a sponsored satellite symposium, the focus turned to IBD nursing. Three of the submitted abstracts were chosen for oral presentation. First, **Gerda Drent** (The Netherlands) gave a presentation on a pilot study about the use of mindfulness in IBD. After this we heard from **Heather Johnson** (United Kingdom) about the benefit of nurses performing flexible sigmoidoscopy. Finally, **Alexandra Sechi** (Australia) described how a nurse-led advice line has proven to be cost effective for the hospital.

After the afternoon coffee break, the use of drugs in IBD was the subject of discussion. Two competent buddies, **Silvio Danese** (Italy) and **Pierre Michetti** (Switzerland), gave an informative and entertaining talk on the advantages and disadvantages of biosimilars. Attention focussed especially on whether to switch patients to a biosimilar if they are already being treated with another (original) drug. **Tariq Ahmad** (United Kingdom) closed



Janette Gaarenstroom © ECCO



10th N-ECCO Networking Meeting 2016 © ECCO

The first session focussed on patient involvement and participation. **Kirsten Lomborg** (Denmark) gave an introduction to the area. She highlighted the importance of patient involvement and gave examples on how this can be achieved. The expression "flipped healthcare" was introduced.

Kristine Sorensen (The Netherlands) then tackled the theme of Health Literacy. Do patients understand the health care system? Can they understand the information they are given? Instead of blaming the patient, we need to look at our own practice. Prior to the coffee break, **Helen Terry** (United Kingdom) gave a talk on how patient panels are used in the United Kingdom. She gave examples on how health is a co-creation between the patients and the health professionals. She also announced that a survey in the United Kingdom among patients with IBD had revealed that having an IBD nurse is a first priority. This was followed by enthusiastic applause from the audience!

activity at home and can book appointments with health care professionals according to their needs. How to communicate in a professional way via electronic media was the topic of the talk given by **Annemiek Linn** (The Netherlands). She challenged the audience's knowledge and assumptions regarding patients' use of electronic media. She also gave examples on how adherence can be monitored electronically.

Annemiek's talk was followed by two examples of e-health. First, **Usha Chauhan** (Canada) shared her experiences with two apps. One had a broad target group within GI diseases whilst the other was IBD specific. Then **Susanna Jäghult** (Sweden) gave a talk on the development of the Swedish e-health programme Swibreg. The programme started locally but has now spread widely across Sweden, with over 50% of patients entered into the registry.

the programme with an engaging talk on drug monitoring in IBD. He argued for more monitoring of both drug levels and antibodies.

Finally, the Meeting was closed by our retiring N-ECCO Chair, **Janette Gaarenstroom**, who threw open the door to a variety of opportunities for all IBD nurse Members. Please do consider the N-ECCO Travel Awards! Please do consider the other opportunities as they emerge, such as the upcoming revision of the N-ECCO Consensus Statements, e-CCO Learning modules and more!

Let's get even more involved and return for more networking and exploration of IBD care in Barcelona next year. We hope to see you there.

PALLE BAGER
N-ECCO Member

1st H-ECCO IBD Masterclass 2016

The 1st Histopathologists of ECCO (H-ECCO) Masterclass took place in Amsterdam on March 17 (Thursday) and 18 (Friday), 2016



1st H-ECCO IBD Masterclass 2016 © ECCO

It was arranged as two afternoon sessions on the Thursday and two morning sessions on the Friday. Speakers were from a number of countries, including Austria, Denmark, France, Israel, Italy, Portugal and the UK.

The first session addressed basic aspects of Inflammatory Bowel Disease (IBD) pathology. **Tine Jess**, **Peter Irving** and **James Lindsay** delivered comprehensive and highly informative talks about epidemiology and clinical features. The session continued with well-received talks from **Roger Feakins** and **Cord Langner** outlining the basic principles of microscopic diagnosis and the histological appearances of Ulcerative Colitis and Crohn's Disease.



Magali Svrcek © ECCO

The second session looked at the differential diagnosis of IBD and at areas that represent a challenge for pathologists. It included a lively discussion by **Vincenzo Villanacci** of difficult cases, a thoughtful summary of paediatric IBD by **Paula Borralho**, an overview of superinfection by **Roger Feakins** and a helpful look at non-IBD colitis from **Cord Langner**.

The third session concentrated on the controversial area of neoplasia in IBD, including the risk of cancer, molecular pathways and clinical aspects. The speakers included **Magali Svrcek**, a recognised expert in histopathological aspects, **Cord Langner** and three clinical experts: **Rami Eliakim**, **Vito Annese** and **Antonino Spinelli**. This was an entertaining and stimulating session that emphasised the importance of an understanding of recent scientific developments as well as the value of communication between pathologists and clinicians.

The fourth and last session explored particular topics considered to deserve further

review. These included disease activity, the role of pathology in assessing treatment, aspects of pouchitis and a summary of recent advances. Excellent up-to-date talks were given by **Paula Borralho**, **Vincenzo Villanacci** and **Magali Svrcek**. **Roger Feakins** then considered the requirements for the ideal pathology report, and **Cord Langner** closed the Masterclass.

The 1st H-ECCO IBD Masterclass was attended by 79 participants from 32 different countries. An informal show of hands demonstrated that approximately half of the attendees were pathologists and half gastroenterologists. There were interesting and thought-provoking questions from the audience after almost every lecture. The enthusiasm of the speakers for the subject and the interest of the audience in contributing to the sessions were obvious.

H-ECCO WG aims to maintain and raise standards of IBD pathology across Europe and to encourage more consistency of approach.

Better interaction between pathologists and clinicians is an essential part of this process, and accordingly the enthusiastic involvement of clinicians in the 1st H-ECCO IBD Masterclass was promising.

The delivery of an educational Masterclass was strongly supported by ECCO, and a second H-ECCO IBD Masterclass in 2017 is now planned. More opportunities for live involvement of the audience are likely to be a feature. Concessions in terms of fees may again be considered by ECCO.

Overall, the H-ECCO WG IBD Masterclass is a welcome development that will certainly raise awareness of the need for high standards of pathology. H-ECCO WG hopes that many pathologists and clinicians who share its aims will register for the 2nd H-ECCO IBD Masterclass, which promises to be equally enjoyable.

ROGER FEAKINS
H-ECCO WG Chair

1st D-ECCO Workshop

The 11th Congress of ECCO in Amsterdam was the first occasion on which dietitians had been formally represented at an ECCO Congress. Over 150 delegates registered for the first D-ECCO Workshop

As in the previous year, N-ECCO School provided our introduction to the ECCO Congress. There was successful collaboration between nurses and dietitians who attended the School, and for the first time a dietitian presented an overview on nutritional aspects in IBD, placing emphasis on the necessity of effective collaboration between nurses and dietitians in screening and educating patients with IBD.

The highlight of the ECCO Congress for dietitians was, however, the 1st D-ECCO Workshop, which included lectures from dietitians, physicians and scientists. **Arie Levine** (Israel) discussed the association between environmental factors and IBD, identifying diet as one of the main causes of IBD. He presented his theory regarding the mechanism by which diet exerts its effect in IBD and described the dietary therapies that he has developed on this basis; the "Crohn's Disease Exclusion Diet" and the "Ulcerative Colitis Diet". **Philippe Seksik** (France) gave an excellent overview on the microbiome and IBD, suggesting that more research is needed to prove causality. **Konstantinos Gerasimidis** (UK) gave an outstanding talk and demonstrated the challenges and pitfalls in nutritional assessment in IBD.

These talks were followed by an excellent update from **Richard Russell** (UK) on the use of exclusive enteral nutrition (EEN) and partial enteral nutrition for the management of IBD. His



Arie Levine © ECCO

key message was that EEN works for moderate to severe disease and should be used more frequently to induce remission, both in children and in adults. **Charlie Lees** (UK) gave an overview on anaemia in IBD. **Miranda Lomer** (UK) shared her clinical expertise on management of functional gastrointestinal symptoms in IBD using a low FODMAP diet, highlighting her

recently published research showing that use of the low FODMAP diet results in satisfactory relief of symptoms in 78% of patients with IBD. **Nicolette Wierdsma** (The Netherlands) gave a state-of-the-art lecture on the practical management of intestinal insufficiency and intestinal failure. She stressed the paradoxical importance of fluid restriction and decreased hypo-osmotic fluid intake accompanied by supplementation of NaCl. **Kevin Whelan** (UK) gave a remarkable talk on fibre and prebiotics in IBD and reported that there is no evidence to support restriction of dietary fibre in IBD if there is no overt GI obstruction. An exciting topic discussed for the first time was new dietary strategies for the future treatment of IBD.

The response to the D-ECCO Workshop was overwhelming and we believe that these workshops will continue to promote the important role of diet in IBD. A very interesting programme is planned for next year, including topics such as bone health and clinical applications of diet in practice. The workshop is open to dietitians, physicians, nurses and any other clinicians who have an interest in diet and IBD.

Hope to see you next year.



1st D-ECCO Workshop © ECCO

ROTEM SIGALL-BONEH
D-ECCO WG Chair

Report on the 5th S-ECCO IBD Masterclass in collaboration with ESCP

The 5th S-ECCO IBD Masterclass in collaboration with ESCP took place on Thursday, March 17, 2016 during the ECCO Congress in Amsterdam, the city of bikes and Johan Cruijff



5th S-ECCO IBD Masterclass 2016 © ECCO

For the second time the S-ECCO IBD Masterclass was positioned on the official opening day of the Congress instead of on the Wednesday afternoon and Thursday morning. This enabled surgeons to attend for one day, enjoying a full day of IBD interaction.

The programme developed at the pool bar of the AC Forum Hotel in Barcelona 2015, with the help of a couple of bottles of white wine, and once again focussed on the multidisciplinary treatment of IBD. The ECCO Office granted S-ECCO a great lecture room in the RAI conference centre, called, very appropriately, the *Forum*. The Masterclass with the theme "No man's land in IBD" was packed with heavyweight IBD specialists, both gastroenterologists and surgeons, and a number of younger "rising stars in IBD". These were the ingredients for a top-notch day of intense interaction, transfer of knowledge and entertainment.

The programme consisted of the "hot potatoes" in IBD care, with debates on clinical controversies, tandem talks, trial updates, keynote lectures and "lean back" video clips on novel procedures.

Highlights of the day were the debate between **Paulo Kotze** and **Michael Kamm** on postoperative prophylaxis and the tandem talk of **Séverine Vermeire** and **André D'Hoore** on Acute Severe Colitis. As a genuine Brazilian, the well-prepared Paulo surprised Michael by playing the man rather than the ball when defending prophylaxis for all after surgery.



Willem Bemelman © ECCO

In the tandem talk by Séverine Vermeire and André D'Hoore, the IBD couple showed in a very entertaining way that it takes two to tango when treating Acute Severe Colitis. Apart from this duo from Leuven, there were other great tandem talks from St Marks, Milan, the AMC and Paris. Many great discussions were provoked by the chairs and, last but not least, by **Fabrizio Michelassi**, the father of stricturoplasty. The research registrar **Joline de Groof** carefully presented some of the first data of the LIRIC trial comparing anti-TNF with surgery for ileocolic Crohn's Disease.

With the multidisciplinary content of the programme and an attendance in which gastroenterologists accounted for more than one-third of participants, S-ECCO succeeded in organising a meeting that reflected the everyday

practice of IBD specialists working together for the benefit of IBD patients. The number of registrations, more than 250, was a record, and the Masterclass was unexpectedly overbooked.

The blueprint for the 6th S-ECCO IBD Masterclass, "Difficult decision making in IBD", for Barcelona 2017 is now almost ready and S-ECCO is looking forward to continuing the successful series of S-ECCO IBD Masterclasses. *So, save the date for another sparkling S-ECCO IBD Masterclass on Thursday, February 16, 2017 in Barcelona.*

WILLEM BEMELMAN
former S-ECCO Chair

Evolving Concepts in Transitional Care

NOTE: Corrigendum of the ECCO News article printed in Issue 4, 2015

In Issue 4, 2015 the wrong author was listed, and the wrong Copyright was allocated to Figure 1. The correct author is Patrick van Rheenen, and Hanna van Rheenen provided Figure 1.

We apologise for these mistakes.

Tell us how you would like to have them delivered in your consultation room ...

CLINICAL VIGNETTE:

An 18-year-old adolescent, who is accompanied by his mother, visits the adult gastroenterology department for the first time. His paediatrician last saw him 5 months before his Crohn's Disease was in remission with a Paediatric Crohn's Disease Activity Index score of 5. From the moment he was diagnosed two years ago, he has had three disease flares. Each flare was successfully treated with exclusive enteral nutrition for 6 weeks with return to normal diet. According to the notes of the paediatrician the patient is on thiopurine maintenance.

At this appointment the boy says he is well and active. He claims to have no abdominal pain and normal bowel habits. This is when the mother pushes herself forward to join the conversation. She claims the opposite. Her son is lying on the couch all day and she

is afraid that he will fail his final school exam.

Physical examination reveals a pale teenager who appears younger than his chronologic age. Laboratory evaluation reveals anemia and elevation of markers of inflammation, including an erythrocyte sedimentation rate of 65 mm/hour and a fecal calprotectin of 2500 µg/g. Additional testing reveals undetectable levels of thiopurine metabolites.

The boy admits he has stopped taking his medication. He experiences major symptomatic benefits since he started smoking marijuana.

Possible therapeutic options to treat the current active disease are discussed. The adult gastroenterologist recommends a biologic. The mother states that she wants the opinion of their former paediatric gastroenterologist.



Figure 1: Hindrances to successful transition. Parents are unable to relinquish their grip, paediatricians are unable to let go, adult physicians are unwilling to take charge, and the adolescent is indifferent to all of them.
© Hanna van Rheenen

Health professionals involved in the delivery of care to adolescents with IBD will recognize the uncomfortable situation described in the vignette. Transition from paediatric to adult-centered services is often ill-prepared and consequently unpleasant for all people involved in the process (Figure 1). There is no uniform model for a successful transition, but the use of a protocol is critical. The Paediatricians of ECCO (P-ECCO) are currently preparing for an ECCO Topical Review on this subject, with a consensus meeting to be held next October in Vienna. Topical Reviews such as this one are

distinct from guideline papers and reserved to areas with yet limited evidence-based information. Many papers have been published on transition of care in IBD, but none transcended the level of single centre experience.

By using a two-step approach P-ECCO aims to take the topic "Transitional Care in IBD" to a next level. The Transition Survey marked a first step to the writing of the Topical Review. This survey is meant to determine which ideas on transition are most important to health professionals. P-ECCO is particularly interested in

the views of adult gastroenterologists and IBD-nurses, who are responsible for the continuation of care to adolescents. The second step will be the selection of participants whose most important role is to synthesize current practice positions. The overall goal of this project is to define successful transition, to identify critical elements for the transition protocol, and to set responsibilities for all players in the transition process. At the end of the project we hope to create a "Transition Toolkit", a consensus-based checklist that fits in the doctor's coat and can be used in daily practice.

PATRICK VAN RHEENEN
P-ECCO Member

Advances in Paediatric Endoscopy

Since the establishment of accredited training programmes in paediatric gastroenterology, adequate technical competency is widely assumed to be required in order to perform diagnostic and therapeutic endoscopy in children (J Pediatr Gastroenterol Nutr 2013;56: Suppl 1;S1–38; J Pediatr Gastroenterol Nutr 2012;55:636–9). The role of endoscopy in the approach to paediatric patients with IBD has increased tremendously in recent years, for both diagnostic and therapeutic purposes.

Endoscopic evaluation is considered the gold standard tool for the diagnosis and assessment of IBD. The recently revised Porto criteria for the diagnosis of IBD in children and adolescents, published by ESPGHAN (European Society for Pediatric

Gastroenterology Hepatology and Nutrition) (J Pediatr Gastroenterol Nutr 2014;58:795–806), emphasise that children should undergo both upper and lower gastrointestinal (GI) endoscopy during the initial evaluation for suspected IBD. It is suggested that findings in the upper GI tract, although often non-specific, may provide additional information in cases of unclassified IBD (IBD-U); however, while gastric erosions or small ulcers at endoscopy, as well as diffuse and focal gastritis at microscopy, can be found in children with Ulcerative Colitis (UC), only granuloma at histology can strongly discriminate between UC and Crohn's Disease (CD).

There are some peculiarities that characterise the endoscopic features in paediatric IBD. In paediatric UC, 5%–30% of patients can exhibit macroscopic rectal sparing;

moreover, the disease can show left-sided inflammation with an area of peri-appendiceal inflammation ("caecal patch") and normal-appearing mucosa between the two segments. Finally, children with Acute Severe Colitis at presentation may show features such as deep ulcers and transmural inflammation, which are more typical of CD.

In CD, aphthous ulcerations are considered pathognomonic (they are rarely seen in UC), as are deep serpentine ulcers and cobblestoning anywhere in the GI tract. It should also be noted that ileitis with a normal caecum, or the presence of ileal fissuring ulcers, is consistent with the diagnosis of CD. It is noteworthy that the severity of backwash ileitis in UC is strongly related to a severe right-sided Colitis.

The advent of wireless capsule endoscopy (WCE) capable of identifying small bowel mucosal lesions in patients with IBD in whom conventional endoscopy and imaging tools [ultrasonography (US) and magnetic resonance (MR)] have not revealed diagnostic features represents an enhancement of the endoscopic diagnostic armamentarium for paediatric gastroenterologists caring for children with IBD. Indeed, a normal WCE study has a high negative predictive value for the diagnosis of active CD (Oliva S et al, *Gastrointest Endosc* 2016, Epub). However, a validated WCE scoring system for paediatric patients is still awaited. Interestingly, a prospective 24-week study presented by a GI paediatric group at the 11th Congress of ECCO in Amsterdam in 2016 (abstract P156) shows

that a new colon capsule endoscopy device is more sensitive than traditional imaging tools (i.e. US and MR) in revealing small bowel and colon mucosa status in CD patients, and thus in directing and optimising therapy for them.

Recently, several groups have demonstrated the feasibility and usefulness of small bowel enteroscopy, both single and double balloon, for assessment of the small bowel mucosa in cases in which the diagnostic approach is difficult and for therapeutic purposes such as stricture or bleeding coagulation (*Gastrointest Endosc* 2012;75:87–94; *Dig Liver Dis* 2015;47:125–30). This method is expected to become increasingly popular in paediatric gastroenterology, but requires an extensive training programme.

Since mucosal healing is now recognised as a key treatment goal also in paediatric IBD, predicting sustained clinical remission and a surgery-free course, endoscopy will increasingly be routinely applied in the clinical work-up as part of the treat-to-target strategy. Interestingly, clinical indexes and biomarkers have been shown to fail to predict endoscopic remission (*Inflamm Bowel Dis* 2015;21:824–31).

Novel guidelines on endoscopy in paediatric IBD will be drawn up by the Group of Porto of ESPGHAN and presented at the next ESPGHAN meeting in Athens (May 25–28, 2016).

SALVATORE CUCCHIARA
P-ECCO Member

Review of the Paediatric Abstracts at ECCO'16



Poster exhibition 2016 © ECCO

An oral presentation on the impact of treatment of Crohn's Disease (CD) with a special diet (the CD-TREAT diet) showed that home diet with elimination of nutrients believed to be harmful in CD (such as trans-fats) is equally as effective as exclusive enteral nutrition (EEN) in inducing clinical remission. Moreover, both nutritional approaches have a positive impact on gut microbiota, and the importance attached to the attainment of such an impact seems to be a new trend in the management of IBD. One of the abstracts compared infliximab (IFX) and its biosimilar in the treatment of CD in both children and adults. The results after one year of follow-up showed the two medications to be equally safe (there was no statistically significant difference in the rate of adverse events) and efficient in inducing and maintaining remission (about 70% patients were in clinical remission in both groups). Two other posters presented 1.5 years' experience with biosimilar IFX (CT-P13) in

children. The first showed over 60% efficacy of CT-P13 with a safety profile comparable to that of the originator, while the second reported data on immunogenicity following a switch from IFX to CT-P13.

These preliminary outcomes prove that switching from the originator to its biosimilar does not decrease the efficacy of biotreatment and that serum levels of the anti-drug antibodies are not statistically higher in the switching group. Although biosimilars are becoming more and more popular on the pharmaceutical market, the originators and their influence on deep remission are still important.

The next abstract compared the efficacy of induction therapy with IFX in achieving clinical remission and mucosal healing, expressed as histological healing, in paediatric patients with active CD. The authors reported that both

medications are equally effective in attaining clinical, endoscopic and histological remission. Moreover, biologic agents are more effective in anti-TNF-alpha-naïve patients; this is an important conclusion since adalimumab is used as a second-line therapy in non-responding patients.

Another poster, on faecal calprotectin (CLP) as a non-invasive marker of the mucosal state in paediatric patients with CD, confirmed the usefulness of CLP in predicting intestinal inflammation in these patients. According to the presented data, not only is CLP very sensitive in predicting mucosal damage at each location (including in the small bowel), but high levels of CLP (>1000 µg/g) precede the endoscopic changes, and therefore CLP may be used as a diagnostic marker (guiding the decision on whether to perform endoscopy) and to monitor the disease activity.

Finally, since the Consensus on Surgery for CD will be published soon, it is worth mentioning an abstract which presented the outcomes of surgical treatment in a cohort of 113 paediatric patients with CD. The authors showed that the most common reason for surgery was small bowel disease with its attendant complications. The authors also proved that laparoscopy is as effective and safe as laparotomy – according to the new guidelines this is a very important conclusion. Clinical outcomes, defined as a decrease in the PCDAI score and an improvement in nutritional status, were very good as well.

JAROSŁAW KIERKUŚ
P-ECCO Member



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Members' Address



Y-ECCO Committee Members (Nik Sheng Ding, Isabelle Cleynen, Dominik Bettenworth, Nuha Yassin, Timothy Raine) © ECCO

I write this as the incoming chair of the Young ECCO Committee and fresh off the plane from what for me, at least, seemed to be the best ECCO Congress yet. Y-ECCO Members were again present and highly visible in a wide number of areas throughout the Congress in Amsterdam, reflecting our diverse and dynamic membership.

Once more, Y-ECCO helped in driving the basic science agenda with the successful 2nd Y-ECCO Basic Science Workshop (see the report in this issue of ECCO News), and some excellent abstracts were presented by Y-ECCO Members in the plenary session (and recognised with the Y-ECCO Abstract Awards, which will pay for the winners' registration at next year's Congress). At the same time, Y-ECCO Members participated in the highly interactive 9th Y-ECCO Workshop, with **Larry Egan** (again, see the report in this issue). After this workshop (the night before the main Congress opened) it was a pleasure to join

so many of you in heading out to a local bar, where we were hosted by the kind members of the Dutch young ICC group: Once again I was struck by the sheer range of interests and talents amongst our members.

Y-ECCO exists for and thrives off the involvement of our members. We are continually being approached by members of other committees looking to involve young people in driving projects across the entire range of ECCO Activities. When we receive such requests, as a committee we are always careful to ensure that the involvement of our members will be appropriately recognised. Our colleagues on other committees have always been very understanding and responsive in this regard. Clearly, many of you reading this article will already know this, but please do get in contact (ecco@ecco-ibd.eu) if you want to hear more about any of these activities and please do

urge colleagues in your home institutions who may not as yet be involved in Y-ECCO Activities to get in touch with us. In 2016 we are hoping to launch some new opportunities requiring diverse levels of commitment, so there should be plenty of options for you to choose from.

This year we say goodbye to two long-serving committee members. **Sebastian Zeissig** has served the Y-ECCO Committee for 3 years, helping to develop, amongst other matters, the programme for previous Y-ECCO Workshops and the inaugural scientific workshop. Sebastian has been a terrific contributor to the work of the committee and we wish him well in his new post as Associate Professor for Molecular Gastroenterology at the Technical University, Dresden, Germany. **Pieter Hindryckx**, the outgoing chair of Y-ECCO, has been a mentor to all of us on the committee and has worked tirelessly to manage all aspects of the committee's work. His calm manner and considered advice has benefited us all. Pieter embodies the spirit of Y-ECCO – wide involvement of our members in a range of projects which must always be collaborative, but, above all else, fun. Both Pieter and Sebastian have become firm friends and they will be much missed. Irreplaceable though they may both be, this will mean (at least) that two new committee members will be appointed in 2016 – of which more in due course. In the meantime, please do get in contact if you want to discuss an idea: We are your committee and look forward to working with you all.

TIMOTHY RAINE
Y-ECCO Chair

2nd Y-ECCO Basic Science Workshop

At this year's ECCO Congress in Amsterdam, the Y-ECCO Committee organised, for the second time, the Y-ECCO Basic

Science Workshop. Once again, more than 50 participants registered. The aim of this workshop is to give basic science a more visible platform

within ECCO and the ECCO Congress, and to promote scientific exchange and networking among (young) basic scientists within the IBD community. At each of the workshops, we have invited two excellent speakers and experts in their field to first give a general overview on the session topic and then to join the discussions following oral presentations by Y-ECCO Members.

The two sessions of this year's workshop were on "Mouse models in IBD" and "Studying the microbiota in IBD". The first session was opened by **Markus Neurath** (Erlangen, Germany), who gave a comprehensive overview of the different mouse models that can be used in IBD and identified their pros and cons. This was followed by selected oral presentations by Y-ECCO Members on studies using animal



2nd Y-ECCO Basic Science Workshop © ECCO



Nuha Yassin and Pieter Hindryckx © ECCO

This second edition of the Y-ECCO Basic Science Workshop featured many lively scientific discussions and greatly promoted scientific exchange among young and senior ECCO Members. We ask all of you to help us to further develop and extend this scientific format by sharing with us your ideas and advice for future Y-ECCO Basic Science Workshops. We also encourage you to send us your requests for topics to be covered in future editions of the workshop. Your feedback, which can be submitted to ecco@ecco-ibd.eu, is invaluable in enabling us to build upon the workshop's success and to ensure that it continues to make an outstanding contribution to basic IBD research conducted across Europe and the world.

The entire Y-ECCO Committee would like to thank all participants for attending the workshop and ensuring that it was such a resounding success. We very much look forward to the 3rd Y-ECCO Basic Science Workshop, which will be held in Barcelona in 2017.

ISABELLE CLEYNEN
Y-ECCO Member

models. Very exciting talks were given on flexible video endoscopic evaluation in mouse models (**Claire Gay**, France), the role of MMP-9 in IBD (**Magali de Bruyn**, Belgium) and modulation of T cell glycosylation and intestinal inflammation (**Ana Dias**, Portugal). The second session was initiated by a state-of-the-art lecture by **Harry Sokol**. Among other topics, he offered advice on the practicalities of faecal sample collection and storage. Again, there were three talks by Y-ECCO

Members. These focused on the results of the MECONIUM Study Pilot, a very exciting study exploring mechanisms of IBD transmission in utero through the microbiome (**Joanna Torres**, United States); host-microbiome interactions in Primary Sclerosing Cholangitis and Crohn's Disease (**João Sabino**, Belgium); and gut mycobiota composition in Crohn's Disease and Ulcerative Colitis (**Lukas Bajer**, Czech Republic).

9th Y-ECCO Career Workshop Report

The Y-ECCO Committee was delighted to host the 9th Y-ECCO Career Workshop this year. The workshop was very well attended and excellent feedback was received.

9th Y-ECCO Career Workshop 2016 © ECCO

The second session was an interactive session where the participants were divided into groups and each of the groups was allocated a specific pre-selected paper to discuss and critique. Each group then selected a representative to summarise the review for the rest of the attendees. Basic science, clinical and systematic review methodologies were selected and discussed.

The group session was followed by a final talk from Laurence Egan, who provided tips and tricks and also answered questions from attendees. *The workshop concluded with congratulations being offered to the five Y-ECCO Abstract Award winners.*

The Y-ECCO Committee thanks all participants for their attendance and active participation in the workshop and would like to extend their gratitude and thanks to Laurence Egan, our keynote speaker. The workshop was a great success and we look forward to hosting the 10th Y-ECCO Career Workshop next year. *An exciting programme is planned for 2017. See you in Barcelona.*

NUHA YASSIN
Y-ECCO Member

Attendees were initially introduced to Y-ECCO Activities, reminded of the various sessions run by the group and encouraged to participate in the educational and scientific events as well as the social interaction programmes.

The learning objectives and aims of the workshop were then highlighted. Y-ECCO has always aimed to provide members with a programme that will enhance their learning experience by addressing topics that may not be fully covered during the rest of the ECCO

Congress. The aim this year was to provide a session on how to write and review papers.

Our esteemed **keynote speaker** was **Laurence Egan**, the Editor-in-Chief of Journal of Crohn's and Colitis. He proceeded to give an excellent talk that covered areas from how to do high-quality research through to the reasons for publishing and how to write high-quality papers. He provided insights into the review process and the life cycle of submitted papers and how the reviewers deal with submitted manuscripts.



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ECCO Educational Workshops 2016



ECCO Workshops



44th ECCO Workshop
Aalesund, **Norway** - April 15, 2016



45th ECCO Workshop
Siofok, **Hungary** - June 3, 2016



46th ECCO Workshop
Helsinki, **Finland** - September 2, 2016



47th ECCO Workshop
Buenos Aires, **Argentina** - October 1, 2016



48th ECCO Workshop
Dubrovnik, **Croatia** - October 8, 2016



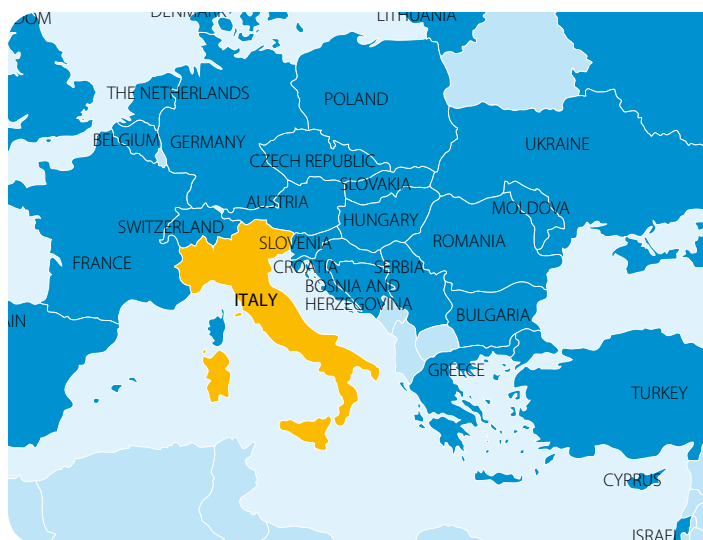
49th ECCO Workshop
Guangzhou, **China** - November 11, 2016

Spreading standards in IBD:
Your presence counts!

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www.ecco-ibd.eu



ECCO Country Member Profile



Identity card

- Country: **Italy**
- Name of group: IG-IBD (the Italian Group for the Inflammatory Bowel Disease)
- Number of active members: 475
- Number of meetings per year: National Conference every 2 years, Educational Workshop every 2 years, Conference on a specific IBD topic every year, Nurse Workshop
- 2015 Educational projects:
 1. IG-IBD Advanced Imaging in Crohn's Disease (2 days/3 editions)
 2. IBD Endo 2015–2016 (2-day course on endoscopic aspects/4 editions)
 3. Day practice in the bowel US service (4 editions)
 4. Sliding doors: Theory and practice on IBD (5 editions)
 5. Clinical pathology course on IBD (2 days/3 editions)
 6. Hospital stages (3 days/9 editions)
 7. Joint Meeting with the Italian Paediatric Society of Gastroenterology, Hepatology and Nutrition
- Name secretary and president: Fernando Rizzello (Secretary), Enrica Previtali (President); Governing Council: Alessandro Armuzzi, Fabrizio Bossa, Emma Calabrese, Filippo Mocciaro, Antonio Rispo
- National Representatives: Paolo Gionchetti and Anna Kohn
- Joined ECCO in: 2005
- Incidence of IBD in the country: Data on the incidence of IBD in Italy are not available. There are data from single Italian regions. Creation of the Italian Registry is ongoing.

Questionnaire – ITALY

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

There has been wider diffusion of ECCO Guidelines around the country. More doctors have joined ECCO and many have actively participated in the preparation of ECCO Guidelines and on ECCO Committees.

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

Greater visibility and participation in ECCO Projects.

Is your society making use of the ECCO Guidelines?

Yes

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

Yes, we have developed links with GETAID from France and GETECCU from Spain.

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

Yes

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

Yes

What are your main areas of research interest?

The IG-IBD acts as a forum for developing scientific ideas related to IBD. This includes:

- Clinical and therapeutic multicentre trials
- Clinical studies on the natural history of IBD
- Exploring novel therapeutic strategies
- Translational science

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

All Italian IBD centres are involved in creating the patient database.

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

Ongoing projects and the principal investigator for each project are:

- Inter-observer agreement in endoscopic scoring systems: IBD Endo (Marco Daperno)
- Quality of care in IBD (SOLUTION) (Aurora Bortoli)
- Prevalence of microscopic colitis (Giovanni Latella)
- Risk factors for neoplasia in IBD patients treated with immunosuppressive therapy (Livia Biancone)
- Early postoperative endoscopic recurrence (Ambrogio Orlando)
- IG-IBD registry (Vito Annese)
- Azathioprine and postoperative recurrence (Ambrogio Orlando)
- Italian guidelines on immunosuppressive and corticosteroids, safety and surgery

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

EpiCom Projects

What are your aims for the future?

The mission of IG-IBD is and will be to promote the health of people with IBD in Italy by setting the direction for patient care, education and research.

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

Maintaining collaboration between clinicians and scientists; encouraging scientific and clinical development with grants to support clinical and basic research.

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

IG-IBD uses ECCO for updates, conventions and guidelines and to maintain the interest in scientific research in IBD.

ANNA KOHN & PAOLO GIONCHETTI

ECCO National Representatives, Italy



IG-IBD (the Italian Group for the Inflammatory Bowel Disease) © IG-IBD

ECCO National Representatives 2016

Austria	Christoph Högenauer Gottfried Novacek	christoph.hoegenauer@medunigraz.at gottfried.novacek@meduniwien.ac.at
Belgium	Cathérine Reenaers Peter Bossuyt	catherine.reenaers@chu.ulg.ac.be peter.bossuyt@laposte.net
Bosnia and Herzegovina	Ante Bogut Emil Babić	bogut.ante@gmail.com emil.babic@yahoo.com
Bulgaria	Zoya Spassova Iskren Kotzev	zoya.spassova@hotmail.com kotzev@mnet.bg
Croatia	Brankica Mijandrušić-Sinčić Željko Krznarić	bsincic@gmail.com zeljko.krznaric1@zg.t-com.hr
Cyprus	Ioannis Kaimakiotis Theodora Demetriou	gastro1@cytanet.com.cy t.demetriou@doctors.org.uk
Czech Republic	Martin Bortlik Tomáš Douda	mbortlik@hotmail.com douda@fnhk.cz
Denmark	Jørn Brynskov Torben Knudsen	brynskov@dadlnet.dk torben.knudsen@rsyd.dk
Estonia	Karin Kull Benno Margus	karin.kull@kliinikum.ee benno.margus@itk.ee
Finland	Clas-Göran af Björkesten Pauliina Molander	clas-goran.af.bjorkesten@hus.fi pauliina.molander@welho.com
France	Arnaud Bourreille Xavier Roblin	arnaud.bourreille@chu-nantes.fr xavier.robilin@chu-st-etienne.fr
Germany	Britta Siegmund Torsten Kucharzik	britta.siegmund@charite.de torsten.kucharzik@klinikum-lueneburg.de
Greece	Ioannis Koutroubakis Giorgos Bamias	ikoutroub@med.uoc.gr gbamias@gmail.com
Hungary	Péter Lakatos Tamás Molnár	kislakpet99@gmail.com molnar.tamas@med.u-szeged.hu
Ireland	Glen Doherty Jane McCarthy	G.Doherty@st-vincents.ie jmccarthy@mu.ie
Israel	Shomron Ben-Horin Matti Waterman	shomron.benhorin@gmail.com m_waterman@rambam.health.gov.il
Italy	Anna Kohn Paolo Gionchetti	akohn@scamilloforlanini.rm.it paolo.gionchetti@unibo.it
Latvia	Aleksejs Derovs Jelena Derova	aleksejs.dervovs@gastroenterologs.lv jelena.derova@gastroenterologs.lv

N-ECCO National Representatives 2016

Austria	Tobias Kasa Anita Beyer	tobias.kasa@meduniwien.ac.at anita.beyer@akhwien.at
Belgium	Patricia Geens Ellen Weyts	patricia.geens@imelda.be ellen.weyts@uzleuven.be
Bulgaria	Jasmina Andonova Zoya Spassova	jasi_andonova@yahoo.co.uk zoya.spassova@hotmail.com
Croatia	Vesna Oroz	vesna.oro@kbc-zagreb.hr
Cyprus	Anastasia Nicolaou	natasanic@windowslive.com
Czech Republic	Katerina Peukertova	peuk@nemlib.cz
Denmark	Lotte Julin Hansen Else Mikkelsen	lkjh@rm.dk else.mikkelsen2@vest.rm.dk
Estonia	Reelika Maat	reelika.maat@kliinikum.ee
Finland	Tanja Toivonen	toivonentanja@hotmail.com
France	Suzanna Ostrec Aurore Paput	suzanna.ostrec@gmail.com aurorepaput@yahoo.fr
Germany	Janette Tattersall-Wong Susann Wienecke	studienzentrum@waldfriede.de susann.wienecke@klinikum-lueneburg.de
Greece	Helen Keimali	elkeim@hotmail.com
Ireland	Denise Keegan	D.Keegan@st-vincents.ie
Israel	Revital Barkan Ola Haj Natour	revitalb@tlvmc.gov.il haj_nat_o@hotmail.com

ECCO National Representatives 2016

Lithuania	Limas Kupčinskas Gediminas Kiudelis	likup@takas.lt gediminaskiudelis@gmail.com
Malta	Pierre Ellul	ellul.pierre@gmail.com
Moldova	Svetlana Jurcan Vlada Dumbravă	veisa@mail.ru gastroenterologie@usmf.md
Norway	Kristin Kaasen Jørgensen Marte Lie Høivik	krikjo@online.no marte.lie.hoivik@gmail.com
Poland	Edyta Zagórowicz Jarosław Kierkuś	ezagorowicz@wp.pl j.kierkus@med-net.pl
Portugal	Paula Ministro Ana Isabel Vieira	paulaministro@sapo.pt anaircvieira@hotmail.com
Romania	Mihai Mircea Diculescu Adrian Goldiş	mmdiculescu@yahoo.com goldisadi@yahoo.com
Russia	Elena Belousova Alexander Potapov	eabelous@yandex.ru potapov@nczd.ru
Serbia	Dino Tarabar Marijana Protić	dino@tarabar.net marijana.n.protic@gmail.com
Slovakia	Martin Huorka Marika Zakuciová	huorka@stonline.sk marikazakuciova@centrum.sk
Slovenia	Ivan Ferkolj David Drobne	ivan.ferkolj@kclj.si david.drobne@gmail.com
Spain	Pilar Nos Javier Perez Gisbert	pilarnos@gmail.com javier.p.gisbert@gmail.com
Sweden	Leif Törkvist Hans Strid	leif.torkvist@ki.se hans.strid@vgregion.se
Switzerland	Pierre Michetti Frank Seibold	pmichetti@gesb.ch frank.seibold@lindenhofgruppe.ch
The Netherlands	Andrea Meulen-de Jong Dirk de Jong	ae.meulen@lumc.nl Dirk.deJong@radboudumc.nl
Turkey	Yusuf Ziya Erzin Aykut Ferhat Çelik	dryusuferzin@yahoo.com afcelik@superonline.com
Ukraine	Mykhailo P. Zakharash Juriy Vinnyk	mzakharash@yandex.ru profvinnyk@gmail.com
United Kingdom	Peter Irving Barney Hawthorne	peter.irving@gstt.nhs.uk Barney.Hawthorne@wales.nhs.uk

N-ECCO National Representatives 2016

Latvia	Valentina Lapina	valentina.lapina@inbox.lv
Lithuania	Lina Ivanauskienė	lina_ivanausk@yahoo.com
Norway	Beathe Mari Nesvåg	beathenesvag@hotmail.com
Poland	Marzena Kurzek	marzena.kurek@hotmail.com
Portugal	Bruna Parente	bruna_parente1982@hotmail.com
Romania	Nicoleta Dragomir	nicole.andra@yahoo.com
Serbia	Svetlana Rakicevic	ceca.rakicevic@gmail.com
Slovakia	Stanislava Oravcová	stanislava.oravcova@gmail.com
Slovenia	Carmen Bobnar Sekulic	carmen.bobnar@gmail.com
Spain	Ester Navarro Correal	enavarro@vhbron.net
Sweden	Katarina Pihl Lesnovska	Katarina.pihl.lesnovska@regionostergotland.se
Switzerland	Rosmarie Junker Christina Knellwolf	rosmarie.junker@magendarmsuisse.ch christina.knellwolf@kssg.ch
The Netherlands	Maria de Jong Laurence Colautti-Duijsens	maria.dejong@amc.uva.nl l.duijsens@orbisconcern.nl
Turkey	Berna Nilgün Özgürsoy	bernanilgun@gmail.com
United Kingdom	Julie Duncan Lynn Gray	julie.duncan@gstt.nhs.uk lynn.gray6@nhs.net

Corporate Members 2016**ECCO Office**

European Crohn's and Colitis Organisation
Ungargasse 6/13
1030 Vienna, Austria
Phone: +43-(0)1-710 22 42
Fax: +43-(0)1-710 22 42-001
E-mail: ecco@ecco-ibd.eu
Web: www.ecco-ibd.eu

ECCO Governing Board 2016



President

Julián Panés
Barcelona, Spain
jpanes@clinic.ub.es



Past President/Liaison Officer

Séverine Vermeire
Leuven, Belgium
severine.vermeire@uzleuven.be



President-Elect

Silvio Danese
Milan, Italy
sdanese@hotmail.com



Secretary

Laurent Peyrin-Biroulet
Vandoeuvre-Lès-Nancy, France
peyrinbiroulet@gmail.com



Treasurer

Tibor Hlavaty
Bratislava, Slovakia
tibor.hlavaty2@gmail.com



Education Officer

Gerassimos Mantzaris
Athens, Greece
gjmantzaris@gmail.com



Scientific Officer

Filip Baert
Roeselare, Belgium
Filip.Baert@azdelta.be

ECCO Committees 2016



SciCom

Charlie Lees, United Kingdom
Florian Rieder, United States
Britta Siegmund, Germany
Janneke van der Woude, The Netherlands

SciCom Chair

Gerhard Rogler
Zurich, Switzerland
gerhard.rogler@usz.ch



ClinCom

Marc Ferrante, Belgium
Edyta Zagórowicz, Poland
Javier Gisbert, Spain
John Mansfield, United Kingdom

ClinCom Chair

Alessandro Armuzzi
Rome, Italy
alearmuzzi@yahoo.com



EpiCom

Vito Annese, Italy
Nynne Nyboe Andersen, Denmark
Laurent Beaugerie, France
Marieke Pierik, The Netherlands

EpiCom Chair

Ebbe Langholz
Hellerup, Denmark
ebbe.langholz@regionh.dk



EduCom

Peter Lakatos, Hungary
Antonio López-Sanromán, Spain
Konstantinos Katsanos, Greece
Pascal Juillerat, Switzerland
Giovanni Maconi, Italy

EduCom Chair

Peter Irving
London, United Kingdom
peter.irving@gstt.nhs.uk



GuiCom

Gionata Fiorino, Italy
Christian Maaser, Germany
Glen Doherty, Ireland
Stephan Vavricka, Switzerland

GuiCom Chair

Andreas Sturm
Berlin, Germany
a.sturm@drk-kliniken-berlin.de



N-ECCO

Palle Bager, Denmark
Usha Chauhan, Canada
Kay Greveson, United Kingdom
Kathleen Sugrue, Ireland

N-ECCO Chair

Karen Kemp
Manchester, United Kingdom
Karen.Kemp@cmft.nhs.uk



Y-ECCO

Isabelle Cleyne, Belgium
Nuha Yassin, United Kingdom
Nik Sheng Ding, United Kingdom
Dominik Bettenworth, Germany

Y-ECCO Chair

Timothy Raine
Cambridge, United Kingdom
TimRaine@doctors.net.uk



S-ECCO

Janindra Warusavitarne, United Kingdom
Paulo Kotze, Brazil
Antonino Spinelli, Italy
Yves Panis, France

S-ECCO Chair

Oded Zmora
Tel Aviv, Israel
ozmora@post.tau.ac.il



P-ECCO

Richard Russell, United Kingdom
Salvatore Cucchiara, Italy
Patrick Van Rheenen, The Netherlands
Jaroslaw Kierkuś, Poland

P-ECCO Chair

Dan Turner
Jerusalem, Israel
turnerjd2001@gmail.com



H-ECCO WG

Vincenzo Villanacci, Italy
Paula Borralho, Portugal
Magali Svrcek, France

H-ECCO WG Chair

Roger Feakins
United Kingdom
r.m.feakins@qmul.ac.uk



D-ECCO WG

Konstantinos Gerasimidis, United Kingdom
Miranda Lomer, United Kingdom
Nicolette Wierdsma, The Netherlands
Arie Levine, Israel

D-ECCO WG Chair

Rotem Sigall-Boneh
Holon, Israel
Rotem.PIBD@gmail.com



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Inflammatory Bowel Diseases



12th Congress of ECCO
February 15-18, 2017

- CCIB Barcelona, Spain
- EACCME applied
- Register at www.ecco-ibd.eu/ecco17

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