European
Crohn's and Colitis
Organisation

Volume 11 | Issue 2 | 2016

ECCO News SUMMER

www.ecco-ibd.eu

European
Crohn's and Colitis
Organisation

Become a member!

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

Be a bee in our hive to experience the ECCO Spirit

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

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

Scan and contact the ECCO Office

www.ecco-ibd.eu

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

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

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
Vandoeuvre-Lès-Nancy, France
peyrinbiroulet@gmail.com

Associate Editor:
Peter Hindryckx
Department of Gastroenterology
Ghent University Hospital
Merelbexe, Belgium
pieter.hindryckx@ugent.be

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

Graphic Design:
Frau Liska Grafik.Design
Vienna, Austria

Printing:
Druckerei Ferdinand Berger & Söhne GmbH
Horn, Austria
Illustrations:
Rainer Mirau (ECCO Photographer)
ISSN 1653-9214

Content:

Missed an ECCO News issue?
Please scan this code
(ecco-ibd.eu/ecco-news)

Dear ECCO Friends,

Julián Panés © ECCO

What does it take to be excellent? Probably a combination of many things, but I would like to highlight persistence, knowledge, patience and passion. All these ingredients have been present during the preparation of the programme for the 12th Congress of ECCO in Barcelona in 2017. The various ECCO Committees involved in the generation of the activities are proud to share with you in this issue of ECCO News the preliminary Scientific and Educational Programme of the 12th Congress of ECCO. You will see that completely new formats have been introduced in a number of sessions and that more space is being allocated to presentations of original work.

Advances in our field derive from various types of initiative, often relating to drug development. However, there are certain aspects and questions that are not directly linked to drug development, and the only way of tackling these topics is through investigator-initiated studies. It is ECCO's will to acknowledge these efforts, and in this issue of ECCO News you will find the announcement of the winners of the ECCO IIS Abstract Awards.

Our organisation is also involved in the Horizon 2020 BIOCYCLE Project, aimed at determining the best long-term treatment strategies in Crohn's Disease related to the optimal use of immunosuppressants and biologic drugs. In this issue, you will find an update on the status of this project.

One of ECCO's strategic objectives is to contribute to the improvement and standardisation of quality of care across Europe. One of the initiatives in this area, led by former ECCO President Simon Travis, has been developed in its first stage by the International Consortium for Health Outcome Measurement with the objectives of establishing a standard set of outcomes in routine clinical practice, determining the best practices for achieving data collection and disseminating these practices within Europe. You will find details on this project in this issue.

Finally, as always, Y-ECCO offers some new freshness within the Literature Review section and Y-ECCO Interview Corner.

I'm sure you will enjoy reading about these topics on the following pages. Remember also to check our website for more information and updates.

Yours,

ECCO Organising Committee 2016 (Laurent Peyrin-Biroulet, Julián Panés, Britta Siegmund, Peter Irving and Séverine Vermeire) © ECCO

JULIÁN PANÉS
ECCO President

Preliminary Scientific Programme at the 12th Congress of ECCO:

Advancing Knowledge, Improving Care

Over the years the main programme of our ECCO Congress has evolved significantly from its original, predominantly educational focus. The Congress has now become the world's number one meeting for the presentation of original work, while simultaneously retaining its high-level of educational content. It is an essential meeting for all health care professionals and pharmaceutical companies with an interest in IBD. Our next Congress will be on February 15-18, 2017 in the attractive CCIB in Barcelona. Be sure to mark these days in your agenda.

The theme for ECCO'17 Barcelona is "Advancing knowledge, improving care". Currently, we are witnessing a major leap forward in knowledge in almost every field related to IBD, including disease pathogenesis, diagnostic tools, development of new therapeutic alternatives, and optimising strategies for patient care. All these topics will have a prominent place in our main programme.

We will also be introducing new session formats. Very practical burning questions in the management of IBD patients will be addressed in a dynamic session in the form of short questions and answers provided by experts in the field. The topics will touch on vulnerable IBD populations, including children, pregnant women, elderly patients, patients with cancer, and those with psychological comorbidities. A full session will be devoted to Inflammatory Bowel Diseases different from Crohn's Disease and Ulcerative Colitis which we often see and treat, such as microscopic colitis, eosinophilic gastroenteritis or IBDU. This session will have "carousel" interventions by an epidemiologist, a basic scientist, a pathologist, and a clinician who will review the main traits of these inflammatory conditions.

For the ECCO'17 Programme we also want to expand the presentation of original and translational work. For the first time a full session will be devoted to the presentation of original studies. Also for the first time in 2017 there will be a session entitled "Basic science meets the clinic" that will aim to foster interaction between basic and clinical investigators, an essential element in advancing knowledge of IBD. The basic science session will run in parallel with the more clinically focussed topics addressed by our Challenging Cases session.

In other sessions, which will include both original research communications and expert reviews, we will visit topics like environmental factors, the microbiome and new compounds in the treatment of IBD. Further, we will have the opportunity to critically revise the true relevance that information derived from clinical trials has for everyday practice, and how we measure, and ideally prevent, progression of bowel damage in IBD.

I am also happy and proud to announce that the concluding ECCO Lecture, "Treating the patient vs. treating the disease", will be delivered by Michael Kamm. This is sure to be a mind-opening exercise, as Michael's talks always are.

ECCO'17 will be an attractive journey through the world of IBD 2017, and of course, you must be sure not to miss the "ECCO Interaction: Hearts and Minds" networking event, where all ECCO Friends will meet.

The Organising Committee for the ECCO'17 Barcelona Congress:
Julian Panés
Silvio Danese
Laurent Peyrin-Biroulet
Charlie Lees
Peter Lakatos

Preliminary programme: Thursday, February 16, 2016

	10:45 – 11:15	Top tips for chairs (closed session)
11:30 – 12:30	Industry sponsored satellite symposia 1a & 1b	
12:45 – 12:50	Welcome	
12:50 – 13:00	Opening	
13:00 – 14:30	Scientific session 1: Pathways of environmental factors or everyday poisons and IBD	
	13:00 – 13:20	Nutrition and Food additives
	13:20 – 13:30	Oral presentation 1
	13:30 – 13:50	Everyday poisons: Smoking, pollution, stress, sedentary lifestyle
	13:50 – 14:00	Oral presentation 2
	14:00 – 14:10	Oral presentation 3
	14:10 – 14:30	Environmental factors as therapy (diet modification; EEN feeding)
14:30 – 15:00	Coffee break	
15:00 – 16:30	Scientific session 2: Evolving therapeutic algorithms in 2017	
	15:00 – 15:20	Placing new molecules in the treatment pathway
	15:20 – 15:30	Oral presentation 4
	15:30 – 15:50	Maximizing the bang for your buck: How to manage IBD on a minimum budget
	15:50 – 16:00	Oral presentation 5
	16:00 – 16:10	Oral presentation 6
	16:10 – 16:30	Personalised medicine: Dream or reality?
16:30 – 17:30	Scientific session 3: Vulnerable patients: 10 burning questions in IBD	
	16:30 – 16:42	The child with IBD
	16:42 – 16:54	Treating the pregnant woman with IBD
	16:54 – 17:06	The elderly patient with IBD
	17:06 – 17:18	The use of IBD medicine in patients with cancer
	17:18 – 17:30	The patient with psychological comorbidities
17:45 – 18:45	Industry sponsored satellite symposia 2a & 2b	
17:45 – 18:45	Digital Oral Presentations (1-5)	

Preliminary programme: Friday, February 17, 2017

07:15 – 08:15	Industry sponsored satellite symposia 3a & 3b	
08:30 – 10:30	Scientific session 4: Clinical trials versus real life	
	08:30 – 08:50	Trial endpoint vs. therapeutic objectives
	08:50 – 09:00	Oral presentation 7
	09:00 – 09:10	Oral presentation 8
	09:10 – 09:20	Oral presentation 9
	09:20 – 09:40	The long-term efficacy outside clinical trials
	09:40 – 09:50	Oral presentation 10
	09:50 – 10:00	Oral presentation 11
	10:00 – 10:10	Oral presentation 12
	10:10 – 10:30	The long-term safety outside clinical trials
10:30 – 11:00	Coffee break	
11:00 – 12:30	Scientific session 5: Managing bowel damage in IBD: Surgical or medical treatment?	
	11:00 – 11:20	Are we truly changing disease course with current strategies?
	11:20 – 11:30	Oral presentation 13
	11:30 – 11:50	Combined approach for intestinal sparing in CD?
	11:50 – 12:00	Oral presentation 14
	12:00 – 12:10	Oral presentation 15
	12:10 – 12:30	The ileorectal anastomosis in UC: Time for a comeback?
12:30 – 13:30	Lunch	
12:30 – 13:30	Guided poster session	
12:40 – 13:20	Industry sponsored educational lunchtime satelite symposia	
13:30 – 15:00	Scientific Session 6: Intestinal inflammation – not always IBD	
	13:30 – 13:50	IBDU
	13:50 – 14:00	Oral presentation 16
	14:00 – 14:20	Microscopic colitis
	14:20 – 14:30	Oral presentation 17
	14:30 – 14:40	Oral presentation 18
	14:40 – 15:00	Eosinophilic enteritis
15:00 – 15:40	Scientific session 7: ECCO Fellowships & Grants	
	15:00 – 15:07	Outcomes from the 2015-6 Fellowships
	15:07 – 15:14	Outcomes from the 2015-6 Fellowships
	15:14 – 15:20	Announcement of ECCO Fellowships and Grants 2017
	15:20 – 15:30	Oral presentation 19
	15:30 – 15:40	Oral presentation 20
15:40 – 16:10	Coffee break	
choose		
16:10 – 17:10	Scientific session 8: Challenging Cases	
	16:10 – 16:30	Challenging Case 1
	16:30 – 16:50	Challenging Case 2
	16:50 – 17:10	Challenging Case 3
17:10 – 18:10	Scientific session 9: IBD Horizons	
	17:10 – 17:20	Oral presentation 21
	17:20 – 17:30	Oral presentation 22
	17:30 – 17:40	Oral presentation 23
	17:40 – 17:50	Oral presentation 24
	17:50 – 18:00	Oral presentation 25
	18:00 – 18:10	Oral presentation 26
or		
16:10 – 17:50	Scientific session 10: Basic Science meets the clinic	
	16:10 – 16:30	IL-23 and beyond
	16:30 – 16:40	Oral presentation 35
	16:40 – 16:50	Oral presentation 36
	16:50 – 17:10	Genetics and function in IBD: The missing link?
	17:10 – 17:20	Oral presentation 37
	17:20 – 17:30	Oral presentation 38
	17:30 – 17:50	Epigenetics in complex diseases
17:50 – 18:10	Networking coffee	
18:25 – 19:25	Industry sponsored satellite symposia 4a & 4b	
18:25 – 19:25	Digital oral presentations (6-11)	

Preliminary programme: Saturday, February 18, 2017

07:15 – 08:15	Industry sponsored satellite symposia 5a & 5b	
08:30 – 10:20	Scientific session 11: New compounds in the treatment of IBD	
	08:30 – 08:50	JAK-inhibitors
	08:50 – 09:00	Oral presentation 27
	09:00 – 09:10	Oral presentation 28
	09:10 – 09:30	S1P
	09:30 – 09:40	Oral presentation 29
	09:40 – 09:50	Oral presentation 30
	09:50 – 10:00	Oral presentation 31
	10:00 – 10:20	Anti IL12/IL23 compounds
10:20 – 10:50	Coffee break	
10:50 – 12:20	Scientific session 12: Gut luminal content – more than just bacteria	
	10:50 – 11:10	The forgotten populations in the gut
	11:10 – 11:20	Oral presentation 32
	11:20 – 11:40	Metabolic activity
	11:40 – 11:50	Oral presentation 33
	11:50 – 12:00	Oral presentation 34
	12:00 – 12:20	Microbiome reality check – looking beyond the hype
12:20 – 13:00	Scientific session 13: ECCO Lecture	
	12:20 – 12:50	Treating the patient vs. treating the disease
	12:50 – 12:55	Awards and closing remarks
	12:55-13:00	The ECCO Film

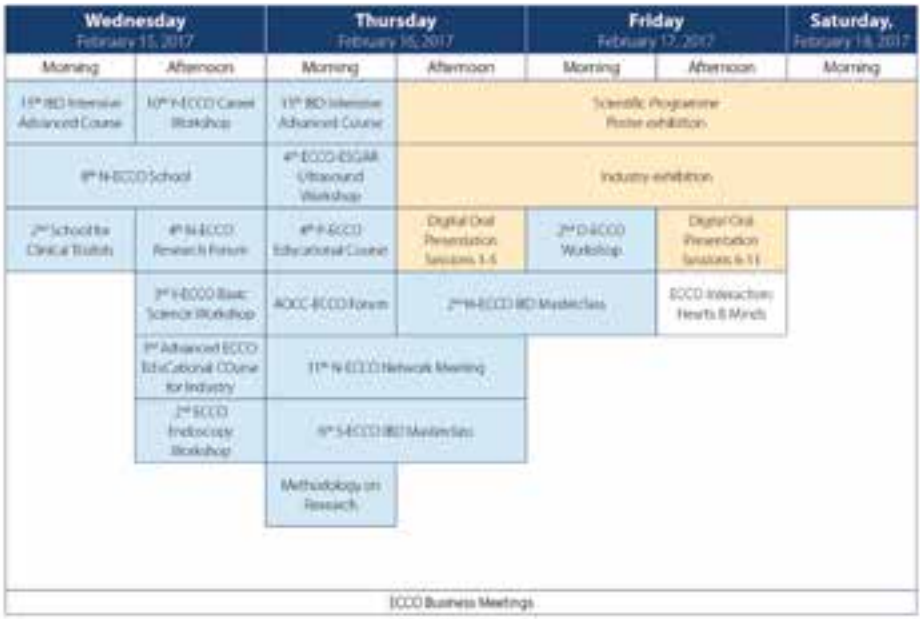
Preliminary Educational Programme at the 12th Congress of ECCO

As of June 2016

The educational programme of the 12th Congress of ECCO starts prior to the official start of the ECCO Congress and courses take place from February 15-17, 2017. These activities are targeted towards ECCO's different interest groups including young gastroenterologists, surgeons, paediatricians, IBD nurses and allied health professionals and scientists.

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

We look forward to seeing you in Barcelona!



Call for Nominations of Participants at the 15th IBD Intensive Advanced Course

On behalf of ECCO I would like to inform you about the following:

The **15th ECCO Intensive Advanced Course in IBD** for residents, fellows in gastroenterology and junior faculty will take place in Barcelona, Spain, on **February 15–16, 2017** just prior to our next Congress. We are pleased to inform you that the **preliminary programme** for this course is already available.

Since ECCO wants to make this course as attractive as possible for participants, we are generally limiting the number of participants from each ECCO Member Country to two, which will ensure a more interactive atmosphere. Three seats will be available for countries with a population of over 50 million (including Italy, France, Germany, Russia, UK and Turkey). We do, however, encourage you to send in one or two back-up nominees who may be able to attend in the event of cancellations.

Minimum criteria for nominees:

- ECCO Member status (2017)
- Trainees at least in their third year with preferably one year of GI experience
- Should possess a sufficient level of English to follow the course

Nomination process for candidates from ECCO Country Member states:

Candidates who are interested should contact their respective national representatives (***www.ecco-ibd.eu*** > log in and go to "Members' Area" (blue box), click on "Downloads", then "General Assembly" > List of National Representatives) **well in time.**

Participants are selected in their country, by a national system left to the responsibility of the National Representatives of each ECCO Member Country.

The National Representatives submit their nominations with a **CV** (containing full contact details, position and information about hospital affiliation) and a letter of intent for each candidate:

Deadline for receipt of nominations from ECCO National Representatives: **September 9, 2016**

Nominated candidates will be informed of their application status by the **beginning of October 2016.**

Nomination process for candidates from outside of Europe:

Candidates who are interested should contact the ECCO Office (***p.judkins@ecco-ibd.eu***) **well in time.**

In acknowledgement of the highly appreciated cooperation with ECCO Global Friends, a certain number of course seats are reserved for candidates from outside of Europe.

In order to apply, candidates need to submit a **CV** (containing full contact details, position and information about hospital affiliation) and a letter of support from a senior IBD expert.

Participants are selected by representatives of the Governing Board and EduCom on the basis of qualifications and country balance.

Deadline for receipt of nominations from candidates from outside of Europe: S**eptember 9, 2016**

Nominated candidates will be informed of the status of their application by the **beginning of October 2016**.

To find out more about the 15th IBD Intensive Advanced Course, please click here to visit the ECCO'17 Amsterdam Congress website.

PASCAL JUILLERAT
EduCom Member

Preliminary programme: 15th IBD Intensive Advanced Course
Wednesday, February 15, 2017

07:45 – 08:00	Arrival and distribution of voting pads	
08:00 – 08:10	Welcome	
08:10 – 08:30	Pre-course test	
08:30 – 09:30	**Session 1: Pathogenesis**	
	08:30 – 08:50	Exposome
	08:50 – 09:10	Genetics
	09:10 – 09:30	Inflammatory pathways
09:30 – 09:50	**Coffee break**	
09:50 – 11:10	**Session 2: Drug management sessions. Part I: Conventional drugs**	
	09:50 – 10:10	5-ASA compounds
	10:10 – 10:30	Thiopurines
	10:30 – 1 0:50	Methotrexate
	10:50 – 1 1:10	Steroids
11:10 – 12:00	**Session 2: Drug management sessions. Part II: Biologics**	
	11:10 – 11:30	Anti-TNF agents
	11:30 – 11:45	Vedolizumab
	11:45 – 12:00	Ustekinumab
12:00 – 12:30	**Lunch**	
12:30 – 14:00	**Session 3: Seminars: Part I: Special clinical situations**	
	12:30 – 14:00	EITHER: a. Managing IBD and pregnancy OR: b. Managing extraintestinal manifestations of IBD
	13:15 – 14:00	EITHER: a. Managing IBD and pregnancy OR: b. Managing extraintestinal manifestations of IBD
14:00 – 14:15	**Coffee break**	
14:15 – 15:45	**Session 3: Seminars: Part II: Long term management**	
	14:15 – 15:00	EITHER: a. Managing complications associated with anti-TNF therapy OR: b. Perform endoscopy and IBD incl. chromo-endoscopy, balloon dilatation
	15:00 – 15:45	EITHER: a. Managing complications associated with anti-TNF therapy OR: b. Perform endoscopy and IBD incl. chromo-endoscopy, balloon dilatation

Preliminary programme: 15th IBD Intensive Advanced Course
Thursday, February 16, 2017

08:00 – 10:00	**Session 4: Interactive case discussions**	
	08:00 – 08:50	Case-based discussion: Fistulising Crohn's Disease: Medical and surgical approaches
	08:50 – 09:00	Discussion
	09:00 – 09:50	Case-based discussion: The patient with severe inflammatory Crohn's Disease
	09:50 – 10:50	Discussion
10:00 – 10:20	**Coffee break**	
10:20 – 12:15	**Session 5: Special cases scenarios**	
	10:20 – 10:40	Pre- and postoperative management of Crohn's Disease
	10:40 – 11:25	Case based discussion: Investigation and management of mild/moderate Crohn's Disease
	11:25 – 11:45	Management of refractory pouchitis
	11:45 – 12:15	Medical management of acute severe ulcerative colitis
12:15 – 12:30	**Feedback and closing remarks**	

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

ECCO Membership 2017 required: Regular/Y-ECCO Member
Registration fee: n.a.

Call for Nominations of Participants at the 8th N-ECCO School

At the 12th Congress of ECCO in Barcelona, the N-ECCO Committee will host the educational activity for IBD nurses, N-ECCO School, for the eighth time. ECCO intends to give nurses, who might still be in training and have an interest in IBD, the possibility of attending an IBD-focussed course. The aim of this programme ultimately is to improve nurse education throughout Europe.

We are pleased to confirm that in 2017 we are once again welcoming *dietitians* to participate at the N-ECCO School. As the involvement of dietitians in the treatment of patients is important, we would like to provide them with the opportunity to attend a course focussing on the basic aspects of IBD.

Nomination process for IBD nurse candidates from ECCO Country Members:

The call for nomination of participants is being sent out to all N-ECCO National Representatives in June 2016.

Interested candidates are encouraged to apply for nomination via the **N-ECCO National Representative of their country** (see page 34). A maximum of 36 places is reserved for the participation of IBD nurses. N-ECCO National Representatives are welcome to send in multiple nominations, which need to be ranked according to priority.

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

Application process for IBD nurse candidates from outside of Europe:

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

Application process for dieticians:

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

Deadline for nominations/applications:
September 9, 2016
Please note that nominations and applications after this deadline cannot be accepted.

Preliminary Educational Programme – Wednesday, February 15, 2017

Preliminary programme: 8th N-ECCO School
Wednesday, February 15, 2017

07:15 – 08:15	Breakfast satellite symposium tbc	
08:30 – 08:45	Welcome and introduction	
08:45 – 12:15	Session 1: Diagnosis and assessment	
	08:45 – 09:30	Diagnosis, anatomy and physiology in IBD
	09:30 – 10:00	Psychosocial implications of living with IBD
	10:00 – 10:30	Nutritional assessment in IBD
10:30 – 10:45	Coffee break	
	10:45 – 11:15	Surgery in IBD
	11:15 – 11:45	Medical treatment
	11:45 – 12:15	Adherence
12:15 – 13:15	Lunch break	
13:15 – 14:50	Session 2: Case studies – Disease management	
	13:20 – 14:05	Workshop 1 – UC Management (Group A) Workshop 2 – CD Management (Group B)
	14:05 – 14:50	Workshop 1 – UC Management (Group B) Workshop 2 – CD Management (Group A)
14:50 – 15:05	Coffee break	
15:05 – 16:05	Session 3: Multidisciplinary management in IBD	
	15:05 – 15:35	Nutritional management in IBD
	15:35 – 16:05	Nursing roles in IBD management
16:05 – 16:15	Closing remarks	
16:30 – 17:30	Afternoon satellite symposium tbc	

Responsible Committee: N-ECCO
Target audience: IBD nurses – new to the specialty, Dietitians
Registration: upon invitation, please see official call on page 8
ECCO Membership 2017 required: IBD nurse Member, Affiliate Member
Registration fee: n.a.

2nd School for Clinical Trialists - Understanding the different types of clinical trials
Wednesday, February 15, 2017

08:00 – 08:15	Welcome and introduction	
08:15 – 09:30	Session 1	
	08:15 – 09:00	Clinical trial design and sample size
	09:00 – 09:30	How to optimise recruitment to clinical trials in IBD
09:30 – 10:00	Coffee break	
10:00 – 11:30	Session 2	
	10:00 – 10:30	Setting up and running large nationwide IBD trials
	10:30 – 11:00	Tips & tricks for the IBD clinical research team (communication, how to limit data queries, e-diary)
	11:00 – 11:20	What does the future hold for IBD clinical trials?
11:20 – 11:30	Summary & closing remarks	

Responsible Committee: ClinCom
Target audience: Clinical trial coordinators, IBD nurses and Allied health professionals
Registration: Online registration
ECCO Membership 2017 required: Regular/Y-ECCO/IBD nurse/Affiliate Member
Registration fee: EUR 50,- incl. 21% Spanish VAT

4th N-ECCO Research Forum
Wednesday, February 15, 2017

11:45 – 12:45	**N-ECCO Research Forum Industry sponsored satellite symposium tbc**
13:00 – 13:10	Welcome and introduction
13:10 – 14:00	**Research methodology: Examples from current research**
13:10 – 13:25	Systematic review
13:25 – 13:45	Development of a questionnaire
13:45 – 14:00	Measurement of conditions
14:00 – 14:30	International IBD nursing research projects
14:30 – 15:00	**Coffee break**
15:00 – 16:25	**Workshop: International research projects – 'pre investigators meetings'**
16:25 – 16:45	**Short presentation of status from the workshops**
16:45 – 17:00	**Learning from today: How to proceed?**

Responsible Committee: N-ECCO
Target audience: IBD nurses and Allied health professionals
Registration: Online registration
ECCO Membership 2017 required: IBD nurse Member, Affiliate Member
Registration fee: EUR 15,- incl. 21% Spanish VAT

2nd ECCO Endoscopy Workshop
Wednesday, February 15, 2017

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

Responsible Committee: EduCom
Target audience: Physicians, Surgeons, Paediatricians
Registration: Online registration (max. 50 participants)
ECCO Membership 2017 required: Regular/Y-ECCO Member
Registration fee: € 80.- (half price for Y-ECCO and IBD nurse Members) – incl. 21% Spanish VAT

3rd Advanced ECCO: EduCational COurse for Industry
Wednesday, February 15, 2017

14:00 – 14:05	Welcome
14:05 – 14:55	**Session 1: Preclinical models in IBD drug development**
14:55 – 15:45	**Session 2: Proof of concept studies**
15:45 – 16:15	**Coffee break**
16:15 – 17:05	**Session 3: Learning for GI from other IMIDs**
17:05 – 17:55	**Session 4: Treatment, strategies, trials**
17:55 – 18:00	Closing remarks

Responsible Committee: ClinCom
Target audience: Corporate Members & Non-Corporate Members
Registration: Please contact the ECCO Office at ecco17@ecco-ibd.eu
ECCO Membership 2017 required: n.a.
Registration fee:
Non-Corporate Members: EUR 600.- incl. 21% Spanish VAT
Corporate Members: EUR 400.- incl. 21% Spanish VAT

10th Y-ECCO Career Workshop - Successful grant writing skills
Wednesday, February 15, 2017

16:00 – 16:10	Welcome and Introduction
16:10 – 16:40	**Session 1: Grant Writing – How to get started**
16:10 – 16:25	Designing the ideal project
16:25 – 16:40	Grant Writing – Tips and Tricks
16:40 – 17:35	**Session 2: Group Session – Designing a successful project**
16:40 – 17:00	Group session – Design project suitable for funding application
17:00 – 17:35	Feedback on projects and announcement of winning project
17:35 – 18:00	**Session 3: Grant Writing – Examples of successful projects**
17:35 – 17:50	Examples of funded IBD projects by charities
17:50 – 18:00	Thank you and Prizes
18:00	Close – Y-ECCO Networking

Responsible Committee: Y-ECCO
Target audience: Physicians, Paediatricians, Surgeons, IBD nurses
Registration: Online registration
ECCO Membership 2017 required: Regular/Y-ECCO/IBD nurse Member
Registration fee: EUR 80.- (half price for Y-ECCO and IBD nurse Members) - incl. 21% Spanish VAT

3rd Y-ECCO Basic Science Workshop
Wednesday, February 15, 2017

12:30 – 12:35	Introduction and basic science abstract awards	
12:35 – 14:10	**Session 1: Genetics in IBD – moving beyond GWAS**	
	12:35 – 13:05	Invited speaker
	13:05 – 13:20	Selected oral 1
	13:20 – 13:35	Selected oral 2
	13:35 – 13:50	Selected oral 3
13:50 – 14:10	Meet the speakers break	
14:10 – 14:55	**Session 2: Identifying novel targets in IBD using patient samples**	
	14:10 – 14:40	Invited speaker
	14:40 – 14:55	Selected oral 4
	14:55 – 15:10	Selected oral 5
	15:10 – 15:25	Selected oral 6
15:25 – 15:30	**Closing remarks** and basic science abstract awards	

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

ECCO Membership 2017 required: Regular/Y-ECCO/IBD nurse/Affiliate Member
Registration fee: EUR 80.- (half price for Y-ECCO and IBD nurse Members) – incl. 21% Spanish VAT

6th S-ECCO IBD Masterclass in collaboration with ESCP
Wednesday, February 15, 2017

08:00 – 08:10	Welcome	
08:10 – 09:50	**Session 1: Difficult decision making in Ulcerative Colitis**	
08:10 – 08:40	**Debate 1: Timing of surgery in Acute Severe Colitis**	
	08:10 – 08:20	Save the colon – Medical treatments
	08:20 – 08:30	Save the patient – Early surgery
	08:30 – 08:40	Discussion
08:40 – 09:10	**Debate 2: Surgery for Ulcerative Colitis revisited**	
	08:40 – 08:50	Ileorectal anastomosis is an attractive option
	08:50 – 09:00	Ileoanal pouch is universally best
	09:00 – 09:10	Discussion
09:10 – 09:40	**The technique**	
	09:10 – 09:20	Top down pouch surgery
	09:20 – 09:30	Bottom up pouch surgery
	09:30 – 09:40	Discussion
09:40 – 09:50	**Video: TAMIS total proctocolectomy and ileoanal pouch**	
09:50 – 10:20	Coffee break	
10:20 – 12:00	**Session 2: The art and science of IBD surgery**	
	10:20 – 11:20	3 Free papers 3 Trial updates
	11:20 – 11:40	Imaging in the peri-operative management
	11:40 – 12:00	Surgical Techniques to Reduce Recurrence Rates in Crohn's Disease
12:00 – 13:00	Lunch break	
13:00 – 15:00	**Session 3: Difficult decision making in Crohn's Disease**	
13:00 – 13:30	**Debate 3: Post successful percutaneous drainage of abscess**	
	13:00 – 13:10	Surgery for all
	13:10 – 13:20	Still place for medical therapy
	13:20 – 13:30	Discussion
13:30 – 14:00	**Debate 4: Anal fissure and haemorrhoids in Crohn's patients**	
	13:30 – 13:40	Hands off
	13:40 – 13:50	Take the knife
	13:50 – 14:00	Discussion
14:00 – 14:30	**Debate 5: The ileocolonic anastomosis**	
	14:00 – 14:10	Side to side: Isoperistaltic vs. antiperistaltic
	14:10 – 14:20	Hand-assist vs. single port
	14:20 – 14:30	Discussion
14:30 – 15:00	**Video contest: How do I do lap ileocolic resection?** ***(including preoperative and postoperative management)***	
	14:30 – 14:37	My technique
	14:37 – 14:44	My technique
	14:44 – 14:51	My technique
	14:51 – 15:00	Discussion
15:00 – 15:30	Coffee break	
15:30 – 15:55	**Session 4: Cutting edge topics in IBD**	
	15:30 – 15:40	Stem cells for surgeons
	15:40 – 15:55	IBD surgery: Last resort or another option
15:55 – 16:55	**Session 5: Decision making on the edge – Consultants' corner**	
	15:55 – 16:15	Perianal fistula
	16:15 – 16:35	Crohn's pancolitis
	16:35 – 16:55	Acute Colitis
16:55 – 17:00	**Closing remarks** Janindra Warusavitarne, London, United Kingdom	

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

ECCO Membership 2017 required: Regular/Y-ECCO/IBD nurse Member
Registration fee: EUR 150.- (half price for Y-ECCO and IBD nurse Members) – incl. 21% Spanish VAT

3rd ECCO-ESGAR Ultrasound Workshop
Wednesday, February 15, 2017

Programme to be published on ECCO Congress Website in due course.

Methodology on Research
Wednesday, February 15, 2017

09:00 – 10:20	Session 1	
	09:00 – 09:05	Welcome and introduction
	09:05 – 09:30	How to set-up a successful translational IBD unit – Providing the frame for future discovery
	09:30 – 09:55	Studying the Microbiota – bacteria and beyond
	09:55 – 10:20	Omics analysis – Can we see the forest for the trees
10:20 – 10:40	Coffee break	
10:40 – 12:00	Session 2	
	10:40 – 11:05	Transgenic animal models in IBD - Tricks you cannot read in the manuscripts
	11:05 – 11:30	Recreating the intestine ex vivo – Where are we on the way to the artificial gut (organoids, etc.)
	11:30 – 11:55	Studying drug response – translation of system biology to systems medicine
	11:55 – 12:00	Closing remarks

Responsible Committee: SciCom
Target audience: Basic scientists and interested clinicians
Registration: Online registration

ECCO Membership 2017 required: Regular/Y-ECCO/IBD nurse Member
Registration fee: EUR 80.- (half price for Y-ECCO and IBD nurse Members) – incl. 21% Spanish VAT

11th N-ECCO Network Meeting
Wednesday, February 15, 2017

07:30 – 08:30	N-ECCO Network Meeting Satellite symposium tbc	
09:00 – 09:15	Welcome and introduction Kathleen Sugrue, Cork, Ireland	
09:15 – 10:30	Session 1: Quality care in IBD	
	09:15 – 09:45	Quality indicators in IBD
	09:45 – 10:00	Remote monitoring in IBD
	10:00 – 10:30	Patient Reported Outcomes (PRO'S)
10:30 – 11:00	Coffee break	
11:00 – 12:30	Session 2: Special considerations in IBD	
	11:00 – 11:30	Fertility and pregnancy in IBD
	11:30 – 12:00	Travel vaccines in IBD
	12:00 – 12:30	Low Fodmap in IBD
12:30 – 14:00	Lunch break (Self Guided Poster Round)	
14:00 – 14:45	Session 3: Abstracts	
	14:00 – 14:15	Abstract 1
	14:15 – 14:30	Abstract 2
	14:30 – 14:45	Abstract 3
14:45 – 15:15	Coffee break	
15:15 – 16:30	Session 4: Medical management of IBD	
	15:15 – 15:45	Therapeutic algorithms for IBD management
	15:45 – 16:30	Mono vs. combo therapy (Debate)
16:30 – 17:00	Closing remarks, N-ECCO in 2017 and beyond	

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

ECCO Membership 2017 required: IBD nurse Member, Affiliate Member
Registration fee: EUR 25.- incl. 21% Spanish VAT

4th P-ECCO Educational Course 2017 – Clinical challenges in paediatric IBD
Wednesday, February 15, 2017

10:00 – 10:05	Welcome and Introduction
10:05 – 10:25	Treat to target in paediatric IBD – Same as in adults?
10:25 – 10:50	Cannabis in adolescents – Any role?
10:50 – 11:15	Bone health in IBD – Does it concern paediatricians?
11:15 – 11:40	New treatments targeting the microbiota (FMT, Antibiotics) – A case based discussion
11:40 – 12:00	Vedolizumab in children and other biologics after TNF – What can we extrapulate? A case based discussion

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

ECCO Membership 2017 required: Regular/Y-ECCO/IBD nurse/Affiliate Member
Registration fee: EUR 80.- (half price for Y-ECCO and IBD nurse Members) - incl. 21% Spanish VAT

1st H-ECCO IBD Masterclass
Thursday, February 16, 2017

13:30 – 13:35	Welcome & Introduction	
13:35 – 15:00	**Diagnosis**	
	13:35 – 13:50	What clinicians expect from pathologists
	13:50 – 14:00	What pathologists expect from clinicians
	14:00 – 14:15	IBD – endoscopic features
	14:15 – 14:35	IBD in biopsies
	14:35 – 15:00	Pathology of IBD in resections
15:00 – 15:30	**Coffee break**	
15:30 – 17:10	**Session 2: Mimics of IBD**	
	15:30 – 15:45	Clinical mimics of IBD
	15:45 – 16:05	Relationships between diverticulosis and IBD
	16:05 – 16:25	Microscopic colitis and IBD
	16:25 – 16:45	Infection, drugs, and other pathological mimics of IBD
	16:45 – 17:10	Dysplasia (with interactive cases)

Friday, February 17, 2017

08:00 – 09:40	**Session 3: Recent advances**	
	08:00 – 08:25	Pathologists' role in clinical trials (Tandem talk)
	08:25 – 08:55	Hot topics
	08:55 – 09:10	Pathogenesis of fibrosis and fistulas in IBD
	09:10 – 09:40	Prognostic factors for IBD – clinical and pathological (Tandem talk)
09:40 – 10:10	**Coffee break**	
10:10 – 11:35	**Session 4: Outside the colon**	
	10:10 – 10:30	Extraintestinal manifestations of IBD
	10:30 – 10:50	Upper GI pathology in IBD
	10:50 – 11:10	Ileal pathology in IBD and related disease
	11:10 – 11:25	Pathology of IBD in primary sclerosing cholangitis
	11:25 – 11:35	The ideal IBD pathology report
11:35 – 11:40	Closing remarks	

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

ECCO Membership 2017 required: Regular/Y-ECCO/IBD nurse/Affiliate Member
Registration fee: EUR 80 (half price for Y-ECCO and IBD nurse Members) - incl. 21% Spanish VAT

2nd D-ECCO Workshop
Friday, February 17, 2017

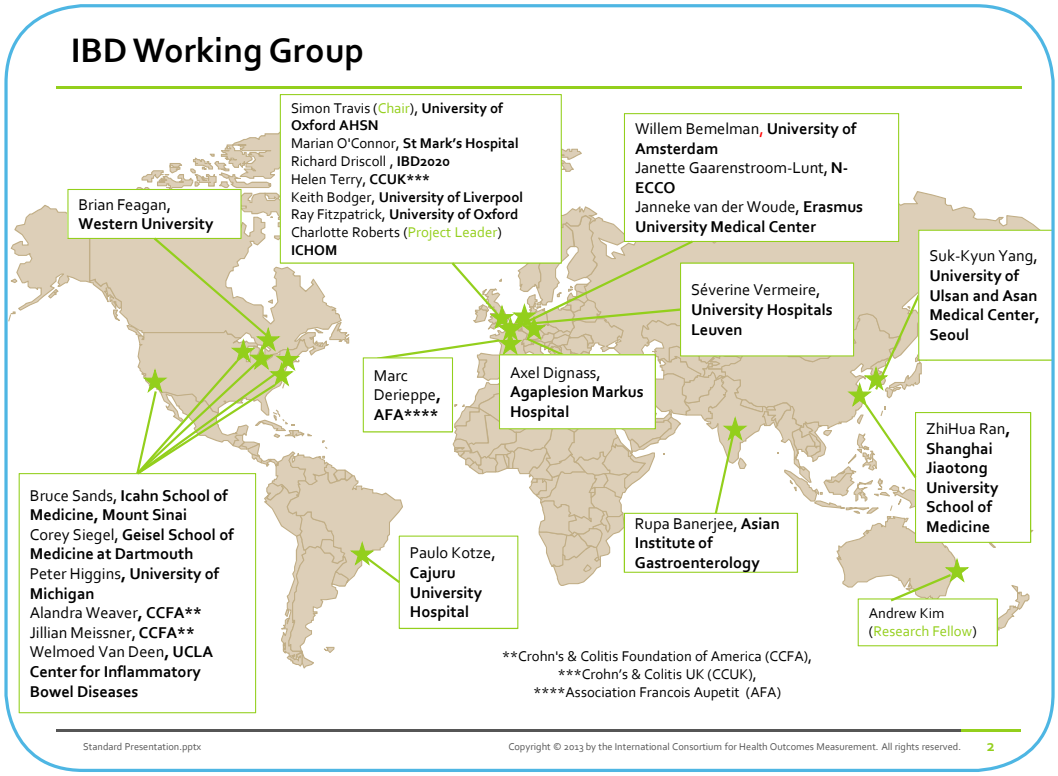
08:30 – 08:35	Welcome	
08:35 – 09:40	**Session 1: Nutritional science in IBD**	
	08:35 – 08:55	Biology of SCFA
	08:55 – 09:15	Food additives – A role in IBD?
	09:15 – 09:35	Diet and microbiome
	09:35 – 09:40	Q&A
09:40 – 10:00	**Coffee break**	
10:00 – 11:05	**Session 2: Clinical nutrition in IBD**	
	10:00 – 10:20	The role of diet in pre- and post-surgical management
	10:20 – 10:40	Enteral nutrition in adults: Has anything changed?
	10:40 – 11:00	Case presentation – Dietitian's view
	11:00 – 11:05	Q&A
11:05 – 11:20	**Coffee break**	
11:20 – 12:25	**Session 3: Diet and nutritional aspects of IBD**	
	11:20 – 11:40	Calcium, Vitamin K2 and Vitamin
	11:40 – 12:00	Role of dietitian in IBD teams across Europe
	12:00 – 12:20	Food related quality of life and the patient's perspective on diet
	12:20 – 12:25	Q&A
12:25 – 12:30	Closing remarks	

Responsible Committee: D-ECCO Working Group
Target audience: Dietitians, IBD nurses
Registration: Online registration

ECCO Membership 2017 required: Regular/Y-ECCO/IBD nurse/Affiliate Member
Registration fee: EUR 50.- – incl. 21% Spanish VAT

Measuring What Matters: Introducing ICHOM

Internationally agreed, patient-centred outcome measures are coming to IBD: ECCO has been strongly represented in developing a minimum set of measures that will allow the quality of care in IBD to be compared between countries and institutions, to the benefit of patients



Working Group Members: USA: Bruce Sands, Icahn School of Medicine, Mount Sinai, NYC; Corey Siegel, Geisel School of Medicine at Dartmouth; Peter Higgins, University of Michigan; Alandra Weaver, and *Jillian Meissner, Crohn's & Colitis Foundation of America; Welmoed Van Deen, UCLA Center for Inflammatory Bowel Diseases; Canada: Brian Feagan, Western University Ontario; Brazil: Paulo Kotze, Cajuru University Hospital; UK: Simon Travis (Chair), University of Oxford AHSN; Marian O'Connor, St Mark's Hospital, London; Richard Driscoll, IBD2020; Helen Terry, Crohn's & Colitis UK; Keith Bodger, University of Liverpool; Ray Fitzpatrick, University of Oxford, PROM specialist; Charlotte Roberts (Project Leader); *Marc Derieppe, Association François Aupetit; Germany: Axel Dignass, Agaplesion Markus Hospital; The Netherlands: Willem Bemelman, University of Amsterdam; Janette Gaarenstroom-Lunt, N-ECCO; Janneke van der Woude, Erasmus University Medical Center; Belgium: Séverine Vermeire, University Hospitals Leuven; India: Rupa Banerjee, Asian Institute of Gastroenterology; China: ZhiHua Ran, Shanghai Jiaotong University School of Medicine; South Korea: Suk-Kyun Yang, University of Ulsan and Asan Medical Center, Seoul; Australia: Andrew Kim (Research Fellow). 17/25 are ECCO Members
*: Patient representative. Patient Focus Groups were held in addition to the Working Group, in the UK, Australia and France

What is ICHOM?

The International Consortium for Health Outcomes Measurement (ICHOM) is a non-profit organisation co-founded by Michael Porter of Harvard Business School, the Boston Consulting Group and the Karolinska Institutet. Its mission is to unlock the potential of value-based health care using outcomes to drive quality improvement and reduce variation in standards between health care providers.

The principle is simple: Outcomes are the results that matter most to patients. In essence, outcomes are what drive and inform stakeholders. Improved outcomes are therefore what determine the true success of health care. If a standard set of patient-centred outcomes can be measured and reported worldwide, it can set a global benchmark. This can then be used to improve the delivery and value of care by learning from the best performers.

ICHOM is working with global teams of physician leaders, outcome specialists and patient representatives to develop Standard Sets – a minimum list of outcomes for systematic tracking – in 50 medical conditions. The core of each Standard Set (13 have been developed since 2012) focusses exclusively on the outcomes that matter to patients. 2016 is the time for IBD.

Introducing the IBD Working Group

In 2015, the Oxford Academic Health Sciences Network in the UK collaborated with ICHOM to develop a Standard Set for IBD to standardise outcome measurement, including patient-reported outcome measurements. Led by Simon Travis (Chair) and the ICHOM Project Team [Charlotte Roberts (UK) as project leader, Andrew Kim (Oxford and Sydney) as research fellow], an international team of IBD specialists and patient representatives formed the Working Group, starting on 12 October, 2015.

The IBD Working Group comprises 25 members from 12 countries (Canada, USA, Brazil, France, Germany, UK, India, Belgium, the Netherlands, South Korea, China and Australia) who represent seven specialties or interest groups (patients, gastroenterology, surgery, specialist nursing, IBD registries, PROM methodology specialists and patient organisations).

The group systematically reviewed existing literature, registry data and practices in order to assess outcomes of patients with IBD and their therapies, including surgery. Patient focus groups, open review periods and a series of teleconferences incorporating a modified Delphi process were held to reach consensus.

The Standard Set for IBD will be completed in July 2016. It will provide a template for meaningful, comparable and easy-to-interpret measures that can be implemented in any healthcare setting, globally. It will include a simple PRO tool that takes 30 seconds to complete, data on anaemia, steroid use and other measures, with a timeline for regular completion.

From July, the Standard Set will be subject to further patient surveys before it is finalised and published. The next phase is to implement data collection of the Standard Set in the real world, for which ECCO can take the lead. Watch out for more news in ECCO News.

ANDREW KIM
St Vincent's Hospital Sydney, Sydney, Australia

CHARLOTTE ROBERTS
International Consortium for Health Outcomes Measurement (ICHOM), London, UK

SIMON TRAVIS
Translational Gastroenterology Unit, Oxford University Hospitals, Oxford, UK

European
Crohn's and Colitis
Organisation

ECCO UR-CARE

Launch in 2016

What to expect

- Comprehensive registry capturing demographics, environmental factors, clinical characteristics, examinations and therapeutic interventions in IBD
- Ground-breaking cross-project cooperation and comparison of results
- Independent data management software offered to National Societies
- Quality of care assessment
- High mobility & continuity of care for patients
- Retro- & pro-spective data collection/evaluation
- Sophisticated/user friendly data export and report function
- Precise data ownership rules

Scan and visit
www.ecco-ibd.eu/ur-care

UR-CARE launched at the Annual Meeting of the ECCO Strategic Council in Amsterdam

The launch of UR-CARE (United Registries for Clinical Assessment and Research) was the much anticipated headline event at the 2016 annual meeting of the ECCO Strategic Council. The UR-CARE database, designed to simultaneously facilitate daily patient care and research studies, was introduced by Julián Panés, our incoming ECCO President, and Roberto Bravo, CEO of the IT company responsible for bringing the UR-CARE project to life. UR-CARE will be offered by ECCO to national societies and individual centres as a powerful online tool to foster collaboration in the context of IBD.

Julián focussed on the benefits of UR-CARE both at participant centre level and for study groups, while Roberto highlighted the security of the IT architecture and its compliance with EU standards. To further demonstrate the diverse advantages of the online platform, a UR-CARE video is available on the ECCO Website: ***www.ecco-ibd.eu/index.php/science/ur-care***.

Questions were then taken from the audience, leading to lively discussions. It was clear that the platform had caught the attention of the audience. Although there was insufficient time to discuss all matters, other tools were available at the ECCO Congress to allow delegates to explore the platform. For example, a demo version of UR-CARE at the ECCO Booth as well as popular Face-to-Face sessions with the UR-CARE Taskforce.

The demo version is still available on the ECCO Website for those wishing to learn more first hand.

UR-CARE was developed over the last 2 years based on the efforts of a Taskforce that brought together IBD experts from various ECCO Committees, from national as well as research database projects and from all over Europe. At the ECCO Congress 2016, the work of the UR-CARE Taskforce came to an end. Once again we would like to thank our friends and colleagues for the successful collaboration which enabled the creation of UR-CARE. Now, we, the newly formed Steering Committee, will take up the UR-CARE torch to continue this great adventure. The UR-CARE steering group is now fine-tuning the legal framework and defining the rules for setting up and participating in clinical studies.

We look forward to updating you with more UR-CARE developments soon.

Join us in UR-CARE!

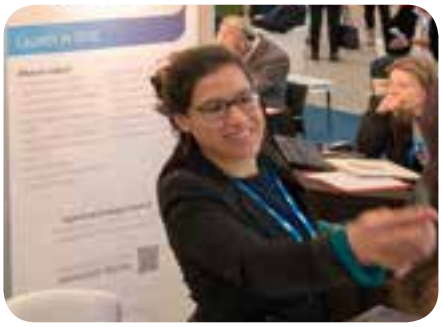
UR-CARE STEERING COMMITTEE
Filip Baert, Javier Gisbert, Ebbe Langholz, Britta Siegmund

UR-CARE Face to Face © ECCO

UR-CARE Taskforce. (L to R: E. Langholz, D. Duricova, F. Baert, J. Panés, A. Dignass, B. Siegmund, J. Gisbert) © ECCO

UR-CARE Launch © ECCO

IT company at UR-CARE Face to Face © ECCO



UR-CARE at the ECCO Booth © ECCO

IT company at UR-CARE Face to Face © ECCO

UR-CARE Demo © ECCO

UR-CARE Launch at Strategic Council Meeting 2016 © ECCO

BIOCYCLE is on track!

First general assembly in Amsterdam during ECCO © ECCO

The Biocycle project is on track. This project, funded by the European Commission under the Horizon 2020 programme, aims at exploring different aspects of the question of treatment de-escalation in moderate to severe Crohn's Disease that initially requires combination therapy with anti-TNF and antimetabolites for disease control. An unsolved question is whether it is possible to de-escalate therapy once the disease has been stabilised. This question is important for various reasons, including safety, tolerance, quality of life and costs, to name the most prominent. Biocycle includes a randomised three-arm, controlled clinical trial on 300 patients in five European countries, several patient and health care provider surveys in Europe and the United States, a biomarker research programme and pharmaco-economic analysis. ECCO is mainly involved in the monitoring of the project (through SciCom and ClinCom) and is the work package leader for dissemination of the results. Biocycle is a 6-year project and was launched one year ago in April 2015.

The team had a first general assembly in Amsterdam during ECCO´16 this year. All administrative and regulatory issues have been solved and the project is now fully on track. The health care provider survey, aiming to capture and elucidate physicians' priorities, expectations and fears about treatment de-escalation, has been performed in a U.S. population of gastroenterologists through the CCFA channel. Likewise, the process is ongoing in Europe through ECCO and different national gastroenterology groups or societies. The next step for this work package is the patient survey, which will have the same aims as for the physicians. The survey is currently being finalised and will be administered in the autumn. The clinical trial has also fully started and multiple centres are currently recruiting. Overall, the recruitment process should last till mid-2017 and 300 patients are expected to be recruited in 70 centres.

The global aim of Biocycle is to try and bring an integrated multidimensional and tailored response to this difficult question of treatment de-escalation in Crohn's Disease, also taking into account patients' preferences and perspectives.

For more information: Biocycle web site: ***www.biocycle-project.eu***; EU reference: grant agreement No 633168 – BIOCYCLE (PHC-13-2014)

EDOUARD LOUIS
Biocycle Project Coordinator

News on the Structure of SciCom

During the ECCO'16 Amsterdam Congress the Scientific Committee (SciCom) cordially welcomed on board Janneke van der Woude and Florian Rieder as new members. Both are anything but newcomers to ECCO.

Janneke van der Woude, professor at the Department of Gastroenterology and Hepatology, Erasmus MC in Rotterdam, has been actively involved in the field of IBD for over a decade. She became an ECCO Member in 2005 and started her work with ECCO by becoming first a member of EduCom and then its Chair. From 2009 to 2013 she was a member of the ECCO Governing Board and she chaired the e-CCO Taskforce from 2012 to 2015. In addition, Janneke participated in several ECCO Working Groups, including "Failure of anti-TNF", "Cancer in IBD", and "Quality of Care in IBD". Beyond her important activities within ECCO, her scientific interests lie in the understanding of how IBD affects many different aspects of life, for example through fatigue, disease complications, and impacts on reproduction. This research ranges from the highly clinical to the more translational and even includes fundamental studies.

Florian Rieder graduated from Ludwig-Maximilians University in Munich and continued his training in Regensburg, Boston, and finally in Cleveland, where he is currently finishing his Fellowship in Gastroenterology, Hepatology, and Nutrition. Starting from summer 2016 he will be an attending at Cleveland Clinic. Florian, too, has significant past ties to ECCO. He served as Member and Chair of Y-ECCO and was a member of the Steering Committee of the 2nd ECCO Scientific Workshop on "Intestinal Healing", group leader of the 4th ECCO Scientific Workshop on "Intestinal Fibrosis" and Chair of the 1st ECCO Expert Consensus on "Diagnosis and Management of Intestinal Fibrosis". His research focus lies in the prediction, pathogenesis and management of fibrostenosing IBD using a translational approach from primary human cell culture and animal models to endoscopic interventions. The broad experience of Janneke and Florian within and outside of ECCO, as well as their enthusiasm for the field, means that they will without doubt contribute greatly to SciCom Activities.

At the same time, we say goodbye to **Iris Dotan** and **Gijs van den Brink**, both of whom substantially shaped the work of SciCom over recent years. Iris Dotan played and still plays a central role in the development and distribution of the ECCO Scientific Platform. SciCom, with the continuing support of Iris, is pursuing the vision of turning this into a lively tool that will ultimately form the basis for the Scientific European IBD Network. Together with Gerhard Rogler, Iris successfully managed the 4th Scientific Workshop on "Intestinal

Charlie Lees, Gerhard Rogler, Britta Siegmund, Janneke van der Woude, Florian Rieder © ECCO

Fibrosis" and was a member of the Organising Committee of the 9th Congress of ECCO in Copenhagen, Denmark. Gijs van den Brink was one of the organisers of the Scientific Workshop 5 on "Pathophysiology and Clinical Impact of Fistulas in the Disease Course of Patients with Crohn's Disease". Together with Charlie Lees he organised the well-received SciCom Educational Activity on the "Molecular Aetiology of IBD" at the 2016 Amsterdam Congress. We gratefully thank Iris and Gijs for their excellent work!

BRITTA SIEGMUND
SciCom Member

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

Deadline for applications for ECCO Fellowships, Grants and Travel Awards: September 1, 2016
Deadline for applications for ECCO Pioneer Award: June 3, 2016 (1st round); September 1, 2016 (2nd round)

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

New in 2017: The ECCO Pioneer Award

The ECCO Pioneer Award is an exceptional award intended to fund up to 24 months of basic and/or clinical research in IBD that is visionary, innovative and interdisciplinary. The Pioneer Award has been created for collaborative research projects between a minimum of three participating institutions.
In 2017 the theme for project submissions is: "Functional Impact of Environment in IBD".

- Award: EUR 200,000.-
- Number of Pioneer Awards in 2017: one exceptional award

ECCO Fellowships have been created for individuals younger than 40 years who submit an original research project in the field of IBD which they wish to undertake abroad in a European hosting laboratory (exception: ECCO-IOIBD Fellowship – see below) and/or department for the duration of one year.

- Award: EUR 60,000.- per fellowship
- Number of Fellowships:
  - 2 ECCO Fellowships
  - 1 ECCO-IOIBD Fellowship [with the purpose of fostering scientific exchange between a European country and overseas (Africa, Asia, Australia, Canada, New Zealand, Middle and South America, United States)]

Grants

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

- Award: EUR 40,000.- per grant
- Number of Grants: 10

ECCO Travel Awards

ECCO Travel Awards are offered to young investigators who plan to visit different IBD centres in Europe, where they intend to learn scientific techniques or be a clinical observer.

IBD nurses can apply for the ***N-ECCO Travel Awards***, which provide nurses with the opportunity to visit European centres to observe nursing care.

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

ECCO-AOCC Visiting Travel Grants

ECCO-AOCC Visiting Travel Grants are for European investigators who plan to visit an IBD centre in Asia, or for Asian investigators who plan to visit an IBD centre in Europe, in order to learn about advanced endoscopy or to be a clinical observer.

- Award: EUR 10,000.-
- Number of ECCO-AOCC Visiting Travel Grants: 2

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

We look forward to your application!

GERHARD ROGLER
SciCom Chair

Call for a new topic for Scientific Workshop 6

Dear ECCO Friends,

SciCom is launching a sixth Scientific Workshop, and a new topic needs to be identified.
If you are interested, **please send a proposal for a new topic, including a title and a 100-word supporting statement, to the ECCO Office (*ecco@ecco-ibd.eu*) before June 15, 2016.**
One topic will be selected. The organisation of the Scientific Workshop will follow the same principles as previously:

ECCO Committees – open seats (2017-2020)

- Call for topics: May, 2016.
- Deadline for response: June 15, 2016.
- Decision on the topic by SciCom by July 3, 2016, followed by selection of a Steering Committee (three members: one young clinician scientist and one more experienced KOL plus one member representing SciCom).
- Meeting of SciCom and the Steering Committee at UEGW 2016: Definition of key areas of interest and focus of the Scientific Workshop
- Open call to participate after UEGW.
- Decision on participants and group leaders by end of November 2016 by SciCom and the Steering Committee. Distribution of allocated questions to the participants by the group leaders.
- Meeting at ECCO 2017: Discussion within groups on the results of literature reviews and synthetic digital oral presentation. Planning of the manuscripts.
- Meetings organised within groups, at the discretion of the group leaders and depending on the progress and needs of the group, including possibly at DDW 2017.
- Meeting at UEGW 2017 in the individual working groups, discussing the outcome and manuscripts.
- End of January 2018: Deadline for submission of the last Scientific Workshop manuscript. Submission should be made between June 2017 and January 2018.
- Meeting at ECCO 2018: Digital poster abstract presentation and working session to select research project.

We look forward to your topic proposals!

GERHARD ROGLER
SciCom Chair

FLORIAN RIEDER
SciCom Member

Reports from the IIS Award Winner 2016

Impact of the „Crohn's Disease-TReatment-with-EATing" diet (CD-TREAT diet) and exclusive enteral nutrition on healthy gut bacteria metabolism

Alessandro Armuzzi, Vaios Svolos, Fernando Magro © ECCO

Exclusive enteral nutrition (EEN), with an 8-week course, is the primary induction treatment for paediatric CD patients, though its specific mode of action has yet to be elucidated [1]. Pioneering research by our group has recently shown that disease improvement following treatment with EEN coincides with changes in the gut microbiota composition and function [2]. These findings provide clues regarding EEN's potential mechanism of action and the scope for development of novel dietary therapies through manipulation of the gut microbiota.

CD-TREAT is a research programme that aims to devise and test a novel, non-liquid, "ordinary" diet which has similar nutrient composition to EEN and might be expected to alter the gut microbiome in a similar manner. Such a diet has been developed recently in collaboration with paediatric gastroenterology clinicians from the Royal Hospital for Children in Glasgow. The CD-TREAT diet is currently being tested in a series of rigorously conducted studies designed to collect robust scientific evidence before application of the diet in clinical trials involving CD patients.

In one of these studies, we have recently compared the effect of EEN and the CD-TREAT diet on the gut microbiota of 25 healthy individuals using a cross-over RCT design. Both diets were administered for 7 days and changes in microbial metabolites and composition (16S rRNA gene sequencing) were investigated. Our preliminary data analysis clearly demonstrated that the two diets changed the microbial composition and decreased the faecal concentration of short chain fatty acids in a similar way. Faecal pH and sulphide concentration increased for both interventions. The participants rated adherence to the CD-TREAT diet as significantly easier than adherence to EEN.

The first results of the CD-TREAT trial have shown that a more palatable, food-based diet can replicate the EEN-induced changes in bacterial metabolism and composition within a short period. Further research within our group is currently testing this diet in animal models of colitis and in vitro gut simulation models.

References

1. Buchanan E, Gaunt WW, Cardigan T, Garrick V, McGrogan P, Russell RK. The use of exclusive enteral nutrition for induction of remission in children with Crohn's disease demonstrates that disease phenotype does not influence clinical remission. Aliment Pharmacol Ther. 2009;30:501–7.
2. Quince C, Ijaz UZ, Loman N, et al. Extensive modulation of the fecal metagenome in children with Crohn's disease during exclusive enteral nutrition. Am J Gastroenterol. 2015;110:1718–9.

VAIOS SVOLOS
IIS Award Winner 2016

Navigator Study: Comparison between newly-developed NBI and panchromeendoscopy for surveillance colonscopy in patients with UC

Alessandro Armuzzi, Kenji Watanabe, Fernando Magro © ECCO

On behalf of the Navigator Study Group, it is my great honor to accept the ECCO 2016 Best Investigator-Initiated Study Award. We are very grateful to the organising committee of ClinCom. The Navigator Study is a non-inferiority trial comparing the newly developed narrow-band imaging (NBI) and panchromoendoscopy for surveillance colonoscopy (SC) in patients with Ulcerative Colitis (UC). As is widely known, it is not suggested that NBI should take the place of white-light colonoscopy or chromoendoscopy for SC: see, for example, the SCENIC international consensus statement. We investigated the use of NBI in a prospective multicentre randomised controlled trial involving 13 institutes in Japan and enrolling 263 patients. The study employed pancolonic NBI observation with a focus on "surface pattern" in the NBI group and pancolonic spraying of indigo carmine solution in the panchromoendoscopy group, with mainly targeted biopsy. The Japan NBI Expert Team classification was applied. NBI was found not to be inferior to panchromoendoscopy in terms of the primary endpoint. The mean number of biopsies was <2 in both groups, and NBI tended to detect UC-associated cancer or dysplasia somewhat better than panchromoendoscopy, though the difference was not statistically significant. Furthermore, the procedure time was significantly shorter in the NBI group.

I have attended ECCO every year since ECCO'10 in Prague, and have learned many useful things pertaining to the care of IBD patients. I have urged many Japanese IBD doctors to attend this Congress. We realised that if endoscopists can perform appropriate pancolonic observation for low-activity UC patients, NBI would be a useful device for SC of such patients. We have demonstrated the efficacy of pancolonic NBI in SC for UC patients and in the daily practice of IBD doctors. I sincerely thank each member of the Navigator Study Group, and promise to continue my efforts to improve the care of IBD patients, working and exchanging information with IBD physician colleagues worldwide.

KENJI WATANABE
IIS Award Winner 2016

Update on EpiCom Activities

Over recent months, GuiCom and EpiCom have joined forces on the Topical Review on Environmental Factors

The Epidemiological Committee of ECCO (EpiCom) works for the optimisation of epidemiological research within the field of IBD across Europe. We support and provide input on the conduct of epidemiological cohort studies, thereby promoting the acquisition of valid up-to-date figures on disease course and prognosis, on costs and quality of life and on the impact of new treatments on the outcome of IBD in Europe.

We also arrange biennial EpiCom Workshops at the ECCO Congress, where we communicate the epidemiological mindset and way of approaching scientific questions. Furthermore, we aim to offer participants the opportunity to work with these methods in case-based workshops.

EpiCom continuously works on review papers handling specific epidemiological questions in IBD, where our aim is to summarise results from methodologically sound studies in the field. An example is the paper "Impact of New Treatments on Hospitalisation, Surgery, Infection, and Mortality in IBD: a Focus Paper by the Epidemiology Committee of ECCO", by Annese et al., which was published in Journal of Crohn's & Colitis in 2016. Further reviews are also planned.

Lastly the committee members (specifically Dana Ďuricová and Ebbe Langholz) have been actively involved in creating the new ECCO Database, UR-CARE.

EpiCom currently has five members: Vito Annese, Laurent Beaugerie, Marieke Pierik, Nynne Nyboe Andersen and Ebbe Langholz.

At the 11th Congress of ECCO we had the opportunity to welcome the three new members to our team (Laurent Beaugerie, Marieke Pierik, and Nynne Nyboe Andersen). This of course meant saying goodbye to our former chair, Tine Jess, as well as Dana Ďuricová and Corinne Gower-Rousseau. Tine Jess has done a tremendous job in leading EpiCom during the last 4 years, while performing excellent landmark studies on the prognosis and course of IBD. Dana Ďuricová has been very active in the EpiCom Group Study, which has produced an impressive number of papers on the epidemiology of IBD in Eastern and Western Europe and has been active in forming new inception cohort studies. Last but not least, Corinne Gower-Rousseau has contributed greatly in taking responsibility for the EpiCom-initiated guidance papers.

EpiCom Members © ECCO

While thanking Tine, Corinne and Dana for their impressive efforts over recent years and for the time and energy that they have devoted to the many projects that make EpiCom a success, we are also very happy to welcome Laurent Beaugerie, Marieke Pierik and Nynne Nyboe Andersen and are greatly looking forward to working together with them.

Laurent Beaugerie has extensive clinical and research experience within the field of IBD and will be responsible for interaction and communication within the committee. Marieke Pierik, in addition to having many years of clinical experience, has conducted a number of studies within the field of IBD epidemiology and e-learning. She will be responsible for e-learning projects together with Nynne Nyboe Andersen, who also has a specific interest in pharmaco-epidemiology, a new focus point for the committee.

EBBE LANGHOLZ
EpiCom Chair

Report from the 40th ECCO Educational Workshop in Tallinn, Estonia

On May 22, 2015 the 40th ECCO Educational Workshop ("ECCO Guidelines") was held in Tallinn, the capital of Estonia. Tallinn is an old Hanseatic League city with long traditions, surrounded by the Baltic Sea and countries such as Latvia and Russia. The closest harbours to Tallinn are Helsinki (Finland) and Stockholm (Sweden)

The 40th ECCO Educational Workshop was organised by ECCO in collaboration with the Estonian Society of Gastroenterology (EGS), which was founded in 1969 and currently has 78 members (gastroenterologists, surgeons, internal medicine doctors and trainees in gastroenterology).

Thirty-one delegates, comprising mostly gastroenterologists from Estonia but also participants from some other countries, attended the workshop. Among the attendees were trainees in gastroenterology from Estonia and also Latvia.

Riina Salupere, president of EGS and Associate Professor in Gastroenterology at the University of Tartu, was the host and welcomed everybody.

Peter Lakatos, member of EduCom, and Tim Raine, Y-ECCO Committee Member, joined as ECCO Speakers. The local faculty comprised four senior Estonian gastroenterologists: Riina Salupere, Karin Kull, Triin Remmel and Benno Margus.

Riina Salupere and Benno Margus acted as co-chairs and streamlined all sessions. The meeting followed the format of previous ECCO Workshops – case-based discussions aimed at disseminating current ECCO Guidelines and fostering their implementation in clinical practice.

After a short welcome address by Riina Salupere, Peter Lakatos gave an introduction to ECCO, covering ECCO's history, ECCO Committees, the organisation of ECCO and the structure of ECCO Consensus and Guidelines. Six clinical cases were discussed: Management of infectious complications in IBD (Triin Remmel), Paediatric CD (Peter Lakatos), Management of treatment-refractory moderate Ulcerative Colitis (Benno Margus), Imaging and new diagnostic steps in CD (Tim Raine), Recurrent complicated ileocaecal Crohn's Disease (Tim Raine) and Acute Severe Colitis (Karin Kull). The state of the art lecture was given by Peter Lakatos on mucosal healing. In this lecture all ECCO Consensus and ECCO Working Group statements were summarised and new end-points for treatment and follow-up of IBD were stressed or discussed. The atmosphere was informal and friendly and the discussion was lively and fruitful. The evaluation of the workshop was very positive and all attendees highlighted its pedagogic structure. I would like to thank Phillip Judkins and Barbara Roser from the ECCO Office for their professional assistance.

BENNO MARGUS
ECCO National Representative in Estonia,
Senior gastroenterologist at the Centre of Gastroenterology, East Tallinn Central Hospital
Member of the board (General Secretary) of EGS

Call for ECCO Educational Workshops in 2017:

The primary goals of the Educational Workshops organised by the ECCO Education Committee are the harmonisation of IBD practice within ECCO Country Members through dissemination of the ECCO Guidelines and the provision of continuous medical education with the ultimate aim of improving the quality of care for patients with IBD. The programme of this one-day workshop is being created around clinical cases, with the intention of ensuring that the workshop is as educational and proactive as possible and that participants can take an active part in the discussions. ECCO Educational Workshops are offered to large countries and, in regional centres, and to smaller countries throughout Europe.

So far, 43 Educational Workshops have been organised, starting in 2007. A list can be found on the ECCO Website (***www.ecco-ibd.eu/education/educational-workshops.html***).
This call is specifically targeted at ECCO National Representatives with an interest in hosting such an Educational Workshop in their country or in a specific region during the year 2017. National Representatives who see this workshop as an opportunity to foster education in this particular field of expertise in their country are invited to apply for an ECCO Educational Workshop in their country/region.

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

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

Please submit your application, including an official letter of intention, by September 16, 2016 to the ECCO Office (***p.judkins@ecco-ibd.eu***)!
Kind regards,

ECCO EDUCATION COMMITTEE

Report from the 44th ECCO Educational Workshop in Aalesund, Norway

April 15, 2016

The workshop was held in the picturesque coastal town of Aalesund in the western part of Norway, facing the Atlantic Ocean. The town is situated on several islands and surrounded by fjords and alpine mountains. It is easily accessed by plane from Amsterdam and Oslo, and also a number of other destinations. Because of the impressive and challenging landscape of the area, the local organising committee had arranged several extracurricular activities.

The 44th ECCO Educational Workshop was organised by former ECCO National Representative for Norway, Ingrid Prytz Berset, in collaboration with a local Organising Committee comprising three dedicated gastroenterologists, including Christine Slinning from the Board of the Norwegian Gastroenterology Society (NGF). NGF has a total of 364 members, mostly gastroenterologists but also some gastroenterological surgeons and paediatricians.

A total of 42 delegates, mostly from Norway, attended the workshop. Of these, 10% were gastroenterological surgeons, 10% gastroenterology trainees, 10% IBD/gastroenterology nurses and the rest experienced gastroenterologists.

Head of the local Organising Committee, Ingrid Prytz Berset, hosted the workshop and welcomed the delegates. She was followed by Kostas Katsanos from EduCom, who gave a presentation on the history of ECCO, the organisation of ECCO Committees, ECCO Guidelines and Consensus, and EduCom's success over the past decade in arranging Educational Workshops throughout Europe and also intercontinentally, to help implement ECCO Guidelines among gastroenterologists worldwide.

During the workshop, a total of six cases where presented and discussed:

Faris Majeed (Aalesund, Norway): Acute Severe Colitis
Nik Ding (UK/Australia, Y-ECCO): Fistulising disease
Dag Arne Lihaug Hoff (Aalesund, Norway): Imaging and new diagnostic steps in CD
Nik Ding (UK/Australia, Y-ECCO): Recurrent complicated Ileocaecal Crohn's Disease
Ingrid Prytz Berset (Aalesund, Norway): Stopping drugs, exit strategies
Christine Slinning (Aalesund, Norway): Pouchitis

The sessions were very interactive, with many discussions, critical comments and constructive answers. Both the faculty and the delegates were challenged to think out of the box, and to re-evaluate their routine practice.

Kostas Katsanos then gave a state of the art lecture on opportunistic infections in IBD, before Ingrid Prytz Berset closed the meeting.

After a short break, all the ECCO Workshop delegates moved on to the national IBD meeting, held at the same hotel. A total of 75 delegates attended this meeting, which lasted for 3 hours on the afternoon of Friday April 15. We then all had a pleasant walk straight from the hotel to the restaurant Fjellstua at Aksla, which offered a splendid view of the city and the surrounding scenery in the sunset. On the following morning, the national IBD meeting continued with a

Workshop Faculty © ECCO

3-hour-long breakfast symposium and a further 2-hour-long fjord symposium on board a boat that conveyed the sportier members of the audience to the fjord village of Standal, from where we climbed to the Kolaastind peak on randonee skis. Another group hiked on foot to the peak of Storhornet mountain. And in the evening the host for the ECCO and national IBD meetings, Ingrid Prytz Berset, invited all delegates to a bacalao dinner party at her home. It was a great party to round off a great weekend, with great people lecturing on and learning IBD skills in great surroundings.

We hope to welcome everyone back to Aalesund in the future, at any time and whether for business or pleasure!

Thank you, Phillip and Barbara from the ECCO Office and EduCom, for handling the organization prior to and during the ECCO Workshop! And thanks to MSD and Takeda for sponsoring the workshop.

INGRID PRYTZ BERSET
Member of the Norwegian Gastroenterological Association (NGF)

Update on EduCom Activities 2016

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

In 2015 we have expanded the successful e-CCO Learning Platform, continued with the popular ECCO Educational Workshops and the IBD Intensive Advanced Course and increased the scope of the Imaging Workshops beyond MRI and Ultrasound to include an Endoscopy Workshop. This has required the imagination and hard work of the dedicated Committee Members, with welcome support from Gerassimos Mantzaris, the ECCO Education Officer.

EduCom Members © ECCO

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

James Lindsay: James has been Chair of EduCom for the last two years and was a member of the Committee for two years prior to that. Under his leadership, the activities of EduCom have expanded and flourished. The e-CCO Learning Platform has expanded considerably, as has the scope of the workshops. Prior to his role as Chair, James ran the IBD Intensive Advanced Course, which he has continued to support throughout his time on EduCom both as a lecturer and as a moderator. James is a skilled educator and he will be greatly missed on EduCom, but we are delighted that he will continue to be involved in ECCO educational activities as he takes on the new role of e-Learning Ambassador.

Torsten Kucharzik: Torsten will also be a great loss to EduCom. His enthusiasm and foresight have been invaluable over the last three years. In particular, Torsten has driven the development of the popular Imaging Workshops in Ultrasound, MRI and Endoscopy. His enthusiasm for sharing the benefits of gastroenterologist-delivered ultrasound is infectious, and this technique has the potential to deliver benefits to people with IBD throughout the ECCO Member Countries and beyond. Ongoing work by Torsten and colleagues in this area will hopefully make this a reality in the years to come: watch this space. Torsten has been a great friend to us all and we hope that he will continue to be actively involved in ECCO educational activities over the coming years.

We are delighted to welcome two new Committee Members this year:

Pascal Juillerat: Pascal is Attending Gastroenterologist, University Clinic for Visceral Surgery and Medicine in Bern, where he teaches regularly. Pascal has taken over from Peter Irving as the organiser of the Advanced IBD Course. He has previously spent 2 years in Boston and is involved in a variety of IBD-related studies at a national level.

Giovanni Maconi is Associate Professor of Gastroenterology at the University of Milan and heads the GI Ultrasonography Unit at Luigi Sacco University Hospital. He has extensive expertise at a clinical and research level in imaging the gastrointestinal tract and is, therefore, ideally placed to take on the position vacated by Torsten Kucharzik.

Plans for the year ahead

IBD Intensive Advanced Course: The IBD Intensive Advanced Course continues to be popular and successful. This is largely down to the faculty, which is chosen for its experience, knowledge and teaching ability, and the delegates, whose interaction and enthusiasm are vital components of the educational process.

The next course in 2017 will provide a state of the art update on IBD for the very best trainees from Europe and around the world. EduCom regrets having to turn down many applicants for the course. We aim to cap the numbers at around 80 to ensure that it continues to provide an interactive forum. As before, delegates from within Europe are nominated by the individual country's National Representatives after a competitive selection process. Delegates from outside Europe should apply directly to the ECCO Office when the call is advertised in ECCO News later this year.

ECCO Educational Workshops: The ECCO Educational Workshop format is flexible, allowing the workshop to be adapted to the needs of the delegates. Interactivity remains key to their success and is encouraged by the cases that have been provided by ECCO Members. The international expert faculty liaise closely with the local organisers to tailor the content to the specific needs, whilst promoting the management guidelines encompassed by the ECCO Consensus Statements.

This year we will be holding workshops in Norway, Hungary, Croatia, Argentina and China. Following on from last year's successful Paediatric Workshop in Glasgow, there will also be another Paediatric Workshop in Finland.

ECCO Imaging Workshops: Last year we introduced the Endoscopy Workshop, which ran alongside the MRI and Ultrasound Workshops. All three workshops were well attended and whilst we would have liked to run all three again in 2017, space constraints mean that only the Endoscopy and Ultrasound Workshops will be available at ECCO next year. Don't worry, however, as the MRI workshop will be back in 2018.

e-CCO Learning: The e-CCO Learning Taskforce has continued to drive forward the development of the e-CCO Learning Platform. The content covers a range of educational requirements from basic to advanced IBD through a variety of media including Talking Heads, interactive cases, the IBD Blue Book and the IBD Boot Camp. Podcasts of lectures and symposia are also available.

In January a day-long meeting was held to consider the current state and the future goals of the e-CCO Learning Platform, leading to the creation of a long-term vision for the future. A key part of this is the development of an IBD specialisation curriculum, which we will advance over the coming year.

The maintenance of this comprehensive IBD educational tool requires a huge amount of work to ensure that it remains up to date and relevant, and EduCom is hugely grateful to the scores of people who dedicate their time to this. In particular, several Y-ECCO Members have been key to the development of much of the material on the website, as have many other members of ECCO supported by the seemingly limitless energy of the ECCO Office. The importance of e-learning as well as the size of the task of organising and directing the process has led to the creation of the post of e-Learning Ambassador, which will be taken on by James Lindsay.

In 2016, the goals of EduCom will remain the same: "to strengthen the evidence-based knowledge about IBD in ECCO Member Countries and beyond and to develop and implement a panel of educational formats intended for the different stakeholders and interest groups within ECCO that will aid in harmonising the practice of IBD".

PETER IRVING
EduCom Chair

Update from the e-Learning Ambassador

May 2016:

I am delighted to have been asked by the ECCO President to become e-Learning Ambassador and to take forward the excellent work of the Taskforce that created the e-CCO Learning Platform: the most comprehensive and interactive IBD e-learning portfolio available anywhere in the world….

The mission of e-CCO is to improve the care of patients with IBD in all its aspects by providing a comprehensive package of education for all healthcare professionals interested in IBD. e-CCO consists of a series of courses, podcasts, tutorials and opinion pieces. Many are interactive, with post-course tests so that you can monitor your progress. Some sections are based around the European IBD curriculum and are designed for trainees (Blue Book, Boot Camp, IBD e-Courses, e-Guide), whereas other sections are designed for those with more experience of managing IBD (e-Library, e-Courses, Talking Heads). Although some of the content is reserved for ECCO Members, there is a wealth of education that is available to all, so please do click the link and see how much the e-CCO site has to offer.

You will not be alone!

Over the last couple of months, 2,400 people have logged on and benefited from the e-CCO learning experience. They will have benefitted from the ability to watch all the plenary presentations from the ECCO Congress in Amsterdam as well as selected presentations from the wealth of educational courses that took place during that week. In addition, all abstracts from the most recent and previous congresses are available to search.

In the last few weeks, several new e-Courses have been launched to complement our broad portfolio. The new courses cover the Management of Stricturing Crohn's Disease and include a training course in assessing the Endoscopic Activity of Colitis using the UCEIS. Importantly we have launched two courses designed for IBD nurses: "**Managing Ulcerative Colitis**" and "**Anaemia in IBD"**. We have also added several new Talking Heads – these short focussed videos deal with a specific controversy in IBD and allow experts to debate the important issues. So, if you want to hear what our current and previous Presidents felt were the most important new data presented in Amsterdam - log on! Other new topics include "**When can faecal calprotectin replace colonoscopy**" and "**How to manage IBD medication in pregnancy**".

ECCO is linking the development of e-Learning material to the Consensus Guidelines for the selection of e-Course topics, which ensures a regulated and automatic updating process. ***Each guideline project includes one Y-ECCO participant per working group, who:***

- is also author of the case
- is responsible for designing the e-Course and the evaluation
- together with a senior, identifies learning outcomes and outlines the case
- is responsible for the final exam questions

This process fosters the close cooperation of junior and senior experts and provides Y-ECCO with mentorship opportunities. The e-CCO Website does not stand still and more courses, Talking Heads and skills training content will be added over the next few months. I am very grateful to my colleagues on the Taskforce, the many ECCO Members who have created the content and the ECCO Office for their hard work that has resulted in this excellent resource – I do hope you enjoy it!

Check out our e-Learning Platform at ***www.ecco-ibd.eu/index.php/education/elearning***

e-CCO
Learning Platform by ECCO

JAMES LINDSAY
ECCO e-Learning Ambassador

Topical Review Consensus Meeting on Environmental Factors

Over recent months, GuiCom and EpiCom have joined forces on the Topical Review on Environmental Factors:

IBD is thought to be due to a combination of several factors, with genetic susceptibility and environmental factors among the most important. IBD patients in general have a deep interest in how they may be able to change the course of their disease by modifying environmental factors. The aim of this topical review is to clarify for the treating physician which environmental factors actually have been proven to influence the course of IBD so that substantiated advice can be provided to patients in a field involving many different, often unvalidated beliefs.

This is the third project in a new series which is distinct from guideline papers and is reserved for areas with limited evidence-based information. These publications focus on a particular topic relating to the diagnosis, classification or management of Inflammatory Bowel Diseases and are authorised by ECCO in accordance with the respective standard operating procedures. Expert opinion consensus endorsed by ECCO is the core feature of these procedures.

The project was started with an open call for contributors in summer 2015; 15 applicants were selected and assembled in three working groups:

WG1: Early life events, e.g. breast-feeding, vaccination
WG2: Gut–environment interface, e.g. diet, microbiome
WG3: Style of life, e.g. smoking, appendectomy

After the drafting phase in the autumn and winter of 2015, a first online voting round on "current practice positions" was held in February 2016. The voting results then constituted the core basis for discussions and the voting procedure during the Consensus Meeting, which was successfully held on March 16, 2016 at ECCO'16 Amsterdam. As expected, due to the often limited availability of evidence-based information, this proved a very intense but also fruitful meeting that ended with common agreement on all current practice positions.

Since the Amsterdam meeting, all working groups have revised the accompanying text in response to the discussion and the three parts have now been merged into one manuscript for final review by all working group members prior to submission for final approval. The ambitious aim is to have everything ready for submission by late summer of this year.

All ECCO Members interested in participating in future Topical Review projects are encouraged to follow the announcements of open calls on the ECCO Website (***www.ecco-ibd.eu/index.php/publications/ecco-topical-review***) and in the eNewsletters.

CHRISTIAN MAASER
GuiCom Member
VITO ANNESE
EpiCom Member)

In loving memory of Janette Caroline Gaarenstroom-Lunt

June 26, 1950 – May 4, 2016

Janette Caroline Gaarenstroom-Lunt © ECCO

Janette sadly passed away on May 4, 2016 after a short battle with oesophageal cancer, leaving her husband, Jan, and son, Rory.

Born in Uxbridge, the United Kingdom, Janette completed her nurse training at UCH (University College Hospital) in London and met Jan, her husband, whilst on holiday in Spain. Janette then moved to Holland, where she settled to raise her family. Janette and Jan were married for 46 years.

Janette became one of the first IBD nurse specialists in the Netherlands and was instrumental in developing and shaping IBD nursing in that country. Janette travelled to the United Kingdom to learn how IBD nursing was developing there and this is one of the reasons the N-ECCO Travel Award was so close to Janette's heart. Janette was co-founder of the Dutch nurses' network of IBD care (NNIC), which has been responsible for the Dutch nurses' guidelines and for developing the vision and tools for IBD nurses and patients.

Janette's passion for IBD found her at the heart of ECCO and N-ECCO as faculty at the inaugural Nurses Network Meeting in Innsbruck in 2007 and as a National Representative for the Netherlands. Janette became a member of the Nurses of ECCO (N-ECCO) in 2011 and then N-ECCO Chair from 2014 to 2016. Janette's overwhelming belief and commitment to N-ECCO led to her involvement in the first N-ECCO IBD School, the first N-ECCO Consensus document, the introduction and ongoing success of the N-ECCO Research Forum and the merging of the new dietitians of ECCO, D-ECCO WG, with the nurses. She saw a potential contribution to IBD nursing within each IBD nurse she met and provided a platform for their involvement within the international IBD nursing community.

Towards the end of her term as Chair, she was working towards a vision of developing a N-ECCO Academy to provide a global forum where nurses would be able to connect and learn from each other. She envisaged that this Academy would be open to nurses from all countries across Europe and beyond; such was her commitment towards international IBD nursing across Europe and Canada.

Janette was also instrumental in promoting the "Post N-ECCO" Initiative, encouraging dissemination from N-ECCO meetings at a local level through translation into the native language by nurses attending congress for those unable to understand or not confident in English.

She was a fantastic role model for any nurse working within the field of IBD, as well as being a nurse endoscopist. Her passion for the patient was always apparent, and she truly believed in the difference nurses make. She was highly regarded among all members of ECCO – from clinicians to secretariat – and not just as a nurse, but as a person. Patients and colleagues were always touched by her compassion and warmth and the faith that she had in other people.

As well as being an empowering professional, Janette was an encouraging friend, who always seemed to find the best in others and helped them shine. Our memories of dinners, parties and fun together will stay with us.

With heartfelt sadness, we said goodbye to our dear friend on May 12, 2016 at a beautiful beach village, Wijk aan Zee, where Janette was due to retire with Jan. Members of N-ECCO from all over Europe were there, alongside her dear family and friends. Janette will remain in our hearts and minds always.

In loving memory, N-ECCO friends past and present.

N-ECCO COMMITTEE

Interviews with N-ECCO National Representatives

A first summary

N-ECCO National Representatives have been interviewed over the past 12 months to gain a better understanding of their role within IBD, their reasons for being a Representative and how they plan to disseminate information to other IBD nurses in their country. To date five countries have responded (Austria, Czech Republic, Denmark, Ireland and Sweden). Please find below a summary of the key results from the interviews with each Representative.

What influenced your decision to apply for the role of N-ECCO National Representative for your country?

All nurses who responded to the interview have been long-standing nurse members of ECCO with a keen interest in providing an important link to other nurses working in IBD in their country. This has been the predominant reason for them taking on the role of N-ECCO National Representative.

What nursing initiatives or developments in IBD care are happening in your country?

Education and networking were the key themes identified from the interviews. Denise Keegan (Ireland) set up an IBD nursing organisation (IBD Nurse Association of Ireland (IBDNAI) with other IBD nurses. There are currently 20 nurses in the group and they meet regularly to exchange information relevant to all nurses involved in the care of IBD patients

with the aim of ensuring the highest standards of care for patients with IBD. A similar initiative was undertaken by the nurses in Austria, who developed "CED Nursing Austria".

Ann Tornberg (Sweden) explained that they have two organisations, the Association of Nurses in Gastroenterology in Sweden (FSGS), who provide support and a forum for exchange of information for all nurses involved in gastroenterology, including research and literature (***www.fsgs.se***), and the Association of Nurses and other staff in Endoscopy and Gastroenterology in Sweden (SEGP) (***www.segp.se***). They hold regular nurse education IBD meetings arranged yearly to improve the management of IBD patients. The nurses in the Czech Republic arrange an intensive IBD course and various other educational meetings at a national congress. On the other hand, Denmark does not have any formal national IBD nurse group; instead informal regional meetings are held for education and networking.

What plans do you have in your role as National Representative to promote ECCO to other nurses in your country (including the N-ECCO School, Research Forum and Network Meeting)?

Ireland, Denmark and Austria all use newsletters and provide information about N-ECCO on their respective websites, which disseminate information and promote membership benefits. A common aspect appears to be the promotion of education and awareness through education days.

What barriers or problems do you perceive in doing this?

The main barriers reported were lack of support from pharmaceutical companies for attendance of meetings overseas, which often means a lower attendance at the N-ECCO School and Network Meeting. Additional concerns are English language skills and work schedules that do not permit study leave.

What IBD nursing and N-ECCO networking opportunities do you currently have or plan to develop?

All of the National Representatives plan to hold educational days to disseminate information from ECCO to the nurses in their respective countries.

The N-ECCO Travel Award offers nurses an excellent opportunity to learn and share best practice. How do you plan to promote this to nurses in your country?

All Representatives see the Travel Award as a wonderful opportunity for nurses to travel within or to another country, to visit and observe an established IBD centre, and plan to encourage applications via e-mails, meetings, websites and nursing groups.

How can N-ECCO help you to fulfil your role as National Representative?

Communication and sharing of information were mentioned by all who replied to the interview. Time constraints in undertaking the role as N-ECCO National Representative in addition to their daily work were also identified as a key issue and perhaps one which prevents other nurses stepping up to the role. It also might have been a reason for the low rate of response to this interview (only 50% of the contacted National Representatives completed the interview).

Do you use the N-ECCO Consensus Statements in your country? If 'yes', how do you use them? If 'no' why don't you use them?

All countries except Austria and Czech Republic use the statements regularly both within their hospitals and at educational meetings. The main reasons cited for not using them are language barriers and the need to adapt the Consensus Statements to local circumstances within each country.

The interviews with N-ECCO National Representatives have revealed important similarities and differences in how nurses work and collaborate in each country. We will continue to invite Representatives who have not yet participated, urging them to get involved and share their experience. Please do not be concerned about your English skills as we can support you in overcoming this obstacle by finding an alternative way for you to give your answers.

KAY GREVESON
N-ECCO Member

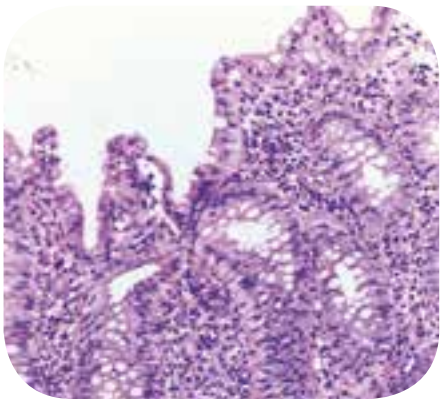
Paediatric IBD: The pathologist's point of view

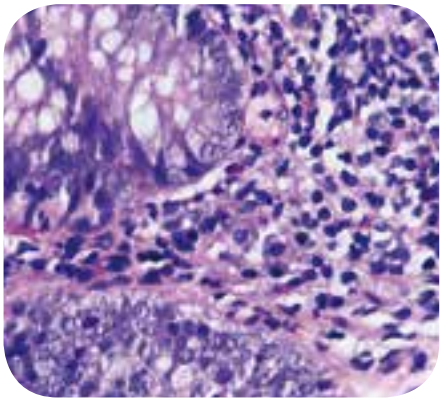
Inflammatory Bowel Disease (IBD) is an important cause of gastrointestinal pathology in children and adolescents and its incidence appears to have increased over the last few years in Western countries. Although they have many similarities, there are several distinguishing clinical and pathological features between paediatric and adult-onset IBD. Indeed, a number of the typical histological findings described in adult IBD may be different in children, in whom non-classic histological patterns may confound the diagnosis of IBD vs. non-IBD and of Ulcerative Colitis (UC) vs. Crohn's Disease (CD), making differential diagnosis more difficult, especially if the pathologist is unaware of this fact.

The gut mucosa seems to react somewhat differently in children. In fact, colonic mucosal biopsies show lesser degrees of abnormality, particularly crypt architectural distortion, in paediatric UC. This can make the distinction from Acute Self-Limited Colitis more difficult, where the diagnosis is usually suspected on the basis of the presence of crypt abscesses in the absence of crypt distortion. Fortunately, the presence of basal plasmacytosis is as valuable as in adults to confirm the diagnosis of UC. However, unusual patterns of inflammation are also to be expected: Paediatric patients with new-onset untreated UC may sometimes show relative or complete rectal sparing, as well as patchy colitis. Rectal sparing and patchiness of the inflammation are typically associated with CD, confounding the pathologist not aware of this possibility in paediatric UC.

Another surprising characteristic of paediatric UC is the possibility of upper gastrointestinal inflammation. Except for the discovery of true granulomas, this is found in a significant percentage of children with UC. In fact, non-specific inflammation in the upper gastrointestinal tract may be present in up to 75% of children with UC, although the mechanism(s) underlying these abnormalities is unclear. Oesophagitis, minimal to mild non-specific gastritis or focally enhanced gastritis (presence of one or more foci of glandular inflammation containing lymphocytes, histiocytes and granulocytes, with a relatively normal background mucosa) can be present.

Children with CD also show some differences when compared with adults. The frequency of granulomas is higher in children than in adults: In the EUROKIDS registry, granulomas were identified in 43% of patients. The frequency of upper gastrointestinal tract involvement in CD also seems to be higher in children: Oesophageal, gastric or duodenal pathology may be identified in up to 30% of cases of CD, while in adults it has been reported to be very infrequent (0.3%–16%). Histology of the upper gastrointestinal tract (showing specific lesions such as granulomas or aphthoid ulcers) may confirm a diagnosis of paediatric





© Paula Borralho

CD that would otherwise have been missed, in 11% to 29% of cases.

Paediatric UC and paediatric CD mimic each other more frequently than adult cases and are not readily distinguishable. In reality, IBD without definite biopsy features of UC or CD (IBD unclassified, IBDU) is much more common in this age group. The age of diagnosis seems to be important, with IBDU being diagnosed in 22% of patients younger than 8 years of age, but in only 10% of those aged 8 years and older.

Another particular aspect is the possibility of a monogenic IBD. Patients with a diverse spectrum of rare genetic disorders can present with IBD and often develop symptoms during infancy or early childhood. These patients may have histological features of CD, UC or IBDU. In many cases, these diseases cannot be categorised on the basis of histological features alone as there are no specific and fully reliable endoscopic and histological features of monogenic IBD. However, some atypical characteristics such as extreme epithelial apoptosis or loss of germinal centres in very young patients (very early onset IBD) may raise the suspicion of one of the monogenic forms.

In conclusion, the gold standard for diagnosing paediatric IBD remains endoscopic evaluation of the upper and lower gastrointestinal tracts with mucosal biopsies for histopathological confirmation. Thus, pathologists should be alert to the particular histopathological aspects of paediatric IBD, to reduce the risk of diagnostic error and delayed or inadequate therapy with adverse clinical consequences.

Basal plasmacytosis (subcryptal plasma cells) is as frequent in paediatric cases of IBD as in adults and helps to establish the diagnosis, even when architectural distortion is minimal. Rectal mucosa from a patient with UC, aged 6 years: aggregates of plasma cells intermingled with eosinophils under the slightly distorted crypts, with mucin depletion and inflammation (A: HE ×100; B: HE ×400)."

PAULA BORRALHO
H-ECCO WG Member

How to manage high-output stomas?

The first D-ECCO Workshop (Amsterdam) included a clinical talk on the dietary management of high-output stoma (HOS)

IBD is closely associated with the need for stoma creation. Unfortunately some stomas, especially jejunostomies and ileostomies, can act as an HOS, when the secretion of digestive juices and fluids of the small intestine cannot be compensated by the absorptive function. In cases of IBD involving an exceptional amount of faecal production, diarrhoea or HOS, a systematic diagnostic approach is advised, incorporating screening for clostridium, antibiotic-associated diarrhoea, increased gastrointestinal transit time, pouchitis (in patients with ileal pouch–anal anastomosis), bile acid diarrhoea or steatorrhoea after distal ileal resection, and lactase deficiency or even coeliac disease (both immune-mediated enteropathies). Medical treatment should be instituted in accordance with the outcome of the screening.

HOS can result in intestinal insufficiency or intestinal failure (as defined by Pironi [1]) with clinical signs of malabsorption, unintentional weight loss, malnutrition, nutritional deficiencies and/or dehydration. Malabsorption itself can be an important contributor to malnutrition in IBD [2]. Baker et al. showed, in a study of 687 stomas, that early high-output ileostomies (within 3 weeks after surgery) are common, and although 49% resolved spontaneously, 51% needed ongoing medical treatment, usually because of a short small-bowel remnant [3]. In this patient group, 71% were treated with oral hypotonic fluid restriction, glucose–saline solution and anti-diarrhoeal medication to wean them from parenteral infusions and 8% had to continue parenteral or subcutaneous saline in a home setting. Other studies have also reported on the use of oral rehydration or glucose electrolyte solutions (with or without rice maltodextrins (R-ORS) to improve the sodium and potassium balance in these patients. The association of increased body weight with decreased serum renin concentrations suggests that a positive water balance also occurs [4,5]. Measurement of the urine sodium content is the best way of monitoring the effectiveness of this therapy. A level above 20 mmol/l is the goal. Thirst combined with (hypotonic) fluid restriction can be challenging for patients. However, with strict dietetic counselling and education on the physiology of the underlying problem, patients can achieve a positive fluid and electrolyte balance, in some cases without IV supplementation.

In conclusion, home management of HOS is possible with oral hypotonic fluid restriction, oral rehydration and glucose–saline solutions and monitoring of urine sodium content during follow-up. IBD patients should also be advised to consider food intolerances that may enhance their fluid output. Intravenous infusions (fluid and electrolytes) may be needed in the presence of ongoing HOS in IBD patients with a risk of dehydration.

References

1. Pironi L, Arends J, Baxter J, Bozzetti F, Peláez RB, Cuerda C, Forbes A, Gabe S, Gillanders L, Holst M, Jeppesen PB, Joly F, Kelly D, Klek S, Irtun Ø, Olde Damink SW, Panisic M, Rasmussen HH, Staun M, Szczepanek K, Van Gossum A, Wanten G, Schneider SM, Shaffer J; Home Artificial Nutrition & Chronic Intestinal Failure; Acute Intestinal Failure Special Interest Groups of ESPEN. ESPEN endorsed recommendations. Definition and classification of intestinal failure in adults. Clin Nutr. 2015 Apr;34(2):171-80. doi: 10.1016/j.clnu.2014.08.017.
2. Vaisman N, Dotan I, Halack A, Niv E. Malabsorption is a major contributor to underweight in Crohn's disease patients in remission. Nutrition. 2006;22:855–9.
3. Baker ML, Williams RN, Nightingale JM. Causes and management of a high-output stoma. Colorectal Dis. 2011;13:191–7.
4. Pironi L, Guidetti C, Incasa E, et al. Oral rehydration solution containing rice maltodextrins in patients with total colectomy and high intestinal output. Int J Clin Pharmacol Res. 2000;20:55–60.
5. Nightingale JM, Lennard-Jones JE, Walker ER, Farthing MJ. Oral salt supplements to compensate for jejunostomy losses: comparison of sodium chloride capsules, glucose electrolyte solution, and glucose polymer electrolyte solution. Gut. 1992 Jun;33(6):759-61.

NICOLETTE WIERDSMA
D-ECCO WG Member

Pouch Surgery for Ulcerative Colitis – Past, Current and Future Trends

It is nearly 40 years since Parks and Nicholls first described the ileo-anal pouch, which is now the most common operation for Ulcerative Colitis when surgery is required

John Nicholls is not only known as the father of 'the pouch' (as it is affectionately called) but has been instrumental in driving good colorectal surgery and good outcomes throughout the international surgical community. Well past his retirement, he has maintained an active role in surgical research, scholarly publication and education. To this date he is among the most respected colorectal surgeons and few are the colorectal surgeons who have not learnt something from John Nicholls. Recently, I was able to spend some time with John to pick his brain on the evolution of the ileo-anal pouch and how he sees things progressing with time. It was a fascinating journey through the years and perhaps some aspects of Ulcerative Colitis that we take for granted in the 21st century.

I asked John what went through the mind of Sir Alan Parks and himself when they first came up with the idea for the ileo-anal pouch. He took me back to the 1940s, when the operative mortality for Acute Severe Ulcerative Colitis exceeded 30%. Gavin Miller from Montreal described colectomy as treatment for Acute Severe Ulcerative Colitis in the late 1940s and the mortality dropped dramatically to less than 5%. The major reason for the high mortality was malnutrition from protein-losing colopathy from the severely ulcerated colon. In the 1960s proctocolectomy was the standard operation and was performed in one or two stages, but this meant a permanent ileostomy at a time when stoma appliances were not sophisticated. In an attempt to circumvent the stoma, a few enthusiasts performed ileorectal anastomosis, which was often satisfactory but could be associated with poor function and a high failure rate. Nissen in 1934 and Ravitch in 1948 experimented with the straight ileo-anal anastomosis but this was soon abandoned as the functional results were so poor. Harry Bacon created an ileal reservoir in dogs in 1956 but most of the dogs died and this was abandoned. Nils Kock then went on to develop the Kock continent ileostomy, which was the ultimate inspiration for the ileo-anal pouch. In the 1970s patient consent was not an issue and the first pouch was created. An S-pouch design was used because Parks believed that this would reduce the chance of incontinence, which, if it occurred, would have rendered the operation a failure. The reconstruction resulted, however, in the need to evacuate the pouch by catheterisation in about half the patients. This was avoided by the J pouch, which is now the most commonly used pouch configuration.

Nicholls was not only instrumental in creating the first pouch but also spent a lifetime researching pouch function and complications. He was among the first to describe pouchitis and dysplasia in pouches. He was also a pioneer of revisional pouch surgery and has formulated many of the principles that guide management in surgery for ileo-anal pouches. John has created about 2,000 ileo-anal pouches and has been instrumental in describing pre-operative risk factors and quality of life related to ileo-anal pouches.

Recently, laparoscopic pouch surgery has resulted in major advances in the quality outcomes of pouch surgery, particularly in relation to the improvements in fecundability. The major issues arise from complications associated with low-volume pouch surgery, and while technology may improve the vision associated with surgery, there is no justification for the occasional surgeon. The management of Inflammatory Bowel Disease, including ileo-anal pouch surgery, should be conducted in a competent multidisciplinary unit.

JANINDRA WARUSAVITARNE
S-ECCO Member

New S-ECCO Committee Members

The surgeons' branch of ECCO, S-ECCO, has celebrated its fifth year

The most significant S-ECCO annual event is the S-ECCO IBD Masterclass, which is held in collaboration with the European Society of Coloproctology at the time of the ECCO Congress and this year attracted more than 230 surgeons and gastroenterologists. In addition to the S-ECCO IBD Masterclass, S-ECCO is involved in publishing practice guidelines for surgery in IBD and is participating in several research projects. S-ECCO collaborates with local and regional societies to perform additional Masterclasses in IBD surgery throughout Europe and globally. These activities have already made S-ECCO one of the most significant surgical bodies in Europe and led to a large number of superb candidates in the last S-ECCO Committee elections. ***The two new S-ECCO Committee Members are true leaders in the field of IBD surgery, and it is my immense pleasure to introduce them:***

Yves Panis, Professor of Surgery and Head of the Department of Colorectal Surgery at the Beaujon Hospital in Clichy, France, undertook his colorectal training in Paris and has 301 citations on PubMed, with 42 peer-reviewed articles on IBD in the English literature, most of them in high-impact journals. Yves Panis serves on various committees and societies in Europe and has ample experience in large-scale collaborations. He is frequently invited to speak at prestigious meetings, including S-ECCO IBD Masterclasses.

Antonino Spinelli, Professor of Surgery at the Humanitas University and Chief of the Division of Colon and Rectal Surgery at the Istituto Clinico Humanitas in Milan, Italy, undertook his colorectal training in Milan and at the Charité Institute in Berlin, and has published 72 Pubmed-indexed publications, most of them in high-impact journals. Antonino Spinelli serves on various committees and societies in Europe and has ample experience in large-scale collaborations. Antonino has given more than 100 talks at prestigious meetings, including ECCO Congresses and S-ECCO IBD Masterclasses. In addition, he is an editorial board member of the Journal of Crohn's and Colitis (JCC) and an Associate Editor of Colorectal Disease.

Yves Panis © ECCO

Antonino Spinelli © ECCO

We are confident that both new Committee Members will play a pivotal role within the S-ECCO Committee in the coming years, leading S-ECCO to new horizons and emphasising the multidisciplinary approach to patients with IBD.

S-ECCO is in debt to **Willem Bemelman**, who has chaired the Committee in the past two years, and to **Gianluca Sampietro**. Both played key roles in the achievements of S-ECCO over the past five years.

ODED ZMORA
S-ECCO Chair

Call for ECCO Committee Elections

Dear ECCO Friends,

Notice is hereby given that the following positions on the ECCO Committees are open for election:

ECCO Committees – open seats (2017-2020)

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

*depending on internal Committee restructuring

The deadline for submission of applications is September 1, 2016 for ECCO Committee Members.

For details regarding the elections and to download election forms, please visit the ECCO Website ***www.ecco-ibd.eu/index.php/about-ecco/ecco-elections***.

Please send all forms to the ECCO Office via e-mail to ***ecco@ecco-ibd.eu.***

Kind regards,

ECCO GOVERNING BOARD

Shifting Trends in Biologic Treatment in Paediatric Care

Biologics are now established as the cornerstone of treatment for moderate to severe Crohn's Disease and Ulcerative Colitis in paediatric practice. The current trends in paediatric biologic treatment are towards earlier treatment, treatment in combination with immunosuppression and adoption of a widening range of indications for initiation of treatment.

In published trials of biologics, investigating both infliximab and adalimumab, the time from diagnosis to treatment with a biologic has been consistently and significantly shorter in children compared with adults. This trend from clinical trials has also been observed in everyday clinical practice, as reported on in the UK Biologics audit (***www.rcplondon.ac.uk/projects/ibd-biological-therapy-audit***). A recent paediatric study has suggested that early introduction of biologics is superior to other treatment choices in achieving improved outcomes at 1 year after diagnosis, though this study specifically looked at monotherapy rather than combined therapy choices [1]. This finding has important consequences with regard to maximisation and maintenance of response to biologics in children as they are most likely to benefit from biologics, but on the other hand are at potentially higher risk of complications because of their longer disease duration compared with adult patients. It is therefore critical that the benefits and risks of staying on therapy are actively reviewed at planned regular intervals in order to constantly assess this balance.

The issue of combination therapy continues to vex clinical teams but the shift towards combination treatment with infliximab, at least at treatment initiation, is now embraced by most paediatric teams as the superior efficacy of this approach has been demonstrated across clinical studies. Despite this shift, there remain unanswered questions on whether the combination with methotrexate is as effective as thiopurine, how long combined treatment needs to be maintained after initiation and whether the clear benefit of combination for treatment with infliximab also holds true for adalimumab.

In parallel with the trend towards combination therapy, many centres are now applying treatment optimisation by measurement of trough levels of biologics to allow changes to the dose and/or treatment interval. Algorithms have been produced by many teams, all of them trying to improve the objectivity around treatment decisions relating to ongoing biologic treatment. This has been coupled with a more proactive approach involving the use of markers of a "poor prognosis" to help in identifying patients who may benefit from early biologic treatment. Using experiential rather than evidential data, the recent ECCO Crohn's Disease Guidelines suggested that the following factors are indicative of a poor prognosis and thus warrant consideration of early treatment intensification: Deep colonic ulcers, severe disease despite induction therapy, pan-enteric disease, significant growth issues, severe osteoporosis, stricturing and/or penetrating disease at diagnosis and severe peri-anal disease.

Growth considerations are uniquely relevant to adolescent IBD. Optimisation of growth can be hard to achieve despite expert care. Poor height progress (change in height z-score) is one of the areas where biologic treatment has been shown to be helpful as part of an overall treatment strategy, especially if the patient is in the earlier stages of puberty.

Biosimilar infliximab is now being used to treat paediatric IBD patients, this trend representing a real-life evolving shift from originator infliximab. Most paediatric IBD teams that have already adopted biosimilar use have used the biosimilar for new biologic starts; limited data are available at present on switching patients established on originator onto biosimilar infliximab. Biosimilars potentially provide a great opportunity to provide biological treatment for IBD patients but the issues of both efficacy and immunogenicity remain to be answered conclusively.

In conclusion, changes are afoot within paediatric biologic use (see summary box). Embracing and adopting new practices should ultimately mean that paediatric patients get the best from this important IBD therapy.

Summary of the "shifts" in paediatric biologic use:

- Biologics being used earlier in disease course
- More proactive use in patients with a poor prognosis
- Combination therapy at treatment initiation
- Use of therapeutic drug monitoring is increasing
- Biosimilar infliximab now being used in paediatric practice

References

1. Walters TD, Kim MO, Denson LA, et al. Increased effectiveness of early therapy with anti-tumor necrosis factor-alpha vs an immunomodulator in children with Crohn's disease. Gastroenterology 2014;146:383–91.

RICHARD K. RUSSELL
P-ECCO Member

Y-ECCO Literature review

Dear (Y-)ECCO Members,

We are happy to welcome you to the Y-ECCO Literature Review section of ECCO News. In this section, Y-ECCO Members highlight and summarise recent landmark articles within the field of IBD. The articles cover different topics, including basic science, epidemiology, clinical phase 3 trials, endoscopy, surgery, etc.

We are always looking for new participants in this initiative, and interested Y-ECCO Members should contact Isabelle (***isabelle.cleynen@kuleuven.be***). The idea is that you choose a relevant recent article and summarise the key findings and importance of the paper in a maximum of 1000 words. Your review will be published together with a personal picture and a short self-description.

ISABELLE CLEYNEN
Y-ECCO Literature review Admin

Infliximab reduces endoscopic, but not clinical, recurrence of Crohn's Disease after ileocolonic resection

Regueiro M, Feagan BG, Zou B, Johanns J, Blank MA, Chevrier M, Plevy S, Popp J, Cornillie FJ, Lukas M, Danese S, Gionchetti P, Hanauer SB, Reinisch W, Sandborn WJ, Sorrentino D, Rutgeerts P; PREVENT Study Group. Gastroenterology. 2016 Mar 3. doi: 10.1053/j.gastro.2016.02.072.

Introduction

Despite the advancements in the medical treatment of Crohn's Disease (CD), in many cases there is still a need for intestinal resection [1,2]. Approximately 70% of patients will develop postoperative endoscopic recurrence within 1 year [3], and one-third of patients will require a second resection within 10 years [4]. However, the risk of intestinal resection after CD diagnosis and of a second intestinal resection has been decreasing over time [4,5].

Optimal postoperative management of CD is still unclear, but guiding treatment according to a colonoscopy performed 6 months after resection seems to lead to good results [6]. Among the numerous therapeutic options available, few drugs can effectively prevent postoperative recurrence. While nitroimidazole antibiotics prevent clinical recurrence, studies with thiopurines have had mixed results. Neither of these drugs consistently prevented endoscopic recurrence [7,8]. Recently, evidence of the effectiveness of Tumor Necrosis Factor (TNF) antagonists in the prevention of postoperative recurrence is increasing. The aim of this study was to evaluate the efficacy and safety of infliximab in the prevention of postoperative CD recurrence.

Study set-up

The Infliximab for Postsurgical CD Prevention (PREVENT) study was a phase 3, prospective, multicentre, double-blind, placebo-controlled randomised trial of patients with CD who had undergone ileocolonic resection with ileocolonic anastomosis within 10 years of CD diagnosis. Patients were also required to have a CDAI <200 at the time of enrolment and at least one of the known risk factors for disease recurrence: smoking, penetrating disease, peri-anal fistulising CD and/or previous resection. They were eligible for randomisation within 45 days of resection.

Ileocolonoscopy was performed at week 76 of treatment, or before if criteria for clinical recurrence were met or if the study agent was discontinued.

The primary endpoint was clinical recurrence before or at week 76, defined by an increase in CDAI of ≥70 points with a total score of ≥200 points and evidence of endoscopic recurrence defined by a Rutgeerts score of ≥i2 or the development of a fistula/abscess. Treatment failure was also considered as clinical recurrence. The secondary endpoints were endoscopic recurrence before or at week 76 and clinical recurrence before or at week 104

Key findings

One hundred and forty-seven patients were randomised to treatment with infliximab and 150 to the placebo group. The primary endpoint of clinical recurrence rates before or at week 76 was not met, as 12.9% of patients under infliximab and 20.0% of patients in the placebo group experienced the required increase from the baseline CDAI (p=0.097). The study was accordingly prematurely terminated at week 104 rather than continuing for the planned 208 weeks. When clinical and endoscopic recurrence before or at week 76 were considered together, there were also no statistically significant differences between both groups (infliximab 4.1% vs placebo 9.3%; p=0.056).

Concerning secondary endpoints, infliximab was significantly superior to placebo for prevention of postoperative endoscopic recurrence before or at week 76. This was independent of whether it was defined by Rutgeerts scores or development of an abscess or fistula or treatment failure, with an absolute risk reduction (ARR) of 29.4% (95% CI: 18.6%–40.2%; p<0.001), or by Rutgeerts scores alone, with an ARR of 28.9% (95%CI 18.4%–39.4%; p<0.001). Another secondary endpoint was clinical recurrence at week 104, which was also not met (infliximab 17.7% vs placebo 25.3%; p=0.098).

Conclusion and commentary

In this study, infliximab was not superior to placebo in the prevention of postoperative clinical recurrence of CD before or at week 76. However, it did reduce endoscopic recurrence.

It is known that endoscopic recurrence precedes the advent of clinical symptoms, and clinical recurrence within the first year is low [3,9]. In the design of this study, the authors had hypothesised that 18 months after surgery would be sufficient for the detection of clinical recurrence without severe, irreversible endoscopic damage, and they opted to use a combined clinical and endoscopic endpoint. The utility of this composite endpoint was not validated in this study, and recent papers suggest that therapy should be adjusted according to the results of an ileocolonoscopy performed 6–12 months after intestinal resection [6]. Additionally, a symptom-based score such as CDAI for the detection of clinical recurrence is known to be subjective and not correlated to endoscopic recurrence or mucosal inflammation [10]. Therefore, the authors suggest the use of objective criteria for detection of active CD within one year of resection.

References

1. Cosnes J, Nion-Larmurier I, Beaugerie L, et al. Impact of the increasing use of immunosuppressants in Crohn's disease on the need for intestinal surgery. Gut. 2005;54:237–41.
2. Lazarev M, Ullman T, Schraut WH, et al. Small bowel resection rates in Crohn's disease and the indication for surgery over time: experience from a large tertiary care center. Inflamm Bowel Dis. 2010;16:830–5.
3. Rutgeerts P, Geboes K, Vantrappen G, et al. Predictability of the postoperative course of Crohn's disease. Gastroenterology. 1990;99:956–63.
4. Frolkis AD, Lipton DS, Fiest KM, et al. Cumulative incidence of second intestinal resection in Crohn's disease: a systematic review and meta-analysis of population-based studies. Am J Gastroenterol. 2014;109:1739–48.
5. Frolkis AD, Dykeman J, Negron ME, et al. Risk of surgery for inflammatory bowel diseases has decreased over time: a systematic review and meta-analysis of population-based studies. Gastroenterology. 2013;145:996–1006.
6. De Cruz P, Kamm MA, Hamilton AL, et al. Crohn's disease management after intestinal resection: a randomised trial. Lancet. 2015;385:1406–17.
7. Hanauer SB, Korelitz BI, Rutgeerts P, et al. Postoperative maintenance of Crohn's disease remission with 6-mercaptopurine, mesalamine, or placebo: a 2-year trial. Gastroenterology. 2004;127:723–9.
8. D'Haens GR, Vermeire S, Van Assche G et al. Therapy of metronidazole with azathioprine to prevent postoperative recurrence of Crohn's disease: a controlled randomized trial. Gastroenterology. 2008;135:1123–9.
9. Swoger JM, Regueiro M. Postoperative Crohn's disease: how can we prevent it? Exp Rev Clin Immunol. 2010;6:501–4.
10. Regueiro M, Kip KE, Schraut W, et al. Crohn's disease activity index does not correlate with endoscopic recurrence one year after ileocolonic resection. Inflamm Bowel Dis. 2011;17:118–26.

Paula Sousa

Paula Sousa is a gastroenterology resident currently performing her internship at Centro Hospitalar Tondela-Viseu (Viseu, Portugal). She is a member of Y-GEDII (Portuguese IBD group). She is particularly interested in the therapeutic drug monitoring of IBD.

Paula Sousa

The safety of vedolizumab for Ulcerative Colitis and Crohn's Disease

Colombel JF, Sands BE, Rutgeerts P, Sandborn W, Danese S, D'Haens G, Panaccione R, Loftus EV Jr, Sankoh S, Fox I, Parikh A, Milch C, Abhyankar B, Feagan BG. Gut. 2016 Feb 18. doi: 10.1136/gutjnl-2015-311079.

Introduction

Gut-specific anti-integrin treatment has recently been added to the therapeutic armamentarium for Inflammatory Bowel Diseases (IBD). Vedolizumab is a monoclonal antibody that targets α4β7 integrin, thereby selectively preventing leucocyte migration into the bowel. Three randomised, double-blind, placebo-controlled studies have already demonstrated the efficacy and safety of vedolizumab as induction and maintenance therapy for patients with Crohn's Disease (CD) [1,2] or Ulcerative Colitis (UC) [3]. These studies also evaluated the safety of vedolizumab use for up to 1 year. In this publication, the safety profile of vedolizumab is reported for longer periods of follow-up (median 1 year, maximum 5 years). Data from six vedolizumab trials were included for this safety analysis (GEMINI 1, GEMINI 2, GEMINI 3, C13002, C13004 and GEMINI LTS).

This study incorporated the drug exposure time in the calculation of incidence by reporting the incidence of adverse events (AE) as exposure-adjusted incidence rates, defined as the number of patients experiencing the event per 100 person-years (PYs) of exposure.

Key findings

In total, 2,830 patients exposed to one or more doses of vedolizumab were included in the safety analysis, adding up to 4,811 PYs of exposure to vedolizumab. In comparison, 504 patients were exposed to placebo

with a total of 214 PYs of exposure to placebo. Direct comparison between the groups was not performed due to the disparity in the PYs of follow-up for placebo and vedolizumab.
The incidence rates for any AE were lower in the vedolizumab-exposed group than in the placebo group. Furthermore, prolonged exposure to vedolizumab was not associated with an increasing incidence of AEs.
Interestingly, vedolizumab does not seem to influence the risk of infection. The incidence of infections was higher in the placebo group than in the vedolizumab group. Considering serious infections only, the incidence rates were similar in the two groups. The most frequent infections were upper respiratory tract infections, which were slightly more common in patients treated with placebo. Conversely, the rate of gastrointestinal infections was higher in the vedolizumab-treated group.
There were four reports of tuberculosis in patients treated with vedolizumab, including one case of latent tuberculosis and three of primary pulmonary tuberculosis. All patients diagnosed with tuberculosis had a negative screening at enrolment. Latent tuberculosis was one of the exclusion criteria in the GEMINI trials; therefore no cases of tuberculosis reactivation were observed after exposure to vedolizumab in these trials.
The authors also analysed the risk factors for serious infections. For UC patients, prior anti-TNF failure and concomitant narcotic analgesic use were independent risk factors for serious infections. Younger age, concomitant corticosteroid use and narcotic analgesic use were identified as independent risk factors for serious infections for patients with CD.
Importantly, there were no reports of progressive multifocal leucoencephalopathy (PML) in patients exposed to vedolizumab. PML is a known serious AE caused by John Cunningham virus infection, which had previously been associated with natalizumab treatment, a monoclonal antibody targeting α4 integrin [4].
During the follow-up, 18 patients exposed to vedolizumab and one exposed to placebo developed malignancies, with GI malignancies being the most frequent. It is of note that almost all patients with malignancies had previous exposure to immunosuppressive treatment.
Hepatobiliary events developed only in patients exposed to vedolizumab. Twenty-two patients receiving vedolizumab developed 23 hepatobiliary events. This warrants further research to evaluate the increased risk of liver injury in patients treated with vedolizumab, as vedolizumab is thought to be a possible treatment for primary sclerosing cholangitis [5].
Infusion-related reactions (IRR), as defined by the investigator, were reported in ≤5% of the patients receiving vedolizumab. Nausea and headache were the most frequently reported IRR.

Conclusions

In this interesting and clinically important publication, the authors analysed the safety profile of vedolizumab in the longest follow-up cohort to date. Vedolizumab seems to be a safe treatment for patients with moderately to severely active UC or CD.

References

1. Sandborn WJ, Feagan BG, Rutgeerts P, et al. Vedolizumab as induction and maintenance therapy for Crohn's disease. N Engl J Med 2013;369:711–21.
2. Sands BE, Feagan BG, Rutgeerts P, et al. Effects of vedolizumab induction therapy for patients with Crohn's disease in whom tumor necrosis factor antagonist treatment failed. Gastroenterology 2014;147:618–27.e3.
3. Feagan BG, Rutgeerts P, Sands BE, et al. Vedolizumab as induction and maintenance therapy for ulcerative colitis. N Engl J Med 2013;369:699–710.
4. Kappos L, Bates D, Edan G, et al. Natalizumab treatment for multiple sclerosis: updated recommendations for patient selection and monitoring. Lancet Neurol 2011;10:745–58.
5. Halilbasic E, Fuchs C, Hofer H, Paumgartner G, Trauner M. Therapy of primary sclerosing cholangitis – today and tomorrow. Dig Dis 2015;33 Suppl 2:149-63.

João Sabino

João Sabino is doing his specialty training in gastroenterology at the University Hospitals of Leuven, Belgium. He is currently a PhD student in the IBD laboratory in Leuven, with a special interest in intestinal microbiota.

João Sabino
© João Sabino

Cancer recurrence following immune-suppressive therapies in patients with immune-mediated diseases: a systematic review and meta-analysis

Shelton E, Laharie D, Scott FI, Mamtani R, Lewis JD, Colombel J-F, Ananthakrishnan AN.
Gastroenterology. 2016 Mar 31. doi: 10.1053/j.gastro.2016.03.037. [Epub ahead of print]

Introduction

Immunosuppressive therapy is used early in the disease course to prevent irreversible damage and complications in patients with immune-mediated diseases [1,2]. However, a history of cancer forces physicians to reconsider their treatment strategy. Guidelines advise restricted use of immunosuppressive therapy for at least 5 years after diagnosis of cancer, but evidence is limited and a safe time interval for restarting immunosuppressive therapy after prior cancer has not yet been established [3].
In this paper, Shelton et al. performed a meta-analysis to (1) identify the rates of recurrence of cancers and development of new primary cancers in patients with immune-mediated diseases [Inflammatory Bowel Disease (IBD), rheumatoid arthritis (RA), psoriasis, systemic lupus erythematosus or ankylosing spondylitis] treated with immunosuppressive therapy after a prior malignancy and (2) compare rates between treatment groups: no immunosuppression (no IS), immunosuppression (IMM: thiopurines, methotrexate) and anti-TNF agents.

Literature search

In this systematic review, 16 studies were included in the meta-analysis: seven in patients with IBD, seven in patients with RA, one in both IBD and RA patients and one in patients with psoriasis. In 12 of these studies the types of prior cancer were grouped together, including non-melanoma skin cancer, melanoma, lymphoma, breast, solid organ and mixed cancer. Three studies focussed on one malignancy only: non-melanoma skin cancer, breast cancer or lymphoma. Cancer recurrence after anti-TNF exposure was reported in 13 studies, while cancer recurrence after IMM or combination therapy was reported in 12 and three studies respectively. Six studies reported on cancer recurrence in patients with no IS. Median time interval between cancer and the initiation of immunosuppressive therapy was 6.2 years (data available from nine studies).

Key findings

Analysis was performed on 11,702 patients with a total of 31,258 person-years (p-y) of follow-up after prior cancer diagnosis. The incidence of new or recurrent cancer was 37.5 per 1000 p-y in the no IS group, 36.2 per 1000 p-y in the IMM group and 33.8 per 1000 p-y in the anti-TNF group. The incidence was not statistically different between groups (p>0.47 for each comparison). In the combination therapy group, an incidence for new or recurrent cancer of 54.5 per 1000 p-y was reported, which was not statistically different from that in the other three treatment groups (p>0.22 for each comparison). Repeating the analysis for primary new and recurrent cancers separately showed no statistical differences between the three treatment groups (p>0.32 for each comparison).
In the subgroup analysis of only IBD patients, with a total of 3,706 IBD patients and 10,332 p-y of follow-up after prior cancer diagnosis, the incidence of new or recurrent cancer was 35.7 per 1000 p-y in the no IS group, 37.9 per 1000 p-y in the IMM group and 48.5 per 1000 p-y in the anti-TNF group. There was no statistical difference between the three groups (p>0.30 for each comparison). In the subgroup analysis of RA, with 7,985 patients and 20,926 p-y of follow-up after prior cancer diagnosis, the incidence of new or recurrent cancer was 47.3 per 1000 p-y in the no IS group, 35.1 per 1000 p-y in the IMM group and 28.8 per 1000 p-y in the anti-TNF group (p>0.20 for each comparison).
A history of skin cancer was associated with a greater risk of new or recurrent cancer in the IMM group compared with the no IS group (71.6 vs. 50.8 per 1000 p-y, p=0.035); no such difference was seen when comparing the IMM group with the anti-TNF group (71.6 vs. 55.5 per 1000 p-y, p=0.22).
Repeating the meta-analysis including only studies with a control population revealed a lower rate of new or recurrent cancer in the anti-TNF group compared with the IMM group (rate difference of -9.8 per 1000 p-y, 95% CI = -19.5 to -0.1), while no statistical difference in incidence was observed when comparing the anti-TNF or the IMM group with the no IS group.
The incidence of new or recurrent cancer was found to be similar in patients in whom immunosuppressive therapy was initiated within a median of 6 years (IMM 33.6 and anti-TNF 43.7 per 1000 p-y) and those in whom immunosuppressive therapy was started later than 6 years [IMM 32.9 (p=0.86) and anti-TNF 21.0 (p=0.43) per 1000 p-y].

Conclusions

This meta-analysis shows no increased risk of cancer recurrence in patients with immune-mediated diseases treated with immunosuppressive therapy after a prior cancer diagnosis. This systematic review does suggest that recommencement of anti-TNF might be slightly safer than recommencement of IMM after prior cancer diagnosis; however, a definite interval at which recommencement would be safe was not established. Moreover, as anti-TNF agents increase the likelihood of melanoma and thiopurines increase the risk of non-melanoma skin cancer, cancer-specific associations with a certain treatment should be addressed in every patient with prior cancer diagnosis before starting immunosuppressive therapy. Results in this systematic review may be biased as patients with a prior cancer diagnosis are currently preferably not treated with immunosuppression, with the consequence that the patients with immunosuppression in this study are likely to have had either a severe disease course or a prior diagnosis of low-risk cancer.

References

1. Gremese E, Salaffi F, Bosello SL, et al. Very early rheumatoid arthritis as a predictor of remission: a multicentre real life prospective study. Ann Rheum Dis. 2013;72:858–62.
2. Levesque BG, Sandborn WJ, Ruel J, et al. Converging goals of treatment of
3. inflammatory bowel disease from clinical trials and practice. Gastroenterology. 2015;148:37–51.
4. Bernheim B, Colombel J, Ullman TA, et al. The management of immunosuppression in patients with inflammatory bowel disease and cancer. Gut 2013;62:1523–8.

Lieke Spekhorst

Lieke Spekhorst works as an MD/PhD student in the Department of Genetics and Department of Gastroenterology and Hepatology at the University of Groningen in the Netherlands. Her PhD is focussing on monitoring and predicting disease behaviour in IBD patients. She has a special interest in translating genetic findings to clinical practice.

Lieke Spekhorst ©
Lieke Spekhorst

AIM2 contributes to the maintenance of intestinal integrity via Akt and protects against Salmonella mucosal infection

Hu GQ, Song PX, Li N, Chen W, Lei QQ, Yu SX, Zhang XJ, Du CT, Deng XM, Han WY, Yang YJ.. Mucosal Immunol. 2016 Feb 3. doi: 10.1038/mi.2015.142.

Introduction

The mucosal barrier is an essential part of the intestinal immune system and consists of several components. Besides producing mucus and antimicrobial peptides, the intestinal epithelium acts as a physical barrier by itself. Tight junction (TJ) complexes are an essential part of this epithelial barrier as they allow close side-to-side attachment of cells and prevent the paracellular translocation of micro-organisms and their antigens to the lamina propria.

AIM2 (absent in melanoma 2) is well known as an intracellular innate immune sensor that can assemble into an inflammasome upon stimulation with double-stranded DNA (dsDNA), leading to the maturation and release of interleukin (IL)-1β and IL-18. AIM2 has previously been reported to protect against a wide variety of intracellular pathogens such as Listeria monocytogenes and Aspergillus fumigatus. These protective effects have been shown to be dependent on AIM2-mediated inflammasome activation. Recently, the focus has shifted towards the protective, inflammasome-independent role of AIM2 in (colorectal) cancer, where AIM2 seems to control intestinal epithelial stem cell proliferation by preventing Akt phosphorylation. However, in this study, Hu et al. show that AIM2 protects against oral Salmonella infection by promoting epithelial TJ expression. This study thus uncovers a novel contribution of AIM2 to intestinal homeostasis which could also be of importance for other diseases that have been associated with barrier defects, such as Inflammatory Bowel Disease (IBD).

Methods

In vivo: Wild type (WT) and Aim2-/- C57BL/6J mice were orally or intraperitoneally infected with Salmonella strain SL1344. Salmonella-induced colitis severity was assessed at several levels. First of all, overall survival and bacterial dissemination to the liver, spleen and mesenteric lymph nodes were determined. Next, colitis severity was determined macroscopically by measuring body, colon and spleen weight, as well as microscopically by applying an inflammatory scoring system on caecal slides. Furthermore, key pro-inflammatory cytokines and chemokines were measured in caecal homogenates. Finally, the expression of TJ proteins was also analysed by immunohistochemistry, western blotting and RT-PCR, before and during Salmonella infection.

In vitro: The human colonic epithelial Caco-2 cell line was used for more in-depth analysis of the newly found effects. Both normal and AIM2-overexpressing Caco-2 cells were grown on transwell filters to analyse the role of AIM2 in a bacterial translocation assay. Epithelial TJ protein expression and Akt phosphorylation in AIM2-overexpressing cells were assessed by western blotting. Furthermore, these cells were incubated with selective caspase-1 and Akt inhibitors in order to block inflammasome and Akt signalling, respectively.

Key findings

1. AIM2 protects against Salmonella-induced colitis

Oral infection with Salmonella led to increased mortality rates and higher bacterial burden in the liver and spleen in Aim2-/- mice compared with WT mice. The observed splenomegaly, increased body weight loss, caecal weight loss, pro-inflammatory cytokine/chemokine production and histological inflammation scores indicate that Aim2-/- worsens Salmonella-induced colitis. However, the most striking finding was that the exacerbating effect of Aim2-/- completely disappeared when mice were infected intraperitoneally. Aim2 thus seemed to somehow influence the initial bacterial translocation or clearance at the site of the mucosal barrier, rather than the subsequent systemic clearance. Also, an inflammasome-independent role of Aim2 in this model was already suggested by the fact that IL-1B was upregulated and IL-18 levels were similar in Aim2-/- and WT mice.

2. AIM2 contributes to the epithelial barrier by altering tight junction protein expression

Loss of Aim2 did not affect only the bacterial loads at systemic sites. A higher bacterial burden was found in the caecal LP and lymph nodes as early as 3 h post infection. The authors suggest that these early events are due to the observed downregulation of TJ proteins Claudin3 and Occludin in naïve Aim2-/- mice compared with WT mice. These results were supported by in vitro work in the human colonic epithelial Caco-2 cell line. AIM2 overexpression restricted paracellular Salmonella translocation, increased the trans-epithelial electrical resistance and upregulated Claudin3 expression in comparison with normal cells. Here, inflammasome independency was hinted at by the fact that the effects of AIM2 overexpression were not altered by caspase-1 inhibition. Instead, selective inhibition of Akt returned the phenotype of AIM2-overexpressing Caco-2 cells to its normal status.

3. AIM2 contributes to the integrity of the epithelial barrier by inducing epithelial tight junction protein expression through Akt phosphorylation

It has previously been shown that Akt alters the expression of TJ proteins [1]. The interaction between AIM2 and Akt was suggested by previous studies that revealed another inflammasome-independent protective role of AIM2 during colorectal tumorigenesis [2,3]. In the present study, the authors confirm these previous findings by showing that AIM2 overexpression led to Akt phosphorylation in Caco-2 cells, which in turn correlated with Claudin3 expression.

Conclusion

This study reveals a new, inflammasome-independent, function of the inflammasome sensor AIM2 in intestinal homeostasis that possibly has implications for other intestinal immunological disorders such as IBD. For example, AIM2-dependent TJ expression might not only be important to prevent Salmonella translocation but might also impact on the paracellular passage of other pathogenic/commensal bacteria and their antigens. Furthermore, altered TJ expression, decreased TEER and other mucosal barrier defects have been associated with IBD, and AIM2 expression is upregulated in patients with active disease [4]. Thus, AIM2 plays a more complex role in intestinal homeostasis than was initially thought, by acting as an inflammasome activator, tumour suppressor and/or tight junction regulator.

References

1. Lin N, Xu LF, Sun M. The protective effect of trefoil factor 3 on the intestinal tight junction barrier is mediated by toll-like receptor 2 via a PI3K/Akt dependent mechanism. Biochem Biophys Res Commun. 2013;440:143–9.
2. Man SM, Zhu Q, Zhu L, et al. Critical role for the DNA sensor AIM2 in stem cell proliferation and cancer. Cell. 2015;162:45–58.
3. Wilson JE, Petrucelli AS, Chen L, et al. Inflammasome-independent role of AIM2 in suppressing colon tumorigenesis via DNA-PK and Akt. Nat Med. 2015;21:906–13.
4. Vanhove W, Peeters PM, Staelens D, et al. Strong upregulation of AIM2 and IFI16 inflammasomes in the mucosa of patients with active inflammatory bowel disease. Inflamm Bowel Dis. 2015;21: 2673–82.

Wiebe Vanhove

Wiebe Vanhove is a biologist and a doctoral researcher at the TARGID-IBD group of KU Leuven, Leuven, Belgium. His research focusses on IBD-associated mutations in ER stress, autophagy and inflammasome signalling and their functional impact on patient-derived epithelial cells.

Wiebe Vanhove © Wiebe Vanhove

Y-ECCO Interview corner

Dear Y-ECCO Members,

We are delighted to expand our Interview Corner to include key members of the Inflammatory Bowel Disease multidisciplinary team (MDT). We are delighted to interview Rotem Sigall-Boneh, who is a dietitian by trade and the current Chair of D-ECCO.

Yours sincerely,

NUHA A YASSIN
Y-ECCO Interview Corner Coordinator

Nuha A Yassin © ECCO

Nuha A Yassin interviews Sigall Boneh

Thank you for giving up some of your time for this interview. Can you tell us about yourself and your background please? Where did you grow up and how did you get to your current position?

I was born in a city near Tel Aviv in Israel, but I grew up in a small rural place. I studied Nutritional Sciences at the Hebrew University of Jerusalem and did my internship in the Tel Aviv Medical Center in Tel Aviv. During my studies I worked in several interesting jobs; the most interesting one was in research – first as a research coordinator and later as a project manager for clinical trials. I started working in research with Arie Levine in 2012 and he has been my mentor since then. I was promoted to run the unit following its growth to the point where we now have four research dietitians and are conducting about nine original clinical trials. We are also participating in other studies.

That is very interesting indeed, from a research background to a dietetic one. Can you tell us why you chose to become a dietitian? Would you call yourself a dietitian or a nutrition specialist nurse?!

I always had an interest in the human body – I was a dancer for many years and diet and eating healthy food were always an important part of my life. When I had to choose what I wanted to learn, I decided to read articles in several fields of biological science. Soon, I found that nutrition and diet were very interesting to me and so I decided to study Nutritional Sciences.
In order to become a registered dietitian in Israel, you must first have a BSc in Nutritional Sciences and then do an internship in a hospital and in a community health centre. A final exam is set by the Israeli Ministry of Health and only after these steps can one be considered a registered dietitian (RD). This process varies around the world, with each country having its own procedures. In fact, some countries don't have dietitians at all and only have nutritionists.

That's great how you've linked dancing and looking after one's body to diet and nutrition. How do you think your role as a dietitian can help patients in general?

I think that food has an important impact on our health and well-being. Healthy and nutritious food is important in order to maintain a healthy body and prevent diseases. Unfortunately, today we are exposed to junk food and industrialised food and we don't really know what we have in our food. The food industry has evolved technologically in terms of food preservation and extending the shelf-life of food products. However, these processes have nothing to do with public health. The interest of the food industry is to save money and not to take care of the public health. I think that one of the most important parts of our job is to educate people to take responsibility for their own health and to be aware of the food they are consuming.

How do you think your role can help patients who suffer with IBD?

An IBD dietitian has many roles in treating IBD patients: (a) assessment of the nutritional status, (b) treatment for induction and maintenance of remission and (c) provision of support in the event of complications. We know that exclusive enteral nutrition (EEN) can achieve clinical remission and mucosal healing. According to the recent ECCO Guidelines, EEN is considered the first-line therapy for children with Crohn's Disease. This therapy is very efficient, but it is also very difficult to perform. The role of the IBD dietitian is to guide and support the patients along the way, which is crucial when using this therapy. In 2011 Arie Levine developed a diet for Crohn's Disease patients called "The Crohn's Disease Exclusion Diet" (CDED). This diet is based on exclusion of dietary components that seem to be harmful to the innate immune system and the microbiota. We have experience with more than 100 patients (children and adults) who have used the diet and achieved clinical remission and even mucosal healing. The diet is currently being investigated in several multicentre clinical trials.
As a dietitian who treats patients daily with the diet, I'm excited each time that I see the clinical improvement and the reduction in inflammatory markers after only a short period of time. Personally for me, it's impressive that the improvement in the disease is a result of a change in the patient's diet, without use of any medication.
I believe that in a few years from now, every IBD centre will include an IBD dietitian to treat and support every patient. In addition, I think that it is very important to involve more dietitians in research; more and more studies are investigating the role of diet in IBD, and dietitians should be part of these initiatives, as in our unit.

That's a fantastic vision which brings us to D-ECCO. How did you go about setting up D-ECCO and chairing some of the working groups?

When I registered with ECCO I found a special category for nurses and not for dietitians. I asked Arie Levine why there isn't a category for dietitians as well and whether I could organise or be involved in such a category. He forwarded my question to ECCO and after a month both of us received an invitation to meet Séverine Vermeire and Julian Panes to discuss this. I presented my vision and how I see the involvement of dietitians within ECCO. Fortunately, they gave us the opportunity to set up a dietitians' working group for the next 3 years.


Rotem Sigall-Boneh
©ECCO

You've done an amazing job thus far and ran successful workshops. How do you see the role of D-ECCO evolving in the future?

I think that D-ECCO's involvement will be in several areas: (a) promotion of the involvement of dietitians as an integral part in each IBD centre; (b) involvement in research in the field of diet and IBD; (c) education of physicians, nurses, dietitians and scientists on how to use dietary therapy and (d) involvement in guidelines when enough studies have investigated this field.

Do you think every MDT and IBD team should include involvement of a dietitian?

I think that MDT is very important in the treatment of IBD patients since these are very complicated diseases and should involve the support of every MDT member. I believe today that dietitians must be a part of the treatment in these diseases.

How can Y-ECCOs work together with D-ECCO to improve learning and understanding of your role?

Y-ECCO can work with D-ECCO in promoting research on diet and IBD and in promoting awareness of the impact of diet on IBD. Y-ECCO Members are welcome to attend the D-ECCO

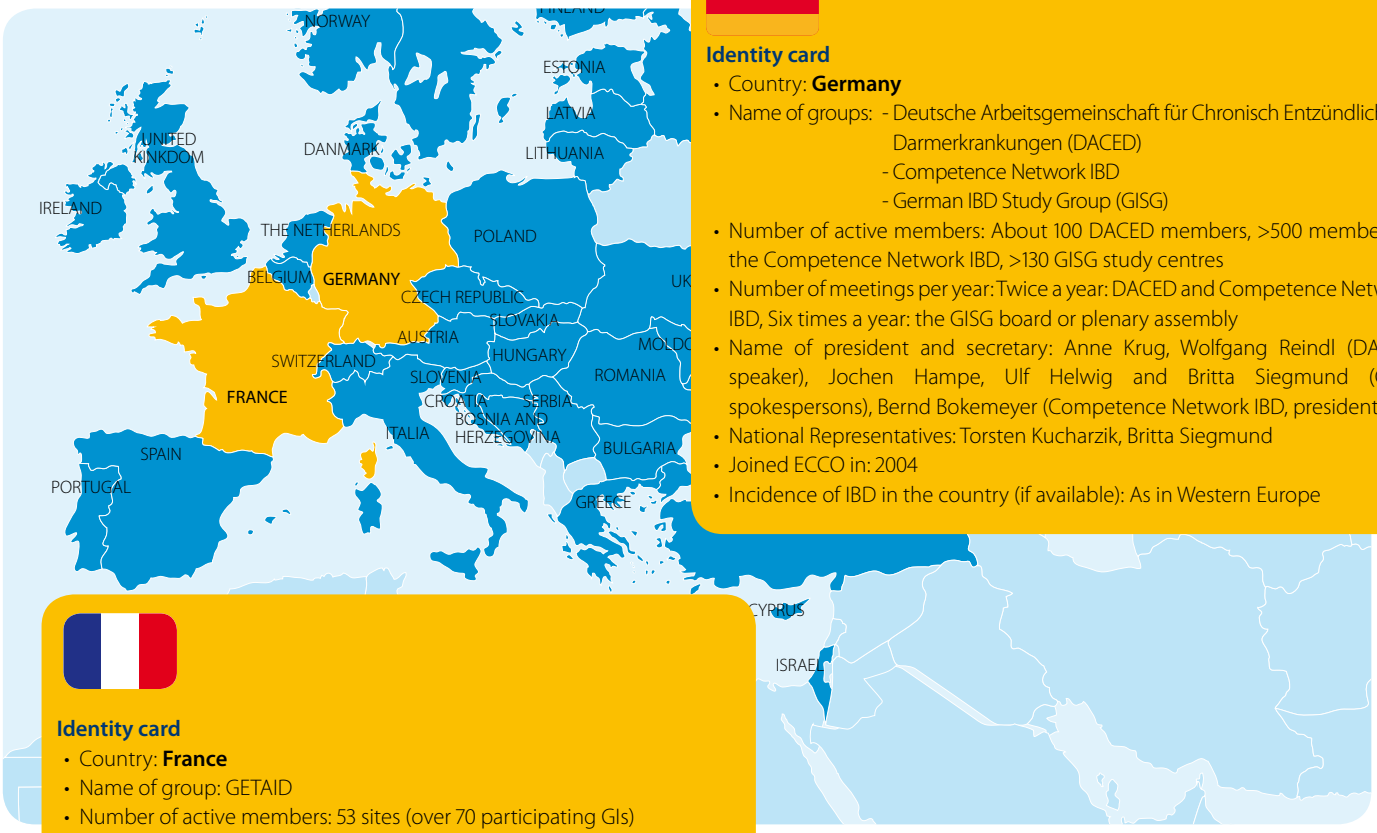
Do you have a role model, Rotem? Who may that be and would they be involved in your vision of how you see yourself in the next 5 years?

Arie Levine has been a great mentor and role model. He has helped me establish my career as an IBD dietitian and has played an integral part in helping us to set up D-ECCO. I hope to finish our clinical trials in the next 5 years and to set up a support and education programme, together with Arie, for patients and therapists on how to use diet to treat IBD patients. I really believe that in a few years from now, diet will become the first choice for treating patients with IBD.

What would be the most important piece of advice you give to Y-ECCO Members who are trying to set up their own IBD teams?

I think that the MDT is very important, including, of course, a dedicated IBD dietitian who can be involved in both clinical and research aspects. IBD dietitians provide treatments as well as patient support that differs from that offered by the rest of the team.

ECCO Country Member Profiles



Identity card

- Country: **Germany**
- Name of groups: - Deutsche Arbeitsgemeinschaft für Chronisch Entzündliche-Darmerkrankungen (DACED)
  - Competence Network IBD
  - German IBD Study Group (GISG)
- Number of active members: About 100 DACED members, >500 members in the Competence Network IBD, >130 GISG study centres
- Number of meetings per year: Twice a year: DACED and Competence Network IBD, Six times a year: the GISG board or plenary assembly
- Name of president and secretary: Anne Krug, Wolfgang Reindl (DACED speaker), Jochen Hampe, Ulf Helwig and Britta Siegmund (GISG spokespersons), Bernd Bokemeyer (Competence Network IBD, president)
- National Representatives: Torsten Kucharzik, Britta Siegmund
- Joined ECCO in: 2004
- Incidence of IBD in the country (if available): As in Western Europe

Identity card

- Country: **France**
- Name of group: GETAID
- Number of active members: 53 sites (over 70 participating GIs)
- Number of meetings per year: 6
- Name of president and secretary: Laurent Peyrin-Biroulet – President, Edouard Louis – Vice-president, David Laharie – Secretary
- National Representatives: Arnaud Boureille, Xavier Roblin

Questionnaire – GERMANY

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

Being an ECCO Country Member has strongly facilitated the inner-European "IBD communication" and the development of a network structure at both the research and the personal level.

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

ECCO offers many activities that not only provide educational content, but equally offer an opportunity to participate in the development of the field of IBD within Europe. Thus the international basic and clinical research activities have increased. The aim should be to achieve better IBD patient care across Europe.

Is your society making use of the ECCO Guidelines?

Germany has a long-standing tradition in guideline development and currently has an S3 Guideline for Crohn's Disease and Ulcerative Colitis. Nevertheless, there is close cross-linking between the German and European Guidelines, reflected not only in the content but also in the people involved.

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

- ***Have you developed research projects with other countries through your ECCO Country Membership?***
  The ECCO Network has already inspired novel research and educational projects with other European countries.
- ***Have you developed educational activities with other countries through your ECCO Country Membership?***
  Intensive educational activities have been developed in order to build a European platform for teaching intestinal ultrasound in IBD patients. Some of the activities are performed during the newly developed Imaging Workshops at the ECCO Congress, with a particular focus on intestinal ultrasound. Currently, we are establishing a continuing education programme with hands-on training in intestinal ultrasound at different European centres. This programme is designed for interested IBD specialists and has the goal of widening the use of this method.

Britta Siegmund
© Britta Siegmund

- ***Has your country been involved in a fellow exchange through ECCO?***
  Several fellows from all over Europe have visited centres in Germany, primarily to gain insights into the daily practice of ultrasound in an IBD clinic.

What are your main areas of research interest?

The main areas of research interest can be divided into several categories: 1) Several groups and network funding structures are focussing on basic mucosal immunology and the pathogenesis of IBD.
2) Partly within the Competence Network IBD and GISG, but also within single centres and international collaborations, epidemiological questions, genetic studies and questions relating to clinical management are being addressed. 3) As part of GISG or as single-centre initiatives, investigator-initiated clinical trials with different foci are being performed.

Does your centre or country have a common IBD database or bio bank?
Within the "Competence Network IBD" a bio bank and an associated database had been established; however, this data bank is not open for new samples. Hence there are several initiatives (locally and nationally) to implement an IT-based database that will then allow for attachment of a bio bank.
What are your most prestigious/interesting past and on-going projects?
One main on-going structural project is DACED. DACED is building a platform within Germany that brings together young and senior investigators in the field of IBD. The informal meetings provide an excellent environment to discuss projects and data and to meet the national investigators working in the field. In our view this is crucial to attract young researchers to the field of IBD. Furthermore, the German IBD Study Group, in close collaboration with the Competence Network IBD, has been the core structure for many IBD clinical projects over recent years, including those concerning patient-centred care, epidemiological questions, side effects and treatment strategies.
Which ECCO Projects/Activities is the group currently involved in?
The group is currently involved at several levels:
- In various ECCO Committees, including EduCom, GuiCom, SciCom and Y-ECCO, as well as in guideline projects and scientific workshops
- Guidelines, scientific and educational workshops, Steering Committee of the UR-CARE platform
- Study-wise, Germany is part of the SPARE trial and is participating in the iCARE project.

What are your aims for the future?
The aim is to link the different levels of activities, including basic, translational and clinical research, within Germany and ultimately within Europe. This strategy will serve to highlight IBD as a critical focus within Europe and thus foster better funding opportunities and ultimately improved patient care.
How do you see ECCO helping you to fulfil these aims?
A single country will not be able to fulfil this aim. Hence a network fostered by ECCO Activities is required to further establish, maintain and expand these structures.
What do you use ECCO for? Network? Congress? How do you use the things/services that ECCO has to offer?
ECCO represents the European interest in IBD and, through its Congress, Workshops and Guidelines, offers a substantial amount of IBD-related information. More important are the networks established through these activities, which facilitate the development of larger-scale research and clinical projects.

Questionnaire – FRANCE

What has changed since your society became an ECCO Country Member?
- Participation of fellows from the different sites at the ECCO Congress and identification of young researchers involved in IBD
- Strengthening relations between European investigators and facilitating the design of European protocols

What are the benefits to you of being an ECCO Country Member?
Improvement of interaction between fellows, researchers and physicians
Is your society making use of the ECCO Guidelines?
Yes
Have you developed links with other countries through your ECCO Country Membership?
Yes, a network of investigators is participating in GETAID sponsored projects.
Have you developed research projects with other countries through your ECCO Country Membership?
- Current projects: I-CARE and SPARE
- Previous projects: METEOR, STORI

Have you developed educational activities with other countries through your ECCO Country Membership?
No
Has your country been involved in a fellow exchange through ECCO?
No
What are your main areas of research interest?
- GETAID is a multicentre group for clinical research aiming to explore different therapeutic strategies in IBD. The funding of the institutional protocols is secure through national and European grants, and with support from the pharmaceutical industry, with no impact on GETAID decisional capacities or publications.
- GETAID is also linked to the REMIND group. REMIND is a multicentre group aiming to develop and facilitate translational and basic scientific projects in IBD. The main area addressed by the group is the identification of clinical and biological factors associated with relapse after surgery.

Does your centre or country have a common IBD database or bio bank?
GETAID is currently setting up a biobank with samples from ongoing studies.

GETAID © GETAID

What are your most prestigious/interesting past and ongoing projects?
- **BIOCYCLE (SPARE)**: GETAID is responsible for the clinical part of the BIOCYCLE project.
- **SPARE**: This is a prospective randomised controlled trial comparing infliximab–antimetabolite combination therapy to anti-metabolite monotherapy and infliximab monotherapy in Crohn's Disease patients in sustained steroid-free remission on combination therapy.
- **I-CARE**: This is a European observational study to assess prospectively the presence and extent of safety concerns (risks of lymphoma and serious infections) regarding treatment with anti-TNF alone or in combination with thiopurines among IBD patients. The study is being conducted in 17 countries and ECCO is responsible for dissemination of the information and results.
- **STORI**: Aimed to investigate maintenance of remission among patients with Crohn's Disease on anti-metabolite therapy after cessation of infliximab therapy.
- **METEOR**: Aimed to show superiority of methotrexate vs placebo in inducing steroid-free remission in steroid-dependent Ulcerative Colitis.

Which ECCO Projects/Activities is the group currently involved in?
–
What are your aims for the future?
To increase the collaborative efforts with other ECCO Members
How do you see ECCO helping you to fulfil these aims?
- By supporting meetings and providing a platform to advertise projects and disseminate the information
- By authorising the use of the UR-CARE platform for future projects

What do you use ECCO for? Network? Congress? How do you use the things/services that ECCO has to offer?
Networking and dissemination of information

ECCO National Representatives 2016		
Austria	Christoph Högenauer	christoph.hoegenauer@medunigraz.at
	Gottfried Novacek	gottfried.novacek@meduniwien.ac.at
Belgium	Cathérine Reenaers	catherinereenaers@hotmail.com
	Peter Bossuyt	peter.bossuyt@laposte.net
Bosnia and Herzegovina	Ante Bogut	bogut.ante@gmail.com
	Emil Babić	emil.babic@yahoo.com
Bulgaria	Zoya Spassova	zoya.spassova@hotmail.com
	Iskren Kotzev	kotzev@mnet.bg
Croatia	Brankica Mijandrušić-Sinčić	bsincic@gmail.com
	Željko Krznarić	zeljko.krznaric1@zg.t-com.hr
Cyprus	Ioannis Kaimakliotis	gastro1@cytanet.com.cy
	Theodora Demetriou	t.demetriou@doctors.org.uk
Czech Republic	Martin Bortlik	mbortlik@hotmail.com
	Tomáš Douda	douda@fnhk.cz
Denmark	Jørn Brynskov	brynskov@dadlnet.dk
	Torben Knudsen	torben.knudsen@rsyd.dk
Estonia	Karin Kull	karin.kull@kliinikum.ee
	Benno Margus	benno.margus@itk.ee
Finland	Clas-Göran af Björkesten	clas-goran.af.bjorkesten@hus.fi
	Pauliina Molander	pauliina.molander@welho.com
France	Arnaud Bourreille	arnaud.bourreille@chu-nantes.fr
	Xavier Roblin	xavier.roblin@chu-st-etienne.fr
Germany	Britta Siegmund	britta.siegmund@charite.de
	Torsten Kucharzik	torsten.kucharzik@klinikum-lueneburg.de
Greece	Ioannis Koutroubakis	ikoutroub@med.uoc.gr
	Giorgos Bamias	gbamias@gmail.com
Hungary	Péter Lakatos	lakatos.peter_laszlo@med.semmelweis-univ.hu
	Tamás Molnár	molnar.tamas@med.u-szeged.hu
Ireland	Glen Doherty	glen_doherty@hotmail.com
	Jane McCarthy	jmccarthy@muh.ie
Israel	Shomron Ben-Horin	shomron.benhorin@gmail.com
	Matti Waterman	m_waterman@rambam.health.gov.il
Italy	Anna Kohn	akohn@scamilloforlanini.rm.it
	Paolo Gionchetti	paolo.gionchetti@unibo.it
Latvia	Aleksejs Derovs	aleksejs.derovs@gastroenterologs.lv
	Jelena Derova	jelena.derova@gastroenterologs.lv

ECCO National Representatives 2016		
Lithuania	Limas Kupčinskas	l.kupcinskas@gmail.com
	Gediminas Kiudelis	gediminaskiudelis@gmail.com
Malta	Pierre Ellul	ellul.pierre@gmail.com
Moldova	Svetlana Țurcan	veisa@mail.ru
	Vlada Dumbravă	gastroenterologie@usmf.md
Norway	Kristin Kaasen Jørgensen	krikjo@online.no
	Marte Lie Høivik	marte.lie.hoivik@gmail.com
Poland	Edyta Zagórowicz	ezagorowicz@wp.pl
	Jarosław Kierkuś	j.kierkus@czd.pl
Portugal	Paula Ministro	paulaministro@sapo.pt
	Ana Isabel Vieira	anaircvieira@hotmail.com
Romania	Mihai Mircea Diculescu	mmdiculescu@yahoo.com
	Adrian Goldiş	goldisadi@yahoo.com
Russia	Elena Belousova	eabelous@yandex.ru
	Alexander Potapov	potapov@nczd.ru
Serbia	Mirjana Cvetkovic	mirjana.cvetkovic71@gmail.com
	Marijana Protić	marijana.n.protic@gmail.com
Slovakia	Martin Huorka	huorka@stonline.sk
	Mária Zakuciová	marikazakuciova@centrum.sk
Slovenia	Ivan Ferkolj	ivan.ferkolj@kclj.si
	David Drobne	david.drobne@gmail.com
Spain	Pilar Nos	pilarnos@gmail.com
	Javier Perez Gisbert	javier.p.gisbert@gmail.com
Sweden	Leif Törkvist	leif.torkvist@ki.se
	Hans Strid	hans.strid@vgregion.se
Switzerland	Pierre Michetti	pmichetti@gesb.ch
	Frank Seibold	frank.seibold@lindenhofgruppe.ch
The Netherlands	Andrea Meulen-de Jong	ae.meulen@lumc.nl
	Dirk de Jong	Dirk.deJong@radboudumc.nl
Turkey	Yusuf Ziya Erzin	dryusuferzin@yahoo.com
	Aykut Ferhat Çelik	afcelik@superonline.com
Ukraine	Mykhailo P. Zakharash	mzakharash@yandex.ru
	Juriy Vinnyk	profvinnik@gmail.com
United Kingdom	Peter Irving	peter.irving@gstt.nhs.uk
	Barney Hawthorne	Barney.Hawthorne@wales.nhs.uk

N-ECCO National Representatives 2016		
Austria	Tobias Kasa	tobias.kasa@meduniwien.ac.at
	Anita Beyer	anita.beyer@akhwien.at
Belgium	Patricia Geens	patricia.geens@imelda.be
	Ellen Weyts	ellen.weyts@uzleuven.be
Bulgaria	Jasmina Andonova	jasi_andonova@yahoo.co.uk
	Zoya Spassova	zoya.spassova@hotmail.com
Croatia	Vesna Oroz	vesna.oroz@kbc-zagreb.hr
Cyprus	Anastasia Nicolaou	natasanic@windowslive.com
Czech Republic	Katerina Peukertova	peuk@nemlib.cz
Denmark	Else Mikkelsen	else.mikkelsen2@vest.rm.dk
Estonia	Reelika Maat	reelika.maat@kliinikum.ee
Finland	Tanja Toivonen	toivonentanja@hotmail.com
France	Suzanna Ostrec	suzanna.ostrec@gmail.com
	Aurore Paput	aurorepaput@yahoo.fr
Germany	Janette Tattersall-Wong	studienzentrum@waldfriede.de
	Susann Wienecke	susann.wienecke@klinikum-lueneburg.de
Greece	Helen Keimali	elkeim@hotmail.com
Ireland	Denise Keegan	D.Keegan@st-vincents.ie
Israel	Revital Barkan	revitalb@tlvmc.gov.il
	Ola Haj Natour	haj_nat_o@hotmail.com

N-ECCO National Representatives 2016		
Latvia	Valentina Lapina	valentina.lapina@inbox.lv
Lithuania	Lina Ivanauskiene	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@vhebron.net
Sweden	Katarina Pihl Lesnovska	Katarina.pihl.lesnovska@regionostergotland.se
Switzerland	Rosmarie Junker	rosmarie.junker@magendarmsuisse.ch
	Christina Knellwolf	christina.knellwolf@kssg.ch
The Netherlands	Maria de Jong	maria.dejong@amc.uva.nl
	Laurence Colautti-Duijsens	l.duijsens@orbisconcern.nl
Turkey	Berna Nilgün Özgürsoy	bernanilgun@gmail.com
United Kingdom	Julie Duncan	julie.duncan@gstt.nhs.uk
	Lynn Gray	lynn.gray6@nhs.net

Corporate Members 2016

abbvie Biogen Boehringer Ingelheim Celgene Cellcentric Healthcare Cosmo Dr. Falk Pharma Ethicon Ferring Hospira Janssen MSD Merck Serono Nestlé HealthScience Nycomed Otsuka Pfizer Roche Shield Shire Takeda Tigenix Tillotts Pharma Vifor Pharma

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 Cleynen, 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
Jarosław 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

Sender: European Crohn's and Colitis Organisation, Ungargasse 6/13, 1030 Vienna, Austria

European Crohn's and Colitis Organisation

Announcement 2017

Inflammatory Bowel Diseases

12th Congress of ECCO
February 15-18, 2017

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

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