European
Crohn's and Colitis
Organisation

Volume 11 | Issue 3 | 2016

ECCO News AUTUMN

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
- Voting rights in General Assembly (President-Elect, Treasurer, Secretary)
- Quarterly ECCO News – The society's magazine
- Educational and networking activities
- Guidelines, ECCO Fellowships, Grants and Travel Awards
- Access to ECCO UR-CARE - United Registries for Clinical Assessment and Research

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

Summer is a wonderful period of the year: daily activities slow down a little, giving us the time to think bigger. The ECCO Committees and Governing Board also take this healthy approach to the life of our Organisation, meeting for two or three days in Vienna in June and July, in a constructive atmosphere, to set the strategies and plans to fulfill our mission. I hope that all of you enjoyed some time off during the summer and were able to "think big" about all aspects of life.

Now we have returned to our usual activities, but not to the old routine, because, as you will see in this issue of ECCO News, there are a lot of exciting items of news and stimulating future activities await.

One of the highlights is the ***programme for our ECCO Congress 2017***, with an overview of the Scientific Programme and the Educational Programme. Many of the educational activities in the Congress are booked well in advance, and you should have a look right now and secure your registration if you wish to attend. You will also find the Call for Abstracts: start planning the original work that you wish to submit to the ECCO Congress.

I want to draw your attention to the information on the activities that N-ECCO is organising at ECCO '17. This is relevant not only to nurses: physicians should also be aware of these European educational activities, and actively promote and facilitate the participation of nurses involved in IBD care. Nurses are at the centre of any well-organised IBD unit and we should all strive for their promotion and recognition.

In terms of quality improvement, you will find in this issue interesting information on quality indicators for running a paediatric Inflammatory Bowel Disease Centre.

Finally, on a more personal note, you will find an ***interview with our ECCO President-Elect***, Silvio Danese, in which he reveals his vision for the organisation and the opportunities that he sees to improve education and research and, as a result, the care or our IBD patients.

Enjoy ECCO News!

JULIÁN PANÉS
ECCO President

Call for Abstracts for the 12th Congress of ECCO

To submit an abstract for the 12th Congress of ECCO, please use our online abstract submission system. Please also view important information on the submission process and the guidelines for abstract submission.

Presentation format

- The 38 best abstracts (up from 30 in 2016) will receive an **oral presentation** slot in the scientific programme of the 12th Congress of ECCO.
- The next best ~90 abstracts will be **digital oral presentations**, with a 5 minute oral presentation on either Thursday, February 16, 2017 from 17:45-18:45 or on Friday, February 17, 2017 from 17:20-18:20.
- The remaining accepted abstracts will be displayed as **hard copy posters** throughout the Congress. Please find further details in the guidelines for presentation.

Important note

There will be NO late-breaking abstracts, so please aim to get your abstract in on time! We look forward to welcoming you to the ECCO Congress in Barcelona, Spain on February 15-18, 2017!

Kind regards,

SILVIO DANESE, PETER LAKATOS, CHARLIE LEES, LAURENT PEYRIN-BIROULET
On behalf of the ECCO'17 Barcelona Organising Committee

JULIÁN PANÉS
ECCO President and Chair of the Organising Committee

Key dates

August 17, 2016	Opening of abstract submission
November 3, 2016	Deadline for early registration (midnight, CET)
December 1, 2016	Deadline for abstract submission (midnight, CET)
By December 23, 2016	Notification of abstract acceptance/rejection
February 1, 2017	Deadline for late registration (after that date onsite registration only)
February 15-18, 2017	12th Congress of ECCO, Barcelona, Spain

Scientific Programme at ECCO'17

ECCO'17 Theme: "Advancing Knowledge, Improving Care"

as of September 23, 2016

Preliminary programme: Thursday, February 16, 2017

	10:45 - 11:15	Top tips for chairs (closed session) Laurence Egan, Galway, Ireland
11:30 - 12:30	Industry sponsored satellite symposia 1a & 1b	
12:45 - 12:50	Welcome Javier Gisbert, Madrid, Spain	
12:50 - 13:00	Opening Julián Panés, Barcelona, Spain	
13:00 - 14:30	Scientific session 1: Pathways of environmental factors or everyday poisons and IBD Stephan Vavricka, Zurich, Switzerland Nynne Nyboe Andersen, Copenhagen, Denmark	
	13:00 - 13:20	Nutrition and Food additives Charlie Lees, Edinburgh, United Kingdom
	13:20 - 13:30	Oral presentation 1
	13:30 - 13:50	Everyday poisons: Smoking, pollution, stress, sedentary lifestyle Stephan Vavricka, Zurich, Switzerland
	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) Pierre Ellul, Sliema, Malta Arie Levine, Tel Aviv, Israel
14:30 - 15:00	Coffee break	
15:00 - 16:30	Scientific session 2: Evolving therapeutic algorithms in 2017 Jane Andrews, Adelaide, Australia Jarosław Kierkuś, Warsaw, Poland	
	15:00 - 15:20	Placing new molecules in the treatment pathway Gerhard Rogler, Zurich, Switzerland
	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 Peter Irving, London, United Kingdom
	15:50 - 16:00	Oral presentation 5
	16:00 - 16:10	Oral presentation 6
	16:10 - 16:30	Personalised medicine: Dream or reality? Iris Dotan, Tel Aviv, Israel
16:30 - 17:30	Scientific session 3: Vulnerable patients: 10 burning questions in IBD Pierre Michetti, Lausanne, Switzerland Triana Lobatón, Barcelona, Spain	
	16:30 - 16:42	The child with IBD: Should anti-TFN be used as a mono-therapy in children (safety risk)? Who should (be allowed) to operate on the children in IBD? Dan Turner, Jerusalem, Israel
	16:42 - 16:54	Treating the pregnant woman with IBD: Should anti-TFN be stopped during pregnancy? Should Vedolizumab be stopped during pregnancy? Janneke van der Woude, Rotterdam, The Netherlands
	16:54 - 17:06	The elderly patient with IBD. Should Azathiorprine ever be used in the elderly? Should the type of surgery be different in an elderly patient? Jean-Frédéric Colombel, New York, United States
	17:06 - 17:18	The use of IBD medicine in patients with cancer. Which treatment should be stopped when cancer is diagnosed? Which treatment to use in a patient with a prior diagnosis with cancer? Laurent Beaugerie, Paris, France
	17:18 - 17:30	The patient with psychological comorbidities; How to wean off opiates in these patients? Is there any preference in drugs? Jane Andrews, Adelaide, Australia
17:45 - 18:45	Industry sponsored satellite symposia 2a & 2b	
17:45 - 18:45	Digital Oral Presentations (sessions 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 Janneke van der Woude, Rotterdam, The Netherlands Pascal Juillerat, Lausanne, Switzerland	
	08:30 - 08:50	Trial endpoint vs. therapeutic objectives Filip Baert, Roeselare, Belgium
	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 Stefan Schreiber, Kiel, Germany
	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 Gert van Assche, Leuven, Belgium
10:30 - 11:00	Coffee break	
11:00 - 12:30	Scientific session 5: Managing bowel damage in IBD: Surgical or medical treatment? Antonino Spinelli, Milan, Italy Edyta Zagórowicz, Warsaw, Poland	
	11:00 - 11:20	Are we truly changing disease course with current strategies? Yves Panis, Clichy, France
	11:20 - 11:30	Oral presentation 13
	11:30 - 11:50	Combined approach for intestinal sparing in CD? Paulo Kotze, Curitiba, Brazil
	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? Oded Zmora, Tel Aviv, Israel
12:30 - 13:30	Lunchbreak and guided Poster Session in the exhibition hall	
12:40 - 13:20	Industry sponsored educational lunchtime satellite symposia LS 1-4	
13:30 - 15:00	Scientific Session 6: Intestinal inflammation – not always IBD Gijs van den Brink, Amsterdam, The Netherlands Dror Shouval, Tel Aviv, Israel Carousel: (each topic has these four people presenting 2-3 slides each) Epidemiologist: Vito Annese, Florence, Italy Basic Science: Britta Siegmund, Berlin, Germany Pathologist: Roger Feakins, London, United Kingdom Physician: James Lindsay, London, United Kingdom	
	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
EITHER:		
15:00 - 15:40	Scientific session 7: ECCO Fellowships & Grants Britta Siegmund, Berlin, Germany Gionata Fiorino, Milan, Italy	
	15:00 - 15:07	Outcomes from the 2015-6 Fellowships Ferdinando Bonfiglio, Stockholm, Sweden
	15:07 - 15:14	Outcomes from the 2015-6 Fellowships Jesús Cosín, Zurich, Switzerland
	15:14 - 15:20	Announcement of ECCO Fellowships & Grants 2017
	15:20 - 15:30	Oral presentation 19
	15:30 - 15:40	Oral presentation 20
15:40 - 16:10	Coffee break	
16:10 - 17:10	Scientific session 8: IBD Horizons Bruce Sands, New York, United States Herbert Tilg, Innsbruck, Austria	
	16:10 - 16:20	Oral presentation 21
	16:20 - 16:30	Oral presentation 22
	16:30 - 16:40	Oral presentation 23
	16:40 - 16:50	Oral presentation 24
	16:50 - 17:00	Oral presentation 25
	17:00 - 17:10	Oral presentation 26
OR:		
15:00 - 17:10	Scientific session 9: Basic Science meets the clinic Arthur Kaser, Cambridge, United Kingdom Azucena Salas, Barcelona, Spain	
	15:00 - 15:20	IL-23 and beyond
	15:20 - 15:30	Oral presentation 27
	15:30 - 15:40	Oral presentation28
15:40 - 16:10	Coffee break	
	16:10 - 16:30	Genetics and function in IBD: The missing link? Sebastian Zeissig, Dresden, Germany
	16:30 - 16:40	Oral presentation 29
	16:40 - 16:50	Oral presentation 30
	16:50 - 17:10	Epigenetics in complex diseases Manel Esteller, Barcelona, Spain
17:20 - 18:20	Digital oral presentations (sessions 6-10)	
18:30 - 19:30	Industry sponsored satellite symposia 4a & 4b	

Preliminary programme: Saturday, February 18, 2017

07:15 - 08:15	Industry sponsored satellite symposia 5a & 5b	
08:30 - 10:20	Scientific session 10: New compounds in the treatment of IBD John Mansfield, Newcastle upon Tyne, United Kingdom Pieter Hindryckx, Ghent, Belgium	
	08:30 - 08:50	JAK-inhibitors Séverine Vermeire, Leuven, Belgium
	08:50 - 09:00	Oral presentation 31
	09:00 - 09:10	Oral presentation 32
	09:10 - 09:30	S1P Arthur Kaser, Cambridge, United Kingdom
	09:30 - 09:40	Oral presentation 33
	09:40 - 09:50	Oral presentation 34
	09:50 - 10:00	Oral presentation 35
	10:00 - 10:20	Anti IL12/IL23 compounds Bruce Sands, New York, United States
10:20 - 10:50	Coffee break	
10:50 - 12:20	Scientific session 11: Gut luminal content – more than just bacteria Isabelle Cleynen, Leuven, Belgium Miquel Gassull, Barcelona, Spain	
	10:50 - 11:10	The forgotten populations in the gut Xavier Ramnik, Boston, United States
	11:10 - 11:20	Oral presentation 36
	11:20 - 11:40	Metabolic activity Dirk Haller, Freising, Germany
	11:40 - 11:50	Oral presentation 37
	11:50 - 12:00	Oral presentation 38
	12:00 - 12:20	Microbiome reality check – looking beyond the hype Jeroen Raes, Gent, Belgium
12:20 - 12:50	Scientific session 12: ECCO Lecture Julián Panés, Barcelona, Spain Silvio Danese, Milan, Italy	
	12:20 - 12:50	Best individualised IBD care – optimising drugs, psychology, diet and microbes Michael Kamm, Melbourne, Australia
12:50 - 12:55	Awards and closing remarks Julián Panés, Barcelona, Spain	
12:55 - 13:00	The ECCO Film 2017	

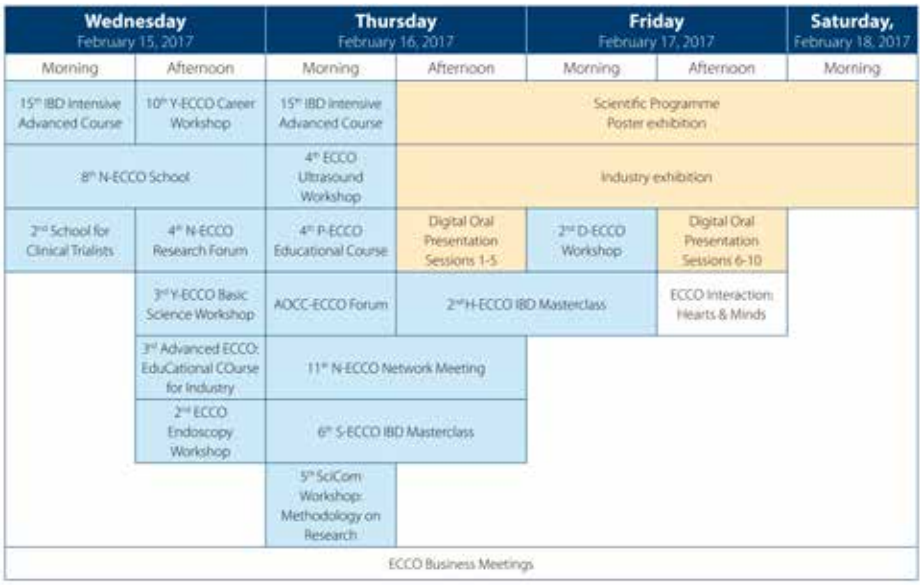
Educational Programme at ECCO'17

as of September 23, 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 below. 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!



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** Julián Panés, Barcelona, Spain Gerassimos Mantzaris, Athens, Greece	
08:10 - 08:30	**Pre-course test** Peter Irving, London, United Kingdom	
08:30 - 09:30	**Session 1: Pathogenesis** Lead discussant: James Lindsay, London, United Kingdom	
	08:30 - 08:50	**Exposome** Jonas Halfvarsson, Örebrö, Sweden
	08:50 - 09:10	**Genetics** Miles Parkes, Cambridge, United Kingdom
	09:10 - 09:30	**Inflammatory pathways** Yehuda Chowers, Haifa, Israel
09:30 - 09:50	Coffee break	
09:50 - 11:10	**Session 2: Drug management sessions** **Part I: Conventional drugs** Lead discussant: Pascal Juillerat, Bern, Switzerland	
	09:50 - 10:10	**5-ASA compounds** Gerhard Rogler, Zürich, Switzerland
	10:10 - 10:30	**Thiopurines** Peter Irving, London, United Kingdom
	10:30 - 10:50	**Methotrexate** Pascal Juillerat, Bern, Switzerland
	10:50 - 11:10	**Steroids** Stephan Vavricka, Zürich, Switzerland
11:10 - 12:00	**Session 2: Drug management sessions** **Part II: Biologics** Lead discussant: Peter Irving, London, United Kingdom	
	11:10 - 11:30	**Anti-TNF agents** Filip Baert, Roeselare, Belgium
	11:30 - 11:45	**Vedolizumab** James Lindsay, London, United Kingdom
	11:45 - 12:00	**Ustekinumab** Marc Ferrante, Leuven, Belgium
12:00 - 12:30	Lunch break	
12:30 - 14:00	**Session 3: Seminars** **Part I: Special clinical situations**	
	12:30 - 13:15	EITHER: **I.a. Managing IBD and pregnancy** Janneke van der Woude, Rotterdam, The Netherlands Iris Dotan, Tel Aviv, Israel OR: **I.b. Managing extraintestinal manifestations of IBD** Stephan Vavricka, Zürich, Switzerland Peter Lakatos, Budapest, Hungary
	13:15 - 14:00	EITHER: **I.a. Managing IBD and pregnancy** Janneke van der Woude, Rotterdam, The Netherlands Iris Dotan, Tel Aviv, Israel OR: **I.b. Managing extraintestinal manifestations of IBD** Stephan Vavricka, Zürich, Switzerland Peter Lakatos, Budapest, Hungary
14:00 - 14:15	Coffee break	
14:15 - 15:45	**Session 3: Seminars** **Part II: Long term management**	
	14:15 - 15:00	EITHER: **II.a. Managing complications associated with anti-TNF therapy** Shomron Ben-Horin, Ramat Gan, Israel OR: **II.b. Perform endoscopy and IBD incl. chromo-endoscopy, balloon dilatation** Pierre Michetti, Lausanne, Switzerland Marc Ferrante, Leuven, Belgium
	15:00 - 15:45	EITHER: **II.a. Managing complications associated with anti-TNF therapy** Shomron Ben-Horin, Ramat Gan, Israel OR: **II.b. Perform endoscopy and IBD incl. chromo-endoscopy, balloon dilatation** Pierre Michetti, Lausanne, Switzerland Marc Ferrante, Leuven, Belgium

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

08:00 - 10:00	**Session 4: Interactive case discussions** Lead discussant: Peter Irving, London, United Kingdom	
	08:00 - 08:50	**Case-based discussion: Fistulising Crohn's Disease: Medical and surgical approaches** Case presentation: Antonio López-Sanromán, Madrid, Spain Discussion: Paulo Kotze, Curitiba, Brasil
	08:50 - 09:00	Discussion
	09:00 - 09:50	**Case-based discussion: The patient with severe inflammatory Crohn's Disease** Case presentation: Pieter Hindryckx, Ghent, Belgium Discussion: Laurence Egan, Galway, Ireland
	09:50 - 10:50	Discussion
10:00 - 10:20	**Coffee break**	

10:20 - 12:15	**Session 5: Special cases scenarios** Lead discussant: Pascal Juillerat, Bern, Switzerland	
	10:20 - 10:40	**Pre- and postoperative management of Crohn's Disease** Glen Doherty, Dublin, Ireland
	10:40 - 11:25	**Case-based discussion: Investigation and management of mild/moderate Crohn's Disease** Case presentation: Timothy Raine, Cambridge, United Kingdom Discussion: Jane Andrews, Adelaide, Australia
	11:25 - 11:45	**Management of refractory pouchitis** Iris Dotan, Tel Aviv, Israel
	11:45 - 12:15	**Medical management of acute severe Ulcerative Colitis** Charlie Lees, Edinburgh, United Kingdom
12:15 - 12:30	**Feedback and closing remarks** Peter Irving, London, United Kingdom Pascal Juillerat, Bern, Switzerland	

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.

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

08:30 - 08:45	**Welcome and introduction** Usha Chauhan, Hamilton, Canada	
08:45 - 12:15	**Session 1: Diagnosis and assessment** Usha Chauhan, Hamilton, Canada Nicolette Wierdsma, Amsterdam, The Netherlands	
	08:45 - 09:30	**Diagnosis, anatomy and physiology in IBD** Marc Ferrante, Leuven, Belgium
	09:30 - 10:00	**Psychosocial implications of living with IBD** Kay Greveson, London, United Kingdom
	10:00 - 10:30	**Nutritional assessment in IBD** Konstantinos Gerasimidis, Glasgow, United Kingdom
10:30 - 10:45	**Coffee break**	
	10:45 - 11:15	**Surgery in IBD** Janindra Warusavitarne, London, United Kingdom
	11:15 - 11:45	**Medical treatment** Konstantinos Katsanos, Ioannina, Greece
	11:45 - 12:15	**Adherence** Palle Bager, Aarhus, Denmark
12:15 - 13:15	**Lunch break**	

13:15 - 14:50	**Session 2: Case studies – Disease management** Kay Greveson, London, United Kingdom Nicolette Wierdsma, Amsterdam, The Netherlands	
	13:15 - 14:05	**Workshop 1 – UC Management (Group A)** Andreas Sturm, Berlin, Germany **Workshop 2 – CD Management (Group B)** Pieter Hindryckx, Ghent, Belgium
	14:05 - 14:50	**Workshop 1 – UC Management (Group B)** Andreas Sturm, Berlin, Germany **Workshop 2 – CD Management (Group A)** Pieter Hindryckx, Ghent, Belgium
14:50 - 15:05	**Coffee break**	
15:05 - 16:05	**Session 3: Multidisciplinary management in IBD** Kay Greveson, London, United Kingdom Nicolette Wierdsma, Amsterdam, The Netherlands	
	15:05 - 15:35	**Nutritional management in IBD** Rotem Sigall-Boneh, Tel Aviv, Israel
	15:35 - 16:05	**Nursing roles in IBD management** Kathleen Sugrue, Cork, Ireland
16:05 - 16:15	**Closing remarks** Usha Chauhan, Hamilton, Canada	

Responsible Committee: N-ECCO
Target audience: IBD nurses – new to the specialty, Dietitians
Registration: upon invitation

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 Alessandro Armuzzi, Rome, Italy	
08:15 - 09:30	Session 1 Edyta Zagorowicz, Warsaw, Poland	
	08:15 - 09:00	Clinical trial design and sample size Timothy Raine, Cambridge, United Kingdom
	09:00 - 09:30	How to optimise recruitment to clinical trials in IBD Charlie Lees, Edinburgh, United Kingdom
09:30 - 10:00	Coffee break	
10:00 - 11:20	Session 2 Javier Gisbert, Madrid, Spain	
	10:00 - 10:30	Setting up and running large nationwide IBD trials Laurent Beaugerie, Paris, France
	10:30 - 11:00	Tips & tricks for the IBD clinical research team Liese Gijbels, Leuven, Belgium Karen Rans, Leuven, Belgium
	11:00 - 11:20	What does the future hold for IBD clinical trials? Silvio Danese, Milan, Italy
11:20 - 11:30	Summary & closing remarks John Mansfield, Newcastle upon Tyne, United Kingdom	

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

13:00 - 13:10	Welcome and introduction Palle Bager, Aarhus, Denmark	
13:10 - 14:00	Research methodology: Examples from current research	
	13:10 - 13:25	Systematic review Dawn Farrell, Cork, Ireland
	13:25 - 13:45	Development of a questionnaire Wladzia Czuber-Dochan, London, United Kingdom
	13:45 - 14:00	Measurement of conditions Randi Opheim, Oslo, Norway
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? Palle Bager, Aarhus, Denmark	

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 Julián Panés, Barcelona, Spain Gerassimos Mantzaris, Athens, Greece Pre-course test
13:15 - 14:15	Session 1: Assessment of endoscopic activity: Clinical trials and routine practice Chairs: Alessandro Armuzzi, Rome, Italy Konstantinos Katsanos, Ioannina, Greece Speaker: James Lindsay, London, United Kingdom
14:15 - 15:15	Session 2: Endoscopic Surveillance for IBD associated colorectal cancer Chairs: Antonio López-Sanromán, Madrid, Spain James Lindsay, London, United Kingdom Speaker: Vito Annese, Florence, Italy
15:15 - 15:45	Coffee break
15:45 - 16:45	Session 3: Endoscopic therapeutic intervention in IBD Chairs: Peter Irving, London, United Kingdom Marc Ferrante, Leuven, Belgium Speaker: Nik Ding, London, United Kingdom
16:45 - 17:45	Session 4: Small bowel endoscopy: Capsule vs. balloon enteroscopy Chairs: Peter Lakatos, Budapest, Hungary Edyta Zagorowicz, Warsaw, Poland Speaker: Shomron Ben-Horin, Ramat-Gan, Israel
17:45 - 18:00	Post-course test & concluding remarks Gerassimos Mantzaris, Athens, Greece

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 Julián Panés, Barcelona, Spain
14:05 - 14:55	Session 1: Preclinical models in IBD drug development Silvio Danese, Milan, Italy **Panel discussion:** Gerhard Rogler, Zürich, Switzerland Andy Whitney, Foster City, United States (Gilead) Philippe Clement-Lacroix, Romainville, France (Galapagos)
14:55 - 15:45	Session 2: Proof of concept studies Séverine Vermeire, Leuven, Belgium **Panel discussion:** Stefan Schreiber, Kiel, Germany Allan Olson, San Diego, United States (Celgene) Miguel Forte, Valbonne-Sophia Antipolis, France (TxCell)
15:45 - 16:15	Coffee break
16:15 - 17:05	Session 3: Learning for GI from other IMIDs Bruce Sands, New York, United States Gerd-Rüdiger Burmester, Berlin, Germany (EULAR) **Panel discussion:** Chris Gasink, Malvern, United States (Janssen) Wojciech Niezychowski, Collegeville, United States (Pfizer) Elmer Schabel, Bonn, Germany (EMA)
17:05 - 17:55	Session 4: Treatment, strategies, trials Peter Irving, London, United Kingdom **Panel discussion:** John Mansfield, Newcastle upon Tyne, United Kingdom Ana Lacerda, Chicago, United States (AbbVie) Rebecca Curtis, London, United Kingdom (Takeda)
17:55 - 18:00	Closing remarks Silvio Danese, Milan, Italy

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

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

12:30 - 12:35	Introduction Isabelle Cleynen, Leuven, Belgium	
12:35 - 13:50	Session 1: Genetics in IBD – moving beyond GWAS Miles Parkes, Cambridge, United Kingdom Dominik Bettenworth, Münster, Germany	
	12:35 - 13:05	Miles Parkes, Cambridge, United Kingdom
	13:05 - 13:20	Selected oral presentation 1
	13:20 - 13:35	Selected oral presentation 2
	13:35 - 13:50	Selected oral presentation 3
13:50 - 14:10	Meet the speakers break	
14:10 - 15:25	Session 2: Identifying novel targets in IBD using patient samples Gijs van den Brink, Amsterdam, The Netherlands Nik John Ding, London, United Kingdom	
	14:10 - 14:40	Gijs van den Brink, Amsterdam, The Netherlands
	14:40 - 14:55	Selected oral presentation 4
	14:55 - 15:10	Selected oral presentation 5
	15:10 - 15:25	Selected oral presentation 6
15:25 - 15:30	Closing remarks and basic science abstract awards Isabelle Cleynen, Leuven, Belgium	

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 Affiliate and IBD nurse Members) – incl. 21% Spanish VAT

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

16:00 - 16:10	Welcome and introduction Nuha Yassin, London, United Kingdom	
16:10 - 16:40	Session 1: Grant Writing – How to get started Isabelle Cleynen, Leuven, Belgium Dominik Bettenworth, Münster, Germany	
	16:10 - 16:25	Designing the ideal project Séverine Vermeire, Leuven, Belgium
	16:25 - 16:40	Grant Writing – Tips and Tricks Gerhard Rogler, Zürich, Switzerland
16:40 - 17:35	Session 2: Group Session – Designing a successful project Timothy Raine, Cambridge, United Kingdom Dominik Bettenworth, Münster, Germany Isabelle Cleynen, Leuven, Belgium Nuha Yassin, London, United Kingdom	
	16:40 - 17:00	Group session – Design project suitable for funding application
	17:00 - 17:35	Feedback on projects and announcement of winning project Séverine Vermeire, Leuven, Belgium Gerhard Rogler, Zürich, Switzerland Helen Terry, St. Albans, United Kingdom
17:35 - 18:00	Session 3: Grant Writing – Examples of successful projects Nik John Ding, London, United Kingdom	
	17:35 - 17:50	Examples of funded IBD projects by charities Helen Terry, St. Albans, United Kingdom
	17:50 - 18:00	Thank you and Prizes Nuha Yassin, London, United Kingdom Timothy Raine, Cambridge, United Kingdom
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/Affiliate Member
Registration fee: EUR 80.- (half price for Y-ECCO , IBD nurse and Affiliate Members) - incl. 21% Spanish VAT

6th S-ECCO IBD Masterclass in collaboration with ESCP – Difficult decision making in IBD
Thursday, February 16, 2017

08:00 - 08:10	Welcome Oded Zmora, Tel Aviv, Israel	
08:10 - 09:50	Session 1: Difficult decision making in Ulcerative Colitis Fabrizio Michelassi, New York, United States Yehuda Chowers, Haifa, Israel	
08:10 - 08:40	Debate 1: Timing of surgery in Acute Severe Colitis	
	08:10 - 08:20	Save the colon – Medical treatments Silvio Danese, Milan, Italy
	08:20 - 08:30	Save the patient – Early surgery Antonino Spinelli, Milan, Italy
	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 Yves Panis, Clichy, France
	08:50 - 09:00	Ileoanal pouch is universally best André D'Hoore, Leuven, Belgium
	09:00 - 09:10	Discussion
09:10 - 09:40	The technique	
	09:10 - 09:20	Top down pouch surgery Tom Øresland, Oslo, Norway
	09:20 - 09:30	Bottom up pouch surgery Janindra Warusavitarne, London, United Kingdom
	09:30 - 09:40	Discussion
09:40 - 09:50	Video: TAMIS total proctocolectomy and ileoanal pouch Anders Tøttrup, Aarhus, Denmark	
09:50 - 10:20	Coffee break	
10:20 - 12:00	Session 2: The art and science of IBD surgery André D'Hoore, Leuven, Belgium Oded Zmora, Tel Aviv, Israel	
	10:20 - 11:20	3 Free papers 3 Trial updates
	10:20 - 11:40	Imaging in the peri-operative management Yoram Bouhnik, Clichy, France
	11:40 - 12:00	Surgical techniques to reduce recurrence rates in Crohn's Disease Fabrizio Michelassi, New York, United States
12:00 - 13:00	Lunch break	
13:00 - 15:00	Session 3: Difficult decision making in Crohn's Disease Yves Panis, Clichy, France Janindra Warusavitarne, London, United Kingdom	
13:00 - 13:30	Debate 3: Post successful percutaneous drainage of abscess	
	13:00 - 13:10	Surgery for all Michel Adamina, Winterthur, Switzerland
	13:10 - 13:20	Still place for medical therapy Shomron Ben-Horin, Ramat Gan, Israel
	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 Peter Irving, London, United Kingdom
	13:40 - 13:50	Take the knife Paulo Kotze, Curitiba, Brazil
	13:50 - 14:00	Discussion
14:00 - 14:30	Debate 5: The ileocolonic anastomosis	
	14:00 - 14:10	Side to side: Isoperistaltic vs. antiperistaltic Gianluca Sampietro, Milan, Italy
	14:10 - 14:20	Hand-assist vs. single port Christianne Buskens, Amsterdam, The Netherlands
	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 Oded Zmora, Tel Aviv, Israel
	14:37 - 14:44	My technique Nuha Yassin, London, United Kingdom
	14:44 - 14:51	My technique Monica Millan, Barcelona, Spain
	14:51 - 15:00	Discussion
15:00 - 15:30	Coffee break	
15:30 - 15:55	Session 4: Cutting edge topics in IBD Antonino Spinelli, Milan, Italy Paulo Kotze, Curitiba, Brazil	
	15:30 - 15:40	Stem cells for surgeons Daan Hommes, Los Angeles, United States
	15:40 - 15:55	IBD surgery: Last resort or another option Willem Bemelman, Amsterdam, The Netherlands
15:55 - 16:55	Session 5: Decision making on the edge – Consultants' corner: Alessandro Armuzzi, Rome, Italy Fabrizio Michelassi, New York, United States Yves Panis, Clichy, France Krisztina Gecse, Budapest, Hungary	
	15:55 - 16:15	Perianal fistula Hagit Tulchinsky, Tel Aviv, Israel
	16:15 - 16:35	Crohn's pancolitis Christoph Isbert, Würzburg, Germany
	16:35 - 16:55	Acute Colitis Giuseppe Sica, Rome, Italy
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

4th ECCO Ultrasound Workshop
Thursday, February 16, 2017

07:30 - 07:45	Welcome and introduction Speaker (tba)	
07:45 - 10:15	Session 1 Speaker (tba)	
	07:45 - 08:00	Lecture: Ultrasound findings in Crohn's Disease and Ulcerative Colitis: Active vs. chronic Speaker (tba)
	08:00 - 09:00	Part 1: Interactive video presentation of ultrasound cases of IBD: Active or chronic? Speaker (tba)
	09:00 - 09:15	Lecture: Mural and extramural complications of Crohn's Disease Speaker (tba)
	09:15 - 10:15	Part 2: Interactive video presentation of ultrasound cases of IBD: Mural and extramural complications of Crohn's Disease Speaker (tba)
10:15 - 10:30	Coffee break	
10:30 - 12:00	Session 2 Speaker (tba)	
	10:30 - 10:45	Lecture: Role of bowel ultrasound in the postoperative Crohn's patient Speaker (tba)
	10:45 - 11:00	Lecture: The role of contrast enhanced ultrasound and sonoelastography in IBD Speaker (tba)
	11:00 - 12:00	Part 3: Interactive video presentation of ultrasound cases of IBD: Postoperative Crohn's patient Speaker (tba)
12:00 - 12:25	Post-course test	
12:25 - 12:30	Final remarks Speaker (tba)	

Responsible Committee: EduCom in collaboration with ESGAR
Target audience: Physicians with routine experience in intestinal ultrasound (IUS) and participants of the intestinal ultrasound training programme
Registration: Online registration

ECCO Membership 2017 required: Regular/Y-ECCO Membership or ESGAR Membership
Registration fee: EUR 80.- (half price for Y-ECCO Members) - incl. 21% Spanish VAT

2nd ECCO-AOCC Forum: Learning from the Masters
Thursday, February 16, 2017

09:00 - 10:15	Session 1 Julián Panés, Barcelona, Spain Mamoru Watanabe, Tokyo, Japan	
	09:00 - 09:15	Welcome and introduction Julián Panés, Barcelona, Spain
	09:15 - 09:45	Topic: Surveillance colonoscopy for CRC in IBD Speaker (tba)
	09:45 - 10:15	Endoscopic and imaging features of CD, intestinal TB, and Bechet disease: Is instantaneous diagnosis feasible? Speaker (tba)
10:15 - 10:45	Coffee break	
10:45 - 12:00	Session 2 Marc Ferrante, Leuven, Belgium Jiaming Qian, Beijing, China	
	10:45 - 11:25	Topic: Magnetic Resonance, Balloon Enteroscopy or Capsule endoscopy for Examination of the small bowel in Crohn's disease – Tandem Talk Jeong-Sik Byeon, Seoul, Korea Rami Eliakim, Tel Aviv, Israel
	11:25 - 11:55	Topic: Endoscopic balloon dilatation for stricturing CD Martin Götz, Tübingen, Germany
	11:55 - 12:00	Closing remarks Suk-Kyun Yang, Seoul, Korea

Responsible Committee: ECCO Governing Board
Target audience: Physicians, Surgeons
Registration: Online registration
ECCO Membership 2017 required: Regular/Y-ECCO Member; AOCC Member

Registration fee: EUR 15.- incl. 21% Spanish VAT
Note: The number of participants is limited. Registration will be on a first come, first served basis.

5th SciCom Workshop: Methodology on Research
Thursday, February 16, 2017

09:00 - 10:20	Session 1 Charlie Lees, Edinburgh, United Kingdom Florian Rieder, Cleveland, United States	
	09:00 - 09:05	Welcome and introduction Charlie Lees, Edinburgh, United Kingdom
	09:05 - 09:30	How to set-up a successful translational IBD unit – Providing the frame for future discovery Britta Siegmund, Berlin, Germany
	09:30 - 09:55	Studying the microbiota – Bacteria and beyond Dirk Haller, Freising, Germany
	09:55 - 10:20	Omics analysis – Can we see the forest for the trees Jeff Barrett, Cambridge, United Kingdom
10:15 - 10:45	Coffee break	
10:45 - 12:00	Session 2 Britta Siegmund, Berlin, Germany Gijs van den Brink, Amsterdam, The Netherlands	
	10:40 - 11:05	Transgenic animal models in IBD – Tricks you cannot read in the manuscripts Arthur Kaser, Cambridge, United Kingdom
	11:05 - 11:30	Recreating the intestine ex vivo – Where are we on the way to the artificial gut Gijs van den Brink, Amsterdam, The Netherlands
	11:30 - 11:55	Studying drug response – Translation of system biology to systems medicine Stefan Schreiber, Kiel, Germany
	11:55 - 12:00	Closing remarks Florian Rieder, Cleveland, United States

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
Thursday, February 16, 2017

09:00 - 09:15	Welcome and introduction Karen Kemp, Manchester, United Kingdom	
09:15 - 10:30	Session 1: Quality care in IBD Kay Greveson, London, United Kingdom Marta Gallego Barrero, Barcelona, Spain	
	09:15 - 09:45	Quality indicators in IBD Marian O'Connor, London, United Kingdom
	09:45 - 10:00	Remote monitoring in IBD Kathleen Sugrue, Cork, Ireland
	10:00 - 10:30	Patient Reported Outcomes (PRO'S) Karen Kemp, Manchester, United Kingdom
10:30 - 11:00	Coffee break	
11:00 - 12:30	Session 2: Special considerations in IBD Usha Chauhan, Hamilton, Canada Francisca Murciano Gonzalo, Barcelona, Spain	
	11:00 - 11:30	Fertility and pregnancy in IBD Janneke van der Woude, Rotterdam, The Netherlands
	11:30 - 12:00	Travel vaccines in IBD Kay Greveson, London, United Kingdom
	12:00 - 12:30	Low Fodmap in IBD Kevin Whelan, London, United Kingdom
12:30 - 14:00	Lunch break (Self Guided Poster Round)	
12:45 - 13:45	Industry sponsored satellite symposium	
14:00 - 14:45	Session 3: Abstracts Karen Kemp, Manchester, United Kingdom Palle Bager, Aarhus, Denmark	
	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 Kathleen Sugrue, Cork, Ireland Ester Navarro Correal, Barcelona, Spain	
	15:15 - 15:45	Therapeutic algorithms for IBD management Axel Dignass, Frankfurt, Germany
	15:45 - 16:30	Mono vs. combo therapy Laurent Peyrin-Biroulet, Vandoeuvre-Lès-Nancy, France Charlie Lees, Edinburgh, United Kingdom
16:30 - 17:00	Closing remarks, N-ECCO in 2017 and beyond Karen Kemp, Manchester, United Kingdom	

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

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

4th P-ECCO Educational Course 2017 – Clinical challenges in paediatric IBD
Thursday, February 16, 2017

10:00 - 12:00	Clinical challenges in paediatric IBD Salvatore Cucchiara, Rome, Italy Dan Turner, Jerusalem, Israel	
	10:00 - 10:05	Welcome and introduction Dan Turner, Jerusalem, Israel
	10:05 - 10:25	Treat to target in paediatric IBD – Same as in adults? Patrick van Rheenen, Groningen, The Netherlands
	10:25 -10:50	Cannabis in adolescents – Any role? Richard Russell, Glasgow, United Kingdom
	10:50 - 11:15	Bone health in IBD – Does it concern paediatricians? Dan Turner, Jerusalem, Israel
	11:15 - 11:40	New treatments targeting the microbiota (FMT, antibiotics) – A case-based discussion Jarosław Kierkuś, Warsaw, Poland
	11:40 - 12:00	Vedolizumab in children and other biologics after TNF – What can we extrapulate? A case-based discussion Hankje Escher, Rotterdam, The Netherlands

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 Affiliate and IBD nurse Members) - incl. 21% Spanish VAT

2nd H-ECCO IBD Masterclass
Thursday, February 16, 2017

13:30 - 13:35	Welcome and introduction Roger Feakins, London, United Kingdom	
13:35 - 15:00	Session 1: Diagnosis Magali Svrcek, Paris, France James Lindsay, London, United Kingdom	
	13:35 - 13:50	What clinicians expect from pathologists James Lindsay, London, United Kingdom
	13:50 - 14:00	What pathologists expect from clinicians Paula Borralho, Lisbon, Portugal
	14:00 - 14:15	IBD – endoscopic features Gionata Fiorino, Rozzano, Italy
	14:15 - 14:35	IBD in biopsies Roger Feakins, London, United Kingdom
	14:35 - 15:00	Pathology of IBD in resections Cord Langner, Graz, Austria
15:00 - 15:30	Coffee break	
15:30 - 17:10	Session 2: Mimics of IBD Paula Borralho, Lisbon, Portugal Cord Langner, Graz, Austria	
	15:30 - 15:45	Clinical mimics of IBD Laurent Beaugerie, Paris, France
	15:45 - 16:05	Relationships between diverticulosis and IBD Vincenzo Villanacci, Brescia, Italy
	16:05 - 16:25	Microscopic colitis and IBD Cord Langner, Graz, Austria
	16:25 - 16:45	Infection, drugs, and other pathological mimics of IBD Roger Feakins, London, United Kingdom
	16:45 - 17:10	Dysplasia (with interactive cases) Magali Svrcek, Paris, France Vincenzo Villanacci, Brescia, Italy

Friday, February 17, 2017

08:00 - 09:40	Session 3: Recent advances Vincenzo Villanacci, Brescia, Italy Fernando Magro, Porto, Portugal	
	08:00 - 08:25	Pathologists' role in clinical trials (Tandem talk) Fernando Magro, Porto, Portugal Paula Borralho, Lisbon, Portugal
	08:25 - 08:55	Hot topics Magali Svrcek, Paris, France
	08:55 - 09:10	Pathogenesis of fibrosis and fistulas in IBD Roger Feakins, London, United Kingdom
	09:10 - 09:40	Prognostic factors for IBD – clinical and pathological (Tandem talk) Paula Borralho, Lisbon, Portugal Laurent Peyrin-Biroulet, Vandoeuvre-lès-Nancy, France
09:40 - 10:10	Coffee break	
10:10 - 11:35	Session 4: Outside the colon Roger Feakins, London, United Kingdom Peter Irving, London, United Kingdom	
	10:10 - 10:30	Extraintestinal manifestations of IBD Peter Irving, London, United Kingdom
	10:30 - 10:50	Upper GI pathology in IBD Paula Borralho, Lisbon, Portugal
	10:50 - 11:10	Ileal pathology in IBD and related disease Vincenzo Villanacci, Brescia, Italy
	11:10 - 11:25	Pathology of IBD in primary sclerosing cholangitis Magali Svrcek, Paris, France
	11:25 - 11:35	The ideal IBD pathology report Roger Feakins, London, United Kingdom
11:35 - 11:40	Closing remarks Roger Feakins, London, United Kingdom	

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 Affiliate and IBD nurse Members) - incl. 21% Spanish VAT

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

08:30 - 08:35	Welcome Rotem Sigall-Boneh, Tel Aviv, Israel	
08:35 - 09:40	Session 1: Nutritional science in IBD Rotem Sigall-Boneh, Tel Aviv, Israel Nicolette Wierdsma, Amsterdam, The Netherlands	
	08:35 - 08:55	Biology of SCFA Konstantinos Gerasimidis, Glasgow, United Kingdom
	08:55 - 09:15	Food additives – A role in IBD? Arie Levine, Tel Aviv, Israel
	09:15 - 09:35	Diet and microbiome Jeroen Raes, Ghent, Belgium
	09:35 - 09:40	Q&A
09:40 - 10:00	Coffee break	
10:00 - 11:05	Session 2: Clinical nutrition in IBD Kevin Whelan, London, United Kingdom Arie Levine, Tel Aviv, Israel	
	10:00 - 10:20	The role of diet in pre- and post-surgical management Miranda Lomer, London, United Kingdom
	10:20 - 10:40	Enteral nutrition in adults: Has anything changed? Walter Reinisch, Vienna, Austria
	10:40 - 11:00	Case presentation – Dietitian's view Nicolette Wierdsma, Amsterdam, The Netherlands
	11:00 - 11:05	Q&A
11:05 - 11:20	Coffee break	
11:20 - 12:25	Session 3: Diet and nutritional aspects of IBD Miranda Lomer, London, United Kingdom Konstantinos Gerasimidis, Glasgow, United Kingdom	
	11:20 - 11:40	Calcium, Vitamin K2 and Vitamin D Tibor Hlavaty, Bratislava, Slovakia
	11:40 - 12:00	Role of dietitian in IBD teams across Europe Rotem Sigall-Boneh, Tel Aviv, Israel
	12:00 - 12:20	Food related quality of life and the patient's perspective on diet Kevin Whelan, London, United Kingdom
	12:20 - 12:25	Q&A
12:25 - 12:30	Closing remarks Konstantinos Gerasimidis, Glasgow, United Kingdom	

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

Interview with the new President-Elect

Silvio Danese © Silvio Danese

Silvio Danese

Position: President-Elect, 2016–2018
Nationality: Italian
Date of birth: January 10, 1975
Past ECCO Positions: SciCom Member, Secretary

What was your motivation for taking up the position of President-Elect?

Right from the beginning of my GI fellowship I was very intrigued by IBD, and I soon started to commit to this field with the intention of helping patients struggling with these diseases. In my professional life there are three major activities: Clinical practice, research and education (as an academic gastroenterologist). This fits exactly with the three major goals of ECCO. This is why, for me, applying for the ECCO Presidency means once again making a large commitment to the field of IBD.

As a future ECCO President, what are your visions for ECCO in the short and long term and what are the next steps in the evolution of ECCO?

It is true that in recent years ECCO has evolved a lot. It was initially a sort of club of friends, and I still remember when I started as a Y-ECCO Member, with new friends like Séverine, Simon, Daan and many others. That spirit of friendship has been contagious. As a result, ECCO has become THE global IBD society and now has 3,215 members. One of my main goals during my terms of office is to foster further enlargement of ECCO on a global scale, with greater involvement of our colleagues in the United States and Asia through more pro-active interactions with various ECCO Initiatives. Though already in place, these mechanisms should be boosted much more, and this would tremendously advance the field of IBD, particularly in terms of research activities. As a member of IOIBD and having done most of my training in the United States, I firmly believe in international cooperation, as collaboration rather than competition is obviously the key to progress within the IBD field, the promotion of which is our ultimate duty as ECCO Members.

What concrete actions/activities will you carry out in order to achieve the main objectives during your terms of office?

I truly believe that an even greater focus on young members should be considered, as Y-ECCO is the future of ECCO. Active involvement of Y-ECCO is already a reality, but I am convinced that young members should be even more actively involved in all the scientific activities. After all, investing in Y-ECCO is truly investing in the future of ECCO and I will make more efforts to further integrate Y-ECCO into the ECCO Activities. During my terms of office I will try to engage Y-ECCO Members in clinical practice, research and education:

Clinical practice

The aim is to develop pathways of care across Europe despite the economic challenges. Guidelines have been and will remain instrumental. But we need to move to the next level, developing both tools able to measure quality of care and pathways of care that overcome the fragmentation that may occur from GP to tertiary referral centre. To achieve these goals, more cooperation between EFCCA and ECCO is needed.

Research

This is a strategic topic. ECCO until now has facilitated "non-sponsored, academic" clinical studies and supported research with grants. However, it is obvious that much more can be done with respect to fund raising campaigns, lobbying at EU level, working more closely with patients and donors as well as with our sister societies. In addition, our long-term relations with EMA foster exchange of knowhow and aim at faster development processes of new drugs. We need more awareness for IBD and this would lead to more resources.

Education

Here I would make two simple points: (1) we must ensure the spreading of educational activities in multiple countries, particularly where fewer resources are available; (2) e-Learning needs to be further implemented and educational activities should be expanded to all those areas that are of strategic significance for multidisciplinarity of IBD care.

What are the things that, in your opinion, make ECCO special/distinguish it from other associations?

Even though we now have well over 3,200 members, the element of friendship is still contagious and the ECCO Spirit of collaboration in the IBD field is very strong among all members.

Who was the person who most influenced you in your career, and how?

Claudio Fiocchi, my mentor. He taught me that while young fellows need guidance, they must also be allowed the freedom to make mistakes and to learn from those mistakes in order to grow stronger!

In the lab it happens all the time. During my postdoc I had a lot of fun because Claudio felt able to allow me to take forward my enthusiasm for research without limitations.

What, in your eyes, have been your biggest professional achievements thus far?

Recognising the vascular involvement in intestinal inflammation, and how its blockade in multiple ways can be beneficial for IBD therapy. Today we have the first drug that blocks leukocyte-endothelial interactions and many others will arrive soon.

What are your strongest points, and what is your weakest?

I am stubborn and emotional. Those qualities can be strengths and weaknesses, depending on the timing!

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

I was in love with literature, so perhaps that is the reason I keep writing… albeit in medicine.

What do you do for recreation and fun and what is your favourite dish?

I love eating…that is why I also run, trying to burn off a few calories. I try to spend as much time as I can with my three little kids (two twin girls, who are 6 years old, and one boy, aged 5 years) and am always running behind them! My favourite dish is pizza….what else, being Italian?!

PIETER HINDRYCKX
ECCO News Associate Editor

I-CARE Study *- Ibd CAncer and seRious infections in Europe*

Congratulations from the I-CARE team! Over 1,700 patients have been included in 14 countries in I-CARE!

I-CARE Map © I-CARE

As you know, the I-CARE European prospective study, endorsed by ECCO, will evaluate for the first time the effectiveness and safety of biologics (anti-TNF and vedolizumab) alone or in combination therapy in a large cohort of IBD patients. After CESAME with thiopurines, I-CARE will provide unique information on biologics currently used in our clinical practice.

It takes only 15 minutes to include a patient in the I-CARE cohort study and then you will only need to check the data entered by your patient on a yearly basis – that's all!

We have very good news: 84% of the patients have confirmed their participation! However, the number of active investigators in I-CARE is still too low (128, which equates to just 21% of registered investigators)! As a reminder, we need 800 investigators to reach our objective (22 patients per investigator for a final number of 17,600 patients)

© I-CARE

WE ARE COUNTING ON YOU!

Please contact your National Coordinator or the I-CARE team (***icare@getaid.org)*** if you wish to be part of this great adventure or have any questions.

All the best,

THE I-CARE TEAM

L. Peyrin-Biroulet (President of I-CARE), L. Beaugerie (Head of SciCom & Head of Cancer Committee), F. Baert (General Secretary), J.F. Rahier (Head of Infection Committee) M.J. Bertin (Project Director), P. Rabiéga (Project Manager), L. Jerber (French Study Coordinator)

ECCO Fellowship Study Synopses

Oral nutritional supplement therapy improves bone structure and body composition in Paediatric Crohn's Disease: a controlled trial

Aim of research

Growth failure is a frequent and serious complication of Paediatric Inflammatory Bowel Disease (PIBD). Muscle mass, bone density and geometry are adversely affected in PIBD. Growth does not normalise during therapy (with either exclusive enteral nutrition or biologicals). In a previous study we showed that 8 weeks of exclusive enteral nutrition therapy improves muscle mass and bone health towards normal within 3 months, but that it deteriorates after discontinuation of the treatment. Few data are available on the effects of an oral nutritional supplement (ONS) in children with Crohn's Disease (CD) on the different outcome parameters, and no study has been published with respect to bone quality. We hypothesise that a supplementary enteral nutrition providing 25% of daily energy and nutrient needs, in addition to maintenance drug treatment, will improve growth, muscle mass and bone health, compared to a control group without ONS. With this controlled trial we aim to investigate the short- and long-term efficacy of ONS on height development, muscle mass, bone metabolism, bone structure, body composition, metabolomics, intestinal microbiota and clinical course of Paediatric CD (PCD). If the benefits of ONS can be proven, it could potentially become a long-term treatment option for PCD patients, justifying the costs.

Methodology and proposed timing

Participants have been recruited since April 2016 and they return for follow-up visits at 3-month intervals up to one year. Each visit includes anthropometric measurement, physical examination with grip strength assessment, questionnaire administration, blood collection for inflammatory markers, targeted metabolomic profile and bone parameters, and stool and urine sample collection. Peripheral quantitative computed tomography is used at the non-dominant forearm to evaluate bone and muscle parameters. Body composition is calculated precisely by air displacement plethysmography. The metabolomic and microbiota profile will be assessed and analysed after study completion (planned for August 2017).

Klara Frivolt © G Frivolt

KLARA FRIVOLT

ECCO-Nestlé Health Science Nutrition Fellow 2016

The interleukin-1 pathway as a putative new target in pediatric inflammatory bowel disease

Inflammatory Bowel Disease (IBD) is driven by uncontrolled T-cell responses. The disease cannot be cured and, despite the current treatments, 40%–50% of patients suffer from frequent relapses or continuous inflammation. Currently, there is a great need to identify biomarkers for classification of IBD patients that will predict therapy responsiveness. Given the fact that the current immunosuppressive strategy fails in a subgroup of patients, we need to identify biomarkers that differentiate responders from non-responders and to define novel targets for immunosuppressive therapy. Our preliminary studies revealed that the production of the pro-inflammatory cytokine IL-1β by antigen-presenting cells (APC) is enhanced in a subgroup of IBD patients. Based on these findings, we hypothesise that IL-1β drives inflammation in a subgroup of IBD patients and may be a novel target for more effective treatment. The aim of this project is to determine the role of IL-1β in promoting inflammatory T-cell responses and intestinal inflammation in paediatric IBD patients.

Together with Warren Leonard (Chief, Laboratory of Molecular Immunology and Director, Immunology Center, National Institutes of Health, Bethesda, USA), who is one of the leading investigators in the molecular regulation of cytokine signalling, we will identify the molecular signature of APC from paediatric IBD patients with dominant IL-1β expression using high-throughput RNA sequencing. This will yield novel biomarkers that will subsequently be used, in the second half of the project, to assess the effectiveness of existing IL-1 blocking agents and new therapeutics in inhibiting APC-driven T cell-mediated immunity using an in vitro assay. Besides delivering major advances in understanding the T cell-driven immunopathology in IBD, knowing the mechanism by which IL-1 stimulates inflammatory T cells will yield parameters to classify IBD patients. This knowledge on the IL-1 pathway will allow us to identify patients who will benefit from anti-IL-1 therapy.

Sharon Veenbergen © Veenbergen

SHARON VEENBERGEN
ECCO-Nestlé Health Science Nutrition Fellow 2016

Post-genomic application in general, and the establishment of computational approaches relevant to traslational medicine

Aim of the research project

There is a great need to improve IBD diagnosis and treatment, and finally establish novel criteria for tailor-made therapy in individual patients. Genetic discoveries have had a remarkable impact on our understanding of IBD pathogenesis, though their translation to boost the development of novel therapeutic strategies has been limited. A promising way to exploit this knowledge is the identification of alternative indications for already approved drugs (drug repositioning). It has been shown that predisposing variants at IBD risk loci primarily exert their functional effects through alteration of gene expression (eQTLs). Therapeutic effects may be obtained through attempts to restore physiological expression of risk IBD genes in directions opposite to those induced by the risk variants. The aims of this research are to develop an in silico pipeline using computational methods for drug repositioning in IBD and to establish personalised treatment predictors integrating GWAS/eQTL data and drug-induced gene expression signatures from the LINCS database.

Methodology

eQTL IBD risk variants will be compiled into a catalogue of genotype-driven risk expression signatures. Based on the available genotype data, we will then assign specific signatures to individual patients (n=200) for tailored computational drug screening. Patients' signatures will be matched against the LINCS drug-induced gene expression database (***www.lincsproject.org***) in order to obtain, for each patient, a list of top-scoring drugs predicted to counteract specific risk eQTL profiles. These anti-correlated drugs represent putative new therapeutic candidates (repositioning). As a downstream proof of principle, we aim to perform correlation analyses connecting predicted personalised treatment profiles (individually repurposed top-scoring drugs) to relevant patients' clinical phenotypes (location, activity, response to therapy and need for surgery). The aim is to verify whether IBD patients cluster into discernable groups according to their computationally predicted treatment modalities.

Ferdinando Bonfiglio © Bonfiglio

FERDINANDO BONFIGLIO
ECCO Fellow 2016

Hypoxia, autophagy and inflammasome

Inflammatory Bowel Disease (IBD) is a chronic intestinal pathology caused by various complex interactions between the environment, genetics and gut microbiota. Despite all the research that has been conducted to date, its aetiology is still not well understood. In recent years, a huge number of genetic studies have strongly pointed to a defective autophagy in these patients due to the presence of several genetic alterations in autophagy-related genes, such as ATG16L1, NOD2 and IRGM. Furthermore, it has recently been reported that this process is defective in these patients. On the other hand, another important feature of this pathology is the presence of hypoxia, which is increased in chronic inflammation, inducing both autophagy and inflammasome activation. Despite recent extensive efforts, the molecular mechanisms underlying the crosstalk of these processes remain poorly understood. Mounting evidence suggests that the imbalance in the mutual regulation of autophagy and NLRP3 inflammasome activation under hypoxia plays a role in the development of IBD, and that signalling molecules involved in this balance could represent novel therapeutic targets for the treatment of IBD.

In this project, we will study the effects of hypoxia in DSS-treated wild-type, Nlrp3-/-, IL10-/- and double-knockout IL10-/-Nlrp3-/- mice. Additionally, we will culture lipopolysaccharide-treated human intestinal epithelial cells (HT29 and Caco-2 cells) and monocytes (THP1 cells) under normoxia or hypoxia in order to characterise the molecular mechanisms of hypoxia-associated autophagy and inflammasome activation under conditions of intestinal inflammation. Clarification of the molecular mechanisms governing the mutual regulation of autophagy and inflammasome in the hypoxic environment of the inflamed mucosa will improve knowledge of the pathogenesis of IBD and may provide novel therapeutic targets for its treatment.

JESUS COSIN
ECCO Fellow 2016

The ClinCom School for Clinical Trialists

Following the success of the 1st School for Clinical Trialists at the 11th Congress of ECCO, held in Amsterdam in March 2016, ECCO will run a further workshop in 2017

This session at the annual ECCO Congress aims to help delegates understand the different types of clinical trial, to share ideas on how to optimise recruitment and examples of best practice and to consider what the future holds for IBD clinical trials. Delegates include clinicians, research fellows, trial co-ordinators, IBD nurses and research nurses.

The initial talk on different trial designs and terminology will review the difference between efficacy and effectiveness and address how the statistical question and the design of the trial dictate the size of the clinical trial required. Looking to the future, new types of trial design may be useful, with cluster randomisation and more adapted designs.

All trials eventually sink or swim by the success of their recruitment. The workshop will include helpful tips on how to optimise recruitment, such as developing a research culture amongst the whole team, including patients, and only taking on trials that match the patient population available. Recent surveys have confirmed that IBD patients are enthusiastic supporters of research. Delegates thinking of setting up national or international trials would be well advised to look at the clinical trials toolkit website ***www.ct-toolkit.ac.uk/routemap***. This is a comprehensive webtool to assist with trial set up.

1st School for Clinical Trialists, ECCO Congress, Amsterdam 2016© ECCO

Members of the hugely successful research team from Leuven will share some of the practical tips and tricks that help trials start up smoothly and minimise screen failures whilst boosting participation. In summary, being well prepared at each step of the process and having the time and energy to see the trials through to a successful conclusion are the key messages.

In future, IBD clinical trials will move towards having more co-primary end points, central reading of endoscopy, histology and MRI scans, and tight control of disease and damage assessment. Drug trials are increasingly being designed as head-to-head studies and incorporating biomarker and therapeutic drug monitoring.

ClinCom is proud to present the ECCO 2017 School for Clinical Trialists to equip delegates with valuable information, ideas and skills to help deliver clinical trials in IBD.

The programme of the 2nd School for Clinical Trialists is available in the Congress section of this issue of ECCO News, on page 8.

JOHN MANSFIELD
ClinCom Member

The 45th ECCO Educational Workshop

A report from the 45th ECCO Educational Workshop in Siófok, Hungary – June 3, 2016

The workshop was held in the popular holiday destination of Siófok on the southern coast of Lake Balaton in Hungary, where there are several excellent hotels. The 45th ECCO Educational Workshop was organised by the ECCO National Representative for Hungary, Tamas Molnar, from the University of Szeged, in collaboration with the chief of the local organising committee, Ferenc Szalay.

More than 80 delegates, mostly from Hungary, attended the workshop, including both young, talented future gastroenterologists and more experienced colleagues. **Abraham Eliakim** and **Janindra Warusavitarne** were the expert faculty from ECCO. Thanks to the representation of different professions – gastroenterology and surgery dedicated to IBD – all points of view concerning the selected hot topics were discussed.

After **Tamas Molnar**, head of the local organising committee and host for the workshop, had welcomed the delegates, Janindra Warusavitarne from London, on behalf of ECCO, gave a presentation on ECCO's history and the organisation of the ECCO Committees, ECCO Guidelines and ECCO Consensuses. He also described the success of ECCO EduCom over the past decade in arranging workshops throughout Europe and also intercontinentally in order to foster the implementation of ECCO Guidelines by gastroenterologists worldwide.

During the workshop day a total of seven cases were presented and discussed, as follows:

Case 1: Optimising therapy – Abraham Eliakim, Tel Aviv, Israel

Case 2: Acute Severe Colitis – Zoltan Szepes, Szeged, Hungary

Case 3: Pouchitis – Janindra Warusavitarne, London, UK

Case 4: How to deal with side effects – Pal Miheller, Budapest, Hungary

Case 5: IBD and cancer/comorbidity – Janindra Warusavitarne, London, UK

Case 6: Stopping drugs, exit strategy – Klaudia Farkas, Szeged, Hungary

Case 7: Pregnancy and IBD – Tamas Molnar, Szeged, Hungary

The atmosphere was very interactive between the faculty and the delegates during the workshop, with many discussions, critical comments and constructive answers.

Finally, Abraham Eliakim gave an excellent State of the Art Lecture about the importance of mucosal healing, before Tamas Molnar closed the meeting. After a short break all the ECCO Workshop delegates moved on to the National Gastroenterological Congress, held at the same venue at the Hotel Azúr.

We hope to be able to welcome you all back to Siófok in the future – at any time, and whether for business or pleasure.

Our thanks are due to the secretaries, **Phillip** and **Flavia**, and ECCO EduCom for their effective organisation before and during the workshop!

TAMÁS MOLNÁR
ECCO National Representative, Hungary

15th IBD Intensive Advanced Course

The next IBD Intensive Advanced Course will take place over 1.5 days on Wednesday, February 15, 2017 and Thursday, February 16, 2017 before the start of the main ECCO Congress

This highly popular course is now in its 15th year and, based on the success of previous courses, will follow a similar format covering the core curriculum by means of a variety of teaching methods including lectures, interactive case discussions and seminars.

Active participation of attendees in the discussions is integral to the success of the course and this aspect is facilitated by the relaxed and friendly atmosphere in which attendees from Europe and the rest of the world are encouraged to interact.

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

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

- A **new concept** of **deep review of IBD drug management** focussing on mechanisms of action, optimisation (personalised medicine) and practical aspects of the use of the medication.
- **Seminar sessions** in **smaller groups** covering topics including: management of extra-intestinal manifestations and pregnancy in IBD, complications associated with anti-TNF use and endoscopy in IBD.
- A greater emphasis on **case-based discussions** and **interactive sessions** rather than didactic lectures, with several interesting new cases (e.g. refractory pouchitis).

We are looking forward to seeing young keen gastroenterologists at the 15th IBD Intensive Advanced Course in Barcelona in 2017!

PASCAL JUILLERAT AND PETER IRVING
EduCom Members and ECCO IBD Intensive Advanced Course Directors

ECCO Ultrasound and Endoscopy Workshops at ECCO 2017:

Advancements and Use in Clinical Practice

Diagnostic imaging and endoscopy represent the main procedures for the detection and appropriate management of patients with IBD. In expert hands, their usage ranges from early diagnosis and detection of complications to the prediction and assessment of therapeutic response. Intestinal ultrasound has taken hold in a number of countries, where it is performed by gastroenterologists as a practical and patient-friendly diagnostic tool that allows rapid clinical decision making, improved management of patients with suspected IBD, effective monitoring of disease activity and assessment of complications. Endoscopy has resulted in great progress in diagnosis and therapy and, in the hands of gastroenterologists, continues to occupy a central position in the clinical management of IBD patients. In February 2017, ECCO will offer two Educational Workshops devoted to the features and advancements of bowel ultrasonography and of diagnostic and therapeutic endoscopy, placing their use within the clinical context as reflected by real cases.

In spite of the great success and high acceptance among gastroenterologists that have been achieved by the ECCO Workshop on bowel ultrasonography since it was first held in Copenhagen in 2014, we felt that it was time for a change. We shall be moving on from the practical hands-on experience of the previous editions, where we introduced bowel ultrasound to IBD specialists with little or no experience in the technique. Now the focus will be on the role of bowel ultrasound in the management of IBD patients in real life, highlighting its performance and recent advancements. On this occasion, after introductory lectures there will be interactive video case presentations on the role of ultrasound in patients with active and quiescent Crohn's Disease and Ulcerative Colitis, mural and extramural complications of IBD and postoperative Crohn's Disease as well as on the advancements in ultrasound as applied to IBD, such as contrast enhancement and sonoelastography. This workshop is targeted at physicians with routine experience in intestinal ultrasound but also at IBD specialists interested in the potential of this fascinating technique. With respect to the development of education on ultrasound, ECCO would particularly like to acknowledge the valued cooperation with the European Society of Gastrointestinal and Abdominal Radiology (ESGAR) and the European Federation of Societies of Ultrasound in Medicine and Biology (EFSUMB).

Next year ECCO will once again offer the ECCO Workshop on endoscopy for IBD specialists, aimed primarily at those who already have some experience in the technique. Given the great success of the previous edition, the same formula will be adopted: four sessions covering endoscopic activity, surveillance, small bowel endoscopy and operative endoscopy. After an introductory talk by experts in each field, real cases on workstations will be discussed, translating the updated theoretical knowledge into real practice. At the end of the course, participants should: be able to write a report; be able to discriminate and describe the endoscopic activity in IBD and to use endoscopic indexes; know the salient technical aspects of and the indications for chromoendoscopy; understand the indications for videocapsule endoscopy and double balloon enteroscopy when assessing the small bowel and be able to interpret the acquired images; and know the indications, relevant technical aspects and potential complications of operative endoscopy in IBD when used for such procedures as balloon dilatation, polypectomy, mucosectomy, and management of dysplastic lesions.

I hope that you will find these activities interesting and constructive and that they will assist you in your work and your career. Please register in time to experience these interactive workshops and share your knowledge and expertise with international experts. We are looking forward to seeing you in Barcelona 2017.

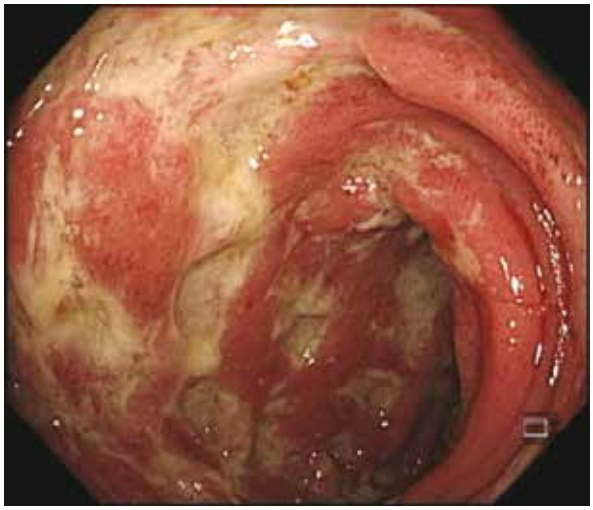
GIOVANNI MACONI
EduCom Member

European Crohn's and Colitis Organisation

Volume 10
Issue 9
September, 2016

JCC

JOURNAL of CROHN'S and COLITIS



Variability in endoscopic scoring of Crohn's disease. See editorial page 999 and articles pages 1001 and 1006

www.ecco-ibd.eu

OXFORD UNIVERSITY PRESS

ECCO Survey – Registries across Europe

Epidemiological research potential and beyond

Introduction

At ECCO we pride ourselves on working collaboratively. ECCO has 36 Member Countries; not only does this equip us with an array of IBD-ologists, but also a vast combined patient population. The EpiCom mission is to conduct and support epidemiological research across Europe. In particular we aim to evaluate differences in care across Europe, and subsequent impact on patient outcome.

In order to achieve these aims, we first need to know what information is available and how to access it. With this in mind, the EpiCom survey was undertaken. This article outlines the key findings; a complete analysis will be submitted to the Journal of Crohn's and Colitis.

The EpiCom Survey

National Representatives from each of the 36 ECCO Member Countries were asked to complete a survey requesting information about registries within their home country. In addition, DG SANTE National Contact Points for these 36 countries and also for Iceland and Luxembourg were contacted with the same survey.

The survey enquired about population registers, birth and death registers, disability benefits registers, hospital registers, adverse events and prescription registers, surgery registers, cancer registers, twin and multiplex registers and IBD patient registers and biobanks. When possible, National Representatives were asked to provide a contact for each register and to comment on whether the register is a public or private facility.

Who responded?

National Representatives and/or Contact Points from 33 countries responded at least in part. When responses were incomplete or absent, EpiCom members searched for missing information online. Figure 1 shows the countries from which information was acquired.

Figure 1: Participating Countries © ECCO
■ Participating Countries

Hospitalisation databases and patient registers

Twenty-nine countries surveyed have a hospitalisation database, of which 22 are thought to be public. Fewer countries have patient registries containing detailed information about treatment and diagnosis. Fourteen reported national patient registries and two, local registries. It is likely that the remainder have at least some form of local hospital record or discharge information. Twenty-one countries reported some form of adverse event register.

The majority only required mandatory reporting of events from trials as opposed to clinical practice. Fifteen countries have a register of specific medications, such as biologics; however, access to and completeness of these registries are variable.

National statistics

Population registers, including birth and death registers, are kept by the majority of countries. Twenty-one countries have a disability pensions register, although these do not store details of disease or disability.

IBD registries

Seventeen surveyed countries reported an active IBD registry (Figure 2). In many cases joining is voluntary, and the majority of IBD sufferers are not included. The information included by each country often contrasts. That said, local or "opt in" registers can be valuable epidemiological research tools; the EpiCom inception cohort included data from 31 countries.

Twin and multiplex registries

Twins and multiplex families offer invaluable insights into the relative importance of genetic

Figure 2: IBD Registries © ECCO
■ Registry present

and environmental factors. Sixteen of the surveyed countries have some form of twin research cohort. The Scandinavian countries have comprehensive registries of all twin births, linkable with medical history. Applications can be made to search the database to invite twins to participate in research.

However, the majority of European twin cohorts are made up only of twins who have responded to recruitment advertisements for a specific purpose. They do not contain population data or links to health records.

Biobanking

Fourteen countries have biobanks either actively running or in development. The International IBD Genetics Consortium have undertaken meta-analysis of genotyped IBD patients from across the world. Within the UK, the IBD Bioresource has been launched as a subset of the established UK NIHR Bioresource. The UK IBD Twin Registry is currently creating an IBD twin biobank, and the Danish Twin Registry has already stored DNA, RNA, plasma, serum, blood and stool from all monozygotic IBD twins willing to participate.

Disease progression – surgery and cancer registries

Only 13 countries reported a register of surgical procedures. Several of these were local datasets, and it is as yet unknown whether such registers contain details of underlying medical conditions or are linkable with medical records.

Perhaps the most complete registers across Europe are the cancer registers. All 38 countries surveyed have a cancer register. The majority mandate entry of all cancer diagnoses.

How useful are these registries?

The diversity and at times incompleteness of the registries across Europe can seem overwhelming when considering research potential. National data collection varies considerably, as do legal and cultural attitudes towards confidentiality, consent and central records.

The immediate challenge for EpiCom is to form links with as many of these registries as possible, and to ascertain exactly what data is stored and how it can be accessed.

The future

IBD databases, registries and biobanks are growing across Europe. As these resources develop, ECCO wishes to facilitate early collaboration. The success of the International IBD Genetics Consortium is testament to the importance of pooling expertise, resources and samples.

The cancer registries provide further inspiration; they give hope that, with the correct infrastructure, the aims of EpiCom are achievable throughout Europe. In addition to epidemiological research, a close network of IBD registries and biobanks will also facilitate both translational science and trial recruitment. All are required for us to best serve our current and future IBD patients.

Acknowledgements

Many thanks to ECCO National Representatives and DG SANTE Contact Points from the following countries that completed the survey: Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Israel, Ireland, Italy, Latvia, Luxemburg, Malta, Moldova, The Netherlands, Norway, Poland, Portugal, Romania, Serbia, Slovenia, Spain, Sweden, Switzerland, Turkey, United Kingdom.

EBBE LANGHOLZ
EpiCom Chair
HANNAH GORDON
External Support

ECCO e-Guide – New Enhancements

ECCO e-Guide Taskforce © ECCO

The ECCO e-Guide has been conceived and developed to help clinicians of any level of expertise in IBD when approaching IBD patients in their daily practice. It is intended to be both easy to use and complete, summarising all the useful information contained within the ECCO Guidelines. In the last few years, a very motivated ECCO Taskforce, led by Marcus Harbord, has done a huge amount of hard work to set up algorithms, to include useful information about IBD and all aspects of its management and to incorporate educationally supportive material into the e-Guide on the ECCO Website. During recent months, the main challenge has been to harmonise and update all the contents in line with the newly published ECCO Guidelines, and to select useful supporting educational tools for each section. This task has now almost been completed. In early July, during the e-Guide Taskforce meeting, all those members who are deeply involved in this ambitious project discussed and agreed on the final run to complete it. In particular, three aspects have been finalised.

First, all the contents of the e-Guide will be checked, updated and amended, if needed, prior to the next UEGW. Then, a new structure will be finalised and ready for release just prior to UEGW, and then again before ECCO '17. Probably, in subsequent years, UEGW and the ECCO Congress will continue to serve as two time points for regular updating of the e-Guide content. The new structure will include new topics recently covered by the ECCO Guidelines, such as pregnancy and lactation, extra-intestinal manifestations, malignancies and the management of paediatric IBD. Second, Marcus Harbord is working very hard especially on the paediatric section, developing the diagnostic and therapeutic algorithms that need to be included, drafting supporting material and background text, and also splitting the entire section into two more detailed sections about Paediatric Crohn's Disease and Paediatric Ulcerative Colitis. In this context, new Guidelines content, such as the Nurse Consensus or new drugs that have recently been introduced into clinical practice, have been included in the project. Third, the Taskforce decided to choose two "e-Guide champions", one from GuiCom and one from EduCom, who are required to know the e-Guide extremely well and will accordingly be able to make content updates easily when new Guideline updates are released. In fact, the publication of updates of the ECCO Guidelines on Crohn's Disease and Ulcerative Colitis will require appropriate harmonisation and updating of the e-Guide in time for each of its biannual releases.

The e-Guide project will prove a great success thanks to the efforts of all members of the Taskforce, and specifically Marcus and Neil, who are working very hard with the support of all of us. Our hope is to provide clinicians with a useful tool that allows standardisation of IBD management at any level, in accordance with the evidence-based ECCO Guidelines. We invite all ECCO Members to widely use and test the e-Guide content in the coming months and to provide us with feedback and suggestions. Even if the structure is close to being finalised, the e-Guide will always be a work in progress.

Gionata Fiorino © ECCO

GIONATA FIORINO
GuiCom Member and on behalf of the
ECCO e-Guide Taskforce

N-ECCO Activities in Barcelona 2017

We are swapping the wonders of canals and bicycles of Amsterdam for the sunny climate of Barcelona for N-ECCO 2017

Once again, N-ECCO is offering an outstanding range of clinical and educational opportunities for nurses attending the ECCO'17 Congress. The programmes for each activity continue to be developed from the evaluation forms of the previous year to meet your needs.

This year the **8th N-ECCO School** will again be joined by up to 20 dietitians. Some changes have been made to the agenda to include the role of nutrition in the care of patients with IBD and we are keeping the interactive workshops in the afternoon.

The **11th N-ECCO Network Meeting** will once more deliver a wide variety of subjects presented by expert speakers from several centres across Europe. The theme of the opening morning session is quality of care, featuring contributions from eminent speakers covering quality indicators in IBD, the use of PROs (Patient Reported Outcome Measures) and the hot topic of remote monitoring in IBD. The mid-morning session continues by addressing special considerations in IBD, with topical presentations exploring fertility and pregnancy, travel and IBD and the low FODMAP diet. Nurses presenting their research abstracts are being allotted a longer time, 15 minutes, in order to encourage discussion. In the final session, a presentation on therapeutic algorithms for the management of IBD patients will be followed by a lively debate of mono vs. combination therapy, a debate I am sure will be extremely interesting!

The **4th N-ECCO Research Forum** will offer a range of sessions. Experienced researchers from across Europe will present their own research concentrating on the methodology of their work, covering systematic reviews, the development of a questionnaire and measurement of conditions. Using the topics identified from the

research priority Delphi survey, the outlines of three to five research projects will be presented and then, in small groups, these projects will be developed into final research protocols. The aim is for experienced researchers to work together with less experienced nurses to develop a full research protocol which may be used when submitting an application for project funding.

The Research Forum will be of special interest to nurses already undertaking research and to nurses wishing to learn more about research or to perform research themselves. The programme allows a generous amount of time for discussion and for networking with experienced research nurses from the United Kingdom, Scandinavia, and outside of Europe. The complete programmes for the 8th N-ECCO School, 11th N-ECCO Network Meeting and 4th N-ECCO Research Forum can be reviewed on pages 7, 8, 12 and are available on the ECCO'17 Congress Website (***www.ecco-ibd.eu/ecco17***). There are several other Workshops which can be attended by nurses, such as the 2nd D-ECCO Workshop, the 4th P-ECCO Educational Course and the 10th Y-ECCO Career Workshop, as well as, of course, the main Scientific Programme of the ECCO Congress throughout the rest of the week.

N-ECCO Network Meeting at ECCO'16 © ECCO

At the ECCO'17 Barcelona Congress, one N-ECCO Committee Member will be stepping down: Karen Kemp, current Chair of N-ECCO. Karen was a N-ECCO National Representative prior to joining the N-ECCO Committee in 2014. She has since helped to further develop its profile and portfolio of clinical and educational nursing activities, in particular the introduction of the N-ECCO Research Forum. We would like to thank Karen for her hard work and contribution to N-ECCO.

With many forums where up-to-date IBD therapy and research can be explored, Barcelona is the place to be in February 2017! We very much look forward to seeing you there for another excellent educational event and an ideal opportunity for networking with colleagues from around the world.

KAREN KEMP
N-ECCO Chair
On behalf of the N-ECCO Committee: Palle Bager, Kay Greveson, Usha Chauhan, Kathleen Sugrue

Quality indicators for running a paediatric Inflammatory Bowel Disease Centre: Time to set the bar!

Managing IBD is a complex process, especially in children, who represent a sensitive population

The move towards personalised medicine and the advent of new therapies and technologies require access to an increasing number of laboratory assays and to a diverse multidisciplinary team with expertise in different aspects of the disease.

With the assistance of a Delphi group of 110 paediatric gastroenterologists, P-ECCO tabulated and graded for the first time in children 60 items that any paediatric IBD centre must include, ranked on a scale of importance. Some of the highest ranking items were a minimum of 50 patients or at least 10 new patients per year, a dedicated stand-alone weekly IBD clinic, a 24/7 help line, the accommodation of urgent clinics, the availability of a wide range of multidisciplinary team and access to IBD-specific lab tests such as drug levels.

Several previous surveys reported a significant gap between the recommended IBD management guidance and clinical practice. Patients often receive suboptimal dosing of immunomodulators and 5-ASA and prolonged use of corticosteroids. Many do not undergo appropriate infectious screening before initiation of anti-TNF treatment and there is wide variation in treatment algorithms between centres. Many IBD centres lack important specialists such as a dedicated IBD nurse, a stoma specialist, a psychologist/social worker and a radiologist. The problem is worse in paediatrics since the number of children with IBD is one-tenth of the adult number. This naturally leads to smaller centres and many do not attain a critical mass of patients to justify the required resources. On the other hand, paediatric-onset disease is more often extensive and its course may be somewhat more challenging to manage. The presence of pubertal delay, growth impairment or osteopenia should dictate aggressive treatment with the aim of promoting mucosal healing. In these cases, the use of nutritional therapy is particularly attractive and requires a specialised team. The use of support groups and other psychosocial interventions is advocated as a means to develop coping skills and improve quality of life. Approximately half of adolescents do not comply with the recommended treatment and thus a particular emphasis should be placed on engaging the adolescent in the treatment plan while enhancing gradual transition to adulthood.

Caring for IBD patients in a dedicated multidisciplinary centre has been shown to improve clinically important outcomes. In addition to a gastroenterologist and a colorectal surgeon, the team should include an IBD-specialist nurse, a nutritionist, a stoma specialist, a radiologist, an endoscopist, a pathologist, a psychologist and a social worker, all with IBD experience. Several other aspects of an IBD centre may improve clinical care, including a 24/7 hot line, a transition clinic, structured weekly clinical rounds, establishment of local treatment algorithms, regular self-assessment of clinically important outcomes, an interactive patient registry and performance of IBD-related research.

Formal IBD multidisciplinary centres and proactive management may reduce disease burden, improve outcomes and thus reduce the disease-related costs. We are hopeful that the P-ECCO quality indicators project will promote standardisation of the care that children with IBD receive globally, while setting the bar at a minimal accepted standard.

DAN TURNER
P-ECCO Chair

International Symposia and Workshops

Workshop
Future Perspectives in Hepatology: From Basics to Clinics
Essen, Germany
January 19 – 20, 2017

Symposium 206
From the New and Complex Concepts to the Real Patient: Science and Clinic
Madrid, Spain
March 31 – April 1, 2017

Symposium 207
Mucosal Microbiome and Mucosal or Systemic Dysfunction: Mechanisms, Clinical Manifestations and Interventions
Brisbane, Australia
May 19 – 20, 2017

IX Gastro-Conference
Berlin, Germany
October 4 – 7, 2017

Symposium 208
Eosinophilic Esophagitis – Medical and Dietary Treatment
Berlin, Germany
October 4 – 5, 2017

Symposium 209
IBD 2017 – Therapeutic and Biological Barriers
Berlin, Germany
October 6 – 7, 2017

Workshop
Workshop on Oral, Gastrointestinal and Pulmonary GvHD
Regensburg, Germany
November 17 – 18, 2017

FALK FOUNDATION e.V.
Leinenweberstr. 5
79108 Freiburg
Germany

Congress Department
Tel.: +49 (0)761/1514-125
Fax: +49 (0)761/1514-359
E-Mail: symposia@falk-foundation-symposia.org
www.falk-foundation-symposia.org

2017

A quick summary of Research Gaps in Diet and IBD

While the current doctrine of IBD pathogenesis suggests an interaction between environmental factors and gut microbiota in people who are genetically susceptible to develop the illness, dietary exposures have attracted recent interest and are likely to explain the rapid rise in the incidence of IBD. The D-ECCO Working Group, along with other ECCO Experts with expertise in nutrition, microbiology, physiology and medicine, recently reviewed all state-of-the-art literature looking at the role of diet and nutritional therapy in the onset, perpetuation and management of IBD. In this Topical Review, which has reached the late stage of completion, we summarised research gaps in the area of IBD and diet within three major thematic domains:

1) Diet as an environmental factor in IBD aetiology

While the literature contains numerous scientific studies exploring the role of host genetics, gut microbiota and diet as isolated factors in the onset of IBD, there is scarce evidence for the interplay between these factors. The advent of systems biology and bioinformatics tools now allows exploration of research questions which were left unanswered previously. Similarly, very few studies which have portrayed gut microbiota in IBD patients have accounted for dietary influences, an established determinant of gut microbiota composition and metabolic activity. More evidence is also required on how early-life dietary exposures might shape gut microbiota colonisation and modify risk of IBD later in life, using a longitudinal cohort design.

There is a need for more basic science to delineate mechanisms by which dietary components increase or reduce the risk of IBD. Extrapolation of findings from in vitro and animal-based models of colitis to human IBD is essential before a causal association can be established. Moreover, studies of the role of diet in the pathogenesis of IBD now need to be expanded from major nutrients to non-nutrient components of habitual diet and others introduced into the human food chain via industrialisation, processing and storing of food.

2) Diet as therapy in IBD

The role of diet in the management of IBD encompasses the following main therapeutic modalities: The use of exclusive (EEN) and supplementary enteral nutrition for induction and maintenance of remission or as treatments in CD and the use of recently developed whole food-based elimination diets for induction and maintenance of remission. EEN is now the established induction treatment of active CD, with an excellent safety profile and high response rate. Understanding the epigenetic, immunological and microbiological mechanisms that potentially mediate the mode of EEN is a research priority which will offer the paradigm for development of alternative therapies. Studies monitoring food reintroduction following EEN need to be performed to identify potential dietary triggers of disease relapse. More evidence is also required to evaluate the use of EEN in adult patients with CD and its potential use in UC, complicated CD, and pre- and postoperative settings. Exploring the effectiveness of supplementary enteral nutrition as a monotherapy or in combination with medical therapy for prevention of relapse in IBD is of particular interest. The optimal regimen of supplementary enteral nutrition for maintenance of CD, including the dose, composition, duration, method of delivery of feeding, and nature of the accompanying oral diet, needs to be studied. While there is emerging interest from patients and health professionals in the use of elimination diets, well-designed clinical trials are still required to evaluate efficacy and understand the mechanisms of such novel dietary therapies.

3) Nutritional assessment and supportive nutritional therapy in IBD

Although most of the focus around nutrition in IBD has primarily concentrated on the previous two thematic areas, nutritional assessment and supportive nutritional therapy are cornerstones in the management of IBD patients. There are limited data from good quality studies on the progression of undernutrition following diagnosis and whether this is predictive of disease outcomes, particularly in the elderly. Development of novel biomarkers of micronutrient status is needed to overcome limitations of plasma measurements in the presence of systemic inflammatory response. Supportive nutritional therapy is frequently required in IBD patients with short bowel syndrome or fistulising disease. There is a need for development of better biomarkers to predict or diagnose short bowel syndrome in IBD and for better evidence on optimal pre- and postoperative nutritional management of such patients and those with fistulising CD. Identification of functional bowel symptoms in inactive IBD is of utmost importance to ensure that unnecessary and potentially harmful treatment strategies are avoided. Conversely, presence of active IBD should be excluded before determining that symptoms are functional in nature. There is an interest in the use of a low FODMAP diet, extending beyond irritable bowel syndrome (IBS) to functional IBD. High-quality clinical trials are needed to demonstrate whether a low FODMAP diet is effective (in terms of symptom resolution, quality of life and acceptability) and safe (with respect to gastrointestinal health and nutritional adequacy) for the management of IBS in patients with inactive IBD.

KONSTANTINOS GERASIMIDIS
D-ECCO WG Member

Activity Scores in Inflammatory Bowel Disease (IBD): A Challenge for Pathologists

In patients with Ulcerative Colitis (UC), mucosal healing has emerged as a major therapeutic goal. Disease activity in UC has traditionally been evaluated on the basis of clinical, haematological and endoscopic parameters. Endoscopic bowel healing is associated with favourable long-term outcomes in UC. However, the correlation between histological and endoscopic mucosal healing is not very good, with persistence of microscopic inflammation in 16%–100% of patients with endoscopically quiescent disease [1]. There is growing interest in the assessment of histological disease activity based on the concept that histological healing is associated with better clinical outcomes in UC and may be the ultimate therapeutic goal in UC. For this reason, the ECCO Consensus on the Histopathology of IBD recommended that "the pathology report should include some information on the level of activity in the biopsies in order to assess both the effect of therapy and the risk of relapse" [2].

However, before histological disease activity is accepted as a useful parameter in research and clinical care in IBD, a validated instrument for its measurement must be developed. Although more than 20 indices for

the assessment of histological disease activity have been developed, their operating properties have not been systematically validated. The two most commonly used histological scores are the Geboes Score (GS) and the Riley Score (RS). More recently, Gramlich et al. and Gupta et al. developed other systems for scoring. Most of these scores of activity have numerous items, may combine chronic and acute changes, and assess epithelial and inflammatory features. In a recent study, Bressenot et al showed that intra-observer reproducibility and inter-observer agreement for these four main available histological UC activity indexes are very good and that correlation between these histological indexes is strong [3]. Histological items that showed better correlation were "erosion/ulceration" and "acute inflammatory cells infiltrate/neutrophils in lamina propria". In a second step, the same group developed a simple descriptor scoring system, the "Nancy Index", which shows good intra- and inter-observer reliability [4]. Briefly, the Nancy Index is composed of three histological items ("ulceration", "acute inflammatory cells infiltrate" and "chronic inflammatory infiltrate") defining five grades of activity ranging from grade 0 (absence of significant histological disease activity) to grade 4 (severely active disease). Another interesting histological index, the Robarts Histopathology Index (RHI), has been developed concomitantly by another group [5]. Component items of this latter index are "chronic inflammatory infiltrate", "lamina propria neutrophils", "neutrophils in the epithelium" and "erosion and ulceration".

It is worth noting that these two histological indices have been tested by highly experienced and intensively trained pathologists on the item scoring conventions. Thus, prospective cohort studies should define the feasibility of their application among non-expert pathologists who report gastrointestinal pathology. Moreover, further studies are needed to define the predictive value of these systems in assessing outcomes in UC and correlating histological with endoscopic scoring.

Besides the need for a validated instrument to measure histological disease activity in IBD, the necessity of a correct methodological approach in the evaluation of colonic biopsies should be emphasised, as mentioned by V. Villanacci (H-ECCO WG member) in a previous letter. In this context, the adequate and correctly oriented number of biopsies is of paramount importance (as highlighted in the ECCO statements 4A and 4B) [2].

In summary, histological assessment of disease activity and severity is likely to become an integral part of the management of UC and constitutes a substantial challenge for pathologists.

References

1. Riley SA, Mani V, Goodman MJ, Dutt S, Herd ME. Microscopic activity in ulcerative colitis: what does it mean? Gut. 1991;32:174–8.
2. Magro F, Langner C, Driessen A, et al.; European Society of Pathology (ESP); European Crohn's and Colitis Organisation (ECCO). European consensus on the histopathology of inflammatory bowel disease. J Crohns Colitis. 2013;7:827–51.
3. Bressenot A, Salleron J, Bastien C, Danese S, Boulagnon-Rombi C, Peyrin-Biroulet L. Comparing histological activity indexes in UC. Gut 2015;64:1412–8.
4. Marchal-Bressenot A, Salleron J, Boulagnon-Rombi C, et al. Development and validation of the Nancy histological index for UC. Gut. 2015 Oct 13. pii: gutjnl-2015-310187. doi: 10.1136/gutjnl-2015-310187. [Epub ahead of print]
5. Mosli MH, Feagan BG, Zou G, et al. Development and validation of a histological index for UC. Gut. 2015 Oct 16. pii: gutjnl-2015-310393. doi: 10.1136/gutjnl-2015-310393. [Epub ahead of print]

MAGALI SVRCEK
H-ECCO WG Member

6th S-ECCO IBD Masterclass

February 16, 2017

The 6th S-ECCO IBD Masterclass, the meeting of the surgeons' branch of ECCO, will take place on February 16, 2017 in Barcelona, within the European Crohn's and Colitis Organisation's annual Congress. The S-ECCO IBD Masterclass is the annual scientific forum for professional discussions on the surgical aspects of the treatment of patients with IBD, emphasising the multidisciplinary approach in these patients. This unique meeting is devoted to IBD surgery and is attracting an increasing number of surgeons from around the globe each year owing to the high-quality scientific content and the interchange of knowledge and ideas between surgeons and other professionals who take care of IBD patients.

5th S-ECCO IBD Masterclass at ECCO'16 © ECCO

The upcoming S-ECCO IBD Masterclass will focus on "**Difficult decision making in IBD**" and will include multiple debate sessions in which two or more talks address the same topic, often one presented by a surgeon and the other by a gastroenterologist. The topics to be debated will include the timing of surgery in Acute Severe Colitis, the best surgical technique for patients with Ulcerative Colitis, the approach to patients with Crohn's Disease following successful percutaneous drainage of intra-abdominal abscess, surgical technique for ileocolonic anastomosis and the approach to fissures and haemorrhoids in Crohn's patients. In addition, the scientific programme will include sessions focussing on cutting-edge technical aspects of surgery for Inflammatory Bowel Diseases, including top-down versus bottom-up pouch surgery and TAMIS (trans-anal minimally invasive surgery). For the first time, the scientific programme will include a free paper session of abstracts related to surgery of IBD, and the trials update session, which was very successful last year, will briefly present ongoing trials in IBD surgery.

The 6th S-ECCO IBD Masterclass faculty includes a large number of leading IBD surgeons from Europe and globally and leading gastroenterologists, which assures a fascinating programme for both IBD surgeons and all other professionals caring for patients with IBD. This meeting is also a good opportunity to meet old and new colleagues and friends. We look forward to seeing you in the 6th S-ECCO IBD Masterclass hall in Barcelona.

ODED ZMORA
S-ECCO Chair

Dear Y-ECCO Friends,

It's the middle of the summer, but already our thoughts are turning to the next ECCO Congress. Abstract submission opens on August 17 and there are a number of opportunities that Y-ECCO Members need to be aware of. As in previous years, there will be five awards for the best abstracts submitted by a Y-ECCO Member, with two of these reserved specifically for Basic Science Abstracts. The five winners will each receive free registration at the next ECCO Congress. Entry for these awards is simple – just make sure to tick the box indicating that you're a Y-ECCO Member at the time you submit your abstract. Y-ECCO Basic Science Abstracts will also all be considered for the Y-ECCO Basic Science Workshop taking place on Wednesday, February 15 (the day before the main Congress). This workshop will focus on increasing the clinical relevance of research findings with two key themes: "Genetics in IBD – Moving beyond GWAS" and "Identifying novel targets in IBD using patient samples". State of the art talks and expert moderation will be provided by our two outstanding invited speakers, Miles Parkes and Gijs van den Brink.

And if you're still undecided about whether to come to Barcelona a day early for the workshop (frankly, who needs a better reason – this is Barcelona!), the Y-ECCO Basic Science Workshop will be followed by our Y-ECCO Career Workshop, which this year will focus on the practical skills and tips required to submit the perfect grant application. Again, we are delighted that we will be joined by an expert panel, which will include Séverine Vermeire, Gerhard Rogler and Helen Terry. As usual, we'll all be heading to a local meeting spot for some drinks and food after the workshop – a great chance to relax with fellow Y-ECCO Members.

Lastly, two important and exciting things to tell you. First, we are inviting Y-ECCO Members to submit their proposals for a new joint initiative with ClinCom that will support a proposal for a new study from a Y-ECCO Member. This doesn't have to be something huge (save your big ideas for a grant submission) but rather something simple, interesting and, above all, deliverable.

What's that quirky idea you've always wanted to test in IBD? See details of the call below – but don't for one second put off applying! And finally – Y-ECCO is now on Twitter. Or about to be – we've set up the account but need to get going! We plan to use the feed to communicate with you (and others who aren't lucky enough to be Y-ECCO Members), particularly around the time of the Congress. Follow us @Y_ECCO_IBD. As ever, do get in contact (***ecco@ecco-ibd.eu***) – or tweet us!

Tim Raine © ECCO

TIM RAINE
Y-ECCO Chair

Y-ECCO Literature review

Isabelle Cleynen © ECCO

ISABELLE CLEYNEN
Y--ECCO Literature Review Admin

Dear (Y-)ECCO Members,

We are happy to welcome you in 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...

As we are always looking for people that want to participate in this initiative, Y-ECCO Members that are interested can contact Isabelle (isabelle.cleynen@kuleuven.be). The idea is you choose a recent article, and summarize the key findings and importance of the paper in max 1000 words. Together with the review, a short self-description and picture will be published.

Gene-microbiota interactions contribute to the pathogenesis of Inflammatory Bowel Disease

Chu H, Khosravi A, Kusumawardhani IP, Kwon AH, Vasconcelos AC, Cunha LD, Mayer AE, Shen Y, Wu WL, Kambal A, Targan SR, Xavier RJ, Ernst PB, Green DR, McGovern DP, Virgin HW, Mazmanian SK
Science. 2016 May 27;352:1116–1120.

Introduction

Large genetic studies investigating susceptibility to Inflammatory Bowel Disease (IBD) have uncovered the important role of impaired microbial handling by the gut immune system in the pathogenesis of IBD [1]. Gene–microbiota interactions have since been the subject of investigation. Important IBD susceptibility genes have been linked to alterations in the gut microbiota composition: the intracellular bacterial peptidoglycan sensor gene NOD2 [2], regulation of autophagy genes ATG16L1 [3] and IRGM4 [4], the immune response gene CARD9 [5, 6] and the intestinal mucus layer gene FUT2 [7].

This functional study aimed to explain the aberrant immune response to commensal microbiota in patients with functional IBD susceptibility variants in NOD2 and ATG16L1 by investigating the interactions between these two genes and the commensal bacterial species Bacteroides fragilis of the family Bacteroidaceae. Bacteroides fragilis produces polysaccharide A (PSA), which is packaged in vesicles called outer membrane vehicles (OMVs). These OMVs with PSA can induce the production of the anti-inflammatory cytokine IL-10 in CD4+Foxp3+ regulatory T cells (Tregs). This mechanism was studied in combination with alterations in NOD2 and ATG16L1 in mouse dendritic cells, mice and human dendritic cells.

Experiments and key findings

In the first experiment, bone marrow-derived dendritic cells (BMDCs) from wild-type and ATG16L1-deficient mice were pulsed with either (1) wild-type Bacteroides fragilis OMVs with PSA, (2) OMVs from mutant Bacteroides fragilis lacking PSA or (3) purified PSA not encapsulated in OMVs. These BMDCs were all co-cultured with CD4+ T cells. The OMVs from wild-type Bacteroides fragilis were able to induce IL-10 production in wild-type BMDCs, but not in ATG16L1-deficient BDMCs. PSA-deficient OMVs were not able to induce significant IL-10 production in either wild-type BMDCs or ATG16L1-deficient BDMCs. However, purified PSA not encapsulated in OMVs was able to induce IL-10 production in wild-type BMDCs as well as in ATG16L1-deficient BMDCs.

In the second experiment, the autophagy pathway used by the OMVs to induce CD4+Foxp3+IL-10+ Tregs was investigated. There are different autophagy pathways: canonical and non-canonical. ATG16L1, ATG5 and ATG7 participate in both the canonical and non-canonical autophagy pathways. The experiment using BMDCs showed that the canonical autophagy-specific genes Ukl1, Fip200 and Atg14 were not required for OMVs with PSA to induce CD4+Foxp3+IL-10+ Tregs. The non-canonical autophagy pathway, LC3-associated phagocytosis, is specifically activated by microbial ligands that are delivered as particles instead of soluble molecules. LC3-associated phagocytosis requires RUBICON, which represses the canonical autophagy. In BMDCs lacking RUBICON, Treg responses could not be induced.

In the third experiment, colitis was induced in wild-type mice, ATG16L1-deficient mice and NOD2-deficient mice using 2,4-dinitrobenzenesulfonic acid (DNBS). All these mice were subsequently treated with OMVs from wild-type Bacteroides fragilis via oral gavage. The wild-type OMVs were able to ameliorate the colitis in wild-type mice treated with DNBS. However, in neither ATG16L1-deficient mice nor NOD2-deficient mice were OMVs from wild-type Bacteroides fragilis able to cause the same anti-inflammatory effect.

In the last experiment, human monocyte-derived DCs from both Crohn's Disease patients and healthy controls with either the ATG16L1 T300A risk variant or the ATG16L1 T300 protective variant were pulsed with OMVs from wild-type Bacteroides fragilis, OMVs lacking PSA and purified PSA. Consistent with the mouse experiments, the induction of IL-10 from Foxp3+ Tregs was dependent on having the ATG16L1 T300 protective variant and was not influenced by the disease status of the monocyte-derived dendritic cells.

Conclusions and commentary

This study shows that both mouse and human DCs require functional ATG16L1 and NOD2 for the induction of anti-inflammatory CD4+Foxp3+IL-10+ Tregs in response to Bacteroides fragilis PSA in OMVs. In addition, the experiments show that the Bacteroides fragilis OMV-based induction of CD4+Foxp3+IL-10+ Tregs uses the non-canonical LC3-associated phagocytosis pathway.

It is very likely that there are more gene–microbiota interactions underlying the pathogenesis of IBD, many of which are still unknown. Moreover, a large number of known genetic variants and gut microbiota alterations are associated with IBD [1, 8, 9]. Therefore, there is a need for more functional gene–microbiota interaction studies to clarify the role of the gut microbiota in the aetiology and pathogenesis of IBD.

References

1. Jostins L, Ripke S, Weersma RK, et al. Host-microbe interactions have shaped the genetic architecture of inflammatory bowel disease. Nature. 2012;491:119–24.
2. Knights D, Silverberg MS, Weersma RK, et al. Complex host genetics influence the microbiome in inflammatory bowel disease. Genome Med. 2014;6:107.
3. Sadaghian Sadabad M, Regeling A, de Goffau MC, et al. The ATG16L1-T300A allele impairs clearance of pathosymbionts in the inflamed ileal mucosa of Crohn's disease patients. Gut. 2015;64:1546–52.
4. McCarroll SA, Huett A, Kuballa P, et al. Deletion polymorphism upstream of IRGM associated with altered IRGM expression and Crohn's disease. Nat Genet 2008;40:1107–12.
5. Sokol H, Conway KL, Zhang M, et al. Card9 mediates intestinal epithelial cell restitution, T-helper 17 responses, and control of bacterial infection in mice. Gastroenterology. 2013;145:591–601.e3.
6. Lamas B, Richard ML, Leducq V, et al. CARD9 impacts colitis by altering gut microbiota metabolism of tryptophan into aryl hydrocarbon receptor ligands. Nat Med. 2016;22:598–605.
7. Rausch P, Rehman A, Künzel S, et al. Colonic mucosa-associated microbiota is influenced by an interaction of Crohn disease and FUT2 (Secretor) genotype. Proc Natl Acad Sci U S A. 2011;108:19030–5.
8. Kostic AD, Xavier RJ, Gevers D. The microbiome in inflammatory bowel diseases: current status and the future ahead. Gastroenterology. 2014;146:1489–99.
9. Gevers D, Kugathasan S, Denson LA, et al. The treatment-naive microbiome in new-onset Crohn's disease. Cell Host Microbe. 2014;15:382–92.

Floris Imhann

Floris Imhann obtained his MD from the University of Groningen, the Netherlands, in 2011. Currently, he is a PhD candidate at the Department of Gastroenterology of the University Medical Center Groningen. Floris' research focusses on the gut microbiota in Inflammatory Bowel Disease patients.

Floris Imhann © Floris Imhann

Proteomic analysis of ascending colon biopsies from a Paediatric Inflammatory Bowel Disease inception cohort identifies protein biomarkers that differentiate Crohn's Disease from UC

Starr AE, Deeke SA, Ning Z, Chiang CK, Zhang X, Mottawea W, Singleton R, Benchimol EI, Wen M, Mack DR, Stintzi A, Figeys D. Gut. 2016 May 23. doi:10.1136/gutjnl-2015-310705

Introduction

Accurate differentiation between Crohn's Disease (CD) and Ulcerative Colitis (UC) is important to ensure early and appropriate therapy. Especially in children, this differentiation can be challenging due to an atypical or less distinctive presentation [1]. Biomarkers have been sought to complement current IBD diagnostic tools, such as endoscopy, imaging and histology, in order to reduce ambiguous diagnosis of IBD. Several studies have successfully identified promising biomarkers in stool, serum and tissue. However, none of the identified biomarkers have been implemented in clinical daily use [2]. This study reports the first proteomic analysis in paediatric biopsies, aiming to identify candidate biomarkers that may contribute to the accuracy of IBD diagnosis.

Methods

This cross-sectional study included 99 children (39 control, 30 CD, 30 UC), from whom biopsies (n=124) were taken at the ascending colon before initiation of any treatment. If possible, biopsies were also obtained from non-inflamed regions in the case of IBD patients (in 23 CD and in 2 UC patients). Frozen biopsies were lysed by mechanical homogenisation and proteins isolated. Relative quantification of peptides (obtained through tryptic digestion) was performed using an Orbitrap Elite mass spectrometer (MS). Raw MS data were analysed against the human UniProt database. Proteomic data of an inception cohort (n=50) were used to develop a mathematical model for disease classification via three different models [Random Forest, Support Vector Machine and Partial Least Squares Discriminant Analyses (PLSDA)]. Proteins identified in all three models were considered to be candidate biomarkers (252 in total). Biomarker panels [to distinguish IBD from control (panel 1) and CD from UC (panel 2)] were designed with PLSDA models using a step-forward method. An independent cohort (n=49) was used to validate the discovery-trained PLSDA models.

With the intent of translating their findings into the clinical setting, the authors finally measured the absolute amount of two of the identified candidate biomarkers using ELISA in the validation cohort biopsy samples. Importantly, a requirement of the study design was that all candidate biomarkers had to be quantified in ≥95% of the biopsies. This is in contrast to previously studied biomarkers like pANCAs or ASCAs, which are identified in a limited number of patients (range 2%–85%) [3]. Although this prerequisite may have reduced the number of candidate biomarkers, the approach reinforced the potential applicability of these prediction panels in diagnosis at initial endoscopy.

Key findings

Proteomic analysis of the intestinal biopsies led to the identification of a panel of 12 proteins which can be used to differentiate paediatric patients with CD from those with UC [area under the curve (AUC) of 86%, sensitivity 73% and specificity of 87% in the validation cohort]. One of the panel proteins, metallothionein-2 (MT2), a metallothionein previously linked to IBD with contradictory findings [4], was quantified in all validation cohort samples by ELISA and was significantly higher in patients with CD compared to those with UC. Pathway analysis of the initial 252 diagnostic candidate biomarkers suggested elevated fatty acid metabolism in paediatric CD and elevated energy and amino acid metabolism in paediatric UC.

A panel of five proteins was sufficient to differentiate patients with and without IBD (AUC 99%, sensitivity 95% and specificity 97% in the validation cohort). Visfatin, a novel adipokine that is also known as pre-B cell colony-enhancing factor and has recently been associated with the development of osteoporosis in IBD [5], was measured by ELISA in 24 samples of the validation cohort and found to be significantly higher in IBD compared to control biopsies. No significant difference was found in the amount of visfatin between inflamed and non-inflamed biopsies in CD patients. The identified canonical pathways differing IBD from healthy controls seemed mainly related to metabolic processes and catalysis. Also, the energy metabolism was clearly represented in the IBD-related proteome, including inorganic pyrophosphatase, visfatin and UDP-glucose 6-dehydrogenase. Both the first and the second panel contained components of the fatty acid metabolism, which is not necessarily a surprise as its contribution to the pathogenesis of IBD has already been established [6].

Looking beyond the issue of differential diagnosis, the authors observed 118 proteins showing a correlation with disease severity (defined by either PCDAI or PUCAI for CD and UC respectively). Thirty-nine of them were identified as biomarker candidates, four of which were part of one of the two previously discussed biomarker panels. The relative expression of panel 2 protein MT2 correlated with CD severity, whereas HNRNP H3 (heterogeneous nuclear ribonucleoprotein H3) expression was inversely related to UC severity. Likewise, the expression of visfatin and inorganic pyrophosphatase, both members of panel 1, showed a significant correlation with disease severity in CD.

Conclusions

The results of this study clearly strengthen the potential development of an accurate diagnostic tool in paediatric IBD, though further research is required in order to translate these findings into the clinical setting. Among the upfront challenges are the development and validation of a tool allowing absolute quantification of the identified proteins and the development of an appropriate multivariable prediction model for disease classification. However, confirmation of the current panels in a validation cohort and the ELISA results for two of the identified proteins suggest the likelihood of translating these findings to the clinic.

References

1. Levine A, Koletzko S, Turner D, Escher JC, Cucchiara S, de Ridder L, et al. ESPGHAN revised porto criteria for the diagnosis of inflammatory bowel disease in children and adolescents. J Pediatr Gastroenterol Nutr. 2014;58:795–806.
2. Bennike T, Birkelund S, Stensballe A, Andersen V. Biomarkers in inflammatory bowel diseases: current status and proteomics identification strategies. World J Gastroenterol. 2014;20:3231–44.
3. Iskandar HN, Ciorba MA. Biomarkers in inflammatory bowel disease: current practices and recent advances. Transl Res. 2012;159:313–25.
4. Waeytens A, De Vos M, Laukens D. Evidence for a potential role of metallothioneins in inflammatory bowel diseases. Mediators Inflamm. 2009;2009:729172.
5. Terzoudis S, Malliaraki N, Damilakis J, Dimitriadou DA, Zavos C, Koutroubakis IE. Chemerin, visfatin, and vaspin serum levels in relation to bone mineral density in patients with inflammatory bowel disease. Eur J Gastroenterol Hepatol. 2016;28:814–9.
6. Shores DR, Binion DG, Freeman BA, Baker PR. New insights into the role of fatty acids in the pathogenesis and resolution of inflammatory bowel disease. Inflamm Bowel Dis. 2011;17:2192–204.

Bram Verstockt

Bram Verstockt works as an MD/PhD student in the Department of Clinical and Experimental Medicine (TARGID-IBD group) at the KU Leuven, Belgium. His research mainly focusses on IBD immunology and personalised medicine. Currently, he is performing part of his PhD research at the Cambridge Institute for Medical Research and the Department of Medicine at Cambridge University, UK.

Bram Verstockt © Bram Verstockt

Ozanimod induction and maintenance treatment for Ulcerative Colitis

Sandborn WJ, Feagan BG, Wolf DC, D'Haens G, Vermeire S, Hanauer SB, Ghosh S, Smith H, Cravets M, Frohna PA, Aranda R, Gujrathi S, Olson A
N Engl J Med. 2016;374:1754–62

Introduction

Ozanimod is a new oral agonist of the sphingosine-1-phosphate receptor sub-types 1 (s1p1 receptor) and 5 (s1p5 receptor) that induces peripheral lymphocyte sequestration, potentially decreasing the number of activated lymphocytes circulating to the gastrointestinal tract [1]. S1p1 receptor agonists induce internalisation and degradation of the s1p1 receptor, rendering the B and T lymphocytes incapable of migrating from secondary lymphoid tissues, which leads to a reversible reduction in circulating lymphocytes in the blood [2–4]. Ozanimod has been used in the treatment of patients with relapsing multiple sclerosis and showed a dose-dependent reduction in circulating lymphocytes that was associated with significant reduction in inflammatory and neurodegenerative brain lesions [5].

This study was a phase 2 trial of induction and maintenance therapy at 57 centres across 13 countries using ozanimod in 197 adults with moderate to severe Ulcerative Colitis. The trial was over a 32-week period in which patients were randomly assigned in a 1:1:1 ratio to receive ozanimod at 0.5 mg or 1 mg or placebo daily. Inclusion criteria: Patients of 18–75 years of age who had UC with a Mayo Clinic score of 6–12 and an endoscopic sub-score of 2 or 3. Treatment with oral aminosalicylates or prednisolone was required to be at stable doses. Patients receiving biologics, azathioprine, mercaptopurine or methotrexate were required to discontinue these agents five half-lives before starting the trial.

The primary outcome measure was clinical remission, defined as a Mayo Clinic score of ≤2 with no sub-score >1 at 8 weeks. Secondary outcome measures at week 8 were clinical response in the Mayo Clinic score ≥3 points and ≥30% from baseline, with a decrease in the rectal bleeding sub-score ≥1 point or a sub-score ≤1. Explorative outcome measures at week 32 included clinical response, histological remission, clinical remission, mucosal healing and change in the Mayo Clinic score. Absolute lymphocyte count, CRP, calprotectin and lactoferrin were also measured.

Key findings

Clinical remission occurred in 16% of patients who received 1 mg of ozanimod and in 14% of patients who received 0.5 mg of ozanimod, as compared with 6% of those receiving placebo (p=0.048 and p=0.14 respectively for comparison of the two doses with placebo). There were therefore no statistically significant treatment differences in primary outcomes between ozanimod and placebo.

Concerning secondary endpoints, clinical response at week 8 occurred in 24/65 (37%) in the placebo group compared with 35/65 (54%) who received 0.5 mg of ozanimod (p=0.06) and 38/67 (57%) who received 1 mg of ozanimod (p=0.02). Mucosal healing at week 8 occurred in 8/65 patients (12%) in the placebo group as compared with 18/65 (28%) in the group that received 0.5 mg of ozanimod (p=0.03) and 23/67 (34%) in the group that received 1 mg of ozanimod (p=0.002). Histological remission, defined by a Geboes score of less that 2, at week 8 occurred in 7/65 patients (11%) in the placebo group as compared with 9/65 (14%) in the group that received 0.5 mg of ozanimod (p=0.63) and 15/67 (22%) in the group that received 1 mg of ozanimod (p=0.07). Absolute lymphocyte counts in blood decreased by a mean of 32% from baseline to week 8 in patients who received 0.5 mg of ozanimod, and by 49% in patients who received 1 mg of ozanimod.

No differences in safety were observed among the groups. One patient in the 0.5 mg ozanimod group who has evidence of pre-existing bradycardia had first-degree AV block and sinus bradycardia after day 8. This event was asymptomatic and resolved without the need of intervention.

Conclusion

Ozanimod at a dose of 1 mg was associated with a slightly higher rate of clinical remission in patients with moderate to severe Ulcerative Colitis as compared with patients receiving placebo, without the difference reaching statistical significance. At week 32, patients receiving 1 mg of ozanimod continued to have higher rates of clinical remission, clinical response, mucosal healing and histological remission when compared with the placebo group.

Limitations of the study included the time point analysed in the primary outcome. Eight weeks was used, and this time point may not have been long enough for the drug to target the lymphocyte tracking. Another limitation is that it is not possible to assess the long-term safety profile of the drug due to the relatively small number of patients analysed and the short follow-up period. Interestingly, ozanimod was associated with an absolute drop in lymphocyte count, which is a finding consistent with the mechanism of the drug. This, however, raises issues about long-term risk of opportunistic infections.

Ozanimod shows some potential for treatment in moderate to severe Ulcerative Colitis but larger studies with longer follow-up data are needed.

References

1. Cohen JA, Arnold DL, Comi G, Bar-Or A, Gujrathi S, Hartung JP, et al. Safety and efficacy of the selective sphingosine 1-phosphate receptor modulator ozanimod in relapsing multiple sclerosis (RADIANCE): A randomised, placebo-controlled, phase 2 trial. Lancet Neurol. 2016;15:373–81.
2. Marsolais D, Rosen H. Chemical modulators of sphingosine-1-phosphate receptors as barrier-oriented therapeutic molecules. Nat Rev Drug Discov. 2009;8:297–307.
3. Mandala S, Hajdu R, Bergstrom J, Quackenbush E, Xie J, Milligan J, et al. Alteration of lymphocyte trafficking by sphingosine-1-phosphate receptor agonists. Science. 2002;296:346–9.
4. Graler MH GE. The immunosupressant FTY720 down-regulates sphingosine 1-phosphate G-protein-coupled receptors. FASEB J. 2004;18:551–3.
5. Scott FL, Clemons B, Brooks J, Brahmachary E, Powell R, Dedman H, et al. Ozanimod (RPC1063) is a potent sphingosine-1-phosphate receptor-1 (S1P 1R) and receptor-5 (S1P 5R) agonist with autoimmune disease-modifying activity. Br J Pharmacol. 2016;173:1778–92.

Jonathan Segal

Jonathan Segal is a gastroenterology trainee and research fellow at St. Marks Hospital in London. He has a particular interest in the microbiota in IBD, and his current research is understanding the role of the microbiota in the development of Pouchitis.

Jonathan Segal © Jonathan Segal

Y-ECCO/ClinCom Call for Y-ECCO research proposals

An exciting new opportunity for Y-ECCO Members to propose and perform a brief, focussed research project with ClinCom/ Y-ECCO guidance and full ECCO endorsement and support.

At the ECCO Congress in Amsterdam, Y-ECCO and ClinCom jointly conducted a survey of attendees, assessing access to investigations in IBD across Europe and beyond (the ACCID survey). Targeted responses from a large sample of gastroenterologists, surgeons, nurses and paediatricians generated interesting results that are currently being prepared for abstract submission and publication.

Based on this success, we are now asking Y-ECCO Members to propose a small research study (which may or may not be a survey). The best proposal (as assessed by members of the Y-ECCO Committee) will then be supported by the ClinCom experts and developed with ClinCom and ECCO Governing Board support. If the winning proposal is a survey, this will be performed at the ECCO Congress 2017 and the winners will receive the full support of the ECCO Team in distributing, collecting and collating data, with additional support as needed during data analysis.

This is a fantastic opportunity for Y-ECCO investigators to access the resource of the ECCO Office and the entire ECCO Membership. It is anticipated that the successful study will be submitted for publication, e.g. in the Journal of Crohn's and Colitis.

Applications need to be well thought through and structured, and should address a current and pertinent question in IBD. The research question does NOT need to be huge or over-ambitious – we would welcome simple but interesting proposals that are deliverable.

Please submit proposals (maximum 1 side of A4) structured as:

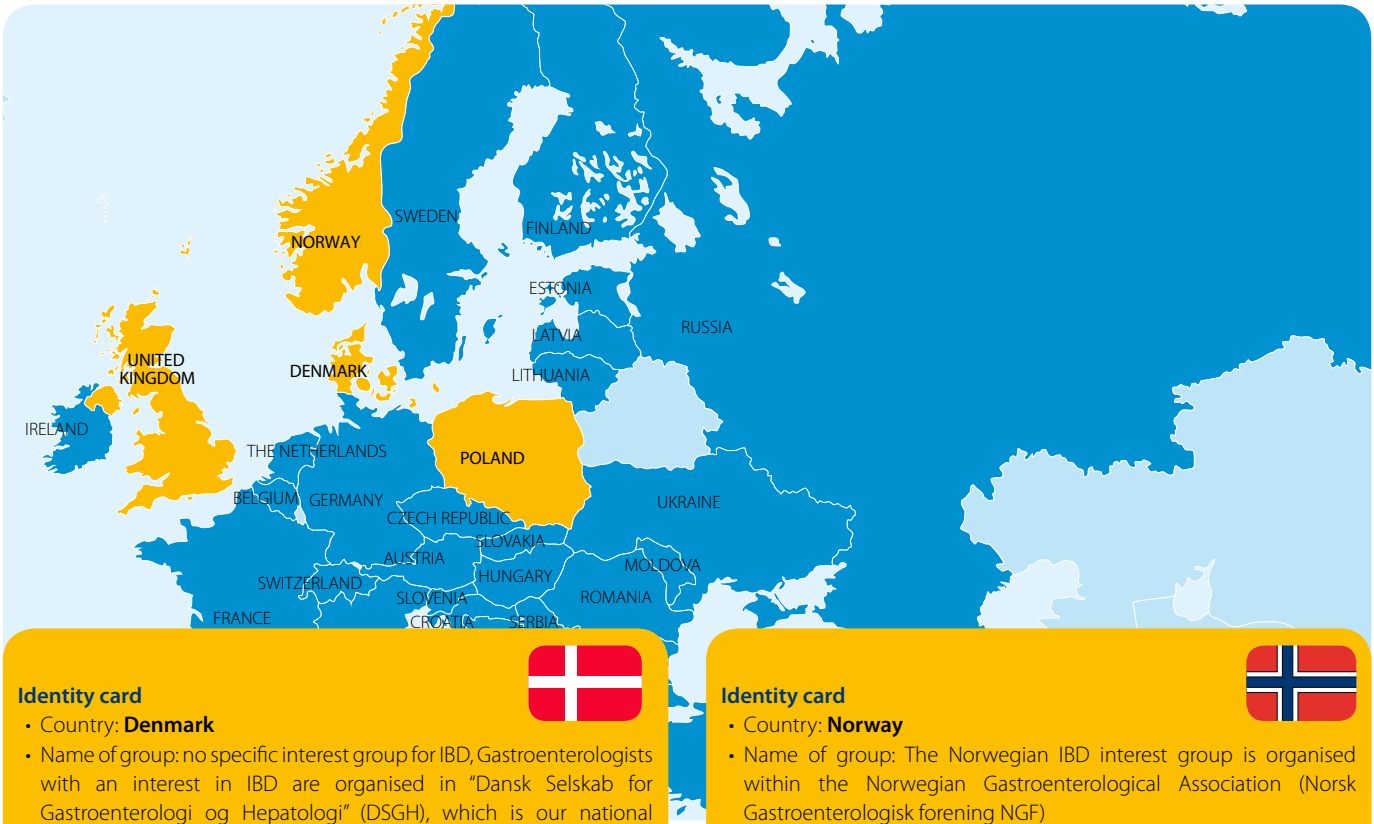
- Background
- Aim(s)
- Methodology
- Other matters (including any relevant financial details)

Please send all proposals to ***ecco@ecco-ibd.eu***. Please keep an eye out for details and specific deadlines in our regular eNewsletters. ***No covering letter is required. Just do it!***

Please note that although no financial support is provided, reasonable printing costs and activities related to any distribution or collection of materials and data entry will be borne by ECCO.

NIK SHENG DING
Y-ECCO Member

ECCO Country Member Profiles



Identity card

- Country: **Denmark**
- Name of group: no specific interest group for IBD, Gastroenterologists with an interest in IBD are organised in "Dansk Selskab for Gastroenterologi og Hepatologi" (DSGH), which is our national society of gastroenterology and hepatology
- Number of active members: approx. 750 members of DSGH
- Number of meetings per year: one annual meeting lasting 2 days, three minor meetings throughout the year, some of which have an IBD focus
- Name of president and secretary: Inge Nordgaard-Lassen (President)
- National Representatives: Jørn Brynskov, Torben Knudsen
- Joined ECCO in: Denmark has been a longstanding member of ECCO, having joined in 2004
- Incidence of IBD in the country (if available): Crohn's Disease approx. 10/100,000, Ulcerative Colitis approx. 15/100,000

Identity card

- Country: **Norway**
- Name of group: The Norwegian IBD interest group is organised within the Norwegian Gastroenterological Association (Norsk Gastroenterologisk forening NGF)
- Number of active members: approximately 370 active members, The IBD interest group consists of 8 members elected at the NGF general assembly (four members elected every second year)
- Number of meetings per year: the IBD-interest group has four meetings per year: one national meeting, one to two regional meetings in the five different health regions in Norway
- Name of president and secretary: Birgitte Seip (President), Christine Slinning (Secretary), Petr Ricanek (Leader of the IBD interest group)
- National Representatives: Kristin Kaasen Jørgensen, Marte Lie Høivik
- Joined ECCO in: 2005
- Incidence of IBD in the country (if available): UC 12,8/100.000 persons/year, CD 6/100.000 persons per year. These are data from 1994 (the IBSEN study). No updated incidence numbers are available.

Identity card

- Country: **United Kingdom**
- Name of groups: British Society of Gastroenterology (BSG) IBD Section, IBD Clinical Research Group (CRG)
- Number of active members: The BSG IBD section has 695 full members and 228 trainee members. There are 398 UK Members of ECCO.
- Number of meetings per year: BSG IBD section committee meetings, monthly teleconference, and annual full BSG meeting.
- Name of president and secretary: Barney Hawthorne (IBD section chairman), John Mansfield (Secretary, IBD CRG chairman)
- National Representatives: Barney Hawthorne; Tariq Ahmad
- Joined ECCO in: 2003
- Incidence of IBD in the country (if available): There are no national level incidence studies but regional UK studies show a continuing rise in the incidence of both CD and UC, with rates of 6.6–8.3×105/yr (CD) and 12–14×105/yr (UC).

Identity card

- Country: **Poland**
- Name of groups: Polish Society of Gastroenterology, IBD Section, Polish Paediatric Society of Gastroenterology, Hepatology and Nutrition, IBD Section
- Number of active members: 30 adult/30 paediatric
- Number of meetings per year: One meeting every 2 years
- Name of president and secretary: A. Dabrowski (President), J. Kwiecien (Secretary)
- National Representatives: Edyta Zagórowicz, Jarosław Kierkuś
- Joined ECCO in: 2004
- Incidence of IBD in the country (if available): About 700 cases of UC per year and about 180-250 CD cases per year. The total number of patients with IBD exceeds 50,000

Questionnaire – DENMARK

Torben Knudsen © Torben Knudsen

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

There are many Danish participants in ECCO Events. Danish clinicians and researchers are active on ECCO Committees and take part in ECCO-initiated research activities and projects.

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

Participation in educational events organised by ECCO and networking regarding science.

Is your society making use of the ECCO Guidelines?

Yes. The Guidelines are used in the daily work at the hospitals and they are cited in many of our national guidelines.

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

Yes.

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

Copenhagen has hosted an ECCO Congress

What are your main areas of research interest?

- Epidemiology
- Patient-reported outcomes in IBD
- Cell biology and immune pathogenesis
- Therapeutic drug monitoring

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

A national database covering patients treated with biologics has just been established.

What are your aims for the future?

We will try to establish a national Danish interest group covering IBD.

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

Inspiring discussions and inputs from members of national groups in other ECCO Member Countries

What do you use ECCO for?

Networking, congresses, scientific collaboration

How do you use the things/services that ECCO has to offer?

Participation in congresses, meetings and educational events. Use of website solutions.

JØRN BRYNSKOV
TORBEN KNUDSEN
ECCO National Representative, Denmark

Questionnaire – NORWAY

Norwegian Gastroenterological Association © Norwegian Gastroenterological Association

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

The general awareness of and knowledge on IBD is increasing among Norwegian gastroenterologists. IBD research is also increasing both in quality and quantity. This is reflected in an increasing number of Norwegian delegates at the ECCO-conferences.

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

- Access to a large society of researchers
- Access to the ECCO platforms for education and research, including the clinical guidelines
- The possibility to host ECCO work-shops
- The possibility to build an international network for research and to contribute in multinational research projects
- ECCO is a source of inspiration for fellows aspiring a career in IBD research

Is your society making use of the ECCO Guidelines?

Yes. The Guidelines are used in the daily work at the hospitals and they are cited in many of our national guidelines.

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

Yes.

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

Copenhagen has hosted an ECCO Congress

What are your main areas of research interest?

- Epidemiology
- Patient-reported outcomes in IBD
- Cell biology and immune pathogenesis
- Therapeutic drug monitoring

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

A national database covering patients treated with biologics has just been established.

What are your aims for the future?

We will try to establish a national Danish interest group covering IBD.

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

Inspiring discussions and inputs from members of national groups in other ECCO Member Countries

What do you use ECCO for?

Networking, congresses, scientific collaboration

How do you use the things/services that ECCO has to offer?

Participation in congresses, meetings and educational events. Use of website solutions.

KRISTIN KAASEN JØRGENSEN
MARTE LIE HØIVIK
ECCO National Representative, Norway

Questionnaire – POLAND

Edyta Zagórowicz
Source: courtesy of Edyta Zagórowicz

Jarosław Kierkuś
© ECCO

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

Thanks to ECCO Membership, Poland has become a more significant country in the IBD field, both in the decision-making process and in terms of international collaboration.

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

ECCO Membership has opened new opportunities to the Polish IBD Team. Trainees annually participate in the IBD Intensive Advanced Course, Polish representatives have participated in the creation of ECCO Guidelines (on Paediatric UC and CD, Malignancies, Surgical UC and CD, and Ulcerative Colitis), and one Y-ECCO Member took advantage of the ECCO Travel Award 2015. New collaborations and partnerships have been established.

Is your society making use of the ECCO Guidelines?

Yes.

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

Yes.

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

Yes (France – EO-IBD, for example)

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

Yes (e-CCO Learning Platform – malignancy panel)

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

Yes (ECCO Travel Award 2015)

What are your main areas of research interest?

- Biologic therapy (both originators and biosimilars)
- Nutritional therapy in IBD
- IBD and PSC
- Histopathology in IBD
- Surgical treatment in paediatrics
- Epidemiology (including EO-IBD)

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

Yes – centre database

What are your most prestigious/interesting past and on-going projects?

- Safety and efficacy of biologics and biosimilars in children with IBD
- Impact of biologic therapy on mucosal healing
- Participation in clinical trials to evaluate new biologics in IBD (golimumab)

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

- Transition Topical Review
- I-CARE

What are your aims for the future?

- Exit Strategies for IBD Treatments Topical Review
- IBD and PSC

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

Through ECCO Grants and/or Travel Awards and collaboration with other Member Countries

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

Each year more and more physicians, especially Y-ECCO Members, participate in annual ECCO Congresses and Workshops (IBD Intensive Advanced Course) to deepen their knowledge on IBD. Also, the number of ECCO Members from Poland is increasing every year. Our Members try to be actively involved in various ECCO Projects (e.g. Guidelines Working Groups, e-CCO Learning Platform) and various IBD fields (surgery, histopathology). The number of publications on IBD from Poland in peer-reviewed journals has been steadily growing.

EDYTA ZAGÓROWICZ
JAROSŁAW KIERKUŚ
ECCO National Representative, Poland

Questionnaire – UNITED KINGDOM

What has changed since your society became an ECCO Country Member?
The UK National IBD Audit Programme has undergone 4 rounds between 2006 and 2015. It has documented (and helped to drive) a significant improvement in services, with a significant increase in IBD specialist nurses, more multidisciplinary team working and enhanced service quality throughout the UK.

What are the benefits to you of being an ECCO Country Member?
The UK has found enormous value in ECCO (reflected in the high UK membership), with opportunities for benchmarking IBD clinical practice across Europe, high-quality education and collaborative research.

Is your society making use of the ECCO Guidelines?
ECCO Guidelines are widely used and referred to in the UK, although the BSG continues to develop UK IBD Guidelines (due in early 2017).

Have you developed research projects with other countries through your ECCO Country Membership?
Yes: the SPARE/BIOCYCLE study, the I-CARE study and the ASTIC study of autologous stem cell transplantation.

Have you developed educational activities with other countries through your ECCO Country Membership?
We have hosted a recent ECCO Regional Workshop in Edinburgh and hope to do so again in 2017.

Has your country been involved in a fellow exchange through ECCO?
Several visiting fellows have been funded through ECCO since 2012.

What are your main areas of research interest?
There are many and varied research interests in the UK, from basic science to microbiome studies, clinical trials and particularly genetics studies through the UK IBD genetics consortium.

Does your centre or country have a common IBD database or bio bank?
As well as the UK IBD genetics consortium, the MRC IBD Bioresource has been established. The National IBD Registry has been launched as a UK database to allow real-time clinical data entry – succeeding the National IBD Audit as a means of data collection for audit and quality improvement across the UK.

What are your most prestigious/interesting past and ongoing projects?
Collaborative genetics studies (past and current) are of great importance. Current projects include studies of pharmacogenetics of serious drug side-effects (PRED4), studies of monogenic causes of early IBD and twin/multiplex registries. Amongst many other studies, it is worth highlighting the previous studies from Cambridge of gene expression profiling in CD8+ cells to predict prognosis in UC and CD, with a new CD8 biomarker stratified trial of early aggressive therapy in CD starting now. The TOPPIC trial, completed recently, was the largest study of postoperative therapy with mercaptopurine. The PANTS study is ongoing, collecting real-life data and biomarkers of anti-TNF response in CD. Many UK sites are also participating in I-CARE, a European prospective longitudinal observational multicentre cohort study of anti-TNF therapy.


Tariq Ahmad
© Tariq Ahmad


Barney Hawthorne
© Barney Hawthorne

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

What are your aims for the future?
The BSG is committed to improving the quality of IBD care in the UK by promoting ongoing collaborative research through the IBD CRG and expanding the use of the IBD registry with a view to continuing national audit and quality improvement.

How do you see ECCO helping you to fulfil these aims?
Despite the disappointing outcome of the UK referendum on EU membership, the UK IBD community remains committed to developing ever closer clinical, research and organisational links with ECCO. Future success for our IBD patients depends on bigger collaborations to generate and test ideas, and to develop better ways of treating our patients.

What do you use ECCO for? Network? Congress? How do you use the things/services that ECCO has to offer?
ECCO gives us the opportunity to network with old and new European friends, as well as to engage in cutting-edge education, collaborative research and audit.

BARNEY HAWTHORNE
TARIQ AHMAD
ECCO National Representative, United Kingdom

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	G.Doherty@st-vincents.ie
	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	likup@takas.lt
	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@med-net.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	Ann-Sofie Backman	ann-sofie.backman@karolinska.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	Tetyana Zvyagintseva	zvyagintseva_t@mail.ru
	Andrey Dorofeyev	dorofeyevand@gmail.com
United Kingdom	Tariq Ahmad	Tariq.ahmad1@nhs.net
	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@uzleuven.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 CELLTRION HEALTHCARE COSMO Dr. Falk ETHICON FERRING GILEAD Hospira janssen MSD merck serono NestléHealthScience nografpharma 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
London, 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