



European
Crohn's and Colitis
Organisation

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ECCO

News **SPRING**



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ECCO NEWS

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European Crohn's and Colitis Organisation

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Dear ECCO Friends,

The first words after the ECCO Congress can only be a big THANK YOU!

First and most important, thanks to all of you who attended the meeting. **In Barcelona 2017 we matched the record number of attendees from last year, with more than 6,000** participants representing 84 countries. Thanks to all those who submitted research work to ECCO, and to the presenters of the more than 900 abstracts that were selected. Thanks to the invited speakers, who delivered outstanding talks. Thanks to those Committee Members who organised courses and workshops, thanks to all the members of the ECCO Office, led by Nicole Eichinger, for their impeccable organisation of the whole event, and thanks to my colleagues on the Organising Committee, Silvio Danese, Laurent Peyrin-Biroulet, Charlie Lees and Peter Lakatos, for their vision, willingness to compromise and hard work as organisers and as actors in our ECCO Film 2017.

Our Congress stretched to topics at both ends of the spectrum. On the one hand, for the first time a parallel session was held on Basic Science, attracting a lot of attention, while on the other hand, sessions were entirely devoted to very particular and practical aspects of clinical care. Since the ECCO Congress is attracting the top science produced in the field, we also increased the number of original oral presentations in the general session from 30 to 38. The organisers hope that these changes raised your level of satisfaction during attendance at the meeting and left you with an easy decision to attend our next meeting in Vienna, 2018.

ECCO is a very lively organisation, with very active Committees. For some Committee Members 2017 meant the end of their term. We thank all those who finished their term for their sustained and generous efforts. At the same time, we welcome all the new enthusiastic Committee Members. In this issue of ECCO News you will find the names of the current Committee Members. This year we also had a number of **changes on the Governing Board**. In the General Assembly, **Ailsa Hart** was elected as the new Treasurer, **Gerhard Rogler** was appointed as the new Scientific Officer and **James Lindsay** was chosen as the new Educational Officer. **Welcome on board!** In this editorial, I would like to take the opportunity to express my deepest and most sincere gratitude to the members of the Governing Board who stepped down: **Tibor Hlavaty** as Treasurer, **Filip Baert** as Scientific Officer and **Gerassimos Mantzaris** as Educational Officer. I consider myself privileged in having had Tibor, Filip and Makis on the Governing Board during my first year of presidency. They have been instrumental in making our organisation stronger.

ECCO maintains intense investment in fostering research. During the Congress, we awarded for the first time the ECCO Pioneer Award at EUR 200,000.-, together with four fellowships, ten grants, four travel awards, one N-ECCO travel award and one N-ECCO research grant.

The ECCO Interaction: Hearts and Minds, held at the magnificent Museu Nacional d'Arts de Catalunya, was again full of warmth and friendship this year. It also offered an opportunity to travel in time to the modernist Barcelona.

You will find detailed information on all the above-mentioned events and initiatives presented at the ECCO 2017 Congress on our ECCO Website, where you can also view the highly awaited ECCO 2017 Film. You cannot afford to miss it!

JULIÁN PANÉS
ECCO President



Julián Panés © ECCO

ECCO'17 Barcelona Congress Report

February 15 – 18, 2017



ECCO'17 Congress Opening © ECCO

This year, the 12th edition of the ECCO Congress took place in a sunny Barcelona. After one and a half days of educational activities (you will find reports on all the individual workshops in this edition of ECCO News), the Scientific Programme was introduced on the Thursday afternoon by the host country representative, **Javier Gisbert**, and ECCO President, **Julián Panés**, to a completely filled auditorium.

The central theme of the Scientific Programme was **"Advancing knowledge, improving care"**. Of the 1,203 submitted abstracts, 922 were accepted, of which 38 were presented as an Oral Presentation and 90 as a Digital Oral Presentation. After more than a decade of growth, the number of congress participants has finally reached a plateau, with 6249 attendees (6265 last year). This is not too bad, however, because any further significant growth would compromise the unique and well-tested formula of the congress: one plenary session with a cross-disciplinary mixture of original research and state of the art lectures.

We are experiencing a period of intensive drug development in IBD and this was clearly reflected in the high number of clinical trial results presented this year. Ustekinumab has now been approved for Crohn's Disease and extension study results from IM-UNITI were presented by Brian Feagan, showing that the drug maintains clinical response and remission over 2 years. Encouraging one-year phase 3 RCT results with allogeneic expanded adipose tissue-derived mesenchymal stem cells in treatment-refractory complex perianal fistulas were shown by Julián Panés. Julián also presented the positive results of the phase 3 OCTAVE maintenance study with tofacitinib, which will be the first janus kinase inhibitor to be added to the therapeutic armamentarium for Ulcerative Colitis. Many other drugs are in the late pipeline. Laurent Peyrin-Biroulet displayed promising first results of the phase 3 HICKORY study with the $\beta 7$ antagonist etrolizumab in Crohn's Disease. Brian Feagan showed the promising first endoscopic outcome data with the Smad-7 antisense molecule Mongersen in active Crohn's Disease. Finally, Walter Reinisch provided evidence of efficacy for abirumab, a subcutaneously administered $\alpha 4\beta 7$ antagonist, in Ulcerative Colitis.

Amongst the other clinical research highlights during this year's congress were:

- (1) a highly positive placebo-controlled trial with rectal tacrolimus in resistant Ulcerative Proctitis
- (2) one-year data from the PROSIT cohort on infliximab biosimilar CT-P13 in IBD, showing no signal of difference in safety and clinical efficacy as compared to the originator infliximab
- (3) long-term follow-up data of the Trough Concentration Adapted Infliximab Treatment (TAXIT) trial, showing that infliximab discontinuation occurred earlier in patients treated in the clinically based dosing arm than in patients treated in the concentration-based dosing arm and
- (4) the results of the LIRIC TRIAL showing that a laparoscopic ileocaecal resection leads to a similar quality of life at one year but is more cost-effective as compared to infliximab induction and maintenance treatment in ileal CD patients who failed more than 3 months of thiopurine treatment or steroids.

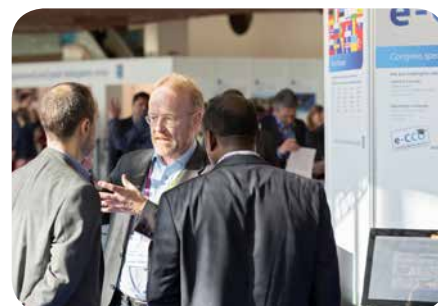
Basic scientists certainly were not starved of interest. Important progress is still being made in IBD genetics. Twenty-six novel IBD loci



ECCO Booth in Barcelona © ECCO



ECCO Office Team at the ECCO'17 Congress © ECCO



Face to Face Meetings at the ECCO Booth © ECCO



Digital Oral Presentation at ECCO'17 © ECCO



ECCO'17 Scientific Programme © ECCO



e-Terminals during the ECCO'17 Congress © ECCO

Pieter Hindryckx and John Mansfield
at ECCO'17 Scientific Programme © ECCO

Julián Panés and Mamoru Watanabe © ECCO



ECCO Interaction: Hearts and Minds 2017 © ECCO

have been identified through whole genome sequencing and imputation, some of them with potential therapeutic implications. A five-marker methylation marker panel that could accurately predict Ulcerative Colitis-associated dysplasia and neoplasia has been proposed and will be validated in the near future. For the first time, a complete Basic Science session was organised in parallel with the clinical sessions on Friday from 15:00 to 17:10. It was a BIG success thanks to the great programme developed in close collaboration between Arthur Kaser, Azucena Salas, Y-ECCO and SciCom.

Besides the abstracts, we again had an excellent bunch of invited lectures. A new and well-received feature in the main Scientific Programme was the session on the vulnerable

patient, given by five experts in the field on the Thursday afternoon.

During the General Assembly, which took place on the Thursday, ECCO Members elected their new ECCO Treasurer, Ailsa Hart, and two internal auditors, Gottfried Novacek and Philippe Van Hootegem.

ECCO feels very strongly about friendship and collaboration and a large number of partner societies (e.g. AOCC, CCF, EFCCA, EFSUMB, ESGAR, EULAR) attended the congress, contributed to the programme and had meetings with the ECCO Leadership. Friendship was, of course, also to the fore during the sold-out ECCO Interaction: Hearts and Minds on the Friday evening, which took place in the

beautiful setting of the Museu Nacional d'Art de Catalunya. This year we had DJ Nurse (Susann Wienecke) entertaining the guests for 2 hours.

In summary, we had another terrific edition of the number one IBD congress in the world. The Organising Committee, ECCO GB and Committees and staff from the ECCO Office can be truly satisfied with the results of their hard work. Thanks also to the speakers and attendees. And see you all next year in Vienna!

PIETER HINDRYCKX
ECCO News Associate Editor



Guided poster session at ECCO'17 Congress © ECCO

ECCO Abstract Awards at the 12th Congress of ECCO

Top 10 Digital Oral Presentations © ECCO

Top 10 Digital Oral Presentations

- "Ethnicity and country of birth are associated with phenotypic differences in patients with Inflammatory Bowel Disease" (DOP004), L.M. Spekhorst et al, University of Groningen and University Medical Center Groningen, Department of Gastroenterology and Hepatology, Groningen, The Netherlands
- "Transmural healing is better than mucosal healing in Crohn's Disease" (DOP014), S. Raimundo Fernandes et al, Hospital de Santa Maria, Serviço de Gastroenterologia e Hepatologia, Lisboa, Portugal
- "Efficacy of vedolizumab on extraintestinal manifestation in patients with Inflammatory Bowel Disease: A post-hoc analysis of the OBSERV-IBD cohort from the GETAID" (DOP025), A. Amiot et al, Henri Mondor Hospital, Gastroenterology, Creteil, France
- "High gammaglobulin and low albumin serum levels independently predict secondary loss of response to anti-TNF α therapy in IBD" (DOP035), F. Schoenefuss et al, Kliniken Essen Mitte, Gastroenterology, Essen, Germany
- "Relationship between microbiota and development of early postoperative Crohn's Disease recurrence" (DOP044), K. Machiels et al, University Hospitals Leuven, KU Leuven, Translational Research Center for Gastrointestinal Disorders (TARGID), Leuven, Belgium
- "PROFILE trial: Predicting outcomes for Crohn's Disease using a molecular biomarker" (DOP048), N. Noor et al, University of Cambridge, School of Clinical Medicine; Addenbrooke's Hospital NHS Trust, Department of Gastroenterology, Cambridge, United Kingdom
- "New human gut xenograft mouse model for intestinal fistulas" (DOP059), R. S. Bruckner et al, University Hospital Zurich, Gastroenterology and Hepatology, Zurich, Switzerland
- "Use of chromoendoscopy versus white light endoscopy for colorectal cancer surveillance in Inflammatory Bowel Disease patients with primary sclerosing cholangitis; a six year experience" (DOP065), K. Harter et al, John Radcliffe Hospital, Translation Gastroenterology Unit, Oxford, United Kingdom
- "Submucosal injection of the oligonucleotide STNM01 is able to induce clinical remission, mucosal healing and histological response in left-sided Ulcerative Colitis patients with moderate-to-severe disease" (DOP073), R. Atreya et al, Friedrich-Alexander University Erlangen-Nürnberg, Department of Medicine I, Erlangen, Germany
- "Tight NADPH oxidase regulation is a prerequisite for gut health" (DOP085), G. Aviello et al, National Children's Research Centre, Our Lady's Children's Hospital, Dublin, Ireland

Y-ECCO Abstract Awards

- "Whole genome sequencing and imputation in Inflammatory Bowel Disease identifies 26 novel loci and offers therapeutically-relevant mechanistic insights" (OP001), L. Moutsianas et al, Wellcome Trust Sanger Institute, Human Genetics, Hinxton, Cambridge, United Kingdom
- "Correlation of durability of response, serum trough concentrations and outcome parameters: Long-term follow-up of the Trough Concentration Adapted Infliximab Treatment (TAXIT) trial" (OP006), L. Pouillon et al, University Hospitals Leuven, Department of Gastroenterology and Hepatology, Leuven, Belgium
- "Telemedicine enables a safe shift from examination room based care to personalised care for Inflammatory Bowel Disease: A pragmatic randomised multicenter trial with myIBDcoach" (OP017), M.J. de Jong et al, Maastricht University Medical Center (MUMC), Department of Internal Medicine, Division of Gastroenterology and Hepatology, Maastricht, The Netherlands
- "Optimal anti-TNF stop week during pregnancy depends on anti-TNF type" (OP018), S.L. Kanis et al, Erasmus University Medical Center, Gastroenterology and Hepatology, Rotterdam, The Netherlands
- "IL-33/ST2 axis sustains gut mucosal wound healing and cancerogenesis in Colitis-associated colorectal cancer" (OP027), L. R. Lopetuso et al, Catholic University of the Sacred Heart, Internal Medicine, Gastroenterology Division, Rome, Italy

IIS Abstract Awards

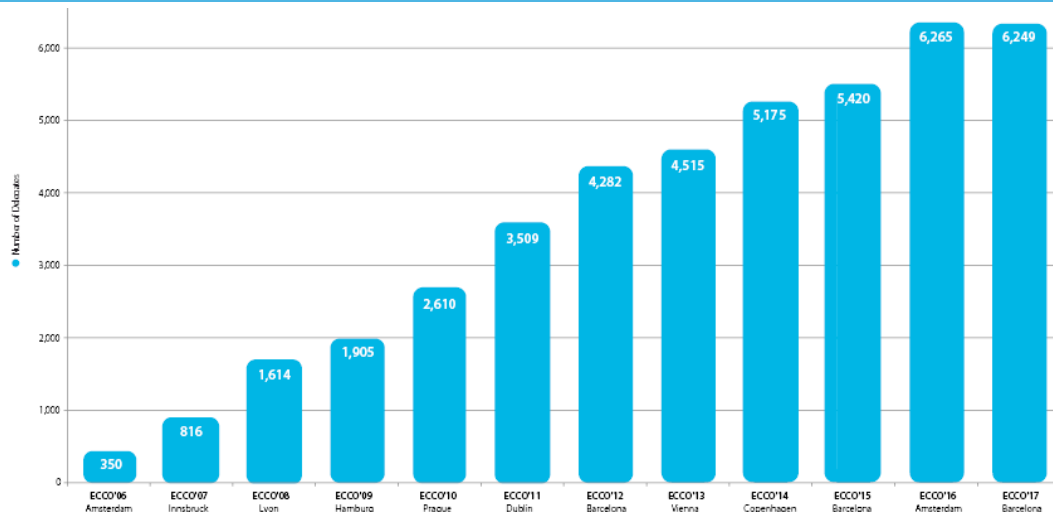
- "Short duration, low intensity pooled faecal microbiota transplantation induces remission in patients with mild-moderately active Ulcerative Colitis: A randomised controlled trial" (OP036), S. Costello et al, The Queen Elizabeth Hospital, Gastroenterology, Woodville, Australia
- "Long-term safety of in utero exposure to anti-tumor necrosis factor for the treatment of Inflammatory Bowel Diseases: Results from the multicenter European TEDDY study" (DOP016) M. Chaparro, Hospital Universitario de La Princesa, IIS-IP and CIBERehd, Madrid, Spain

Congratulations!

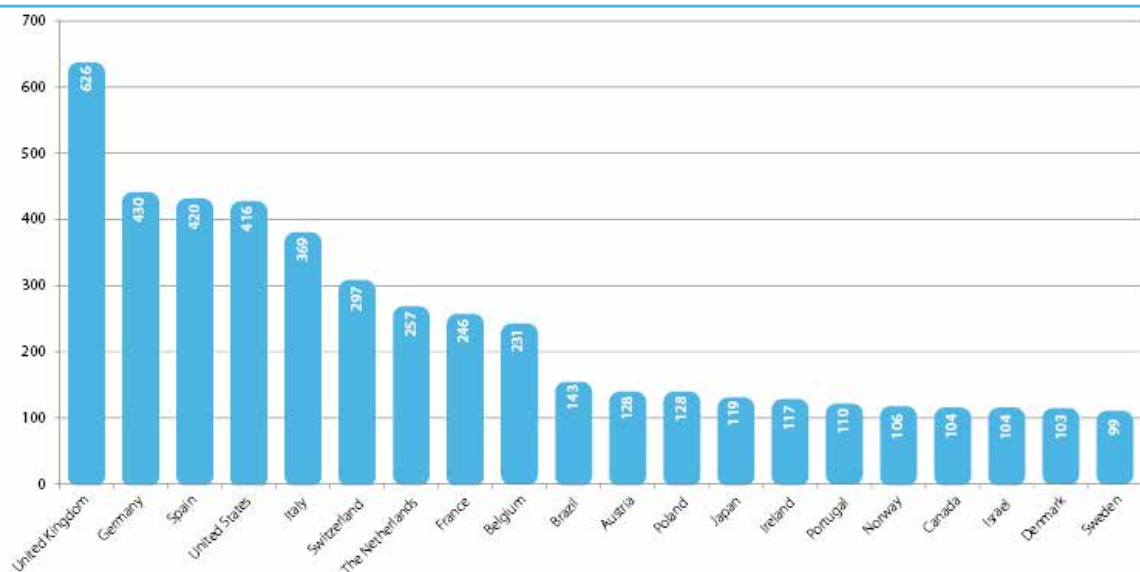
The 12th Congress of ECCO in numbers

6,249 delegates attended the 12th Congress of ECCO in Barcelona

The 12th Congress of ECCO – Inflammatory Bowel Diseases 2017, which was held on February 15-18, 2017 in Barcelona, Spain, attracted a total number of **6,249** delegates from 84 different countries. Since the inaugural ECCO Congress in 2006 in Amsterdam, at which there were 350 delegates, participant numbers have steadily increased, as shown in the graph below:



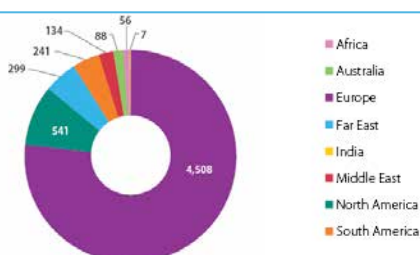
ECCO Congress participation 2006-2017 © ECCO Office



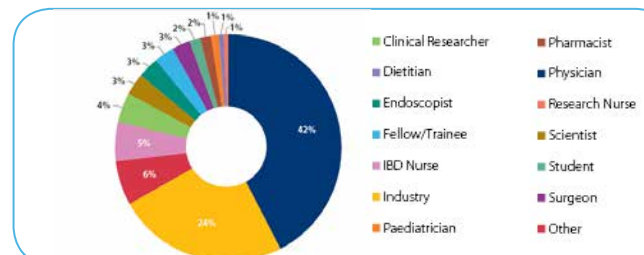
ECCO Congress participation 2017 - top 20 countries © ECCO Office

The following pie chart on the left shows the **attendance at the 12th Congress of ECCO from a continental perspective**. Approximately 77% of all participants came from Europe and about 23% from outside of Europe.

The pie chart on the right illustrates the **professions represented at the 12th Congress of ECCO**. The majority of participants were physicians (42%), followed by representatives from industry (24%). Other attendees included IBD nurses (5%), clinical researchers (4%), followed by scientists, endoscopists, fellows/trainees, surgeons (3% each), students and pharmacists (2% each) as well as paediatricians, dietitians and research nurses (1%). Pathologists, Histopathologists, patient advocates, psychologists and radiologists represented approx. 1.3% of all delegates.



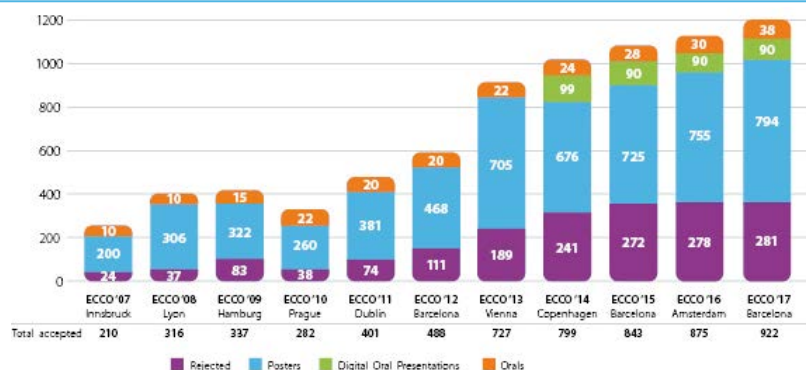
ECCO Congress participation 2017 – continental perspective © ECCO Office



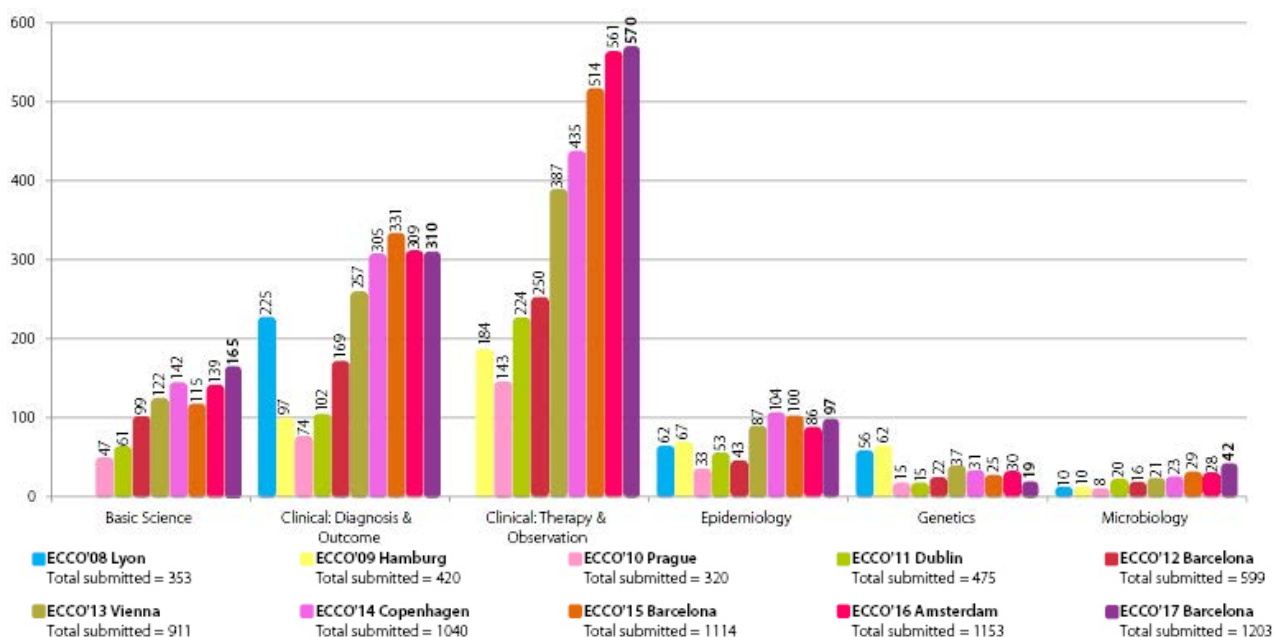
ECCO Congress participation 2017 – professions © ECCO Office

High-quality abstracts

A key component of the success of the ECCO Congress is the **rising number of high-quality abstracts** accepted for oral, digital oral and poster presentations. An outline of the evolution of abstract submissions is displayed here:



Accepted versus rejected abstracts 2007-2017 © ECCO Office



Abstracts 2008-2017 – category split © ECCO Office

Industry exhibition

This year's industry exhibition attracted **40 exhibitors**, mainly from the pharmaceutical but also from the device/instrumentation, medical, publishing and non-profit sectors. The total net **exhibition area was 1,811 m²** – yet another record number in ECCO's history, which demonstrates a massively growing interest from industry.

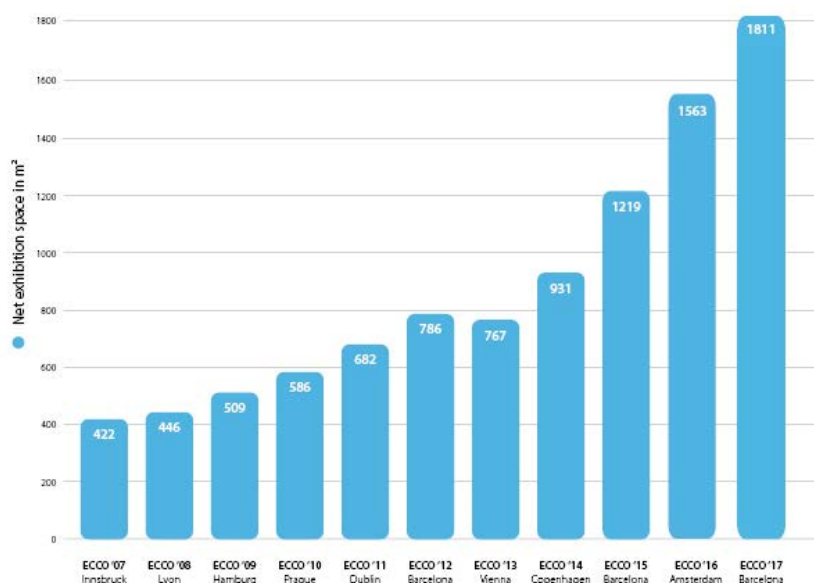
More statistics

Detailed **statistics** and **impressions** of the 12th Congress of ECCO can be viewed online at www.ecco-ibd.eu.

Furthermore, **video recordings** of scientific talks are available for ECCO Members in the e-Library under Webcasts on the e-CCO Learning Platform: www.e-learning.ecco-ibd.eu (available as of March 2017).

All **presentations** of the ECCO Congress can also be found in the e-Library under Documents on the e-CCO Learning Platform at: www.e-learning.ecco-ibd.eu (available as of March 2017).

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



Net exhibition space 2017 in m² © ECCO Office

Final report of the SADEL consortium:

Towards implementation of a new class of non-antibody protein scaffold Nanofitins targeting TNF in Ulcerative Colitis



SADEL Project Group @ ECCO

The SADEL (Scaffolds for Alternative Delivery) consortium has reached the end of its European Union Seventh Framework Programme funding and it is therefore time to review its efforts to develop an orally administered Nanofitin-based anti-TNF therapy for the treatment of Ulcerative Colitis.

In 2012 the SADEL consortium began its EU-funded research work to develop orally administered high-affinity protein scaffolds (Nanofitins) directed against TNF for use in the treatment of Ulcerative Colitis. Nanofitins constitute a new class of non-antibody affinity ligands able to selectively bind a wide range of targets. The Nanofitin technology is based on the Sac7d protein scaffold from the bacterium *Sulfolobus acidocaldarius*. Sac7d is a small protein composed of 66 amino acids, which can be altered to newly compose the natural binding surface, thereby allowing the generation of Nanofitins directed against a specific target structure. In addition to their antibody-like properties, Nanofitins have a small size (optimal tissue penetration), pH resistance (passage through gastric acid fluid), resistance to human intestinal fluids (long half-life in the digestive tract) and high affinity (low effective concentrations needed). Oral administration combined with local intestinal release was selected as the preferred route of administration to achieve high mucosal drug concentrations, thereby minimising systemic exposure and avoiding immunogenic reactions. Oral administration furthermore represents the most preferred route of application by IBD patients.

The SADEL group was composed of expert representatives from different fields to streamline the development of anti-TNF Nanofitins from the bench to the clinic, thereby facilitating the often difficult process of drug development. It consisted of key experts in engineering and optimisation of the product (Affilogic); analytics, control and pre-formulation (University of Geneva); process development and GMP manufacturing (iBET and Genibet); preclinical testing (Intestinal Biotech Development and Fleming Research Institute) and industrialisation

capability (Ferring International SA). Furthermore, the project was managed by a professional project team (Innov/Hub). Different tasks were allocated among these partners according to their specific and complementary expertise. ECCO was part of this collaborative effort and provided scientific and clinical advice throughout the process. ECCO was represented by Andreas Sturm and Johannes Meier (Berlin, Germany) as well as by Raja Atreya (Erlangen, Germany), who were responsible for evaluating the drug development programme and the contingency plans in respect to clinical implementation of the oral Nanofitin-based therapy.

At the beginning of the project, a set of different Nanofitins with high affinity for human TNF were identified and characterised with regard to their binding to different epitopes of TNF and its impact on the potential mechanism of action. Sequence homology, specificity, level of cross-reactivity, intrinsic affinity for the target and productivity yield were amongst the parameters that allowed subsequent selection of the leading candidates that matched the requirements of the project. The in vivo therapeutic efficacy of these compounds was tested in different experimental models of intestinal inflammation by rectal and oral administration. It could be shown that some of the intrarectally instilled compounds exhibited therapeutic efficacy in preventing the onset of disease. In a next series of experiments, oral administration of some compounds was able to exhibit an anti-inflammatory activity upon macroscopic and histological evaluation. These experiments also underlined the stability of the Nanofitin-based compounds as they passed through the intestinal tract, without any formulation optimisation and with maintenance of their therapeutic properties.

Dose optimisation studies followed to identify the optimal range of the substances. Moreover, standard and newly developed mechanistic assays were implemented and the properties of the Nanofitins were compared to those of already approved anti-TNF monoclonal antibodies to assess the mode of action of the applied substances. The obtained data in these experiments indicated that the probable mechanism of action of the Nanofitin compounds is not identical to that of monoclonal antibodies, thereby indicating the novelty of these products and their regulatory complexity. A set of analytical methods were developed during the course of the SADEL programme to further characterise the identity of the Nanofitin compounds. Molecular weight, oxidation, deamidation and meric homogeneity were all determined in this process. Using biorelevant gastric fluids, stability experiments were similarly performed. Further initiatives included a pilot-production scale trial, the results of which showed promise for translation to industry-scale manufacture of the purified Nanofitins. Finally, preliminary toxicological studies were run for the lead Nanofitin candidates in agreement with the guidelines for regulatory toxicological evaluation.

Altogether, the SADEL project demonstrated the principle of efficacy of orally administered Nanofitins to interact with their target and elicit an in vivo response in experimental models of intestinal inflammation, demonstrated industrial viability and undertook important steps towards initiation of a first-in-man clinical phase 1 trial. The SADEL project has now reached the end of the funding period after 5 years of scientific advancements and intense collaborations. The generated data should form the basis for transfer of the lead Nanofitin candidate into a clinical trial. It was an exciting experience for ECCO to accompany this research initiative from its inception through to identification of the lead candidates for a clinical trial. The general idea of the Nanofitin development programme, namely a targeted therapy at the very site of the disease in Ulcerative Colitis, will hopefully be continued in order ultimately to improve the quality of life of IBD patients.



RAJA ATREYA

ECCO EU Research Project Fellow

ECCO Fellowships and Grants 2017

One of the main goals of ECCO is to promote IBD-related basic and clinical research as well as to foster interaction and productive collaboration among European research groups working in the IBD field. To achieve this, ECCO awards Fellowships, Grants and Travel Awards on a yearly basis.

In 2017 a total of 22 awards were awarded, including, for the very first time, the **ECCO Pioneer Award**. This award encourages international cooperation among research organisations in ECCO Member Countries with the aim of promoting ground-breaking research. For 2017, the best-ranked application, which was selected for funding, came from the consortium consisting of: Wolfson Medical Center, Israel (Lead Institution); Tel Aviv Sourasky Medical Center, Israel; Saint-Antoine Hospital, Université Pierre et Marie Curie, France; Catholic University of the Sacred Heart - Fondazione Policlinico Universitario A. Gemelli, Italy; and Humanitas, Italy. The topic of the project is "Faecal transplantation using a novel conditioning method for donor and recipient in moderate to severe treatment-refractory Ulcerative Colitis", and the principal investigators will be: Arie Levine, Iris Dotan, Nitsan Maharshak, Harry Sokol, Franco Scaldaferrri and Silvio Danese.



Britta Siegmund and Gionata Fiorino © ECCO

Other ECCO Awards for 2017 included: One ECCO-IOIBD Fellowship (given jointly by ECCO and IOIBD to encourage international mobility), ten ECCO Grants, one ECCO-Vifor Pharma Grant (focussing on iron deficiency and awarded with the support of Vifor Pharma), two N-ECCO Research Grants for advancing research in IBD nursing, two ECCO-AOCC Visiting Travel Grants (awarded jointly by ECCO and AOCC to encourage cooperation between Europe and Asia) and five ECCO Travel Awards, including one N-ECCO Travel Award. It is important to underline that, once again, all proposals submitted to ECCO were peer reviewed by a panel of expert reviewers. Each proposal was assigned three or four reviewers, one of whom was a member of ECCO's Scientific Committee and the others well-known experts in that particular area of the IBD field.

The ECCO-IOIBD Fellowship has been awarded to **Aria Zand** from Amsterdam, The



ECCO Fellowships and Grants 2017 © ECCO

Netherlands, who will be visiting the UCLA Center for Inflammatory Bowel Diseases, to focus on "Precision Medicine for IBD using advanced machine learning".

The ten investigators and their proposals selected to receive funding through ECCO Grants are:

- **Christianne Buskens** (Amsterdam, The Netherlands)
The role of mesorectal macrophages in complications after rectal resection
- **Marcus Claesson** (Cork, Ireland)
Epigenomic stratification of ulcerative colitis – the missing link between intestinal microbiota and host transcriptome
- **Marco De Andrea** (Turin, Italy)
Characterisation and validation of the clinical utility of IFI16-based markers in IBD
- **Vasiliki Koliarakis** (Vare, Greece)
The role of mesenchymal cells in IBD pathogenesis: focus on mechanisms underlying villous blunting/atrophy
- **Debby Laukens** (Ghent, Belgium)
Tryptophan and fatigue in Inflammatory Bowel Disease
- **Jelle Matthijnsens** (Leuven, Belgium)
The human gut virome as marker for anti TNF-alpha therapy success and as therapy target
- **Salomé S. Pinho** (Porto, Portugal)
SWEETEN: Glycans as novel immunomodulators in Inflammatory Bowel Disease
- **Gordon Ramage** (Glasgow, UK)
Intestinal mycobiome: Unravelling the role of fungal microbiota in paediatric Crohn's Disease
- **Josien Régis** (Nantes, France)
To assess the therapeutic value of IL-22BP blockade in Crohn's Disease (IL22BPCD)
- **Bram Verstockt** (Leuven, Belgium)
Predicting response to treatment in patients with Inflammatory Bowel Disease

In the field of IBD Nursing, two N-ECCO Research Grants were awarded. The funded investigators and their proposals are:

- **Wladyslawa Czuber-Dochan** (London, UK)
Fatigue in Europe
- **Dawn Farrell** (Cork, Ireland)
Fatigue and physical function in IBD

With support from Vifor Pharma, ECCO awarded the ECCO-Vifor Pharma Grant for innovative scientific research in IBD in Europe with a special focus on iron deficiency. **Gionata Fiorino** from Milan, Italy has been awarded this grant for his research entitled "Efficacy of iron supplementation in patients with Inflammatory Bowel Disease and chronic fatigue".

Jointly with AOCC (the Asian Organisation for Crohn's and Colitis), ECCO has awarded two ECCO-AOCC Visiting Travel Grants to encourage and promote collaboration in the field of IBD between Europe and Asia. **Harshad Vinay Joshi** from Mumbai, India will be visiting the Academic Medical Center at the University of Amsterdam, while **Ren Mao** from Guangzhou, China will visit the Department of Gastroenterology, Sheba Medical Center & Sackler School of Medicine, Tel Aviv University.

We also funded five of the Travel Award applications submitted this year. As before, the selected applicants will be able to create and strengthen connections and to trigger new European collaborative studies. We are particularly happy to include one N-ECCO Travel Award among these. The Travel Awards were received by:

- **Joline de Groof** (Amsterdam, The Netherlands)
- **Dana Duricova** (Prague, Czech Republic)
- **Olga Mandic** (Belgrade, Serbia)
- **Mark Samaan** (London, UK)
- **Simona Radice** (Milan, Italy)

Another call for Fellowships and Grants in 2018 is already open for all ECCO Members – find out more on the ECCO Website. We encourage all submitters and grant applicants to focus on defined projects that can be done with the amount of money awarded. Submission of huge projects in which the ECCO funding can play only a minor part is discouraged. We are particularly excited to be in a position to offer another "Pioneer Award" in 2018. In the meantime, we wish all of this year's awardees the best of luck in successfully delivering on the contents of their proposals and look forward to presentation of the results from their work at forthcoming ECCO Congresses.

BRITTA SIEGMUND
SciCom Chair

ECCO NEWS 1/2017

2nd ClinCom National Study Group Meeting

At the 12th Congress of ECCO

On February 16, shortly before the beginning of the Congress, the 2nd meeting of the National IBD Study Groups took place, organised by ClinCom and the ECCO Office. This year representatives from Belgium, Croatia, Germany, Greece, France, Hungary, Italy, Poland, Spain, The Netherlands and UK were present. The idea of the meeting is not only to inform the National Study Groups about ECCO Initiatives, but also to foster collaboration on scientific initiatives.

The first item on the agenda was a presentation by **Uri Kopylov** of ECCO CONFER (Collaborative Network For Exceptionally Rare case reports). The main goal of ECCO CONFER is to develop case series of unique and extraordinary clinical cases. In the following months the Steering Committee will be collecting data on (1) *Pneumocystis jiroveci* pneumonia in IBD patients treated with immunomodulators, (2) granulomatous and interstitial lung disease in IBD and (3) inflammatory cutaneous lesions in IBD patients treated with ustekinumab and vedolizumab. The National Study Groups and their communication networks seem to be the perfect channels for distribution of the call, which otherwise might not reach everyone who is interested – all physicians are invited to submit similar cases. All ECCO Members are welcome to submit ideas for new ECCO CONFER initiatives to the ECCO Office once the call for the new

ECCO CONFER round has been published.

The second presentation was given by **Roger Feakins**, H-ECCO WG Chair (Histopathologists of ECCO Working Group), who presented educational, research and service improvement projects of the Working Group. One of the H-ECCO WG proposals is to establish an international network of GI pathologists devoted to IBD, possibly with some help from the National IBD Study Groups. The aims of the network will be to enhance communication, encourage clinico-pathological interaction and promote good pathology practice, including guideline development, educational work and research. During the discussion, the response to the idea was very good and the representatives agreed to distribute the information and offer encouragement to those pathologists who may be interested in joining ECCO and becoming part of this network.

Next, **Javier Gisbert**, ClinCom Member but also a member of the UR-CARE (United Registries for Clinical Assessment and Research) Steering Committee, presented the platform's project and its latest developments. Javier responded to questions from the audience, mainly about the implementation of UR-CARE on a local level and possible financial and legal difficulties that would need to be overcome. It became clear that the UR-CARE initiative might be an excellent tool to develop joint scientific

initiatives, and we hope that the remaining obstacles can be solved.

The last speaker was **Marc Ferrante**, ClinCom Chair, who presented a proposal from the Committee for a multicentre, observational study that aims to collect real-life data on patients with Crohn's Disease treated with ustekinumab. Various aspects of such an international investigator-initiated study were discussed and the proposal is currently being developed by ClinCom. In addition, the possibility of engaging the National IBD Study Groups in a similar, already ongoing project with vedolizumab, led by Uri Kopylov, was discussed.

Hopefully, we will be able to discuss results of some of these projects during the ECCO'18 Vienna Congress. The Committee hopes that the National IBD Study Groups meeting will become an important platform for presentation of research proposals that need multinational cooperation in order to succeed. We invite you to discuss any potential topic for this platform through one of the ClinCom Members. Final scientific proposals require a ClinCom peer review. Details can be found in SOPs on Submission of Clinical Study Protocols on ClinCom's webpage.

EDYTA ZAGOROWICZ
ClinCom Member

2nd School for Clinical Trialists 2017



2nd School for Clinical Trialists 2017 © ECCO

One of the aims of ClinCom is to facilitate and enhance clinical trials in IBD. The 2nd School for Clinical Trialists was aimed at clinical researchers, clinical trial coordinators, IBD nurses and allied health professionals. The workshop was lively, interactive and informative and highlighted changes in the design of IBD trials of the future.

The initial talk by **Tim Raine** gave a review of clinical trial design from the earliest trial of James Lind in 1772, who demonstrated that fresh fruit could treat scurvy, through the earliest trials in IBD by Truelove and Witts demonstrating the

efficacy of cortisone in UC, to more complex trial designs in use today. He critically addressed the key aspects of current trial design, namely randomisation, blinding and the use of placebo. In some situations, each of these aspects may be adapted to the special issues of the particular trial.

Charlie Lees reviewed the most important factor in trial delivery: recruitment. He highlighted the need to build up an infrastructure in order to help generate interest in trial participation.

After the coffee break, **Laurent Beaugerie** outlined how large cohort studies can involve patients and answer important questions that randomised clinical trials cannot address. With the examples of CESAME and I-CARE he illustrated how such studies can obtain safety data and explore the risks of as yet unknown side effects of treatment.

Liese Gijbels and **Karen Rans**, Trial Coordinators from Leuven, presented a tandem talk on the tips and tricks necessary for successful trial delivery. The value of preparation and the need to stay patient centred were the key messages. They reminded the audience

that trials performed now contribute to medical advances in generations to come.

Finally, **Silvio Danese** looked to the future to consider the changing environment of clinical trials in IBD. He foresees changes in trial targets, with more use of patient-reported outcomes (PROs); changes in trial design, with more trials designed to test treatment strategies and fewer placebo-controlled trials; and more trials focussed on effectiveness (real world outcome) rather than drug efficacy. He hopes that future research will open the way to a better understanding of the biological pathways that are involved in IBD and thus to more personalised medicine.

Overall, the 2nd School for Clinical Trialists highlighted the value of IBD research in driving the medical advances of the future, illustrated the changes to trial design which are evolving and offered a vision of IBD clinics where every patient can be offered participation in a research study.

JOHN MANSFIELD
ClinCom Member

15th IBD Intensive Advanced Course 2017



15th IBD Intensive Advanced Course © ECCO

The 15th Intensive Advanced IBD Course took place before the ECCO Congress as the highlight of the Educational Programme that runs in conjunction with the conference.

This well-known course, which has been running almost since the first ECCO Congresses, once again drew a full attendance from Europe and abroad. Overall, 88 doctors attended the course from 36 countries and were treated to a comprehensive update on IBD. The use of electronic voting pads allowed them to perform a pre- and post-course test and thereby assess their learning, which added educational value to the course. Finally, the course was recorded to allow those unable to attend to access parts of the presentations and discussion via the e-COCO Learning Platform (e-learning.ecco-ibd.eu).

This year the course provided participants with new insights into IBD therapy. The faculty was given the task of teaching the students the practical aspects of how to use drugs, which generated a lot of interest and lively discussions. On the first day, participants also had the opportunity to gain an introduction to basic science (the exposome, genetics and inflammatory pathways) and to take part in didactic clinical sessions on extra-intestinal manifestations, endoscopy, management of IBD in pregnancy and adverse events associated with anti-TNF agents. On the following day it was time for them to use their knowledge in numerous case-based discussions on topics such as peri/postoperative management of IBD, severe acute Crohn's Disease and Ulcerative Colitis.

Overall evaluation of the course reached its highest level of satisfaction ever this year (4.66; rating: 5 = outstanding, 4 = good, 3 = satisfactory, 2 = poor, 1 = very poor). This encourages us to continue on the current path and to maintain the tradition of this course, which is central to the education of future IBD specialists throughout Europe and beyond.

All this would not have been possible without the hard work of the ECCO Office, as well as the contribution of generations of speakers on previous courses, who deserve

acknowledgement. A big vote of thanks also goes out to this year's faculty, which achieved outstanding results in terms of didactic quality and student satisfaction: Jane Andrews, Filip Baert, Shomron Ben-Horin, Yehuda Chowers, Glen Doherty, Iris Dotan, Larry Egan, Marc Ferrante, Jonas Halfvarson, Pieter Hindryckx, Paulo Kotze, Charlie Lees, James Lindsay, Pierre Michetti, Miles Parkes, Tim Raine, Gerhard Rogler, Stephan Vavricka and Janneke van der Woude. Finally, I wish especially to thank my colleagues on EduCom for their time, energy and investment: Peter Irving, Peter Lakatos, Antonio López-Sanromán, Kostas Katsanos and Giovanni Maconi, as well as Gerassimos Mantzaris, ECCO Education Officer.

It will soon be possible to make applications for the 16th course in Vienna in 2018. For European ECCO Member Countries, applications should be made through the National Representatives. We would very much welcome nominations from the few ECCO Member Countries that didn't put forward candidates this year. For trainees from elsewhere, applications should be made through the ECCO Office with a cover letter and a CV. Look out for the call on the ECCO Website and in the ECCO e-Newsletter.

PASCAL JUILLERAT
EduCom Member

Imaging Workshops 2017

Report on the 2nd ECCO Endoscopy Workshop

Participating speakers and tutors (in order of appearance): Julián Panés, Spain, Gerassimos Mantzaris, Greece, Alessandro Armuzzi, Italy, Konstantinos Katsanos, Greece, James Lindsay, United Kingdom, Antonio López-Sanromán, Spain, Vito Annesse, Italy, Peter Irving, United Kingdom, Marc Ferrante, Belgium, Nik Sheng Ding, Australia, Peter Lakatos, Hungary, Edyta Zagorowicz, Poland, Rami Eliakim, Israel.

Endoscopy has always been one of the main topics of interest in our IBD practice, and this is especially true now that great advances have been made in the diagnostic and therapeutic use of endoscopy. Therefore, following the great success of the previous edition, the same

formula for the workshop was offered on this occasion. Four sessions were held to investigate the main aspects of endoscopy in IBD, entitled: "Assessment of endoscopic activity: Clinical trials and routine practice", "Endoscopic Surveillance for IBD-associated colorectal cancer", "Endoscopic therapeutic intervention in IBD" and "Small bowel endoscopy: Capsule vs. balloon enteroscopy". Each session included a short introductory talk covering the clinically relevant aspects of the topic, followed by presentation of clinical cases and intense discussion with the participants. Workstations allowed the participants to evaluate the videos and images of endoscopic cases.

Given the interest and the success of the previous edition, the workshop was already booked out several months in advance, and finally included 51 participants. The clarity of the speakers, the selection, composition and relevance of the cases and the level of discussion among speakers, chairs and the audience made this endoscopy workshop a huge success. The use of workstations was also greatly appreciated and enabled the participants better to follow the presentations, to analyse the cases and to share their experiences.

Overall the course was rated very good and new editions are awaited by participants.

Report on the 4th ECCO Ultrasound Workshop

Participating speakers and tutors: Julián Panés, Spain, Gerhard Rogler, Switzerland, Christian Maaser, Germany, Andrea Laghi, Italy, Anil K. Asthana, Australia, Torsten Kucharzik, Germany, Kerry Novak, Canada, Emma Calabrese, Italy, Jordi Rimola, Spain, Giovanni Maconi, Italy, Odd Helge Gilja, Norway, Stephan Vavricka, Switzerland.

Bowel ultrasonography has gained more and more importance in the management of patients with inflammatory bowel disease. Thanks to its accuracy and availability, in the

hands of gastroenterologists, it has become an easy tool to quickly guide the decision-making process and to monitor IBD patients in daily practice.

The interest for this technique has been confirmed again, in this 4th workshop on bowel ultrasound, organized by EduCom in conjunction with colleagues from ESGAR (European Society of Gastrointestinal and Abdominal Radiology) and EFSUMB (European Federation of Societies for Ultrasound in Medicine and Biology).

This workshop was primarily addressed to participants who had already some experience in bowel ultrasonography and despite the late opening of the registration date, it was completely booked, and 42 participants attended. The course included short lectures on specific topics: active vs non active IBD, intestinal complications of Crohn's disease, postoperative Crohn's disease and advanced sonographic tools, such as contrast enhanced ultrasound and sonoelastography in IBD.

Each of these lectures has been followed by interactive video-case sections and centered on the discussion of cases, where ultrasonographic imaging represented the focus of the interactive discussion. Radiologists and gastroenterologists with expertise in ultrasound who have chaired the sessions, together with attendees, contributed to the discussion.

Overall the course was rated very good, and outstanding for relevance of the cases and for possibility of personal career development, for most participants.

Taken together, the imaging workshops during the ECCO meeting in Barcelona have been very well received by the participants and turned out to be a great success.

Taking this into account, the educational imaging workshops that will be arranged in the following years will be focused on Endoscopy and Ultrasonography. However, the latter will be coupled with Magnetic Resonance Imaging and Radiology, one year each, starting from the next year. Therefore during the upcoming ECCO meeting in Vienna, EduCom is planning

to present a workshop on MRI and bowel ultrasonography, also for beginners interested in radiological and sonographic imaging in IBD, together with the Endoscopy Workshop, offering the best opportunities in terms of advancement, education and interaction.

We are looking forward to seeing you in Vienna!

GIOVANNI MACONI

On behalf of the Educational Committee
EduCom Member

ECCO Topical Review on Treatment Withdrawal ('Exit Strategies') in IBD

While there is a broad consensus on the optimal approach to the initiation of a range of therapies in Inflammatory Bowel Disease (IBD), there remains greater uncertainty about the risks, benefits and timing of treatment withdrawal when patients are well on that treatment. GuiCom therefore issued a call in 2016 for participants in a topical review consensus group on the issue of treatment withdrawal ('exit strategies'). Individuals were selected based on their expertise in the topic and three subgroups were formed: Working Group 1 addressed the withdrawal of 5-aminosalicylates (5ASA, e.g. mesalazine, olsalazine, balsalazide and sulphasalazine), with their major focus therefore being on Ulcerative Colitis (UC). Topics examined included: optimal duration of 5ASA treatment; timing/strategy for dose reduction; risks, benefits and timing of stopping treatment; success of re-treatment; factors associated with high risk of relapse following treatment withdrawal; and optimal monitoring following 5ASA withdrawal. Risks of 5ASA withdrawal in Crohn's Disease (CD) were also discussed. Working Group 2 focussed on withdrawal of immunomodulators (IM: azathioprine, mercaptopurine and methotrexate), including risks, benefits and timing of stopping IM monotherapy in UC and CD; risks, benefits and timing of stopping IM when used in combination with biologic therapies in UC and CD; the evidence for a role for IM dose reduction; factors determining risk of relapse on stopping therapy; optimal monitoring following withdrawal and success of re-treatment. Working Group 3 examined withdrawal of biologic therapy (primarily the approved anti-TNF agents infliximab, adalimumab and golimumab), including: risks, benefits and timing of stopping anti-TNF monotherapy in UC and CD; risks, benefits and timing of stopping anti-TNF used in combination with IM in UC and CD; evidence for anti-TNF dose reduction or increasing dose intervals in patients in remission on treatment; factors determining risk of relapse following treatment withdrawal;



Participants in the ECCO Topical Review on Treatment Withdrawal in IBD © ECCO

optimal monitoring following withdrawal and success of re-treatment. Data on outcomes after stopping other recently approved biologics, e.g. vedolizumab/ustekinumab was also sought but to date there no published data are available on the withdrawal of these agents. Following an initial round of online voting, the Consensus Meeting took place on February 15, 2017 at the ECCO Congress in Barcelona. Eighty percent or higher agreement of the participants was achieved for a series of agreed 'Current Practice Positions', which were finalised and will form the basis for the topical review manuscript which should be available online in Journal of Crohn's and Colitis (JCC) later this year.

The objective of this Topical Review is to provide evidence-based guidance for clinical practice so that physicians can make informed decisions in partnership with their patients. The likelihood of relapse upon stopping each class of IBD medication is reviewed. Factors associated with an altered risk of relapse after withdrawal are evaluated and strategies to monitor and allow early identification of relapse are considered. In general, patients in clinical, biochemical and endoscopic remission are more likely to remain well when treatments are stopped. Re-introduction of the same treatment is usually, but not always, successful. The decision to stop a treatment needs to be individualised. The challenge involved in getting an individual patient back into remission and the likelihood of successful re-treatment with the same or other drugs are key considerations. Treatment costs associated with indefinite

maintenance therapy are also considerable and some toxicity of treatment may be related to the cumulative duration of exposure to treatment, so the potential for stopping or reducing treatment should be considered periodically in well patients.

I would like to thank all those who participated (listed below) and helped to make this topical review such a success. I believe it will be a useful tool to help inform and guide practicing clinicians in the year ahead.

WG1: 5-ASA Working Group

Leader – Konstantinos Katsanos, Greece
Member – Matthieu Allez, France
Member – Andreas Stallmach, Germany
Member – Konstantinos Papamichail, Greece
Y-ECCO – Johan Burisch, Denmark

WG2: Immunomodulators Working Group

Leader – Glen Doherty, Ireland
Member – Jarosław Kierkuś, Poland
Y-ECCO – Edyta Szymanska, Poland
Y-ECCO – Loris Lopetuso, Italy

WG3: Biologics Working Group

Leader – Edouard Louis, Belgium
Member – Javier Gisbert, Spain
Member – Shaji Sebastian, United Kingdom
Member – Ingrid Berset, Norway
Y-ECCO – Ren Mao, China

GLEN DOHERTY
GuiCom Member

Update on EpiCom Activities

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

We also arrange biennial workshops at the ECCO Congress, where we communicate the epidemiological mindset and way of approaching scientific questions to provide participants with the knowledge and opportunity to work with these methods in their research. The most recent workshop at the 11th Congress of ECCO in Amsterdam 2016 focussed on early lifestyle factors, the microbiome and risk of IBD. It offered an introduction to the methodology to design an epidemiological study, and small working groups were formed with the task of designing a study on the impact of the introduction of biologic therapy and the subsequent risk of surgery in IBD. This was followed by a discussion on potential bias and the difficulties of such a study and how to overcome these.

We continuously work on review papers on specific epidemiological questions in IBD, where our aim is to summarise results from

methodologically sound studies in the field. As an example, the "Impact of New Treatments on Hospitalisation, Surgery, Infection, and Mortality in IBD: a Focus Paper by the Epidemiology Committee of ECCO", by Annese et al., was published in Journal of Crohn's and Colitis (JCC) in 2016. We have also performed a survey on the potential research possibilities in Europe: "The EpiCom Survey – Registries across Europe", published in JCC in 2017.

Lastly, the committee members have been actively participating in creating the new database UR-CARE. As chairman of EpiCom, Ebbe Langholz has been appointed as a member of the Steering Committee of UR-CARE.

EpiCom currently consists of five members: Laurent Beaugerie, Marieke Pierik, Nynne Nyboe Andersen, Naila Arebi and Ebbe Langholz.

At the 12th Congress of ECCO we had the opportunity to welcome a new member, Naila Arebi, while saying goodbye to Vito Annese. Vito did a tremendous job in arranging the previous workshop and had a leading role in the "European Crohn's and Colitis Organisation Topical Review on Environmental Factors in IBD", published in January 2017 in JCC. While thanking Vito Annese for his great efforts during recent years, and the time and energy that he dedicated to the many projects that make EpiCom a success,



EpiCom Members © ECCO

we are also very happy to welcome Naila Arebi as the newest member of the committee. Naila has been a very active member of the former EpiCom study group (now renamed as the Epi-IBD study group) and has year-long clinical and research experience within the field of IBD. Naila will be responsible for interaction and communication within the committee as well as with the Epi-IBD study group.

At the ECCO Congress in 2018, EpiCom will be organising the next educational workshop on Pharmacoepidemiology, focussing on methodology and the use of real-life data in the treatment of IBD.

EBBE LANGHOLZ
EpiCom Chair

4th N-ECCO Research Forum 2017

This year 79 nurses with a special interest in research participated in the 4th N-ECCO Research Forum in Barcelona. The participants were a fine mix of experienced nurse researchers and nurses new to research. The meeting itself offered a combination of plenary and interactive sessions and workshops.

Opened by **Palle Bager** (Denmark) and co-chaired by **Susanna Jäghult** (Sweden), the forum began with a session on research methodology. **Dawn Farrell** (Ireland) presented the rigid structure when performing systematic reviews and offered examples from her own research. **Wladzia Czuber-Dochan** (UK) took us by the hand and explained the processes involved in developing a questionnaire. She included her own journey with the IBD-fatigue questionnaire. Finally, **Randi Opheim** (Norway) gave a talk on how she collected CAM (complementary and alternative medicine) data and the challenges involved.

Before the coffee break, four international research projects/project ideas were briefly presented. **Wladzia Czuber-Dochan** (UK) and **Dawn Farrell** (Ireland) respectively presented projects on 'Fatigue in Europe' and 'Fatigue and exercise', both of which were awarded a N-ECCO Research Grant. Further projects on 'Bowel

symptoms and control in IBD', and 'Burden of IBD' were presented by **Lesley Dibley** (UK) and **Palle Bager** (Denmark), respectively.

After the coffee break all participants took part in workshops relating to each of the above-mentioned projects. Each presenter led a one-hour workshop and the level of participation was high in all groups. Finally, the outcomes of the discussions in each group were presented.

The meeting was closed by **Palle Bager** (Denmark), who highlighted the N-ECCO Research Grant. The total amount available is EUR 20,000,- and the grant can be split if several successful projects are submitted. The call is now on the ECCO Website and the deadline is September 1, 2017.

The vision for the forum is to continue to offer a shared learning experience regarding research into IBD, led by IBD nurses experienced in a range of methodologies and outcomes research related to IBD care, and to mentor nurses new to research. The N-ECCO Research Forum is not restricted to active researchers: it is also open to those new to research and those wishing to embark upon a study. The N-ECCO Committee is grateful to all of the presenters and for the support from ECCO.



Palle Bager © ECCO



Dawn Farrell and Wladzia Czuber-Dochan,
N-ECCO Research Grant 2017 © ECCO

We look forward to seeing you in Vienna in 2018.

PALLE BAGER
N-ECCO Chair

11th N-ECCO Network Meeting 2017

Participants at the 11th N-ECCO Network Meeting were welcomed by the bright sun of Barcelona, indicating that spring is once again not far away. A total of 261 nurses and dietitians attended from across the world, with the shared goal of developing the care for people with IBD everywhere. The N-ECCO Chair, **Karen Kemp** (UK), was unfortunately unable to participate in the meeting so the delegates were welcomed by the incoming N-ECCO Chair, **Palle Bager** (Denmark).

Before the scientific programme began, the participants remembered past Chair **Janette Gaarenstroom** (The Netherlands), who sadly passed away only one month after last year's Congress. Janette was instrumental in the development of N-ECCO and had a great passion for IBD nursing. She will be fondly remembered by nurses across Europe.

The first session of the Network Meeting focussed on quality care in IBD. **Julie Duncan** (UK) gave a talk on quality indicators and showed us examples from the United Kingdom, where quality development in IBD has partly been based on the national 'IBD Standards'. Julie was followed by **Liesbeth Moortgat** (Belgium), who tackled the theme of 'Remote monitoring in IBD'. The topic is constantly under development and is always relevant to nurses. Liesbeth raised several pros and cons in relation to remote monitoring, including several overlaps between the different providers of electronic solutions. **Susanna Jäghult** (Sweden) introduced us to the complex field of patient-reported outcomes (PROs). She described differences between the scales available and presented a few examples.

The pre-lunch session concentrated on special situations in IBD. First, **Janneke van der Woude** (The Netherlands) gave a talk on fertility and pregnancy in IBD. She explained how to achieve a balance between disease symptoms, treatment and care of the foetus. Furthermore, breastfeeding in relation to medical treatment was discussed. The talk triggered a handful of questions from the participants.

Janneke's talk was followed by another hot topic: 'travel and vaccines in IBD'. **Kay Greveson** (UK) took us on a journey that included all the possible questions that may arise when travelling with IBD. The key message was that if patients with IBD invest the necessary time to prepare for travel, they can go nearly everywhere. IBD nurses can be a valuable resource in the planning phase.

Before the lunch break, **Kevin Whelan** (United Kingdom) gave a captivating talk on the complex and highly relevant topic of the low FODMAP diet in IBS and IBD. He described how the different elements in the 'FODMAP family' can influence the gut. Furthermore, Kevin highlighted difficulties in conducting clinical trials in diet research.



Laurent Peyrin-Biroulet and Charlie Lees © ECCO

Following lunch and a sponsored satellite symposium, the focus was on IBD nursing and nurse abstracts. Three of the submitted abstracts were chosen for oral presentations. First, **Jaqueline Barros** (Brazil) gave a presentation on a survey regarding erectile dysfunction (ED) among male patients with IBD and controls. The prevalence of ED was not higher in the patient group, but ED in patients with IBD could be associated with weight loss, fatigue, weakness, depression and low self-esteem. **Lesley Dibley** (United Kingdom) shared her results on perspectives regarding stoma surgery. She presented data from a qualitative study in which both patients and clinicians were interviewed using a semi-structured approach. The bottom line was that patients need to be presented with surgery and stoma as an option from an early stage. Furthermore, healthcare professionals should try to avoid use of negative language about stomas. Finally, **Sofie Cohen** (Belgium) gave a talk on how to set up and monitor a multidisciplinary IBD service. IBD nurses can handle most calls from patients, and the study showed how acute appointments have been avoided by the IBD nurse service.

After the afternoon coffee break, the focus turned to the medical management of IBD. First, **Axel Dignass** (Germany) shared his knowledge on treatment strategies. He introduced treatment algorithms and gave a fine overview of the topic, including different dilemmas in decision making. Two competent buddies, **Charlie Lees** (UK) and **Laurent Peyrin-Biroulet** (France), gave an informative and entertaining talk on mono versus combo therapy in IBD. They included several cases and identified factors to consider when choosing a specific treatment strategy.

The meeting was closed by the new N-ECCO Chair, **Palle Bager** (Denmark), who threw open the door to a variety of opportunities for all IBD



11th N-ECCO Network Meeting 2017 © ECCO



11th N-ECCO Network Meeting 2017 © ECCO

Nurse Members. Please do consider: the N-ECCO Travel Award, the N-ECCO Research Grant, the N-ECCO School and the Nurse Education Programme in a European country. Calls will be issued this spring, with a deadline of September 2017.

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

PALLE BAGER
N-ECCO Chair

8th N-ECCO School 2017

8th N-ECCO School 2017 © ECCO

The 8th N-ECCO School in Barcelona was well attended by 42 nurses from 21 countries, including four international nurses, and nine dietitians from seven countries. The School covered a range of IBD topics for both nurses and dietitians working with IBD patients. The aim of the School is to enhance basic knowledge in a clear and precise manner in order to prepare nurses and dietitians new to IBD, or those with an interest in the subject, with the knowledge required to better support IBD patients throughout Europe and beyond. In addition, the N-ECCO School has come to serve as a great networking opportunity for both nurses and dietitians and to demonstrate the importance of a multidisciplinary approach to IBD care. It enables participants to share experiences and helps them in developing plans for furthering their careers.

The programme for the N-ECCO School 2017 was based on experiences in previous years and the evaluations from 2016. International clinicians, nurses and dietitians were invited as presenters.

Marc Ferrante from Leuven opened the programme with an overview of anatomy, physiology and clinical presentation of IBD

and diagnosis in IBD. He was followed by **Kay Greveson** from London, who discussed the vital topic of the psychosocial implications of living with IBD, and the prevalence and importance of screening for anxiety and depression in IBD. The third speaker of the morning was **Konstantinos Gerasimidis** from Glasgow, who addressed evidence-based nutritional assessment in IBD.

After the coffee break, **Janindra Warusavitarne** from London provided a summary of surgeries conducted in IBD and considered how to discuss surgeries with IBD patients. He was followed by **Konstantinos Katsanos** from Ioannina, who provided a summary of medical treatment in IBD. In order to ensure efficacy of medical therapy, patients need to adhere to the prescribed therapy. **Palle Bager** from Aarhus gave an introduction to adherence among IBD patients that encompassed treatment adherence, adherence with follow-up care and routine testing.

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

After the afternoon coffee break, **Rotem Sigall Boneh** from Tel Aviv provided an excellent summary of the role of diet and nutritional management in IBD. She was followed by **Usha Chauhan** from Hamilton, as a last-minute substitute for **Kathleen Sugrue** from Cork, on nursing roles in IBD management. The presentation was given by **Lydia White** in previous years. This was an interactive session on the roles of IBD nursing and the development of IBD nursing roles from an international perspective.

As in past years, we shall use the evaluation forms from 2017 to plan next year's 9th N-ECCO School. This feedback is invaluable in order to build upon the School's success and to ensure that it continues to make an outstanding contribution to IBD nurse knowledge and IBD patient care across Europe. N-ECCO would like to thank the participants and N-ECCO National Representatives for their contributions in once again making the School such a success.

We look forward to nominations for the 9th N-ECCO School, to be held in Vienna in 2018.

USHA CHAUHAN
N-ECCO Member

Report on the N-ECCO Travel Award 2016

During the week of September 19-23, 2016, we visited the IBD Unit at the Academic Medical Center (AMC), Amsterdam, The Netherlands, thanks to the N-ECCO Travel Award. The purpose of our visit was to learn "how to improve the IBD patients' course in our clinic and involvement of our IBD patients".

We followed the programme designed by Maria de Jong, N-ECCO National Representative of The Netherlands:

Day 1: IBD and pregnancy, IBD nurse consultations, vaccinations programme, IBD research lab, radiology meeting

Day 2: IBD and surgery, IBD ultrasound, trial meeting, IBD care in the unit for admitted patients, interviewing social workers, IBD care, IBD multidisciplinary meeting

Day 3: Following IBD nurses in the Outpatient Clinic of Gastroenterology at the regional hospital, interviewing IBD nurse practitioner Maria de Jong, interviewing the manager of the IBD patient association

Day 4: Interviewing the Head of Department of Sexology and Psychosomatic Obstetrics/Gynaecology.

The study visit fulfilled its purpose and met learning targets at a level above average. The collected experiences and data are currently in the process of being implemented in our outpatient clinic to the benefit of IBD patients.



Anne Hindhede, Lone Gerd Nielsen and the IBD nurses they visited © Lone Gerd Nielsen

ANNE HINDHEDE
IBD Nurse, Odense University Hospital, Nyborg, Denmark
LONE GERD NIELSEN
IBD Nurse, Odense University Hospital, Kerteminde, Denmark

2nd H-ECCO IBD Masterclass 2017

H-ECCO is the Histopathologists of ECCO Working Group, and is now more than 2 years old. Following the highly successful launch of the H-ECCO Masterclass in 2016, there was a second Masterclass at the 2017 Congress in Barcelona. It comprised four sessions, of which two were on Thursday, February 16 and two on Friday, February 17, retaining the previous format. The event was hosted by the H-ECCO Working Group (WG), consisting of **Roger Feakins** (chair of the group) (UK), **Paula Borralho** (Portugal), **Magali Svrcek** (France) and **Vincenzo Villanacci** (Italy).

Together with the H-ECCO WG itself, a selected group of distinguished lecturers from various European countries delivered a balanced educational programme that covered histopathological and related clinical topics. Speakers were from Belgium, France, Italy, Portugal and the United Kingdom. The attendees included both histopathologists and gastroenterologists, the former being a little more numerous. Delegates had travelled from a multitude of European countries and also from further afield, e.g. the United States and Lebanon.

The opening session focussed mainly on diagnostic considerations. The first two lectures mirrored each other, starting with **James Lindsay** (UK), who outlined what clinicians expect from pathologists, followed by Paula Borralho, who summarised the information that pathologists would like from clinicians. The talks were most useful for all the delegates, and highlighted areas of potential misunderstanding. The ability to recognise and optimise colleagues' roles is, of course, a hallmark of good medical practice and was a theme that ran throughout the Masterclass. The next two talks could be described as complementing, rather than mirroring, each other: endoscopic features of IBD were discussed comprehensively by **Gionata Fiorino** (Italy), and biopsy features of IBD were outlined by Roger Feakins. Finally, taking the previous speakers' subjects into account and expanding on them, **Neil Shepherd** (UK) entertained the audience with a very informative talk on the appearances of IBD in resections.

The second session was dedicated to the mimics of IBD, both clinical and pathological. Mimics of IBD are, of course, a constant concern for everyone. Once again, the attendees appreciated the input of an experienced gastroenterologist, this time in the form of **Laurent Beaugerie** (France), who reminded us eloquently of the diseases that are particularly likely to be mistaken for IBD clinically – including tuberculosis. Vincenzo Villanacci delivered a well-illustrated talk about one of the commonest mimics of IBD, diverticular disease,

and Roger Feakins then discussed infection, drugs and a range of other pathological mimics, including some rare entities. **Karel Geboes** (Belgium), another highly distinguished guest speaker, gave us an insightful and clear summary of the complex relationship between IBD and microscopic colitis. Finally, there was an entertaining interactive slide seminar on dysplasia in IBD hosted by Magali Svrcek and Vincenzo Villanacci. This was the first interactive session at an H-ECCO Masterclass. Perhaps inevitably, it provoked much discussion about the criteria and thresholds for dysplasia, the use of the category of "indefinite for dysplasia" and the diagnostic value of additional markers such as p53.

The third session concentrated on recent advances. This commenced with a well-coordinated discussion of the somewhat controversial issue of the pathologist's role in clinical trials, in the shape of a "tandem" talk from Paula Borralho and **Fernando Magro** (Portugal). Next, echoing her talk in 2016, Magali Svrcek discussed "hot topics" in IBD pathology with an emphasis on scientific and research aspects. This was very up to date, and remains a popular item on the list of lectures. Roger Feakins then summarised some new ideas about the pathogenesis of fistulas and fibrosis, complications of IBD that may not always stimulate histopathologists on a day-to-day basis but that have nevertheless been the subject of interesting and novel research in recent years. The session was completed by another high-quality tandem talk involving Paula Borralho, who discussed prognostic factors for IBD. Paula was accompanied on this occasion by **Laurent Peyrin-Biroulet** (France). The speakers presented much useful information about the clinical and histological factors that may help predict outcome. It is interesting to note that basal plasmacytosis is not only a very useful diagnostic feature but also a potential prognostic factor.

The fourth and last session concentrated on extra-intestinal manifestations of IBD. The session was initiated by a fascinating summary given by **Peter Irving** (UK), reminding many of us of the vast amount of knowledge accumulated (and often forgotten) during medical school days. Paula Borralho then explored thoughtfully the subject of upper GI pathology in IBD, including the difficulties involved in distinguishing upper GI IBD reliably from other upper GI pathologies. Vincenzo Villanacci discussed involvement of the ileum and its value for diagnosis, again entertaining everyone with a comprehensive presentation. Magali Svrcek outlined the pathology of primary sclerosing cholangitis (PSC) and IBD and offered a helpful review of recent advances. This is another area that is



H-ECCO IBD Masterclass 2017 © ECCO



James Lindsay © ECCO

developing constantly as experts try to define the nature of the bowel disease that occurs in PSC. Roger Feakins shared some thoughts about the ideal pathology report, and then closed the Masterclass.

The Masterclass appeared to be an enjoyable and very educational event for both the lecturers and the delegates. It was considerably enhanced by the presence of various distinguished guest speakers, some of whom stayed in the hall to answer questions and to give everyone the benefit of their accumulated years of experience. The delegates asked many useful questions during the sessions and at the coffee breaks, and there was a positive attitude from everyone involved.

H-ECCO WG continues with its mission to help ensure that the standard of IBD pathology in and beyond Europe is as high as possible, and is pleased that so many people are interested in this Masterclass and in other H-ECCO WG activities. The enthusiasm of ECCO for a continuing strong pathology presence is obvious, and a third H-ECCO IBD Masterclass is planned for 2018. Please let your colleagues know about H-ECCO WG and the H-ECCO IBD Masterclass, and encourage them to register for the 2018 sessions. A stimulating and entertaining programme is already almost finalised.

ROGER FEAKINS
H-ECCO WG Chair

2nd D-ECCO Workshop 2017

February 17, 2017

2nd D-ECCO Workshop © ECCO

Nutritional science in IBD

The session commenced with a presentation by **Kostas Gerasimidis**, Dietitian and Lecturer at the University of Glasgow (UK), on the biology of short chain fatty acids (SCFA) and their role in IBD. He concluded that there is no clinical efficacy of fibre and prebiotic intervention in CD/UC, but there is some histological and clinical evidence of the efficacy of pharmacological doses of pure forms of SCFA in UC patients (though not in patients with CD).

Arie Levine, Tel Aviv (Israel), gave an interesting lecture on food additives and the possible roles of maltodextrin, carrageenan (E407), emulsifiers, xanthan gum, sulphites and titanium dioxide (E171) in IBD. There is some evidence that food additives may play a role in the pathogenesis of IBD. **Jeroen Raes** (Ghent, Belgium), a world-renowned microbiologist, was the final speaker in this session and showed the relationship between diet and the microbiome. Studies are sometimes controversial. Fruit, meat and bread type seem to have a potential role as a modulation strategy. The amount of fat and types of fibre in food influence a person's microbiota in general, rather than exerting an IBD-specific influence.

Clinical nutrition in IBD

This session was opened by **Miranda Lomer**, Consultant Dietitian in Gastroenterology, London (UK), who spoke about the role of diet in pre- and post-surgical IBD management. Suboptimal nutritional status has a negative impact on surgical outcome and measurement of nutritional status is vital. Retrospective and prospective studies support the use of exclusive enteral nutrition pre-surgically to improve post-surgical outcomes but RCT data are needed.

Walter Reinisch, Consultant Gastroenterologist, Vienna (Austria), reflected on the role of enteral nutrition in IBD adults: Has anything changed? The recently published ESPEN guideline Nutrition in IBD was summarised. There is a growing body of evidence to suggest that enteral nutrition has a role in induction of remission in adults, maintenance of remission in conjunction with oral diet and reduction of the need for surgery. **Nicolette Wierdsma**, Clinical Dietitian, Amsterdam (The Netherlands), presented a case study of an adult CD patient from the dietitian's point of view, which included a thorough nutritional assessment including measurement of nutritional status, dietary intake and faecal analysis. The case generated much interest and discussion.

Diet and nutritional aspects of IBD

Tibor Hlavtay from Bratislava (Slovakia) summarised the importance of vitamin D, vitamin K2 and calcium in patients with IBD. Vitamin K deficiency is frequently found, but the clinical significance remains to be elucidated. Vitamin D3 supplementation appears to be beneficial for active disease, bone mineral density and depression and also in preventing colorectal cancer in patients with serum vitamin D <30 ng/ml, the target level being 40–60 ng/ml.

Rotem Sigall-Boneh, Clinical Dietitian, Tel Aviv (Israel) and D-ECCO WG chair, gave an excellent presentation on exclusive enteral nutrition (EEN), which was shown to be effective for stricturing and fistulating disease, with reduction of endoscopic recurrence at 6 months. EEN can be used as a treatment for refractory disease and has a role in avoidance of surgery. The final and excellent speaker was **Kevin Whelan**, a specialist in dietetics from London (UK), who gave a presentation on food-related quality of life (QOL) and IBD. He described IBD patients' perspective on diet and how their experience in relation to food is impaired. He also described an IBD-specific food-related QOL questionnaire (FR-QoL-29) that has been developed to assess these issues. The questionnaire can be accessed via Kevin Whelan.

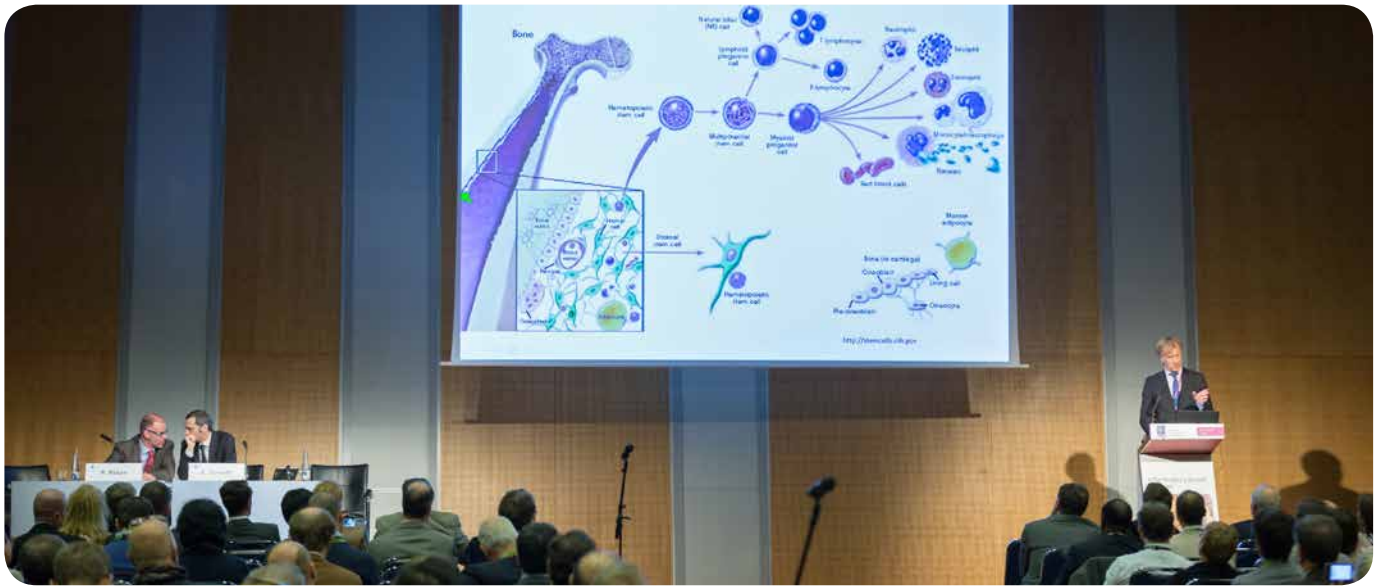
2nd D-ECCO Workshop © ECCO

We would like to thank all the speakers for their excellent presentations and the efforts they made to share their knowledge. After such an inspiring and satisfying symposium, we are already looking forward to the 3rd D-ECCO Workshop in 2018, which will continue to merge science and clinical medicine and nutrition. We invite all ECCO Members to participate and to bring 'their' dietitians and IBD nurses as well.

See you in Vienna!

NICOLETTE WIERDSMA
D-ECCO WG Member

6th S-ECCO IBD Masterclass 2017

6th S-ECCO IBD Masterclass © ECCO

The 6th S-ECCO IBD Masterclass, the meeting of the surgeons' branch of ECCO, held in collaboration with the European Society of Coloproctology (ESCP), took place on February 16, 2017 in Barcelona, within the framework of the ECCO Congress. The S-ECCO IBD Masterclass is the annual scientific forum for professional discussions on the surgical aspects of treatment of patients with IBD, emphasising the multidisciplinary approach to these patients. This unique meeting on IBD surgery is each year attracting an increasing number of surgeons from around the globe owing to the high-quality scientific content and the opportunity to exchange knowledge and ideas with surgeons and other professionals responsible for the care of IBD patients. Nearly 220 surgeons, gastroenterologists and other professionals from 43 countries registered for the 6th S-ECCO IBD Masterclass, which focussed on difficult decision making in IBD.

Scientific sessions included multiple debate sessions, with two or more talks addressing the same topic. Often, one of these talks was presented by a surgeon and the other by a gastroenterologist. The topics included 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 an intra-abdominal abscess, surgical technique for ileocolonic anastomosis and the approach to fissures and haemorrhoids in Crohn's patients. In addition, the scientific programme featured 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).



Oded Zmora © ECCO

For the first time, the scientific programme included a free paper session of abstracts related to surgery of IBD, which proved to be of the highest quality, and a trials update session, which briefly presented ongoing trials in IBD surgery.

The 6th S-ECCO IBD Masterclass faculty included a large number of leading IBD surgeons from Europe and elsewhere in the world as well as leading gastroenterologists. Most topics were discussed from several different points of view, and ample time was allowed for discussions, which led to detailed and stimulating exchanges. Large numbers of participants expressed great satisfaction regarding the high level of scientific content of the meeting and the exchange of knowledge and ideas among surgeons and also gastroenterologists who care for IBD patients.

The meeting was also a great opportunity for personal interactions among surgeons with a specific interest in the challenging treatment of patients with Inflammatory Bowel Diseases, and a chance to meet old and new colleagues and friends. Most participants established new professional bonds with colleagues around the globe. S-ECCO aims to contribute to the institution of a network of surgeons interested in surgery for IBD. Surgeons who participate in the S-ECCO IBD Masterclass at the ECCO Congress can also register for the main medical conference.

The 7th S-ECCO IBD Masterclass will take place in Vienna on February 15, 2018, once again in collaboration with the ESCP, and will address the topic of "Cutting-edge IBD surgery".

ODED ZMORA
S-ECCO Chair



European
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An RCT of *Trichuris suis* ova in Crohn's disease:
see article page 390 and editorial page 387

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The LIR!C trial

At the 12th Congress of ECCO, in February in Barcelona, an important prospective trial comparing surgery and biological therapy was presented. The study, entitled "Cost-effectiveness of laparoscopic ileocecal resection versus infliximab for active terminal ileitis in Crohn's Disease: A randomized controlled trial", is also known as the LIR!C trial. This was a multicentre randomised prospective study that aimed to compare quality of life and cost-effectiveness of early laparoscopic ileocaecal resection versus biological therapy with infliximab (IFX) in patients refractory to conventional treatment.

A total of 143 patients were randomised (70 to IFX therapy and 73 to laparoscopic surgery), mostly at a young age (27–28 years) and short disease duration (13–14 months). In the IFX group, 32% of the patients had discontinued therapy at one year and 19% had been submitted to laparoscopic surgery for failure. In the surgery group, 4% of the patients had started IFX at one year of follow-up. Laparoscopic surgery was as effective as IFX in improving quality of life, with no significant difference on the Inflammatory Bowel Disease Questionnaire (IBDQ). Moreover, surgery was less costly than IFX therapy. Early laparoscopic ileocaecal resection can be considered a good alternative to IFX therapy according to the trial's results.

The study, brilliantly presented by Joline de Groof at the ECCO Congress, had the Academic Medical Center (The Netherlands) as the leading centre, and can be considered



Joline de Groof © Joline de Groof

a landmark in the management of IBD. In an era of a multidisciplinary approach, this was the first randomised clinical trial to compare laparoscopic surgery with biological therapy in Crohn's Disease. The results of the LIR!C trial support the view that early surgery is a real option in the management of Crohn's Disease, and can offer durable results in terms of quality of life, with few complications. From the surgical perspective, these results can position surgery as an important tool in IBD management, changing the old concept that surgical treatment should be considered only as a last resort, for patients in

whom exhausting medical therapy has failed.

We hope that more prospective trials comparing surgical and medical treatment can be performed in Inflammatory Bowel Diseases in the years to come. The LIR!C trial emphasised the importance of a multidisciplinary team in order to pursue the best therapeutic option for each patient, in accordance with personalised medical practice.

PAULO KOTZE
S-ECCO Member

4th P-ECCO Educational Course 2017

The following issues were addressed in presentations at the 4th P-ECCO Educational Course:

- Treat to target in paediatric IBD – Same as in adults?
- Cannabis in adolescents – Any role?
- Bone health in IBD – Does it concern paediatricians?
- New treatments targeting the microbiota (FMT, antibiotics) – A case-based discussion
- Vedolizumab in children and other biologics after TNF – What can we extrapolate? A case-based discussion

The "Treat to target in paediatric IBD" presentation discussed the top-down strategy and the best markers to monitor disease activity and progression. According to recent guidelines, 'mucosal healing', not only clinical remission, is the current therapeutic target for the best tailored medications. The presentation was well supported by graphs and case reports.

The presentation on cannabis in adolescents showed that there are indeed theoretical reasons why cannabis may work in IBD, although only a

limited number of quality trials are available in this group of patients. Based on the mechanism of action of cannabis, it might be used as an adjunct in difficult disease; however, care is warranted since such usage might be exploited as an excuse for legitimising use of the drug by others. We need ECCO Guidelines on this issue.

Bone health in adolescence is an important problem that highlights the need for a multidisciplinary and multi-organ approach in patients with chronic diseases such as IBD. Not only chronic disease-related anaemia but also greater risk for the development of osteoporosis is observed in these patients. Therefore physicians caring for IBD patients should bear this problem in mind when making decisions on patient management.

The presentation on new treatments targeting the microbiota addressed the issue of faecal microbiota transplantation (FMT), GI antibiotics and probiotic use in IBD. The data available from clinical trials and the current ECCO Guidelines on the issue were presented.

Finally, the presentation on biologic drugs



4th P-ECCO Educational Course © ECCO

paid special attention to vedolizumab. The author showed data from clinical trials and clinical studies, including data from adults. The problem of data extrapolation is one of the most important issues in paediatric clinical trials due to the ethical aspects and the tendency towards use of in silico rather than in vivo studies and analysis to eliminate the risk to the child as far as is possible.

JAROSŁAW KIERKUŚ
P-ECCO Member

Dear Y-ECCO Friends,

This is my first Members' Address as Y-ECCO Chair. This inevitably means that our former chair (Tim Raine, UK) has moved on from Y-ECCO, and I would like to wish him all the best with his new endeavours. Tim has been an amazing mentor, full of energy and always putting our members first. He will be missed in the Committee, and I am sure by many of you. On the positive side, having someone leaving also means new people joining. We are extremely happy to welcome Johan Burisch (Denmark) to the Young ECCO Committee. Johan brings a lot of expertise to Y-ECCO with regards to promoting and leveraging involvement of young GI researchers and fellows in large organisations.

The first ECCO News issue of the year regularly includes a short reflection on the past ECCO Congress, where Y-ECCO was again highly visible on several levels: Many of you presented abstracts in the plenary (and the Y-ECCO Abstract Awards will pay for the winners' registration at next year's Congress), digital oral and poster sessions. We were very active on our Twitter account (@Y_ECCO_IBD), tweeting news from the meeting and side activities. We were even ranked #3 by mentions for #ECCO2017, just before Lancet Gastroenterology and Hepatology! This feed is a relatively new feature

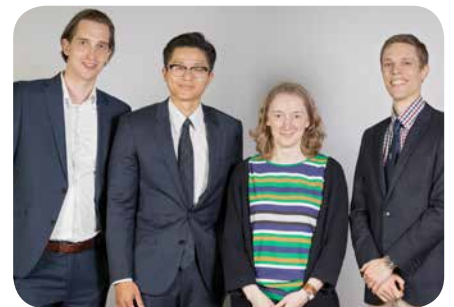
of our Committee, and we hope that many of you will (continue to) follow us in the future. We also organised the very successful 3rd Y-ECCO Basic Science Workshop (see report in this issue of ECCO News), where we had some top-notch speakers who interacted with Y-ECCO Members presenting their abstracts. Afterwards, there was the 10th Y-ECCO Workshop (again, see the report in this issue), where ECCO Past-President Séverine Vermeire and Scientific Officer Gerhard Rogler shared their tips and tricks in the writing of grant applications. Each year, after this workshop, we head out for some drinks and nibbles to a local bar. Again, it was a pleasure to join you all for 'cervezas y tapas' and to see both familiar and new faces. We hope to keep this tradition alive for many years to come.

We have also been busy brainstorming about ideas for the topic and speakers at next year's Basic Science Workshop, as well as many other different activities we are working on. Plenty of opportunities will be coming up for you all to get involved (Y-ECCO Literature Review, ECCO Topical Reviews, Y-ECCO Member-initiated surveys, Talking Heads, etc.). There will be many options to choose from, so please do get in contact (ecco@ecco-ibd.eu) if you want to hear more. Also, check the ECCO Website regularly,

as many of the opportunities are listed there as well. In addition, there will be one or two open seats on the Committee during the coming year – so again, keep an eye on your inbox for news from the Office and on the ECCO Website to ensure that you don't miss out on the call.

I would like to end by thanking the entire Young ECCO Committee and all Y-ECCO Members for their hard work and help. It is greatly appreciated.

I look forward to working with you all.



Y-ECCO Committee Members (Dominik Bettenworth, Nik Sheng Ding, Isabelle Cleynen, Johan Burisch. Not in picture: Nuha Yassin) © ECCO

ISABELLE CLEYNEN
Y-ECCO Chair

3rd Y-ECCO Basic Science Workshop 2017

This year, at the ECCO'17 Barcelona Congress, the 3rd Y-ECCO Basic Science Workshop took place. With this workshop, Y-ECCO aims to give basic science, and Y-ECCO Members working in this field, a more visible platform within ECCO and the ECCO Congress, and to promote scientific exchange and networking among (young) basic scientists. Each edition of the workshop features two top-notch speakers and experts in their field who provide state-of-the-art overviews on the session topics and are then invited to join the discussions following oral presentations by Y-ECCO Members.

The two sessions at this year's workshop were "Genetics in IBD – moving beyond GWAS" and "Identifying novel targets in IBD using patient samples". The first session was opened by **Miles Parkes** (Cambridge, UK), who gave an overview of the current status of genetics research in IBD, and most importantly, some hot-off-the-press studies showing where the field is going. This was followed by selected oral presentations by Y-ECCO Members, which included very exciting talks on the use of epigenetic markers to predict disease prognosis (**Alex Adams**, UK), how metabolomics and metagenomics signatures differ in patients with IBD and their unaffected relatives (**Maike Vancamelbeke**, Belgium)



3rd Y-ECCO Basic Science Workshop 2017 © ECCO

and how this type of signature can be used to predict response to anti-TNF (**Nik Sheng Ding**, Australia). The second session was initiated by a state-of-the-art lecture by **Jeff Barrett**, group leader at the WTSI and Director of Open Targets. He continued where **Miles Parkes** had left off: How do we now leverage the genomic datasets – and beyond – to find new targets for treatment? Afterwards, **Wiebe Vanhove** (Leuven) shared his work on how patient samples selected on the basis of ER stress and

autophagy genetic risk can be translated into quantifiable ER stress levels. **Sare Verstockett** (Leuven) gave a presentation on how gene and miRNA expression profiling using a unique model for early CD (postoperative recurrence CD) led to the discovery of a prominent role for WNT5A early in disease pathogenesis. Finally, **Suranga Dharmasiri** (UK) went a step further to the cell level, sharing his results on expression profiling of intestinal macrophages and observed gene expression reprogramming in

IBD. This 3rd Basic Science Workshop ended with presentation of the Y-ECCO Abstract Awards for the five best abstracts from Y-ECCO Members, including three clinical abstracts and two basic science abstracts.

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



Y-ECCO Abstract Awards 2017 (Loukas Moutsianas, Loris Riccardo Lopetuso, Lieven Pouillon, Marin de Jong. Not in the picture: Shannon Linda Kanis) © ECCO

The entire Young ECCO Committee would like to thank all participants for attending the workshop and ensuring that it was very successful. Each year we see the number of participants grow, for which we are very grateful. This year, we were fully booked. We very much look forward to welcoming you all at the 4th

Y-ECCO Basic Science Workshop, which will be held in Vienna in 2018.

ISABELLE CLEYNEN
Y-ECCO Chair

10th Y-ECCO Career Workshop 2017



10th Y-ECCO Career Workshop 2017 © ECCO

The 10th Y-ECCO Career Workshop took place on March 15, 2017 and focussed on successful grant writing – a challenge that every young researcher has to confront. The session began with a talk by ECCO Past-President **Séverine Vermeire** (Belgium) on designing the ideal project, in which she discussed the most relevant aspects and demonstrated how to successfully translate a research question into a promising research project. Next, the hugely experienced clinician scientist **Gerhard Rogler** (Switzerland) presented an overview on 'tips and tricks' for grant writing. To begin with, he discussed the commonly used recommendations on how to apply for funding. However, he then demonstrated how to go beyond these and how to enhance the grant application in order to receive maximum attention from the reviewers. Both talks were

outstanding and enabled even experienced grant applicants to further increase their skills in project development and scientific writing, and so they were highly appreciated by the audience.

The second part of the workshop was a group session. The participants were divided into three groups and challenged to draft a completely new research project within just 20 minutes. After that, one spokesperson for each group had to present and defend their research proposal in front of the three major "investors": **Séverine Vermeire**, **Gerhard Rogler** and **Helen Terry**, Director of Policy, Public Affairs and Research, Crohn's & Colitis UK (CCUK). The jury was impressed by the proposed research projects, which included a head-to-head comparative trial investigating the efficacy and safety of anti-TNF antibodies vs. an anti-integrin

antibody and an anti-IL-12/21 antibody, as well as a potential basic science study on CRISPR technology in intestinal organoids to identify novel treatment targets for IBD and a prospective clinical trial evaluating the therapeutic impact of a Mediterranean diet on induction of clinical remission and mucosal healing in patients with active IBD.

The third part of the workshop consisted of a fascinating and inspiring lecture by **Helen Terry**. She gave an overview on some of the recently CCUK-funded projects describing the broad scope of funded research areas within the field of IBD. She also helped participants to develop a deeper understanding of how a funding agency decides which projects to select.

The 10th Y-ECCO Career Workshop closed with a big 'Thank You' to the three outstanding speakers, who then handed over a certificate to all participants of the winning group with the best research proposal. They chose the Mediterranean diet proposal, partly because red wine would be part of that diet. Last but not least, the Y-ECCO afternoon was rounded off by the Y-ECCO networking event in a cosy tapas bar, which made the afternoon not only scientifically productive, but also very interactive.

We look forward to meeting you at the next Y-ECCO Career Workshop!

DOMINIK BETTENWORTH
Y-ECCO Member

Y-ECCO Literature Review

Dear (Y-)ECCO Members,

Welcome to the Y-ECCO Literature Review section of ECCO News. Here, 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, and surgery.

We are always looking for people wishing to participate in this initiative, and interested Y-ECCO Members can from now on contact

Dominik (Dominik.Bettenworth@ukmuenster.de). The idea is that you choose a recent article and summarise the key findings and importance of the paper in a maximum of 1000 words. Together with the review, a short self-description and picture will be published in ECCO News. In addition, the Literature Reviews are included in the ECCO e-Library (e-learning.ecco-ibd.eu).

Enjoy catching up with the latest IBD studies!



Isabelle Cleynen © ECCO

ISABELLE CLEYNEN

Y-ECCO Literature Review Admin

A microbial signature for Crohn's Disease

Pascal V, Pozuelo M, Borruel N, Casellas F, Campos D, Santiago A, Martinez X, Varela E, Sarabayrouse G, Machiels K, Vermeire S, Sokol H, Guarner F, Manichanh C. *Gut*. 2017 Feb 7. pii: [gutjnl-2016-313235](https://doi.org/10.1136/gutjnl-2016-313235). doi: [10.1136/gutjnl-2016-313235](https://doi.org/10.1136/gutjnl-2016-313235). PMID: 28179361 [Epub ahead of print]

Introduction

Inflammatory Bowel Disease (IBD) is acknowledged to result from an abnormal immune response against commensal microbiota in a genetically predisposed host, and environmental factors can trigger the onset or reactivation of the disease [1–4].

The gut microbiota play a pivotal role in this process, as shown previously in rodent models. Most germ-free rodents do not develop intestinal inflammation or immune activation upon stimulation, whereas after colonisation with specific enteric bacteria such mice do rapidly develop disease and pathogenic immune responses [5,6]. Genetic evidence revealed 242 loci linked with IBD, many of which are involved in the recognition of bacterial peptides and the elimination of intracellular bacteria [7].

The field of the gut microbiome is evolving fast, and remarkable changes in microbial composition and richness, also known as 'dysbiosis', and function have been observed in IBD patients in the past decade [8,9]. This gastrointestinal dysbiosis has been described in obesity, colorectal cancer, anorexia, irritable bowel syndrome (IBS), diabetes, IBD and numerous other conditions affecting human health. IBD, and more particularly Crohn's Disease (CD), has been associated with a reduction in within-sample biodiversity (α-diversity), increased representation of several taxa, e.g. *Escherichia coli* and a decrease in others, e.g. *Faecalibacterium prausnitzii* [10–12].

However, existing profiles of gut microbiome dysbiosis in adult CD patients vary among published studies, probably because of heterogeneity of study populations, differences in sample site (e.g. stool versus mucosa) and technical differences in methodology and study design, and no clear comparison between dysbiosis in CD and Ulcerative Colitis (UC) has yet been performed [13,14].

In this article the authors aimed to develop a set of biomarkers (a microbial profile) for CD that is useful for distinguishing CD from non-CD patients, independently of geographical region, and that, in the future, can be used in the clinic as a non-invasive screening marker for CD diagnosis based on stool samples in adults.

Key findings

A cohort study was performed based on a Spanish IBD cohort to identify a set of biomarkers for CD.

The outcome was validated by several other published and unpublished studies in a Belgian CD cohort, a Spanish IBS cohort, a UK healthy twin cohort and a German anorexic cohort.

The Spanish IBD cohort consisted of 40 healthy controls (HC) unrelated to the patients, 34 CD patients, 33 UC patients and 36 and 35 healthy relatives (HR) of the patients with CD and UC, respectively.

Based on weighted UniFrac distance, a metric used for comparing biological communities between samples, the stability of the microbiome of patients with UC and CD was evaluated over time. The results showed that the microbiome of CD patients was significantly more unstable than that of UC patients, suggesting a greater dysbiosis in CD patients

compared to UC patients. This finding was confirmed at the taxonomic level by the fact that, at baseline, six genera were enriched in patients with CD compared with 12 in HC, while only two genera were enriched in patients with UC compared with one in HC.

Next, the authors constructed an algorithm based on the groups of microbes that presented most significant differences between CD and UC and between CD and HC using the Kruskal-Wallis [false discovery rate (FDR) <0.05] test. In this algorithm, eight groups of micro-organisms were included: *Faecalibacterium*, an unknown *Peptostreptococcaceae*, *Anaerostipes*, *Methanobrevibacter*, an unknown *Christensenellaceae*, *Collinsella*, *Fusobacterium* and *Escherichia*. The first six groups were in lower relative abundance and the last two groups in higher relative abundance in CD compared with non-CD patients (UC+HC). *Collinsella* was found mostly in UC cases, whereby discrimination between UC and CD became possible.

The performance of this algorithm was first tested in the authors' Spanish IBD cohort at different time points (HC: baseline and month 3, IBD patients: baseline and months 3, 6, 9 and 12). The diagnostic accuracy for distinguishing CD patients from HC and from UC patients was 85.1% and 82.5%, respectively.

The sensitivity of the algorithm, tested in a Belgian CD cohort (n=54), was 81.8% (true positive CD patients). The specificity of the set of biomarkers was evaluated in a Spanish UC cohort (n=41), a Spanish IBS cohort (n=125), a UK healthy twin cohort (n=977; 1,016 faecal samples) and a German anorexic cohort (158 faecal samples). A specificity of 95.1% was obtained for the detection of CD versus UC and specificities of 94.4%, 92.7% and 94.3% for the detection of CD versus IBS, healthy twin individuals and anorexic patients, respectively.

Finally, the accuracy and reproducibility were tested on a set of recently published data from a French IBD cohort (n=235 IBD patients and 38 HC). The algorithm showed only a 64% success rate in discovering CD versus UC (60% sensitivity and 68% specificity) and a 74% accuracy for the prediction of CD versus HC (60% sensitivity and 94.8% specificity). The higher accuracy in detection of CD versus UC in the Spanish cohort compared with the French cohort is probably explained by a difference in the methodological approach. The French cohort used a different variable region of the 16S rRNA gene (V3–V5 instead of V4) and a different sequencing platform.

Conclusion

The development of new sequencing techniques has made microbiome analysis more affordable and allowed it to be carried out within a short time. The constructed algorithm could potentially be the first non-invasive test for the diagnosis of CD in adults, but further investigations aimed at developing a more standardised microbiome analysis method are needed before it can be implemented in a clinical setting. It can become a decision-making tool when combined with the clinical presentation, calprotectin testing and medical imaging techniques.

References

1. Marteau P, Lepage P, Mangin I, et al. Review article: gut flora and inflammatory bowel disease. *Aliment Pharmacol Ther*. 2004;20 Suppl 4:18–23.
2. Seksik P, Sokol H, Lepage P, et al. Review article: the role of bacteria in onset and perpetuation of inflammatory bowel disease. *Aliment Pharmacol Ther*. 2006;24 Suppl 3:11–8.
3. Guarner F, Malagelada JR. Gut flora in health and disease. *Lancet*. 2003;361:512–9.
4. Sartor RB. Microbial Influences in inflammatory bowel diseases. *Gastroenterology*. 2008;134:577–94.
5. Onderdonk AB, Hermos JA, Bartlett JG. The role of the intestinal microflora in experimental colitis. *Am J Clin Nutr*. 1977;30:1819–25.
6. Sellon RK, Tonkonogy S, Schultz M, et al. Resident enteric bacteria are necessary for development of spontaneous colitis and immune system activation in interleukin-10-deficient mice. *Infect Immun*. 1998;66:5224–31.
7. 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.
8. Frank DN, St Amand AL, Feldman RA, et al. Molecular-phylogenetic characterization of microbial community imbalances in human inflammatory bowel diseases. *Proc Natl Acad Sci U S A*. 2007;104:13780–5.
9. Willing B, Halfvarson J, Dicksved J, et al. Twin studies reveal specific imbalances in the mucosa-associated microbiota of patients with ileal Crohn's disease. *Inflamm Bowel Dis*. 2009;15:653–60.
10. Morgan XC, Tickle TL, Sokol H, et al. Dysfunction of the intestinal microbiome in inflammatory bowel disease and treatment. *Genome Biol*. 2012;13:R79.
11. Manichanh C, Rigottier-Gois L, Bonnaud E, et al. Reduced diversity of faecal microbiota in Crohn's disease revealed by a metagenomic approach. *Gut*. 2006;55:205–11.
12. Joossens M, Huys G,nockaert M, et al. Dysbiosis of the faecal microbiota in patients with Crohn's disease and their unaffected relatives. *Gut*. 2011;60:631–7.
13. Wright EK, Kamm MA, Teo SM, et al. Recent advances in characterizing the gastrointestinal microbiome in Crohn's disease: a systematic review. *Inflamm Bowel Dis*. 2015;21:1219–28.
14. Sokol H, Leducq V, Aschard H, et al. Fungal microbiota dysbiosis in IBD. *Gut*. 2016 Feb 3. doi: [10.1136/gutjnl-2015-310746](https://doi.org/10.1136/gutjnl-2015-310746). [Epub ahead of print].

Clara Caenepeel

Clara Caenepeel graduated as an MD at KU Leuven in 2014 and is specialising in internal medicine. She is currently performing her PhD at KU Leuven, in the IBD research group. Her PhD project, entitled "Therapeutic manipulation of the human microbiome", will study the efficacy and safety of faecal microbiota transplantation (FMT) in active Ulcerative Colitis patients, specifically looking at the effects of donor pre-selection, route of administration and the role of repeated FMT.



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Drug safety and risk of adverse outcomes for pregnant patients with Inflammatory Bowel Disease

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Introduction

It is widely accepted that Inflammatory Bowel Disease (IBD), especially when active, can lead to adverse pregnancy outcomes. However, information regarding the use of IBD medications during pregnancy varies and safety data are limited, particularly in relation to the biologic agents. Given that IBD typically affects patients in their childbearing years, drug safety during pregnancy is an area of considerable interest among patients and healthcare providers alike. There have been a multitude of reviews published on this matter in the last several years that seek to summarise the evidence as it becomes available. Mahadevan et al provide an adept and helpful outline of the current data surrounding drug safety in pregnancy for patients with IBD. This article also provides a useful explanation of the sources of data in this field, which are largely cohort studies and some case-control studies, given that randomised controlled trials tend not to include pregnant women due to ethical considerations. The available evidence is often retrospective in nature and it can be impossible to interpret the confounding effect of active disease.

Key findings

Aminosalicylates. The authors affirm that aminosalicylates, including sulfasalazine and mesalazine, are considered safe in pregnancy. A Danish cohort study based on registry data that included 88 women exposed to aminosalicylates during the entire pregnancy did find an increased risk of stillbirth and preterm birth, but it was difficult to demarcate the effect of disease activity [1]. A meta-analysis including 642 pregnant women with exposure to aminosalicylates demonstrated no significant increase in risk of congenital anomalies, stillbirth, spontaneous abortion, preterm delivery or low birth weight [2].

Corticosteroids. Corticosteroids and in particular prednisolone may be required to induce remission during pregnancy, which means distinguishing drug effect from disease activity is not straightforward. An older meta-analysis showed a small increased risk of oral cleft with first trimester corticosteroid exposure [3]. However, the authors reported a recent large Danish cohort study which showed no increased risk of cleft lip or palate in 51,973 pregnancies with exposure to any form of corticosteroids in the first trimester, though it is worth noting that only 2,195 of these pregnancies were exposed to corticosteroids taken orally [4]. The ongoing prospective multicentre Pregnancy in Inflammatory Bowel Disease and Neonatal Outcomes (PIANO) registry data, which have been adjusted for disease activity, demonstrated corticosteroids to be associated with gestational diabetes and low birth-weight, and a non-significant association with preterm birth was found [5]. Hence the authors indicated that steroid-sparing agents should be used when feasible.

Methotrexate. Methotrexate is well known to be teratogenic and is contraindicated during conception and pregnancy.

Thiopurines. The article acknowledges that data relating to the safety of thiopurines in pregnancy are inconsistent as most studies are retrospective in nature and, once again, it is difficult to separate the effect of disease activity. However, a recent meta-analysis including some prospective cohort studies showed no significant increased risk of congenital malformations or low birth weight in patients with IBD being treated with thiopurines compared with women not receiving thiopurines [6]. The authors highlighted a recent multicentre retrospective study which demonstrated that use of thiopurines did not increase the risk of pregnancy or neonatal complications, including congenital anomalies and low birth weight [7]. The ongoing prospective PIANO registry has not shown an association between thiopurine use and congenital anomalies or pregnancy complications in 337 children exposed to a thiopurine during pregnancy [8]. A different prospective study of 30 children exposed to thiopurines in utero did not report an increased

risk of infection or abnormality in development up to a median age of 3.8 years [9]. Thus thiopurines can be continued during pregnancy as the risk of active disease outweighs the risks associated with thiopurine use.

Anti-TNF agents. The article advocates continuation of anti-TNF agents in pregnancy, but explains that infliximab and adalimumab are transferred across the placenta in the second and third trimesters. A recent meta-analysis that included 349 subjects who received anti-TNF therapy showed no significant increase in the rate of unfavourable pregnancy outcomes in women with IBD [10]. Similarly, data from the ongoing prospective PIANO registry including over 500 pregnancies in IBD patients exposed to anti-TNF therapy did not show an increased risk of congenital anomalies compared to the IBD cohort not exposed to anti-TNF medications [8]. However, there was seen to be an increased rate of infections during the first 12 months in infants exposed to the combination of anti-TNF medications and thiopurines in utero [8]. Such an increased risk of infections was also found in another recent prospective study which demonstrated that exposure to combination therapy increased the risk of infant infections in the first 12 months almost three-fold compared with anti-TNF monotherapy [11]. While intra-uterine exposure to anti-TNF medications does not seem to increase the risk of unfavourable pregnancy outcomes or congenital anomalies, the long-term implications for the neonatal immune system are unknown and therefore the authors recommend consideration of dosing adjustments for adalimumab and infliximab in the third trimester to reduce placental transfer. However, there is a different consensus in Europe, where it is generally recommended to consider discontinuing infliximab around the end of the second trimester if the patient is in sustained remission in order to reduce drug transfer to the foetus.

Anti-integrin agents. Available data pertaining to vedolizumab use during pregnancy are extremely limited and additional studies are required. Data from vedolizumab clinical trials documented 24 female participants receiving vedolizumab who became pregnant; hence the evidence thus far is restricted by follow-up and sample size [12].

Conclusion

This article provides an extremely valuable update on the important yet challenging issue of drug safety for pregnant patients with IBD. Although extensive, prospective safety data are unavailable, the safety of IBD medications during pregnancy, including aminosalicylates, thiopurines and anti-TNF medications, is supported in the current literature while further studies are required for vedolizumab. It would be beneficial to define the levels of evidence in order to further qualify these safety recommendations.

The gold standard for safety data is a compilation of all the randomised controlled trials as well as the observational data. In view of the ethical limitations surrounding clinical trials of IBD medications in pregnant women, we rely on ongoing cohort and registry sources to obtain data and we eagerly await the publication of the PIANO registry findings. Further research is also required to establish the optimal timing of anti-TNF dosing to maintain pregnant patients in remission yet reduce exposure to the foetus as well as to provide long-term safety data regarding intra-uterine drug exposure.

References

1. Norgard B, Fonager K, Pedersen L, et al. Birth outcome in women exposed to 5-aminosalicylic acid during pregnancy: a Danish cohort study. *Gut*. 2003;52:243–7.
2. Rahimi R, Nikfar S, Rezaei A, Abdollahi M. Pregnancy outcome in women with inflammatory bowel disease following exposure to 5-aminosalicylic acid drugs: A meta-analysis. *Reprod Toxicol*. 2008;25:271–5.
3. Park-Wyllie L, Mazzotta P, Pastuszak A, et al. Birth defects after maternal exposure to corticosteroids: Prospective cohort study and meta-analysis of epidemiological studies. *Teratology*. 2000;62:385–92.
4. Hvid A, Molgaard-Nielsen D. Corticosteroid use

during pregnancy and risk of orofacial clefts. *CMAJ*. 2011;183:796–804.

5. Lin K, Martin CF, Dassopoulos T, et al. Pregnancy outcomes amongst mothers with inflammatory bowel disease exposed to systemic corticosteroids: results of the PIANO registry [abstract]. *Gastroenterology*. 2014;146:S1.
6. Hutson JR, Matlow JN, Moretti ME, et al. The fetal safety of thiopurines for the treatment of inflammatory bowel disease in pregnancy. *J Obstet Gynaecol*. 2013;33:1–8.
7. Casanova MJ, Chaparro M, Domenech E, et al. Safety of thiopurines and anti-TNF-alpha drugs during pregnancy in patients with inflammatory bowel disease. *Am J Gastroenterol*. 2013;108:433–40.
8. Mahadevan U, Martin CF, Sandler RS, et al. PIANO: a 1000 patient prospective registry of pregnancy outcomes in women with IBD exposed to immunomodulators and biologic therapy [abstract]. *Gastroenterology*. 2012;142:S149.
9. de Meij TG, Jharap B, Kneepkens CM, et al. Long-term follow-up of children exposed intrauterine to maternal thiopurine therapy during pregnancy in females with inflammatory bowel disease. *Aliment Pharmacol Ther*. 2013;38:38–43.
10. Narula N, Al-Dabbagh R, Dhillon A, et al. Anti-TNF alpha therapies are safe during pregnancy in women with inflammatory bowel disease: a systematic review and meta-analysis. *Inflamm Bowel Dis*. 2014;20:1862–9.
11. Julsgaard M, Christensen LA, Gibson PR, et al. Concentrations of adalimumab and infliximab in mothers and newborns, and effects on infection. *Gastroenterology*. 2016;151:110–9.
12. Mahadevan U, Vermeire S, Lasch K, et al. Vedolizumab exposure in pregnancy: outcomes from clinical studies in inflammatory bowel disease. *Aliment Pharmacol Ther*. 2017. doi:10.1111/apt.13960 [Epub ahead of print].

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Clinical remission in patients with moderate-to severe Crohn's Disease treated with filgotinib (the FITZROY study): results from a phase 2, double-blind, randomised, placebo controlled trial

Vermeire S, Schreiber S, Petryka R, Kuehbach T, Hebuterne X, Roblin X, Klopocka M, Goldis A, Wisniewska-Jarosinska M, Baranovsky A, Sike R, Stoyanova K, Tasset C, Van der Aa A, Harrison P
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Introduction

The management of Crohn's Disease has benefited from the introduction of therapeutic monoclonal antibody drugs targeting tumour necrosis factor- α (anti-TNFs), which has led to an increase in the number of patients in stable clinical remission. Nevertheless, a substantial number of patients do not respond to treatment and many eventually lose response over time. Alternative disease-modifying drugs that control disease and prevent surgical interventions are greatly needed in the therapeutic armamentarium. In this study, the authors describe the results of a phase 2, double-blind, randomised, placebo-controlled trial with filgotinib in patients with moderate-to-severe Crohn's Disease. Filgotinib is a once-daily, orally administered and highly selective inhibitor of Janus kinase 1 (JAK1), with a 30 times selectivity for JAK1 over JAK2 and a 50 times selectivity for JAK1 over JAK3. JAKs are intracellular cytoplasmic tyrosine kinases that are involved in cytokine signalling through the JAK-STAT pathway and have an important role in immunity, cell proliferation and cell differentiation [1]. Blocking the JAK-STAT pathway is a promising therapeutic option for inflammatory diseases and efficacy has already been demonstrated in rheumatoid arthritis [2].

Methods

The authors recruited patients from 52 different centres in nine European Countries. Eligibility criteria were an age between 18 and 75 years with a documented history of ileal, colonic or ileocolonic Crohn's Disease and a Crohn's Disease activity index (CDAI) between 220 and 450 at screening. Importantly, centrally read endoscopic scores [Simplified Endoscopy Score for Crohn's Disease (SES-CD)] were used to assess active inflammation and ulceration. Both anti-TNF-naïve and anti-TNF-experienced patients were eligible, but the anti-TNF drug had to be stopped at least 8 weeks prior to baseline. Stable steroid, antibiotic or mesalazine/olsalazine treatment was permitted, while immunomodulators (thiopurines/methotrexate) had to be discontinued at least 25 days prior to the first dose of filgotinib. The study consisted of two parts, each with a duration of 10 weeks. In part 1, patients were randomly assigned (3:1) to receive 200 mg filgotinib once daily or placebo. After the first 10 weeks of treatment, patients were re-assigned, based on the CDAI clinical responder status, to receive either 200 mg filgotinib once daily, 100 mg filgotinib once daily or placebo, for an additional 10 weeks (part 2). Part 2 of the study was observational as it was not adequately powered. The primary endpoint of the study was clinical remission, defined as CDAI less than 150 at week 10. Secondary endpoints included clinical remission at weeks other than week 10, clinical response, endoscopic response/remission, mucosal healing and deep remission. Biomarker analysis included CRP and faecal calprotectin.

Key findings

At week 10, 200 mg filgotinib once daily was superior to placebo as 47% versus 23% of patients, respectively, achieved clinical remission (CDAI <150). Among anti-TNF-naïve patients, 60% in the filgotinib-treated group versus 13% in the placebo group achieved clinical remission. In anti-TNF-experienced patients, 37% in the filgotinib-treated group versus 29% in the placebo group achieved clinical remission. In addition, filgotinib-treated patients reported significant improvements in health-related quality of life, as assessed by the Inflammatory Bowel Disease Questionnaire (IBDQ). A greater proportion of patients in the filgotinib-treated group achieved an SES-CD 50% endoscopic response, endoscopic remission and deep remission, but statistical significance was not reached. Normalisation of CRP or faecal calprotectin in patients with elevated CRP or faecal calprotectin at baseline occurred in a higher number of filgotinib-treated patients (27%)

than placebo-treated patients (4%).

Part 2 of the study suggested a beneficial role of filgotinib for the maintenance of clinical remission. However, since the study was not adequately powered and the duration of the follow-up limited to 10 weeks, the authors could not truly evaluate the long-term clinical benefit of filgotinib.

Safety data showed that a higher proportion of filgotinib-treated patients experience a serious treatment-emergent adverse event or treatment-emergent adverse event leading to discontinuation. Moreover, serious infections were observed in 3% of the filgotinib-treated patient group compared to 0% of the placebo group. No differences between filgotinib- and placebo-treated patients were observed with respect to mean haemoglobin concentrations, haematocrit, neutrophils, lymphocytes, platelets or liver function tests.

Conclusions

The results of this phase 2 trial demonstrate a favourable risk-benefit profile of filgotinib for the treatment of patients with active Crohn's Disease. Filgotinib is superior to placebo for achieving clinical remission, as corroborated by endoscopic improvements, normalisation of biomarkers and improvements in health-related quality of life. Nevertheless, the absence of significant endoscopic improvements in this study, for which the study was not powered, warrants further investigation to define the exact place of filgotinib, as a first- or second-line treatment, in moderate-to-severe Crohn's Disease. This is especially true when viewed in light of the emerging treat-to-target paradigm in clinical practice, which aims to achieve mucosal healing and prevent irreversible bowel damage.

Filgotinib is well tolerated and has an acceptable safety profile. The higher risk of (serious) infections observed in the filgotinib-treated patient group has also been reported for other JAK inhibitors, suggesting a class effect. The suitability for oral administration, low interpatient variability and lack of immunogenicity are valuable assets of filgotinib, especially in the current era of biological drugs.

As a side note, the authors highlight the importance of centrally read endoscopy to assess active disease, which is believed to increase the homogeneity of the study population, thereby contributing to low placebo response rates; high placebo response rates are often observed in clinical trials within Inflammatory Bowel Diseases and may render an efficacious drug ineffective [3]. In this study, the high number of screening failures demonstrates that such objective assessment is necessary to ensure a population with active Crohn's Disease, which allows evaluation of the true clinical benefit of a drug.

In conclusion, filgotinib could be an appealing new treatment strategy for moderate-to-severe Crohn's Disease, but its exact role and risk-benefit profile remain to be clarified in the pending phase 3 studies.

References

1. Boland BS, Sandborn WJ, Chang JT. Update on Janus kinase antagonists in inflammatory bowel disease. *Gastroenterol Clin North Am* 2014;43:603–17.
2. Kavanaugh AF, Ponce L, Cseuz R, et al. Filgotinib (GLPG0634, GS-6034), an oral JAK1 selective inhibitor is effective as monotherapy in patients with active rheumatoid arthritis: results from a 24-week phase 2B dose ranging study. *Ann Rheum Dis* 2016;75:247. Abstract THU0173.
3. Feagan BG, Sandborn WJ, D'Haens G, et al. The role of centralized reading of endoscopy in a randomized controlled trial of mesalazine for ulcerative colitis. *Gastroenterology* 2013;145:149–57.

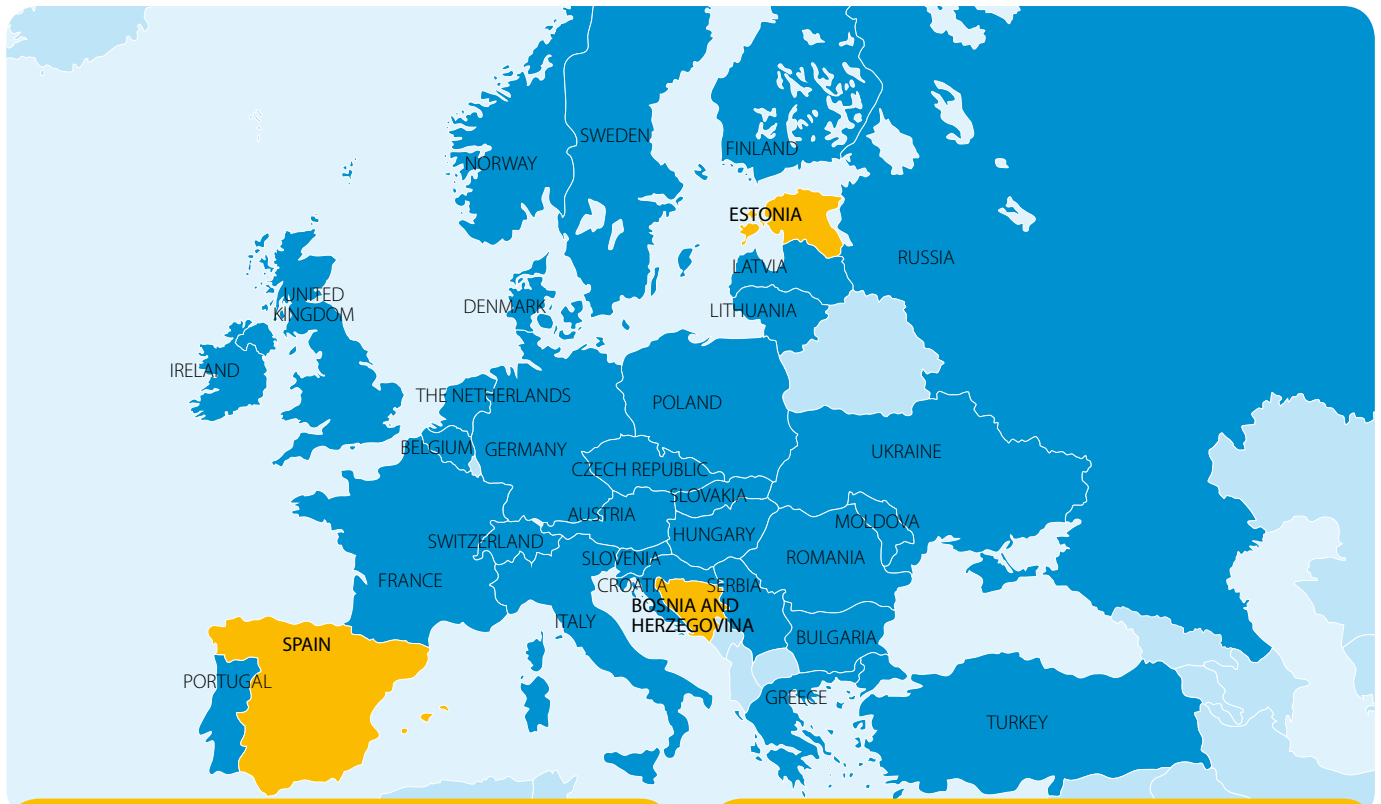
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Thomas Van Stappen is currently completing his PhD in Pharmaceutical Sciences at the University of Leuven. His research focus lies with therapeutic drug monitoring of biologicals used for the treatment of IBD, and more specifically the development and evaluation of cutting-edge assays that can aid clinical decision-making and improve patient outcomes.



Thomas Van Stappen
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ECCO Country Member Profiles



Identity card



- Country: **Spain**
- Name of group: GETECCU ("Grupo Español de Trabajo en Enfermedad de Crohn y Colitis Ulcerosa")
- Number of active members: 800
- Number of meetings per year: One. The group holds a yearly meeting on the first Friday and Saturday of October in Madrid. The meeting offers a complete educational programme, which includes both conferences and updated information about ongoing studies and discussions about new proposals.
- Name of president and secretary: Javier P. Gisbert (President), María Chaparro (Secretary)
- National Representatives: Javier P. Gisbert, Pilar Nos
- Joined ECCO in: 2001 – from the very beginning! GETECCU was involved in ECCO from its foundation. In fact, Miquel Angel Gassull, the first president and founder of GETECCU, was the second president and also founder of ECCO.
- Incidence of IBD in the country (if available): It is probably higher than 10 new cases per 105 per year. GETECCU has just rolled out (in 2017) a multicentre prospective study to evaluate the incidence of IBD in Spain, with the participation of almost 300 researchers distributed throughout the country.

Identity card



- Country: **Bosnia and Herzegovina**
- Name of group: Asocijacija gastroenterologa i hepatologa Bosne i Hercegovine (Gastroenterology and Hepatology Association of Bosnia and Herzegovina)
- Number of active members: 99
- Number of meetings per year: 2–3
- Name of president and secretary: Rusmir Mesihović and Aida Pilav
- National Representatives: Emil Babić and Ante Bogut
- Joined ECCO in: 2014
- Incidence of IBD in the country (if available): We do not have information on incidence, but it is assumed that approximately 2,850 patients with IBD live in our country (1,100 with Crohn's Disease and 1,750 with Ulcerative Colitis).

Identity card



- Country: **Estonia**
- Name of group: Estonian Society of Gastroenterology
- Number of active members: 73
- Number of meetings per year: 2–3
- Name of president and secretary: Riina Salupere (President), Benno Margus (Secretary)
- National Representatives: Karin Kull, Benno Margus (until September 1, 2017; from September 1, 2017 onwards: Triin Remmel)
- Joined ECCO in: 2014
- Incidence of IBD in the country (if available): EpiCom Study Group (now known as Epi-IBD Study group) data 2014: 10.3 per 100,000 (all forms of IBD)

Questionnaire – SPAIN



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

Founded 27 years ago, GETECCU was initially devoted to education in IBD. Since GETECCU became an ECCO Country Member, the teaching activity has been considerably enhanced and, in addition, the research activity has been fostered through national and international collaboration.

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

Being an ECCO Country Member has enhanced the international interaction between GETECCU and other National IBD Study Groups and has made possible our participation in several European educational and research projects.

Is your society making use of the ECCO Guidelines?

Yes. GETECCU actively makes use of the ECCO Guidelines and disseminates them by means of its congresses, website, e-mails, etc.

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

Yes. In fact, GETECCU has just finalised a huge multinational project (led by Dr. Chaparro and Dr. Gisbert), supported by the ECCO ClinCom, entitled "Long-term safety of in utero exposure to anti-TNF drugs for the treatment of IBD: results from the multicentre European TEDDY Study". Approximately 30 national and international centres throughout Europe have participated in this encouraging project, which has received an award from ECCO as one of the best investigator-initiated studies.

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

Yes. GETECCU has recently organised an ECCO Educational Workshop in Spain. Furthermore, last year we organised, in Spain, the Tri-National Advanced Residential Course on IBD, together with our French and Italian colleagues. This year, we will participate in a new edition of this course, with the additional involvement of our Portuguese colleagues.

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

Yes (in several).

What are your main areas of research interest?

GETECCU is interested in several research fields such as: (1) epidemiological studies ("An epidemiological study of the incidence of IBD in Spain"), (2) studies dealing with infections (INFEII project), (3) therapeutic studies regarding endoscopic dilatation (PROTDILAT study) and (4) randomised clinical trials evaluating the use of intravenous corticosteroids in Ulcerative Colitis (CECUM study), the efficacy of thiopurines vs. biologics for the prevention of post-surgical recurrence of Crohn's Disease (APPRECIAT trial) and the risk of IBD relapse after anti-TNF treatment discontinuation (EXIT trial).

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

More than 10 years ago GETECCU set up the ENEIDA registry. The ENEIDA registry now holds clinical and epidemiological data for more than 40,000 IBD patients throughout Spain. Moreover, the registry includes more than 5,000 DNA samples in a bio bank.

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

The ENEIDA registry has been the most productive tool for scientific publications of GETECCU during recent years. Furthermore, ENEIDA has inspired the development of the UR-CARE platform, a common European database that will be launched very soon. Regarding epidemiological studies, the incidence of IBD will be studied throughout the country in a



Javier P. Gisbert © Javier P. Gisbert



Pilar Nos © Pilar Nos

huge study including all the Spanish regions and almost 200 researchers. With respect to clinical trials, GETECCU has just started an ambitious randomised clinical trial to evaluate the percentage of IBD patients who maintain clinical remission one year after anti-TNF discontinuation and to compare results in these patients and those who continue anti-TNF treatment.

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

Several members of GETECCU are actively participating in ECCO Activities, including Julián Panés (President of ECCO), Antonio López-Sanromán (EduCom Member), Javier P. Gisbert (ClinCom Member and UR-CARE Steering Committee Member), Eugeni Domènech (CONFER Committee Member) and many others who are actively participating in, for example, the development of the ECCO Guidelines (Fernando Gomollón, Manuel Barreiro, etc.).

What are your aims for the future?

GETECCU has the mission and the vision of being not only a world-leading scientific society in the field of IBD but also a quality reference for Spanish IBD patients.

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

Collaboration between countries and scientific societies seems to be the only way to optimise efforts to achieve scientific excellence.

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

ECCO must be the reference for educational programmes and clinical practice in Europe (and even beyond). ECCO should take advantage of public health systems in Europe to show the world that clinical practice must be evidence based.

JAVIER P. GISBERT AND PILAR NOS

ECCO National Representatives, Spain

Questionnaire – ESTONIA



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

- IBD nurses have been educated at country level and started their jobs
- Nurse representation in N-ECCO
- Two gastroenterology trainees (residents) have participated annually in the ECCO IBD Intensive Advanced Course
- ECCO Workshop held in Tallinn in 2015
- Patient organisation (EPSS) founded in 2016

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

- Possibility of organising an ECCO Workshop locally
- Possibility for young gastroenterology trainees (residents) and nurses to participate in the ECCO-supported educational programmes (grants)

Is your society making use of the ECCO Guidelines?

Yes, the Estonian Society of Gastroenterology recommends following the ECCO Guidelines.

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

We have participated in the EpiCom projects.

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

Not yet

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

Not yet

What are your main areas of research interest?

Epidemiology of IBD



Benno Margus and Karin Kull © Benno Margus

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

No

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

Starting to utilise the UR-CARE platform

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

The EpiCom Survey

What are your aims for the future?

- Popularisation of ECCO among gastroenterologists in Estonia
- Continuing collaboration in ECCO Projects

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

We hope that ECCO will offer further support to IBD patients and continue research in IBD to enhance understanding of IBD and patient care.

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

For both networking and congresses

KARIN KULL AND BENNO MARGUS
ECCO National Representatives, Estonia

Questionnaire – BOSNIA AND HERZEGOVINA



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

We have established better connections with other associations, so the exchange of experience is much better. Since we have been an ECCO Country Member there is always at least one European IBD expert at our meetings, presenting interesting and useful lectures. Generally knowledge about IBD has improved in our country.

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

By being an ECCO Country Member we have the chance to participate in ECCO Projects and as a relatively small country we can be part of a big family which is improving knowledge about IBD and in that way helping patients. Our members can attend ECCO Courses and Workshops, participate in projects, and apply for grants, and thereby improve their knowledge.

Is your society making use of the ECCO Guidelines?

We use the ECCO Guidelines. Also in 2015 our expert group wrote a Bosnian and Herzegovinian guide for IBD, and ECCO Guidelines were incorporated into them.

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

To date we have not developed any formal links with other countries, but we have great cooperation with our dear friends from Croatia, Serbia and Slovenia.

What are your main areas of research interest?

Currently, our main areas of interest are epidemiology and quality of life in IBD patients, but we have many plans for the future.

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

We do not have a bio bank. Our centres have IBD databases but unfortunately they are not connected.



Ante Bogut © Ante Bogut

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

Developing our guidelines for IBD treatment.

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

Our ECCO National Representatives participate in reviewing guidelines.

What are your aims for the future?

We will do our best to develop a national IBD registry and bio bank. If the opportunity arises, we will participate with ECCO in international studies. Also we will be more than happy to host one of ECCO's Educational Workshops.

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

Our "older brothers and sisters" in ECCO can help us by sharing their experiences. Such exchanges of experience are much easier through ECCO.

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

We use ECCO for Congress, Workshops, and Guidelines. As well as improving knowledge, this is a great way to make connections.

ANTE BOGUT AND EMIL BABIĆ
ECCO National Representatives, Bosnia & Herzegovina

Mild-to-moderate IBD management: Challenges beyond inflammation

Disclaimer: The views and opinions expressed are those of the speakers and not necessarily of Tillotts Pharma. The satellite symposium is not affiliated with the European Crohn's and Colitis Organisation (ECCO).



Gerhard Rogler, Ian Arnott, Prof. Jonas Halfvarson © Tillotts Pharma

The satellite symposium sponsored by Tillotts Pharma was introduced by the Chair, Prof. Gerhard Rogler, Zürich, Switzerland. He briefly highlighted the treatment paradigm and treatment goals of ulcerative colitis (UC), the challenges of treating the elderly and the use of patient reported outcomes (PROs) in inflammatory bowel disease (IBD).

The text below is a summary of the presentations of the three speakers.

Treatment of UC

Treatment strategies in UC are dependent on the disease severity. The ECCO guideline on the diagnosis and management of UC [1] considers mesalazine as the gold standard for the treatment of mild-to-moderate UC, with more severe UC cases being treated with corticosteroids and biologics. Regardless of the disease severity, the treatment goals in UC remain the same; these include reducing mortality, number of colectomies and hospital admissions, whilst optimising treatment adherence, surveillance/monitoring, and most importantly inducing mucosal healing.

Clinical trials tend to exclude elderly patients, thus presenting challenges to treating physicians with respect to treating this population.

Patient reported outcomes (PROs)

The patient's and the physician's perspectives on disease severity and activity often do not correlate. There is the opinion of the regulators that physician reported outcomes do not reflect the patient's disease burden; hence PROs are becoming more widely applied in the assessment of disease activity.

The advantages of PROs are that they engage patients in their disease management (i.e., providing a sense of empowerment), leading to bidirectional communication and educating patients and physicians to speak a common language. In contrast, the disadvantages are that PROs are currently not well-validated in clinical trials, comparison to efficacy data from older trials is no longer possible and lastly, PROs are subjective by definition. These topics were discussed in more detail by Dr. Ian Arnott, Edinburgh, Scotland and Prof. Jonas Halfvarson, Örebro, Sweden.

Treatment of mild-to-moderate IBD in the elderly

Ian Arnott, Edinburgh, Scotland

Trends in the elderly population

Based on current trends, it is predicted that between 2012 and 2032 for those aged 65-84 and 85+ years, the UK will see a population increase of 39% and 106%, respectively [2, 3]. With an estimated 10-30% of the IBD population aged over 60 years [4] this equates to an increased number of elderly IBD patients who will need treatment in the years ahead. The elderly population are composed of those who have received a diagnosis of IBD later on in life (elderly-onset IBD), and those who have had IBD for several decades. Both elderly groups present the physician with unique challenges for the management of their IBD.

Case study presentation

The following case study was presented: Mr. RF, a male (non-smoker) aged 68 years, presented in 2008 with a four-week history of bloody diarrhoea, bowel movements 5-6x/24 h, he had no nocturnal symptoms and no abdominal pain. Past medical history included mild asthma and depression. Hb 104 g/L (slightly anaemic), MCV 76.3, WCC 10.6, Platelets 355, Albumin 32, and CRP 6.

The varied voting responses of the audience to the question "What is the correct diagnosis? (a) diverticular disease, (b) colon cancer, (c) inflammatory bowel disease" highlighted that many physicians make different plausible diagnoses; reflecting the everyday challenges in the treatment of elderly IBD patients.

The audience learned that Mr. RF underwent sigmoidoscopy, which resulted in the diagnosis of rectosigmoid UC.

Challenges with the treatment of elderly IBD patients

Due to the high probability of polypharmacy, the potential for drug interactions is higher in elderly IBD patients. Diagnosis of IBD in elderly patients is often not as straightforward as in younger patients; this is due to IBD being confused with other diseases such as ischemic colitis, infective colitis, microscopic colitis, diverticular disease and IBS to name a few [4].

The delay in diagnosis has been reported to be longer in the elderly (15 months vs. 5 months) [5] and IBD specific mortality is higher in this group; with the leading cause of death being due to solid malignancies [6]. As elderly IBD patients can be affected by unrelated diseases and health problems, it is important that all relevant specialists talk to each other. For example, in elderly patients with diabetes; the use of steroids may alter glycaemic control, whilst psychiatric disorders may have an effect on medication compliance.

The clinical course tends to be mild in elderly-onset IBD patients, with less presentation of abdominal pain and weight loss, lower frequency of fistulising disease and family history. In Crohn's disease (CD), there tends to be a higher percentage of colonic disease, and in UC, left-sided colitis is the most typical phenotype

Therapeutic considerations for the elderly

The discussion of the case study continued with the question: "What treatment should be given now? (a) 5-ASA, (b) corticosteroids (with/without 5-ASA), (c) immunomodulators/biologics".

Dr. Arnott highlighted that mesalazine, corticosteroids, immunomodulators and surgery are potential treatment options for the elderly IBD population as detailed below.

Mesalazine [1, 7, 8]:

- First drug of choice in the treatment of mild-to-moderate UC.
- Mesalazine is effective for inducing and maintaining remission in UC. Efficacy is comparable between young and older patients.
- Once daily dosing and foam formulations of topical therapy may increase compliance.
- Creatinine clearance should be monitored regularly during therapy (particularly in case of long-term high dose usage).
- Drug interactions with warfarin, 6-mercaptopurine and azathioprine should be considered.

Corticosteroids [9, 10]:

- Use of corticosteroids carries the risk of precipitating/exacerbating pre-existing conditions (e.g. diabetes, congestive heart failure, hypertension, altered mental status and osteoporosis) – more frequent compared to a younger population.
- Bone densitometry needs to be repeated annually.
- Budesonide might be considered as it interferes less with bone metabolism.
- Potential drug interactions include: phenytoin, phenobarbital, ephedrine and rifampicin.

Immunomodulators [10-12]:

- Should be considered in patients with corticosteroid dependence to maintain patients in remission.
- Age is a risk factor for skin cancer and lymphoma in patients exposed to thiopurines.
- Allopurinol could potentially reduce the thiopurine dose (however its concomitant use with immunomodulators increases the risk for infections in those patients with lower absolute lymphocyte counts).

Surgery [13, 14]:

- About 25% of IBD surgeries are performed in patients >55 years of age.
- Older age is associated with an 8-fold increased risk of in-hospital post-operative mortality (leading causes include sepsis and bowel perforation) and higher post-operative morbidity.

Case study continued

The audience learned that Mr. RF was treated with 2 g mesalazine liquid enema. He initially had a good response, and his faecal calprotectin (FC) was 140 µg/g. In December 2008 (due to no response), 2.4 g/day oral mesalazine was added to his treatment regimen, and increased to 4.8 g/day four weeks later. In January 2009 (again due to no response), he underwent a four-week course of corticosteroids, followed by tapering off for two weeks. In mid-March 2009, Mr. RF was in steroid-free remission; he had no rectal bleeding, his Ulcerative Colitis-Disease Activity Index score was less than 2, with a Mayo endoscopic subscore of 0. Subsequently, his treatment was reduced to 1.6 g/day mesalazine.

Conclusions: Therapeutic strategy in the elderly

Dr. Ian Arnott concluded that a bottom-up approach (e.g. mesalazine > corticosteroids > thiopurines > biologic therapy) is the preferred therapeutic strategy in the elderly. He emphasised that one should be cautious with using biologic therapy (e.g. anti TNFs) in the elderly as this is associated with a risk of severe infections.

Relevance of PROs and biomarkers in clinical practice

Jonas Halfvarson, Örebro, Sweden

Patient reported outcomes (PROs)

PROs are becoming an important aspect of assessing disease activity of IBD, with both the European Medicines Agency (EMA) and the United States Food and Drug Administration (FDA) acknowledging the need to accurately measure both the patient's experience of the disease and the biological manifestations of the disease.

PROs according to the EMA:

- any outcome evaluated directly by the patient themselves and based on the patient's perception of a disease and its treatment.
- PRO is an umbrella term covering both single dimension and
- multi-dimension measures of symptoms, HR-QoL, health status, adherence to treatment, satisfaction with treatment, etc.

PROs according to the FDA:

- any report of the status of a patient's health condition that comes directly from the patient, without interpretation of the patient's response by a clinician or anyone else.
- The outcome can be measured in absolute terms (e.g. severity of a symptom, sign or state of a disease) or as a change from a previous measure.

Why use PROs?

In the study by Schreiber et al. 2013, patients and physicians were asked to rate the severity of their/the patient's disease. In this study, patient disease severity was classified as milder by the physician, in comparison to the view of the patient [15]. This highlights that patient's and physician's perspectives do not necessarily correlate; with physicians potentially under-

estimating the severity of the patients' problems, or over-estimating the treatment improvement.

PROs are a relatively new concept; they should be valid, reliable, responsible and feasible.

The following are examples of PROs in CD and UC:

- PRO-2 [CD] [16] – the clinical target based on the Crohn's Disease Activity Index is:
 - Resolution of abdominal pain (abdominal pain ≤1)
 - Normalisation of bowel habit (mean daily stool frequency ≤1.5)
- PRO-2 [UC] [17] – the clinical target based on the Mayo score is:
 - Resolution of rectal bleeding (rectal bleeding = 0)
 - Normalisation of bowel habit (stool frequency ≤1)

Confirming disease activity

As patients rarely accept repeated colonoscopies, biomarkers can be measured in conjunction with PROs to confirm disease activity. Examples of biomarkers of IBD disease activity include FC and C-reactive protein (CRP).

FC is a promising biomarker for the diagnosis of IBD; a meta-analysis of 13 studies (including 744 UC and 727 CD patients) demonstrated that endoscopic healing in IBD patients can be determined by the assessment of FC [18].

CRP levels are often used in the follow-up of patients with IBD. A study by Henriksen et al., 2008, demonstrated that CRP levels at diagnosis were related to the extent of disease in patients with UC. [19].

Treat to target (PROs and Biomarkers)

The Selecting Therapeutic Targets in IBD (STRIDE) program developed by the International Organization for the Study of Inflammatory Bowel Diseases (IOIBD) [20] examined potential treatment targets for IBD to be used for a "treat-to-target" clinical management strategy. With regards to PROs and biomarkers STRIDE recommends the following:

Composite endpoints for CD:

- PRO remission (resolution of abdominal pain and diarrhoea/alterd bowel habit) to be assessed at a minimum of 3 months during active disease.
- Endoscopic remission (resolution of ulceration at ileocolonoscopy or resolution of findings of inflammation on cross-sectional imaging in patients who cannot be adequately assessed with ileocolonoscopy) to be assessed at 6-9 months intervals during active disease.

Composite endpoints for UC:

- PRO remission (resolution of rectal bleeding and diarrhoea/alterd bowel habit).
- Endoscopic remission (resolution of friability and ulceration at flexible sigmoidoscopy or colonoscopy).
 - To be assessed at a minimum of 3 months interval during active disease.

Biomarkers:

- Available biomarkers, including CRP and FC, are not treatment targets because there is insufficient evidence to recommend treatment optimisation using biomarkers alone.

Case study conclusion

Mr. RF had a FC of ~100 µg/g until December 2009 (tested monthly until April 2009, and then every two months), with PRO-2 showing increased stool frequency (3/day).

The audience were asked "What will you do? (a) Keep monitoring F-calprotectin and PRO 2, (b) nothing, or (c) increase the treatment dose from 1.6 g/day to 2.4 g/day 5 ASA". Most of the audience responded equally with (a)

and (c). In response to the voting, Prof. Gerhard Rogler commented that it is important to treat the symptoms and hence he would advise to increase the dose of mesalazine.

In the case of Mr. RF, he was just monitored, and his stool frequency reverted to normal. After additional 6 months, the FC increased progressively to 280 µg/g, whilst no changes in PRO-2 were observed. The audience were asked "What will you do? (a) keep monitoring FC, (b) schedule for endoscopy, or (c) increase the treatment dose of 5-ASA from 1.6 g/day to 2.4 g/day". The majority of the audience voted to schedule for an endoscopy.

Conclusions

Elderly IBD patients are a growing patient population. Physicians need to take into account comorbidity, polypharmacy and cognitive decline when deciding on IBD treatment strategy. Finally, PROs and biomarkers are becoming increasingly important in the assessment of disease activity.

References

1. Dignass, A., et al., Second European evidence-based consensus on the diagnosis and management of ulcerative colitis part 2: current management. *Journal of Crohn's & colitis*, 2012. 6(10): p. 991-1030.
2. UK population consensus, 2014.
3. www.kingsfund.org.uk/time-to-think-differently/trends/demography/ageing-population.
4. Gisbert, J.P. and M. Chaparro, Systematic review with meta-analysis: inflammatory bowel disease in the elderly. *Alimentary pharmacology & therapeutics*, 2014. 39(5): p459-77.
5. Foxworthy, D.M. and J.A. Wilson, Crohn's disease in the elderly: Prolonged delay in diagnosis. *J Am Geriatr Soc*, 1985. 33(7): p. 492-5.
6. Nguyen, G.C., C.N. Bernstein, and E.I. Benchimol, Risk of Surgery and Mortality in Elderly-onset Inflammatory Bowel Disease: A Population-based Cohort Study. *Inflamm Bowel Dis*, 2017. 23(2): p. 218-223.
7. Solberg, I.C., et al., Clinical course in Crohn's disease: results of a Norwegian population-based ten-year follow-up study. *Clin Gastroenterol Hepatol*, 2007. 5(12): p. 1430-8.
8. Muller, A.F., et al., Experience of 5-aminosalicylate nephrotoxicity in the United Kingdom. *Aliment Pharmacol Ther*, 2005. 21(10): p. 1217-24.
9. Akerkar, G.A., et al., Corticosteroid-associated complications in elderly Crohn's disease patients. *Am J Gastroenterol*, 1997. 92(3): p. 461-4.
10. Dignass, A., et al., The second European evidence-based Consensus on the diagnosis and management of Crohn's disease: Current management. *J Crohns Colitis*, 2010. 4(1): p. 28-62.
11. Ansari, A., et al., Low-dose azathioprine or mercaptopurine in combination with allopurinol can bypass many adverse drug reactions in patients with inflammatory bowel disease. *Aliment Pharmacol Ther*, 2010. 31(6): p. 640-7.
12. Govani, S.M. and P.D. Higgins, Combination of thiopurines and allopurinol: adverse events and clinical benefit in IBD. *J Crohns Colitis*, 2010. 4(4): p. 444-9.
13. Kaplan, G.G., et al., Risk of comorbidities on postoperative outcomes in patients with inflammatory bowel disease. *Arch Surg*, 2011. 146(8): p. 959-64.
14. Juneja, M., et al., Geriatric inflammatory bowel disease: phenotypic presentation, treatment patterns, nutritional status, outcomes, and comorbidity. *Dig Dis Sci*, 2012. 57(9): p. 2408-15.
15. Schreiber, S., et al., National differences in ulcerative colitis experience and management among patients from five European countries and Canada: an online survey. *Journal of Crohn's & colitis*, 2013. 7(6): p. 497-509.
16. Khanna, R., et al., A retrospective analysis: the development of patient reported outcome measures for the assessment of Crohn's disease activity. *Aliment Pharmacol Ther*, 2015. 41(1): p. 77-86.
17. Jairath, V., et al., Development of interim patient-reported outcome measures for the assessment of ulcerative colitis disease activity in clinical trials. *Alimentary pharmacology & therapeutics*, 2015. 42(10): p. 1200-10.
18. Roseth, A.G., E. Aadland, and K. Grzyb, Normalization of faecal calprotectin: a predictor of mucosal healing in patients with inflammatory bowel disease. *Scand J Gastroenterol*, 2004. 39(10): p. 1017-20.
19. Henriksen, M., et al., C-reactive protein: a predictive factor and marker of inflammation in inflammatory bowel disease. Results from a prospective population-based study. *Gut*, 2008. 57(11): p. 1518-23.
20. Peyrin-Biroulet, L., et al., Selecting Therapeutic Targets in Inflammatory Bowel Disease (STRIDE): Determining Therapeutic Goals for Treat-to-Target. *The American journal of gastroenterology*, 2015. 110(9): p1324-38.

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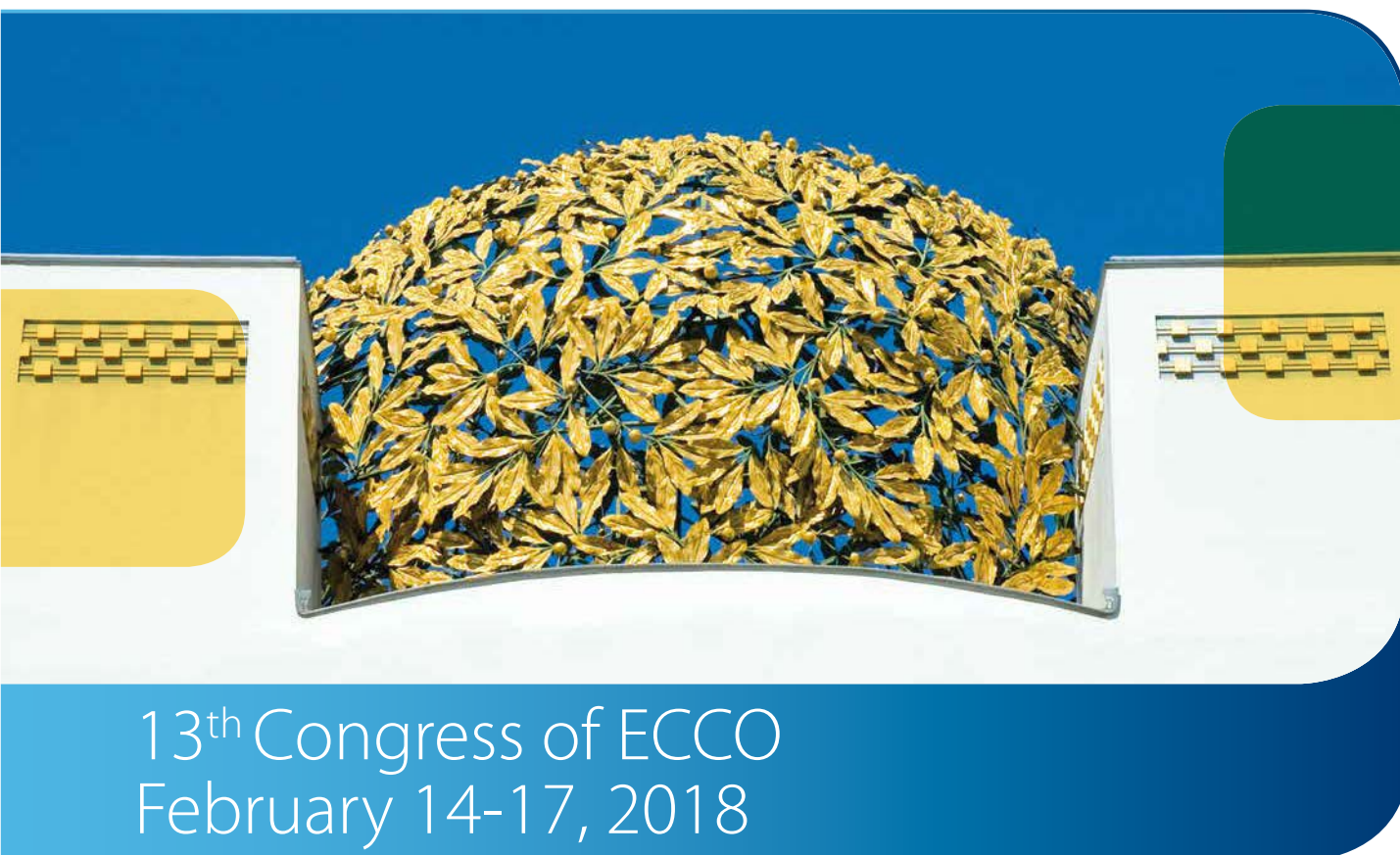
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European
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Inflammatory Bowel Diseases



13th Congress of ECCO
February 14-17, 2018

- Reed Messe Vienna
- EACCME applied
- Register at www.ecco-ibd.eu/ecco18

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